

103RD GENERAL ASSEMBLY**State of Illinois****2023 and 2024****SB3709**

Introduced 2/9/2024, by Sen. Lakesia Collins

SYNOPSIS AS INTRODUCED:

New Act

Creates the Hospital Staffing Plans Act. Provides that for each hospital there shall be established a hospital professional and technical staffing committee. Sets forth requirements and makeup of committee members and cochairs. Directs the professional and technical staffing committee to develop a written hospital-wide professional and technical staffing plan. Sets forth committee rules of operation. Requires the plan to be consistent with the approved nurse staffing plan for the hospital and takes into account the hospital service staffing plan for the hospital. Provides that if the committee does not adopt a staffing plan, or adopts only part of a plan, then either cochair may invoke an additional 60 day period to continue to develop the plan. Sets forth opportunities to extend the discussion, amendment, or adoption timeframe of the staffing plan. Provides that the committee must meet 3 times per year and additionally at the call of either cochair. Sets forth open meeting and record-keeping requirements. Requires the hospital to submit the staffing plan to the Department of Public Health. Provides for a hospital service staffing plan in the same manner and methods as the professional and technical staffing committee. Provides that hospitals may combine 2 or more staffing committees into one committee in particular circumstances. Provides for a nurse staffing committee as the same manner and methods of the professional and technical staffing committee. Provides that hospitals may combine 2 or more staffing committees into one committee in particular circumstances. Sets forth the roles and responsibilities of a nurse in a hospital setting. Sets forth arbitration and complaint resolution. Sets forth required periodic reviews. Provides for penalties for violations of the Act. Provides that the Department of Labor may grant a variance to a written hospital-wide staffing plan. Provides for emergency staffing variances. Establishes the Nurse Staffing Advisory Board within the Department of Public Health. Effective immediately.

LRB103 39484 CES 69680 b

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the
5 Hospital Staffing Plans Act.

6 Section 5. Definitions. As used in this Act:

7 "Charge nurse" means a direct-care registered nurse who
8 coordinates patient care responsibilities among nurses in a
9 hospital unit.

10 "Clinical care staff" means individuals who are licensed
11 or certified by the state and who provide direct care.

12 "Direct care" means any care provided by a licensed or
13 certified member of the hospital staff that is within the
14 scope of the license or certification of the member.

15 "Direct-care staff" means any of the following who are
16 routinely assigned to patient care and are replaced when they
17 are absent:

18 (1) registered nurses, including registered nurses
19 that do not assume primary responsibility for a patient's
20 care but have responsibility for consulting on patient
21 care;

22 (2) licensed practical nurses; or

23 (3) certified nursing assistants.

1 "Exclusive bargaining representative" means a labor
2 organization that is:

3 (1) certified as an exclusive representative by the
4 National Labor Relations Board; or

5 (2) certified as an exclusive representative by the
6 Employment Relations Board.

7 "Hospital" means a hospital as defined in the Hospital
8 Licensing Act and an acute inpatient care facility.

9 "Intensive care unit" means a unit of a hospital that
10 provides care to critically ill patients who require advanced
11 treatments, such as mechanical ventilation, vasoactive
12 infusions, or continuous renal replacement treatment or who
13 require frequent assessment and monitoring.

14 "Intermediate care unit" means a unit of a hospital that
15 provides progressive care, intensive specialty care, or
16 step-down care.

17 "Medical-surgical unit" means an inpatient unit in which
18 general medical or post-surgical level of care is provided,
19 excluding critical care units and any units referred to in
20 Sections of this Act.

21 "Professional staff" means professional workers as defined
22 in a collective bargaining agreement or, if no collective
23 bargaining agreement exists, by the chief executive officer of
24 the hospital or the chief executive officer's designee,
25 consistent with National Labor Relations Board regulations.

26 "Progressive care" means care provided to hospital

1 patients who need more monitoring and assessment than patients
2 on the medical-surgical units but whose conditions are not so
3 unstable that they require care in an intensive care unit.

4 "Service staff" means service workers as defined by a
5 collective bargaining agreement or, if no collective
6 bargaining agreement exists, by the chief executive officer of
7 the hospital or the chief executive officer's designee,
8 consistent with National Labor Relations Board regulations.

9 "Step-down care" means care for patients transitioning out
10 of the intensive care unit who require more care and attention
11 than patients in a hospital's medical-surgical units.

12 "Technical staff" means technical workers as defined in a
13 collective bargaining agreement or, if no collective
14 bargaining agreement exists, by the chief executive officer of
15 the hospital or the chief executive officer's designee,
16 consistent with National Labor Relations Board regulations.

17 Section 10. Professional and technical committee staffing.

18 (a) For each hospital, there shall be established a
19 hospital professional and technical staffing committee as
20 follows:

21 (1) A hospital professional and technical staffing
22 committee shall consist of an equal number of hospital
23 professional and technical managers and professional and
24 technical staff who work at the hospital.

25 (2) If the professional and technical staff who work

1 at the hospital have an exclusive bargaining
2 representative, the exclusive bargaining representative
3 shall select the staff members of the hospital
4 professional and technical staffing committee.

5 (3) If none of the professional and technical staff
6 who work at the hospital have an exclusive bargaining
7 representative, the professional and technical managers
8 shall select the professional and technical staff members
9 of the hospital professional and technical staffing
10 committee.

11 (b) A hospital professional and technical staffing
12 committee shall develop a written hospital-wide professional
13 and technical staffing plan in accordance with subsection (e).
14 In developing the staffing plan, the primary goal of the
15 committee shall be to ensure that the hospital is staffed
16 sufficiently to meet the health care needs of the patients in
17 the hospital. The committee shall review and modify the
18 staffing plan, as needed, in accordance with this Section.

19 (c) A majority of the members of the hospital professional
20 and technical staffing committee constitutes a quorum for the
21 transaction of business.

22 (d) A hospital professional and technical staffing
23 committee must have 2 cochair. One cochair shall be a
24 professional or technical manager elected by the members of
25 the committee who are professional or technical managers. The
26 other cochair shall be a professional or technical staff

1 person elected by the members of the committee who are
2 professional and technical staff.

3 (e) A hospital professional and technical staffing
4 committee shall develop a professional and technical staffing
5 plan that is consistent with the approved nurse staffing plan
6 for the hospital and that takes into account the hospital
7 service staffing plan for the hospital developed under Section
8 15. The hospital professional and technical staffing committee
9 shall consider the following criteria when developing the
10 professional and technical staffing plan:

- 11 (1) the hospital's census;
- 12 (2) location of the patients;
- 13 (3) patient types and patient acuity;
- 14 (4) national standards, if any;
- 15 (5) the size of the hospital and square footage of the
16 hospital; and
- 17 (6) feedback received during committee meetings from
18 staff.

19 (f) The hospital professional and technical staffing
20 committee must adopt a professional and technical staffing
21 plan by a majority vote of the members of the committee. If a
22 quorum of members present at a meeting comprises an unequal
23 number of professional and technical staff and professional
24 and technical managers, only an equal number of staff and
25 managers may vote. A staffing plan adopted by the committee
26 must include a summary of the committee's consideration of the

1 criteria in subsection (e) and how the plan is consistent with
2 the approved nurse staffing plan and approved hospital service
3 staffing plan for the hospital.

4 If the hospital professional and technical staffing
5 committee does not adopt a professional and technical staffing
6 plan or adopts only a part of the staffing plan, either cochair
7 may invoke the commencement of a 60-day period during which
8 the committee shall continue to develop the staffing plan. If,
9 by the end of the 60-day period, the committee does not adopt a
10 staffing plan or adopts only part of a staffing plan, the
11 committee shall submit the disputed plan or parts of the plan,
12 as applicable, including a summary of the committee's
13 consideration of the criteria in subsection (e), to the chief
14 executive officer of the hospital. No later than 60 days after
15 receiving the submission from the committee, the chief
16 executive officer or the chief executive officer's designee
17 shall decide the disputed plan or parts of the plan, as
18 applicable, considering the summary of the committee's
19 consideration of the criteria in subsection (e), and adopt the
20 staffing plan or parts of the staffing plan that were not
21 adopted by the committee. The chief executive officer or the
22 chief executive officer's designee shall provide to the
23 committee:

24 (1) a written explanation of the staffing plan or the
25 parts of the staffing plan that were in dispute;

26 (2) the final written proposals of the members of the

1 committee and the members' rationales for their proposals
2 and the committee's summary of the committee's
3 consideration of the criteria in subsection (e); and

4 (3) a summary of the consideration by the chief
5 executive officer or the chief executive officer's
6 designee of the criteria in subsection (e).

