



November 9, 2023

An Open Letter to Michigan Patients and Communities

Dear Michigan Families,

Our shared mission as hospitals is to advance the health of individuals and communities. For decades, we've worked collaboratively – not competitively – on the things that matter most to you: delivering safe, high-quality care when you need it, where you need it, whether that's in downtown Detroit or the farthest reaches of the Upper Peninsula and everywhere in between. Maintaining timely access to services for every patient is what we work to preserve every single day.

Unfortunately, the Michigan Legislature is currently considering legislation that would result in the closure of more than 5,100 hospital beds statewide. That's the equivalent of closing every hospital north of Grand Rapids and Flint. The legislation sounds good in a sound byte: more nurses at the bedside, 'round the clock. But like most things in life, it's not that simple. Michigan hospitals currently have 8,400 nurse openings posted on job boards. Hospitals are focused at the local level on listening to nurses, getting them the resources they need to do their jobs effectively and have work-life balance, and protecting them from violent attacks in the workplace. Hospitals proudly fought to get [tougher penalties](#) enacted for visitors who attack healthcare workers, and this week that bill will go to Governor Whitmer's desk. We're also focused on building effective care teams and not relying *only* on RNs to care for patients 24/7. We're partnering with higher education to build nurse training and education programs and capacity.

Sadly, House Bills 4550 – 4552 override local nurses' decision-making about how to staff their units and care for patients. Instead, they would implement a government mandate that would apply a one-size-fits-all nurse-to-patient ratio for RNs in every hospital, no matter its size, location, how sick its patients are or how experienced its nurses and care teams are. **We, 100% of Michigan's hospitals, stand united in our opposition to this misguided legislation.** The Michigan Organization of Nursing Leadership and the American Nurses Association – Michigan Chapter, who both recognize the unintended consequences the legislation would have on patient access, also oppose mandated staffing ratios.

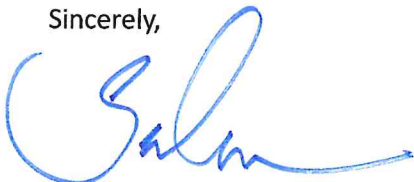
We all want more nurses. That's why we're trying to hire 8,400 of them today. For hospitals to meet the mandates in the legislation, they would have to find more than 13,000 nurses to hire. If we can't fill the 8,400 openings we have now, how would we fill 13,000 positions – and at a time when nurses are also critically needed in nursing homes and other settings? Unfortunately, this legislation will force the hospitals you rely on to be there if you're in a car accident, fall off the ladder hanging Christmas lights, or are battling a terrible disease, to either break the law and keep services running without the mandatory nurse ratios (which will also make healthcare more expensive due to billion dollars in fines that will be

assessed), or instead, **they will close services and beds**. That means longer wait times for everything from emergency visits to surgeries. It means many of Michigan's 130 hospitals could all be "on diversion" at the same time, meaning patients get bounced around because nobody has open beds. This is an awful experience for patients and could be deadly especially in Michigan's rural areas or amidst bad weather. Studies have proven that statewide nurse patient ratios implemented in California [did not improve safety or outcomes](#). Their hospitals overall are not safer than Michigan's. Nurses did not flock to California when they adopted ratios. In fact, California currently has a nurse shortage numbering in the tens of thousands. Ratios didn't fix that – and it won't fix the shortage in Michigan.

Hospitals and our nurse leaders – as well as a large coalition of organizations across industries, who all oppose this legislation – are imploring the Legislature to preserve access to care, and let local patients' needs drive a hospital's staffing models. **Let's use innovative programs** like virtual nursing to support patient care and let nurses do the bedside work they do best. **Let our care teams work together** across professions to ensure a patient gets what they need *and* we maintain a robust and diverse pipeline of patient care professionals. **Let's work together on common-sense solutions** that nearly every other state have adopted, like being part of the interstate nurse licensure compact allowing licensed nurses to work in other states. **Let's work together** on rebuilding our nursing and patient care professional talent pipeline.

Adopting misguided legislation that will reduce services and close hospital beds, and that will do nothing to create the thousands of new nurses we need in Michigan, is bad public policy. Instead, let's remember that there's so much we have done, and can do, together. **Let's get to work on real solutions** that *will* protect patients, protect access, grow the nursing workforce and ensure those nurses have safe, fulfilling workplaces.

Sincerely,



Saju George
Regional CEO