



July 23, 2019

IHA Withdraws Opposition to Negotiated “Fair Workweek” Ordinance

As a result of intense discussions and negotiations with Mayor Lightfoot and her Office over the past several days, many critical revisions sought by IHA are now included in the substitute “Fair Workweek” ordinance proposal (O2019-3928). Based on these developments, IHA is withdrawing its opposition to the proposal. [Click here](#) to see the final language on the substitute ordinance.

On Monday (July 22), the Chicago City Council’s Committee on Workforce Development postponed a vote on the “Fair Workweek” Ordinance proposal, as final language on the substitute ordinance had not been released in time for the committee meeting. The committee reconvened at noon today (July 23) and voted unanimously to pass the ordinance. The full City Council is expected to take final action on the ordinance on Wednesday (July 24).

While IHA and the hospital community have communicated serious concerns about the original ordinance and its potential negative impact on patients, hospital clinical operations, and access to care, Mayor Lightfoot made it very clear in meetings with IHA and hospitals and in the media that she intends to enact the ordinance this month and is absolutely committed to including healthcare employees among the “covered” employees. This issue is personal to the Mayor given her mother’s experiences as a low-wage healthcare worker. (See the [Mayor’s op-ed](#) in the July 21 *Chicago Sun-Times*.)

Given this context, and the very challenging political environment, IHA worked to achieve the best deal possible, including ensuring that hospitals maintain the ability to flex their clinical staff to address unpredictable, unplanned healthcare needs. Through direct discussions with the Mayor on Monday (July 22), IHA secured commitments from her to address our most serious concerns. Key provisions secured by IHA included in the substitute ordinance are:

- Narrowing the definition of “covered” employees to employees earning less than or equal to
- \$26 an hour as an hourly employee, or less than or equal to \$50,000 per year as a salaried employee, with such amount being updated annually by the CPI. These thresholds will enable hospitals to maintain flexibility with their key professional staff, including nurses;
- Allowing the employer and its employees to mutually agree on schedule changes that are confirmed in writing, including the voluntary addition of hours and shifts;
- Expanding the list of emergent circumstances beyond a hospital’s control that qualify as an exception to the predictability pay requirements to include:
 - any declared national, state or municipal disaster or other catastrophic event, or any implementation of an Employer’s disaster plan, or incident causing a hospital to activate its Emergency Operations Plan, that will substantially affect or increase the need for healthcare services;
 - any circumstance in which patient care needs require specialized skills through the completion of a procedure; or
 - any unexpected substantial increase in demand for healthcare due to large public events, severe weather, violence, or other circumstances beyond the Employer’s control.
- Requirement to offer additional hours to existing covered employees before hiring new employees is deleted and the issue of the impact on part-time employees will be studied;
- Private Right of Action is changed so that Employer first has the opportunity to work through the City to defend its action or

cure an alleged violation before an employee may pursue litigation; and

- Six-month delayed effective date for Safety Net Hospitals – until January 1, 2021.

We will distribute the final language of the substitute ordinance when it is posted online.

We greatly appreciate the valuable input and feedback of members that helped guide us in the negotiations and the outstanding response of members who reached out to their Aldermen many times over the past few weeks and months. We will now be focusing on working with the Mayor's team on the rules process and the implementation of the ordinance to make sure that hospital operations are not compromised.

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