



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2022

Introduced 2/6/2025, by Sen. Celina Villanueva

SYNOPSIS AS INTRODUCED:

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

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

LRB104 09478 BAB 19539 b

1 AN ACT concerning health.

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 Safe
5 Patient Limits Act.

6 Section 5. Definitions. In this Act:

7 "Couplet" means one postpartum patient and one baby.

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

12 "Department" means the Department of Public Health.

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

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

1 Surgical Treatment Center Act, a freestanding emergency center
2 licensed under the Emergency Medical Services (EMS) Systems
3 Act, a birth center licensed under the Birth Center Licensing
4 Act, an acute psychiatric hospital, an acute care specialty
5 hospital, or an acute care unit within a health care facility.

6 "Facility" does not include:

7 (1) the Alton Mental Health Center, at Alton;

8 (2) the Chicago-Read Mental Health Center, at Chicago;

9 (3) the Clyde L. Choate Mental Health and
10 Developmental Center, at Anna;

11 (4) the Elgin Mental Health Center, at Elgin;

12 (5) the John J. Madden Mental Health Center, at
13 Chicago;

14 (6) the Elizabeth Parsons Ware Packard Mental Health
15 Center, at Springfield; and

16 (7) the Chester Mental Health Center, at Chester.

17 "Health care emergency" means an emergency that is
18 declared by an authorized person within federal, State, or
19 local government and is related to circumstances that are
20 unpredictable and unavoidable, affect the delivery of medical
21 care, and require an immediate or exceptional level of
22 emergency or other medical services at the specific facility.

23 "Health care emergency" does not include a state of emergency
24 that results from a labor dispute in the health care industry
25 or consistent understaffing.

26 "Health care workforce" means personnel employed by or

1 contracted to work at a facility that have an effect upon the
2 delivery of quality care to patients, including, but not
3 limited to, registered nurses, licensed practical nurses,
4 unlicensed assistive personnel, service, maintenance,
5 clerical, professional, and technical workers, and other
6 health care workers.

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

9 "Nursing care" means care that falls within the scope of
10 practice described in Section 55-30 or 60-35 of the Nurse
11 Practice Act or is otherwise encompassed within recognized
12 standards of nursing practice.

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

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

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

23 Section 10. Maximum patient assignments for registered
24 nurses.

25 (a) The maximum number of patients assigned to a

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

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

15 (c) In all units with step-down or intermediate intensive
16 care patients, the maximum patient assignment of step-down or
17 intermediate intensive care patients to a registered nurse is
18 3.

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

24 (e) In all units with operating room patients, the maximum
25 patient assignment of operating room patients to a registered
26 nurse is one, provided that a minimum of one additional person

1 serves as a scrub assistant for each patient.

2 (f) In the emergency department:

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

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

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

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

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

26 (1) to a registered nurse of antepartum patients

1 requiring continuous fetal monitoring is 2;

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

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

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

10 (5) during birth is one registered nurse responsible
11 for the patient in labor and, for each newborn, one
12 registered nurse whose sole responsibility is that newborn
13 patient;

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

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

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

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

26 (10) of newborn patients to a registered nurse is 2

1 when the patients are receiving intermediate care or the
2 nurse has been assigned to a patient care unit that
3 receives newborn patients requiring intermediate care,
4 including, but not limited to, an intermediate care
5 nursery.

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

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

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

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

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

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

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

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

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

10 Section 20. Implementation by a facility.

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

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

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

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

10 (e) The hours in which a nurse administrator, nurse
11 supervisor, nurse manager, charge nurse, and other licensed
12 nurse provides patient care shall not be considered when
13 evaluating compliance with the patient limits under Section 10
14 and with the patient assignment requirement under subsection
15 (b) unless the registered nurse:

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

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

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

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

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

9 (g) At all times during each shift within a facility unit,
10 clinical unit, or patient care area of a facility, and with the
11 full complement of ancillary support staff, at least 2 direct
12 care registered nurses shall be physically present in each
13 facility unit, clinical unit, or patient care area where a
14 patient is present.

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

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

24 (j) A facility shall assign direct care professional
25 registered nurses in a patient care unit in accordance with
26 Section 10 in order to meet the highest level of intensity and

1 type of care provided in the patient care unit. If multiple
2 assignments described under Section 10 apply to a patient, the
3 facility shall assign a direct care professional registered
4 nurse in accordance with the lowest numerical patient
5 assignment under that Section.

6 (k) A facility shall provide staffing of direct care
7 registered professional nurses above the number of direct care
8 registered professional nurses required to comply with the
9 patient levels under Section 10, or additional staffing of
10 licensed practical nurses, certified nursing assistants, or
11 other licensed or unlicensed ancillary support staff, based on
12 the direct care registered professional nurse's assessment of
13 each assigned individual patient, the individual patient's
14 nursing care requirements, and the individual patient's
15 nursing care plan.

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

23 (m) A facility must provide relief by a direct care
24 registered professional nurse with unit-specific education,
25 training, and competence during another direct care registered
26 professional nurse's meal periods, breaks, and routine

1 absences as part of the facility's obligation to meet the
2 patient limits under Section 10 at all times.

3 Section 25. Changes in patient census.

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

7 (b) If a health care emergency causes a change in the
8 number of patients in a clinical care unit or patient care
9 area, the facility must be able to demonstrate that immediate
10 and diligent efforts were made to maintain required staffing
11 levels under this Act.

