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## **Testimony to the Joint Committee on Health Care Financing The Patient Safety Act (H1469/S543)**

As I understand it, safe staffing saves lives and saves money. Though the Patient Safety Act primarily addresses concern for public health, safety and the welfare of the patient, it also holds the potential for significant job creation. Many have shared and will again share today; the consensus view that patients receive better care and have better outcomes, when the standard of care is not defined by the lowest cost, but rather the best practice.

You will hear testimony today about the tipping point for nurse-to-patient ratios, after which the likelihood of avoidable complications, preventable errors, increased lengths of stay and readmissions begin to rise quite dramatically. However, you will also hear that these maladies are within our power to prevent and their cause is a workforce that is being run ragged, asked to treat too many patients, often on extended shifts.

Those who feel the health care system cannot afford to improve nurse-patient staffing ratios, especially given the financial position of many hospitals, see this initiative as simply the legislature seeking to advance yet another unfunded mandate on a sector of society that operates on the slimmest of margins. No doubt, this legislation may add to the staffing costs for many hospitals and certainly, the Commonwealth does not have sufficient resources to help mitigate these costs.

Hospitals are called upon to make all manner of investments to remain competitive. Consumers are transforming expectations about health care delivery and quality every day. Patients demand access to newly available technology and treatments, desire for a more comfortable experience and engage clinicians with a heightened level of understanding and desire to be actively involved in their own care. This legislation would be irresponsible if it were simply a call for hospitals to increase staffing for the comfort of the patient or of nursing staff. Proponents of this legislation have made a very compelling case for the study and implementation of nurse-to-patient ratios and we should heed this call.

As legislators, we must balance the interests of the public, with the public interest. On the one hand we must guard against actions that put at risk our community hospitals, while not ignoring there is a real problem faced by nurses and patients. Considering both, we must recognize when public health and welfare is put at risk by some of those at the helm of industry. When administrators balance their ledgers by cutting back on essential staff, then it becomes the responsibility of legislators to intervene.

I want to be careful not to overstate the problem we face, but I have heard from nurses who grapple with the real dilemma about whether to continue on this profession, juggling patients and working beyond their capacity. For many fine nurses, the pressure has been too much. Many skilled nursing professionals have either left bedside nursing and now occupy other positions in the economy or have moved to places with reasonable staffing protections. To speak nothing of the risks to their own safety and wellbeing, participating in a system of care in which patient safety is at risk, is not the position that any health care provider wants to be put in. Nurses have been sounding the alarm on behalf of patients and we should be their partner in this effort to improve care.

Given the slow, but steady pace of our economic recovery, we are doubly responsible to be shrewd in our consideration of any legislation or mandate that increases costs for employers, especially for a sector that is quite obviously making staffing decisions based in part upon their financial position. The Patient Safety Act is a bold solution. It will be a challenge for some hospitals. I know this, because there are two community hospitals in my own district and I know of the financial struggles they brave each day. Given all that I have learned about this issue, I arrive at the conclusion that by passing the Patient Safety Act we will do right by patients. It is the right thing to do for our nurses, it is the right direction for our hospitals and it is the right move on health care cost containment.

In past sessions, this bill was the right thing to do for health care cost containment, for patients and for public health. Today, it is the right thing to do for jobs and the economy. I think we can all agree that the pace of job growth in our economy has been understandably slow, given the challenges we have faced. I think we can also agree that that pace is unacceptable, given the great need that still exists in our communities today. Pure and simple, I see this bill as the sort of win-win-win that we so badly need right now. This is a public health bill; it is also a jobs bill. We have an exciting opportunity to advance sound public policy that puts people back to work in jobs they trained for, in turn, leveraging jobs for those who now seek employment and are unable to find work.

Thank you for the opportunity to share my thoughts on this matter.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Denise Anderson". The signature is fluid and cursive, with a large initial "D" and "A".