SB2314

LRB10330711CPF57186b

103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB2314

Introduced 2/10/2023, by Sen. Celina Villanueva

SYNOPSIS AS INTRODUCED:

New Act
210 ILCS 85/10.10
225 ILCS 65/50-15.15 new

Creates the Safe Patient Limits Act. Provides the maximum number of patients that may be assigned to a registered nurse in specified situations. Provides that nothing shall preclude a facility from assigning fewer patients to a registered nurse than the limits provided in the Act. Provides that the maximum patient assignments may not be exceeded, regardless of the use and application of any patient acuity system. Requires the Department of Public Health to adopt rules governing the implementation and administration of the Act. Provides that all facilities shall adopt written policies and procedures for the training and orientation of nursing staff and that no registered nurse shall be assigned to a nursing unit or clinical area unless that nurse has, among other things, demonstrated competence in providing care in that area. Provides requirements for the Act's implementation. Establishes recordkeeping requirements. Provides rights and protections for nurses. Contains a severability provision and other provisions. Amends the Hospital Licensing Act. Provides that a hospital shall not mandate that a registered professional nurse delegate nursing interventions. Makes changes concerning staffing plans. Amends the Nurse Practice Act. Requires the exercise of professional judgment by a direct care registered professional nurse in the performance of his or her scope of practice to be provided in the exclusive interests of the patient.

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A BILL FOR

AN ACT concerning health.

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

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

Section 5. Definitions. In this Act:

"Couplet" means one postpartum patient and one baby.

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

"Department" means the Department of Public Health.

"Direct care registered professional nurse" means a registered professional nurse who has accepted a hands-on, in-person patient care assignment and whose primary role is to provide hands-on, in-person patient care.

"Facility" means a hospital licensed under the Hospital Licensing Act or organized under the University of Illinois Hospital Act, a private or State-owned and State-operated general acute care hospital, an LTAC hospital as defined in Section 10 of the Long Term Acute Care Hospital Quality Improvement Transfer Program Act, an ambulatory surgical treatment center as defined in Section 3 of the Ambulatory

Surgical Treatment Center Act, a freestanding emergency center licensed under the Emergency Medical Services Systems Act, a birth center licensed under the Birth Center Licensing Act, an acute psychiatric hospital, an acute care specialty hospital, or an acute care unit within a health care facility.

"Health care emergency" means an emergency that is declared by an authorized person within federal, State, or local government and is related to circumstances that are unpredictable and unavoidable, affect the delivery of medical care, and require an immediate or exceptional level of emergency or other medical services at the specific facility. "Health care emergency" does not include a state of emergency that results from a labor dispute in the health care industry or consistent understaffing.

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

"Immediate postpartum patient" means a patient who has given birth within the previous 2 hours.

"Nursing care" means care that falls within the scope of practice described in Section 55-30 or 60-35 of the Nurse Practice Act or is otherwise encompassed within recognized

standards of nursing practice.

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

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

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

Section 10. Maximum patient assignments for registered nurses.

(a) The maximum number of patients assigned to a registered nurse in a facility shall not exceed the limits provided in this Section. However, nothing shall preclude a facility from assigning fewer patients to a registered nurse than the limits provided in this Section. The requirements of this Section apply at all times during each shift within each clinical unit and each patient care area. For the purposes of this Act, a patient is assigned to a registered nurse if the registered nurse accepts responsibility for the patient's nursing care.

(b) In all units with critical care or intensive care patients, including, but not limited to, coronary care, acute

respiratory care, medical, burn, pediatric, or neonatal intensive care patients, the maximum patient assignment of critical care patients to a registered nurse is one.

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

(d) In all units with postanesthesia care patients, regardless of the type of anesthesia administered, the maximum patient assignment of postanesthesia care patients or patients being monitored for the effects of any anesthetizing agent to a registered nurse is one.

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

(f) In the emergency department:

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

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

(3) The maximum assignment of critical trauma patients

in an emergency unit to a registered nurse is one.

(4) At least one direct care registered professional nurse shall be assigned to triage patients. The direct care registered professional nurse assigned to triage patients shall be immediately available at all times to triage patients when they arrive in the emergency department. The direct care registered professional nurse assigned to triage patients shall perform triage functions only and may not be assigned the responsibility of the base radio. Triage, radio, or flight registered nurses shall not be counted in the calculation of direct care registered nurse staffing levels.

