

Report says Illinois was ill-prepared for pandemic

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Capitol News Illinois
SPRINGFIELD – A new report from an Illinois think tank says the state was ill-prepared for the COVID-19 pandemic, primarily because of a pre-existing shortage of nurses, and that the pandemic has left state even more vulnerable in the event of another public health crisis.

The report, by the Illinois Economic Policy Institute, a nonprofit organization with strong ties to organized labor, also argues the state would be in a better position if nurses at more hospitals were unionized and if the state adopted a law requiring mandatory minimum nurse staffing levels, an idea that was proposed in the 2019 legislative session but was not adopted.

But while the Illinois Health and Hospital Association agrees there is a nursing shortage, it argues the lack of preparedness was more of a federal problem, and that the nursing shortage did not diminish the quality of care patients received. It strongly opposes legislation requiring minimum nurse staffing levels at hospitals and disputes any correlation between the quality of patient care and the presence of a nurses’ union in a hospital.

The report notes that even before the pandemic, Illinois had a shortage of about 20,000 nurses statewide and that the shortage will likely be exacerbated in the coming years because about half of the nurses practicing are older than 55.

“Even prior to the pandemic, more than 75 percent of registered nurses reported that

insufficient staffing levels adversely affects their job satisfaction,” the report states, citing a national survey of nurses in 2019. “COVID-19 has the potential to exacerbate the nursing shortage if registered nurses feel even more overworked and stressed.”

The report examines patient care data from all 169 hospitals in Illinois, 14 of which are unionized and 155 of which are not. All but four of the unionized hospitals are in Cook County and include some of the largest health care facilities in the state.

Across all levels of care, it noted, nurses in unionized hospitals were able to spend more hours per day treating their patients. They also had lower turnover rates and lower vacancy rates for registered nurses.

The report does not draw specific connections to staffing levels, or union presence, and patient outcomes during the pandemic. Frank Manzo, the institute’s policy director, said it’s difficult to say with certainty the extent to which the nursing shortage contributed to the severity of the pandemic in Illinois.

“What we can say is that we could have had more infection prevention and control staff,” he said. “We could have had better turnover rates and retention rates for nurses and lower vacancy rates and that would have made us better prepared for the pandemic.”

Last year, Rep. Fred Crespo, D-Hoffman Estates, introduced House Bill 2604, which would have required hospitals to have at least one nurse for every four patients in medical-surgical units; one for every three patients in intermediate care; and one for

every two patients in intensive care. The bill passed out of a House committee but was never voted on by the full House.

“If the legislation had been fully implemented, Illinois would have had between 17,500 and 19,100 more registered nurses – which would have eliminated the shortage of registered nurses,” the report states.

But Danny Chun, spokesman for the Illinois Health and Hospital Association, strongly disagreed that hospitals weren’t prepared for the pandemic.

“First of all, we’ve been drilling and doing exercises on pandemics before the pandemic hit,” Chun said during an interview. “Every hospital in the state, as you know, has an emergency preparedness plan for disasters of all kinds – mass shootings, traffic accidents, biochemical, biohazard, flu epidemics or pandemics. In the city of Chicago last year in the summer of 2019, Chicago hospitals did an exercise, a drill with the Chicago Department of Public Health on this exact issue – pandemics. And we were directly involved in a lot of the planning and discussions back in January, February, March where hospitals got ready for the pandemic.”

Chun said hospitals were directly involved in discussions with Gov. JB Pritzker’s administration in the early stages of the pandemic to plan mitigation efforts, including the decision to cancel or postpone nonemergency surgeries and procedures in order to free up hospital resources for COVID-19 patients.

“Look at the numbers. We flattened

the curve,” Chun said, referring to hospitalization data from the Illinois Department of Public Health, which have shown a consistent downward trend since May in hospitalizations, intensive care admissions and ventilator usage by COVID-19 patients.

If there was any weakness in preparation, Chun said, it was with the federal government and its failure to maintain a national stockpile of personal protective equipment as well as open supply chains with China, where most PPE is manufactured.

Enacting a law requiring minimum staffing levels, Chun argued, would not solve the state’s nursing shortage and would likely harm many smaller hospitals as well as safety-net hospitals in urban areas that wouldn’t be able to meet the requirements.

“You have an existing shortage of at least 21,000 nurses in Illinois,” he said. “Simply requiring hospitals to have a certain number of nurses does not create new nurses. In and of itself, ratios don’t do anything.”

Chun argued that to address the nursing shortage, the state needs a multi-pronged strategy that includes more scholarships for nursing students, incentives to keep nurse educators in the workforce, and policies that would make it easier for nurses licensed in other states to practice in Illinois.

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Illinois Legislative News

Bristow backs expansion of telehealth services

To help address the increased need for medical care and services as the state continues to respond to COVID-19, state Rep. Monica Bristow, D-Alton, supported legislation to strengthen medical care for Illinois residents and create greater access for downstate areas.

