



NHCSL

THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS

DRAFT

RESOLUTION

No. 2024-03

Addressing the Staffing Crisis in the Healthcare Workforce

Reported to the Caucus by the
NHCSL Healthcare Task Force
Rep. Alma Hernández (AZ), Chair

**Sponsored by Sen. Wlnsvey Campos (OR), Asm. Jessica González-Rojas (NY) and
Rep. Louis Ruiz (KS)**

1 **WHEREAS**, nursing staff includes an entire care team comprising multiple disciplines and
2 ancillary staff; and,

3 **WHEREAS**, non-nurse disciplines, including physicians, physician assistants, pharmacists,
4 physical therapists, respiratory therapists, and all other non-nurse specialties are crucial to
5 delivery of high-quality care; and,

6 **WHEREAS**, workers in transport, environmental services and other healthcare titles are
7 crucial to ensuring safe, high-quality care for patients; and unprecedented vacancies in these
8 positions have been created due to safety concerns, inequitable compensation, and other
9 poor working conditions, which are felt at the bedside; and,

10 **WHEREAS**, working conditions in clinical settings have deteriorated to the point where
11 experienced professionals are leaving the bedside, new professionals are taking jobs outside
12 of healthcare, and vacancies in ancillary jobs are critically unfilled; and,

13 **WHEREAS**, this situation is not only placing unconscionable strain on healthcare workers, it
14 also has created a crisis that threatens the safety of patients and the overall stability of the
15 United States healthcare system; and,

16 **WHEREAS**, nurses, professional associations, and unions have been advocating for safe
17 staffing laws for decades. The lack of consensus among nursing groups and employers has
18 stalled the discussion for too long, resulting in continued application of dangerous staffing
19 approaches; and,

20 **WHEREAS**, mandatory overtime, misuse of on-call for staffing, overreliance on travelers and
21 contract nurses, and unmanageable patient care assignments have become normalized.
22 Staffing committees and other venues for nurses to vocalize staffing needs, while valuable,
23 have not produced positive movement toward a standard that is safe; and,

24 **WHEREAS**, being responsible for unreasonable patient loads; relying on inexperienced and
25 agency staff to supplement and care for these patients; and being expected to work more
26 hours with fewer resources—putting their own health, the health of their patients and the
27 health of their families at risk—have resulted in an adverse work environment wrought with
28 ethical challenges that have left healthcare professionals feeling completely unsupported
29 and morally injured, particularly during and since the pandemic;¹ and,

30 **WHEREAS**, research shows that minimum nurse-to-patient ratios improve patient outcomes,
31 such as improvements in mortality, readmissions and length of stay;² and,

32 **WHEREAS**, efforts by the AFT and its healthcare affiliates, through their Code Red campaign,
33 have resulted in an expanded number of states with safe staffing limits built into state law
34 for all or some patient care units, such as the ones enacted via Oregon’s HB 2697 on Hospital
35 Staffing Plans;³ and,

36 **WHEREAS**, while the lack of enforceable standards has rendered healthcare staffing
37 untenable for decades, the current situation is creating an existential crisis for the nursing
38 profession. The consequence of unsafe staffing has a cumulative severe impact on the
39 physical, mental, emotional and spiritual health of the nursing workforce; and,

40 **WHEREAS**, nurses and other health professionals are leaving the bedside because of
41 unmanageable patient loads and the deplorable working conditions across the healthcare

¹ Blanchard, J., Li, Y., Bentley, S. K., Lall, M. D., Messman, A. M., Liu, Y. T., Diercks, D. B., Merritt-Recchia, R., Sorge, R., Warchol, J. M., Greene, C., Griffith, J., Manfredi, R. A., & McCarthy, M. (2022). The perceived work environment and well-being—a survey of emergency healthcare workers during the COVID-19 pandemic. *Academic Emergency Medicine*. <https://doi.org/10.1111/acem.14519>

² Rosenberg K. Minimum nurse-to-patient Ratios Improve Staffing, Patient Outcomes. *Am J Nurs*. 2021 Sep 1;121(9):57. doi: 10.1097/01.NAJ.0000790644.96356.96. PMID: 34438432.

