



Rep. Fred Crespo

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1 AMENDMENT TO HOUSE BILL 2604

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2604 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Safe  
5 Patient Limits Act.

6 Section 5. Definitions. In this Act:

7 "Couplet" means one mother and one baby.

8 "Critical trauma patient" means a patient who has an injury  
9 to an anatomic area that (i) requires life-saving  
10 interventions, or (ii) in conjunction with unstable vital  
11 signs, poses an immediate threat to life or limb.

12 "Department" means the Department of Public Health.

13 "Direct care registered professional nurse" means a  
14 registered professional nurse whose primary role is to provide  
15 direct hands-on patient care.

16 "Facility" means a hospital licensed under the Hospital

1 Licensing Act or organized under the University of Illinois  
2 Hospital Act, a private or State-owned and State-operated  
3 general acute care hospital, an LTAC hospital as defined in  
4 Section 10 of the Long Term Acute Care Hospital Quality  
5 Improvement Transfer Program Act, an ambulatory surgical  
6 treatment center as defined in Section 3 of the Ambulatory  
7 Surgical Treatment Center Act, an acute psychiatric hospital,  
8 an acute care specialty hospital, or an acute care unit within  
9 a health care facility. "Facility" does not include: (1) the  
10 Alton Mental Health Center, at Alton; (2) the Chicago-Read  
11 Mental Health Center, at Chicago; (3) the Clyde L. Choate  
12 Mental Health and Developmental Center, at Anna; (4) the Elgin  
13 Mental Health Center, at Elgin; (5) the John J. Madden Mental  
14 Health Center, at Chicago; (6) the Andrew McFarland Mental  
15 Health Center, at Springfield; and (7) the Chester Mental  
16 Health Center, at Chester.

17 "Health care workforce" means personnel employed by or  
18 contracted to work at a facility that have an effect upon the  
19 delivery of quality care to patients, including, but not  
20 limited to, registered nurses, licensed practical nurses,  
21 unlicensed assistive personnel, service, maintenance,  
22 clerical, professional, and technical workers, and other  
23 health care workers.

24 "Immediate postpartum patients" means those patients who  
25 have given birth within the previous 2 hours.

26 "Nursing care" means care that falls within the scope of

1 practice as described in Section 55-30 or 60-35 of the Nurse  
2 Practice Act or is otherwise encompassed within recognized  
3 standards of nursing practice.

4 "Rapid response team" means a team of health care providers  
5 that provide care to hospitalized patients with early signs of  
6 deterioration to prevent respiratory or cardiac arrest.

7 "Registered nurse" or "registered professional nurse"  
8 means a person who is licensed as a registered professional  
9 nurse under the Nurse Practice Act and practices nursing as  
10 described in Section 60-35 of the Nurse Practice Act.

11 "Specialty care unit" means a unit which is organized,  
12 operated, and maintained to provide care for a specific medical  
13 condition or a specific patient population.

14 For the purposes of this Act, a patient is considered  
15 assigned to a registered nurse if the registered nurse accepts  
16 responsibility for the patient's nursing care.

17 Section 10. Maximum patient assignments for registered  
18 nurses.

19 (a) The maximum number of patients assigned to a registered  
20 nurse in a facility shall not exceed the limits provided in  
21 this Section. However, nothing shall preclude a facility from  
22 assigning fewer patients to a registered nurse than the limits  
23 provided in this Section. The requirements of this Section  
24 apply at all times during each shift within each clinical unit  
25 and each patient care area.

1           The requirements of this Section do not apply to: (1) the  
2 Alton Mental Health Center, at Alton; (2) the Chicago-Read  
3 Mental Health Center, at Chicago; (3) the Clyde L. Choate  
4 Mental Health and Developmental Center, at Anna; (4) the Elgin  
5 Mental Health Center, at Elgin; (5) the John J. Madden Mental  
6 Health Center, at Chicago; (6) the Andrew McFarland Mental  
7 Health Center, at Springfield; and (7) the Chester Mental  
8 Health Center, at Chester

9           (b) In all units with critical care or intensive care  
10 patients, including, but not limited to, coronary care, acute  
11 respiratory, burn, or neonatal intensive care patients, the  
12 maximum patient assignment of critical care patients to a  
13 registered nurse is 2.

