



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB3512

Introduced 2/18/2025, by Rep. Kam Buckner

SYNOPSIS AS INTRODUCED:

210 ILCS 85/10.9
210 ILCS 85/10.15 new
210 ILCS 85/10.20 new
210 ILCS 85/10.25 new
210 ILCS 85/10.30 new

Amends the Hospital Licensing Act. Requires hospitals licensed under the Act to employ and schedule enough hospital workers to provide quality patient care and ensure patient safety. Establishes requirements concerning the reporting of staffing metrics for hospitals and the Department of Public Health. Sets forth provisions concerning competency validation credentials for each hospital worker hired; assignment despite objection forms and procedures; and an assignment despite objection resolution process. Provides that a hospital may not assign a certified nursing assistant or patient care technician to more than 7 patients at a time during a day or evening shift or more than 11 patients at a time during a night shift. Sets forth provisions concerning direct-care registered nurse-to-patient staffing ratios and deviations from the ratio; complaint procedures; the Department's duties concerning complaints; meal and rest periods; investigations for violating staffing requirements; penalties and violations; recordkeeping requirements of a hospital; and rulemaking by the Department.

LRB104 09276 BAB 19334 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 5. The Hospital Licensing Act is amended by
5 changing Section 10.9 and by adding Sections 10.15, 10.20,
6 10.25, and 10.30 as follows:

7 (210 ILCS 85/10.9)

8 Sec. 10.9. Hospital worker ~~Nurse~~ mandated overtime
9 prohibited.

10 (a) Definitions. As used in this Section:

11 "Hospital worker" means any person who receives an hourly
12 wage directly or indirectly via a subcontractor by a hospital
13 licensed under this Act.

14 "Mandated overtime" means work that is required by the
15 hospital in excess of an agreed-to, predetermined work shift.
16 Time spent by nurses required to be available as a condition of
17 employment in specialized units, such as surgical nursing
18 services, shall not be counted or considered in calculating
19 the amount of time worked for the purpose of applying the
20 prohibition against mandated overtime under subsection (b).

21 ~~"Nurse" means any advanced practice registered nurse,~~
22 ~~registered professional nurse, or licensed practical nurse, as~~
23 ~~defined in the Nurse Practice Act, who receives an hourly wage~~

1 ~~and has direct responsibility to oversee or carry out nursing~~
2 ~~care. For the purposes of this Section, "advanced practice~~
3 ~~registered nurse" does not include a certified registered~~
4 ~~nurse anesthetist who is primarily engaged in performing the~~
5 ~~duties of a nurse anesthetist.~~

6 "Subcontractor" means any entity, including an individual
7 or individuals, that contracts with a hospital licensed under
8 this Act to supply a service. "Subcontractor" includes an
9 organization that, to a significant extent, is associated or
10 affiliated with, owns or is owned by, or has control of or is
11 controlled by, the entity furnishing services to a hospital
12 licensed under this Act.

13 "Unforeseen emergent circumstance" means (i) any declared
14 national, State, or municipal disaster or other catastrophic
15 event, or any implementation of a hospital's disaster plan,
16 that will substantially affect or increase the need for health
17 care services or (ii) any circumstance in which patient care
18 needs require specialized nursing skills through the
19 completion of a procedure. An "unforeseen emergent
20 circumstance" does not include situations in which the
21 hospital fails to have enough nursing staff to meet the usual
22 and reasonably predictable patient care ~~nursing~~ needs of its
23 patients.

24 (b) Mandated overtime prohibited. No hospital worker ~~nurse~~
25 may be required to work mandated overtime except in the case of
26 an unforeseen emergent circumstance when such overtime is

1 required only as a last resort. Such mandated overtime shall
2 not exceed 4 hours beyond an agreed-to, predetermined work
3 shift.

4 (c) Rest period required ~~Off-duty period~~. When a hospital
5 worker ~~nurse~~ is mandated to work up to 12 consecutive hours,
6 the hospital worker ~~nurse~~ must be allowed at least 8
7 consecutive hours of ~~off-duty~~ time off immediately following
8 the completion of a shift.

