



Reduce harmful work stressors.  
Improve job quality and health.

# Healthy Work **Strategies**

## Laws to improve nurse staffing levels in hospitals

Higher nurse staffing levels in hospitals lead to better patient health and better nurse health and safety. For example, many studies have shown connections between inadequate nurse staffing and worse patient health, such as longer hospital stays, an increase in medical errors, patient infections (including MRSA), bedsores, pneumonia, heart attacks, and death.<sup>21,22</sup> In order to improve patient health and nurses' safety and health, laws have been enacted or proposed in the U.S. requiring minimum staffing levels for nurses in hospitals.

### Current State Laws

A 2004 California law mandated a minimum nurse-to-patient ratio by type of unit, to be maintained at all times for all departments, for example, 5 patients-to-1 nurse (5:1) in medical-surgical units and oncology, 3:1 in labor and delivery, and 2:1 in intensive care units.<sup>6</sup>

In 2014, Massachusetts enacted a minimum 1:1 or 1:2 nurse-to-patient ratio, depending on the stability of the patient, though only for intensive care units.<sup>2,8</sup>

In May 2017, Minnesota also passed the Quality Patient Care Act, which establishes minimum nurse-to-patient ratios by type of unit to be maintained in the hospitals. Hospitals in Minnesota are expected to be compliant with this law by August 2020, except for rural hospitals, which have until August 2022 to comply.<sup>9,10</sup>

Seven states (CT, IL, NV, OH, OR, TX, WA) enacted laws requiring hospitals to have a staffing committee, consisting of at least 50% RNs that provide direct patient care, to create and enact a nurse staffing plan.<sup>2,3</sup> Five other states (IL, NJ, NY, RI, VT) require reporting to the public of their staffing plans.

### Current Federal Regulation

While there are no federal laws regarding nurse staffing, there is a federal regulation (42 CFR §482.23b),<sup>1,2</sup> which provides a vague guidance on nurse staffing. It requires

Medicare-eligible hospitals to have an “adequate number of licensed registered nurses, licensed practical (vocational) nurses, or other personnel to provide nursing care to all patients as needed.”

### **Proposed Federal Law**

There have been several attempts to enact a Federal minimum nurse-to-patient ratio law, but none have been successful. The latest bill (HR2581/S1357) was introduced in Congress during May 2019, and proposes to amend the Public Health Service Act to establish direct care and registered nurse-to-patient staffing ratio requirements in hospitals.<sup>11,12</sup>

### **Proposed State Laws**

Illinois introduced the Safe Patient Limits Act HB 2604 in March 2019, which sets specific patient-to-nurse ratios on every unit in every hospital. This bill is pending a second reading and debate, and action later in 2019.<sup>13,14</sup>

Similar bills are being proposed in Pennsylvania (House Bill 867),<sup>15,16</sup> New York (S 1032),<sup>17</sup> Michigan (House Bill 4279),<sup>19</sup> and West Virginia (House Bill 2611).<sup>20</sup> A bill was proposed in Alabama (HB 333)<sup>18</sup> to establish a maximum nurse-to-patient in private dialysis centers.

## **Impact of Nurse Staffing Laws on Nurses’ Working Conditions and Safety and Health**

**California law.** Only one study has examined the impact of nurse staffing laws on nurse injury and illness rates. Following passage of the 2004 California nurse-to-patient staffing ratio law, this study found a 31.6% drop in occupational injuries and illness among hospital registered nurses (RNs) and a 38.2% drop among licensed practical nurses (LPNs) in California compared to other states. The researchers looked at data from the US Bureau of Labor Statistics’ Survey of Occupational Injuries and Illnesses for injuries and illnesses involving days away from work for the years 2005-2008 and compared those to the years 2000-2003 for California and for the other 49 states and Washington, DC.<sup>7</sup>

In another study, data from surveys conducted by the California Board of Registered Nursing in 2004, 2006 and 2008 were analyzed for hospital-employed RNs. Controlling for family, job and demographic factors, the odds of a nurse being satisfied or very satisfied with their job were 25% higher in 2008 than in 2004.<sup>4</sup> Another study similarly found increases in job satisfaction after the passage of the 2004 law.<sup>5</sup> Compliance with the California law has been reported by nurses to be at least 88%.<sup>6</sup>

Another study looked at surveys from 22,336 hospital staff nurses in California, New Jersey and Pennsylvania in 2006 and state hospital discharge databases. California hospital nurses cared for one less patient on average than nurses in the other states and two fewer patients on medical and surgical units. Lower nurse-to-patient ratios significantly lowered the likelihood of a patient’s death. When nurses’ workloads were in

line with California-mandated ratios in all three states, nurses' burnout and job dissatisfaction were lower and nurses reported consistently better quality of care. California nurses were more likely to report a "reasonable workload" (73%), enough staff to get their work done (56%), enough RNs on staff to provide quality patient care (58%) and having 30-minute breaks during the workday (74%) than nurses in New Jersey (59%, 40%, 42% and 51%, respectively) or Pennsylvania (61%, 44%, 44% and 45%, respectively).<sup>6</sup>

Therefore, the comprehensive California nurse staffing law appears to reduce nurse workplace injuries, illnesses, and burnout and increase nurses' job satisfaction. The law also appears to lead to a more "reasonable" workload, more adequate rest breaks and the ability of nurses to provide better quality patient care.

**Massachusetts law.** Another study tested whether a Massachusetts law, which just covers Intensive Care Unit (ICU) nurse staffing, led to improvements in patient health. The Massachusetts law requires the staffing of nurses to ICU patients of either 2:1 or 1:1. After the law was passed, increases in nurse staffing were not higher than staffing increases in states that did not pass such a law. The Massachusetts law did not show improvements in patient death rates or complication rates among critically ill patients when compared with changes in Massachusetts or other states. This may be due to the small effect of the law on nurse staffing – a change from 1.38 to 1.28 patients per nurse or one extra nurse per 20-bed ICU.<sup>24</sup>

## Find Out More

See the following web sites to find out more about efforts to pass such laws in your state:

- <https://www.nursingworld.org/practice-policy/advocacy/state/nurse-staffing/>
- <https://www.nationalnursesunited.org/ratios>

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9. Minnesota Legislation: <https://mnnurses.org/>.
10. Minnesota HF 2650: <https://www.revisor.mn.gov/>.
11. HR 2581 Bill: <https://www.congress.gov/bill/116th-congress/house-bill/2581/>.
12. S 1357 Bill: <https://www.congress.gov/bill/116th-congress/senate-bill/1357/>.
13. Illinois Safe Patient Limits Act – HB 2604:  
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17. New York Senate Bill 1032: <https://legiscan.com/NY/text/S01032/2019>.
18. Alabama House Bill 333: <https://legiscan.com/AL/text/HB333/2019>.
19. Michigan House Bill 4279: <http://www.legislature.mi.gov/>.
20. West Virginia House Bill 2611: <https://legiscan.com/WV/drafts/HB2611/2019>.
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