



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB3585

by Rep. Theresa Mah

#### SYNOPSIS AS INTRODUCED:

New Act

210 ILCS 85/2.5 new

225 ILCS 65/50-17 new

Creates the Hospital Patient Protection Act. Provides for minimum direct care registered professional nurse-to-patient staffing ratios in hospitals, long-term acute care hospitals, and ambulatory surgical treatment centers. Sets forth essential functions of direct care registered professional nurses relating to hospital patient care. Sets forth certain rights of direct care registered professional nurses, including the rights to protected speech and patient advocacy. Prohibits a hospital, long-term acute care hospital, and ambulatory surgical treatment center from interfering with a nurse's exercise of those rights, and prohibits other retaliatory or discriminatory action by a hospital. Provides for monetary and equitable relief for violations of the Act, and provides for civil penalties. Requires a hospital, long-term acute care hospital, and ambulatory surgical treatment center to post certain provisions of the Act for review by the hospital's employees and patients and by the public. Amends the Hospital Licensing Act and the Nurse Practice Act to provide that in the case of a conflict between a provision of either of those Acts and a provision of the Hospital Patient Protection Act, the Hospital Patient Protection Act shall control. Effective January 1, 2020.

LRB101 11020 CPF 56216 b

1 AN ACT concerning regulation.

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

4 ARTICLE 1. SHORT TITLE

5 Section 1-1. Short title. This Act may be cited as the  
6 Hospital Patient Protection Act.

7 ARTICLE 5. DEFINITIONS

8 Section 5-1. Definitions. In this Act:

9 "Ambulatory surgical treatment center" has the meaning  
10 ascribed to it in Section 3 of the Ambulatory Surgical  
11 Treatment Center Act.

12 "Competence" has the has the meaning ascribed to it in  
13 Section 50-10 of the Nurse Practice Act.

14 "Comprehensive nursing assessment" has the meaning  
15 ascribed to it in Section 50-10 of the Nurse Practice Act.

16 "Department" means the Department of Public Health.

17 "Direct care registered professional nurse" means a  
18 competent registered professional nurse who has accepted a  
19 direct, hands-on patient care assignment to implement the  
20 nursing care plan for such patient and the nursing process  
21 while, at all times, exercising independent professional

1 judgment in the exclusive interest of the patient.

2 "Hospital" has the meaning ascribed to it in subsection (A)  
3 of Section 3 of the Hospital Licensing Act.

4 "LTAC hospital" or "long term acute care hospital" has the  
5 meaning ascribed to it in Section 10 of the Long Term Acute  
6 Care Hospital Quality Improvement Transfer Program Act.

7 "Professional judgment" means the exercise of a direct care  
8 registered professional nurse's independent clinical judgment,  
9 through the utilization of a scientific process founded on a  
10 professional body of knowledge and experience and based on a  
11 comprehensive nursing assessment, to provide appropriate  
12 nursing care to a particular patient at a particular time and  
13 in making independent decisions about patient care and about  
14 the nursing plan for a patient's care, including the need for  
15 additional nursing or other staff.

16 ARTICLE 10. MINIMUM SAFE STAFFING RATIOS

17 Section 10-1. Direct care registered professional nurse  
18 staffing generally.

19 (a) Each hospital shall provide staffing by direct care  
20 registered professional nurses in accordance with direct care  
21 registered professional nurse-to-patient staffing requirements  
22 and ratios specified in this Act. Staffing for care not  
23 requiring a direct care registered professional nurse is not  
24 included within the registered professional nurse-to-patient

1 ratios and shall be determined under Section 10-30.

2 (b) No hospital shall assign a direct care registered  
3 professional nurse to a clinical unit or patient care area  
4 unless that hospital and such direct care registered  
5 professional nurse determine that the direct care registered  
6 professional nurse has demonstrated and validated current  
7 competence in providing care in that unit or area and has also  
8 received orientation to that hospital's clinical area  
9 sufficient to provide competent safe, therapeutic, and  
10 effective nursing care to patients in that area. The policies  
11 and procedures of the hospital shall contain the hospital's  
12 criteria for making this determination.

13 Section 10-5. Direct care registered professional  
14 nurse-to-patient ratios generally.

15 (a) Each hospital, LTAC hospital, and ambulatory surgical  
16 treatment centers is subject to the staffing requirements and  
17 the direct care registered professional nurse-to-patient ratio  
18 requirements under this Act.