9 (d) Retaliation prohibited. No hospital may discipline,
10 discharge, or take any other adverse employment action against
11 a hospital worker ~~nurse~~ solely because the hospital worker
12 ~~nurse~~ refused to work mandated overtime as prohibited under
13 subsection (b).

14 (e) Violations. Any employee of a hospital that is subject
15 to this Act may file a complaint with the Department of Public
16 Health regarding an alleged violation of this Section. The
17 complaint must be filed within 45 days following the
18 occurrence of the incident giving rise to the alleged
19 violation. The Department must forward notification of the
20 alleged violation to the hospital in question within 3
21 business days after the complaint is filed. Upon receiving a
22 complaint of a violation of this Section, the Department may
23 take any action authorized under Section 7 or 9 of this Act.

24 (f) Proof of violation. Any violation of this Section must
25 be proved by clear and convincing evidence that a hospital
26 worker ~~nurse~~ was required to work overtime against the

1 hospital worker's ~~his or her~~ will. The hospital may defeat the
2 claim of a violation by presenting clear and convincing
3 evidence that an unforeseen emergent circumstance, which
4 required overtime work, existed at the time the employee was
5 required or compelled to work.

6 (Source: P.A. 100-513, eff. 1-1-18.)

7 (210 ILCS 85/10.15 new)

8 Sec. 10.15. Additional staffing transparency and reporting
9 requirements.

10 (a) Definitions. As used in this Section:

11 "Hospital worker" means any person who receives an hourly
12 wage directly or indirectly via a subcontractor by a hospital
13 licensed under this Act.

14 "Staffing metric" means any tool used by hospital
15 management to determine safe staffing levels in a patient care
16 or support services unit.

17 "Subcontractor" means any entity, including an individual
18 or individuals, that contracts with a hospital licensed under
19 this Act to supply a service. "Subcontractor" includes an
20 organization that, to a significant extent, is associated or
21 affiliated with, owns or is owned by, or has control of or is
22 controlled by, the entity furnishing services to a hospital
23 licensed under this Act.

24 "Unit" means a functional division of a hospital that
25 provides patient care or support services.

1 (b) Hospitals licensed under this Act must employ and
2 schedule enough hospital workers to provide quality patient
3 care and ensure patient safety.

4 (c) In order to ensure compliance with safe staffing
5 practices, hospitals licensed under this Act must make
6 available upon request all the staffing matrices or other
7 staffing metrics used to assess and maintain safe staffing
8 levels for hospital workers in each unit.

9 (d) A hospital must share with the Department at the
10 beginning of each calendar year any and all staffing matrices,
11 staffing metrics, and underlying materials used to determine
12 the metrics.

13 (e) The Department shall produce an annual report based on
14 staffing disclosures required under this Section beginning the
15 first year after the effective date of this amendatory Act of
16 the 104th General Assembly.

17 (f) The Department shall make recommendations for minimum
18 staffing standards for hospital workers in each hospital unit
19 based on the information collected via this Section.

20 (210 ILCS 85/10.20 new)

21 Sec. 10.20. Hospital worker competency validation and
22 assignment despite objection.

23 (a) Findings. The General Assembly finds that:

24 (1) The State of Illinois has an obligation to ensure
25 hospitals provide quality patient care.

1 (2) Numerous studies have linked patient outcomes,
2 including in-hospital mortality rates, to hospital worker
3 staffing.

4 (3) Despite the preponderance of evidence that
5 adequate staffing improves patient outcomes, hospitals in
6 Illinois and elsewhere too often systemically and
7 intentionally understaff to maximize profit, even at the
8 expense of quality patient care.

9 (4) The COVID-19 pandemic both exposed and exacerbated
10 these unsafe staffing practices.

11 (5) The State asserts that, based on their
12 demonstrated competencies and training, hospital workers
13 are best positioned to identify unsafe conditions that
14 jeopardize quality patient care, especially short
15 staffing.

16 (6) Hospitals perform competency validations and
17 ongoing verifications to ensure hospital workers know how
18 to perform their jobs safely and to identify unsafe
19 practices, including short staffing.

20 (7) The State should require hospitals to affirm that
21 hospital workers have received the necessary training to
22 safely perform their work via competency validations and
23 ongoing verification, and empower these hospital workers
24 to identify and formally object to unsafe working
25 conditions, including short staffing. (8) To facilitate
26 this, the State should create a dispute resolution process

1 for hospital workers to formally object to unsafe working
2 conditions.