7 If the hospital professional and technical staffing
8 committee is unable to reach an agreement on the professional
9 and technical staffing plan during the 60-day period invoked
10 under subsection (g), the members of the committee may extend
11 deliberations for one additional 60-day period before the
12 disputed plan or parts of the plan must be submitted to the
13 chief executive officer or the chief executive officer's
14 designee in accordance with subsection (f). The deliberations
15 may be extended under this subsection only by a majority vote
16 of the members of the committee. If a quorum of members present
17 at a meeting comprises an unequal number of professional and
18 technical staff and professional and technical managers, only
19 an equal number of staff and managers may vote.

20 A professional and technical staffing plan adopted by a
21 hospital professional and technical staffing committee, a
22 chief executive officer or the chief executive officer's
23 designee must include any staffing-related terms and
24 conditions that were previously adopted through any applicable
25 collective bargaining agreement, including any meal break and
26 rest break requirements, unless a term or condition is in

1 direct conflict with an applicable statute or administrative
2 rule.

3 A hospital professional and technical staffing committee
4 must meet 3 times each year and at the call of either cochair,
5 at a time and place specified by the cochairs.

6 (g) Except as provided in this subsection, a hospital
7 professional and technical staffing committee meeting must be
8 open to:

9 (1) the hospital's professional and technical staff,
10 who shall be offered the opportunity to provide feedback
11 to the committee during the committee's meetings; and

12 (2) other observers or presenters invited by either
13 cochair.

14 While the committee is deliberating or voting during a
15 meeting, either cochair may exclude individuals described in
16 this subsection.

17 (h) Minutes must be taken at every hospital professional
18 and technical staffing committee meeting and the minutes must:

19 (1) include all motions made and the outcome of all
20 votes taken;

21 (2) include a summary of all discussions; and

22 (3) be made available in a timely manner to any of the
23 hospital staff upon request.

24 (i) A manager shall release from their duties staff and
25 managers who serve on the hospital professional and technical
26 staffing committee and compensate the staff and managers who

1 serve on the committee for time spent attending committee
2 meetings.

3 (j) The hospital shall submit the professional and
4 technical staffing plan adopted under subsection (f) to the
5 Department of Public Health no later than 30 days after
6 adoption of the staffing plan and shall submit any subsequent
7 changes to the Department no later than 30 days after the
8 changes are adopted.

9 (k) Each hospital unit, as defined by the chief executive
10 officer or the chief executive officer's designee, may deviate
11 from the professional and technical staffing plan within a
12 period of 12 consecutive hours, no more than 6 times during a
13 rolling 30-day period, without being in violation of the
14 staffing plan. The unit manager must notify the hospital
15 professional and technical staffing committee cochairs no
16 later than 10 days after each deviation. Each subsequent
17 deviation during the 30-day period constitutes a separate
18 violation under Section 90.

19 Section 15. Hospital service staffing.

20 (a) For each hospital there shall be established a
21 hospital service staffing committee.

22 (1) A hospital service staffing committee shall
23 consist of an equal number of service staff managers and
24 service staff who work at the hospital.

25 (2) If the service staff who work at the hospital have

1 an exclusive bargaining representative, the exclusive
2 bargaining representative shall select the service staff
3 members of the hospital service staffing committee.

4 (3) If none of the service staff who work at the
5 hospital have an exclusive bargaining representative, the
6 service staff managers shall select the service staff
7 members of the hospital service staffing committee.

8 (b) A hospital service staffing committee shall develop a
9 written hospital-wide hospital service staffing plan in
10 accordance with subsection (e). The committee shall review and
11 modify the staffing plan as needed in accordance with this
12 Section.

13 (c) A majority of the members of the hospital service
14 staffing committee constitutes a quorum for the transaction of
15 business.

16 (d) A hospital service staffing committee must have 2
17 cochair. One cochair shall be a service staff manager elected
18 by the members of the committee who are service staff
19 managers. The other cochair shall be a service staff person
20 elected by the members of the committee who are service staff.

21 (e) A hospital service staffing committee shall develop a
22 hospital service staffing plan that is consistent with the
23 approved nurse staffing plan for the hospital and that takes
24 into account the professional and technical staffing plan for
25 the hospital developed under Section 10. The committee shall
26 consider the following criteria in developing the staffing

1 plan:

2 (1) the hospital's census;

3 (2) location of the patients;

4 (3) patient types and patient acuity;

5 (4) national standards, if any;

6 (5) the size of the hospital and square footage of the
7 hospital;

8 (6) ensuring patient access to care; and

9 (7) feedback received during committee meetings from
10 staff.

11 (f) A hospital service staffing committee must adopt a
12 hospital service staffing plan by a majority vote of the
13 members of the committee. If a quorum of members present at a
14 meeting comprises an unequal number of service staff and
15 service staff managers, only an equal number of staff and
16 managers may vote. A staffing plan adopted by the committee
17 must include a summary of the committee's consideration of the
18 criteria in subsection (e) and how the plan is consistent with
19 the approved nurse staffing plan and approved professional and
20 technical staffing plan for the hospital.

21 If the hospital service staffing committee does not adopt
22 a hospital service staffing plan or adopts only a part of the
23 staffing plan, either cochair may invoke the commencement of a
24 60-day period during which the committee shall continue to
25 develop the staffing plan. If, by the end of the 60-day period,
26 the committee does not adopt a staffing plan or adopts only

1 part of a staffing plan, the committee shall submit the
2 disputed plan or parts of the plan, as applicable, including a
3 summary of the committee's consideration of the criteria in
4 subsection (e), to the chief executive officer of the
5 hospital. No later than 60 days after receiving the submission
6 from the committee, the chief executive officer or the chief
7 executive officer's designee shall decide the disputed plan or
8 parts of the plan, as applicable, considering the summary of
9 the committee's consideration of the criteria in subsection
10 (e), and adopt the staffing plan or parts of the staffing plan
11 that were not adopted by the committee. The chief executive
12 officer or the chief executive officer's designee shall
13 provide to the committee:

14 (1) a written explanation of the staffing plan or the
15 parts of the staffing plan that were in dispute;

16 (2) the final written proposals of the members of the
17 committee and the members' rationales for their proposals
18 and the committee's summary of the committee's
19 consideration of the criteria in this Section; and

20 (3) a summary of the consideration by the chief
21 executive officer or the chief executive officer's
22 designee of the criteria in subsection (e).

23 If the hospital service staffing committee is unable to
24 reach an agreement on the hospital service staffing plan
25 during the 60-day period invoked under this subsection, the
26 members of the committee may extend deliberations for one

1 additional 60-day period before the disputed plan or parts of
2 the plan must be submitted to the chief executive officer or
3 the chief executive officer's designee in accordance with
4 Section. The deliberations may be extended under this
5 paragraph only by a majority vote of the members of the
6 committee. If a quorum of members present at a meeting
7 comprises an unequal number of hospital service staff and
8 hospital service managers, only an equal number of staff and
9 managers may vote.

10 A hospital service staffing plan adopted by a hospital
11 service staffing committee, a chief executive officer or the
12 chief executive officer's designee must include any
13 staffing-related terms and conditions that were previously
14 adopted through any applicable collective bargaining
15 agreement, including any meal break and rest break
16 requirements, unless a term or condition is in direct conflict
17 with an applicable statute or administrative rule.

18 A hospital service staffing committee must meet 3 times
19 each year and at the call of either cochair, at a time and
20 place specified by the cochairs.

21 (g) Except as provided in this subsection, a hospital
22 service staffing committee meeting must be open to:

23 (1) the hospital's service staff, who shall be offered
24 the opportunity to provide feedback to the committee
25 during the committee's meetings; and

26 (2) other observers or presenters invited by either

1 cochair.