14           (c) In all units with step-down or intermediate care  
15 patients, the maximum patient assignment of step-down or  
16 intermediate care patients to a registered nurse is 3.

17           (d) In all units with postanesthesia care patients, the  
18 maximum patient assignment of postanesthesia care patients  
19 under the age of 18 to a registered nurse is one. The maximum  
20 patient assignment of postanesthesia care patients 18 years of  
21 age or older to a registered nurse is 2.

22           (e) In all units with operating room patients, the maximum  
23 patient assignment of operating room patients to a registered  
24 nurse is one, provided that a minimum of one additional person  
25 serves as a scrub assistant for each patient.

26           (f) In the emergency department:

1           (1) In a unit providing basic emergency medical  
2 services or comprehensive emergency medical services, the  
3 maximum patient assignment at any time to a registered  
4 nurse is 3.

5           (2) The maximum assignment of critical care emergency  
6 patients to a registered nurse is 2. A patient in the  
7 emergency department shall be considered a critical care  
8 patient when the patient meets the criteria for admission  
9 to a critical care service area within the hospital.

10          (3) The maximum assignment of critical trauma patients  
11 in an emergency unit to a registered nurse is one.

12          (4) At least one direct care registered professional  
13 nurse shall be assigned to triage patients. The direct care  
14 registered professional nurse assigned to triage patients  
15 shall be immediately available at all times to triage  
16 patients when they arrive in the emergency department. The  
17 direct care registered professional nurse assigned to  
18 triage patients shall perform triage functions only.

19          (g) In all units with maternal child care patients:

20           (1) The maximum patient assignment to a registered  
21 nurse of antepartum patients requiring continuous fetal  
22 monitoring is 2.

23           (2) The maximum patient assignment of other antepartum  
24 patients to a registered nurse is 3.

25           (3) The maximum patient assignment of active labor  
26 patients to a registered nurse is one.

1           (4) The maximum patient assignment during birth is one  
2 registered nurse responsible for the mother and, for each  
3 baby born, one registered nurse whose sole responsibility  
4 is that baby.

5           (5) The maximum patient assignment of immediate  
6 postpartum patients is one couplet, and in the case of  
7 multiple births, one nurse for each additional baby.

8           (6) The maximum patient assignment of postpartum  
9 patients to a registered nurse is 6 patients or 3 couplets.

10          (h) In all units with pediatric patients, the maximum  
11 patient assignment of pediatric patients to a registered nurse  
12 is 3.

13          (i) In all units with psychiatric patients, the maximum  
14 patient assignment of psychiatric patients to a registered  
15 nurse is 4.

16          (j) In all units with medical and surgical patients, the  
17 maximum patient assignment of medical or surgical patients to a  
18 registered nurse is 4.

19          (k) In all units with telemetry patients, the maximum  
20 patient assignment of telemetry patients to a registered nurse  
21 is 3.

22          (l) In all units with observational patients, the maximum  
23 patient assignment of observational patients to a registered  
24 nurse is 3.

25          (m) In all units with acute rehabilitation patients, the  
26 maximum patient assignment of acute rehabilitation patients to

1 a registered nurse is 4.

2 (n) In all specialty care units, the maximum patient  
3 assignment to a registered nurse is 4.

4 (o) In all units with conscious sedation patients, the  
5 maximum patient assignment of conscious sedation patients to a  
6 registered nurse is one.

7 (p) In any unit not otherwise listed in this Section, the  
8 maximum patient assignment to a registered nurse is 4.