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

4 "Assignment despite objection" means a formal process by
5 which hospital workers notify management when they receive an
6 assignment that, based on their training, is potentially
7 unsafe.

8 "Competent employee" means a hospital worker whose
9 employer has received a competency validation or ongoing
10 verification during a given calendar year.

11 "Competency validation" means a determination based on a
12 hospital worker's satisfactory performance of each specific
13 element of their job description and of specific requirements
14 of the unit in which they are employed in a safe and ethical
15 manner.

16 "Hospital worker" means any person who receives an hourly
17 wage, directly or indirectly via a subcontractor, by a
18 hospital licensed under this Act.

19 "Ongoing verification" means an annual redetermination
20 based on a hospital worker's satisfactory performance of each
21 specific element of their job description and the specific
22 requirements of the unit in which they are employed in a safe
23 and ethical manner.

24 "Subcontractor" means any entity, including an individual
25 or individuals, that contracts with a hospital licensed under
26 this Act to supply a service. "Subcontractor" includes an

1 organization that, to a significant extent, is associated or
2 affiliated with, owns or is owned by, or has control of or is
3 controlled by, the entity furnishing services to a hospital
4 licensed under this Act.

5 (c) Competency validation credential.

6 (1) Hospitals licensed under this Act shall conduct a
7 competency validation for each hospital worker hired, as a
8 condition of employment, within the first month of
9 employment and at no cost to the new hire.

10 (2) The competency validation formally affirms the
11 hospital has adequately trained a hospital worker to
12 perform all aspects of their job safely and to identify
13 unsafe conditions, including inadequate staffing.

14 (3) Hospitals must submit documentation of each
15 hospital worker's competency validation to the Department
16 within 2 weeks of the hospital worker's start date.

17 (4) Hospitals licensed under this Act shall also
18 conduct an ongoing verification for each hospital worker
19 employed during a given calendar year to determine each
20 hospital worker's continued competency to perform their
21 job. The hospitals shall submit documentation of each
22 hospital worker's ongoing verification to the Department
23 within 2 weeks of completion.

24 (5) Hospitals licensed under this Act shall submit a
25 list of all competent employees currently employed at the
26 end of each calendar year.

1 (6) The Department shall maintain, and make available
2 to the public, a registry of all competent employees that
3 includes the hospital worker's name, address, contact
4 information, and current employer.

5 (7) Hospital employers that fail to comply with the
6 requirements of this Section shall receive a fine equal to
7 0.1% of annual revenue reported during the most recently
8 completed fiscal year each day until the hospital complies
9 with the law.

10 (d) Assignment despite objection.

11 (1) A hospital licensed under this Act must create an
12 assignment despite objection form that is applicable and
13 accessible to all hospital workers that enables the
14 hospital workers to formally object to unsafe working
15 conditions (including unsafe staffing levels) and shifts
16 liability for the unsafe working conditions to the
17 hospital.

18 (2) The assignment despite objection form must include
19 the following language: "This is to confirm that I
20 notified you that, in my professional judgment derived
21 from my competency validation, today's assignment is
22 unsafe and places patients at risk. As a result, the
23 facility is responsible for any adverse effects on patient
24 care."

25 (3) A hospital must retain a copy of each assignment
26 despite objection form and provide copies to the hospital

1 worker's union (where relevant) and the Department.
2 Hospitals must provide a report of all assignment despite
3 objection forms filed annually at the end of each Calendar
4 Year and maintain these records for a minimum of 5 years.

5 (4) A hospital must not retaliate against hospital
6 workers for filing an assignment despite objection form or
7 for reporting or objecting to unsafe conditions.

8 (e) Resolution process.

9 (1) A hospital must develop a transparent, fair, and
10 expedient assignment despite objection resolution process
11 for all hospital workers either via collective bargaining
12 or in accordance with the Department process described in
13 paragraph (3).

14 (2) Hospital workers currently covered by a collective
15 bargaining agreement that includes an assignment despite
16 objection resolution process shall abide by the process
17 included in the collective bargaining agreement.