19 (b) Each hospital, LTAC hospital, and ambulatory surgical  
20 center shall provide that, at all times during each shift  
21 within each clinical unit and each patient care area, a direct  
22 care registered professional nurses shall not be assigned at  
23 any time more than the maximum number of patients described in  
24 the direct care registered professional nurse-to-patient  
25 ratios in this Article.

1           (1) Each patient shall be assigned to a direct care  
2 registered professional nurse at all times and may not be  
3 assigned to more than one direct care registered  
4 professional nurse at any time unless each direct care  
5 registered professional nurse has no other patient  
6 assignments.

7           (2) For purposes of this subsection, "assigned" means  
8 that the direct care registered professional nurse has  
9 responsibility for the provision of care to a particular  
10 patient within her or his validated competency and directly  
11 provides the assessment, planning, supervision,  
12 implementation, and evaluation of such patient's nursing  
13 care.

14           (c) There shall be no averaging of the number of patients  
15 and the total number of direct care registered professional  
16 nurses on each clinical unit or patient care area during any  
17 one shift or over any period of time.

18           (d) Only direct care registered professional nurses  
19 providing direct patient care shall be included in the  
20 calculation of the direct care registered professional  
21 nurse-to-patient ratios. Nurse administrators, nurse  
22 supervisors, nurse managers, charge nurses, case managers, or  
23 any other hospital administrator or supervisor shall not be  
24 included in the calculation of the direct care registered  
25 professional nurse-to-patient ratio unless that nurse has a  
26 current and active direct patient care assignment and provides

1 direct patient care in compliance with the requirements of this  
2 section, including competency requirements. The exemption in  
3 this subsection shall apply only during the hours in which the  
4 individual registered professional nurse has the principal  
5 responsibility of providing direct patient care and has no  
6 additional job duties as would other direct care registered  
7 professional nurses.

8 (e) Only a direct care registered professional nurse who  
9 had demonstrated current competence in providing care on a  
10 particular clinical unit or patient care area and who has  
11 received orientation to such unit or area shall relieve another  
12 direct care registered professional nurses during breaks,  
13 meals, and other routine, expected absences from the clinical  
14 unit or patient care area.

15 Section 10-10. Direct care registered professional nurse  
16 staffing; emergency department.

17 (a) There shall be no fewer than 2 direct care registered  
18 professional nurses physically present in the emergency  
19 department at all times.

20 (1) At least one direct care registered professional  
21 nurse shall be assigned to triage patients.

22 (2) The direct care registered professional nurse  
23 assigned to triage patients shall be immediately available  
24 at all times to triage patients when they arrive in the  
25 emergency department. The direct care registered

1 professional nurse assigned to triage patients shall  
2 perform triage functions only.

3 (3) Triage, base radio responder, and specialty or  
4 flight registered professional nurses do not count in the  
5 calculation of the direct care registered professional  
6 nurse-to-patient ratio.

7 (b) A direct care registered professional nurse who has  
8 been assigned a critical care patient in the emergency  
9 department shall have validated critical care competency and  
10 shall not be assigned more than 2 patients. A patient in the  
11 emergency department shall be considered a critical care  
12 patient when the patient meets the criteria for admission to a  
13 critical care service area within the hospital.

14 (c) A direct care registered professional nurse who has  
15 been assigned a critical trauma patient in the emergency  
16 department shall not be assigned more than one patient. A  
17 critical trauma patient is a patient who has injuries to an  
18 anatomic area that (i) require lifesaving interventions or (ii)  
19 in conjunction with unstable vital signs, pose an immediate  
20 threat to life or limb.

21 Section 10-15. Direct care registered professional  
22 nurse-to-patient ratios; hospital, LTAC hospital, and  
23 ambulatory surgical treatment center clinical units or patient  
24 care areas.

25 (a) The direct care registered professional nurse shall not

1 be assigned more than one patient when such registered  
2 professional nurse has been assigned to the duties of the  
3 circulating registered professional nurse in the operating  
4 room or during a cesarean delivery; assigned to an active labor  
5 patient or patient with medical or obstetrical complications;  
6 when initiating epidural anesthesia in the labor and delivery  
7 suite; when assigned to an unstable or in resuscitation period  
8 newborn; when assigned to a critical trauma patient in the  
9 emergency department; or when assigned to a patient receiving  
10 conscious sedation.

