

## **IHA OPPOSES MANDATORY NURSE STAFFING RATIOS**

**HOUSE BILL 2604 (Crespo), HOUSE BILL 3585 (Mah), SENATE BILL 650 (Aquino), SENATE BILL 1908 (Castro),**

### **Mandated Staffing Laws Will Do More Harm Than Good**

Hospitals and health systems are in the midst of real and significant healthcare reform. They are improving and modernizing the way healthcare services are delivered striving to assure best outcomes and patient safety. These mandates are overreaching and excessive – and will create real barriers to hospitals and health systems as they work to best serve their patients and communities.

### **Staffing Mandates Unnecessarily Increase Healthcare Costs**

- Added costs threaten financially struggling hospitals, including safety net and critical access hospitals.
- These are unfunded mandates: compliance will result in staffing and service reductions in other areas.
- An independent, nonpartisan study found the cost of similar mandatory 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 the 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 professional nurse and their 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 incorrectly presume that all patients are alike, that all nursing units and nursing skill mixes are equal and that all hospitals are the same.
- Mandating arbitrary and rigid one-size-fits-all formulas for nurse staffing impose severe constraints on the ability of hospitals to meet the wide variety of quickly changing patient care needs.
- 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.

### **Better Laws are Already in Place**

Over the past several years, the Illinois General Assembly has led the way enacting several laws that directly relate to patient safety and that respect the education, duty, skill and training of nurses. These laws include:

Hospital Report Card Act	Prohibition of Mandated Overtime
Adverse Health Care Event Reporting	Illinois Center for Nursing
Nurse Staffing by Patient Acuity	Safe Patient Handling Act

### **Mandating Staffing Ratios Does Not Improve Outcomes**

Studies indicate that one-size-fits-all nursing staffing ratios do NOT improve quality of care or patient outcomes.

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

- California implemented staffing ratios in 2004. No other State has joined them since.
- A Massachusetts ballot measure to impose staffing mandates in the 2018 election was overwhelmingly defeated by voters (70% No, 30% Yes).

**PLEASE VOTE NO ON House Bills 2604 and 3585 and Senate Bills 650 and 1908**