



Protect Patient Safety & Access: Oppose SB 5236

Background

Washington State is not immune to the nationwide nursing workforce crisis. Contrary to union claims, nurses are not waiting in the wings for any single piece of legislation to pass before flocking to work in hospitals. According to the Washington Nursing Care Quality Assurance Commission, only 0.7% of licensed RNs in Washington are unemployed and seeking employment as a nurse and only 1% have jobs outside nursing. There are not enough licensed nurses in Washington to fill the thousands of RN vacancies in Washington hospitals, much less add nurses based on an outdated and failed policy.

Nursing unions support legislation that would require the Department of Labor and Industries to dictate nurse-to-patient ratios in every hospital, at all times. This is based on a California law passed in 1999 that has failed to alleviate a nursing workforce shortage in that state. California currently leads the nation in nursing shortages. Ratios in California have not resulted in more nurses at the patient bedside.

Staffing hospitals for the best patient care is a complex process that changes on a shift-by-shift basis and requires close coordination between management and staff based on a variety of factors. These teams need the flexibility to quickly adjust for patient acuity, nurse expertise and experience level, sick or family leave for employees and daily patient census changes. Without that flexibility, hospitals will be required to close services to patients whenever they cannot meet the ratio.

There is no single, simple solution to solve the hospital nursing workforce shortage. WSHA supports a comprehensive legislative package to retain the current nursing workforce, attract more already-trained nurses to Washington hospitals, educate new nurses, and disseminate innovative hospital staffing and patient care models that balance the growing needs of patients with the reality of the nursing shortages.

WSHA Position

WSHA opposes statewide, at all times nurse-to-patient ratios. Instead, WSHA supports the following legislative policy and budget solutions to address the nursing workforce shortage:

Retain Nurses working in Washington hospitals

- Establish an independently staffed statewide **Hospital Patient Care Unit Staffing Innovation Collaborative** ([SB 5537](#)) of nursing and hospital experts to explore and share modern innovations in hospital staffing. Require the collaborative to report to the Legislature on its findings around hospital staffing and care delivery model innovations. Widespread adoption of modern hospital staffing models will ease the administrative burden on hospital-based nurses.
- Reinforce **Washington's model nurse staffing committee law** (Not yet introduced). Strengthens enforcement; increases CEO accountability for staffing plan changes; requires committees to file charters with DOH and use a uniform format for staffing plans; and creates a statewide technical assistance team to support nurse staffing committees.

Attract already-trained nurses to work in Washington hospitals

- Make Washington a destination state for already-trained nurses through **hospital-based nurse student loan repayment assistance** ([SB 5498](#)). This would be funded in partnership with hospitals.
- Join the **Nurse Licensure Compact** ([SB 5499/ HB 1417](#)) to ease practicing in Washington. As a member of the Compact, trained nurses would be more likely to choose Washington as their home if they are from one of the 37 states and two jurisdictions already in the Compact.
- Require **traveler agency transparency** ([SB 5547](#)) to promote direct hiring of nurses.

Add new nurses through workforce development

- Continue and expand the **Washington State Nursing Preceptorship Incentive Program** (WSNPG) to fund nurse preceptor grants. (Budget proviso)
- Develop a **clinical placement communication platform** for nursing schools and health care partners. (Budget proviso)
- **Standardize clinical placement hours** across educational institutions. ([SB 5503](#))

Key Messages

One-size-fits-all nurse-to-patient ratios do not create more qualified hospital staff. When hospitals are unable to meet the ratios, they will be forced to reduce services and delay care. Only significant investment in care delivery innovations, attracting already-trained nurses to Washington, and health care workforce education will ease workforce shortages.

- There is no question we are facing an unprecedented, nationwide health care workforce shortage. Washington's hospitals, long-term care facilities and other providers are no exception. An October 2021 WSHA survey showed hospitals alone need to hire an additional 6,100 nurses to meet current staffing needs. Nursing shortages are also being experienced in other care settings.
- Hospitals are doing all they can to fill vacancies and improve working conditions. They are offering sign-on bonuses, shift bonuses, and retention bonuses; increasing base pay; hiring additional recruiters; and even scheduling managers to work on the floor. According to a recent WSHA financial survey, hospitals increased pay to staff by 9% in the last year. Many hospitals and health systems also recently completed labor contracts that offer significant pay increase. Mandatory nurse-to-patient ratios will do nothing to increase the number of nurses, and hospitals will be forced to curtail services if they cannot meet the ratios.
- In recent times, there have been several days when airlines canceled thousands of flights due to staffing shortages. Unlike airlines, hospitals can't close their ERs, ICUs, critical care units or operating rooms when they are short staffed. Like airlines, hospitals cannot stop providing service once it has already started. Hospitals have canceled and postponed necessary but non-urgent hospital care throughout the pandemic and have had to continue post pandemic due to staff shortages. Ratios will only cause hospitals to reduce more services.
- California has the only comprehensive mandatory nurse-to-patient staffing ratio law in the country and pays the highest average annual wage to RNs. Despite this, California had the fewest nurses per capita of any state in the country as of last year. California's ratio mandate — in place since 2004 — has not increased recruitment or retention for nurses working in hospitals and has not markedly improved patient quality of care. It should not be the solution adopted in Washington State.

Contact Information

Ashlen Strong, JD, MPH
Senior Director, Government Affairs
AshlenS@wsha.org | 206.216.2550

Lisa Thatcher
WSHA Lobbyist
LisaThatcher@comcast.net | 253.686.8746