



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

**HB4672**

Introduced 2/3/2026, by Rep. Yolonda Morris

#### SYNOPSIS AS INTRODUCED:

30 ILCS 772/15  
210 ILCS 45/3-202.05

Amends the Equity in Long-term Care Quality Act and the Nursing Home Care Act. Provides that funds generated from penalties imposed for non-compliance with minimum staffing standards shall be deposited into the Equity in Long-term Care Quality Fund. Sets forth requirements concerning the distribution of those moneys. Effective immediately.

LRB104 16322 HLH 29708 b

1 AN ACT concerning finance.

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

4 Section 5. The Equity in Long-term Care Quality Act is  
5 amended by changing Section 15 as follows:

6 (30 ILCS 772/15)

7 Sec. 15. Equity in Long-term Care Quality Fund.

8 (a) There is created in the State treasury a special fund  
9 to be known as the Equity in Long-term Care Quality Fund.  
10 Grants shall be funded using federal civil monetary penalties  
11 collected and deposited into the Long Term Care  
12 Monitor/Receiver Fund established under the Nursing Home Care  
13 Act. Subject to appropriation, moneys in the Fund shall be  
14 used to improve the quality of nursing home care in areas  
15 without access to high-quality long-term care. Interest earned  
16 on moneys in the Fund shall be deposited into the Fund.

17 (b) Except as otherwise provided in subsection (c), the  
18 ~~The~~ Department may use no more than 10% of the moneys deposited  
19 into the Fund in any year to administer the program  
20 established by the Fund and to implement the requirements of  
21 the Nursing Home Care Act with respect to distressed  
22 facilities.

23 (c) Any moneys generated from penalties imposed for

1 non-compliance with minimum staffing standards under Section  
2 3-202.05 of the Nursing Home Care Act shall be deposited into  
3 the Fund and, beginning in Fiscal Year 2027, shall be  
4 distributed as follows:

5 (1) \$1,000,000 shall be used in each State fiscal year  
6 by the Department of Public Health to administer the  
7 staffing fines established under Section 3-202.05 of the  
8 Nursing Home Care Act;

9 (2) \$2,000,000 shall, in each State fiscal year, be  
10 ordered transferred by the State Comptroller and  
11 transferred by the State Treasurer from the Equity in  
12 Long-term Care Quality Fund to the Public Aid Recoveries  
13 Trust Fund to be used by the Department of Healthcare and  
14 Family Services to conduct minimum data set and other  
15 audits of facilities licensed under the Nursing Home Care  
16 Act;

17 (3) \$2,000,000 shall be used in each State fiscal year  
18 by the Department of Public Health to administer the  
19 identified offenders and other safety activities; and

20 (4) 50% of the remainder of the moneys deposited under  
21 this subsection (c) after the allocations under items (1)  
22 through (3) have been completed shall, in each fiscal  
23 year, be ordered transferred by the State Comptroller and  
24 transferred by the State Treasurer from the Equity in  
25 Long-term Care Quality Fund to the Common School Fund to  
26 be used by the State Board of Education for vocational

1 training of certified nurse assistants at the secondary  
2 level of education; and

3 (5) 50% of the remainder of the moneys deposited under  
4 this subsection (c) after the allocations under items (1)  
5 through (3) have been completed shall, in each fiscal  
6 year, be ordered transferred by the State Comptroller and  
7 transferred by the State Treasurer from the Equity in  
8 Long-term Care Quality Fund to the Education Assistance  
9 Fund to be used by the Board of Higher Education for  
10 nursing scholarships at the post-secondary level of  
11 education.

12 (Source: P.A. 96-1372, eff. 7-29-10.)

13 Section 10. The Nursing Home Care Act is amended by  
14 changing Section 3-202.05 as follows:

15 (210 ILCS 45/3-202.05)

16 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and  
17 thereafter.

18 (a) For the purpose of computing staff to resident ratios,  
19 direct care staff shall include:

- 20 (1) registered nurses;
- 21 (2) licensed practical nurses;
- 22 (3) certified nurse assistants;
- 23 (4) psychiatric services rehabilitation aides;
- 24 (5) rehabilitation and therapy aides;

- 1 (6) psychiatric services rehabilitation coordinators;
- 2 (7) assistant directors of nursing;
- 3 (8) 50% of the Director of Nurses' time; and
- 4 (9) 30% of the Social Services Directors' time.

5 The Department shall, by rule, allow certain facilities  
6 subject to 77 Ill. Adm. Code 300.4000 and following (Subpart  
7 S) to utilize specialized clinical staff, as defined in rules,  
8 to count towards the staffing ratios.

