



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3636

Introduced 2/14/2020, by Sen. Kimberly A. Lightford

SYNOPSIS AS INTRODUCED:

210 ILCS 85/7	from Ch. 111 1/2, par. 148
210 ILCS 85/10.10	
210 ILCS 85/14.5	
110 ILCS 975/5	from Ch. 144, par. 2755
35 ILCS 5/232 new	

Amends the Hospital Licensing Act. Requires a hospital to provide a plan of correction to the Department of Public Health within 60 days if the hospital demonstrates a pattern or practice of failing to substantially comply with specified requirements or with the hospital's written staffing plan. Allows the Department to impose specified fines on a hospital for failing to comply with written staffing plans for nursing services or plans of correction. Requires money from fines to be deposited into the Hospital Licensure Fund (instead of the Long Term Care Provider Fund). Contains provisions concerning staffing plans. Amends the Nursing Education Scholarship Law. Provides that the Department of Public Health may award a total of \$500,000 annually in nursing education scholarships. Amends the Illinois Income Tax Act. Creates an income tax credit for taxpayers who are employed during the taxable year as nurse educators. Provides that the credit shall be equal to 2.5% of the taxpayer's federal adjusted gross income for the taxable year. Effective immediately, except that provisions amending the Hospital Licensing Act take effect on the first day of the first full calendar month that begins 6 months after the Act becomes law.

LRB101 19846 HLH 69366 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning nursing.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 ARTICLE 1. NURSE STAFFING IMPROVEMENT ACT

5 Section 1-1. This Article may be referred to as the Nurse
6 Staffing Improvement Act.

7 Section 1-5. The Hospital Licensing Act is amended by
8 changing Sections 7, 10.10, and 14.5 as follows:

9 (210 ILCS 85/7) (from Ch. 111 1/2, par. 148)

10 Sec. 7. (a) The Director after notice and opportunity for
11 hearing to the applicant or licensee may deny, suspend, or
12 revoke a permit to establish a hospital or deny, suspend, or
13 revoke a license to open, conduct, operate, and maintain a
14 hospital in any case in which he finds that there has been a
15 substantial failure to comply with the provisions of this Act,
16 the Hospital Report Card Act, or the Illinois Adverse Health
17 Care Events Reporting Law of 2005 or the standards, rules, and
18 regulations established by virtue of any of those Acts. The
19 Department may impose fines on hospitals, not to exceed \$500
20 per occurrence, for failing to: (1) initiate a criminal
21 background check on a patient that meets the criteria for

1 hospital-initiated background checks; or (2) report the death
2 of a person known to be a resident of a facility licensed under
3 the ID/DD Community Care Act or the MC/DD Act to the coroner or
4 medical examiner within 24 hours as required by Section 6.09a
5 of this Act. In assessing whether to impose such a fine for
6 failure to initiate a criminal background check, the Department
7 shall consider various factors including, but not limited to,
8 whether the hospital has engaged in a pattern or practice of
9 failing to initiate criminal background checks. If a hospital
10 demonstrates a pattern or practice of failing to substantially
11 comply with the requirements of Section 10.10 or the hospital's
12 written staffing plan, the hospital shall provide a plan of
13 correction to the Department within 60 days. The Department may
14 impose fines as follows: (i) if a hospital fails to implement a
15 written staffing plan for nursing services, a fine not to
16 exceed \$500 per occurrence may be imposed; (ii) if a hospital
17 demonstrates a pattern or practice of failing to substantially
18 comply with a plan of correction within 60 days after the plan
19 takes effect, a fine not to exceed \$500 per occurrence may be
20 imposed; and (iii) if a hospital demonstrates for a second or
21 subsequent time a pattern or practice of failing to
22 substantially comply with a plan of correction within 60 days
23 after the plan takes effect, a fine not to exceed \$1,000 per
24 occurrence may be imposed. Reports of violations of Section
25 10.10 shall be subject to public disclosure under Section
26 6.14a. Money from fines shall be deposited into the Hospital

