AN ACT concerning nursing.

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

ARTICLE 1. NURSE STAFFING IMPROVEMENT ACT

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

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

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

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

hospital-initiated background checks or (2) report the death of a person known to be a resident of a facility licensed under the ID/DD Community Care Act or the MC/DD Act to the coroner or medical examiner within 24 hours as required by Section 6.09a of this Act. In assessing whether to impose such a fine for failure to initiate a criminal background check, the Department shall consider various factors including, but not limited to, whether the hospital has engaged in a pattern or practice of failing to initiate criminal background checks. Money from fines shall be deposited into the Long Term Care Provider Fund.

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

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

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

Section 13.

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

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

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

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

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

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

(210 ILCS 85/10.10)

Sec. 10.10. Nurse Staffing by Patient Acuity.

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

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

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

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

(b) Definitions. As used in this Section:

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

"Department" means the Department of Public Health.

"Direct patient care" means care provided by a registered

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

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

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

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

(c) Written staffing plan.

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

proposed to it, the chief nursing officer shall either: (i) provide a written explanation to the committee of the reasons the plan was not adopted; or (ii) provide a written explanation of any substantial changes made to the proposed plan prior to it being adopted by the hospital. The written hospital-wide staffing plan shall include, but need not be limited to, the following considerations:

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

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

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

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

designee.

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

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

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

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

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

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

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

(d) Nursing care committee.

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

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

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

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

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

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

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

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

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

care committee's review shall consider:

(i) patient outcomes;

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

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

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

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

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

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

(5) A nursing care committee must issue a written

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

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

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

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

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

(210 ILCS 85/14.5)

Sec. 14.5. Hospital Licensure Fund.

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

(b) The Fund shall consist of the following:

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

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

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

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

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

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

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

(2.5) from fines for violations of Section 10.10,

scholarships under the Nursing Education Scholarship Law; and

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

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

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

ARTICLE 5. NURSING EDUCATION SCHOLARSHIP

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 99. EFFECTIVE DATE

Section 99-99. Effective date. This Act takes effect upon becoming law.