(g) In all units with maternal child care patients the maximum patient assignment:

(1) to a registered nurse of antepartum patients requiring continuous fetal monitoring is 2;

(2) of other antepartum patients who are not in active labor to a registered nurse is 3;

(3) of active labor patients to a registered nurse is one;

(4) of patients with medical or obstetrical complications during the initiation of epidural anesthesia or during circulation for a caesarean section delivery to a registered nurse is one;

(5) during birth is one registered nurse responsible for the patient in labor and, for each newborn, one

registered nurse whose sole responsibility is that newborn patient;

(6) of postpartum patients when the parent has given birth within the previous 2 hours is one registered nurse for each couplet, and in the case of multiple births, one registered nurse for each additional newborn;

(7) of couplets to a registered nurse is 2;

(8) of patients receiving postpartum or postoperative gynecological care to a registered nurse is 4 when the registered nurse has been assigned only to patients receiving postpartum or postoperative gynecological care;

(9) of newborn patients when the patient is unstable, as assessed by a direct care registered professional nurse, to a registered nurse is one; and

(10) of newborn patients to a registered nurse is 2 when the patients are receiving intermediate care or the nurse has been assigned to a patient care unit that receives newborn patients requiring intermediate care, including, but not limited to, an intermediate care nursery.

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

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

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

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

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

(m) In all units with acute rehabilitation patients, the maximum patient assignment of acute rehabilitation patients to a registered nurse is 4.

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

(o) In any unit not otherwise listed in this Section, including all specialty care units not otherwise listed in this Section, the maximum patient assignment to a registered nurse is 4.

Section 15. Use of rapid response teams as first responders prohibited. A rapid response team's registered nurse shall not be given direct care patient assignments while assigned as a registered nurse who is responsible for responding to a rapid response team request.

Section 20. Implementation by a facility.

(a) A facility shall implement the patient limits established under Section 10 without diminishing the staffing levels of the facility's health care workforce. A facility may not lay off licensed practical nurses, licensed psychiatric technicians, certified nursing assistants, or other ancillary support staff to meet the patient limits under Section 10.

(b) Each patient shall be assigned to a direct care registered professional nurse who shall directly provide the comprehensive patient assessment, development of a plan of care, and supervision, implementation, and evaluation of the nursing care provided to the patient at least every shift and who has the responsibility for the provision of care to a particular patient within the registered nurse's scope of practice.

(c) There shall be no averaging of the number of patients and the total number of registered nurses in each clinical unit or patient care area in order to meet the patient limits under Section 10.

(d) Only registered nurses providing direct patient care shall be considered when evaluating compliance with the patient limits under Section 10. Ancillary staff and unlicensed personnel shall not be considered when evaluating compliance with the patient limits under Section 10.

(e) The hours in which a nurse administrator, nurse supervisor, nurse manager, charge nurse, and other licensed

nurse provides patient care shall not be considered when evaluating compliance with the patient limits under Section 10 and with the patient assignment requirement under subsection (b) unless the registered nurse:

(1) has a current and active direct patient care assignment;

(2) provides direct patient care in compliance with this Act;

(3) has demonstrated the registered nurse's competence in providing care in the registered nurse's assigned unit to the facility; and

(4) has the principal responsibility of providing direct patient care and has no additional job duties during the time period during which the nurse has a patient assignment.

(f) The hours in which a nurse administrator, nurse supervisor, nurse manager, charge nurse, or other licensed nurse provides direct patient care may be considered when evaluating compliance with the patient limits under Section 10 and with the patient assignment requirement under subsection (b) only if he or she is providing relief for a direct care registered professional nurse during breaks, meals, and other routine and expected absences from that unit.

(g) At all times during each shift within a facility unit, clinical unit, or patient care area of a facility, and with the full complement of ancillary support staff, at least 2 direct

care registered nurses shall be physically present in each facility unit, clinical unit, or patient care area where a patient is present.

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

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

(j) A facility shall assign direct care professional registered nurses in a patient care unit in accordance with Section 10 in order to meet the highest level of intensity and type of care provided in the patient care unit. If multiple assignments described under Section 10 apply to a patient, the facility shall assign a direct care professional registered nurse in accordance with the lowest numerical patient assignment under that Section.

(k) A facility shall provide staffing of direct care registered professional nurses above the number of direct care registered professional nurses required to comply with the patient levels under Section 10, or additional staffing of licensed practical nurses, certified nursing assistants, or other licensed or unlicensed ancillary support staff, based on

the direct care registered professional nurse's assessment of each assigned individual patient, the individual patient's nursing care requirements, and the individual patient's nursing care plan.

(l) A facility shall not employ video monitors, remote patient monitoring, or any form of electronic visualization of a patient as a substitute for the direct in-person observation required for patient assessment by a registered nurse or for patient protection. Video monitors or any form of electronic visualization of a patient shall not constitute compliance with the patient limits under Section 10.

(m) A facility must provide relief by a direct care registered professional nurse with unit-specific education, training, and competence during another direct care registered professional nurse's meal periods, breaks, and routine absences as part of the facility's obligation to meet the patient limits under Section 10 at all times.

Section 25. Changes in patient census.

(a) A facility shall plan for routine fluctuations in its patient census, including, but not limited to, admissions, discharges, and transfers.

