**DATE**

Dear **Sen./Rep. LAST NAME**,

As a nurse leader at a Pennsylvania healthcare institution, I am involved with ensuring our patients are receiving the best care possible. Providing exceptional care depends on appropriate nurse staffing for each unit.

**INSERT YOUR OWN EXPERIENCE WITH NURSE STAFFING**

The Pennsylvania Organization of Nurse Leaders (PONL) and I are committed to nurse staffing practices that support the provision of safe patient care. We strongly endorse the autonomy of each organization to establish strategies to guarantee safe, effective and collaborative staffing practices to deliver high-caliber patient care to all Pennsylvania residents. **Therefore, I strongly urge you to oppose HB 867/SB 450, which mandate patient limits for nurses in Pennsylvania.**

Patient care staffing is a complex, dynamic, and ever-changing practice. Nurse-to-patient staffing assignments must be determined with care and balance. Those working in health care institutions are the most qualified and knowledgeable to make the best decisions for their respective institutions when staffing issues arise. Staffing variables include:

* Skill and competency levels of staff
* Professional benchmark standards
* Availability and number of support staff
* Skill mix
* Number and acuity of patients
* Admission, discharge and transfer activity

History in other states and the District of Columbia prove that mandated staff ratios are unfavorable:

* Similar legislation was introduced in 2013 and 2015 in the District of Columbia, and the bills did not make it out of committee both times. A fact sheet published by the D.C. Hospital Association states that such legislation would result in higher costs to hospitals and increased safety concerns, and there is no evidence of improved patient outcomes (<https://www.mnhospitals.org/Portals/0/Documents/policy-advocacy/nursestaffing/130219%20DCHA_FactSheets.pdf>).
* In November 2018, Massachusetts put this idea into the hands of the people, where 70.8% of voters rejected a nurse-to-patient staffing ratio ballot measure (<https://www.modernhealthcare.com/article/20181106/NEWS/181109947/massachusetts-voters-reject-mandated-nurse-to-patient-staffing-ratios>).

PONL is not alone in its stance on staffing ratios. The American Organization of Nurse Leaders (AONE) “believes mandated nurse staffing ratios are a static and ineffective tool that cannot guarantee a safe health care environment or quality level to achieve optimum patient outcomes” (<http://www.aone.org/resources/mandated-staffing-ratios.pdf>). The Pennsylvania State Nurses Association (PSNA) and Hospital & Healthsystem Association of Pennsylvania (HAP) vehemently oppose the Commonwealth’s legislation.

The proposed staffing ratio legislation is being heavily promoted by the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) and the Nurses of Pennsylvania, which represent a very small percentage of Pennsylvanian nurses. I stand with our nursing groups, PONL and PSNA, in strongly disagreeing with these legislation-mandated ratios. PONL and PSNA represent a much wider nursing base than the groups currently pushing the legislation.

**I strongly urge you to vote against HB 867/SB 450.**

The proposed legislation does not include room for necessary staffing flexibility, which is needed to provide high-caliber patient care. While it might sound good in theory, those who run and staff health care facilities need more than a one-size-fits-all approach to determine appropriate staffing needs. Staffing is a dynamic skill that requires knowledge, flexibility, and expertise. It does not lend itself to rigid rules and mandated legislation.

I ask for your leadership and support **to** **vote against** this bill, which negatively impacts health care facilities and patients in the Commonwealth.

Sincerely,

**NAME, CREDENTIALS**

**HOME (VOTING) ADDRESS**