“The pandemic has shown that we need to continue to invest in quality, affordable health care for Illinoisans, especially those in rural or downstate areas that often lack the same amount of access to services,” said Bristow. “In order to keep our communities healthy, investment in health care is crucial to battle future public health crises on a local level, as well as making sure that patients can have virtual access to services and appointments as needed.”

Bristow supported Senate Bill 1864, a bipartisan proposal that expands access to telehealth and mental health services. This measure also establishes the Health Care Affordability Act, which would direct state agencies charged with regulating insurance and health care to provide reports on real policy solutions based on studies tailored toward making healthcare more affordable. In addition, this measure will aid those eligible for services like the Children’s Health Insurance Program (CHIP) to prove eligibility for the program.

Several departments getting state-backed fire grants

The Office of the Illinois State Fire Marshal and Governor JB Pritzker have announced the recipients of the Small Equipment Grant Program. A total of \$3.5 million was awarded to 154 fire departments/ districts and EMS providers. The OSFM received 540 applications, requesting around \$12 million in funding during this grant period.

The Small Equipment Grant Program was established to provide grants of up to \$26,000 for the purchase of small firefighting

and ambulance equipment. This program is an innovative approach to a problem that has long caused difficulties for the fire departments and not-for profit ambulance services in Illinois, particularly those that have hardships in generating the necessary revenue for small equipment. The purpose is to allow eligible applicants the opportunity to purchase small equipment that they may otherwise not be able to purchase.

Most Illinois fire departments, fire protections districts, township fire departments, and stand-alone, nonprofit ambulance service providers were eligible to apply. All fire departments, fire protections districts and township fire department applicants were required to have participated in the National Fire Incident Reporting System (NFIRS) for a minimum of two years prior to applying.

Grant recipients and awards in Southwestern Illinois are:

Bond: Pocahontas-Old Ripley Fire Protection District - \$9,780; Smithboro Fire Protection District - \$26,000; Keyesport Fire Protection District - \$22,068.40

Calhoun: Richwood Volunteer Fire Department- \$25,895.65; Calhoun County Volunteer Ambulance Service - \$25,999

Macoupin: Staunton Area Ambulance Service - \$8,273.60; Medora Community Fire Protection District - \$25,730.14

Madison: Hartford Fire Department - \$15,800; New Douglas Community Fire Protection District - \$25,871.80; Prairie Fire Protection District- \$22,500

Monroe: Maeystown Rural Fire Protection District - \$24,947.40

Randolph: Coulterville Community Fire Protection District - \$26,000; Percy Fire Department - \$26,000; Red Bud Fire Department - \$23,910; Tilden Fire Protection District - \$25,237.04; and

St. Clair: Brooklyn Fire Protection District - \$25,996.85; Caseyville Fire Department - \$21,932.51; Church Road Fire Protection District - \$24,935.85; Fairmont City Fire Protection District - \$25,466; Midway Fire Protection District - \$26,000



General Assembly OKs cancer clinical trials

With Gov. Pritzker’s signature, Illinois Medicaid recipients would be eligible for life-saving clinical trials to treat cancer and other serious diseases.

The Illinois General Assembly approved a plan by state Sen. Andy Manar, D-Bunker Hill, that would require Medicaid to cover routine care costs incurred for an approved clinical trial involving the prevention, detection, or treatment of cancer or any other life-threatening disease, as long as Medicaid would normally cover those same routine care costs for a non-clinical procedure.

More than 20 percent of Illinoisans are covered by Medicaid, making it the second-largest type of insurance behind Medicare.

Medicare and private insurance carriers are already required to provide coverage for routine care costs in clinical trial participation. Medicaid is not. This legislation would align Medicaid coverage for clinical trials with coverage under those insurance plans.

Because routine costs would be paid for by Medicaid if the patient were not on a clinical trial, there is minimal cost difference for Medicaid to cover these costs within a clinical trial.

This legislation was an initiative of the American Cancer Society.

Stuart backs safe voting effort during pandemic

To ensure residents can safely make their voices heard this fall, state Rep. Katie Stuart, D-Edwardsville, is leading an effort to expand vote by mail options and provide greater flexibility for polling places to offer senior-only hours and curbside voting.

“Anticipating the possibility of another COVID-19 outbreak in the fall, we need to ensure that people are still able to safely participate in the November election,” said Stuart. “The legislation I helped develop expands voting options for seniors, people with health conditions or disabilities, college students and others who may not be able to vote in person on Election Day.”

As chair of the House Democratic Women’s Caucus elections working group, Stuart helped to craft and pass Senate Bill 1863. The measure improves access to voting in Illinois by increasing access to mail-in ballots. Additionally, it allows election authorities to extend early voting hours at polling locations, establish senior-only hours and offer curbside voting options in an effort to protect the health of vulnerable individuals.