2 While the committee is deliberating or voting during a
3 meeting, either cochair may exclude individuals described in
4 paragraph (1) or (2) of this subsection.

5 (h) Minutes shall be taken at every hospital service
6 staffing committee meeting and the minutes must:

7 (1) include all motions made and the outcome of all
8 votes taken;

9 (2) include a summary of all discussions; and

10 (3) be made available in a timely manner to any of the
11 hospital staff upon request.

12 (i) A manager shall release from their duties staff and
13 managers who serve on the hospital service staffing committee
14 and compensate the staff and managers who serve on the
15 committee for time spent attending committee meetings.

16 (j) The hospital shall submit the hospital service
17 staffing plan adopted under this Section to the Department of
18 Healthcare and Family Services no later than 30 days after
19 adoption of the staffing plan and shall submit any subsequent
20 changes to the Department no later than 30 days after the
21 changes are adopted.

22 (k) Each hospital unit, as defined by the chief executive
23 officer or the chief executive officer's designee, may deviate
24 from the hospital service staffing plan within a period of 12
25 consecutive hours, no more than 6 times during a rolling
26 30-day period, without being in violation of the staffing

1 plan. The unit manager must notify the hospital service
2 staffing committee cochairs no later than 10 days after each
3 deviation. Each subsequent deviation during the 30-day period
4 constitutes a separate violation under Section 90.

5 Section 20. Combined committees.

6 (a) A hospital nurse staffing committee, a professional
7 and technical staffing committee, and a hospital service
8 staffing committee may, by mutual agreement, combine 2 or more
9 of the staffing committees into one committee if:

10 (1) the structures of the committees to be combined
11 meet the requirements of the individual committee
12 requirements under this Act, as applicable; and

13 (2) the members of the combined committee are selected
14 from each committee by an exclusive bargaining
15 representative, or otherwise as provided in this Act.

16 (b) A majority of members of each staffing committee
17 constitutes a quorum for the transaction of the business of
18 the combined committee. If there is an unequal number of staff
19 and management from each committee present at a meeting of the
20 combined committee, only an equal number of staff and managers
21 from each committee may vote.

22 (c) Disputes arising in combined committees shall be
23 resolved using the applicable dispute resolution processes
24 under this Act.

1 Section 25. Nurse staffing plan.

2 (a) As used in this Section, "unit" means a hospital unit
3 as defined by the chief executive officer of the hospital or
4 the chief executive officer's designee.

5 (b) With respect to direct-care registered nurses, a nurse
6 staffing plan must ensure that at all times:

7 (1) In an emergency department:

8 (A) a direct-care registered nurse is assigned to
9 not more than one trauma patient; and

10 (B) the ratio of direct-care registered nurses to
11 patients averages no more than one to 4 over a 12-hour
12 shift and a single direct-care registered nurse may
13 not be assigned more than 5 patients at one time.
14 direct-care registered nurses assigned to trauma
15 patients may not be taken into account in determining
16 the average ratio.

17 (2) In an intensive care unit, a direct-care
18 registered nurse is assigned to no more than 2 patients.

19 (3) In a labor and delivery unit, a direct-care
20 registered nurse is assigned to no more than:

21 (A) 2 patients if the patients are not in active
22 labor or experiencing complications; or

23 (B) One patient if the patient is in active labor
24 or if the patient is at any stage of labor and is
25 experiencing complications.

26 (4) In a postpartum, antepartum, and well-baby

1 nursery, a direct-care registered nurse is assigned to no
2 more than 6 patients, counting mother and baby each as
3 separate patients.

4 (5) In a mother-baby unit, a direct-care registered
5 nurse is assigned to no more than 8 patients, counting
6 mother and baby each as separate patients.

7 (6) In an operating room, a direct-care registered
8 nurse is assigned to no more than one patient.

9 (7) In an oncology unit, a direct-care registered
10 nurse is assigned to no more than 4 patients.

11 (8) In a post-anesthesia care unit, a direct-care
12 registered nurse is assigned to no more than 2 patients.

13 (9) In an intermediate care unit, a direct-care
14 registered nurse is assigned to no more than 3 patients.

15 (10) In a medical-surgical unit, a direct-care
16 registered nurse is assigned to no more than 5 patients.

17 (11) In a cardiac telemetry unit, a direct-care
18 registered nurse is assigned to no more than 4 patients.

19 (12) In a pediatric unit, a direct-care registered
20 nurse is assigned to no more than 4 patients.

21 (c) Notwithstanding subsection (b), the direct-care
22 registered nurse-to-patient ratio for an individual patient
23 shall be based on a licensed independent practitioner's
24 classification of the patient, as indicated in the patient's
25 medical record, regardless of the unit where the patient is
26 being cared for.

1 (d) With the approval of a majority of the members of the
2 hospital nurse staffing committee, a unit can deviate from the
3 direct-care registered nurse-to-patient ratios in subsection
4 (b), in pursuit of innovative care models that were considered
5 by the committee, by allowing other clinical care staff to
6 constitute up to 50% of the registered nurses needed to comply
7 with the applicable nurse-to-patient ratio. The staffing in an
8 innovative care model must be reapproved by the committee
9 every 2 years.

10 (e) A hospital shall provide for meal breaks and rest
11 breaks in accordance with all rules and applicable laws.

12 (f) Each hospital unit may deviate from a nurse staffing
13 plan, except with respect to meal breaks and rest breaks,
14 including the applicable direct-care registered
15 nurse-to-patient ratios under this Section, within a period of
16 12 consecutive hours, no more than 6 times during a rolling
17 30-day period, without being in violation of the nurse
18 staffing plan. The unit manager must notify the hospital nurse
19 staffing committee no later than 10 days after each deviation.
20 Each subsequent deviation during the 30-day period constitutes
21 a separate violation under Section 90.

22 (g) A hospital may not require a direct-care registered
23 nurse to be assigned to more patients than as specified in this
24 Section or in the nurse staffing plan approved by the hospital
25 nurse staffing committee, as applicable.

26 (h) A charge nurse may:

1 (1) take patient assignments, including patient
2 assignments taken for the purpose of covering staff who
3 are on meal breaks or rest breaks, in units with 10 or
4 fewer beds;

5 (2) take patient assignments, including patient
6 assignments taken for the purpose of covering staff who
7 are on meal breaks or rest breaks, in units with 11 or more
8 beds with the approval of the hospital nurse staffing
9 committee; and

10 (3) be taken into account in determining the
11 direct-care registered nurse-to-patient ratio during
12 periods when the charge nurse is taking patient
13 assignments under this Section.

14 Section 30. Psychiatric multidisciplinary subcommittee.

15 (a) As used in this Section, "psychiatric unit" includes:

16 (1) inpatient psychiatric units;

17 (2) psychiatric geriatric units;

18 (3) psychiatric pediatric units; or

19 (4) emergency departments that provide psychiatric
20 emergency service, as defined by rule.

21 (b) A psychiatric unit shall create a multidisciplinary
22 subcommittee of the hospital nurse staffing committee
23 consisting of staff from the unit. The subcommittee shall
24 adopt the staffing plan for the psychiatric unit and shall be
25 considered a hospital nurse staffing committee for purposes

1 of:

2 (1) The adoption of a nurse staffing plan under
3 Section 25; and

4 (2) Provisions of this Act related to:

5 (A) Dispute resolution through mandatory
6 arbitration; and

7 (B) Determining the circumstances when the
8 nurse-to-patient ratios in Section 25 will not apply.

9 Section 35. Certified nursing assistants and patient care
10 technicians. A hospital may not assign a certified nursing
11 assistant or patient care technician to more than 7 patients
12 at a time during a day or evening shift or to more than 11
13 patients at a time during a night shift.