9 Within 120 days of June 14, 2012 (the effective date of  
10 Public Act 97-689), the Department shall promulgate rules  
11 specific to the staffing requirements for facilities federally  
12 defined as Institutions for Mental Disease. These rules shall  
13 recognize the unique nature of individuals with chronic mental  
14 health conditions, shall include minimum requirements for  
15 specialized clinical staff, including clinical social workers,  
16 psychiatrists, psychologists, and direct care staff set forth  
17 in paragraphs (4) through (6) and any other specialized staff  
18 which may be utilized and deemed necessary to count toward  
19 staffing ratios.

20 Within 120 days of June 14, 2012 (the effective date of  
21 Public Act 97-689), the Department shall promulgate rules  
22 specific to the staffing requirements for facilities licensed  
23 under the Specialized Mental Health Rehabilitation Act of  
24 2013. These rules shall recognize the unique nature of  
25 individuals with chronic mental health conditions, shall  
26 include minimum requirements for specialized clinical staff,

1 including clinical social workers, psychiatrists,  
2 psychologists, and direct care staff set forth in paragraphs  
3 (4) through (6) and any other specialized staff which may be  
4 utilized and deemed necessary to count toward staffing ratios.

5 (a-5) The Centers for Medicare and Medicaid Services'  
6 payroll-based journal job title codes, which correspond to the  
7 staff used for the staffing ratios in subsection (a), are as  
8 follows:

9 (1) Registered Nurse Director of Nursing, job title  
10 code 5.

11 (2) Registered Nurse with Administrative Duties, job  
12 title code 6.

13 (3) Registered Nurse, job title code 7.

14 (4) Licensed Practical/Vocational Nurse with  
15 Administrative Duties, job title code 8.

16 (5) Licensed Practical/Vocational Nurse, job title  
17 code 9.

18 (6) Certified Nurse Aide, job title code 10.

19 (7) Nurse Aide in Training, job title code 11.

20 (8) Medication Aide/Technician, job title code 12.

21 (9) Nurse Practitioner, job title code 13.

22 (10) Clinical Nurse Specialist, job title code 14.

23 (11) Occupational Therapist, job title code 18.

24 (12) Occupational Therapy Assistant, job title code  
25 19.

26 (13) Occupational Therapy Aide, job title code 20.

- 1 (14) Physical Therapist, job title code 21.  
2 (15) Physical Therapy Assistant, job title code 22.  
3 (16) Physical Therapy Assistant, job title code 23.  
4 (17) Respiratory Therapist, job title code 24.  
5 (18) Respiratory Therapy Technician, job title code  
6 25.  
7 (19) Speech/Language Pathologist, job title code 26.  
8 (20) Qualified Activities Professional, job title code  
9 28.  
10 (21) Other Activities Staff, job title code 29.  
11 (22) Qualified Social Worker, job title code 30.  
12 (23) Other Social Worker, job title code 31.  
13 (24) Mental Health Service Worker, job title code 34.

14 For all job title codes in this subsection, 100% of the  
15 hours worked by the staff must be counted toward the  
16 staff-to-resident ratio, except job code title 5, which is  
17 limited to 50%, and job title codes 28, 30, and 31, which are  
18 limited to 30%.

19 (b) (Blank).

20 (b-5) For purposes of the minimum staffing ratios in this  
21 Section, all residents shall be classified as requiring either  
22 skilled care or intermediate care.

23 As used in this subsection:

24 "Intermediate care" means basic nursing care and other  
25 restorative services under periodic medical direction.

26 "Skilled care" means skilled nursing care, continuous

1 skilled nursing observations, restorative nursing, and other  
2 services under professional direction with frequent medical  
3 supervision.

4 (c) Facilities shall notify the Department within 60 days  
5 after July 29, 2010 (the effective date of Public Act  
6 96-1372), in a form and manner prescribed by the Department,  
7 of the staffing ratios in effect on July 29, 2010 (the  
8 effective date of Public Act 96-1372) for both intermediate  
9 and skilled care and the number of residents receiving each  
10 level of care.

11 (d) (1) (Blank).

12 (2) (Blank).

13 (3) (Blank).

14 (4) (Blank).

15 (5) Effective January 1, 2014, the minimum staffing ratios  
16 shall be increased to 3.8 hours of nursing and personal care  
17 each day for a resident needing skilled care and 2.5 hours of  
18 nursing and personal care each day for a resident needing  
19 intermediate care.