(b) If a health care emergency causes a change in the number of patients in a clinical care unit or patient care area, the facility must be able to demonstrate that immediate and diligent efforts were made to maintain required staffing

levels under this Act.

(c) A facility shall immediately notify the Department if a health care emergency described under subsection (b) causes a change in the number of patients in a clinical care unit or patient care area and shall report to the Department efforts made to maintain staffing levels required under this Act.

Section 30. Record of staff assignments.

(a) A facility shall keep a record of the actual direct care registered professional nurse, licensed practical nurse, certified nursing assistant, and other ancillary staff assignments to individual patients documented on a day-to-day, shift-by-shift basis, shall submit copies of its records to the Department quarterly, and shall keep copies of its staff assignments on file for a period of 7 years.

(b) The documentation required under subsection (a) shall be submitted to the Department as a mandatory condition of licensure. The documentation shall be submitted with a certification by the chief nursing officer of the facility that the documentation completely and accurately reflects registered nurse staffing levels by the facility for each shift in each facility unit, clinical unit, and patient care area in which patients receive care. The chief nursing officer shall execute the certification under penalty of perjury and the certification must contain an expressed acknowledgment that any false statement constitutes fraud and is subject to

criminal and civil prosecution and penalties.

Section 35. Implementation by the Department. The Department shall adopt rules governing the implementation and administration of this Act, including methods for facility staff, facility staff's collective bargaining representatives, and the public to file complaints regarding violations of this Act with the Department. The Department shall conduct periodic audits to ensure compliance with this Act.

Section 40. Nursing staff education, training, and orientation.

(a) A facility shall adopt written policies that include, but are not limited to:

(1) procedures for the education, training, and orientation of nursing staff to each clinical area where the nursing staff will work; and

(2) criteria for the facility to use in determining whether a registered nurse has demonstrated current competence in providing care in a clinical area.

(b) A registered nurse shall not be assigned to a facility unit, clinical unit, or patient care area unless the registered nurse has first received education, training, and orientation in that clinical area that is sufficient to provide safe, therapeutic, and competent care to patients in that clinical area and has demonstrated competence in

providing care in that clinical area.

(c) A registered nurse shall not be assigned to relieve a direct care professional registered nurse during breaks, meals, and routine absences from a facility unit, clinical unit, or patient care area unless that registered nurse has first received education, training, and orientation in that clinical area that is sufficient to provide safe, therapeutic, and competent care to patients in that clinical area and has demonstrated competence in providing care in that clinical area.

(d) A health care facility may not assign any nursing personnel from a temporary nursing agency to the facility's unit, clinical unit, or patient care area unless the nursing personnel have first received education, training, and orientation in that clinical area that is sufficient to provide safe, therapeutic, and competent care to patients in that clinical area and have demonstrated competence in providing care in that clinical area.

Section 45. Enforcement.

(a) In addition to any other penalty prescribed by law, the Department may impose a civil penalty against a facility that violates this Act of up to $25,000 for each violation, except that the Department shall impose a civil penalty of at least $25,000 for each violation if the Department determines that the health care facility has a pattern of violation. A

separate and distinct violation shall be deemed to have been committed on each day during which any violation continues after receipt of written notice of the violation from the Department by the facility.

(b) The Department shall post on its website the names of facilities against which civil penalties have been imposed under this Act, the violation for which the penalty was imposed, and additional information as the Department deems necessary.

(c) A facility's failure to adhere to the patient assignment limits under Section 10, any other violation of this Act, or any violation of Section 10.10 of the Hospital Licensing Act shall be reported by the Department to the Attorney General for enforcement, for which the Attorney General may bring action in a court of competent jurisdiction seeking injunctive relief and civil penalties.

(d) It is a defense to an enforcement action under this Act if the facility demonstrates that a health care emergency was in force at the time of the alleged violation and that the facility made immediate and diligent efforts to maintain staffing levels required under this Act.

Section 50. Nurse rights and protections.

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

(1) in good faith, the registered nurse reasonably believes it to be a violation of the direct care registered professional nurse maximum patient assignments or any other provision established under this Act or a rule adopted by the Department under this Act;

(2) the registered nurse, based on the registered nurse's nursing judgment, reasonably believes the registered nurse is not prepared by education, training, or experience to fulfill the assignment without compromising the safety of any patient or jeopardizing the license of the registered nurse; or

(3) in the registered nurse's nursing judgment, the activity, policy, practice, assignment or task would be outside the registered nurse's scope of practice or would otherwise compromise the safety of any patient or the registered nurse.

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

(c) A facility shall not file a complaint against a registered professional nurse with the Board of Nursing based on the nurse's refusal to complete an assignment under subsection (a).

