



March 27, 2025

Senate Labor Committee  
Minnesota Senate Building  
95 University Ave. W.  
St. Paul, MN 55155

Professional Distinction

Personal Dignity

Patient Advocacy

Chair McEwen and Members of the Senate Labor Committee,

The Minnesota Nurses Association represents more than 22,000 nurses and healthcare workers across the state, the majority of whom are Registered Nurses facing unsafe working conditions and retaliation as they practice in direct patient care in Minnesota hospitals. MNA represents approximately 80% of all bedside Registered Nurses in the State of Minnesota and speaks as a unified voice for those workers at the legislature and at the bargaining table. We are writing today to express nurses' strong support and appreciation for SF 2775, the Quality Patient Care Act, and ask you to pass it out of committee.

For decades, Minnesota Nurses have been coming to the legislature to raise the alarm about increasingly unsafe staffing levels, dangerous working conditions and patient harm occurring in Minnesota hospitals. As these problems get worse, nurses and patients desperately need the legislature to act. This letter highlights several areas of concern within the purview of the Labor committee that nurses believe this bill would fix.

The Minnesota Nurse Practice Act, contained in Minnesota statute, requires nurses to raise concerns about unsafe staffing and to only accept a new patient if they can safely provide care for that patient. However, when nurses follow this legal requirement, they are often faced with retaliation including loss of pay, discipline and even termination. This puts nurses in an unwinnable dilemma, forcing them to choose between the risk of losing their license and causing patient harm and losing their livelihood. This is exactly why nurses have been asking the legislature for protection from employers who retaliate against them for raising concerns about inadequate staffing. Unfortunately, due to a lack of meaningful legislative action up to this point, including the demise of the 2023 Keeping Nurses at the Bedside Act and 2024 Worker Retaliation Protection bill, nurses are once again back at the Legislature asking for lawmakers help.

The increased corporatization of non-profit hospitals in Minnesota has led to even more decreases in the number of RN's caring for patients. Corporate "Lean" models such as "just in time" staffing pose a serious risk to patients as they remove resources from the bedside and do not consider the uncertainty and unpredictability of patient needs. More granular tactics such as "benchmarking", where hospitals review and revise their staffing levels to be lower than comparable hospitals to save money, are being used more frequently to justify understaffing in hospitals. In one recent situation, a major metro hospital system went through the benchmarking process with the goal of intentionally aiming at staff at the levels of 40% of what "comparable" hospitals would staff at. Even small decreases in staffing levels can increase negative patient outcomes and adverse events, as evidenced in the last few years. Decades of deliberate

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AFL-CIO

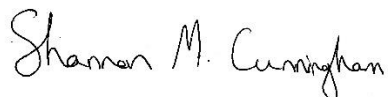
understaffing creates not only safety issues for patients, but untenable and unsafe working conditions for nurses and all nursing staff. This is explicitly resulting in nurses being forced to leave their jobs in hospitals, historically seen as the most desirable positions in the nursing profession or even leaving the nursing profession or healthcare field altogether. Hospitals are forcing nurses to do more with high acuity patients with less nursing and supportive staff. This has led to nursing burnout, poor retention, increased work injuries, and moral injury. The COVID-19 pandemic did not create these conditions, but hospitals have justified ongoing workforce changes initiated or exacerbated during the pandemic to further under-staff units, and this is causing the rates of nurses fleeing the bedside to occur at rates higher than we have ever seen.

Despite nurse warnings, staffing conditions in Minnesota hospitals are at a notable low point. Not coincidentally, the rate of workplace violence and injury in Minnesota hospitals continues to grow. According to the US Bureau of Labor Statistics (BLS), intentional violence towards healthcare workers increased 63% between 2011 and 2018 and has continued to increase annually since that time. When compared to all other sectors, those working in healthcare face a disproportionate amount of violence at work with 73% of all nonfatal injuries due to violence in the workplace being experienced by healthcare workers. Further, evidence-based research supports investing in nursing staff which then decreases patient harm and mortality, decreases length of stay, hospital acquired infections and readmissions. Under-staffing increases agitation amongst patients, including in emergency departments as well as inpatient units throughout hospitals, and if you listen to the stories of nurses and other healthcare workers in hospitals, chronic under-staffing leads to chronic issues of violence against workers.