³ Oregon HB 2697. Available at <https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/HB2697>

42 system. A 2022 survey reported that over one-third of nurses planned to leave their jobs by
43 the end of the year, and nearly a third planned to leave the profession altogether;⁴ and,

44 **WHEREAS**, pandemic-related pressures on healthcare accelerated this trend—the rate of
45 violence in hospitals increased by 25 percent in one year alone from 2019 to 2020. And the
46 correlation between inadequate staffing and higher incidence of violence in healthcare was
47 well known even before the pandemic;⁵ and,

48 **WHEREAS**, violence against healthcare workers is a serious and growing problem
49 exacerbated by inadequate staffing. Healthcare workers experience 91.5% percent of all
50 reported workplace violence⁶ injuries in the American private labor force,⁷ and the number
51 of actual incidents of workplace violence is likely to be much higher; and,

52 **WHEREAS**, healthcare workers have endured unfathomable strain at work during the
53 pandemic, including inadequate personal protective equipment; ever changing care
54 protocols; and administrators who were unprepared, not supportive and, often, not present;
55 and,

56 **WHEREAS**, our healthcare workforce has increasingly experienced moral distress caused by
57 ethically challenging situations, such as the perception of not always being able to provide
58 the normal standard of care and emotional support to patients and their families;⁸ and

59 **WHEREAS**, the compounding impact of experiences of moral distress, burnout, and
60 impossible working conditions is exacerbated by environments with inadequate
61 organizational support by employers and government;⁹ and,

62 **WHEREAS**, the fatigue and overwork (resulting from poor staffing and other failures of
63 employers to prioritize a positive work environment for those delivering patient care) serve
64 to deteriorate the resilience and ability to cope with stress across our healthcare workforce,
65 impacting workers’ health, personal relationships and families; and,

66 **WHEREAS**, increased incidence of depression, anxiety and suicide among healthcare
67 workers signify an immediate need to act; and

⁴ Incredible Health. (2022, January). *Nursing in the Time of COVID-19*. <https://www.incrediblehealth.com/wp-content/uploads/2022/03/IH-COVID-19-2022-Summary-1.pdf>

⁵ “Death on the Job: The Toll of Neglect,” 2022. <https://aflcio.org/reports/death-job-toll-neglect-2022>

⁶ Defined as intentional or unintentional injury by another person resulting in days away from work, restricted activity, or job transfer.

⁷ Bureau of Labor Statistics (BLS), Survey of Occupational Injuries and Illnesses (SOII), TABLE R4. Number of nonfatal occupational injuries and illnesses involving days away from work, restricted activity, or job transfer (DART), days away from work (DAFW), and days of restricted work activity, or job transfer (DJTR) by industry and selected events or exposures leading to injury or illness, private industry, 2021-2022. Available at <https://www.bls.gov/iif/nonfatal-injuries-and-illnesses-tables.htm>

⁸ Blanchard, J., *supra*, n. 1.

⁹ *Ibid.*

68 **WHEREAS**, a survey of emergency health workers reinforces our members’ experience and
69 found a strong association between a perceived adverse working environment and poor
70 mental health and patient outcomes, particularly when organizational support was deemed
71 inadequate;¹⁰ and,

72 **WHEREAS**, unfair and inadequate pay practices, such as the refusal to increase wages for
73 experienced nurses, low starting wages for hard-to-fill positions, and failure to pay ancillary
74 staff a living wage; are contributing factors to both new and experienced health professionals
75 leaving their jobs—a dynamic that is exacerbating shortages; and,

76 **WHEREAS**, the use of travel agencies to fill staffing holes (a more expensive replacement
77 rather than a supplement) has skyrocketed, forcing stark and unjust disparities in pay among
78 clinicians; this is a development that exposes a deeply broken labor market in the healthcare
79 industry; and,

80 **WHEREAS**, consolidation in the healthcare industry has resulted in a reduced number of
81 corporations competing for workers, which has resulted in practices like wage suppression,
82 normalization of diminished working conditions, increased healthcare costs, and few
83 resources spent to ensure health professionals have the tools needed to deliver safe, high-
84 quality care; and,

85 **WHEREAS**, elimination of services by hospitals not only deprives communities of care in
86 rural and underserved areas, it also leaves specially qualified healthcare professionals
87 unemployed, a dynamic that creates economic harm to families and those communities; and,

