



April 28, 2008

Dear Mr. Speaker:

Associated Industries of Massachusetts, the Greater Boston Chamber of Commerce, the Massachusetts Business Roundtable and the Massachusetts Taxpayers Foundation **oppose amendment # 1193**, which is substantially the same as H2059 now before the Health Care Financing Committee and would require the Department of Public Health to establish specific nurse staffing ratios for the Commonwealth's hospitals.

The employer community believes hospitals should not be micro-managed by mandating staffing levels either through General Law or, by extension, through state agency regulation. The amendment before you, while avoiding the use of general law, would put the determination for registered nurse staffing levels in the hands of the Department of Public Health.

We oppose this amendment from a strongly held belief that codifying in government regulation staffing levels for any entity is ill advised, counterproductive and costly. It is undeniable that the complexity of determining appropriate nurse staffing levels for any health care institution involves myriad factors and expert judgments that cannot be adequately reduced to regulation.

We believe that the most appropriate parties with the knowledge, skill and experience to make those staffing decisions are not state regulatory agencies but hospital managers who in every instance are responsible for providing competent care for their patients. The provisions in the amendment related to hardship and to the Department's inability to create certain regulations are a testament to the complexity and difficulty in pursuing a regulatory approach to mandating nursing staff levels, which only confirms why such an approach is the wrong path and why this bill should not be adopted.

With the ongoing implementation of health care reform, this amendment would greatly complicate the already complex and costly problems of adequate health care coverage. To add what may be anywhere between \$250 and \$500 million to the cost of the delivery

of health care in the Commonwealth – with no demonstrable positive impact on patient outcomes – seems folly at any time, but particularly now. Therefore, we urge you to reject amendment # 1193.

Sincerely,



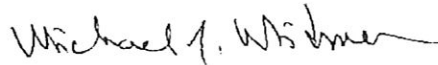
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