

AN ACT concerning regulation.

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

Section 5. The Hospital Licensing Act is amended by changing Section 10.10 as follows:

(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 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 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 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, either by physical or electronic means, 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% of the members are registered professional nurses providing direct inpatient care, one of whom shall be selected annually by the direct inpatient care nurses to serve as

co-chair of the committee.

(2) (Blank).

(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 or committees' 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 staffing plans 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 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.

(6) A nursing care committee must annually notify the hospital nursing staff of the staff's rights under this Section. The annual notice must provide a phone number and an email address for staff to report noncompliance with the nursing staff's rights as described in this Section. The notice must be provided by email or by regular mail in a manner that effectively facilitates receipt of the notice. The Department shall monitor and enforce the requirements of this paragraph (6).

(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. 102-4, eff. 4-27-21; 102-641, eff. 8-27-21; 102-813, eff. 5-13-22.)