1 Licensure Fund, and money from fines for violations of Section
2 10.10 shall be used for scholarships under the Nursing
3 Education Scholarship Law. ~~Long Term Care Provider Fund.~~

4 (b) Such notice shall be effected by registered mail or by
5 personal service setting forth the particular reasons for the
6 proposed action and fixing a date, not less than 15 days from
7 the date of such mailing or service, at which time the
8 applicant or licensee shall be given an opportunity for a
9 hearing. Such hearing shall be conducted by the Director or by
10 an employee of the Department designated in writing by the
11 Director as Hearing Officer to conduct the hearing. On the
12 basis of any such hearing, or upon default of the applicant or
13 licensee, the Director shall make a determination specifying
14 his findings and conclusions. In case of a denial to an
15 applicant of a permit to establish a hospital, such
16 determination shall specify the subsection of Section 6 under
17 which the permit was denied and shall contain findings of fact
18 forming the basis of such denial. A copy of such determination
19 shall be sent by registered mail or served personally upon the
20 applicant or licensee. The decision denying, suspending, or
21 revoking a permit or a license shall become final 35 days after
22 it is so mailed or served, unless the applicant or licensee,
23 within such 35 day period, petitions for review pursuant to
24 Section 13.

25 (c) The procedure governing hearings authorized by this
26 Section shall be in accordance with rules promulgated by the

1 Department and approved by the Hospital Licensing Board. A full
2 and complete record shall be kept of all proceedings, including
3 the notice of hearing, complaint, and all other documents in
4 the nature of pleadings, written motions filed in the
5 proceedings, and the report and orders of the Director and
6 Hearing Officer. All testimony shall be reported but need not
7 be transcribed unless the decision is appealed pursuant to
8 Section 13. A copy or copies of the transcript may be obtained
9 by any interested party on payment of the cost of preparing
10 such copy or copies.

11 (d) The Director or Hearing Officer shall upon his own
12 motion, or on the written request of any party to the
13 proceeding, issue subpoenas requiring the attendance and the
14 giving of testimony by witnesses, and subpoenas duces tecum
15 requiring the production of books, papers, records, or
16 memoranda. All subpoenas and subpoenas duces tecum issued under
17 the terms of this Act may be served by any person of full age.
18 The fees of witnesses for attendance and travel shall be the
19 same as the fees of witnesses before the Circuit Court of this
20 State, such fees to be paid when the witness is excused from
21 further attendance. When the witness is subpoenaed at the
22 instance of the Director, or Hearing Officer, such fees shall
23 be paid in the same manner as other expenses of the Department,
24 and when the witness is subpoenaed at the instance of any other
25 party to any such proceeding the Department may require that
26 the cost of service of the subpoena or subpoena duces tecum and

1 the fee of the witness be borne by the party at whose instance
2 the witness is summoned. In such case, the Department in its
3 discretion, may require a deposit to cover the cost of such
4 service and witness fees. A subpoena or subpoena duces tecum
5 issued as aforesaid shall be served in the same manner as a
6 subpoena issued out of a court.

7 (e) Any Circuit Court of this State upon the application of
8 the Director, or upon the application of any other party to the
9 proceeding, may, in its discretion, compel the attendance of
10 witnesses, the production of books, papers, records, or
11 memoranda and the giving of testimony before the Director or
12 Hearing Officer conducting an investigation or holding a
13 hearing authorized by this Act, by an attachment for contempt,
14 or otherwise, in the same manner as production of evidence may
15 be compelled before the court.

16 (f) The Director or Hearing Officer, or any party in an
17 investigation or hearing before the Department, may cause the
18 depositions of witnesses within the State to be taken in the
19 manner prescribed by law for like depositions in civil actions
20 in courts of this State, and to that end compel the attendance
21 of witnesses and the production of books, papers, records, or
22 memoranda.

23 (Source: P.A. 99-180, eff. 7-29-15.)

