

June 9, 2026

Dear Chairman Walberg and Ranking Member Scott and Members of the Committee,

On behalf of our more than 225,000 registered nurses, National Nurses United, the largest union of registered nurses in the country, we write in advance of the hearing titled “On Call for America: Strengthening Access Through Locum Tenens Providers”. While we appreciate the committee’s interest in proposals to increase access to health care providers, particularly in rural communities, we caution against proposals that would misclassify nurses as independent contractors or “gig-ify” nursing. These proposals often use the false narrative of a “nursing shortage” to justify interventions that will reduce labor costs and maximize revenue without regard for health care workers or safe patient care. We urge the committee instead to reverse devastating Medicaid cuts which put rural hospitals at risk of closure, establish mandatory safe nurse-patient ratios and promulgate workplace violence prevention measures to retain highly qualified staff nurses.

The massive Medicaid cuts in H.R. 1 will cause economic devastation for independent and community hospitals, which are already leading to cuts in services and even hospital closures. The Republican-passed H.R 1 slashed nearly \$1 trillion from Medicaid that will go into effect at the end of this year. Nearly 450 hospitals are at heightened risk of closing or reducing services due to these cuts, including 176 rural hospitals.¹ If these hospitals close or reduce services due to federal funding cuts, patients will have to travel further and wait longer for care and nurses will lose their jobs. **If rural hospitals shut down, it will not matter whether the hospital hired staff nurses or temporary contract nurses: there will be no nursing positions for miles.** H.R. 1 will also strip coverage from more than 16 million people. Combined with the expiration of the Affordable Care Act’s enhanced premium tax credits, these cuts will force patients to ration medications, delay or forgo care, and rely on already-overwhelmed emergency rooms for care. In the worst cases, patients will die unnecessarily.

Every day on the job, nurses witness how our profit-driven health care system is a death sentence for our patients. We believe that access to high-quality, affordable health care is a human right for all people. Hospital executives prioritize profits at the expense of our patients’ well-being. To maximize revenue, hospital employers intentionally understaff our units to cut labor costs, forcing nurses to take on dangerously high patient loads. When nurses are required to care for too many patients at one time, patients are at higher risk of

¹ Eileen O’Grady, *The Big Ugly Threat to Safety Net Hospitals*, Public Citizen (March 2026), https://www.citizen.org/wp-content/uploads/BUL_Hospital_Risks_2026.pdf.

preventable medical errors, avoidable complications, falls and injuries,² pressure ulcers,³ increased length of hospital stay, higher numbers of hospital readmissions, and death.⁴ These conditions are driving registered nurses away from the hospital bedside.

There is no nurse shortage; there is a nurse staffing crisis. Every year, the United States continues to graduate more new nurses out of nursing school than ever before.⁵ Experts project that over the next decade, the national RN workforce will not only replace the expected 500,000 retiring RNs but expand the workforce by almost one million registered nurses.⁶ At the same time, data from 2019 to 2022 shows that the entirety of growth in RN employment during that period has occurred outside of hospitals and instead into other settings like outpatient clinics and doctors' offices. We have a staffing crisis in our hospitals brought on by years of industry neglect and **intentional policies of short-staffing** and cost-cutting measures enacted by hospital employers. **We need to increase retention of nurses working in acute-care hospitals by treating them with the respect that nurses deserve and improving their working conditions.**

National Nurses United urges Congress to pass the *Medicare for All Act (H.R. 3069)*⁷ *Nursing Staffing Standards for Hospital Patient Safety and Quality Care Act (H.R. 3415)*⁸ and the *Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 2531)*.⁹ The creation of a universal single-payer health care system will ensure that patients and health care workers alike have guaranteed, comprehensive health benefits no matter where they work or live. We strongly support legislation to set mandatory, minimum registered nurse-to-patient staffing ratios and standards for workplace violence prevention. These bills will improve both nurse retention *and* patient outcomes.

² Kim J, Lee E, Jung Y, Kwon H, Lee S. Patient-level and organizational-level factors influencing in-hospital falls. *J Adv Nurs*. 2022 Nov;78(11):3641-3651. doi: 10.1111/jan.15254. Epub 2022 Apr 20. PMID: 35441709; PMCID: PMC9790490.

³ Kim J, Lee JY, Lee E. Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence. *J Nurs Manag*. 2022 Jul;30(5):01-09. doi: 10.1111/jonm.12928. Epub 2020 Feb 25. PMID: 31811735; PMCID: PMC9545092.

⁴ Increased LOS, Mortality and Readmission: Dierkes, A. M., Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Riman, K. A., & McHugh, M. D. (2022). Hospital nurse staffing and sepsis protocol compliance and outcomes among patients with sepsis in the USA: a multistate cross-sectional analysis. *BMJ Open*, 12(3), e056802. <https://doi.org/10.1136/bmjopen-2021-056802>.

⁵ National Council of State Boards of Nursing. 2009-20. "NCLEX Pass Rates." National Council of State Boards of Nursing. <https://www.ncsbn.org/exams/exam-statistics-and-publications/nclex-pass-rates.page>.

