



State Position Paper

OPPOSE MANDATORY NURSE STAFFING RATIOS

HOUSE BILL 2604 (Crespo/Mah)

OPPONENTS

Every Illinois Hospital

Health and Hospital Association (IHA)

Illinois Critical Access Hospital Network (ICAHN)

Illinois Chamber of Commerce

Association of Safety Net Community Hospitals Illinois

Illinois Academy of Family Physicians

American College of Obstetricians and Gynecologists

Illinois College of Emergency Physicians

Mandated Staffing Laws Will Do More Harm Than Good

Hospitals and health systems are in the midst of real and significant healthcare reform. House Bill 2604, which mandates minimum nurse to patient staffing ratios for every hospital is overreaching and excessive. It will create real barriers to hospitals and health systems as they work to best serve their patients and communities.

Mandating Staffing Ratios Do Not Improve Outcomes

- One-size-fits-all mandated nurse staffing ratios do NOT improve quality or outcomes.
- Illinois performs better than California on many patient outcome measures.
- While California has about 150 more hospitals than Illinois, Illinois has more Magnet hospitals than California,
- Illinois as a percentage has more hospitals with 4 and 5 star rankings (by federal CMS) than California.

Staffing Mandates Unnecessarily Increase Healthcare Costs

- Added costs threaten financially struggling hospitals, including safety net and critical access hospitals.
- Ratios are an unfunded mandate that will result in staffing and service reductions in other areas.
- Nurse staffing ratios could drive up healthcare costs in Illinois by at least \$2 billion a year for patients, families, and employers. An independent study found the cost of similar nurse staffing ratios in Massachusetts – a state with half the population and number of hospitals as Illinois – would be up to \$949 million a year.

Together With Their Nursing Staff, Your Local Hospital is Most Qualified to Make Staffing Decisions

- With input of their nurses, hospitals must have flexibility to align and deploy their resources and workforce in the most appropriate ways to meet the unique, dynamic and diverse needs of their patients and communities.
- Flexibility allows for the development of new, improved models of care.
- Hospitals make informed staffing decisions in the best interests of the patient, the nurse and the community.

One-Size-Fits-All Approach Doesn't Work

- Rigid ratio requirements take away flexibility and hinder improvement in our healthcare delivery system.
- Nurse staffing ratios **treat patients the same, nursing skills the same and hospitals the same.**
- One-size-fits all staffing mandates, imposed regardless of a hospital's size, location or the individual needs of its patients, will result in longer wait times, reduced patient services and higher operating costs.

Not Enough Nurses to Meet the Mandates

- Illinois is already in the midst of a nurse shortage – projected to be 21,000 nurses short by next year – AND one-third of the state's registered nurses plan to retire within the next five years.

No Other State (except California) Imposes Nurse Staffing Ratio Mandates

- California implemented staffing ratios in 2004. No other state has joined it since. A Massachusetts ballot measure to impose staffing mandates in the 2018 election was overwhelmingly defeated by voters (70% No, 30% Yes). 14 States, including Illinois, require hospitals to make nurse staffing decisions based on the acuity (the needs) of the patients.

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A Better Alternative: Improve the *Nurse Staffing by Patient Acuity Law*

Based on discussions with nursing leaders and the American Nurses Association-Illinois, IHA proposes the following framework to strengthen the existing *Nurse Staffing by Patient Acuity Law* (210 ILCS 85/10.10) as an alternative to mandating one-size-fits-all nurse to patient staffing ratios on every hospital in the State. This framework provides a meaningful opportunity to improve quality and patient safety by advancing the partnership between direct care nurses and the hospital community.

Framework of Proposed Changes To Improve the *Nurse Staffing by Patient Acuity Law*:

- The Nursing Care Committee, comprised of at least 50% direct care nurses, must produce a hospital wide staffing plan. If the staffing plan developed by the Nursing Care Committee is not adopted by the hospital, the Chief Nursing Officer must provide a written explanation of the reasons why and an explanation of the changes that were made to the proposed plan.
- In reviewing the staffing plan, the Nursing Care Committee shall consider issues such as: patient outcomes; complaints related to staffing; the number of nursing hours provided compared to the number of patients on the unit; aggregate overtime nursing hours worked; the degree to which actual shifts worked varied from what is provided for in the staffing plan.
- Require a mechanism for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel and for a process for such reports to be reviewed and addressed.
- Require the Nursing Care Committee to meet at least twice per year (now annually), with reports and information from the committee to be provided to direct care nurses.
- Require the Co-Chair of the Nursing Care Committee to be a direct care nurse.
- Require the Nursing Care Committee to issue an annual report to the Hospital's governing board, including recommendations for future changes to nurse staffing.
- Prohibit any retaliation for any employee who expresses a concern or complaint regarding a violation of the *Nurse Staffing by Patient Acuity Law* or concerns related to nurse staffing.
- Require IDPH to notify a hospital of any complaints regarding an alleged violation of this Section and authorizing IDPH to take meaningful action to assure compliance with these requirements by requiring the submission of a corrective action plan and imposing financial penalties if a hospital engages in a pattern or practice of violations.
- Preempt home rule units from regulating hospitals in a manner inconsistent with this Section.
- Provisions effective on the first day of the month that begins six months after the bill becomes law.

Improving the *Nurse Staffing by Patient Acuity Law* is the better solution for advancing quality care and patient safety by strengthening the partnership between direct care nurses and hospitals in caring for patients.