14 Section 40. Direct-care registered nurse-to-patient
15 staffing ratios.

16 (a) Direct-care registered nurse-to-patient staffing
17 ratios under Section 25 do not apply to the care of:

18 (1) patients in intensive care or critical units in
19 circumstances prescribed by the hospital nurse staffing
20 committee;

21 (2) emergency department patients who are in critical
22 condition, until they are stable;

23 (3) patients in swing beds, as defined by the Centers
24 for Medicare and Medicaid Services;

1 (4) patients in inpatient units who are ready for
2 discharge but are facing a barrier to discharge, as
3 indicated by a licensed independent practitioner in each
4 patient's medical record;

5 (5) patients, including patients in an emergency
6 department, who are located in adjacent rooms or the same
7 room in the hospital and who are ready for discharge but
8 are facing a barrier to discharge, as indicated by a
9 licensed independent practitioner in each patient's
10 medical record;

11 (6) patients in outpatient units that operate under a
12 hospital's license; or

13 (7) patients in psychiatric units.

14 (b) For patients described in subsection (a), the hospital
15 nurse staffing committee shall adopt a nurse staffing plan
16 that is:

17 (1) consistent with nationally recognized nurse
18 staffing standards or benchmarks;

19 (2) consistent with a tool that measures patient
20 acuity and intensity and that has been calibrated to the
21 applicable unit; or

22 (3) approved after the committee has considered:

23 (A) the specialized qualifications and
24 competencies of the staff in the unit;

25 (B) historic acuity and intensity of the patients
26 in the unit;

1 (C) nationally recognized nurse staffing
2 standards, if any; and

3 (D) ensuring patient access to care.

4 (c) If the hospital nurse staffing committee does not
5 adopt a nurse staffing plan under subsection (b), either
6 cochair of the committee may invoke the commencement of a
7 60-day period during which the committee shall continue to
8 develop the staffing plan as follows:

9 (1) If by the end of the 60-day period, the hospital
10 nurse staffing committee does not adopt a nurse staffing
11 plan, the members of the committee may extend
12 deliberations for one additional 60-day period only by a
13 majority vote of the members of the committee.

14 (2) If a quorum of members present at a meeting
15 comprises an unequal number of nursing staff and managers,
16 only an equal number of staff and managers may vote.

17 (3) If by the end of the initial 60-day period of
18 deliberations, or by the end of the second 60-day period
19 of deliberations, or if deliberations are extended under
20 this subsection, the hospital nurse staffing committee
21 does not adopt a nurse staffing plan, the cochairs of the
22 committee shall submit the disputed plan or parts of the
23 plan, as applicable, to the and the Department shall
24 initiate expedited binding arbitration as follows:

25 (A) The arbitrator shall be selected using
26 alternating strikes by the cochairs or their designees

1 from a list of 7 drawn from the interest arbitrator
2 panel maintained by the State.

3 (B) Arbitration must be scheduled by mutual
4 agreement no later than 30 calendar days after the
5 cochairs submit the disputed nurse staffing plan or
6 the disputed parts of the plan to the Department
7 except as, by mutual agreement, the time may be
8 extended.

9 (C) The arbitrator shall issue a decision on the
10 nurse staffing plan, or the disputed parts of the
11 plan, as applicable, based on the written submissions
12 of evidence and arguments and may not conduct an
13 evidentiary hearing or allow discovery. The
14 arbitrator's decision must be based on and within the
15 parameters of the versions of the plan or the disputed
16 parts of the plan submitted by the cochairs and must be
17 within the staffing parameters.

18 (D) The arbitrator shall issue a decision no later
19 than 60 days after the submission of evidence and
20 written arguments.

21 (E) The hospital shall pay for the cost of the
22 arbitrator.

23 Section 45. Complaint procedure.

24 (a) As used in this Section:

25 "Employee" includes the following:

- 1 (1) registered nurses who provide direct care;
- 2 (2) professional staff;
- 3 (3) technical staff; and
- 4 (4) service staff.

5 "Employee" does not include an individual described in
6 this Section if the individual is covered by a collective
7 bargaining agreement that includes a monetary remedy for
8 missed meal periods and missed rest periods.

9 (b) An employee or an exclusive bargaining representative
10 of an employee may enforce requirements for meal periods and
11 rest periods adopted by rule by the Illinois Department of
12 Labor by electing to file a complaint in one of the following
13 ways:

- 14 (1) with the Illinois Department of Labor under this
15 Act; or
- 16 (2) with the State Department of Labor under rules
17 adopted under this Act.

18 (c) Upon the receipt of a complaint forwarded by the
19 Department to the commissioner under this Act, the Illinois
20 Department of Labor shall proceed on the complaint in
21 accordance with this Section.

22 (d) The State Department of Labor shall deem a complaint
23 filed under this subsection to be withdrawn if notified by an
24 employer that:

- 25 (1) the employer received a grievance filed by the
26 employee or an exclusive bargaining representative of the

1 employee alleging the same violation as the violation
2 alleged in a complaint filed under this subsection; or

3 (2) the employee or the exclusive bargaining
4 representative of the employee has filed a civil complaint
5 against the employer alleging the same violation as the
6 violation alleged in a complaint filed under this
7 subsection.

8 (e) If the commissioner receives a complaint under
9 subsection (b) that was filed with the Department more than 60
10 days after the date of the missed meal period or missed rest
11 period alleged in the complaint, the Department of Labor:

12 (1) shall dismiss the complaint; and

13 (2) may not investigate the complaint or take any
14 enforcement action with respect to the complaint.

15 (f) Following an investigation of a complaint filed under
16 subsection (b), if the Department of Labor determines that a
17 civil penalty is appropriate, the commissioner shall provide
18 to the hospital, to the cochairs of the relevant staffing
19 committee, and to the exclusive bargaining representative, if
20 any, a notice of the Department of Labor's intent to assess a
21 civil penalty of \$200.

22 (3) A civil penalty imposed under this Section:

23 (A) constitutes the liquidated damages of the
24 complainant for the missed meal period or rest period;

25 (B) may not be combined with a penalty assessed in
26 accordance with all applicable rules or laws;

1 (C) precludes any other penalty or remedy provided
2 by law for the violation found by the commissioner;
3 and

4 (D) becomes final if an application for hearing is
5 not requested in a timely manner.

6 (g) The liquidated damages imposed under this Section
7 shall be paid to the complainant no later than 15 business days
8 after the date on which the order becomes final by operation of
9 law or 15 days after the issuance of a decision on appeal. A
10 hospital shall provide to the commissioner proof of the
11 payment of liquidated damages no later than 30 days after
12 making the payment.

13 (h) An employee's failure to file a complaint under
14 subsection (b) does not preclude the employee from pursuing
15 any other remedy otherwise available to the employee under any
16 provision of law.

17 (i) Nothing in this Section creates a private cause of
18 action.

19 Section 50. Department of Labor.

20 (a) The Department of Labor shall implement a process for
21 an employee or an employee's exclusive bargaining
22 representative to file a complaint against a hospital under
23 subsection (b) for missed meal periods and rest periods.

24 (b) The Department shall forward to the Director of Labor
25 any complaint filed under this Act no later than 14 days after

1 the complaint is filed;

2 (c) No later than 30 days after receiving a complaint
3 under this Act, the Department shall provide notice of the
4 filing of the complaint to the following:

5 (1) the hospital;

6 (2) the cochairs of the relevant staffing committee
7 established under this Act; and

8 (3) the exclusive bargaining representative, if any,
9 of the employee filing the complaint.

10 Section 55. Hospital nurse staffing committee rules and
11 responsibilities.

12 (a) For each hospital there shall be established a
13 hospital nurse staffing committee. Each hospital nurse
14 staffing committee shall:

15 (1) consist of an equal number of hospital nurse
16 managers and direct-care staff;

17 (2) for the portion of the committee composed of
18 direct-care staff, consist entirely of direct-care
19 registered nurses, except for one position to be filled by
20 a direct-care staff member who is not a registered nurse
21 and whose services are covered by a written hospital-wide
22 nurse staffing plan; and

23 (3) include at least one direct-care registered nurse
24 from each hospital nurse specialty or unit;

25 (4) for any of the direct-care registered nurses who

1 work at a hospital who are represented under a collective
2 bargaining agreement, the bargaining unit shall conduct a
3 selection process by which the direct-care registered
4 nurses who work at the hospital select the members of the
5 committee. Nurses who are direct-care registered nurses
6 which have an exclusive bargaining representative, the
7 exclusive bargaining representative shall select the
8 direct-care registered nurses, or members of the committee
9 as follows:

10 (A) If the direct-care staff member who is not a
11 registered nurse who works at a hospital is
12 represented under a collective bargaining agreement,
13 the bargaining unit shall use the selection process
14 conducted under subparagraph (B) to select that member
15 of the committee, or has an exclusive bargaining
16 representative, the exclusive bargaining
17 representative shall select the direct-care staff
18 member of the committee who is not a registered nurse.