⁶ *Ibid.*

⁷ MEDICARE FOR ALL, National Nurses United (2026), https://www.nationalnursesunited.org/sites/default/files/2026-04/0426_Federal_LegFactSheet_MFA_MedicareForAll.pdf

⁸ NURSE STAFFING STANDARDS FOR HOSPITAL PATIENT SAFETY AND QUALITY CARE ACT, National Nurses United (2026), https://www.nationalnursesunited.org/sites/default/files/2026-04/0426_Federal_LegFactSheet_Ratios.pdf.

⁹ WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT, National Nurses United (2026), https://www.nationalnursesunited.org/sites/default/files/2026-04/0426_Federal_LegFactSheet_WorkPlaceViolence_WPVP.pdf.

Relatedly, we are also concerned about legislative proposals that “gig-ify” hospital nurse positions, misclassify nurse employees as independent contractors, and jeopardize union workers’ labor protections. Nursing platforms provide nurses for health care facilities using an “Uber for nurses” business model under which nurses can book shifts at health care facilities through an electronic platform.¹⁰ The nurses are typically not treated as employees for the work they do through these platforms, even though the level of control that the platform algorithms and health care facilities exercise over their work demonstrates that they should be classified as employees. Tech industry health care investors and health care employers looking to cut costs want to apply this exploitative gig-work employment model to misclassify nurses as independent contractors.

Independent contractors lack many of the workplace rights afforded to employees, including the right to organize or join a union. This limits their ability to negotiate over terms and conditions of employment, demand better pay and benefits, and protect themselves and their coworkers. Independent contractors also lack other important workplace rights, such as the right to a minimum wage, overtime pay, workers’ compensation, paid sick days, paid family leave, health and safety protections, discrimination and sexual harassment protections, and many other workplace rights. Independent contractors also bear the burden of paying a higher rate for unemployment insurance and must set aside and manage their own income taxes.

This is just another example of a concerning trend created by hospital management through staffing hospital units with temporary contract nurses instead of hiring and retaining full-time permanent nursing positions. **Temporary nurses are not a permanent fix to the staffing crisis.** According to hospitals themselves, travel nurses cost hospitals at least 20 percent more than a nurse employee even when benefits are factored in.¹¹ Travel nurses are, however, typically not allowed to join a union comprised of a hospital’s internal nursing staff because they are employed by a staffing agency and not the hospital directly. Moreover, recent studies show that when hospitals rely excessively on nurses who are either travel nurses or working overtime, patient safety significantly suffers.¹² It is not surprising that hospitals that understaff and rely on travel nurses, who have very little time to familiarize themselves with the hospital, their coworkers, or the patient population, are more likely to experience patient care issues than hospitals that hire adequate numbers of permanent full-time nurse employees.

Moreover, travel nurses generally have less of a vested interest in improving the terms and conditions of employment and care delivery at hospitals given their relatively short contracts, which usually have them placed at a given hospital for only around 13 weeks.

¹⁰ *Nursing is Not a Side Job*, National Nurses United (September 2025),

https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0922_GigWork_QA.pdf.

¹¹ Schmit, J. USA Today. June 9, 2005. “Nursing shortage drums up demand for happy nomads.” (Quoting Tenet Health System Chief Nursing Officer. Travel nurses cost hospitals at least 20 percent more than a nurse employee even when benefits are factored in. Full-time employees are paid at least 1.5 times their regular salary for overtime hours worked.)

¹² Pittman P, Tiunn H, Luo Q, Herron M, Tatum D, Martin J. Increased Utilization of Overtime and Agency Nurses and Patient Safety. *JAMA Netw Open*. 2025;8(4):e252875. doi:10.1001/jamanetworkopen.2025.2875

This more expensive decision to prioritize short-term contract positions over nurse employees is a scheme to break up unionization and other collective organizing efforts that improve working conditions and enhance patient treatment at hospitals. **The best way to guarantee the best outcomes for both nurses AND their patients is to pass the *Richard L. Trumka Protecting the Right to Organize Act*¹³ to guarantee that every worker has the protected right to form a union and negotiate over critical protections and benefits.**

The recent cuts to health care programs from H.R.1 and the Covid-19 pandemic exposed the existing for-profit health care system for what it is — ineffective, inefficient, and unjustifiably unaffordable for our patients and for our country. We must work towards a universal single-payer health care system that puts patients over profits.

On behalf of 225,000 registered nurses and the patients, National Nurses United urges the committee to reject efforts to “gig-ify” staff nursing and instead demands passage of the *Medicare for All Act*, the *PRO Act*, the *Nursing Staffing Standards for Hospital Patient Safety and Quality Care Act*, and the *Workplace Violence Prevention for Health Care and Social Service Workers Act*.

Sincerely,



Julia Santos
National Government Relations Director
National Nurses United

¹³ RICHARD L. TRUMKA PROTECTING THE RIGHT TO ORGANIZE (PRO) ACT, National Nurses United (2026), https://www.nationalnursesunited.org/sites/default/files/2026-04/0426_Federal_LegFactSheet_PRO-Act.pdf.