



Michael Sroczynski
President

April 9, 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

Re: **OPPOSITION – H. 7031**

Dear Chair Donovan,

On behalf of the Hospital Association of Rhode Island and our member hospitals, I respectfully offer testimony in opposition to H 7031.

Hospitals in Rhode Island deliver high-quality care, consistently recognized through national quality and patient safety metrics, and continue to meet the needs of patients and communities across the state.

We appreciate the intent behind this resolution and the focus on patient safety and safe, adequate nurse staffing. However, this proposal is misaligned with where the system is today and where efforts should be focused moving forward.

Safe Staffing in hospitals is highly complex and is most effectively determined at the local, hospital level, where staffing decisions can be aligned in real time with patient acuity, variation by unit, skill mix of the staff, and composition of the care delivery model. Much of the peer-reviewed literature demonstrates strong associations between staffing levels and patient outcomes, however, the evidence base relies largely on retrospective or cross-sectional observational studies, which limits the ability to draw causal conclusions or to define a single optimal staffing ratio across diverse hospital settings. National nursing organizations emphasize acuity-based and outcomes-driven models over fixed ratios. Staffing ratios **do not** create additional nursing supply and, particularly in constrained labor markets like Rhode Island, have been associated with unintended consequences such as unit or bed closures, increased reliance on agency or overtime staffing, and reduced operational flexibility during surges. The evidence supports better staffing, but not the conclusion that fixed ratios are the only, or best mechanism to achieve it.

Effective January 1, 2026, the Joint Commission elevated nurse staffing to their National Performance Goals, requiring hospitals to demonstrate staffing adequacy responsive to patient needs, acuity and competency mix. These standards are newly implemented, and hospitals and accrediting bodies are in the early stages of operationalizing and evaluating their impact nationally. Advancing a state-level study or policy response before sufficient implementation data exists risks duplicating and potentially conflicting with this national framework. Advancing a state-level study or potential policy response before that process is complete is premature.

Hospitals are already subject to **extensive, multi-layered oversight**, including federal requirements, state licensing, and national accreditation standards. These frameworks are specifically designed to ensure safe staffing, patient safety, and continuous quality improvement.

At this time, creating a new legislative commission risks:

- Duplicating existing oversight and review processes
- Diverting attention from operational priorities that directly impact patient care
- Advancing policy discussions before sufficient data and experience are available

More importantly, this approach does not address the areas where targeted action would have the greatest impact. Strengthening healthcare delivery in Rhode Island will depend on:

- Supporting workforce pipeline expansion, recruitment, and retention
- Reducing administrative burden on clinical staff
- Preserving flexibility so hospitals can staff to patient needs in real time

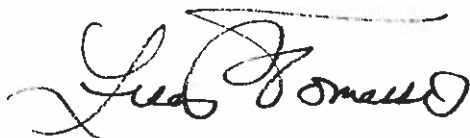
These are practical, actionable steps that directly support patient care and system stability.

In closing, Rhode Island's healthcare system is performing at a high level and remains a critical part of the state's infrastructure. Efforts this session should focus on **strengthening and supporting that system**, rather than creating additional processes that are unlikely to improve patient care.

For these reasons, HARI respectfully urges the Committee to oppose H.7031.

We appreciate your consideration and continued partnership in improving the healthcare system in Rhode Island.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa P. Tomasso". The signature is fluid and cursive, with a horizontal line above the name.

Lisa P. Tomasso
Senior Vice President