

Good afternoon, Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the committee:

My name is Tammy Wilson and I am the Manager for Family Birth Center and Perioperative Services for two of St. Charles Health System's Critical Access Hospitals. I appreciate the opportunity to share with you my concerns about House Bill 2697.

I am in opposition to House Bill 2697 as currently written based on the following reasons:

- There is no evidence that mandated nurse staffing ratios improve the quality of patient care. Mandated nurse staffing ratios do not support the professional nurse's judgment in staffing and shared decision making; in determining the acuity and intensity of the patient's status and may potentially compromise patient safety.
- The language in the proposed bill including "...at all times:" will require Critical Access Hospitals to add additional nurses to ensure we have enough nurses on shift "at all times" to flex with volume fluctuations and phases of patient care. Adding additional nurses will increase the cost of our care delivery, without additional reimbursement, forcing us to make critical reductions in other support departments placing further burden on nursing staff to fill in the gaps.
- Recruiting and retaining skilled specialty nurses is often very difficult in Critical Access Hospitals. Frequently small hospitals are faced with "capping census" or "closing available beds" due to a lack of staffing. Implementing mandatory staffing ratios has the potential to exacerbate this problem, and in some cases place specialty units on divert, if there are not enough nurses to provide safe patient care.

In closing, St. Charles Health System's Critical Access Hospitals and I are opposed to House Bill 2697 as currently written due to the lack of evidence that mandatory staffing ratios improve the care of patients.

Thank you for your time today. I am happy to answer your questions.