Nurses support the Quality Patient Care Act because it will improve the healthcare workforce and patient care by creating a safety net against harmful staffing practices that put workers and patients in jeopardy. It creates a safer workplace with stronger protections from violence and injury and protects nurses and other healthcare workers from retaliation if they raise issues about worker or patient safety. And, above all, it helps healthcare workers do what they want to do most of all: it allows them to safely do the work that they love, which is providing quality care for patients in their most vulnerable times.

Please stand with Minnesota nurses, healthcare workers, and patients by supporting the Quality Patient Care Act.

Sincerely,

A handwritten signature in cursive script that reads "Shannon M. Cunningham". The ink is dark and the signature is fluid, with a large initial 'S'.

Shannon Cunningham  
Director of Governmental and Community Relations  
Minnesota Nurses Association



# Support the Quality Patient Care Act

Hospitals are increasingly prioritizing productivity and financial gains over patient-centered care, resulting in unsafe nurse-to-patient ratios that jeopardize both the well-being of nurses and the safety of the individuals they serve. When nurses are stretched too thin, patient outcomes suffer.

Legislators must take decisive action to enshrine the Quality Patient Care Act (HF2289/SF2775) into law, implementing and enforcing safe staffing ratios that support high-quality patient care, protect nurses from untenable workloads, and create a sustainable healthcare system for all.

## Why Safe Staffing Ratios Matter

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- **Support Nurses and Patients:** Establishing nurse-to-patient ratio limits ensures that nurses can provide quality care, reducing medical errors and improving patient outcomes.
- **Protect Patient Safety:** Overworked nurses are more likely to make mistakes, leading to higher patient mortality rates and readmissions. Safe staffing levels mitigate these risks.
- **Ensure Workplace Well-being:** Nurses facing excessive workloads experience moral injury and exhaustion. Proper staffing protects their physical and mental health - and keeps nurses in the workforce.
- **Staffing Based on Acuity:** Patients require different levels of care based on their conditions. Acuity-based staffing ensures nurses can focus on those who need them the most, rather than being assigned patients arbitrarily.
- **Reduce Workplace Violence:** Chronic understaffing contributes to an increased risk of violence against nurses.
- **Increased Nurse Turnover:** Poor staffing drives nurses out of the profession, worsening workforce shortages and increasing recruitment costs.

## Stop Attempts to Undermine Safe Staffing

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- **Overburdening Nurses:** Hospitals are refusing to hire appropriate levels of staff to increase profits, which results in dangerous workloads for remaining nurses, while leadership and CEOs collect hefty salaries and bonuses year on year.
- **Higher Healthcare Costs:** Understaffing leads to more complications, readmissions, and extended hospital stays, driving up overall costs for patients.
- **Compromised Patient Satisfaction:** Patients receiving rushed or inadequate care report lower satisfaction and trust in healthcare systems.

## Legislators Must Take Action to Pass the Quality Patient Care Act:

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- **Set Enforceable Nurse-to-Patient Ratios:** Nurses need manageable patient loads to provide safe and effective care.
- **Defend Patient and Nurse Safety:** Lawmakers must reject any efforts to weaken staffing protections and instead implement robust, enforceable standards.
- **Ensure Acuity-Based Staffing Models:** Staffing should reflect patient needs, not arbitrary benchmarks set through opaque corporate algorithms.
- **Hold Hospitals Accountable:** Enforce clinical standards that prioritize patient care over corporate profits.

