



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

**Testimony in Opposition to  
Senate Bill 557 and House Bill 1008  
“An Act Relative to Patient Safety”  
Before the Joint Committee on Health Care Financing  
May 29, 2013**

The Massachusetts Medical Society wishes to be recorded in opposition to Senate Bill 557 and House Bill 1008, “An Act Relative to Patient Safety.” These bills would require the Department of Public Health to develop nurse staffing ratio’s for implementation by hospitals, as a condition of licensure.

The Massachusetts Medical Society supports the concept of adequate nurse staffing levels without across-the-board statutory or regulatory ratios.

The Society has grave concerns about enacting laws and regulations to establish standards of medical care. While we have done so in the past, for example in the areas of mammography and obstetrical length of stay, we did so reluctantly and only when it is evident that legitimate patient issues were being unmet. Medical practices and standards of care are generally not appropriate for codification in statute or regulation.

In this case, we are not convinced that an across-the-board “one size fits all” staffing ratio is a useful approach. On an individual basis, each patient deserves the best care as determined by that patient’s caregiver. Just as each caregiver brings different experiences to patients, each hospital provides varied clinical, physical plant and technological resources to its patients. There are unpredictable variations in the presentation of patients to a hospital, as well as variations in the need for specialized care within different clinical areas in a hospital. Thus, we believe that no single formula or solution should be applied to all facilities by statute or regulation.

We are deeply concerned that such a mandate will result in clinical delays or inefficiencies in rendering care to patients. These inefficiencies can result in overcrowding or boarding of patients in emergency departments and in delays in getting patients to appropriate medical/surgical units within a hospital. Likewise, the possibility of diverting patients from one institution to another may jeopardize the provision of timely, local care to patients in need of emergency care. Each patient’s care must revolve around the needs of the individual patient, not around the staffing of one component of their total care.

We urge the Committee on Health Care Financing to report Senate Bill 557 and House Bill 1008 out of committee “ought not to pass.”