Oppose Nurse Staffing Ratios - Key Committee Vote March 27

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STATE ADVOCACY ALERT

Oppose Nurse Staffing Ratios – Key Committee Vote Wednesday, March 27

The issue of mandatory nurse staffing ratios is headed to a key legislative vote in the General Assembly on Wednesday, March 27. It is critical that the hospital community keep up the pressure and collectively voice our strong opposition to House Bill 2604 in the coming days.

After several postponements, the Illinois House Labor & Commerce Committee will hold a hearing and take a vote on House Bill 2604 (as amended) next Wednesday; it cannot further delay final action because of legislative deadlines. **This is a critical juncture in the legislative process – even if you have previously submitted witness slips and contacted your state Representative, we need you to take action again.**

**ACTIONS REQUESTED:**

1) Take a minute to submit an electronic witness slip to the House Labor & Commerce Committee opposing HB2604 ([click here](#)). Be sure to check the “Opponent” circle in the “Position” section and “Record of Appearance Only” in the “Testimony” section.

Encourage your direct care nursing staff to fill out witness slips to oppose House Bill 2604 and indicate in “Title” in the “Identification” section that they are a direct care nurse (or type in their actual nursing title). Opposition slips from direct care nurses will be especially impactful.

2) Contact your state Representatives now and urge them to oppose House Bill 2604. Also, engage your direct care nursing staff and urge them to contact their local state Representatives to oppose this harmful bill. You and your staff can easily send emails to state representatives by [clicking here](#).

3) Be prepared to engage with your local media on this critical issue – let them know how harmful nurse staffing ratios would be for your hospital and patients. Your hospital should designate an appropriate spokesperson, possibly your Chief Nurse Executive. See suggested talking points below.

**Suggested points for talking to your state Representative and the media:**

- *(Name of your hospital)* strongly opposes House Bill 2604, which would impose mandatory nurse staffing ratios at hospitals.
- According to many studies, there is no conclusive evidence that staffing ratios improve quality or patient outcomes.
- Projections based on a Massachusetts study indicate that nurse staffing ratios will drive up healthcare costs in Illinois by at least $2 billion a year – for patients, families, employers and hospitals.
- **Explain what actions your hospital may be forced to take because of nurse staffing ratios, including the following:**
  - Complying with unfunded nurse staffing ratio mandates – having to hire many more registered nurses – will result in staffing cuts in other areas – such as lower-level support staff (including 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, even having to change bed pans.
  - Mandatory nurse staffing ratios could force my hospital to reduce or close down services or units or go on emergency bypass
when we do not have enough nurses in a unit or the ED to meet the rigid, inflexible ratios, e.g., when there is a sudden influx of patients in the Emergency Department or a specific unit.

- The state already faces a severe nursing shortage and does not have enough nurses to meet the mandates. The Illinois Nursing Workforce Center projects a shortage of 21,000 nurses next year.
- A recently released Center report notes that Illinois has an aging RN workforce, with one-third of RNs planning to retire within the next five years.

- If this applies to your hospital, talk about the challenges your hospital already faces in recruiting and retaining nurses.
- The one-size-fits-all approach of staffing ratios will override the expertise and judgment of local hospital medical professionals and nurses. Such a rigid approach incorrectly presumes that all patients are alike, that all nursing units and nursing skill mixes are equal, and that all hospitals are the same.
- With the input of our nurses, my hospital must have flexibility to align and deploy our resources and workforce in the most appropriate ways to meet the unique, dynamic and diverse needs of our patients and communities.
- Talk about the process in place at your hospital to include the input of direct care nurses to help determine the appropriate staffing levels for each of your clinical units, based on individual patient conditions and needs, and the skills, training, experience and capabilities of the entire clinical care team, including nurses.
- Illinois already has laws on the books to ensure optimum, safe nurse staffing levels at hospitals.
- Nursing staffing ratios don’t improve patient outcomes, but are very costly; and Illinois does not have enough nurses to implement ratios.

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

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