11 (b) The direct care registered professional nurse shall not  
12 be assigned more than 2 patients when such registered  
13 professional nurse has been assigned to a critical care,  
14 intensive care, neonatal intensive care, labor and delivery,  
15 coronary care, acute respiratory care, post-anesthesia  
16 recovery (regardless of the type of anesthesia the patient  
17 received), or burn units or patient care areas; critical care  
18 patients in the emergency department; or immediate post-partum  
19 patients.

20 (c) The direct care registered professional nurse shall not  
21 be assigned more than 3 patients when such registered  
22 professional nurse has been assigned to an emergency  
23 department; a step-down or intermediate intensive care,  
24 pediatric, telemetry, observation, or clinical decision unit  
25 or patient care area; a combined labor/delivery/post-partum  
26 unit or patient care area; or an ante-partum patient who is not



1 in active labor.

2 (d) The direct care registered professional nurse shall not  
3 be assigned more than 4 patients when such registered  
4 professional nurse has been assigned to a medical/surgical or  
5 pre-surgical/admission unit or patient care area; a  
6 psychiatric or other specialty care unit or patient care area;  
7 post-partum patients, post-surgical gynecological patients, or  
8 mothers only; recently born infants; or combined post-cesarean  
9 delivery mothers and newborns.

10 (e) The direct care registered professional nurse shall not  
11 be assigned more than 5 patients when such registered  
12 professional nurse has been assigned to a well-baby nursery or  
13 a rehabilitation unit or patient care area; or for a skilled  
14 nursing facility.

15 (f) The direct care registered professional nurse shall not  
16 be assigned more than 6 patients or three couplets when such  
17 registered professional nurse has been assigned to a postpartum  
18 units or patient care areas. In the event of multiple births,  
19 the total number of mothers plus infants assigned to a single  
20 direct care registered professional nurse shall never exceed 6.

21 Section 10-20. Staffing requirements in relation to  
22 hospital, LTAC hospital, or ambulatory surgical treatment  
23 center clinical units or patient care areas.

24 (a) Identifying a clinical unit or patient care area by a  
25 name or term other than those listed in this Article, does not

1 affect a hospital, LTAC hospital, or ambulatory surgical  
2 treatment centers' requirement to staff the unit at the direct  
3 care registered professional nurse-to-patient ratios  
4 identified for the level of intensity or type of care described  
5 in this Article.

6 (b) Patients shall be cared for only on clinical units or  
7 patient care areas where the level of intensity, type of care,  
8 and direct care registered professional nurse-to-patient  
9 ratios meet the individual requirements and needs of each  
10 patient. The use of acuity-adjustable clinical units or patient  
11 care areas is strictly prohibited.

12 Section 10-25. Staffing committees and staffing plans.

13 (a) Any method, software, or tool used to create or  
14 evaluate a staffing plan adopted by a hospital, LTAC hospital,  
15 or ambulatory surgical treatment center shall be established in  
16 coordination with direct care registered professional nurses  
17 and shall be transparent in all respects, including disclosure  
18 of detailed documentation of the methodology used to determine  
19 nursing staffing and identifying each factor, assumption, and  
20 value used in applying such methodology.

21 (b) The Department shall establish procedures to provide  
22 that the documentation submitted under subsection (a) is  
23 available for public inspection in its entirety.

24 Section 10-30. Adjustments to ratios and nursing staff.

1           (a) The assigned direct care registered professional nurse  
2 shall determine whether (1) the number of patients assigned to  
3 a registered professional nurse should be reduced, relative to  
4 the applicable numerical ratio and/or (2) additional nursing  
5 staff, such as licensed practical nurses, certified nursing  
6 assistants, and other ancillary staff, excluding medical  
7 assistants, shall be assigned.

8           (b) Any assignment of additional staff under subsection (a)  
9 shall be based on the assigned direct care registered  
10 professional nurse's comprehensive nursing assessment of the  
11 severity and complexity of the individual patient's nursing  
12 care needs; the intensity of nursing interventions required;  
13 and the need for specialized equipment.

