Oppose Nurse-Patient Ratio Legislation

The Illinois Hospital Association supports optimal nurse-to-patient staffing levels, but we strongly oppose mandating prescriptive ratios statewide. The practice of healthcare is rapidly changing due to advances of technology, design and innovation. To ignore these advances by encumbering the practices of today upon the revolution of tomorrow denies the very essence of healthcare advancement.

Mandated ratios are a “one-size-fits all” approach that ignores the dynamic environment of hospitals and the realities of existing staffing mandates and practices, as well as our current workforce crisis. Illinois, and the nation, are in the midst of a severe shortage of nurses. All health care settings are competing for the same pool of professionals. If ratios are mandated, it is possible that some hospitals would be forced to close units, increase ER bypass and limit access to services and procedures.

Rigid numerical staff-patient ratios are inappropriate and inefficient because:

- Patients are not all alike. Their needs are individually different and must be evaluated when assigning nursing care hours;
- Nursing units—even those within the same specialty—are not all alike;
- Each hospital is unique. Variations that affect staffing include the location (urban, suburban or rural), availability of nursing skill mix, and physical layout of the hospital;
- Nursing resources are not equivalent with respect to training and education.

Illinois hospitals comply with numerous laws designed to address safe staffing.

- The Illinois Hospital Licensing Act (77 IL. Adm. Code, section 250.910 (e) (3) requires hospitals to evaluate every patient near the end of every change of shift to determine new staffing needs for the subsequent shift. The law requires that the number of professional personnel assigned to each patient care unit be consistent with the types of nursing care needed by the patients and the capabilities of staff.

- The Hospital Report Card Act, landmark legislation enacted in 2004, allows Illinois consumers access to information about hospital nurse staffing and patient outcomes. Staffing and training information is currently available upon request at each hospital, with reported nursing data to be collected and publicly disseminated upon final rulemaking by IDPH targeted for this year.

- Prohibited Mandated Nurse Overtime With IHA’s support, SB201 passed unanimously and Illinois became the 11th state to prohibit mandated nurse overtime in hospitals. Only in the event of an unforeseen emergent circumstance may nurses be required to work overtime and then only for four hours beyond their predetermined, agreed-to work shift.
The California Experience

California has the first and only law mandating nurse staff ratios. Signed into law in 1999, *four years passed before regulations were finalized or implemented*. Efforts are underway to pass even more stringent legislation in Illinois. Replicating the California law in our state raises the following questions:

**If mandatory nurse staffing ratios were established today, from where would the supply of additional nurses come?** In California, nurses did not come rushing back to the bedside, as proponents forecasted. Hospitals are attempting to fill staffing shortfalls with traveling nurses and are postponing elective services.

- Nationally, more than 32,000 qualified candidates were turned away from nursing schools because of lack of faculty and clinical training sites. Recently in Illinois, one community college had 900 applicants for 120 openings. And another community college placed over 200 nursing applicants on its waiting list. While the interest and demand for nursing education is high, program capacity and available nurse faculty are insufficient. Yet, shortage projections forecast that by 2020, demand for RNs will exceed supply by 20%. If current projections hold, Illinois will have 21,359 fewer registered nurses than are needed by 2020.

**Will Illinois’ state budget support the expansion of nursing programs, scholarship funds and nurse specialty education to generate the necessary supply of nurses to comply with ratio requirements?**

- The California Governor, for example, appropriated $60 million two years after enacting the legislation, hoping to meet the challenge of preparing enough nurses to comply with the mandates. However, the state’s budget crisis allowed less than one-third of that amount to go towards building the state’s nursing workforce. **Compliance with California’s mandated ratios is estimated to cost their 470 hospitals $486 million a year.** Illinois hospitals cannot sustain the projected unfunded mandate cost of over $1M per hospital. More than half of California hospitals closed their fiscal year with losses, collectively posting a record net loss of $1.54 billion. Hospitals, even those that are not for profit, must have a margin to continue to pay their staff, including nurses, physicians and allied health professional as well as upgrade technology. The cost of compliance will exacerbate the problem without resolving any health care worker shortages.

**If hospitals cannot meet the ratio requirements, will the result be closed beds, curtailed services and limited access?**

- In addition to longer transfer times, increased ER bypass and postponed elective surgeries, California has experienced 12 hospital closures and downsizing of services since the ratio law went into effect.
- At first glance a 1:1 nurse-patient ratio may seem ideal, but is an impractical and impossible standard. Because of the dynamic and diverse nature of patient care needs, nurse staffing cannot be distilled into a simple numerical formula. **Furthermore, the “right” ratio has yet to be proven in research study or practice.** Illinois would be better served to look to its **Hospital Report Card Act**, which provides the public with a range of nurse staff information for each hospital per clinical service area, e.g. critical care, medical-surgical, etc. Illinois’ current mandate requires quarterly reporting of the **nurse staff information as it relates to patient outcomes**, and will provide a comprehensive picture of nurse staffing across our state to better assess and provide for future nursing resources.