24 (210 ILCS 85/10.10)

25 Sec. 10.10. Nurse Staffing by Patient Acuity.

1 (a) Findings. The Legislature finds and declares all of the
2 following:

3 (1) The State of Illinois has a substantial interest in
4 promoting quality care and improving the delivery of health
5 care services.

6 (2) Evidence-based studies have shown that the basic
7 principles of staffing in the acute care setting should be
8 based on the complexity of patients' care needs aligned
9 with available nursing skills to promote quality patient
10 care consistent with professional nursing standards.

11 (3) Compliance with this Section promotes an
12 organizational climate that values registered nurses'
13 input in meeting the health care needs of hospital
14 patients.

15 (b) Definitions. As used in this Section:

16 "Acuity model" means an assessment tool selected and
17 implemented by a hospital, as recommended by a nursing care
18 committee, that assesses the complexity of patient care needs
19 requiring professional nursing care and skills and aligns
20 patient care needs and nursing skills consistent with
21 professional nursing standards.

22 "Department" means the Department of Public Health.

23 "Direct patient care" means care provided by a registered
24 professional nurse with direct responsibility to oversee or
25 carry out medical regimens or nursing care for one or more
26 patients.

1 "Nursing care committee" means a ~~an existing or newly~~
2 ~~created~~ hospital-wide committee or committees of nurses whose
3 functions, in part or in whole, contribute to the development,
4 recommendation, and review of the hospital's nurse staffing
5 plan established pursuant to subsection (d).

6 "Registered professional nurse" means a person licensed as
7 a Registered Nurse under the Nurse Practice Act.

8 "Written staffing plan for nursing care services" means a
9 written plan for ~~guiding~~ the assignment of patient care nursing
10 staff based on multiple nurse and patient considerations that
11 yield minimum staffing levels for inpatient care units and the
12 adopted acuity model aligning patient care needs with nursing
13 skills required for quality patient care consistent with
14 professional nursing standards.

15 (c) Written staffing plan.

16 (1) Every hospital shall implement a written
17 hospital-wide staffing plan, prepared ~~recommended~~ by a
18 nursing care committee or committees, that provides for
19 minimum direct care professional registered
20 nurse-to-patient staffing needs for each inpatient care
21 unit, including inpatient emergency departments. If the
22 staffing plan prepared by the nursing care committee is not
23 adopted by the hospital, or if substantial changes are
24 proposed to it, the chief nursing officer shall either: (i)
25 provide a written explanation to the committee of the
26 reasons the plan was not adopted; or (ii) provide a written

1 explanation of any substantial changes made to the proposed
2 plan prior to it being adopted by the hospital. The written
3 hospital-wide staffing plan shall include, but need not be
4 limited to, the following considerations:

5 (A) The complexity of complete care, assessment on
6 patient admission, volume of patient admissions,
7 discharges and transfers, evaluation of the progress
8 of a patient's problems, ongoing physical assessments,
9 planning for a patient's discharge, assessment after a
10 change in patient condition, and assessment of the need
11 for patient referrals.

12 (B) The complexity of clinical professional
13 nursing judgment needed to design and implement a
14 patient's nursing care plan, the need for specialized
15 equipment and technology, the skill mix of other
16 personnel providing or supporting direct patient care,
17 and involvement in quality improvement activities,
18 professional preparation, and experience.

19 (C) Patient acuity and the number of patients for
20 whom care is being provided.

21 (D) The ongoing assessments of a unit's patient
22 acuity levels and nursing staff needed shall be
23 routinely made by the unit nurse manager or his or her
24 designee.

25 (E) The identification of additional registered
26 nurses available for direct patient care when

1 patients' unexpected needs exceed the planned workload
2 for direct care staff.

3 (2) In order to provide staffing flexibility to meet
4 patient needs, every hospital shall identify an acuity
5 model for adjusting the staffing plan for each inpatient
6 care unit.

