

April 17, 2026

The Honorable Jesse Bjorkman  
Chair, Senate Labor and Commerce Committee  
Alaska State Senate  
State Capitol, Room 427  
Juneau, Alaska 99801

**(VIA EMAIL)**

**RE: Strong Opposition to Senate Bill 283 – Mandatory Nurse Staffing Ratios**

Dear Senator Bjorkman,

I write on behalf of Central Peninsula Hospital (CPH) to express our strong and unequivocal opposition to Senate Bill 283. As you know, CPH is a 63-bed Sole Community Hospital serving your district and the sole source of acute inpatient care for tens of thousands of Alaskans in our area. While we have always valued a constructive relationship with your office and share your commitment to improving healthcare for Alaskans, SB 283 as introduced would inflict serious, lasting harm on hospitals like ours, and we urge you to not grant this bill a hearing or pass it out of Senate Labor and Commerce Committee.

SB 283 imposes rigid, unit-by-unit registered nurse staffing ratios on every hospital in Alaska—large and small, urban and rural, tribal and non-tribal—with no meaningful differentiation for the realities of rural healthcare delivery. At Central Peninsula Hospital, patient census fluctuates significantly day to day and hour to hour. The law of large numbers that might allow a 400-bed urban medical center to absorb a hard-staffing floor simply does not apply to a 63-bed community hospital serving a geographically vast service area with a finite nursing workforce.

Alaska already faces a severe nursing shortage. Mandating rigid ratios does not produce more nurses—it produces harder choices: reduce census by closing beds, divert patients, curtail services, or incur unsustainable costs on travel and agency nursing that our community ultimately bears. For a Sole Community Hospital like CPH, any one of those outcomes represents a direct threat to access to care for the Kenai Peninsula.

The bill's provisions compound one another in ways that make compliance extraordinarily costly and, in some scenarios, simply impossible:

- Hard ratio counts cannot be averaged across units or shifts, eliminating any operational flexibility.

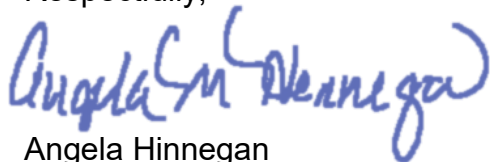
- Charge nurses, care coordinators, virtual nurses, and AI-assisted resources are explicitly excluded—tools we rely on as part of a comprehensive and safe staffing model.
- Civil penalties of up to \$10,000 per day for administrative reporting failures—entirely unrelated to patient safety—could devastate the operating margins of smaller hospitals like CPH.
- The staffing committee structure mandating that 51% of members be direct-care RNs in non-supervisory roles—with union appointment rights if applicable—removes essential operational judgment from hospital leadership.
- The narrow safety-valve exception for rural hospitals—a “temporary nurse staffing emergency” declaration—is wholly inadequate as a routine operational safeguard for communities like ours.

Central Peninsula Hospital operates with thin margins in an environment of increasing federal and state fiscal pressure. We have recently absorbed the loss of significant reimbursement through the expiration of the Rural Community Hospital Demonstration program—a program we participated in for 20 years that we cannot re-enter because we had to increase our licensed beds to 63 beds from 49. We are simultaneously managing workforce shortages, rising supply costs, and an evolving federal Medicaid landscape that threatens further reductions. SB 283, layered on top of these pressures, could jeopardize our ability to sustain the scope of services our communities depend upon.

We do not oppose the underlying goal of ensuring safe nurse staffing. CPH takes its responsibility to patients and nursing staff with the utmost seriousness. However, the evidence base for rigid legislated ratios improving patient outcomes—particularly in rural settings—is far from settled, while the evidence that such mandates worsen access and financial viability in rural hospitals is substantial and growing. We would welcome the opportunity to work with you and the committee on approaches that support nursing workforce development, improve staffing transparency, and create accountability mechanisms that are workable across Alaska’s diverse hospital landscape.

We respectfully but firmly urge you to oppose Senate Bill 283 as introduced, and to ensure that any future staffing legislation is developed with meaningful rural hospital input and an honest accounting of its consequences for communities like the Kenai Peninsula. The stakes for our patients and our community are too high for a policy of this magnitude to move forward without that foundation.

Respectfully,



Angela Hinnegan  
Chief Executive Officer  
Central Peninsula Hospital