



## Public Health Committee

Hearing March 22, 2023

SB 1067 AN ACT CONCERNING ADEQUATE AND SAFE HEALTHCARE STAFFING

Senator Anwar, Representative McCarthy-Vahey, Senator Somers, Representative Klarides-Ditria, and distinguished members of the Public Health Committee,

Thank you for the opportunity to provide testimony on behalf of the Connecticut Nurses Association with recommendations to strengthen nurse staffing in Connecticut.

We are heartened that the legislature is hearing the voice of the nursing workforce and working toward meaningful change in the healthcare workplace environment this legislative session. It is imperative that steps are taken to KEEP the current workforce at the bedside after historic investments in the future of the healthcare workforce were taken last session.

We ask that the legislature prioritize finding solutions that can be implemented **without delay** to create safe staffing environments. We recommend:

1. Providing immediate definitive action to strengthen the present hospital staffing committees,
2. Support nurse professional judgement and protection from retaliation, and
3. Establish accountability through DPH oversight to collect reliable and timely reporting that supports future evidence-based modifications.

You are taking steps towards keeping existing nurses in the workforce by providing a safer work environment through **SB 1067 An Act Concerning Adequate and Safe Healthcare Staffing and HB 6741 An Act Improving the Safety of Health Care Providers and Patients**. Ultimately, our goal, like yours, is to focus successful energy on retaining professional nurses.

Nurse staffing issues existed long before the pandemic. In 2015 **Title 19a - Public Health and Well-Being, Chapter 368a - Section 19a-89e - Development of prospective nurse staffing plan by hospitals was put into place**. This incorporated sound staffing principles supported by evidence.

It is clear that the outcomes of the current legislation are not addressing nurse staffing adequately and we need your help to identify and implement real solutions that can make a change now. Nurses have an ethical obligation to patients to fulfill their duties and protect patients from harm. Persistent employment in understaffed conditions adds to moral distress and burnout, and ultimately impacts performance and patient outcomes.

*"The nurse staffing shortage has had a domino effect on the profession and it's only going to worsen if we don't address the chronic, underlying work environment issues," [American Nurses Foundation National Survey \(1/2023\)](#)*



The ANF survey captures critical information to understand some key facts about the current staffing issues across the country:

- 89% of hospitals reported staffing issues.
- 53% of those hospitals say it is a serious problem.
- Younger nurses (in profession less than 10 years) are leaving their current positions and roles in increasing numbers. Nurses ages 25-34 and 35-44 were more likely to change positions than nurses over age 55.
- 61% of nurses under age 35 report feeling anxious.

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We urge the legislature to prioritize finding solutions that can be implemented *immediately* to create safe staffing environments.

It is within this context that we offer the following adjustments and additions within the framework of Section 19a-89e - Development of prospective nurse staffing plan by hospitals.

**SB 1067 Section 1. Section 19a-89e (b), (c),**

- 1. Recommend increasing the frequency of the prospective nurse staffing plan report to DPH to biannually and add additional reporting requirements.** Increasing reporting and accountability (recommendations below) will increase transparency, oversight, and opportunity for interventions. It will also set a standardized framework across healthcare institutions.

Request you consider adding to the biannual reporting:

- a. Committee must sign off on the report to be submitted
  - b. Report must include concerns raised by staff and how they were addressed.
  - c. Report must include how the staffing committee is implementing the requirements of this bill, such as notifying, posting, etc. (see recommendations below)
- 2. Currently, 19a-89e (c) requires staffing committees to develop and implement nurse staffing plans that include unit specific ratios for RNs, LPNs, and assistive personnel.**

**If steps are taken to strengthen the committee, including increased DPH reporting and nurse retaliation protection,** we agree with the current approach as it supports hospital level decision making. SB 1067 is proposing a one size fits all approach to nurse staffing ratios across the state. While the current regulations allow consideration of patient types, populations, skill mix of ancillary staff, etc. For example, some hospitals have IV teams, phlebotomy, respiratory, transfer teams, while others do not. These variations ultimately impact the work demands on staff. Nurse retaliation protection supports the role of the direct care nursing provider in the improvements and DPH oversight provides increased accountability.

3. **19a-89e (c) Work of the staffing committee and staffing plan- We propose language to strengthen specificity and accountability in 19a-89(c).** We propose adding specificity, transparency, accountability, and increased mandates related to the staffing committee, staffing plan, DPH staffing reports, and developing penalties for failure to comply. Our nurses consistently share they are not aware of a staffing committee in their hospital, nor how to participate or share information with the committees.
- **Ensure the bedside nurses has a clear role and equal voice and is able to fully participate in the work of the Staffing Committee**
    - **Propose addition:** Committee must include representatives from all patient care service lines within the facility
    - **Change SB 1067 Line 55:** increase bedside nurse participation to 55%.
    - **Proposed addition:** Participation on staffing committees shall be considered a part of the employee's regularly scheduled workweek and the hospital bears responsibility to facilitate the designated meetings. The Co-chairs of the committee shall be a direct care nurse and a healthcare employer representative with patient care experience. The Committee is co-chaired by at least a bedside nurse committee member.
  
