

# NURSES SAY NO.

Leading nursing and healthcare organizations  
are voting **NO on Question 1** this November.



**VOTE NO on 1 ON TUESDAY, NOVEMBER 6**



Coalition to Protect Patient Safety  
P.O. Box 5673  
Boston, MA 02114

**IMPORTANT TOPIC.  
DANGEROUS APPROACH.**

Nurses address the most frequently asked questions about Question 1.



**BAD for Patients. WRONG for Massachusetts.**

This piece was written and authorized by registered nurses.  
Paid for by the Coalition to Protect Patient Safety.  
Top Contributors: Organization of Nurse Leaders and Massachusetts Health & Hospital Association.  
For more information regarding contributors, go to [www.ocpf.us](http://www.ocpf.us).





---

**Nurses have a lot of questions about Question 1. With so much at stake, it's important to have credible answers.**

---

**BAD** for Patients. **WRONG** for Massachusetts.

### **Q. There must be some staffing flexibility in this law, right?**

**No, there is no flexibility.** If Question 1 passes, the same mandated nurse staffing ratios go into effect in every hospital in Massachusetts, at all times and under all circumstances, on January 1, 2019. That leaves hospitals only 37 business days to comply. The ratios could not be adjusted based on acuity, a shortage of nurses, or any other factor.

The mandated ratios could only be lifted "during a state or nationally declared public health emergency," a very rare occurrence. Ratios will stay in effect even during local emergencies (such as a multi-vehicle crash or blizzard) and during large-scale incidents.

---

### **Q. Won't this help community hospitals and safety net hospitals?**

**No. In fact, mandated nurse staffing ratios will disproportionately harm those hospitals.** Here's why:

- **Less access for patients:** Hospitals that can't meet the new legal staffing levels will have to close beds and units.

**If Question 1 passed, Boston Medical Center anticipates not being able to treat approximately 104 patients in the Emergency Room every day and having to reduce births by 800 every year.**

- **Talent drain in the community:** In order to comply with the rigid ratio law, hospitals will pull nurses from community care settings such as rehabilitation, home care, hospice, and senior care, among others. This would create a shortage of talented nurses in the community, delay patient access to care, and prevent patients from returning home.
- **Nursing shortage:** Massachusetts already has a shortage of 1,200 nurses, and more than half of our nurses are approaching retirement age. If this ballot passes, that shortage would soar to nearly 6,000 nurses. Why would we willingly exacerbate the nursing shortage in our state, knowing that there is no guarantee patient care would improve?
- **Ratios already don't work in MA:** The 2014 law requiring ratios in Massachusetts ICUs resulted in many unintended consequences, including: increases in patient transfers to other hospitals due to a lack of available staffed ICU beds; delays in transferring patients to ICUs from emergency rooms; and the separation of patients and families, particularly premature infant siblings requiring different levels of care or patients transferred to hospitals further away from home, sometimes across state lines.

---

### **Q. Can't the issues with Question 1 be fixed before implementation?**

**No.** Once passed, the only way to change the ratios would be through the legislative process. In Massachusetts, we have a two-year legislative calendar that will begin again in January, 2019. Even if changes were made to the law, the damage to patients and families, the nursing profession, and care delivery statewide would be done.

---

### **Q. If not mandated ratios, then what?**

**We need to focus on solutions that work.** Question 1 is not a viable solution. Organizations like the American Nurses Association have said that this one-size-fits-all mandated ratio proposal is not a viable solution and are advocating for nurse staffing standards that emphasize nurse autonomy and collaboration.

Staffing solutions should be flexible and focus on patient needs and acuity; number of admissions, discharges, and transfers; professional nursing and other staff skill levels and expertise; physical space and layout of the nursing unit; availability of or proximity to technological support and other resources, and the physical environment of care.

**None of this is factored into the rigid Question 1 ratios.**

**If you would like to join the effort to defeat this dangerous proposal, or if you have a specific question, visit [ProtectPatientSafety.com](http://ProtectPatientSafety.com) or call (617) 840-3465.**

**Vote NO on Ballot Question 1**