

# State Position Paper

## OPPOSE MANDATORY NURSE STAFFING RATIOS

### HOUSE BILL 3871 (Crespo)

#### **OPPONENTS**

American Nurses Association-Illinois

IHA and Every Illinois Hospital

Illinois Critical Access Hospital Network (ICAHN)

Association of Safety Net Community Hospitals

American College of Obstetricians and Gynecologists

Illinois Academy of Family Physicians

Illinois College of Emergency Physicians

Illinois Chamber of Commerce

#### **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 3871, 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. A study conducted by the New York Department of Health estimates that similar nurse staffing ratios in New York, which has about the same number of hospitals as Illinois, would cost hospitals there \$1.8 billion to \$2.4 billion.

#### **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 Mandate**

Illinois is already in the midst of a nurse shortage – projected to be 21,000 nurses short – 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***

The American Nurses Association-Illinois (ANA-IL) and the Illinois Health and Hospital Association (IHA) have agreed on a bipartisan legislative proposal – Senate Bill 2153, sponsored by Senator Sue Rezin – to strengthen the *Nurse Staffing by Patient Acuity Act*, giving nurses a voice in determining appropriate staffing levels at hospitals, based on the conditions and care needs (acuity) of their patients.

The *Nurse Staffing Improvement Act* provides a meaningful opportunity to improve quality and patient safety by advancing the partnership between direct care nurses and the hospital community. ANA-IL and IHA support this meaningful approach, but oppose any proposals that would impose unworkable mandatory nurse staffing ratios, including House Bill 3871. Key provisions of Senate Bill 2153 include:

### *Hospital Nursing Care Committee*

- The Nursing Care Committee must be comprised of at least 55% direct care nurses and its Co-Chair must be a direct care nurse.
- The Nursing Care Committee must produce a hospital-wide staffing plan, including inpatient emergency departments.
- If the staffing plan developed by the 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.
- Require the Nursing Care Committee to meet at least six times per year (now once annually), with reports and information from the committee to be provided to direct care nurses.
- Require the Nursing Care Committee to issue an annual report to the Hospital's governing board, including recommendations for future changes to nurse staffing.

### *Staffing Plan Issues and Nurse Concerns*

- 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.
- Prohibit any retaliation for any employee who expresses a concern or complaint regarding a violation of the *Nurse Staffing by Patient Acuity Act* or concerns related to nurse staffing.

### *Compliance and Enforcement*

- Authorize the Illinois Department of Public Health to enforce compliance of these requirements by requiring submission of a corrective action plan, imposing fines if a hospital engages in a pattern or practice of violations, and publicly disclosing violations. Money from fines would fund scholarships under the Nursing Education Scholarship Law.

### *Addressing Illinois' Nurse Shortage Crisis*

- Illinois faces a regional nurse shortage and will lose one-third of the workforce to retirement in the next five years, according to the Illinois Nursing Workforce Center. To help address this crisis, under SB2153:
  - Hospitals will provide \$2 million during academic years 2021-2022 through 2024-2025 – through the Hospital Licensure Fund – for scholarships to increase the number of new graduate nurses entering the profession.
  - Nurse educators will be entitled to an income tax credit of 2.5% to recognize, reward and retain registered nurses with graduate degrees in nursing employed by academic institutions who educate nursing students at all levels of higher education.

**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.**