LFC Requester:	Eric Chenier

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO
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(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: *1/16/2025*
Bill Number: *HB 72*

Check all that apply:
Original *X* Correction __
Amendment __ Substitute __

Sponsor: Eleanor Chavez
Short Title: NURSING STAFF-TO-PATIENT RATIOS IN

Agency Name and Code Number: Board of Nursing 449
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	**FY26**		
0	0	N/A	0

(Parenthesis ( ) indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	**FY26**	**FY27**		
0	**0**	**0**	N/A	0

(Parenthesis ( ) indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	0	0	0	N/A	N/A

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

This will create a new section in the public health act to require the department of health to promulgate rules and enforce a minimum nursing staff to patient ratio in licensed hospitals. This bill also creates a staffing advisory committee which will set the ratio for nursing staff to patients and unlicensed personnel to patients. In addition, this bill requires the department of health, based on recommendations from the advisory committee, to promulgate rules for minimum staffing by July 1, 2024.

The legislation also allows two different nurse staff ratios for rural general hospital where recruitment of nurses might be a barrier. However, not all clinical setting types are specified.

FISCAL IMPLICATIONS

None to the board of nursing as an agency.

Note: major assumptions underlying fiscal impact should be documented.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES

On page three, lines two to sixteen refer to an advisory committee member non-supervisory who is involved in direct patient care. These lines do not specify that the nonmanagerial and non-supervisory employees must be a nurse, either registered nurse or licensed practical nurse and infer that an unlicensed assistive person (UAP) could be on the advisory committee. In most hospital settings registered nurses are the largest sector of the workforce. If the intention was to assure that a nurse involved in direct patient care is on the committee, this legislation might benefit by specifying a registered nurse for this role. In addition, the inclusion of a non-voting member from the health care authority is of unknown value. While it would be appropriate for authority staff to provide technical knowledge and assist in the operations of the advisory committee meetings, the value of having a non-voting member is unknown and might allow staff from the authority to have disproportionate influence on the committee.

Also of note, there is some confusion about the current scope of practice of unlicensed assistive personnel (see page eight, lines two – twenty-one). This includes nurse aides, nurse technicians, nurse interns, nurse externs, and others that are not listed, who currently and for years have performed some of the duties that would not be permitted, such as nurse techs who perform venipuncture, insert urinary catheters, and basic wound care, among many other tasks. Non-traditional health professions students benefit from pipeline and pathway programs thru stacked credential approaches to traditional college. This exclusion of UAP roles may interrupt or negatively impact that option.

There is no discussion about Licensed Practical Nurse (LPN) roles, with the similar argument of LPN to RN opportunities. Inclusion of a discussion on the roles and competencies of

LPNs and RNS appears to be an important oversight.

Additionally, facilities differ in other types of patient care supports. Some organizations have lifting teams, transport teams to diagnostics, rapid response teams, vascular access/PICC teams, on-unit lactation nurses on women's units, on-unit physical therapy techs orthopedic units, wound care teams, in-unit care management and/or social work, and telemonitor staff that may be impacted by this act on those types of teams. Behavioral health care teams often include mental health technicians as part of the staffing composition. Mental health technicians may have associate degrees in other fields. This act may negatively impact that role and progress to higher degrees.

This bill also mandates orientation for a nurse or unlicensed employee to a specific clinical unit with written policies and procedures. In addition, this bill outlines the limits to deviation of staffing ratios, an investigational process of violation of staffing ratios, and penalties for violations of staffing ratios. These proposed changes may offer some degree of patient safety and provide for measurement of outcomes.

There have been several studies evaluating the outcomes of nurse staffing and patient mortality, nurse burnout, and nurse job satisfaction over the past twenty year. (Aiken, Clarke, Sloane, Sochalski, & Silver, 2002). Specific evaluations have been conducted for Illinois state legislation (Lasater, Aiken, Sloane, French, Martin, Alexander, & McHugh, 2021). And better nurse staffing can be a tool used to reduce poor health outcomes related to health disparities (Carthon, Brom, McHugh, Sloane, Berg, Merchant, Girotra, Y Aiken, 2021; and Carthon, Brom, McHugh, Daus, French, Sloane, Berg, Merchant & Aiken, 2022). All these studies show that patients are the beneficiaries of better staffing and nurses experience less burnout. One preliminary finding is that better staff could result in cost savings for hospitals (Lasater, et al, 2021).

The state with the longest experience with nurse to patient ratios suggests that since the ‘safest” hospitals in the country are not solely within that state, other factors may be contributory. Provider support, specialty teams, nurse education level, nurse certification, continuing education, adequate equipment, and forensic patient care all contribute to improved patient safety and staff well-being.

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silver, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA, 288 (16), 1987-1993.

Carthon, J. M., Brom, H., McHugh, M., Daus, M., French, R., Sloane, D. M., . . . Aiken, L. H. (2022). Racial disparities in stroke readmission reduced in hospitals with better nurse staffing. Nursing Research, 71(1), 33-42.

Carthon, J. M., Brom, H., McHugh, M., Sloane, D. M., Merchant, R., Girotra, S., & Aiken, L. H. (2021). Better nurse staffing is associated with survival for black patients and diminishes racial disparities in survival after in-hospital cardiac arrests. Medical Care, 59(2), 169-176.

Lasater, K. B., Aiken, L. H., Sloane, D., French, R., M. B., Alexander, M., & McHugh, M. D. (2021). Patient outcomes and cost saving associated with hospital safe nurse staffing legislation: an observational study. BMJ Open, 11:e052899. doi: 10.1136/bmjopen-2021-052899.

PERFORMANCE IMPLICATIONS

None for the agency.

It might benefit the state to measure the patient outcomes over time to evaluate the impact of the legislation. Other potential measurable outcomes would be nurse job satisfaction, nurse burnout, and nurse retention.

ADMINISTRATIVE IMPLICATIONS

None

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

None

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The consequences of not enacting this bill are that patient outcomes may continue to need improvement, and hospital understaffing may lead to staff instability.

AMENDMENTS