19 (B) If none of the direct-care registered nurses
20 who work at a hospital are represented by an exclusive
21 bargaining representative, the direct-care registered
22 nurses belonging to a hospital nurse specialty or unit
23 shall select the members of the committee who are
24 direct-care registered nurses from the specialty or
25 unit to serve on the committee.

26 (C) If none of the direct-care staff working at

1 the hospital who are not registered nurses are
2 represented by an exclusive bargaining representative,
3 the direct-care registered nurses who are members of
4 the staffing committee shall select the direct-care
5 staff who are not registered nurses to serve on the
6 committee.

7 (5) If the direct-care registered nurses who work at a
8 hospital are not represented under a collective bargaining
9 agreement, the direct-care registered nurses belonging to
10 a hospital nurse specialty or unit shall select each
11 member of the committee who is a direct-care registered
12 nurse from that specialty or unit.

13 (b) A hospital nurse staffing committee shall develop a
14 written hospital-wide nurse staffing plan in accordance with
15 this Act. The committee's primary goals in developing the
16 staffing plan shall be to ensure that the hospital is staffed
17 to meet the health care needs of patients. The committee shall
18 review and modify the staffing plan in accordance with all
19 applicable laws and rules.

20 (c) A majority of the members of a hospital nurse staffing
21 committee constitutes a quorum for the transaction of
22 business.

23 (d) A hospital nurse staffing committee shall have two
24 cochairs. One cochair shall be a hospital nurse manager
25 elected by the members of the committee who are hospital nurse
26 managers and one cochair shall be a direct-care registered

1 nurse elected by the members of the committee who are
2 direct-care staff.

3 (e) A decision made by a hospital nurse staffing committee
4 must be made by a vote of a majority of the members of the
5 committee as follows:

6 (1) If a quorum of members present at a meeting
7 comprises an unequal number of hospital nurse managers and
8 direct-care staff, only an equal number of hospital nurse
9 managers and direct-care staff may vote.

10 (2) If the committee is unable to reach an agreement
11 on the staffing plan, either cochair of the committee may
12 invoke a 30-day period during which the committee shall
13 continue to develop the staffing plan. During the 30-day
14 period, the hospital shall respond in a timely manner to
15 reasonable requests from members of the committee for data
16 that will enable the committee to reach a resolution. If
17 at the end of the 30-day period, the committee remains
18 unable to reach an agreement on the staffing plan, one of
19 the cochairs shall notify the Department of Public Health
20 of the impasse.

21 (3) Upon receiving notification under this subsection,
22 the Department of Public Health shall provide the
23 committee with a mediator to assist the committee in
24 reaching an agreement on the staffing plan. Mediation
25 conducted under this paragraph must be consistent with the
26 requirements for implementing and reviewing staffing

1 plans.

2 (4) If the committee is unable to reach an agreement
3 on the staffing plan after 90 days of mediation, the
4 Department may impose a civil penalty against the hospital
5 as described under this Act.

6 (g) A hospital nurse staffing committee shall meet:

7 (1) at least once every 4 months; and

8 (2) at any time and place specified by either cochair.

9 (g) A hospital nurse staffing committee meeting must be
10 open to the hospital nursing staff as observers and, upon
11 invitation by either cochair, other observers or presenters.
12 At any time, either cochair may exclude persons described in
13 this subsection from a committee meeting for purposes related
14 to deliberation and voting.

15 (h) Hospital nurse staffing committee meetings must:

16 (A) include motions made and outcomes of votes taken;

17 (B) summarize discussions; and

18 (c) be made available in a timely manner to hospital
19 nursing staff and other hospital staff upon request.

20 (i) A hospital shall release a member of a hospital nurse
21 staffing committee described in the member's assignment, and
22 provide the member with paid time, to attend committee
23 meetings.

24 Section 60. Hospital-wide nurse staffing plans.

25 (a) Each hospital shall implement a written hospital-wide

1 staffing plan for nursing services that:

2 (1) meets the requirements of this Section and any
3 applicable statute;

4 (2) includes any staffing-related terms and conditions
5 that were previously adopted through any applicable
6 collective bargaining agreement, including meal breaks and
7 rest breaks, unless a term or condition is in direct
8 conflict with an applicable statute or administrative
9 rule; and

10 (3) has been developed and approved by the hospital
11 nurse staffing committee.

12 (b) If the nurse-to-patient ratios in this Act apply, the
13 hospital nurse staffing committee:

14 (1) may consider:

15 (A) the specialized qualifications and
16 competencies of the nursing staff, and the skill mix
17 and level of competency necessary to ensure that the
18 hospital is staffed to meet the health care needs of
19 patients;

20 (B) the size of the hospital and a measurement of
21 hospital unit activity that quantifies the rate of
22 admissions, discharges, and transfers for each
23 hospital unit and the time required for a direct-care
24 registered nurse belonging to a hospital unit to
25 complete admissions, discharges, and transfers for
26 that hospital unit; and

1 (C) the unit's general and predominant patient
2 population as defined by the Medicare Severity
3 Diagnosis Related Groups adopted by the Centers for
4 Medicare and Medicaid Services, or by other measures
5 for patients who are not classified in the Medicare
6 Severity Diagnosis Related Groups;

7 (2) must:

8 (A) base the staffing plan on total diagnoses for
9 each hospital unit and the nursing staff required to
10 manage that set of diagnoses;

11 (B) be consistent with nationally recognized
12 evidence-based standards and guidelines established by
13 professional nursing specialty organizations, if any;

14 (C) recognize differences in patient acuity;

15 (D) establish minimum numbers of nursing staff,
16 including licensed practical nurses and certified
17 nursing assistants, required on specified shifts,
18 provided that at least one registered nurse and one
19 other nursing staff member is on duty in a unit when a
20 patient is present;

21 (E) include a formal process for evaluating and
22 initiating limitations on admission or diversion of
23 patients to another hospital when, in the judgment of
24 a direct-care registered nurse or nurse manager, there
25 is an inability to meet patient care needs or a risk of
26 harm to patients; and

1 (F) consider tasks not related to providing direct
2 care, including meal breaks and rest breaks;

3 (3) may not base nursing staff requirements solely on
4 external benchmarking data; and

5 (4) must comply with this Act.

6 (c) A hospital must maintain and post, in a physical
7 location or online, a list of on-call nursing staff or
8 staffing agencies to provide replacement nursing staff in the
9 event of a vacancy. The list of on-call nursing staff or
10 staffing agencies must be sufficient to provide for
11 replacement nursing staff.

12 (d) An employer may not impose upon unionized nursing
13 staff any changes in wages, hours, or other terms and
14 conditions of employment under a staffing plan unless the
15 employer first provides notice to and, upon request, bargains
16 with the union as the exclusive collective bargaining
17 representative of the nursing staff in the bargaining unit.

18 A staffing plan does not create, preempt, or modify a
19 collective bargaining agreement or require a union or
20 employer to bargain over the staffing plan while a collective
21 bargaining agreement is in effect.

22 A hospital shall submit to the Illinois Department of
23 Labor nurse staffing plan adopted in accordance with this
24 Section and submit any changes to the plan no later than 30
25 days after approval of the changes by the hospital nurse
26 staffing committee.

1 Section 65. Prior staffing plan approval.

2 (a) Prior to July 1, 2025, a hospital nurse staffing
3 committee established under existing laws, rules, or
4 regulations may approve a staffing plan that is:

5 (1) consistent with nationally recognized nurse
6 staffing standards or benchmarks;

7 (2) consistent with a tool that measures patient
8 acuity and intensity and that has been calibrated to the
9 hospital unit, as defined by the hospital nurse staffing
10 committee; or

11 (3) approved after the hospital nurse staffing
12 committee has considered:

13 (A) the specialized qualifications and
14 competencies of the staff in the unit;

15 (B) the historic acuity and intensity of the
16 patients in the unit;

17 (C) nationally recognized nurse staffing
18 standards, if any; and

19 (D) patients' access to care.

