Oppose Mandatory Nurse Staffing Ratios Legislation

February 26, 2019

STATE ADVOCACY ALERT

OPPOSE MANDATORY NURSE STAFFING RATIOS LEGISLATION

Several bills have been introduced in the Illinois General Assembly requiring mandatory nurse staffing ratios in hospitals – House Bills 2604 and 3585 and Senate Bills 650 (still to be amended) and 1908. Similar to bills proposed but rejected by state legislators over the past 15 years, these bills would impose strict patient to registered nurse ratios in the emergency department and every care and surgical unit of a hospital, ranging from 1:1 to 6:1.

The Illinois Nurses Association and National Nurses United are pushing the bills and plan to hold separate rallies at the State Capitol this week and next. A legislative committee hearing on some of the bills may be held as soon as Wednesday, March 6.

ACTIONS REQUESTED: Contact your state Senators and Representatives and urge them to oppose the nurse staffing ratios bills. Also, engage your direct care nursing staff and urge them to contact their local state legislators to oppose these harmful bills.

You and your staff can easily send emails to state legislators by clicking here.

See IHA’s fact sheet.

Suggested talking points:

- Please oppose mandatory nurse staffing ratios – House Bills 2604 and 3585 and Senate Bills 650 and 1908.
- My hospital and hospitals across Illinois are in the midst of real and significant healthcare reform. They are improving and modernizing the way healthcare services are delivered, striving to assure the best outcomes for their patients.
- Mandating nurse staffing ratios will create real barriers to hospitals and health systems as they work to best serve their patients and communities – without improving patient outcomes or quality of care.
- Staffing ratios are unfunded mandates that will threaten financially struggling hospitals, including Safety Net and Critical Access Hospitals. Over 40 percent of Illinois hospitals across the state are operating in the red or barely surviving with extremely thin operating margins.
- According to an independent, nonpartisan study conducted last year in Massachusetts, a state with just over half the population and half the number of hospitals as Illinois, similar nurse staffing ratios in that state would have added new costs to hospitals of up to $949 million a year – with a greater financial burden on smaller institutions.
- Complying with unfunded nurse staffing ratio mandates will result in hospital staffing and service reductions in other areas – such as support staff (IV nurses, pain nurses, phlebotomy, transport, patient care technicians). With the reduction of support/ancillary staff, nurses will no longer be working at the top of their license and be forced to take on tech-level work.
- Illinois already faces a severe nursing shortage and does not have enough nurses to meet the mandates – “By the year 2020, it is estimated that in Illinois there will be a shortage of 21,000 nurses”, according to the Illinois Nursing Workforce Center (within the Illinois Department of Financial and Professional Regulation).
- A just released Center report - “Registered Nurse Workforce Survey Report 2018” - notes that Illinois has an aging RN workforce, with one-third of RNs planning to retire within the next five years.
- Rigid one-size-fits-all ratio requirements take away flexibility from local hospitals and hinder improvement in our healthcare delivery system and incorrectly presume that all patients are alike, that all nursing units and nursing skill mixes are equal and that all hospitals are the same.
• Nurse staffing mandates impose severe constraints on the ability of local hospitals to meet the wide variety of quickly changing patient care needs in their communities.

• 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.

• 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.

• Every hospital in Illinois has a process in place – which includes direct care nurses – to ensure that each of their clinical units is appropriately staffed – based on individual patient needs and the skills, training, experience and capabilities of the entire clinical care team, including nurses. (*Nurse Staffing by Patient Acuity*)

• 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, Adverse Healthcare Event Reporting, Nurse Staffing by Patient Acuity, Prohibition of Mandated Overtime, Safe Patient Handling Act and Illinois Center for Nursing.

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

• A study conducted by the Massachusetts Health Policy Commission found there was no systematic improvement in patient outcomes in California, the only state in the country to implement nurse staffing ratios.

• A Massachusetts ballot measure to impose nurse staffing mandates in the 2018 election was overwhelmingly defeated by voters (70 percent No, 30 percent Yes).

• Please oppose mandatory nursing staffing ratios bills – House Bills 2604 and 3585 and Senate Bills 650 and 1908.

If you have any questions, please contact Nichole Magalis.