14           Section 10-35. Record of staff assignments. Every hospital  
15 shall keep a record of the actual direct care registered  
16 professional nurse, licensed practical nurse, certified  
17 nursing assistant, and other ancillary staff assignments to  
18 individual patients documented on a day-to-day, shift-by-shift  
19 basis and must keep copies of its staff assignments on file for  
20 a period of 3 years.

21           Section 10-40. Changes in patient census.

22           (a) Every hospital shall plan for routine fluctuations,  
23 such as admissions, discharges, and transfers, in its patient  
24 census.

1           (b) If a health care emergency causes a change in the  
2 number of patients on a clinical care unit or patient care  
3 area, the hospital must demonstrate that immediate and diligent  
4 efforts were made to maintain required staffing levels. For  
5 purposes of this subsection, "health care emergency" means an  
6 emergency declared by the federal government or the head of a  
7 State or local governmental entity.

8           Section 10-45. Prohibited activities.

9           (a) A hospital, LTAC hospital, or ambulatory surgical  
10 treatment centers may not directly assign any unlicensed  
11 personnel to perform registered professional nurse functions  
12 in lieu of care delivered by a registered professional nurse  
13 and may not assign unlicensed personnel to perform registered  
14 professional nurse functions under the supervision of a direct  
15 care registered professional nurse.

16           (b) Unlicensed personnel may not perform tasks that require  
17 the clinical assessment, professional judgment, and skill of a  
18 licensed registered professional nurse, including, without  
19 limitation: activities that require a nursing assessment or  
20 nursing judgment during implementation; physical,  
21 psychological, and social assessments that require nursing  
22 judgment, intervention, referral, or follow-up; formulation of  
23 a plan of nursing care and evaluation of the patient's response  
24 to the care provided; and administration of medications.

25           (c) A hospital, LTAC hospital, or ambulatory surgical

1 treatment centers may not impose mandatory overtime  
2 requirements to meet the staffing ratios required in this  
3 Article.

4 (d) A hospital, LTAC hospital, or ambulatory surgical  
5 treatment centers may not impose lay-offs of licensed or  
6 practical nurses, certified nursing assistants, or other  
7 ancillary staff to meet the direct care registered professional  
8 nurse-to-patient ratio requirements of this Article.

9 (e) A hospital or LTAC hospital shall not assign medical  
10 assistants to clinical care units or patient care areas  
11 including the emergency department, GI Labs, or cardiac  
12 diagnostic and/or intervention labs.

13 (f) An ambulatory surgical center shall not assign medical  
14 assistants to clinical care units or patient care areas.

15 (g) A hospital, LTAC hospital, or ambulatory surgical  
16 treatment center shall not employ video monitors or any form of  
17 electronic visualization of a patient as a substitute for the  
18 direct observation required for patient assessment by the  
19 direct care registered professional nurse or required for  
20 patient protection. Video monitors or any form of electronic  
21 visualization of a patient shall not be included in the  
22 calculation of the direct care registered professional  
23 nurse-to-patient ratio required in this Article and shall not  
24 replace the requirement of paragraph (1) of subsection (b) of  
25 Section 10-5 that each patient shall be assigned to a direct  
26 care registered professional nurse who shall provide the

1 assessment, planning, implementation, and evaluation of the  
2 nursing care provided to the patient and have the  
3 responsibility for the provision of care to a particular  
4 patient within such direct care registered professional  
5 nurse's scope of practice.

6 Section 10-50. Consumer protection. Every hospital shall  
7 post on a day-to-day, shift-by-shift basis, in a conspicuous  
8 place visible and accessible to patients, hospital staff, and  
9 the public (i) the required minimum ratios of direct care  
10 registered professional nursing staff to patients on each  
11 clinical unit or patient care area, (ii) additional staffing  
12 requirements as determined by the assigned direct care  
13 registered professional nurse under Section 10-30, and (iii)  
14 the actual direct care registered professional  
15 nurse-to-patient ratio, number of staff, and staff mix  
16 provided. Every hospital shall give to each patient admitted to  
17 the hospital for inpatient care a toll-free telephone number  
18 for the Department of Public Health to report inadequate  
19 staffing or care.

20 Section 10-55. Use of rapid response teams as first  
21 responders prohibited. In no case may a hospital, LTAC  
22 hospital, or ambulatory surgical treatment center use rapid  
23 response teams as first responders.