  - **Increase transparency,** by making it very clear to all RN, LPN, and assistive personnel, that there is a Staffing Committee dedicated to addressing staffing, issues, and planning:
    - SB 1067 Line 55: add "dedicated" ...a hospital establish a **DEDICATED** hospital staffing committee"
    - SB 1067 Line 56: Remove language allowing an existing committee to also be the staffing committee.
  
  - **The goal of this section is to create parity for nurses that are not a member of the collective bargaining units. SB 1067 Lines 60-66** afford collective bargaining units to identify nurses to be on the staffing committee. These very specific requirements will promote understanding amongst nursing staff how and where staffing decisions are being discussed. To ensure parity in non-collective bargaining hospitals and staffing committees, **we recommend the following be added following SB 1067 line 66:**
    - Upon hire and annually, the hospital provides notice to all nurses about the staffing committee, purpose, procedure for selection of staffing committee members, opportunities to participate in the committee, procedure for sharing information that impacts staffing and concerns, and communicate in writing and through posts on the unit when and how mandatory staffing plan feedback is being collected.



**SB 1067 Section 1. Section 19a-89e (d) Newly proposed in the bill, “Post the Nurse Staffing Plan”.**

- a. Agree this is important to increase awareness of the work of the Staffing Committee and understanding of staffing plan. Coupled with awareness of how to share concerns and have issues addressed, promotes nurse-informed problem solving.
- b. Regarding the availability of staffing records beyond what is already in place, we have no comment.

**SB 1067 Section 1. Section 19a-89e (e) Registered Nurse objection or refusal to participate...**

- a. Notice the number of anonymous submissions regarding staffing. Nurses fear retaliation, and this is exacerbated by the growth of healthcare systems, that ultimately limit the nurses’ opportunities for employment if they speak up and lose their job. We believe this component of the staffing bill is **foundational** to empower the bedside nurse to have a voice and address concerns, which in their professional judgement are impacting their ability to safely provide care for their patient assignment.
- b. We strongly suggest that this protection goes beyond “activity, policy, practice or task” but also includes protection if a nurse addresses workplace environment concerns, including workplace violence, bullying, racism, and incivility.
- c. Furthermore, we support mandating that the hospital staffing committee share resources and procedures for voicing concerns and ensuring they are managed in a timely manner.
- d. The American Nurses Association provides this guidance on staffing assignment acceptance: <https://www.nursingworld.org/practice-policy/nurse-staffing/questions-to-ask-in-making-the-decision-to-accept-a-staffing-assignment-for-nurses/>
- e. **This area of the bill also needs to be strengthened to ensure that when nurses raise a concern that it has been documented and reviewed by the staffing committee.**



**SB 1067 Section 1. Section 19a-89e (f): Propose Adding additional language that explains DPH's role in the biannual reporting.**

- **Collection of CT Specific DATA and implement in the Fall of 2023 and a report on this data is shared in a report to the Connecticut General Assembly in Fall of 2026:** A DPH representative will create a reporting tool to serve as a mechanism to standardize collection of hospital staffing data on a bimonthly basis, including data on unit staff ratios (RN, LPN, assistive personnel), number of times each unit failed to staff to the ratio and how that was managed, and other identified data to inform future legislation on nurse staffing in hospitals.
- Monitoring of the data bimonthly by DPH. If a hospital fails to comply with the expectations of the staffing plan, they shall provide a plan of correction to the DPH within sixty (60) days. If they fail to provide an acceptable plan signed off by the staffing committee, the DPH will establish penalties to the hospital for the following:
  - Fines for failing to adopt a staffing plan 60 days to provide a plan of correction.
  - Fines for pattern or practice of failing to comply with the plan of correction.
  - Fines increase on a second offense.
  - CT DPH will publicly disclose violations.
  - Money from fines received shall be deposited in the Health Assistance Intervention Education Network (HAVEN.)
- **VIOLATIONS**
  - RNs report variations in the staffing plan to the committee.
  - RN may file a complaint with CT DPH, without fear of retaliation, discipline, termination, as noted above.
- The CT DPH will convene a working group (OF ALL STAKEHOLDERS) in fall of 2026, to review, evaluate and make recommendations to the Connecticut General Assembly prior to the 2027 Legislative Session.

**SB 1067 Sec.2. Section 19a-490I**

**Overtime:** We support nurses making their own professional judgement decision about their willingness and ability to work overtime.

Sincerely,  
Kim Sandor, MSN  
Executive Director  
Connecticut Nurses Association