18 (3) Hospital workers not covered by a collective
19 bargaining agreement that includes an assignment despite
20 objection resolution process may use the Department's
21 resolution process. The Department's resolution process
22 for an assignment despite objection shall be as follows:

23 (A) Step 1: The objecting hospital worker shall
24 make a good faith effort to inform their manager or
25 supervisor at the time of the objection to assignment.

26 (B) Step 2: If the manager or supervisor fails to

1 resolve the unsafe situation to the reporting hospital
2 worker's satisfaction, the hospital worker shall then
3 complete an assignment despite objection form and
4 submit a copy to the manager or supervisor, submit a
5 copy to the representative organization if covered by
6 a collective bargaining agreement, and keep a copy for
7 the hospital worker's records.

8 (C) Hospital management must respond in writing to
9 the assignment despite objection within one week of
10 its receipt and shall provide a copy of the response to
11 the hospital worker's representative organization if
12 the hospital worker is covered by a collective
13 bargaining agreement.

14 (D) Should the affected hospital worker(s) be
15 unsatisfied with the management's response, the
16 hospital must convene a Safety Review Panel composed
17 of 3 representatives selected by the hospital and 3
18 representatives selected by hospital workers via a
19 transparent democratic process (the hospital workers'
20 representatives need not be hospital employees). The
21 panel shall attempt to resolve the dispute within 15
22 days of referral, unless extended by mutual consent.

23 (E) In the event the Safety Review Panel cannot
24 resolve the dispute within 15 days of referral, the
25 Department shall appoint a mutually agreed upon
26 third-party neutral to assist in resolving the

1 dispute. The third-party neutral shall make a binding
2 decision to resolve the dispute.

3 (4) Hospital employers that refuse to honor the
4 Department's assignment despite objection resolution
5 process shall receive a fine equal to 0.1% of annual
6 revenue reported each day during the most recently
7 completed fiscal year until the hospital complies with the
8 resolution process.

9 (5) The Department shall create a Hospital Safety
10 Advocate position responsible for enforcing the new
11 competency credentialing and assignment despite objection
12 requirements and developing additional rules, as needed.

13 (210 ILCS 85/10.25 new)

14 Sec. 10.25. Certified nursing assistant & patient care
15 technician to patient ratios. A hospital may not assign a
16 certified nursing assistant or patient care technician to more
17 than 7 patients at a time during a day or evening shift or more
18 than 11 patients at a time during a night shift.

19 (210 ILCS 85/10.30 new)

20 Sec. 10.30. Direct-care registered nurse-to-patient
21 staffing ratios.

22 (a) Definitions. As used in this Section:

23 "Charge nurse" means a direct-care registered nurse who
24 coordinates patient care responsibilities among nurses in a

1 hospital unit.

2 "Clinical care staff" means individuals who are licensed
3 or certified by the State and who provide direct care.

4 "Direct care" means any care provided by a licensed or
5 certified member of the hospital staff that is within the
6 scope of the license or certification of the member.

7 "Direct-care staff" means any of the following who are
8 routinely assigned to patient care and are replaced when they
9 are absent:

10 (1) registered nurses, including registered nurses
11 that do not assume primary responsibility for a patient's
12 care but have responsibility for consulting on patient
13 care;

14 (2) licensed practical nurses; or

15 (3) certified nursing assistants.

16 "Exclusive bargaining representative" means a labor
17 organization that is:

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

20 (2) certified as an exclusive representative by
21 the Employment Relations Board.

22 "Intensive care unit" means a unit of a hospital that
23 provides care to critically ill patients who require
24 advanced treatments, such as mechanical ventilation,
25 vasoactive infusions, continuous renal replacement
26 treatment, or who require frequent assessment and

1 monitoring.

2 "Intermediate care unit" means a unit of a hospital
3 that provides progressive care, intensive specialty care,
4 or step-down care.

5 "Medical-surgical unit" means an inpatient unit in
6 which general medical or post-surgical level of care is
7 provided, excluding critical care units and any units
8 referred to in this Section.

9 "Progressive care" means care provided to hospital
10 patients who need more monitoring and assessment than
11 patients on the medical-surgical units but whose
12 conditions are not so unstable that they require care in
13 an intensive care unit.