1           ARTICLE 15. DIRECT CARE REGISTERED PROFESSIONAL NURSE  
2                           FUNCTIONS RELATING TO PATIENT CARE

3           Section 15-1. Functions generally.

4           (a) A direct care registered professional nurse, holding a  
5           valid license to practice as a registered professional nurse,  
6           employing scientific knowledge and experience in the physical,  
7           social, and biological sciences and exercising independent  
8           professional judgment in applying the nursing process in the  
9           exclusive interests of the patient, shall directly perform the  
10          following essential functions:

11           (1) Continuous and ongoing comprehensive nursing  
12          assessments of a patient's condition based upon the  
13          independent professional judgment of the direct care  
14          registered professional nurse.

15           (2) Planning, implementation, and evaluation of the  
16          nursing care provided to each patient. The implementation  
17          of nursing care may be assigned by the direct care  
18          registered professional nurse responsible for the patient  
19          to other licensed nursing staff or to unlicensed staff,  
20          subject to any limitations of the licensure,  
21          certification, level of validated competency, or  
22          applicable law concerning such staff. In any case, however:

23           (A) The direct care registered professional nurse  
24          assigned to a patient must determine in her or his  
25          professional judgment that nursing personnel to be

1 assigned patient care tasks possess the necessary  
2 preparation and capability to competently perform the  
3 assigned tasks.

4 (B) The direct care registered professional nurse  
5 may assign the implementation of nursing care only when  
6 the registered professional nurse is physically  
7 present and available.

8 (3) Assessment, planning, implementation, and  
9 evaluation of patient education, including ongoing  
10 discharge education of each patient.

11 (b) The planning and delivery of patient care (i) shall  
12 reflect all elements of the nursing process, including  
13 comprehensive nursing assessment, nursing diagnosis, planning,  
14 intervention, evaluation, and, as circumstances require,  
15 patient advocacy, and (ii) shall be initiated by a direct care  
16 registered professional nurse at the time of a patient's  
17 admission to the hospital.

18 (c) The nursing plan for a patient's care shall be  
19 discussed with and developed as a result of coordination with  
20 the patient, the patient's family, or other representatives of  
21 the patient, when appropriate, and staff of other disciplines  
22 involved in the care of the patient.

23 (d) The direct care registered professional nurse shall  
24 evaluate the effectiveness of the care plan (i) through  
25 comprehensive nursing assessments based on direct observation  
26 of the patient's physical condition and behavior, signs and



1 symptoms of illness, and reactions to treatment and (ii)  
2 through communication with the patient and other care givers as  
3 applicable. The direct care registered professional nurse  
4 shall modify the plan as needed.

5 (e) Information related to the patient's initial  
6 comprehensive nursing assessment and reassessments, nursing  
7 diagnosis, plan, intervention, evaluation, and patient  
8 advocacy shall be permanently recorded, as narrative  
9 registered professional nurse progress notes, in the patient's  
10 medical record. The practice of "charting by exception" is  
11 expressly prohibited.

12 Section 15-5. Patient assessment.

13 (a) Patient assessment requires (i) direct observation of  
14 the patient's signs and symptoms of illness, reaction to  
15 treatment, behavior and physical condition, and (ii)  
16 interpretation of information obtained from the patient and  
17 others, including other care givers as applicable.

18 (b) Only a direct care registered professional nurse who is  
19 physically present with the patient is authorized to perform  
20 patient assessments. A licensed practical nurse may assist a  
21 direct care registered professional nurse in data collection.

22 Section 15-10. Determining nursing care needs of patients.

23 (a) The nursing care needs of each individual patient shall  
24 be determined by a direct care registered professional nurse

1 through the process of ongoing comprehensive nursing  
2 assessments, nursing diagnosis, and formulation and adjustment  
3 of nursing care plans.

4 (b) The prediction of individual patient nursing care needs  
5 for prospective assignment of direct care registered  
6 professional nurses shall be based on individual comprehensive  
7 nursing assessments by the direct care registered professional  
8 nurse assigned to each patient and in accordance with Article  
9 10.

