

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  
7 Department shall consider various factors including, but not  
8 limited to, whether the hospital has engaged in a pattern or  
9 practice of failing to initiate criminal background checks.  
10 Money from fines shall be deposited into the Long Term Care  
11 Provider Fund.

12 (a-5) If a hospital demonstrates a pattern or practice of  
13 failing to substantially comply with the requirements of  
14 Section 10.10 or the hospital's written staffing plan, the  
15 hospital shall provide a plan of correction to the Department  
16 within 60 days. The Department may impose fines as follows:  
17 (i) if a hospital fails to implement a written staffing plan  
18 for nursing services, a fine not to exceed \$500 per occurrence  
19 may be imposed; (ii) if a hospital demonstrates a pattern or  
20 practice of failing to substantially comply with a plan of  
21 correction within 60 days after the plan takes effect, a fine  
22 not to exceed \$500 per occurrence may be imposed; and (iii) if  
23 a hospital demonstrates for a second or subsequent time a  
24 pattern or practice of failing to substantially comply with a  
25 plan of correction within 60 days after the plan takes effect,  
26 a fine not to exceed \$1,000 per occurrence may be imposed.

1 Reports of violations of Section 10.10 shall be subject to  
2 public disclosure under Section 6.14a. Money from fines within  
3 this subsection (a-5) shall be deposited into the Hospital  
4 Licensure Fund, and money from fines for violations of Section  
5 10.10 shall be used for scholarships under the Nursing  
6 Education Scholarship Law.

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

1 Section 13.

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

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

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

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

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

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

1 (210 ILCS 85/10.10)

2 Sec. 10.10. Nurse Staffing by Patient Acuity.

3 (a) Findings. The Legislature finds and declares all of  
4 the following:

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

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

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

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

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

24 "Department" means the Department of Public Health.

25 "Direct patient care" means care provided by a registered

1 professional nurse with direct responsibility to oversee or  
2 carry out medical regimens or nursing care for one or more  
3 patients.

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

9 "Registered professional nurse" means a person licensed as  
10 a Registered Nurse under the Nurse Practice Act.

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

18 (c) Written staffing plan.

19 (1) Every hospital shall implement a written  
20 hospital-wide staffing plan, prepared ~~recommended~~ by a  
21 nursing care committee or committees, that provides for  
22 minimum direct care professional registered  
23 nurse-to-patient staffing needs for each inpatient care  
24 unit, including inpatient emergency departments. If the  
25 staffing plan prepared by the nursing care committee is  
26 not adopted by the hospital, or if substantial changes are

1 proposed to it, the chief nursing officer shall either:  
2 (i) provide a written explanation to the committee of the  
3 reasons the plan was not adopted; or (ii) provide a  
4 written explanation of any substantial changes made to the  
5 proposed plan prior to it being adopted by the hospital.

6 The written hospital-wide staffing plan shall include, but  
7 need not be limited to, the following considerations:

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

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

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

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

1           designee.

2           (E) The identification of additional registered  
3           nurses available for direct patient care when  
4           patients' unexpected needs exceed the planned workload  
5           for direct care staff.

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

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

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

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

1           (C) The nursing care committee shall develop a  
2           process to examine and respond to written reports  
3           submitted under subparagraphs (A) and (B) of this  
4           paragraph (2.5), including the ability to determine if  
5           a specific written report is resolved or should be  
6           dismissed.

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

12          (d) Nursing care committee.

13           (1) Every hospital shall have a nursing care committee  
14          that meets at least 6 times per year. A hospital shall  
15          appoint members of a committee whereby at least 55% ~~50%~~ of  
16          the members are registered professional nurses providing  
17          direct inpatient patient care, one of whom shall be  
18          selected annually by the direct inpatient care nurses to  
19          serve as co-chair of the committee.

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

24           (2.5) A nursing care committee shall prepare and  
25          recommend to hospital administration the hospital's  
26          written hospital-wide staffing plan. If the staffing plan

1 is not adopted by the hospital, the chief nursing officer  
2 shall provide a written statement to the committee prior  
3 to a staffing plan being adopted by the hospital that: (A)  
4 explains the reasons the committee's proposed staffing  
5 plan was not adopted; and (B) describes the changes to the  
6 committee's proposed staffing or any alternative to the  
7 committee's proposed staffing plan.

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

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

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

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

24 (D) Review the nurse ~~following: nurse to patient~~  
25 staffing plans ~~guidelines~~ for all inpatient areas; and  
26 current acuity tools and measures in use. The nursing

1 care committee's review shall consider:

2 (i) patient outcomes;

3 (ii) complaints regarding staffing, including  
4 complaints about a delay in direct care nursing or  
5 an absence of direct care nursing;

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

10 (iv) the aggregate hours of overtime worked by  
11 the nursing staff;

12 (v) the extent to which actual nurse staffing  
13 for each hospital inpatient unit differs from the  
14 staffing specified by the staffing plan; and

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

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

26 (5) A nursing care committee must issue a written

1 report at least annually to the hospital governing board  
2 that addresses items including, but not limited to: the  
3 items described in paragraph (3); changes made based on  
4 committee recommendations and the impact of such changes;  
5 and recommendations for future changes related to nurse  
6 staffing.

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

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

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

23 (Source: P.A. 96-328, eff. 8-11-09; 97-423, eff. 1-1-12;  
24 97-813, eff. 7-13-12.)

25 (210 ILCS 85/14.5)

1           Sec. 14.5. Hospital Licensure Fund.

2           (a) There is created in the State treasury the Hospital  
3           Licensure Fund. The Fund is created for the purpose of  
4           providing funding for the administration of the licensure  
5           program and patient safety and quality initiatives for  
6           hospitals, including, without limitation, the implementation  
7           of the Illinois Adverse Health Care Events Reporting Law of  
8           2005.

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

10           (1) fees collected pursuant to Sections ~~Section~~ 5 and  
11           7 of the Hospital Licensing Act;

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

15           (3) interest earned on moneys deposited in the Fund;  
16           and

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

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

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

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

26           (2.5) from fines for violations of Section 10.10,

1 scholarships under the Nursing Education Scholarship Law;

2 and

3 (3) the reimbursement of moneys collected by the  
4 Department through error or mistake.

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

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

9 ARTICLE 5. NURSING EDUCATION SCHOLARSHIP

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

12 (110 ILCS 975/5) (from Ch. 144, par. 2755)

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

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

23 (2) that he or she is enrolled in or accepted for

1 admission to an associate degree in nursing program,  
2 hospital-based diploma in nursing program, baccalaureate  
3 degree in nursing program, graduate degree in nursing  
4 program, or practical nursing program at an approved  
5 institution; and

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

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

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

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

25 (C) A student's merit, as shown through his or her  
26 grade point average, class rank, and other academic

1           and extracurricular activities. The Department may add  
2           to and further define these merit criteria by rule.

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

20          Beginning with the fall term of the 2021-2022 academic  
21          year and continuing through the 2024-2025 academic year,  
22          subject to appropriation from the Hospital Licensure Fund, in  
23          addition to any other funds available to the Department for  
24          such scholarships, the Department may award a total of  
25          \$500,000 annually in scholarships under this Section.

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