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

18 "Valid complaint" means a complaint containing an
19 allegation that, if assumed to be true, is a violation of
20 this Section.

21 (b) With respect to direct-care registered nurses, a
22 hospital must ensure that at all times:

23 (1) In an emergency department:

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

26 (B) the ratio of direct-care registered nurses to

1 patients averages no more than one-to-four over a
2 12-hour shift and a single direct-care registered
3 nurse may not be assigned more than 5 patients at one
4 time. Direct-care registered nurses assigned to trauma
5 patients may not be taken into account in determining
6 the average ratio.

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

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

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

13 (B) One patient if the patient is in active labor
14 or if the patient is at any stage of labor and is
15 experiencing complications.

16 (4) In a postpartum, antepartum, and well-baby
17 nursery, a direct-care registered nurse is assigned to no
18 more than 6 patients, counting mother and baby each as
19 separate patients.

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

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

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

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

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

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

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

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

11 (c) Notwithstanding subsection (b), the direct-care
12 registered nurse-to-patient ratio for an individual patient
13 shall be based on a licensed independent practitioner's
14 classification of the patient, as indicated in the patient's
15 medical record, regardless of the unit where the patient is
16 being cared for.

17 (d) With the approval of a majority of the members of the
18 hospital nurse staffing committee, a unit can deviate from the
19 direct-care registered nurse-to-patient ratios in subsection
20 (b), in pursuit of innovative care models that were considered
21 by the committee, by allowing other clinical care staff to
22 constitute up to 50% of the registered nurses needed to comply
23 with the applicable nurse-to-patient ratio. Staffing in an
24 innovative care model must be reapproved by the committee
25 every 2 years.

26 (e) A hospital shall provide for meal breaks and rest

1 breaks in accordance with all rules and applicable laws.

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

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

15 (h) A charge nurse may:

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

20 (2) take patient assignments, including patient
21 assignments taken for the purpose of covering staff who
22 are on meal breaks or rest breaks, in units with 11 or more
23 beds with the approval of the hospital nurse staffing
24 committee; and

25 (3) be taken into account in determining the
26 direct-care registered nurse-to-patient ratio during

1 periods when the charge nurse is taking patient
2 assignments under this Section.

3 (i) Complaint procedure; meal and rest periods.

4 (1) An employee or an exclusive bargaining
5 representative of an employee may enforce requirements for
6 meal periods and rest periods adopted by rule by the
7 Department by electing to file a complaint in one of the
8 following ways:

9 (A) with the Department under this Section; or

10 (B) with the Department under rules adopted under
11 this Section.

12 (2) Upon receipt of a complaint under this Section,
13 the Department shall proceed on the complaint in
14 accordance with this Section.

15 (3) The Department shall deem a complaint filed under
16 this subsection to be withdrawn if notified by an employer
17 that:

18 (A) the employer received a grievance filed by the
19 employer or an exclusive bargaining representative of
20 the employee alleging the same violation as the
21 violation alleged in a complaint filed under this
22 subsection; or

23 (B) the employee or the exclusive bargaining
24 representative of the employee has filed a civil
25 complaint against the employer alleging the same
26 violation as the violation alleged in a complaint

1 filed under this subsection.

2 (4) If the Department receives a complaint under
3 subsection (b) that was filed more than 60 days after the
4 date of the missed meal period or missed rest period
5 alleged in the complaint, the Department:

6 (A) shall dismiss the complaint; and

7 (B) may not investigate the complaint or take any
8 enforcement action with respect to the complaint.

9 (5) Following an investigation of a complaint filed
10 under subsection (b), if the Department determines that a
11 civil penalty is appropriate, the Department shall provide
12 to the hospital, to the cochairs of the nurse staffing
13 committee, and to the exclusive bargaining representative,
14 if any, a notice of the Department's intent to assess a
15 civil penalty of \$200.

16 A civil penalty imposed under this Section:

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

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

21 (C) precludes any other penalty or remedy provided
22 by law for the violation found by the commissioner;
23 and

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

26 (6) The liquidated damages imposed under this Section

1 shall be paid to the complainant no later than 15 business
2 days after the date on which the order becomes final by
3 operation of law or 15 days after the issuance of a
4 decision on appeal. A hospital shall provide the
5 commissioner proof of the payment of liquidated damages no
6 later than 30 days after making the payment.