10 Section 15-15. Independent professional judgment.

11 (a) Competent performance of the essential functions of a  
12 direct care registered professional nurse requires the  
13 exercise of independent professional judgment in the exclusive  
14 interests of the patient. The exercise of such independent  
15 professional judgment, unencumbered by the commercial or  
16 revenue-generation priorities of a hospital, LTAC hospital, or  
17 ambulatory surgical treatment center or other employing entity  
18 of a direct care registered professional nurse, is necessary to  
19 assure safe, therapeutic, effective and competent treatment of  
20 hospital patients and is essential to protect the health and  
21 safety of the people of Illinois.

22 (b) The exercise of independent professional judgment by a  
23 direct care registered professional nurse in the performance of  
24 the essential functions, as described in paragraphs (1) through  
25 (3) of subsection (a) of Section 15-1 and in the Nurse Practice

1 Act, shall be provided in the exclusive interests of the  
2 patient and shall not, for any purpose, be considered, relied  
3 upon, or represented as a job function, authority,  
4 responsibility, or activity undertaken in any respect for the  
5 purpose of serving the business, commercial, operational, or  
6 other institutional interests of the hospital.

7 (c) No hospital, LTAC hospital, ambulatory surgical  
8 treatment center, or other health care institution shall  
9 utilize technology that (1) limits a direct care registered  
10 professional nurse in performing functions that are part of the  
11 nursing process, including full exercise of independent  
12 professional judgment in assessment, planning, implementation  
13 and evaluation of care or (2) limits a direct care registered  
14 professional nurse in acting as a patient advocate in the  
15 exclusive interests of the patient. Technology shall not be  
16 skill-degrading, interfere with a direct care registered  
17 professional nurse's provision of individualized patient care,  
18 or override a direct care registered professional nurse's  
19 independent professional judgment.

20 ARTICLE 20. PATIENT ADVOCACY

21 Section 20-1. Professional obligation. A registered  
22 professional nurse has the obligation and right to act as a  
23 patient's advocate, as circumstances require, including,  
24 without limitation:

1           (1) ensuring that patients have an opportunity to make  
2 informed decisions regarding their health care before the care  
3 is provided;

4           (2) initiating action to improve the patient's health care  
5 or to change decisions or activities which, in the professional  
6 judgment of the registered professional nurse, are against the  
7 interests or wishes of the patient;

8           (3) initiating action to improve health care practices in  
9 the hospital, including providing professional input on the  
10 methods of patient care documentation and the number of  
11 ancillary and support staff who should be available and present  
12 to supplement the work of registered professional nurses, such  
13 as physical therapists, respiratory therapists, social  
14 workers, and patient lifting, transportation, housekeeping,  
15 and security personnel;

16           (4) advocating and monitoring activities to ensure  
17 hospital compliance with this Act to ensure that safe  
18 registered professional nurse staffing levels at the clinical  
19 unit or patient care level are implemented; and

20           (5) determining whether a health information technology  
21 program or tool displaces registered professional nurses from  
22 patient care, interferes with the nursing process, or otherwise  
23 compromises a registered professional nurse's professional  
24 judgment.

25           Section 20-5. Acceptance of patient care assignments. A

1 direct care registered professional nurse is always  
2 responsible for providing safe, therapeutic, and competent  
3 nursing care to assigned patients. Before accepting a patient  
4 assignment, a direct care registered professional nurse must  
5 have the necessary knowledge, judgment, skills, and ability to  
6 provide the required care. If a direct care is not, in the  
7 direct care registered professional nurse's professional  
8 judgment, clinically competent to perform the care required for  
9 a patient to be assigned for nursing care, she or he should not  
10 accept the patient care assignment. Such a refusal to accept a  
11 patient care assignment is an exercise of the direct care  
12 registered professional nurse's duty and right of patient  
13 advocacy.

14 ARTICLE 25. CIVIL PENALTIES

15 Section 25-1. Violations.

16 (a) A hospital, LTAC hospital, or ambulatory surgical  
17 treatment center found to have knowingly or willfully violated,  
18 or aided and abetted a violation of, any provision of this Act  
19 is subject to:

20 (1) enforcement action by the Department, including  
21 the use of injunctive relief available to force compliance  
22 with the Act or closure of the hospital; and

23 (2) a civil money penalty assessed by the Department of  
24 not more than \$25,000 for each violation and an additional

1           \$10,000 per shift for each clinical care unit or patient  
2           care area until the violation is corrected.

