1199NE
SEIU Healthcare

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 a Member of SEIU 1199NE**

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

I am a Licensed Clinical Social Worker at Butler Hospital. I am submitting this testimony in support of House Bill 7031.

In my role, I provide one-to-one support and meet regularly with patients. Unfortunately, we are often the bearers of both good news and bad news. Sometimes we must inform patients that they cannot return home and instead need to accept referral services. These logistical conversations can lead to negative or volatile reactions.

Social workers are trained in verbal de-escalation techniques but not in hands-on physical interventions. This means if a situation begins to escalate, I rely on the mental health workers and other support staff to help secure patients and ensure everyone's safety.

When the unit is short-staffed, we are forced to weigh the risks and benefits when determining observation levels. In those situations, observation levels may be adjusted based on the staff that are available rather than strictly on clinical need.

These determinations have daily safety implications. In the last 30 days alone—while short-staffed—we have navigated patient-to-patient assaults, threats of violence directed at staff, and even a homicidal patient who required containment, yet the hospital did not approve a one-to-one staff member to monitor them.

These decisions appear to be influenced by financial considerations, such as the cost of adding additional staff versus what is best for the patient. There is very little transparency around how these staffing decisions are made.

The Hospital Staffing Commission could provide greater transparency and oversight regarding how these operational decisions are determined.

Another major concern is the threshold for patient discharges. The current system prioritizes "patient throughput," which means discharging patients as quickly as possible. When I first started in 2013, it was common for patients and families to participate in decisions about when they were ready to leave and what time they would be discharged.

Now, we are expected to determine which patients are ready to be discharged the following day and move quickly to discharge them by 10AM. Uber is the hospital's primary mode of transportation to discharge patients, which often does not feel safe or appropriate.

The speed at which admissions and discharges are occurring makes it extremely difficult for staff to keep track of who is entering and leaving the unit. This creates opportunities for important issues to be missed. For example, patients may cheek their medications, which can lead to overdoses later.

Not surprisingly, the highest reimbursement rates occur when patients are discharged early, often on the first day they are eligible and sometimes before they are ready.

In a psychiatric setting, staffing decisions driven by financial objectives do not just lead to burnout—they can lead to unsafe situations that put both staff and patients at risk.

It is time to shed light on how these decisions are made and create oversight to ensure that clinical best practices—not profit enhancement—drive the process. The Hospital Staffing Commission would provide a vital first step toward that goal.

Sincerely,

Courtney Threats, LCSW
Butler Hospital