88 **WHEREAS**, employers and industry stakeholder groups are actively working to maximize
89 profits—by cheapening care delivery through efforts to deskill our professions and seeking
90 out cheaper labor forces—which complicates delivery of care, erodes scope of practice for a
91 multitude of health disciplines, and threatens our jobs; and,

92 **WHEREAS**, the COVID-19 pandemic exacerbated pre-existing pressures and strain on the
93 healthcare system and its workforce to a critical breaking point; and,

94 **WHEREAS**, healthcare is a high-stakes environment with highly complex systems on the
95 clinical and the business sides, and where factors like the evolution of different models of
96 nursing care, reimbursement-driven documentation systems, and advances in research and
97 treatment mean incessant change for direct care clinicians; and,

98 **WHEREAS**, equity in the healthcare workforce is a requirement for broader health equity
99 and the time for authentic, meaningful efforts at addressing racism, diversity, equity and
100 inclusion in our healthcare workforce; and,

¹⁰ Lake, E. T., Sanders, J., Duan, R., Riman, K. A., Schoenauer, K. M., & Chen, Y. (2019). A Meta-Analysis of the Associations Between the Nurse Work Environment in Hospitals and 4 Sets of Outcomes. *Medical care*, 57(5), 353–361. <https://doi.org/10.1097/MLR.0000000000001109>

101 **WHEREAS**, it is well settled that outcomes improve when the healthcare workforce reflects
102 the population it serves. However, minority healthcare workers are currently
103 underrepresented, and as the complexity of the positions and the salaries increase, the
104 diversity of the workforce decreases; and,

105 **WHEREAS**, the role of health professionals is not only crucial to the stability of today's
106 patient care environment but is also critical to teaching the next generation of professionals.
107 At the same time, education and training programs often lack the funding, facilities or faculty
108 needed to address the workforce shortage. And in nursing programs, where the problem is
109 particularly acute, low salaries for faculty make choosing teaching unaffordable for many
110 nurses.

111 **THEREFORE, BE IT RESOLVED**, that the National Hispanic Caucus of State Legislators
112 supports state law that mandates staffing ratios, or safe patient limits, such as Oregon's H.B.
113 2697 on Hospital Staffing Plans; and,

114 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators urges
115 Congress to pass legislation that will secure staffing ratios in federal law, such as S.1113 -
116 Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act,¹¹ and supports
117 efforts to secure the same through all available regulatory means; and,

118 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators supports
119 legislation banning mandatory overtime in healthcare in federal and state law; and,

120 **BE IT FURTHER RESOLVED**, that the that the National Hispanic Caucus of State Legislators
121 supports protections in law that protect efforts by unionized healthcare workers to secure
122 staffing ratios in collective bargaining agreements; and,

123 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators urges
124 state legislatures and Congress to enact workplace violence protections, such as through
125 passage of S.1176 - Workplace Violence Prevention for Health Care and Social Service
126 Workers Act;¹² and,

127 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators supports
128 laws that appropriate funding, programming, and other legal protections at both the federal
129 and state levels to support health professionals in the areas of mental health, burnout and
130 stress management, including addressing shortages in the mental health professions; and,

131 **BE IT FURTHER RESOLVED**, that the that the National Hispanic Caucus of State Legislators
132 supports governmental efforts to secure resources and support to healthcare affiliates and
133 members for student loan forgiveness programs and also workforce development funding,
134 particularly in communities of color and in rural and other underserved areas; and,

¹¹ <https://www.congress.gov/bill/118th-congress/senate-bill/1113>

¹² <https://www.congress.gov/bill/118th-congress/senate-bill/1176>

135 **BE IT FINALLY RESOLVED**, that the that the National Hispanic Caucus of State Legislators
136 supports workforce development programs in the law that increase diversity in the
137 healthcare workforce, such as: addressing racism in healthcare workplaces; developing
138 program models that help affiliates expand career outreach programs in communities of
139 color to reach those who are underrepresented in healthcare jobs; and expanding targeted
140 financial aid and loan repayment programs, including National Health Service Corps and the
141 Nurse Faculty Loan Repayment program.

142 THE NHCSL HEALTHCARE TASK FORCE, AT ITS MEETING OF MARCH 18, 2024,
143 UNANIMOUSLY RECOMMENDED THIS RESOLUTION TO THE EXECUTIVE COMMITTEE FOR
144 APPROVAL.