7 (2.5) Each hospital shall implement the staffing plan
8 and assign nursing personnel to each inpatient care unit,
9 including inpatient emergency departments, in accordance
10 with the staffing plan.

11 (A) A registered nurse may report to the nursing
12 care committee any variations where the nurse
13 personnel assignment in an inpatient care unit is not
14 in accordance with the adopted staffing plan and may
15 make a written report to the nursing care committee
16 based on the variations.

17 (B) Shift-to-shift adjustments in staffing levels
18 required by the staffing plan may be made by the
19 appropriate hospital personnel overseeing inpatient
20 care operations. If a registered nurse in an inpatient
21 care unit objects to a shift-to-shift adjustment, the
22 registered nurse may submit a written report to the
23 nursing care committee.

24 (C) The nursing care committee shall develop a
25 process to examine and respond to written reports
26 submitted under subparagraphs (A) and (B) of this

1 paragraph (2.5), including the ability to determine if
2 a specific written report is resolved or should be
3 dismissed.

4 (3) The written staffing plan shall be posted in a
5 conspicuous and accessible location for both patients and
6 direct care staff, as required under the Hospital Report
7 Card Act. A copy of the written staffing plan shall be
8 provided to any member of the general public upon request.

9 (d) Nursing care committee.

10 (1) Every hospital shall have a nursing care committee
11 that meets at least twice per year. A hospital shall
12 appoint members of a committee whereby at least 55% ~~50%~~ of
13 the members are registered professional nurses providing
14 direct inpatient ~~patient~~ care, one of whom shall be
15 selected annually by the direct inpatient care nurses to
16 serve as co-chair of the committee.

17 (2) (Blank). ~~A nursing care committee's~~
18 ~~recommendations must be given significant regard and~~
19 ~~weight in the hospital's adoption and implementation of a~~
20 ~~written staffing plan.~~

21 (2.5) A nursing care committee shall prepare and
22 recommend to hospital administration the hospital's
23 written hospital-wide staffing plan. If the staffing plan
24 is not adopted by the hospital, the chief nursing officer
25 shall provide a written statement to the committee prior to
26 a staffing plan being adopted by the hospital that: (A)

1 explains the reasons the committee's proposed staffing
2 plan was not adopted; and (B) describes the changes to the
3 committee's proposed staffing or any alternative to the
4 committee's proposed staffing plan.

5 (3) A nursing care committee's ~~committee~~ or
6 committees' ~~committees shall recommend a~~ written staffing
7 plan for the hospital shall be based on the principles from
8 the staffing components set forth in subsection (c). In
9 particular, a committee or committees shall provide input
10 and feedback on the following:

11 (A) Selection, implementation, and evaluation of
12 minimum staffing levels for inpatient care units.

13 (B) Selection, implementation, and evaluation of
14 an acuity model to provide staffing flexibility that
15 aligns changing patient acuity with nursing skills
16 required.

17 (C) Selection, implementation, and evaluation of a
18 written staffing plan incorporating the items
19 described in subdivisions (c)(1) and (c)(2) of this
20 Section.

21 (D) Review the nurse ~~following: nurse to patient~~
22 staffing plans ~~guidelines~~ for all inpatient areas; and
23 current acuity tools and measures in use. The nursing
24 care committee's review shall consider:

25 (i) patient outcomes;

26 (ii) complaints regarding staffing, including

1 complaints about a delay in direct care nursing or
2 an absence of direct care nursing;

3 (iii) the number of hours of nursing care
4 provided through an inpatient hospital unit
5 compared with the number of inpatients served by
6 the hospital unit during a 24-hour period;

7 (iv) the aggregate hours of overtime worked by
8 the nursing staff;

9 (v) the extent to which actual nurse staffing
10 for each hospital inpatient unit differs from the
11 staffing specified by the staffing plan; and

12 (vi) any other matter or change to the staffing
13 plan determined by the committee to ensure that the
14 hospital is staffed to meet the health care needs
15 of patients.