**Vote YES to guarantee safe staffing and ensure quality healthcare!**



# Fast Facts

## The Quality Patient Care Act (HF2289/SF2775)

The Quality Patient Care Act is proposed legislation in Minnesota that enforces safe staffing ratios for nurses in hospitals. It aims to improve patient care, protect nurses from workplace violence and injury, and establish a sustainable healthcare system by ensuring hospitals maintain appropriate nurse-to-patient ratios.

### What does the Quality Patient Care Act include?

- **State-mandated nurse-to-patient ratios:** Establishes specific ratios for each hospital unit, ensuring manageable patient loads.
- **Acuity-based staffing models:** Requires management to consider patient acuity before assigning nurses.
- **Protection for nurse judgment:** Allows nurses to determine if a patient assignment is safe based on professional judgment.
- **Anti-retaliation protections:** Safeguards nurses from disciplinary actions when they refuse unsafe assignments or report unsafe conditions.
- **Regulation of staffing technology:** Ensures patient acuity tools and video monitoring do not replace adequate staffing or professional nursing decisions.
- **Safe staffing committees:** Requires hospitals to form committees (with at least 50% non-management staff) to address staffing issues.

### Why do safe staffing ratios matter?

- **Enhancing patient safety:** Safe staffing reduces medical errors, lowers patient mortality rates, and decreases hospital readmissions.
- **Supporting nurses & retention:** Proper nurse-to-patient ratios prevent moral injury and exhaustion, which in turn helps keep more nurses in the workforce and at the bedside.
- **Acuity-based assignments:** Staffing is based on patient needs rather than arbitrary hospital metrics, ensuring critical patients receive proper attention.
- **Reducing workplace violence:** Chronic understaffing has been linked to an increase in violence against nurses.
- **Lowering healthcare costs:** Understaffing results in more complications, longer hospital stays, and higher readmission rates, ultimately raising costs for patients and the healthcare system.

### Why are state-mandated ratios the “Gold Standard”?

- State-mandated nurse-to-patient ratios are the most effective method for ensuring consistent, enforceable staffing levels across hospitals.
- They lead to better patient outcomes (lower mortality, fewer complications).
- They ensure higher nurse retention and job satisfaction.
- Without state-mandated ratios, hospitals can continue to manipulate staffing levels based on financial incentives, prioritizing profits over patient care.

### Why the Nurse Licensure Compact (NLC) does NOT solve unsafe staffing issues

- The Nurse Licensure Compact (NLC) allows nurses to work across state lines, but it does not address unsafe staffing or improve working conditions.
- The NLC does not require hospitals to hire more nurses, allowing administrators to maintain inadequate staffing levels and assign excessive patient loads without enforceable limits.
- Minnesota faces a retention crisis, not a nursing shortage, and without enforceable staffing standards, unsafe workloads will continue to drive nurses away.

## How is this bill different from the Keeping Nurses at the Bedside Act?

- While both bills address nurse staffing issues, there are key differences:

Feature	Quality Patient Care Act	Keeping Nurses at the Bedside Act
Enforceable Nurse-to-Patient Ratios	✓ Yes – Sets legally required ratios per unit	✗ No – Relies on internal hospital committees
Acuity-Based Staffing Consideration	✓ Yes	✓ Yes
Safe Staffing Committees	✓ Required, with 50% non-management	✓ Required, but without mandated ratios
State Oversight & Enforcement	✓ Yes – Ensures compliance with ratios	✗ No – Leaves implementation to hospital discretion
Anti-Retaliation Protections for Nurses	✓ Strong protections	✓ Included but less enforceable

## Why must legislators pass the Quality Patient Care Act?

- Sets enforceable nurse-to-patient ratios to ensure safe and effective care.
- Prevents hospitals from cutting staff to increase profits while patient care suffers.
- Holds hospitals accountable for prioritizing patients over corporate interests.
- By passing this act, Minnesota can lead the nation in safe staffing policies, improving both nurse retention and patient health outcomes.