7 (7) An employee's failure to file a complaint under
8 subsection (b) does not preclude the employee from
9 pursuing any other remedy otherwise available to the
10 employee under any provision of law.

11 (8) Nothing in this Section creates a private cause of
12 action.

13 (j) The Department shall:

14 (1) implement a process for an employee or an
15 employee's exclusive bargaining representative to file a
16 complaint against a hospital under subsection (b) for
17 missed meal periods and rest periods.

18 (2) forward to the Department any complaint filed
19 under this Section no later than 14 days after the
20 complaint is filed; and

21 (3) no later than 30 days after receiving a complaint
22 under this Section, provide notice of the filing of the
23 complaint to the following:

24 (A) the hospital;

25 (B) the co-chairs of the nurse staffing committee
26 where applicable; and

1 (C) the exclusive bargaining representative, if
2 any, of the employee filing the complaint.

3 (k) Staffing investigations.

4 (1) For the purpose of ensuring compliance with all
5 applicable laws and rules, the Department shall:

6 (A) within 60 days after receiving a complaint
7 against a hospital for violating a provision of this
8 Section, conduct an on-site investigation of the
9 hospital; and

10 (B) within 60 days after issuing an order
11 requiring a hospital to implement a plan to correct a
12 violation of this Section, conduct an investigation of
13 the hospital to ensure compliance with the plan.

14 (2) When conducting an investigation of a hospital to
15 ensure compliance with this Section, the Department shall,
16 if the Department provides notice of the investigation to
17 the hospital, provide notice of the investigation to the
18 cochairs of the hospital nurse staffing committee and
19 other applicable laws and rules.

20 (3) Following an investigation conducted under this
21 Section, the Department shall provide a written report of
22 the Department's findings to the hospital and the cochairs
23 of the hospital nurse staffing committee.

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

1 (A) take evidence;

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

4 (C) compel the appearance of witnesses in the
5 manner provided by law in civil cases;

6 (D) require answers to interrogatories; and

7 (E) compel the production of books, papers,
8 accounts, documents, and testimony pertaining to the
9 matter under investigation.

10 (1) Complaint procedures.

11 (1) As used in this Section, "valid complaint" means a
12 complaint containing an allegation that, if assumed to be
13 true, is a violation of this Section.

14 (2) To ensure compliance with all applicable laws and
15 rules, the Department shall:

16 (A) establish a method by which a hospital staff
17 person or an exclusive bargaining representative of a
18 hospital staff person may submit a complaint through
19 the Department's website regarding any violation of
20 this Section;

21 (B) no later than 14 days after receiving a
22 complaint, send a copy of the complaint to the
23 exclusive bargaining representative, if any, of the
24 staff person or staff persons who filed the complaint;

25 (C) no later than 30 days after receiving a valid
26 complaint of a violation of this Section, open an

1 investigation of the hospital and provide a notice of
2 the investigation to the hospital and the cochair of
3 the nurse staffing committee established under this
4 Section, or other lawfully established committees, and
5 to the exclusive bargaining representative, if any, of
6 the staff person or staff persons filing the
7 complaint. The notice must include a summary of the
8 complaint that does not include the complainant's name
9 or the specific date, shift, or unit but does include
10 the calendar week in which the complaint arose;

11 (D) not later than 80 days after opening the
12 investigation, conclude the investigation and provide
13 a written report on the complaint to the hospital, the
14 cochair of the nurse staffing committee, and the
15 exclusive bargaining representative, if any, of the
16 staff person or staff persons filing the complaint.
17 The report:

- 18 (i) shall include a summary of the complaint;
19 (ii) shall include the nature of the alleged
20 violation or violations;
21 (iii) shall include the Department's findings
22 and factual bases for the findings;
23 (iv) shall include other information the
24 Department determines is appropriate to include in
25 the report; and
26 (v) may not include the name of any

1 complainant, the name of any patient, or the names
2 of any individuals that the Department interviewed
3 in investigating the complaint;

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

13 (F) in determining whether to impose a civil
14 penalty, consider all relevant evidence, including,
15 but not limited to, witness testimony, written
16 documents, and the observations of the investigator.