16 (4) A nursing care committee must issue a written
17 report addressing ~~address~~ the items described in
18 subparagraphs (A) through (D) of paragraph (3)
19 semi-annually. A written copy of this report shall be made
20 available to direct inpatient care nurses by making
21 available a paper copy of the report, distributing it
22 electronically, or posting it on the hospital's website.

23 (5) A nursing care committee must issue a written
24 report at least annually to the hospital governing board
25 that addresses items including, but not limited to: the
26 items described in paragraph (3); changes made based on

1 committee recommendations and the impact of such changes;
2 and recommendations for future changes related to nurse
3 staffing.

4 (e) Nothing in this Section 10.10 shall be construed to
5 limit, alter, or modify any of the terms, conditions, or
6 provisions of a collective bargaining agreement entered into by
7 the hospital.

8 (f) No hospital may discipline, discharge, or take any
9 other adverse employment action against an employee solely
10 because the employee expresses a concern or complaint regarding
11 an alleged violation of this Section or concerns related to
12 nurse staffing.

13 (g) Any employee of a hospital may file a complaint with
14 the Department regarding an alleged violation of this Section.
15 The Department must forward notification of the alleged
16 violation to the hospital in question within 10 business days
17 after the complaint is filed. Upon receiving a complaint of a
18 violation of this Section, the Department may take any action
19 authorized under Sections 7 or 9 of this Act.

20 (Source: P.A. 96-328, eff. 8-11-09; 97-423, eff. 1-1-12;
21 97-813, eff. 7-13-12.)

22 (210 ILCS 85/14.5)

23 Sec. 14.5. Hospital Licensure Fund.

24 (a) There is created in the State treasury the Hospital
25 Licensure Fund. The Fund is created for the purpose of

1 providing funding for the administration of the licensure
2 program and patient safety and quality initiatives for
3 hospitals, including, without limitation, the implementation
4 of the Illinois Adverse Health Care Events Reporting Law of
5 2005.

6 (b) The Fund shall consist of the following:

7 (1) fees collected pursuant to Sections ~~Section~~ 5 and 7
8 of the Hospital Licensing Act;

9 (2) federal matching funds received by the State as a
10 result of expenditures made by the Department that are
11 attributable to moneys deposited in the Fund;

12 (3) interest earned on moneys deposited in the Fund;
13 and

14 (4) other moneys received for the Fund from any other
15 source, including interest earned thereon.

16 (c) Disbursements from the Fund shall be made only for:

17 (1) initially, the implementation of the Illinois
18 Adverse Health Care Events Reporting Law of 2005;

19 (2) subsequently, programs, information, or
20 assistance, including measures to address public
21 complaints, designed to measurably improve quality and
22 patient safety; ~~and~~

23 (2.5) from fines for violations of Section 10.10,
24 scholarships under the Nursing Education Scholarship Law;
25 and

26 (3) the reimbursement of moneys collected by the

1 Department through error or mistake.

2 (d) The uses described in paragraph (2) of subsection (c)
3 shall be developed in conjunction with a statewide organization
4 representing a majority of hospitals.

5 (Source: P.A. 98-683, eff. 6-30-14.)

6 ARTICLE 5. NURSING EDUCATION SCHOLARSHIP

7 Section 5-5. The Nursing Education Scholarship Law is
8 amended by changing Section 5 as follows:

9 (110 ILCS 975/5) (from Ch. 144, par. 2755)

10 Sec. 5. Nursing education scholarships. Beginning with the
11 fall term of the 2004-2005 academic year, the Department, in
12 accordance with rules and regulations promulgated by it for
13 this program, shall provide scholarships to individuals
14 selected from among those applicants who qualify for
15 consideration by showing:

16 (1) that he or she has been a resident of this State
17 for at least one year prior to application, and is a
18 citizen or a lawful permanent resident alien of the United
19 States;

20 (2) that he or she is enrolled in or accepted for
21 admission to an associate degree in nursing program,
22 hospital-based diploma in nursing program, baccalaureate
23 degree in nursing program, graduate degree in nursing

1 program, or practical nursing program at an approved
2 institution; and

3 (3) that he or she agrees to meet the nursing
4 employment obligation.

