



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 registered nurse working in the emergency room at Butler Hospital. I have worked in behavioral healthcare for about 33 years in both community-based and hospital-based systems. I am submitting this testimony in support of House Bill 7031 to create the Hospital Staffing Commission. I want to speak specifically to behavioral healthcare because, in behavioral health, staffing is not just about workload; it is very much about safety for patients and for staff.

In my ER, we care for patients in acute psychiatric crisis—people experiencing severe agitation, psychosis, substance use, trauma, or suicidal distress. We treat children as young as 12 years old to adults who may be beyond their nineties, all within the same emergency room. There is an omnipresence of high-risk, unpredictable situations. When we are understaffed, we lose the ability to intervene early. We have less time to de-escalate, less visibility into patient behavior, and fewer resources to prevent harm.

The data shows just how serious this problem is. Behavioral health workers experience some of the highest rates of workplace violence of any profession. Studies show that over 80% of psychiatric nurses experience workplace violence each year, and more than half experience physical assault. In some settings, as many as 1 in 5 nurses are physically assaulted in a single week.

These incidents are not rare—they are routine, and every one of them has consequences. Workplace injuries drive workers' compensation costs through medical care, wage replacement, and lost staff time. When injuries increase, those costs increase.

We do not have to guess whether staffing makes a difference. In California, where minimum staffing ratios are enforced, research has shown approximately a 30% reduction in healthcare worker injuries compared to other states. That translates into fewer workers' compensation claims, fewer staff out of work, and a more stable workforce.

Rhode Island's emergency psychiatric units are increasingly absorbing the failures of other systems. The state's forensic psychiatric system is limited in capacity, and there is a crisis in homelessness and lack of affordable housing—both of which disproportionately impact people with serious mental illness.

When those systems cannot meet patients' needs, those individuals end up in the emergency room, often for extended periods of time and in more acute states. We are caring for higher-acuity, more complex patients—but without the staffing needed to do so safely.

That increases the likelihood of escalation, increases the risk of violence, and increases the number of staff injuries.

Right now, we are paying for unsafe staffing after the fact—through workers' compensation, burnout, and staff leaving the profession. Safe staffing is how we prevent those costs in the first place.

I urge you to pass H-7031 to establish the Hospital Staffing Commission so that we can create staffing standards that reflect the realities of emergency and behavioral health care.

Sincerely,

Ian Lacombe, RN
Butler Hospital