

Testimony Opposing SB 182 – Mandated Nurse-to-Patient Ratios

Nevada Legislature – 2025 Session

Good [morning/afternoon], My name is Natasha Lukasiewich, and I'm the Workforce and Clinical Services Director at the Nevada Hospital Association.

Just 3 months ago, I was an Emergency Services Director at a hospital in California. I left that role—and state—because of the burnout, moral injury, and operational chaos caused by rigid, strict, mandated nurse-to-patient ratios. Many of my colleagues, nurses and physicians alike, are also walking away from California.

Despite ratios for over 20 years—California has one of the highest nurse vacancy rates in the nation and a shortage of 40,000 RNs. Burnout remains rampant. The ratios haven't solved the problem.

Here's what mandating looks like in practice:

- Patients lie on gurneys in the ED for hours or days—even when inpatient beds are open—because no nurse is available to open the beds due to call offs.
- Laboring mothers are diverted /deliver their babies EDs. All because L&D units can't legally take one more patient.
- EMS crews stand in ED hallways instead of responding to 911 calls, because no ED nurse can't legally accept another patient due to title 22 that mandates those strict ratios.
- Psychiatric patients board for days, consuming staff time and limiting access for others.
- Smaller facilities with staff shortages offload their patients onto EDs knowing hospitals can't refuse patients due to EMTALA.
- Patients who need monitored bed cant get them due to boarding, and patient are then “seen and treated” from the waiting room. That is not optimum care and patient safety.

These ratios shift the burden—not solve it. In California, 1 in 3 ED patients wait over four hours to be seen. Those delays fuel patient frustration, agitation, and extreme violence.

If California's decades-long non evidenced based experiment still leaves patients waiting, nurses burning out, and emergency systems gridlocked—why would we import that failed model to

Nevada?

Thank you.