



FAST FACTS



The Keeping Nurses at the Bedside Act

Isn't there a shortage of nurses in Minnesota?

There is no shortage of nurses in Minnesota. More than 4,000 new nurses graduated last year alone, bringing the total RNs in the state to more than 122,000, the highest ever in state history. Studies from the federal government and the Minnesota Hospital Association project a surplus of nurses in Minnesota for the foreseeable future.

Why are more Minnesota nurses working part-time or reducing their hours?

The same factors driving nurses out of the profession are driving nurses to reduce their hours: unsafe staffing, inflexible scheduling, and unsupportive management. Corporate healthcare policies incentivize nurses to schedule fewer regular hours and pick up more last-minute shifts where they are paid better. When hospital CEOs create burnout conditions in our hospitals, nurses are left with no other option than to reduce their hours or leave the bedside entirely.

How is this bill different from mandated ratios?

In the past, when statewide staffing ratios have been proposed, the Minnesota Hospital Association and legislators acknowledged the challenges of staffing but indicated that they wanted “a conversation, not a mandate.” The Keeping Nurses at the Bedside Act is a unique, Minnesota approach to ensuring safe staffing levels in our hospitals.

Rather than ratios set by the state, the bill would establish local committees of management and healthcare workers at each hospital to set staffing plans together. This local, flexible approach allows each hospital to set safe staffing levels appropriate to their needs and the patients they serve, and allows for more flexibility when changes need to be made to these staffing plans. In other states, staffing committees have been supported by hospital associations as a compromise measure to work with nurses on staffing.

The Keeping Nurses at the Bedside Act has also been updated since last legislative session, including additional protections against workplace violence, and removing threats to a hospital's license. The revised bill instead includes an arbitration process to resolve disputes and increased transparency around staffing for both patients and nurses.

Isn't there a shortage of nurses in California where these laws exist?

Despite claims of severe nursing shortages, only 7 of 336 California hospitals reported a critical staffing shortage in March of 2023. As a percentage of full-time equivalent RNs, vacancies in California have been lower than the nation as a whole in every year since their safe staffing law was passed. California's RN vacancy rate was significantly lower than Minnesota's in 2021, when the study cited by the Minnesota Hospital Association was conducted.

How will hospitals find enough staff to meet these new plans?

There is a surplus of Registered Nurses in Minnesota, with thousands of nurses ready to return to hospital jobs if staffing levels and working conditions improve. In the interim, hospital executives have demonstrated that they can recruit and staff travel nurses to fill positions when necessary, as they have during recent work stoppages by MNA nurses.

If nurses return to hospital jobs, will that leave other positions unfilled?

There is a surplus of Registered Nurses in Minnesota, meaning there are more than enough nurses here to fill necessary hospital nursing jobs and still have many remaining to work in clinical settings, telehealth, and other occupations. In other settings facing staff shortages, such as long-term care, those positions are overwhelmingly for Licensed Practical Nurses (LPNs), not RNs.

What about the other members of the care team?

The staffing committees created by the Keeping Nurses at the Bedside Act would include fifty percent management and fifty percent frontline care staff, including nurses as well as all other members of the care team who provide direct patient care at the bedside.

Could patient care be harmed if this law were passed?

The Keeping Nurses at the Bedside Act is designed to retain skilled nursing staff to protect patient care. Right now, quality is at risk, safety is compromised, and care is being rationed as a result of under staffing. Studies repeatedly show that higher nurse staffing levels, which correlate to more time spent with each patient, result in better patient outcomes. The time spent in the new staffing committees would not take away time from patient care. Each committee would include just a handful of nurses, together with other healthcare workers and management, with meetings typically taking place quarterly.

Won't this just make the problem in emergency departments worse?

The Keeping Nurses at the Bedside Act aims to ensure there are enough nurses in Emergency Departments, and throughout our hospitals, to give the care patients expect and deserve in their most desperate moments. Right now, when patients show up to an understaffed hospital, they are at risk of receiving substandard care, missing a dose of medication or a change in condition, or worse.

Will this bill allow nurses to refuse to care for patients in need?

Right now, patients are being refused care when executives fail to adequately staff our hospitals. When beds sit empty, patients sit for 24 hours in the emergency department waiting room, and when they lay in bed waiting with their call light on, they are being denied care and are put at risk of adverse events from bedsores to terminal events, meaning death. This bill aims to ensure every patient gets the care they expect and deserve when they walk through the door of any hospital, anywhere in Minnesota. The law would allow nurses to vote only when the long-term staffing plan is changed, not on day-to-day decisions of admitting patients.

Doesn't this put hospitals at financial risk?

With billions in revenues and millions paid out to CEOs and other top executives every year, there is no question that the money exists in our healthcare system to solve the staffing and patient care crisis – it is a question of priorities, and executives have made theirs clear.

Will hospitals or units have to close as a result of this law?

Understanding that every hospital is different, especially between Greater Minnesota and the Twin Cities, this bill allows hospitals to set local staffing plans that make sense for their patients and their units. Patients are already losing access to care when they wait hours to be admitted, or are discharged early due to under staffing. This bill will ensure access to quality care for all patients, everywhere in Minnesota.

Is this bill compatible with federal law?

Multiple states have had either staffing committees or ratios in law for decades, and none have lost federal funding as a result. In fact, staffing committees have been supported by hospital associations in other states as a compromise measure in place of statewide staffing levels.

Are hospital managers aware of nurses' concerns for safe staffing?

The Concern for Safe Staffing forms are not the first or only notification about nurses' concerns about understaffing, as nurses also report their concerns directly to management following the hospital chain of command. In these forms in 2022, nurses reported no response or inadequate response by management in nearly 90 percent of cases.

Do some hospitals already have staffing committees that do this work?

Some hospitals do have staffing committees where nurses can give feedback once per year. However, these existing committees are not empowering bedside care workers to help create staffing plans, and there are no enforcement mechanisms to ensure agreed upon staffing levels are put in practice.

How many nurses does the Minnesota Nurses Association represent?

The Minnesota Nurses Association represents 22,000 nurses, 80 percent of all active bedside hospital nurses in Minnesota. Our nurses see patients at their most vulnerable every day, and see firsthand the effects of understaffing on patient care and our nursing workforce.

