IHA Advocacy Toolkit

April 4, 2019

STATE ADVOCACY ALERT

URGENT: Call/Meet With Your State Rep to Oppose Nurse Staffing Ratios (HB2604); IHA Advocacy Tool Kit

House Bill 2604, which would impose mandatory nurse staffing ratios in hospitals, is headed to a final vote in the Illinois House by the middle of next week. We greatly appreciate the outstanding response by members to our previous alerts on this issue. But it is critical that the hospital community ramp up the pressure and collectively voice our strong opposition to HB2604 in the coming days ahead of the House vote.

ACTIONS REQUESTED:

1. Call or meet with your state Representative – especially if he/she is a Democrat – and urge him/her to oppose and vote No or Present on House Bill 2604. To look up your state Representative and his/her contact information, click here (fill in the “Find Politicians” boxes in the right hand column).

2. Reach out to your local news media and let them know you strongly oppose HB2604 and are urging your local state legislators to vote No on the bill. Send letters to the editor or op-eds to your local newspapers from your nurses and hospital leaders.

IHA Advocacy Tool Kit

To assist in your advocacy and media outreach efforts, IHA has created an advocacy tool kit of materials and handouts that you can use:

- Sample Letter to the Editor/Op-Ed from your nurses
- Sample Letter to the Editor/Op-Ed from your hospital’s CEO/Leaders
- IHA Position Paper on Nurse Staffing Ratios
- IHA Fact Sheet on Nurse Staffing Ratios
- Studies: Nurse Staffing Ratios Do Not Improve Outcomes
- Comparing Illinois and California on Quality
- Nurse Staffing Based on Each Patient’s Condition and Care Needs
- Illinois: Higher RN Staffing Levels than California and U.S.

Suggested points for talking to your state Representative:

- I strongly oppose House Bill 2604, which would impose unworkable mandatory nurse staffing ratios at hospitals.
- There is no conclusive evidence that nurse staffing ratios improve quality or patient outcomes; IL outperforms CA – the only state in the U.S. to enact nurse staffing ratios – in several quality metrics.
- A one-size-fits-all numerical approach to staffing takes away flexibility and decision-making autonomy from the healthcare professionals at my hospital.
- The nurse leaders and direct care nurses at my hospital – who have extensive training, experience and knowledge – should be the ones making decisions for my hospital on how best to provide high quality care to our patients 24/7/365. These critical decisions made every day at my hospital – minute-by-minute and hour-by-hour – should not be mandated from Springfield.
- Nurse staffing ratios will drive up healthcare costs in Illinois by at least $2 billion a year – for patients, families, employers and hospitals. My hospital simply cannot absorb the substantial, additional costs from nurse staffing ratios.
• **Describe what actions your hospital may be forced to take because of nurse staffing ratios, such as the following:**

  • Having to hire many more registered nurses to meet the ratios will lead to staffing cuts in other areas including support staff (e.g., IV nurses, pain nurses, phlebotomy, transport, patient care technicians).
  
  • Nurse staffing ratios could force my hospital to reduce or eliminate services, like behavioral health, or go on emergency bypass when we do not have enough nurses to meet the ratios, e.g., when there is a sudden influx of patients in the Emergency Department or a specific unit.
  
  • The state has a severe nursing shortage (21,000 by the year 2020) and does not have enough nurses to meet the ratio mandates. Staffing ratios will only exacerbate the nursing shortage.
  
  • **If appropriate to your situation: My hospital already has challenges in recruiting and retaining nurses, and nurse staffing ratios will only make our situation worse.**
  
  • Illinois already has laws on the books, including the Nurse Staffing by Patient Acuity Act, ensuring that direct care nurses and supervisors collaborate on determining appropriate staffing levels at their hospitals, based on the conditions and care needs (acuity) of their patients.
  
  • Please oppose and vote No on House Bill 2604.

If you have any questions about this alert, please contact **Nichole Magalis**.

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