5 If in any year the number of qualified applicants exceeds
6 the number of scholarships to be awarded, the Department shall,
7 in consultation with the Illinois Nursing Workforce Center
8 Advisory Board, consider the following factors in granting
9 priority in awarding scholarships:

10 (A) Financial need, as shown on a standardized
11 financial needs assessment form used by an approved
12 institution, of students who will pursue their
13 education on a full-time or close to full-time basis
14 and who already have a certificate in practical
15 nursing, a diploma in nursing, or an associate degree
16 in nursing and are pursuing a higher degree.

17 (B) A student's status as a registered nurse who is
18 pursuing a graduate degree in nursing to pursue
19 employment in an approved institution that educates
20 licensed practical nurses and that educates registered
21 nurses in undergraduate and graduate nursing programs.

22 (C) A student's merit, as shown through his or her
23 grade point average, class rank, and other academic and
24 extracurricular activities. The Department may add to
25 and further define these merit criteria by rule.

26 Unless otherwise indicated, scholarships shall be awarded

1 to recipients at approved institutions for a period of up to 2
2 years if the recipient is enrolled in an associate degree in
3 nursing program, up to 3 years if the recipient is enrolled in
4 a hospital-based diploma in nursing program, up to 4 years if
5 the recipient is enrolled in a baccalaureate degree in nursing
6 program, up to 5 years if the recipient is enrolled in a
7 graduate degree in nursing program, and up to one year if the
8 recipient is enrolled in a certificate in practical nursing
9 program. At least 40% of the scholarships awarded shall be for
10 recipients who are pursuing baccalaureate degrees in nursing,
11 30% of the scholarships awarded shall be for recipients who are
12 pursuing associate degrees in nursing or a diploma in nursing,
13 10% of the scholarships awarded shall be for recipients who are
14 pursuing a certificate in practical nursing, and 20% of the
15 scholarships awarded shall be for recipients who are pursuing a
16 graduate degree in nursing.

17 Beginning with the fall term of the 2020-2021 academic year
18 and continuing through the 2023-2024 academic year, subject to
19 appropriation from the Hospital Licensure Fund, in addition to
20 any other funds available to the Department for such
21 scholarships, the Department may award a total of \$500,000
22 annually in scholarships under this Section.

23 (Source: P.A. 100-513, eff. 1-1-18.)

1 Section 10-5. The Illinois Income Tax Act is amended by
2 adding Section 232 as follows:

3 (35 ILCS 5/232 new)

4 Sec. 232. Credit for nurse educators.

5 (a) For taxable years beginning on or after January 1,
6 2020, any taxpayer who is employed during the taxable year as a
7 nurse educator is entitled to a credit against the tax imposed
8 by subsections (a) and (b) of Section 201 in an amount equal to
9 2.5% of the taxpayer's federal adjusted gross income for the
10 taxable year. As used in this Section "nurse educator" has the
11 meaning given to that term in Section 3 of the Nursing
12 Education Scholarship Law.

13 (b) In no event shall a credit under this Section reduce a
14 taxpayer's liability to less than zero. If the amount of credit
15 exceeds the tax liability for the year, the excess may be
16 carried forward and applied to the tax liability for the 5
17 taxable years following the excess credit year. The tax credit
18 shall be applied to the earliest year for which there is a tax
19 liability. If there are credits for more than one year that are
20 available to offset liability, the earlier credit shall be
21 applied first.

22 (c) This Section is exempt from the provisions of Section
23 250.

24

ARTICLE 99. EFFECTIVE DATE

1 Section 99-99. Effective date. This Act takes effect upon
2 becoming law, except that Article 1 takes effect on the first
3 day of the first full calendar month that begins 6 months after
4 this Act becomes law.