3           (b) The Attorney General shall enforce penalties imposed  
4           under this Section in the county in which the violation  
5           occurred.

6           (c) The penalties authorized under this Section are in  
7           addition to any other penalties that may be prescribed by law.  
8           Penalties collected under this Section shall be deposited into  
9           the General Revenue Fund.

10                           ARTICLE 30. WHISTLEBLOWER PROTECTIONS

11           Section 30-1. Objection or refusal of assignment. A  
12           registered professional nurse may object to, or refuse to  
13           participate in, any activity, policy, practice, assignment, or  
14           task if:

15           (1) in good faith the nurse reasonably believes it to be a  
16           violation of the direct care registered professional  
17           nurse-to-patient ratios under this Act; or

18           (2) the nurse is not prepared by education, training, or  
19           experience to fulfill the assignment without compromising the  
20           safety or any patient or jeopardizing the license of the nurse.

21           Section 30-5. Protections for whistleblowers.

22           (a) A hospital, LTAC hospital, or ambulatory surgical  
23           treatment center shall not retaliate, discriminate, or

1 otherwise take adverse action in any manner with respect to any  
2 aspect of a nurse's employment, including discharge,  
3 promotion, compensation, or terms, conditions, or privileges  
4 of employment, based on the nurse's refusal to complete an  
5 assignment as described in Section 30-1.

6 (b) A hospital, LTAC hospital, or ambulatory surgical  
7 treatment center shall not file a complaint against a  
8 registered professional nurse with the board of nursing based  
9 on the nurse's refusal to complete an assignment as described  
10 in Section 30-1.

11 (c) A hospital, LTAC hospital, or ambulatory surgical  
12 treatment center shall not retaliate, discriminate, or  
13 otherwise take adverse action in any manner against any person  
14 or with respect to any aspect of a nurse's employment,  
15 including discharge, promotion, compensation, or terms,  
16 conditions, or privileges of employment, based on such nurse's  
17 or person's opposition to any hospital policy, practice, or  
18 action that such nurse in good faith believes violates this  
19 Act.

20 (d) A hospital, LTAC hospital, or ambulatory surgical  
21 treatment centers shall not retaliate, discriminate, or  
22 otherwise take adverse action against any patient, employee, or  
23 contract employee of the hospital, or any other individual, on  
24 the basis that such individual, in good faith, individually or  
25 in conjunction with another person or persons, has presented a  
26 grievance or complaint, or has initiated or cooperated in any

1 investigation or proceeding of any governmental entity,  
2 regulatory agency, or private accreditation body, made a civil  
3 claim or demand, or filed an action relating to the care,  
4 services, or conditions of the hospital or of any affiliated or  
5 related facilities.

6 (e) A hospital, LTAC hospital, or ambulatory surgical  
7 treatment centers, or an individual representing a hospital,  
8 LTAC hospital, and ambulatory surgical treatment center, shall  
9 not do either of the following:

10 (1) Interfere with, restrain, or deny the exercise of,  
11 or attempt to deny the exercise of, a right conferred this  
12 Act;

13 (2) Coerce or intimidate any individual regarding the  
14 exercise of, or an attempt to exercise, a right conferred  
15 by this Act.

16 ARTICLE 90. AMENDATORY PROVISIONS

17 Section 90-1. The Hospital Licensing Act is amended by  
18 adding Section 2.5 as follows:

19 (210 ILCS 85/2.5 new)

20 Sec. 2.5. Relationship to Hospital Patient Protection Act.  
21 In the case of a conflict between a provision of the Hospital  
22 Licensing Act and a provision of the Hospital Patient  
23 Protection Act, the Hospital Patient Protection Act shall



1 control.

2 Section 90-5. The Nurse Practice Act is amended by adding  
3 Section 50-17 as follows:

4 (225 ILCS 65/50-17 new)

5 Sec. 50-17. Relationship to Hospital Patient Protection  
6 Act. In the case of a conflict between a provision of the Nurse  
7 Practice Act and a provision of the Hospital Patient Protection  
8 Act, the Hospital Patient Protection Act shall control.

9 ARTICLE 99. EFFECTIVE DATE

10 Section 99. Effective date. This Act takes effect January  
11 1, 2020.