



**House Health Committee  
Pennsylvania House of Representatives  
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Good morning Chairman Frankel, Representative Rapp, and members of the House Health Committee. My name is Michele Szkolnicki. I am a registered nurse and the Chief Nursing Officer at Penn State Health Milton S. Hershey Medical Center. Thank you for the opportunity to appear before your committee today.

I also want to acknowledge Representative Tom Mehaffie, who represents my facility and the 3,200 nurses who work at the Penn State Health Hershey Medical Center in Dauphin County. Representative Mehaffie continues to be an outstanding champion for Penn State Health as our representative in the General Assembly. He is accessible and responsive to the needs of our faculty, staff, and leadership team across the health system. And although we look at the nurse ratio issue through a different lens, I know Representative Mehaffie's concerns are born out of genuine concern for the wellbeing of our nurses and the patients they care for. I'm confident through productive dialogue, we'll find solutions to address the issues that our hospitals and health systems are facing on a daily basis.

I am concerned about the current state of healthcare. I am concerned for our patients. I am concerned for my fellow healthcare providers. I am concerned for the nursing profession.

Nursing remains in a Perfect Storm of unprecedented and difficult challenges.

1. Nursing has been in various stages of shortage for several decades. However, within the last decade, the shortage has intensified with the aging of the baby boomers – one third of the nursing workforce will retire within the next 10-15 years.
2. During the COVID-19 pandemic, we faced dire workforce shortages with the tremendous influx of very sick patients; along with severely limited PPE to protect ourselves. The pandemic accelerated the number of nurses quitting the workforce and retiring early.
3. Price gouging of temporary staffing travel agencies continues, which also lured nurses away from their hospitals to take lucrative travel-staffing assignments.

You are also concerned about the well-being of nurses, and the safety and care of patients. To decrease the risk of adverse events, some feel that ratios are the answer; but this is an incomplete and inadequate response. Ratios do not address patient acuity and co-morbidities, presence or absence of support personnel, unit layout, staff experience and education level, the high-risk nature of the work, exposure to disruptive behavior, moral distress, or assaultive patients. Laws cannot guarantee safe staffing.

If we are going to change, we need to change the right things:

One of the most powerful tools we have is the *ANCC Magnet Recognition Program* which, beginning in 1983, sought out the characteristics in hospitals that delivered superior care, and retained high quality nurses. These characteristics are:

- professional development
- continuing education
- shared decision making
- quality
- well-being
- leadership

If we are going to change things, let's change the right things:

Insurers do not pay for compassion. Nurses are empathetic healers whose acts of heartfelt service are not reimbursed in the current business model. There are no billing codes for the vigilant nurse who intervenes in time to prevent a bad outcome or the only nurse who can get a patient to eat or take their meds. We need to change the way hospitals are reimbursed for the valuable services nursing provides.

If we are going to change things, let's change the right things:

We do need more nurses. Within the last few weeks, we were informed of EB-3 Visa retrogression which cut off immigrant visas of those who applied after June 1<sup>st</sup> of 2022. EB-3 is the visa category that includes registered nurses. There are 274 nurses who were going to be arriving at our door beginning this September – who are now indefinitely delayed. We have discussed this issue with our U.S. Senators and Members of Congress, and we're hopeful to find a remedy.

If we are going to change things, let's change the right things:

No nurse I know would ever agree to the rationing of healthcare. With legislated ratios, hospitals are limited by law in the number of patients they can care for based on the number of nurses present at any given time and does not allow our nurse leaders to exercise flexibility based upon unique circumstances. How do you handle a sudden rush of patients needing care because of a mass casualty incident, or several nurses calling in sick on the same day? "The ratio says 4, so, sorry..."

If we are going to change things, let's change the right things:

Here is a ratio to be concerned about: the number of nurse educators to potential nursing students. According to the American Association of the Colleges of Nursing, 80,000 qualified nursing school applicants were rejected in 2019 because of a lack of teaching staff.

What we need to do now:

1. Financially support hospitals to bring in more nurses and temporary nurses. Hospitals cannot keep up with competing hospitals and temporary staffing agencies offering signing bonuses and three times the pre-pandemic hourly wage. Hospitals need help in stabilizing the nursing workforce and this requires immediate funding.

2. Stop the price gouging of travel nursing agencies. Nurse travel agencies continue to poach nurses by offering once-in-a-lifetime opportunities to make a great deal of money, and business for these agencies has never been better. They have used the pandemic and its aftermath to take advantage of patients and hospitals to increase their profits.
3. Change international nurses to EB 1 immigration status (they are currently at tier 3). Federal policy is a barrier for recruitment of nurses from other countries.
4. Provide relief from regulatory constraints that interfere with the ability to recruit and retain nurses. These constraints range from licensure barriers for nurses licensed in other states, to laborious documentation requirements from payers and regulatory agencies that take the nurse away from direct patient care. A continuation and sustained refinement of regulatory waivers would be a platform for obtaining this relief.

What we need to do very soon:

1. Support to bring more nurses into the field. It is time to end this decades-long nursing shortage. Access to nursing education needs to be easier, and supported. Consideration of loan repayment programs for nurses, similar to the existing Teacher Loan Forgiveness Program, but with immediate benefit once a nurse begins working as a direct patient care nurse, would remove many barriers to people entering this profession.
2. Change the way nursing care is reimbursed. Currently, Medicare reimbursement does not include payment for nursing care. A nurse's contribution to care falls under a hospital bed charge. Perhaps changes in the Medicare reimbursement model to include payment for nursing care could lessen our nursing shortage crisis, provide safer nurse-patient ratios, and retain nursing staff.
3. Public campaigns that tout the importance of the nursing profession: there is a need to revise, in the public's eye, how nurses are valued. Although nursing is proud to have been ranked as the most trusted profession over the past 20 years, there is a lack of understanding of what nurses do and their value is usually defined in relation to the physician.
4. Continue to deliberately support nursing after this pandemic is over. Due to COVID, we are looking at possibly the largest PTSD epidemic since WWII. The legacy of COVID for nurses is trauma that will persist long after this pandemic has passed and the mental health of nurses and other healthcare professionals must be prioritized.

Leadership in this pandemic has come from unsung healthcare professionals; physicians, respiratory therapists, hospital personnel, and nurses; working outside of the spotlight to save lives.

Thank you for the opportunity to share my thoughts on this critically important issue and I would be happy to address any questions you may have at this time.