9 Section 15. Use of rapid response teams as first responders  
10 prohibited. A rapid response team nurse shall not be given  
11 direct care patient assignments while assigned as a nurse  
12 responsible for responding to a rapid response team request.

13 Section 20. Implementation by a facility.

14 (a) A facility shall implement the patient limits  
15 established by Section 10 without diminishing the staffing  
16 levels of the facility's health care workforce, as defined in  
17 Section 5.

18 (b) There shall be no averaging of the number of patients  
19 and the total number of registered nurses in each clinical unit  
20 or patient care area in order to meet the limits established  
21 under this Act.

22 (c) Only registered nurses providing direct patient care  
23 shall count toward the patient limits under Section 10. Nurse  
24 administrators, nurse supervisors, nurse managers, charge

1 nurses, case managers, ancillary staff, unlicensed personnel,  
2 or any other hospital administrator or supervisor shall not  
3 count toward the patient limits under Section 10.

4 (d) Identifying a clinical unit or patient care area by a  
5 name or term other than those listed in this Act does not  
6 affect a facility's requirement to staff the unit consistent  
7 with the patient limits identified for the level of intensity  
8 or type of care described in this Act.

9 (e) A registered nurse providing direct care to a patient  
10 has the authority to determine if a change in the patient's  
11 status places the patient in a different category requiring a  
12 different patient limit under Section 10.

13 (f) A registered nurse may determine that additional  
14 ancillary staff, such as licensed practical nurses, certified  
15 nursing assistants, or other ancillary staff, excluding  
16 medical assistants, are needed in order to provide safe care.

17 (g) A facility shall not employ video monitors or any form  
18 of electronic visualization of a patient as a substitute for  
19 the direct observation required for patient assessment by the  
20 registered nurse or for patient protection. Video monitors or  
21 any form of electronic visualization of a patient shall not  
22 constitute compliance with the patient limits under Section 10.

23 Section 25. Changes in patient census.

24 (a) A facility shall plan for routine fluctuations in its  
25 patient census, including, but not limited to, admissions,



1 discharges, and transfers.

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

9 Section 30. Record of staff assignments. A facility shall  
10 keep a record of the actual direct care registered professional  
11 nurse, licensed practical nurse, certified nursing assistant,  
12 and other ancillary staff assignments to individual patients  
13 documented on a day-to-day, shift-by-shift basis and shall keep  
14 copies of its staff assignments on file for a period of 7  
15 years.

16 Section 35. Implementation by the Department. The  
17 Department shall adopt rules governing the implementation and  
18 operation of this Act.

19 Section 40. Patient acuity systems. Nothing in this Act  
20 precludes the use of patient acuity systems consistent with  
21 Section 10.10 of the Hospital Licensing Act. However, the  
22 maximum patient assignments in Section 10 shall not be exceeded  
23 regardless of the use and application of any patient acuity

1 system.

2 Any method, software, or tool used to create or evaluate a  
3 staffing plan adopted by a facility shall be established in  
4 coordination with direct care registered professional nurses  
5 and shall be transparent in all respects, including disclosure  
6 of detailed documentation of the methodology used to determine  
7 nurse staffing and identifying each factor, assumption, and  
8 value used in applying the methodology. The Department shall  
9 establish procedures to ensure that the documentation  
10 submitted under this Section is available for public inspection  
11 in its entirety.

12 Section 45. Training. All facilities shall adopt written  
13 policies and procedures for the training and orientation of  
14 nursing staff. No registered nurse shall be assigned to a  
15 nursing unit or clinical area unless that nurse has first  
16 received training and orientation in that clinical area that is  
17 sufficient to provide competent care to patients in that area  
18 and has demonstrated competence in providing care in that area.