20 Section 70. Staffing plan review requirements.

21 (a) A hospital nurse staffing committee established under
22 this Act shall review the written hospital-wide staffing plan
23 developed by the committee and shall review the nurse staffing
24 plan:

1 (1) at least once every year; and

2 (2) at any other date and time specified by either
3 cochair of the committee.

4 (b) In reviewing a staffing plan, a hospital nurse
5 staffing committee shall consider:

6 (1) patient outcomes;

7 (2) complaints regarding staffing, including
8 complaints about a delay in direct care nursing or an
9 absence of direct care nursing;

10 (3) the number of hours of nursing care provided
11 through a hospital unit compared with the number of
12 patients served by the hospital unit during a 24-hour
13 period;

14 (4) the aggregate hours of mandatory overtime worked
15 by the nursing staff;

16 (5) the aggregate hours of voluntary overtime worked
17 by the nursing staff;

18 (6) the percentage of shifts for each hospital unit
19 for which staffing differed from what is required by the
20 staffing plan;

21 (7) the number of meal breaks and rest breaks missed
22 by direct-care staff; and

23 (8) any other matter determined by the committee to be
24 necessary to ensure that the hospital is staffed to meet
25 the health care needs of patients.

26 (c) Upon reviewing a staffing plan, a hospital nurse

1 staffing committee shall:

2 (1) report whether the staffing plan ensures that the
3 hospital is staffed to meet the health care needs of
4 patients; and

5 (2) modify the staffing plan, if necessary, to ensure
6 that the hospital is staffed to meet the health care needs
7 of patients.

8 Section 75. Staffing investigations.

9 (a) For purposes of ensuring compliance with all
10 applicable laws and rules, the Illinois Department of Labor
11 shall:

12 (1) within 60 days after receiving a complaint against
13 a hospital for violating a provision of this Act, conduct
14 an on-site investigation of the hospital; and

15 (2) within 60 days after issuing an order requiring a
16 hospital to implement a plan to correct a violation of
17 this Act, conduct an investigation of the hospital to
18 ensure compliance with the plan.

19 (b) When conducting an investigation of a hospital to
20 ensure compliance with this Act, the Department shall, if the
21 Department provides notice of the investigation to the
22 hospital, provide notice of the investigation to the cochairs
23 of the hospital nurse staffing committee established under
24 this Act and other applicable laws and rules.

25 (c) Following an investigation conducted under this

1 Section, the Department shall provide in writing a report of
2 the Department's findings to the hospital and the cochairs of
3 the hospital nurse staffing committee.

4 (d) When conducting an investigation of a hospital to
5 ensure compliance with all applicable laws and rules, the
6 Department may:

7 (1) take evidence;

8 (2) take the depositions of witnesses in the manner
9 provided by law in civil cases;

10 (3) compel the appearance of witnesses in the manner
11 provided by law in civil cases;

12 (4) require answers to interrogatories; and

13 (5) compel the production of books, papers, accounts,
14 documents, and testimony pertaining to the matter under
15 investigation.

16 Section 80. Complaint procedures.

17 (a) As used in this Section, "valid complaint" means a
18 complaint containing an allegation that, if assumed to be
19 true, is a violation of this Act.

20 (b) To ensure compliance with all applicable laws and
21 rules, the Illinois Department of Labor shall:

22 (1) establish a method by which a hospital staff
23 person or an exclusive bargaining representative of a
24 hospital staff person may submit a complaint through the
25 Department's website regarding any violation of this Act;

1 (2) no later than 14 days after receiving a complaint,
2 send a copy of the complaint to the exclusive bargaining
3 representative, if any, of the staff person or staff
4 persons who filed the complaint;

5 (3) no later than 30 days after receiving a valid
6 complaint of a violation of this Act, open an
7 investigation of the hospital and provide a notice of the
8 investigation to the hospital and the cochairs of the
9 relevant staffing committee established under this Act, or
10 other lawfully established committees, and to the
11 exclusive bargaining representative, if any, of the staff
12 person or staff persons filing the complaint. The notice
13 must include a summary of the complaint that does not
14 include the complainant's name or the specific date,
15 shift, or unit but does include the calendar week in which
16 the complaint arose;

17 (4) not later than 80 days after opening the
18 investigation, conclude the investigation and provide a
19 written report on the complaint to the hospital, the
20 cochairs of the hospital staffing committee, and the
21 exclusive bargaining representative, if any, of the staff
22 person or staff persons filing the complaint. The report:

23 (A) shall include a summary of the complaint;

24 (B) shall include the nature of the alleged
25 violation or violations;

26 (C) shall include the Department's findings and

1 factual bases for the findings;

2 (D) shall include other information the Department
3 determines is appropriate to include in the report;
4 and

5 (E) may not include the name of any complainant,
6 the name of any patient, or the names of any
7 individuals that the Department interviewed in
8 investigating the complaint;

9 (5) if the Department issues a warning or imposes one
10 or more civil penalties based on the report described in
11 this Section, the Department shall provide a notice of the
12 civil penalty that complies with all applicable laws and
13 rules, and to the hospital, the cochairs of the applicable
14 hospital staffing committee, and the exclusive bargaining
15 representative, if any, of the staff person or staff
16 persons who filed the complaint; and

17 (6) in determining whether to impose a civil penalty,
18 consider all relevant evidence, including, but not limited
19 to, witness testimony, written documents, and the
20 observations of the investigator.

21 (c) A hospital subject to a valid complaint shall provide
22 to the Department, no later than 20 days after receiving the
23 notice under of this Section:

24 (1) the staffing plan that is the subject of the
25 complaint;

26 (2) if relevant to the complaint, documents that show

1 the scheduled staffing and the actual staffing on the unit
2 that is the subject of the complaint during the period of
3 time specified in the complaint; and

4 (3) documents that show the actions described in this
5 Act, if any, that the hospital took to comply with the
6 staffing plan or to address the issue raised by the
7 complaint.

8 (d) In conducting an investigation, the Department shall
9 review any document:

10 (1) related to the complaint that is provided by the
11 exclusive bargaining representative that filed the
12 complaint or by the hospital staff person who filed the
13 complaint and the person's exclusive bargaining
14 representative, if any; and

15 (2) provided by the hospital in response to the
16 complaint.

17 (e) In conducting an investigation, the Department may:

18 (1) make an on-site inspection of the unit that is the
19 subject of the complaint;

20 (2) interview a manager for the unit and any other
21 staff persons with information relevant to the complaint;

22 (3) interview the cochairs of the relevant staffing
23 committee;

24 (4) interview the staff person or staff persons who
25 filed the complaint unless the individual declines to be
26 interviewed; and

1 (5) compel the production of books, papers, accounts,
2 documents, and testimony pertaining to the complaint,
3 other than documents that are privileged or not otherwise
4 subject to disclosure.

5 (f) A complaint by a hospital staff person or the staff
6 person's exclusive bargaining representative must be filed no
7 later than 60 days after the date of the violation alleged in
8 the complaint. The Department may not investigate a complaint
9 or take any enforcement action with respect to a complaint
10 that has not been filed timely.

11 Section 85. Penalties.

12 (a) The Department of Labor shall impose civil penalties
13 in the manner provided for, or suspend or revoke a license of a
14 hospital, for a violation of any provision of this Act. The
15 Department shall adopt by rule a schedule establishing the
16 amount of civil penalty that may be imposed for a violation of
17 this Act when there is a reasonable belief that safe patient
18 care has been or may be negatively impacted, except that a
19 civil penalty may not exceed \$5,000.

20 (b) The Department may suspend or revoke the license of a
21 hospital, in the manner provided by law or rule, for a
22 violation described in this Act.

23 (c) Each violation of a written hospital-wide staffing
24 plan shall be considered a separate violation and there is no
25 limit on the number times that a penalty may be imposed for

1 repeated violations of the same provision.

