



April 9<sup>th</sup>, 2026

The Honorable Susan R. Donovan  
Chair, House Committee on Health and Human Services  
Rhode Island State House  
82 Smith Street  
Providence, Rhode Island 02903

Chair Donovan and distinguished members of the committee:

On behalf of the Organization of Nurse Leaders—New England (ONL), we respectfully wish to be recorded in strong opposition to H 7031 AN ACT CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY SAFE STAFFING RATIOS IN HOSPITALS. While nurse leaders are passionate about excellent nursing care and great patient outcomes, this proposal is premature given the Joint Commission - the largest healthcare accrediting organization, just launched a new initiative. Given the many priorities competing for scarce healthcare resources in Rhode Island, the legislature would be wise to track progress with the implementation of the Joint Commission National Performance Goal 12 before taking independent action on nurse staffing.

As the voice of more than 1,100 nurse leaders across five New England states, ONL is committed to advancing the nursing profession, promoting the delivery of quality patient care, and influencing the development of health policy in the region. ONL members represent a wide diversity of nursing leaders—from nurse managers at community hospitals, or academic deans of nursing schools, to nurse managers and nurse executives at major teaching hospitals, and directors of home care organizations. Nurse leaders oversee the largest sector of the health care workforce (nurses) and have preview over all aspects of patient care. Collectively, we play a vital role in ensuring patients in all care settings receive access to safe, patient-centered, high-quality, and affordable care. Nurse leaders are passionate about safety, about quality, and about healthy work environments.

Just last fall, the [nursing community celebrated the Joint Commission's action to include nurse staffing as a National Performance Goal](#). The Joint Commission is an independent, non-profit organization that accredits and certifies more than 22,000 health care organizations in the United States. This new [National Performance Goal 12](#) requires a nurse executive, who is a registered nurse, oversee the operation of nursing services including the nursing policies and procedures and the number of nursing and support staff necessary to provide nursing care. Nursing organizations and unions alike celebrated this action by the Joint Commission. Through the accreditation process, nurse staffing, and quality outcomes will be evaluated and addressed. It is important to

note that implementation of this new standard is just beginning, and proceeding with a state initiative to address nurse staffing would be redundant and distracting.

Delivering high-quality healthcare services requires a team, including nurses. The team assembled to deliver care is based on the individual needs of patients as well as different levels of expertise among care providers. Healthcare workers in Rhode Island have been extraordinary in responding to the needs of people and communities - quality data and patient satisfaction data make that evident and is something that the state's hospitals should be proud of. One point of comparison worth mentioning is the similarity between quality metrics between RI hospitals and hospitals in California ([Commonwealth Fund 2026](#)). California implemented strict nurse-patient ratios two decades ago, yet their quality metrics are very similar to those here in Rhode Island. If improving quality was as simple as adjusting nurse staffing ratios, we would expect California to have superior outcomes, and they do not. Additionally, California continues to have a nursing shortage and relies heavily on expensive travel/temporary/agency nurses to staff hospitals. According to [AYA Healthcare](#), California is the 5th highest consumer of travel nurses States with the highest nursing demand, despite having staffing ratios for more than 20 years.

Clearly, nurse staffing ratios do not solve workforce shortages. Staffing shortages in healthcare are nation-wide and can be attributed to several factors including, but not limited to, an aging workforce, increasing incidents of workplace violence, and competitive industry roles for nurses and healthcare professional. Healthcare jobs are facing increasing competition from other industries, including the flexibility the new gig economy offers and the fact that most healthcare jobs cannot be performed remotely at a time when employees are seeking telework opportunities. Legislative solutions to address nurse staffing offer a false sense that workforce shortages will be addressed, while not offering any pathways to increase the number of nurses available to work in hospitals.

Addressing healthcare workforce challenges requires strategic cross-sector collaboration and investment in growing workforce pipelines. This bill offers nothing to advance those goals. These trends signal the need for strategic investment, and a localized response to attract and retain talented clinical nurses. Lack of adequate workforce support infrastructure, such as transportation, and the high cost of childcare, and housing continue to be barriers to individuals trying to advance their education as well as for those remaining in their desired position in healthcare settings. In face of these challenges, many healthcare workers have opted to reduce hours or not work (Zippia, 2023). Additionally, workplace violence toward healthcare workers has increased. The [American Hospital Association \(AHA\)](#) reports that healthcare workers suffer more workplace injuries because of violence than any other profession. While a commission to study safe staffing may sound like a good idea, it is not the right approach for this moment in time.

As the voice of nurse leaders in Rhode Island and New England, we want to address a few points about nursing practice. Nurses are well-educated and highly professionals who apply critical thinking and assessment skills when making decisions about nurse staffing to address patient needs. Just as no two patients are exactly alike, the same is true for nurses. A newly licensed nurse does not have the same level of experience or practice expertise as a more senior registered nurse; it is not expected that they would assume the same nursing assignment. Yet, approaching nurse staffing as a simple ratio does not account for this variation, nurses become just a number. Ratios do the same for patients. All the same. Just a number. This does not reflect the reality of nursing practice in which charge nurses and nurse

leaders on the front lines consider patient condition, acuity, and plan of care in the context of nursing expertise on every given shift when making and modifying staffing plans. Nurse leaders work tirelessly in collaboration with members of the nursing team to assess and address staffing 24 hours a day, 7 days a week, 52 weeks a year. We care deeply about providing excellent nursing care and look forward to working with The Joint Commission on National Patient Safety Goal 12, while respectfully urging the committee to take no action on H 7031 AN ACT CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY SAFE STAFFING RATIOS IN HOSPITALS.

On behalf of our more than 1,100 members who serve in health care organizations across New England, we appreciate the opportunity to submit this testimony and respectfully urge the committee to hold H 7031 AN ACT CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY SAFE STAFFING RATIOS IN HOSPITALS for study this legislative session.

If you have any questions or would like to discuss points addressed in this testimony, please do not hesitate to contact us at (781) 272-3500 or [astefancyk@oonl.org](mailto:astefancyk@oonl.org).



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