19 Section 50. Enforcement. A facility's failure to adhere to  
20 the limits set by Section 10 shall be reported by the  
21 Department to the Attorney General for enforcement, for which  
22 the Attorney General may bring action in a court of competent  
23 jurisdiction seeking injunctive relief and civil penalties. A  
24 separate and distinct violation, for which the facility shall

1 be subject to a civil penalty of up to \$25,000, shall be deemed  
2 to have been committed on each day during which any violation  
3 continues after receipt of written notice of the violation from  
4 the Department by the facility. The requirements of this Act,  
5 and its enforcement, shall be suspended during a public health  
6 emergency declared by the State or federal government.

7 Section 55. Nurse rights and protections.

8 (a) A registered professional nurse may object to or refuse  
9 to participate in any activity, practice, assignment, or task  
10 if:

11 (1) in good faith, the nurse reasonably believes it to  
12 be a violation of the direct care registered professional  
13 nurse-to-patient ratios established under this Act; or

14 (2) the nurse is not prepared by education, training,  
15 or experience to fulfill the assignment without  
16 compromising the safety of any patient or jeopardizing the  
17 license of the nurse.

18 (b) A facility shall not retaliate, discriminate, or  
19 otherwise take adverse action in any manner with respect to any  
20 aspect of a nurse's employment, including discharge,  
21 promotion, compensation, or terms, conditions, or privileges  
22 of employment, based on the nurse's refusal to complete an  
23 assignment under subsection (a).

24 (c) A facility shall not file a complaint against a  
25 registered professional nurse with the Board of Nursing based

1 on the nurse's refusal to complete an assignment under  
2 subsection (a).

3 (d) A facility shall not retaliate, discriminate, or  
4 otherwise take adverse action in any manner against any person  
5 or with respect to any aspect of a nurse's employment,  
6 including discharge, promotion, compensation, or terms,  
7 conditions, or privileges of employment, based on that nurse's  
8 or that person's opposition to any hospital policy, practice,  
9 or action that the nurse in good faith believes violates this  
10 Act.

11 (e) A facility shall not retaliate, discriminate, or  
12 otherwise take adverse action against any patient or employee  
13 of the facility or any other individual on the basis that the  
14 patient, employee, or individual, in good faith, individually  
15 or in conjunction with another person or persons, has presented  
16 a grievance or complaint, or has initiated or cooperated in any  
17 investigation or proceeding of any governmental entity,  
18 regulatory agency, or private accreditation body, made a civil  
19 claim or demand, or filed an action relating to the care,  
20 services, or conditions of the facility or of any affiliated or  
21 related facilities.

22 (f) A facility shall not do either of the following:

23 (1) Interfere with, restrain, or deny the exercise of,  
24 or attempt to deny the exercise of, a right conferred under  
25 this Act.

26 (2) Coerce or intimidate any individual regarding the

1 exercise of, or an attempt to exercise, a right conferred  
2 by this Act.

3 Section 60. Severability. The provisions of this Act are  
4 severable, and if any clause, sentence, paragraph, subsection,  
5 or Section of this law or any application thereof shall be  
6 adjudged by any court of competent jurisdiction to be invalid,  
7 such judgment shall not affect, impair, or invalidate the  
8 remainder thereof but shall be confined in its operation to the  
9 clause, sentence, paragraph, subsection, Section, or  
10 application adjudged invalid and such clause, sentence,  
11 paragraph, subsection, Section, or application shall be  
12 reformed and construed so that it would be valid to the maximum  
13 extent permitted.

14 Section 85. The Hospital Licensing Act is amended by  
15 changing Section 10.10 as follows:

16 (210 ILCS 85/10.10)

17 Sec. 10.10. Nurse Staffing by Patient Acuity.

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

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

23 (2) Evidence-based studies have shown that the basic

1 principles of staffing in the acute care setting should be  
2 based on the complexity of patients' care needs aligned  
3 with available nursing skills to promote quality patient  
4 care consistent with professional nursing standards.

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

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

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

16 "Department" means the Department of Public Health.

17 "Direct patient care" means care provided by a registered  
18 professional nurse with direct responsibility to oversee or  
19 carry out medical regimens or nursing care for one or more  
20 patients.