2 (d) The Department may not impose a civil penalty for a
3 violation of a nurse staffing plan, a hospital professional
4 and technical staffing plan, or a hospital service staffing
5 plan if the hospital took the following actions:

6 (1) scheduled staff in accordance with the staffing
7 plan;

8 (2) sought volunteers from all available qualified
9 employees to work extra time;

10 (3) contacted qualified employees who made themselves
11 available to work extra time;

12 (4) solicited per diem staff to work; and

13 (5) contacted contracted temporary agencies, that the
14 hospital regularly uses, if temporary staff from such
15 agencies are permitted to work in the hospital by law or
16 any applicable collective bargaining agreement.

17 (e) The Department shall maintain for public inspection
18 records of any civil penalties or license suspensions or
19 revocations imposed on hospitals penalized under this Section.

20 Section 90. Violations.

21 (a) Following the receipt of a complaint and completion of
22 an investigation described in this Act, for a violation
23 described in this Section, the Department of Public Health
24 shall:

25 (1) issue a warning for the first violation in a 4 year

1 period;

2 (2) impose a civil penalty of \$1,750 for the second
3 violation of the same provision in a 4 year period;

4 (3) impose a civil penalty of \$2,500 for the third
5 violation of the same provision in a 4 year period; and

6 (d) impose a civil penalty of \$5,000 for the fourth
7 and subsequent violations of the same provision in a 4
8 year period.

9 (b) The Department shall take the actions described in
10 subsection (a) for the following violations by a hospital of
11 this Act:

12 (1) failure to establish a hospital professional and
13 technical staffing committee or a hospital service
14 staffing committee;

15 (2) failure to create a professional and technical
16 staffing plan or a hospital service staffing plan;

17 (3) failure to adopt a nurse staffing plan by
18 agreement or after binding arbitration;

19 (4) failure to comply with the staffing level in the
20 nurse staffing plan, including the nurse-to-patient
21 staffing ratios prescribed in this Act, if applicable, and
22 the failure to comply is not an allowed deviation
23 described in this Act;

24 (5) failure to comply with the staffing level in the
25 professional and technical staffing plan or the hospital
26 service staffing plan and the failure to comply is not an

1 allowed deviation as described in this Act;

2 (6) failure to comply with the staffing requirements
3 for certified nursing assistants in this Act and the
4 failure is not an allowed deviation this Act; or

5 (7) requiring a nursing staff, except as allowed by
6 applicable law or rule to work:

7 (A) beyond an agreed-upon prearranged shift
8 regardless of the length of the shift;

9 (B) more than 48 hours in any hospital-defined
10 work week;

11 (C) more than 12 hours in a 24-hour period; or

12 (D) during the 10-hour period immediately
13 following the 12th hour worked during a 24-hour
14 period.

15 (c) If a staff person at a hospital is unable to attend a
16 staffing committee meeting because the staff person was not
17 released from other hospital duties to attend the meeting, in
18 violation of this Act, the Department shall:

19 (1) issue a warning for the first violation; and

20 (2) impose a civil penalty of \$500 for a second and
21 each subsequent violation.

22 (d) A direct-care staff person, a hospital professional or
23 technical staff person, or a hospital service staff person, or
24 an exclusive bargaining representative of a direct-care staff
25 person, a hospital professional or technical staff person, or
26 a hospital service staff person, may elect to enforce meal

1 break and rest break violations under this Act and other
2 applicable laws and rules by filing a complaint with the
3 Department in accordance with this Act.

4 Section 95. Public records. The Illinois Department of
5 Labor shall post on a website maintained by the Department:

6 (1) reports of audits described in this Act of the
7 hospital staffing plans received by the Department;

8 (2) any report of this Act made pursuant to an
9 investigation under this Act;

10 (3) any order requiring a hospital to implement a plan
11 to correct a violation;

12 (4) any order imposing a civil penalty against a
13 hospital or suspending or revoking the license of a
14 hospital pursuant; and

15 (5) any other matter recommended by the Illinois
16 Nursing Workforce Center and Advisory Board.

17 Section 100. Long term care facilities.

18 (a) Licenses for long term care facilities must be
19 obtained from the Department of Public Health.

20 (b) Applications shall be upon such forms and shall
21 contain such information as the Department or may reasonably
22 require, which may include affirmative evidence of ability to
23 comply with such reasonable standards and rules as may
24 lawfully be prescribed.

1 (c) Each application submitted to the Department must be
2 accompanied by the application fee or the annual renewal fee,
3 as applicable. If the license is denied, the fee shall be
4 refunded to the applicant. If the license is issued, the fee
5 shall be paid into the State Treasury to the credit of the
6 Department of Public Health for the purpose of carrying out
7 the functions of the Department.

8 (d) Except as otherwise provided in this Act, for
9 hospitals with:

10 (1) fewer than 26 beds, the annual license fee shall
11 be \$1,250;

12 (2) 26 beds or more but fewer than 50 beds, the annual
13 license fee shall be \$1,850;

14 (3) 50 or more beds but fewer than 100 beds, the annual
15 license fee shall be \$3,800;

16 (4) 100 beds or more but fewer than 200 beds, the
17 annual license fee shall be \$6,525;

18 (5) 200 or more beds, but fewer than 500 beds, the
19 annual license fee shall be \$8,500; and

20 (6) 500 or more beds, the annual license fee shall be
21 \$12,070.

22 (e) A hospital shall pay an annual fee of \$750 for each
23 hospital satellite endorsed under the hospital's license.

24 (f) The Department of Public Health may charge a reduced
25 hospital fee or hospital satellite fee if the Department
26 determines that charging the standard fee constitutes a

1 significant financial burden to the facility.

2 (g) For long term care facilities with:

3 (1) one to 15 beds, the application fee shall be
4 \$2,000 and the annual renewal fee shall be \$1,000;

5 (2) 16 to 49 beds, the application fee shall be \$3,000
6 and the annual renewal fee shall be \$1,500;

7 (3) 50 to 99 beds, the application fee shall be \$4,000
8 and the annual renewal fee shall be \$2,000;

9 (4) 100 to 150 beds, the application fee shall be
10 \$5,000 and the annual renewal fee shall be \$2,500; and

11 (5) More than 150 beds, the application fee shall be
12 \$6,000 and the annual renewal fee shall be \$3,000.

13 (h) For ambulatory surgical centers, the annual license
14 fee shall be:

15 (1) \$1,750 for certified and high complexity
16 noncertified ambulatory surgical centers with more than 2
17 procedure rooms.

18 (2) \$1,250 for certified and high complexity
19 noncertified ambulatory surgical centers with no more than
20 2 procedure rooms.

21 (3) \$1,000 for moderate complexity noncertified
22 ambulatory surgical centers.

23 (i) For birthing centers, the annual license fee shall be
24 \$750.

25 (j) For outpatient renal dialysis facilities, the annual
26 license fee shall be \$2,000.

1 (k) The Department shall prescribe by rule the fee for
2 licensing an extended stay center, not to exceed:

3 (1) an application fee of \$25,000; and

4 (2) an annual renewal fee of \$5,000.

5 (l) During the time the license remains in force, a holder
6 is not required to pay inspection fees to any county, city, or
7 other municipality.

8 (m) Any health care facility license may be endorsed to
9 permit operation at more than one location. If so, the
10 applicable license fee shall be the sum of the license fees
11 that would be applicable if each location were separately
12 licensed. The Department may include hospital satellites on a
13 hospital's license in accordance with rules adopted by the
14 Department.

15 (n) Licenses for health maintenance organizations shall be
16 obtained from the Department of Public Health.

17 (o) Notwithstanding any other provisions, all moneys
18 received for approved applications under this Act shall be
19 deposited in the Long Term Care Ombudsman Fund.

20 (p) As used in this Section:

21 "Hospital satellite" has the meaning prescribed by the
22 Department by rule.

23 "Procedure room" means a room where surgery or
24 invasive procedures are performed.

25 Section 105. Hospital-wide staffing plan variances. Upon

1 request of a hospital, the Illinois Department of Labor may
2 grant a variance to the written hospital-wide staffing plan
3 requirements described in this Act if the variance is
4 necessary to ensure that the hospital is staffed to meet the
5 health care needs of patients.

