



April 9, 2026

Subject: Testimony in Support of H-7031, Joint Resolution Creating a Joint Legislative Study Commission on Safe Staffing in Hospitals — Submitted by SEIU 1199NE

Dear Chairwoman Donovan and Honorable Members of the House Committee on Health & Human Services:

On behalf of SEIU 1199NE, representing approximately 7,500 essential healthcare workers across Rhode Island—including approximately 3,000 hospital workers at Women & Infants Hospital and Butler Hospital—I write in support of H-7031, which would create a Joint Legislative Study Commission on safe staffing in hospitals.

The workers we represent—nurses, social workers, support staff, and many others—are telling a consistent and urgent story: staffing levels are not keeping pace with the complexity of patient care. This is not an abstract policy issue. It is something workers experience every day at the bedside and in patient units across the state.

Short staffing affects every part of the healthcare system. It limits the time workers can spend with patients, increases the risk of medical errors, contributes to workplace injuries, and drives experienced staff out of the profession. In behavioral health settings, it can mean the difference between de-escalating a situation safely and a violent incident. In maternal and postpartum care, it can mean the difference between individualized support and rushed care that leaves patients unprepared.

We are also seeing an ongoing exodus of healthcare workers. Many are leaving for better-paying jobs within healthcare systems that offer safer staffing conditions, while others are leaving the healthcare sector altogether for more stable and sustainable work. This loss of experienced staff further destabilizes the system and places additional strain on those who remain.

Hospitals often point to workforce shortages as the primary issue. However, the experience of our members tells a different story. Staffing levels are frequently the result of financial decisions—where labor is treated as a cost to be minimized—rather than clinical decisions based

on patient need. At the same time, there are no clear, enforceable standards for safe staffing and limited transparency into how these decisions are made.

This issue is becoming increasingly urgent at the national level. Beginning this year, the Joint Commission—the body responsible for accrediting hospitals—has made staffing a core component of hospital accreditation. Hospitals are now expected to demonstrate that they are staffed to meet patient needs, including showing how staffing levels align with patient acuity and how safe staffing is maintained. This is no longer optional—it is directly tied to whether a hospital maintains its accreditation. Rhode Island should not wait to react to these changes after the fact. We should be proactively examining staffing practices now, and H-7031 creates the structure to do exactly that.

H-7031 is a reasonable and necessary first step. It does not mandate staffing ratios. It creates a structured process to examine staffing, patient safety, workforce retention, and hospital operations in a comprehensive and transparent way. It brings together key stakeholders—including frontline workers, hospital representatives, state agencies, and patient advocates—to develop informed recommendations for the General Assembly.

Our members are not asking for anything unreasonable. They are asking for the ability to do their jobs safely and to provide the level of care that patients deserve.

H-7031 creates the space for that conversation to happen in a serious and data-driven way.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink that reads "Alex Moore". The signature is fluid and cursive, with the first name "Alex" and the last name "Moore" clearly distinguishable.

Alex Moore
Political Director

SEIU 1199NE

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