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

26 "Registered professional nurse" means a person licensed as

1 a Registered Nurse under the Nurse Practice Act.

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

9 (c) Written staffing plan.

10 (1) Every hospital shall implement a written  
11 hospital-wide staffing plan, recommended by a nursing care  
12 committee or committees, that provides for minimum direct  
13 care professional registered nurse-to-patient staffing  
14 needs for each inpatient care unit. The written  
15 hospital-wide staffing plan shall include, but need not be  
16 limited to, the following considerations:

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

24 (B) The complexity of clinical professional  
25 nursing judgment needed to design and implement a  
26 patient's nursing care plan, the need for specialized

1 equipment and technology, the skill mix of other  
2 personnel providing or supporting direct patient care,  
3 and involvement in quality improvement activities,  
4 professional preparation, and experience.

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

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

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

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

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

24 (d) Nursing care committee.

25 (1) Every hospital shall have a nursing care committee.  
26 A hospital shall appoint members of a committee whereby at



1 least 50% of the members are registered professional nurses  
2 providing direct patient care.

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

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

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

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

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

21 (D) Review the following: nurse-to-patient  
22 staffing guidelines for all inpatient areas; and  
23 current acuity tools and measures in use.

24 (4) A nursing care committee must address the items  
25 described in subparagraphs (A) through (D) of paragraph (3)  
26 semi-annually.

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

5 (f) Delegation of nursing interventions by a registered  
6 professional nurse must be in accordance with Section 50-75 of  
7 the Nurse Practice Act.

8 (g) A hospital shall not mandate that a registered  
9 professional nurse delegate a nursing intervention, including,  
10 but not limited to, medication administration, nursing  
11 judgment, comprehensive patient assessment, development of the  
12 plan of care, or evaluation of care. A delegation of a nursing  
13 intervention granted by a registered professional nurse shall  
14 not be re-delegated to another.

15 (Source: P.A. 96-328, eff. 8-11-09; 97-423, eff. 1-1-12;  
16 97-813, eff. 7-13-12.)

17 Section 90. The Nurse Practice Act is amended by adding  
18 Section 50-15.15 as follows:

19 (225 ILCS 65/50-15.15 new)

20 Sec. 50-15.15. Clinical professional judgment.

21 (a) Performance of the scope of practice of a direct care  
22 registered professional nurse requires the exercise of  
23 professional judgment in the exclusive interests of the  
24 patient. The exercise of such professional judgment,

1 unencumbered by the commercial or revenue-generation  
2 priorities of a hospital, long term acute care hospital, or  
3 ambulatory surgical treatment center or other employing entity  
4 of a direct care registered professional nurse, is necessary to  
5 ensure safe, therapeutic, effective, and competent treatment  
6 of patients and is essential to protect the health and safety  
7 of the people of Illinois.

8 (b) The exercise of professional judgment by a direct care  
9 registered professional nurse in the performance of the scope  
10 of practice of the registered professional nurse under Section  
11 60-35 or the scope of practice of the advanced practice  
12 registered nurse under Section 65-30 shall be provided in the  
13 exclusive interests of the patient and shall not, for any  
14 purpose, be considered, relied upon, or represented as a job  
15 function, authority, responsibility, or activity undertaken in  
16 any respect for the purpose of serving the business,  
17 commercial, operational, or other institutional interests of  
18 the employer.

19 (c) No hospital, long term acute care hospital, ambulatory  
20 surgical treatment center, or other health care institution  
21 shall adopt policies that:

22 (1) limit a direct care registered professional nurse  
23 in performing duties that are part of the nursing process,  
24 including full exercise of professional judgment in  
25 assessment, planning, implementation and evaluation of  
26 care; or

1           (2) limit a direct care registered professional nurse  
2           in acting as a patient advocate in the exclusive interests  
3           of the patient."