

March 23, 2021

UPDATE: [House Bill 2642](#) is now posted for two hearings of the House Labor and Commerce Committee, Wednesday at 12 p.m. and Friday at 8 a.m., with the Committee facing a Friday deadline to move bills. As part of the legislative process, previous witness slips on HB2642 have been discarded, *so new witness slips opposing this bill must be filed for each hearing.*

[Click here](#) to file witness slips for the Wednesday hearing, and [click here](#) to file witness slips for the Friday hearing. When you fill out the form, be sure to check the “Opponent” circle in Section III, and the “Record of Appearance Only” box in Section IV.

Contact members of the House Labor and Commerce Committee and urge them to oppose and vote No on HB2642. To look up the members of the committee, their contact information, and the hospitals in their districts, [click here](#). (Note, not all members have hospitals.) If you are a constituent of a committee member (i.e., you live or work in that member’s district), you can send an email message to that member by [clicking here](#).

House Bill 2642 would require hospitals to pay nurses a minimum of 4 hours at the nurses’ regular rate of pay if they report to work and are sent home without working their full scheduled shift. This bill is sponsored by Rep. Fred Crespo, who is a strong proponent of mandatory nurse staffing ratios and has already introduced a staffing ratios bill this session.

- I urge you to oppose and vote No on House Bill 2642.
- This bill would require hospitals to pay nurses “reporting time” pay – a minimum of 4 hours regular pay -- when they report to work and then are sent home without working at least half of their usual scheduled day’s work.
- Hospitals must have flexibility to determine appropriate staffing to meet specific patients’ needs, which can change from hour to hour and shift to shift.
- Hospitals constantly monitor and assess the specific and unique care needs of each patient and determine and adjust the staff needed to care for those patients (adding or reducing staff as needed in real time), based on the patients’ needs and the number of patients in every unit (i.e., nurse staffing by patient acuity).
- Hospitals must be fiscally prudent and good stewards of our limited healthcare resources (staff and financial resources). Hospitals make every attempt to adjust staffing proactively to minimize any disruptions to our most valued asset, our employees.
- At some hospitals, nurses place their name on an “on-call” or “call-off” lists. These are individuals who are scheduled to work but are requesting to either be placed “on call” or have the day off if census warrants.
- Nurses also have the opportunity to voluntarily pick up additional shifts (mandatory nurse overtime is prohibited in Illinois), sometimes including overtime and/or incentive pay that counterbalance the need at times to reduce staffing because of low patient census.

- This bill is flawed in many ways, making it impossible to implement. For example:
- It sets no time frame for when a notification to a nurse directing her/him not to report to work for a scheduled shift that would require “reporting pay.” Is it only the day of, or would it also cover cancellations of shifts where notice is given the day before, or where a shift is cancelled with notice given at any time during the scheduled work period?
- It does not recognize that hospitals already use various practices designed to address low patient census situations that are not foreseeable or predictable. A hospital may have in place practices to allow for volunteers to leave early or existing forms of show-up payments; or an RN might choose to use PTO to cover low-census hours.
- This bill would even require hospitals to pay nurses when they are sent home for either disciplinary or impairment reasons.
- This bill would create another unfunded mandate on hospitals by financially penalizing them for most effectively and safely managing to meet patients’ needs – which change from hour to hour and shift to shift – to their available human resources.
- The financial burden of this bill also comes at a time when hospitals and healthcare systems are facing tremendous economic stress from the impact of COVID-19, decreased patient census as hospitals attempt to convince anxious and fearful patients that hospitals are safe, and fatigued staff who occasionally may need a day off for their mental and emotional well-being.
- Please oppose and vote No on House Bill 2642.

Contact us with any questions.

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