20 (e) Ninety days after June 14, 2012 (the effective date of  
21 Public Act 97-689), a minimum of 25% of nursing and personal  
22 care time shall be provided by licensed nurses, with at least  
23 10% of nursing and personal care time provided by registered  
24 nurses. These minimum requirements shall remain in effect  
25 until an acuity based registered nurse requirement is  
26 promulgated by rule concurrent with the adoption of the

1 Resource Utilization Group classification-based payment  
2 methodology, as provided in Section 5-5.2 of the Illinois  
3 Public Aid Code. Registered nurses and licensed practical  
4 nurses employed by a facility in excess of these requirements  
5 may be used to satisfy the remaining 75% of the nursing and  
6 personal care time requirements. Notwithstanding this  
7 subsection, no staffing requirement in statute in effect on  
8 June 14, 2012 (the effective date of Public Act 97-689) shall  
9 be reduced on account of this subsection.

10 (f) The Department shall submit proposed rules for  
11 adoption by January 1, 2020 establishing a system for  
12 determining compliance with minimum staffing set forth in this  
13 Section and the requirements of 77 Ill. Adm. Code 300.1230  
14 adjusted for any waivers granted under Section 3-303.1.  
15 Compliance shall be determined quarterly by comparing the  
16 number of hours provided per resident per day using the  
17 Centers for Medicare and Medicaid Services' payroll-based  
18 journal and the facility's daily census, broken down by  
19 intermediate and skilled care as self-reported by the facility  
20 to the Department on a quarterly basis. The Department shall  
21 use the quarterly payroll-based journal and the self-reported  
22 census to calculate the number of hours provided per resident  
23 per day and compare this ratio to the minimum staffing  
24 standards required under this Section, as impacted by any  
25 waivers granted under Section 3-303.1. Discrepancies between  
26 job titles contained in this Section and the payroll-based

1 journal shall be addressed by rule. The manner in which the  
2 Department requests payroll-based journal information to be  
3 submitted shall align with the federal Centers for Medicare  
4 and Medicaid Services' requirements that allow providers to  
5 submit the quarterly data in an aggregate manner.

6 (g) Monetary penalties for non-compliance. The Department  
7 shall submit proposed rules for adoption by January 1, 2020  
8 establishing monetary penalties for facilities not in  
9 compliance with minimum staffing standards under this Section.  
10 Facilities shall be required to comply with the provisions of  
11 this subsection beginning January 1, 2025. No monetary penalty  
12 may be issued for noncompliance prior to the revised  
13 implementation date, which shall be January 1, 2025. If a  
14 facility is found to be noncompliant prior to the revised  
15 implementation date, the Department shall provide a written  
16 notice identifying the staffing deficiencies and require the  
17 facility to provide a sufficiently detailed correction plan  
18 that describes proposed and completed actions the facility  
19 will take or has taken, including hiring actions, to address  
20 the facility's failure to meet the statutory minimum staffing  
21 levels. Monetary penalties shall be imposed beginning no later  
22 than July 1, 2025, based on data for the quarter beginning  
23 January 1, 2025 through March 31, 2025 and quarterly  
24 thereafter. Monetary penalties shall be established based on a  
25 formula that calculates on a daily basis the cost of wages and  
26 benefits for the missing staffing hours. All notices of

1 noncompliance shall include the computations used to determine  
2 noncompliance and establishing the variance between minimum  
3 staffing ratios and the Department's computations. The penalty  
4 for the first offense shall be 125% of the cost of wages and  
5 benefits for the missing staffing hours. The penalty shall  
6 increase to 150% of the cost of wages and benefits for the  
7 missing staffing hours for the second offense and 200% the  
8 cost of wages and benefits for the missing staffing hours for  
9 the third and all subsequent offenses. The penalty shall be  
10 imposed regardless of whether the facility has committed other  
11 violations of this Act during the same period that the  
12 staffing offense occurred. The penalty may not be waived,  
13 except where there is no more than a 10% deviation from the  
14 staffing requirements, in which case the facility shall not  
15 receive a violation or penalty. The Department is granted  
16 discretion to waive the violation and penalty when unforeseen  
17 circumstances have occurred that resulted in call-offs of  
18 scheduled staff. This provision shall be applied no more than  
19 6 times per quarter. Nothing in this Section diminishes a  
20 facility's right to appeal the imposition of a monetary  
21 penalty. No facility may appeal a notice of noncompliance  
22 issued during the revised implementation period. The changes  
23 made to this subsection by this amendatory Act of the 104th  
24 General Assembly in regard to nursing home staffing fines  
25 shall apply to the July 1, 2025 fines based on data for the  
26 quarter beginning January 1, 2025 through March 31, 2025 and

1 quarterly thereafter.

2 Moneys generated from the monetary penalties imposed on  
3 facilities that are not in compliance with minimum staffing  
4 standards under this subsection and rules adopted under this  
5 subsection shall be deposited into the Equity in Long-term  
6 Care Quality Fund and shall be used as provided in subsection  
7 (c) of Section 15 of the Equity in Long-term Care Quality Act.

8 (Source: P.A. 104-9, eff. 6-16-25.)

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