6 Section 110. Emergency staffing variances.

7 (a) As used in this Section, "epidemic" means the
8 occurrence of a group of similar conditions of public health
9 importance in a community or region that are in excess of
10 normal expectancy and that are from a common or propagated
11 source.

12 (b) Notwithstanding any other provision of law, a hospital
13 is not required to follow a written hospital-wide staffing
14 plan developed and approved by the hospital nurse staffing
15 committee upon the occurrence of:

16 (1) a national emergency or State emergency
17 declaration requiring the implementation of a facility
18 disaster plan and crisis standards of care;

19 (2) sudden unforeseen adverse weather conditions; or

20 (3) an infectious disease epidemic suffered by
21 hospital staff.

22 (c) No later than 30 days after a hospital deviates from a
23 written hospital-wide staffing plan under this Section, the
24 hospital incident command shall report to the cochairs of the
25 hospital nurse staffing committee an assessment of the nurse

1 staffing needs arising from the national or State emergency
2 declaration as follows:

3 (1) Upon receipt of the report described in this
4 subsection, the hospital nurse staffing committee shall
5 convene to develop a contingency nurse staffing plan to
6 address the needs arising from the national or State
7 emergency declaration. The contingency nurse staffing plan
8 must include crisis standards of care.

9 (2) The hospital's deviation from the written
10 hospital-wide staffing plan may not be in effect for more
11 than 90 days without the approval of the hospital nurse
12 staffing committee.

13 (3) Upon the occurrence of a national or State
14 emergency declaration, or circumstances not described in
15 this Act, either cochair of the hospital nurse staffing
16 committee may require the hospital nurse staffing
17 committee to meet to review, and potentially modify, the
18 staffing plan in response to the emergency declaration or
19 circumstances.

20 Section 115. Nurse staff advisory board.

21 (a) The Nurse Staffing Advisory Board is established
22 within the Department of Public Health, consisting the
23 following members appointed by the Governor:

24 (1) 6 must be hospital nurse managers;

25 (2) 3 must be direct-care registered nurses who work

1 in hospitals;

2 (3) 3 must be patient-care nurses who work in
3 hospitals; and

4 (4) One must be either a direct-care registered nurse
5 who works in a hospital or a direct-care staff member who
6 is not a registered nurse and whose services are covered
7 by a written hospital wide staffing plan that meets the
8 requirements of this Act.

9 To the extent practicable, Board members shall be
10 appointed to ensure that the Board is represented by members
11 from hospitals where direct-care staff are represented under a
12 collective bargaining agreement and hospitals where
13 direct-care staff are not represented by a collective
14 bargaining agreement and by hospitals of different sizes,
15 types, and geographic locations.

16 The term of office of each Board member is 3 years, except
17 each member serves at the pleasure of the Governor. Before the
18 expiration of the term of a member, the Governor shall appoint
19 a successor whose term begins January 1 of the next calendar
20 year. A member is eligible for reappointment but may not serve
21 more than 2 consecutive terms. If there is a vacancy for any
22 cause, the Governor shall make an appointment to become
23 immediately effective for the unexpired term.

24 (b) The Board shall:

25 (1) provide advice to the Department on the
26 administration of this Act;

1 (2) identify trends, opportunities, and concerns
2 related to nurse staffing;

3 (3) make recommendations to the Department on the
4 basis of those trends, opportunities, and concerns; and

5 (4) review the Department's enforcement powers and
6 processes under this Act.

7 (c) Upon request, the Department shall provide the Board
8 with written hospital-wide staffing plans, reviews conducted,
9 information obtained during an audit, and complaints filed and
10 investigations conducted as described in this Act as follows:

11 (1) The Department may not provide the Board with any
12 information under this subsection that is identifiable
13 with a specific hospital unless the information is
14 publicly available.

15 (2) Hospital-wide staffing plans provided to the Board
16 under this Section are confidential and not subject to
17 public disclosure.

18 (d) A majority of the members of the Board constitutes a
19 quorum for the transaction of business.

20 (e) The Board shall have 2 cochairs selected by the
21 Governor. One cochair shall be a hospital nurse manager and
22 one cochair shall be a patient care technician or certified
23 nursing assistant.

24 (f) Official action by the Board requires the approval of
25 a majority of the members of the Board.

26 (g) The Board shall meet:

1 (1) at least once every 3 months; and

2 (2) at any time and place specified by the call of both
3 cochairs.

4 (h) The Board may adopt rules necessary for the operation
5 of the Board.

6 (i) The Board shall submit a report on the administration
7 of this Act to the General Assembly no later than September 15
8 of each year. The Board may include in its report
9 recommendations for legislation.

10 (j) Members of the Board are not entitled to compensation,
11 but may be reimbursed for actual and necessary travel and
12 other expenses incurred by them in the performance of their
13 official duties in the manner and amounts provided for. Claims
14 for expenses shall be paid out of funds appropriated to the
15 Department for purposes of the Board.

16 Section 120. Record keeping. A hospital shall keep and
17 maintain records necessary to demonstrate compliance with this
18 Act. For purposes of this Section, the Department of Public
19 Health shall adopt rules specifying the content of the records
20 and the form and manner of keeping, maintaining, and disposing
21 of the records. A hospital must provide records kept and
22 maintained under this Section to the Department of Public
23 Health upon request.

24 Section 125. Department of Labor rulemaking.

1 (a) The Director of Labor may adopt rules prescribing such
2 minimum conditions of employment, excluding minimum wages, in
3 any occupation as may be necessary for the preservation of the
4 health of employees. The rules may include, but are not
5 limited to, minimum meal periods and rest periods, and maximum
6 hours of work, but not less than 8 hours per day or 40 hours
7 per workweek; however, after 40 hours of work in one workweek
8 overtime may be paid, but in no case at a rate higher than one
9 and one-half times the regular rate of pay of the employees
10 when computed without benefits of commissions, overrides,
11 bonuses, and similar benefits.

12 As used in this subsection, "workweek" means a fixed
13 period of time established by an employer that reflects a
14 regularly recurring period of 168 hours or 7 consecutive
15 24-hour periods. A workweek may begin on any day of the week
16 and any hour of the day and need not coincide with a calendar
17 week. The beginning of the workweek may be changed if the
18 change is intended to be permanent and is not designed to evade
19 overtime requirements.

20 (b) Rules adopted by the Director of Labor under this
21 Section do not apply to individuals employed by this State or a
22 unit of local government if other provisions of law or
23 collective bargaining agreements prescribe rules pertaining to
24 conditions of employment referred to in this Section,
25 including meal periods, rest periods, maximum hours of work,
26 and overtime.

1 (c) Except as provided, rules adopted by the Department of
2 Labor under this Section regarding meal periods and rest
3 periods do not apply to nurses who provide acute care in
4 hospital settings if provisions of collective bargaining
5 agreements entered into by the nurses prescribe rules
6 concerning meal periods and rest periods.

7 (d) The Director of Labor shall adopt rules regarding meal
8 periods for employees who serve food or beverages, receive
9 tips, and report the tips to the employer as follows:

10 (1) In rules adopted by the Director of Labor under
11 this subsection, the Director shall permit an employee to
12 waive a meal period, except that, an employer may not
13 coerce an employee into waiving a meal period.

14 (2) Notwithstanding any other provision, in addition
15 to any other penalty provided by law, the Director may
16 assess a civil penalty not to exceed \$2,000 against an
17 employer that the commissioner finds has coerced an
18 employee into waiving a meal period in violation of this
19 Section. Each violation is a separate and distinct
20 offense. In the case of a continuing violation, each day's
21 continuance is a separate and distinct violation.

22 (3) Civil penalties authorized by this Section shall
23 be imposed in the manner provided for under Illinois law.
24 All sums collected as penalties under this Section shall
25 be applied and paid over as provided.

1 Section 130. Rulemaking. The Department of Public Health
2 may adopt any rules necessary for implementation of this Act,
3 except when this Act authorizes another State department to
4 adopt rules relating to this Act.

5 Section 999. Effective date. This Act takes effect upon
6 becoming law.