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

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

(f) A facility shall not:

(1) interfere with, restrain, or deny the exercise of, or attempt to deny the exercise of, a right conferred under this Act; or

(2) coerce or intimidate any individual regarding the exercise of, or an attempt to exercise, a right conferred under this Act.

Section 97. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

Section 110. 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 in person 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 ensures the facility meets the maximum patient assignment limits under Section 10 of the Safe Patient Limits Act and the adopted method to adjust the staffing plan for each inpatient care unit when additional staff are needed to fulfill the care needs of each individual patient as determined by the patient's assigned direct care registered professional nurse ~~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 and ~~, including inpatient~~ emergency department ~~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, as determined by the direct care registered professional nurse responsible for each patient's care, and nursing staff needed shall be routinely made by the unit nurse manager or the unit nurse manager's ~~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.

(F) Ensuring that patient limits under Section 10 of the Safe Patient Limits Act to a registered nurse are not exceeded.

(2) In order to provide staffing flexibility to meet patient needs, every hospital shall include in its staffing plan a method to adjust the staffing plan for each inpatient care unit when the maximum patient

assignment under Section 10 of the Safe Patient Limits Act should be reduced or additional staff are needed to fulfill the care needs of each individual patient as determined by the patient's assigned direct care registered professional nurse ~~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 and emergency department~~, 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.

(4) The written staffing plan shall be updated on an annual basis and submitted to the Department.

(5) Any acuity model, or other method, software, or tool used to create or evaluate a staffing plan adopted by a facility, shall be transparent in all respects, including disclosure of detailed documentation of the methodology used to determine nurse staffing and identifying each factor, assumption, and value used in applying the methodology. This documentation shall be submitted to the Department and made available to facility staff, facility staff's collective bargaining representatives, and the public upon request. The patient limits under Section 10 of the Safe Patient Limits Act shall not be exceeded regardless of the use and application of any acuity model.

(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 <u>consistent with the maximum patient limits under the Safe Patient Limits Act</u> ~~for inpatient care units~~.

(B) Selection, implementation, and evaluation of a method to increase staffing as needed to meet patient care needs ~~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.

(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.

(h) Delegation of nursing interventions by a registered professional nurse must be in accordance with the Nurse Practice Act.

(i) A hospital shall not mandate that a registered professional nurse delegate any element of the nursing process, including, but not limited to, nursing interventions, medication administration, nursing judgment, comprehensive patient assessment, development of the plan of care, or evaluation of care. A delegation of a nursing intervention by a registered professional nurse shall not be delegated again to another person.

(j) The Department shall establish procedures to ensure that the documentation submitted under this Section is available for public inspection in its entirety.

(k) Nothing in this Section shall be construed to limit, alter, or modify the requirements of the Safe Patient Limits Act.

(Source: P.A. 102-4, eff. 4-27-21; 102-641, eff. 8-27-21;

102-813, eff. 5-13-22.)

Section 115. The Nurse Practice Act is amended by adding Section 50-15.15 as follows:

(225 ILCS 65/50-15.15 new)

Sec. 50-15.15. Nursing judgment.

(a) The General Assembly finds that:

(1) Performance of the scope of practice of a direct care registered professional nurse requires the exercise of nursing judgment in the exclusive interests of the patient.

(2) The exercise of nursing judgment, unencumbered by the commercial or revenue-generation priorities of a hospital, long-term acute care hospital, ambulatory surgical treatment center, or other employing entity of a direct care registered professional nurse is necessary to ensure safe, therapeutic, effective, and competent treatment of patients and is essential to protect the health and safety of the people of Illinois.

(b) The exercise of nursing judgment by a direct care registered professional nurse in the performance of the scope of practice of the registered professional nurse under Section 60-35 or the scope of practice of the advanced practice registered nurse under Section 65-30 shall be provided in the exclusive interests of the patient and shall not, for any

purpose, be considered, relied upon, or represented as a job function, authority, responsibility, or activity undertaken in any respect for the purpose of serving the business, commercial, operational, or other institutional interests of the employer.

(c) A hospital, long-term acute care hospital, ambulatory surgical treatment center, or other health care facility shall not adopt a policy that:

(1) limits a direct care registered professional nurse in performing duties that are part of the nursing process, including, but not limited to, full exercise of nursing judgment in assessing, planning, implementing, and evaluating care;

(2) substitutes recommendations, decisions, or outputs of health information technology, algorithms used to achieve a medical or nursing care objective at a facility, systems based on artificial intelligence or machine learning, or clinical practice guidelines for the independent nursing judgment of a direct care registered professional nurse or penalize a direct care registered professional nurse for overriding the technology or guidelines if, in that registered nurse's judgment, and in accordance with that registered nurse's scope of practice, it is in the best interest of the patient to do so; or

(3) limits a direct care registered professional nurse in acting as a patient advocate in the exclusive interests

of the patient.