



**TESTIMONY OF  
JAMES D. IACOBELLIS  
SENIOR VICE PRESIDENT, GOVERNMENT AND REGULATORY AFFAIRS  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 22, 2023**

**SB 1067, An Act Concerning Adequate And Safe Health Care Staffing**

Good morning. My name is James Iacobellis, and I am Senior Vice President of Government and Regulatory Affairs at the Connecticut Hospital Association. I am here in opposition to **SB 1067, An Act Concerning Adequate And Safe Health Care Staffing**.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. Healthcare workers in Connecticut have been exceptional in responding to the pandemic and all of its impacts over the last three years. But it has taken a toll on them – adding more stress, leading to exhaustion and burnout. Challenges that existed before the pandemic have been exacerbated. Through it all, they have maintained exceptional care for patients.

As we continue to respond to the effects of the pandemic and its impact over the last three years and look to build the future healthcare delivery system in our state, we know that we need to expand Connecticut's healthcare workforce, and not implement policies that second guess nurses' clinical judgment. **Unfortunately, SB 1067 does just that.**

SB 1067, among other things: requires the implementation of rigid one size fits all staffing ratios; modifies the mandatory overtime law; requires the posting of nurse staffing plans on each patient care unit in a conspicuous location visible and accessible; requires hospitals to maintain staffing information for three years; and allows a registered nurse to object to or refuse to participate in any activity, policy, practice or task assigned by a hospital.

Based on a January 2023 survey of Connecticut hospitals, hospitals and health systems estimate a need to hire more than 2,000 nurses to meet current hospital staffing needs. This does not even include nursing needs in other settings, such as long-term care or ambulatory surgical centers, much less other direct care staff shortages.

According to the Governor's Workforce Council, Connecticut's RN workforce totals 50,000. With 52% of the employed RNs in Connecticut over the age of 50, a number of them will likely retire in the coming 10 years. Connecticut will need 3,000 new nurses every year, without factoring in nurses who decide to leave the profession for reasons other than retirement (and far more if mandatory staffing ratios are adopted). However, the number of new nursing school graduates per year is only 1,900.

Hospitals are doing all they can to fill vacancies and enhance working conditions during this crisis. They are offering sign-on bonuses, shift bonuses, and retention bonuses; increasing base pay; hiring additional recruiters; and scheduling nurse managers to work on the floor. They are also taking steps to identify opportunities to reduce work load through new models of care, providing support staff to distribute workload, and assigning senior and specialty nurses to augment the bedside nurse.

Hospitals have made significant investments in recruitment and retention, but have also had to turn to costly temporary, contract labor. Hospital contract labor costs have increased 61% compared to pre-pandemic levels. Connecticut hospitals have had to use contract labor at a faster rate than their national counterparts, with costs increasing \$519 million compared to pre-pandemic levels.

**The government mandated staffing ratios in Senate Bill 1067 would: exacerbate the state's workforce problems, undermine nurses and healthcare providers, cause delays in care, and weaken crisis response.**

Rigid government mandates would override the professional judgment of nurses and care providers. Government mandated ratios would take away nurses' judgement in decision making and second guess them on how to best manage and care for patients.

Nurses in hospitals currently work together to achieve safe staffing levels. Every hospital in Connecticut has a staffing committee – made up of nurses who provide direct patient care – that develops a hospital's safe staffing plans. Connecticut hospitals are committed to providing the highest quality care to achieve optimal patient outcomes. They are intensely engaged in building and sustaining organizational cultures of safety and employing high reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience.

Nurses and healthcare providers, not government, should determine the best patient care and practice.

Nursing professionals at Connecticut hospitals continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions.

Adequate hospital staffing is a complex process that changes on a continuing basis and requires close coordination among nursing colleagues based on a variety of factors, such as patient acuity, nurses' expertise, and day-to-day adjustments, such as sick or family leave and daily census changes. These complex elements are not captured by simply counting the total number of patients and dividing by the total number of nurses.

SB 1067 would lead to longer wait times in emergency departments and delayed access to care, putting even more strain on patients and leading to high stress situations. It would challenge a hospital's ability to keep open beds and units that require specialty nursing.

If hospitals had to comply with these regulatory requirements at any time — much less at the same time we are feeling the aftershocks of a global pandemic — more procedures would be delayed, more people would wait hours for emergency care, and some hospital units would, at times, have to stop accepting patients for their medically necessary care altogether.

During the pandemic, hospitals have demonstrated the value of clinical judgment, flexibility, creativity, and nimble response. While normal hospital operations require flexibility in staffing decisions as described above, the magnitude of that need was multiplied many times as hospitals flexed to meet the surging demands of Connecticut's critically ill patients. Imposed staffing ratios take away that ability to flex, risking grave access issues in a crisis.

CHA also opposes the provisions of the bill that allow a registered nurse to object to or refuse to participate in caring for patients in need of care. CHA looks forward to working with the Committee on the other provisions of the bill.

Now is the time for everyone to work together to ensure we have enough nurses being educated and trained to fill the shortages that have existed in our state for years but have been exacerbated by COVID-19.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.