

## **HB0624/SB0411 Safe Staffing Act of 2026 Testimony**

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My name is Lauren Noel, and I am a registered nurse with almost 5 years of experience caring mostly for pre- and post-operative Cardiac Surgery patients. I want to express my strong support for HB0624/SB0411, the Safe Staffing Act of 2026.

In my almost 5 years as a nurse, and additional time as a patient care technician, I have personally experienced the consequences of inadequate staffing. When hospitals fail to provide appropriate staffing levels, patient care suffers, medical errors increase, and nurses experience overwhelming stress and burnout. The reality is that nurses are leaving the profession at an alarming rate—not because they don't love patient care, but because they are physically and emotionally exhausted from trying to provide quality care under impossible conditions.

At one hospital, the number of patients that a nurse took care of was directly correlated to how many nurses were working that night. 24 patients and 6 nurses? 4 patients per nurse. 24 patients and only 4 nurses? 6 patients per nurse. The staffing matrix was not reflective of patient acuity and encouraged the hospital to frequently understaff and max nurses out with 6 patients each.

As recently as earlier this month, the hospital's kitchen was understaffed, so our patient's lunch food trays came 3 hours late. Understaffed environmental service employees means less people to clean discharged rooms which prolongs the amount of time a new patient can be admitted. It all impacts patient care. And that's why all employees need a seat at the table when discussing safe staffing in hospitals.

Staffing needs change quickly on hospital units, requiring flexibility and input from the staff caring for the patients. At the start of a shift, the nurse-patient assignment might reflect the patient acuity at that glimpse in time, but we all know everything can change in an instant in healthcare.

For example, I was working a day shift, where there are 1 nurse to 3 patients and 1 nurse to 4 patients at night and one of my patients was on an insulin drip that required precise hourly blood sugar checks and infusion adjustments; my other 2 patients were relatively "okay" but I discharged one and received a patient who was downgraded from the ICU who had cardiac pacing wires, chest tubes and other drains, and was on continuous IV medication that was nurse-managed. Then, my other patient went into a cardiac dysrhythmia, which is not uncommon in our patient population, and required immediate medical interventions. The assignment changed from being safe at the start of the shift to unsafe in an instant.

There is no system in place that I have seen that addresses these volatile and ever changing staffing needs. As a nurse, you're expected to just suck it up and hope that the other overworked nurses can help you bear the burden.

The only opportunity for feedback from bedside nurses is if they raise concerns to the charge nurse, who usually has their hands tied about staffing numbers since it is budget-related and thus overseen by nurse managers. There is no flexibility in the current status quo to accommodate for changing patient conditions. You work day shift? You get 3 patients. You work night shift? You'll get those same 3 patients plus an additional patient just because it's night shift.

This legislation is a critical step toward addressing this crisis. By requiring that direct patient care providers—such as nurses, nursing assistants, and other essential staff—have representation on hospital staffing committees, HB0624/SB0411 ensures that staffing decisions are made with real-world patient care experience and patient safety in mind. Each hospital and unit have unique needs based on patient acuity, and staffing grids must reflect that complexity. This legislation provides hospitals with flexibility to build their staffing committees to meet their hospital staffing needs; this legislation asks for a minimum number of direct patient care representatives to be present on staffing committees, allowing hospitals to add additional committee members to meet their specific needs.

Safe staffing is not just about improving working conditions for nurses—it is about ensuring that patients receive the high-quality care they deserve. Thoughtful and evidence-based staffing policies lead to better patient outcomes, lower readmission rates, and a more sustainable [workforce](#). As someone who is not a member of a union, this legislation is especially important to ensure healthcare workers have a voice and can guide our hospitals to solutions that will actually work.

I urge this committee to pass HB0624/SB0411 and take a stand for patient safety and healthcare worker well-being. Thank you for your time and consideration.

Sincerely,

Lauren Noel, BSN, RN