17 (3) A hospital subject to a valid complaint shall
18 provide to the Department, no later than 20 days after
19 receiving the notice under of this Section:

20 (A) the staffing plan that is the subject of the
21 complaint;

22 (B) if relevant to the complaint, documents that
23 show the scheduled staffing and the actual staffing on
24 the unit that is the subject of the complaint during
25 the period of time specified in the complaint; and

26 (C) documents that show the actions described in

1 this Section, if any, that the hospital took to comply
2 with the staffing plan or to address the issue raised
3 by the complaint.

4 (4) In conducting an investigation, the Department
5 shall review any document:

6 (A) related to the complaint that is provided by
7 the exclusive bargaining representative that filed the
8 complaint or by the hospital staff person who filed
9 the complaint and the person's exclusive bargaining
10 representative, if any; and

11 (B) provided by the hospital in response to the
12 complaint.

13 (5) In conducting an investigation, the Department
14 may:

15 (A) make an on-site inspection of the unit that is
16 the subject of the complaint;

17 (B) interview a manager for the unit and any other
18 staff persons with information relevant to the
19 complaint;

20 (C) interview the cochaIRS of the nurse staffing
21 committee;

22 (D) interview the staff person or staff persons
23 who filed the complaint unless the individual declines
24 to be interviewed; and

25 (E) compel the production of books, papers,
26 accounts, documents, and testimony pertaining to the

1 complaint, other than documents that are privileged or
2 not otherwise subject to disclosure.

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

10 (m) Penalties.

11 (1) The Department shall impose civil penalties in the
12 manner provided for, or suspend or revoke a license of a
13 hospital, for a violation of any provision of this
14 Section. The Department shall adopt by rule a schedule
15 establishing the amount of civil penalty that may be
16 imposed for a violation of this Section when there is a
17 reasonable belief that safe patient care has been or may
18 be negatively impacted.

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

22 (3) Each violation shall be considered a separate
23 violation and there is no limit on the number times that a
24 penalty may be imposed for repeated violations of the same
25 provision.

26 (4) The Department shall maintain for public

inspection records of any civil penalties or license suspensions or revocations imposed on hospitals penalized under this Section.

(n) Violations.

(1) Following the receipt of a complaint and completion of an investigation described in this Section, for a violation described in this Section, the Department shall:

(A) issue a warning for the first violation in a 4-year period;

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

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

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

(4) The Department shall take the actions described in paragraph (1) of this subsection for the following violations by a hospital of this Section:

(A) failure to comply with the nurse-to-patient staffing ratios prescribed in this Section;

(B) failure to comply with the staffing requirements for certified nursing assistants in this Section; or

1 (C) requiring a nursing staff, except as allowed
2 by applicable law or rule to work:

3 (i) beyond an agreed-upon prearranged shift
4 regardless of the length of the shift;

5 (ii) more than 48 hours in any
6 hospital-defined work week;

7 (iii) more than 12 hours in a 24-hour period;

8 or

9 (iv) during the 10-hour period immediately
10 following the 12th hour worked during a 24-hour
11 period.

12 (3) A direct-care staff person may elect to enforce
13 meal break and rest break violations under this Section
14 and other applicable laws and rules by filing a complaint
15 with the Department in accordance with this Section.

16 (o) Public records. The Department shall post on a website
17 maintained by the Department:

18 (1) reports of audits described in this Section of the
19 hospital staffing plans received by the Department;

20 (2) any report of this Section made pursuant to an
21 investigation under this Section;

22 (3) any order requiring a hospital to implement a plan
23 to correct a violation;

24 (4) any order imposing a civil penalty against a
25 hospital or suspending or revoking the license of a
26 hospital pursuant; and

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

3 (o) Recordkeeping. A hospital shall keep and maintain
4 records necessary to demonstrate compliance with this Section.
5 For purposes of this Section, the Department shall adopt rules
6 specifying the content of the records and the form and manner
7 of keeping, maintaining, and disposing of the records. A
8 hospital must provide records kept and maintained under this
9 Section to the Department upon request.

10 (p) Rulemaking. The Department may adopt any rules
11 necessary for implementation of this Section.