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

17 Section 30. Record of staff assignments.

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

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

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

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

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

24 (1) procedures for the education, training, and

1 orientation of nursing staff to each clinical area where
2 the nursing staff will work; and

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

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

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

22 (d) A health care facility may not assign any nursing
23 personnel from a temporary nursing agency to the facility's
24 unit, clinical unit, or patient care area unless the nursing
25 personnel have first received education, training, and
26 orientation in that clinical area that is sufficient to

1 provide safe, therapeutic, and competent care to patients in
2 that clinical area and have demonstrated competence in
3 providing care in that clinical area.

4 Section 45. Enforcement.

5 (a) In addition to any other penalty prescribed by law,
6 the Department may impose a civil penalty against a facility
7 that violates this Act of up to \$25,000 for each violation,
8 except that the Department shall impose a civil penalty of at
9 least \$25,000 for each violation if the Department determines
10 that the health care facility has a pattern of violation. A
11 separate and distinct violation shall be deemed to have been
12 committed on each day during which any violation continues
13 after receipt of written notice of the violation from the
14 Department by the facility.

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

20 (c) A facility's failure to adhere to the patient
21 assignment limits under Section 10, any other violation of
22 this Act, or any violation of Section 10.10 of the Hospital
23 Licensing Act shall be reported by the Department to the
24 Attorney General for enforcement, for which the Attorney
25 General may bring action in a court of competent jurisdiction

1 seeking injunctive relief and civil penalties.

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

7 Section 50. Nurse rights and protections.

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

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

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

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

1 registered nurse.

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

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

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

20 (e) A facility shall not retaliate, discriminate, or
21 otherwise take adverse action against any patient or employee
22 of the facility or any other individual on the basis that the
23 patient, employee, or individual, in good faith, individually
24 or in conjunction with another person or persons, has
25 presented a grievance or complaint, initiated or cooperated in
26 any investigation or proceeding of any governmental entity,

1 regulatory agency, or private accreditation body, made a civil
2 claim or demand, or filed an action relating to the care,
3 services, or conditions of the facility or of any affiliated
4 or related facility.

5 (f) A facility shall not:

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

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

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

14 Section 110. The Hospital Licensing Act is amended by
15 changing Section 10.10 as follows:

16 (210 ILCS 85/10.10)

17 Sec. 10.10. Nurse staffing by patient acuity.

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

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

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

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

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

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

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

16 "Department" means the Department of Public Health.

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

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

26 "Registered professional nurse" means a person licensed as

1 a Registered Nurse under the Nurse Practice Act.

2 "Written staffing plan for nursing care services" means a
3 written plan for the assignment of patient care nursing staff
4 based on multiple nurse and patient considerations that
5 ensures the facility meets the maximum patient assignment
6 limits under Section 10 of the Safe Patient Limits Act and the
7 adopted method to adjust the staffing plan for each inpatient
8 care unit when additional staff are needed to fulfill the care
9 needs of each individual patient as determined by the
10 patient's assigned direct care registered professional nurse
11 ~~yield minimum staffing levels for inpatient care units and the~~
12 ~~adopted acuity model aligning patient care needs with nursing~~
13 ~~skills required for quality patient care consistent with~~
14 ~~professional nursing standards.~~

15 (c) Written staffing plan.

16 (1) Every hospital shall implement a written
17 hospital-wide staffing plan, prepared by a nursing care
18 committee or committees, that provides for minimum direct
19 care professional registered nurse-to-patient staffing
20 needs for each inpatient care unit and, ~~including~~
21 ~~inpatient~~ emergency department ~~departments~~. If the
22 staffing plan prepared by the nursing care committee is
23 not adopted by the hospital, or if substantial changes are
24 proposed to it, the chief nursing officer shall either:
25 (i) provide a written explanation to the committee of the
26 reasons the plan was not adopted; or (ii) provide a

1 written explanation of any substantial changes made to the
2 proposed plan prior to it being adopted by the hospital.
3 The written hospital-wide staffing plan shall include, but
4 need not be limited to, the following considerations:

5 (A) The complexity of complete care, assessment on
6 patient admission, volume of patient admissions,
7 discharges and transfers, evaluation of the progress
8 of a patient's problems, ongoing physical assessments,
9 planning for a patient's discharge, assessment after a
10 change in patient condition, and assessment of the
11 need for patient referrals.

12 (B) The complexity of clinical professional
13 nursing judgment needed to design and implement a
14 patient's nursing care plan, the need for specialized
15 equipment and technology, the skill mix of other
16 personnel providing or supporting direct patient care,
17 and involvement in quality improvement activities,
18 professional preparation, and experience.

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

21 (D) The ongoing assessments of a unit's patient
22 acuity levels , as determined by the direct care
23 registered professional nurse responsible for each
24 patient's care, and nursing staff needed shall be
25 routinely made by the unit nurse manager or the unit
26 nurse manager's ~~his or her~~ designee.

1 (E) The identification of additional registered
2 nurses available for direct patient care when
3 patients' unexpected needs exceed the planned workload
4 for direct care staff.

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

8 (2) In order to provide staffing flexibility to meet
9 patient needs, every hospital shall include in its
10 staffing plan a method to adjust the staffing plan for
11 each inpatient care unit when the maximum patient
12 assignment under Section 10 of the Safe Patient Limits Act
13 should be reduced or additional staff are needed to
14 fulfill the care needs of each individual patient as
15 determined by the patient's assigned direct care
16 registered professional nurse ~~identify an acuity model for~~
17 ~~adjusting the staffing plan for each inpatient care unit.~~

18 (2.5) Each hospital shall implement the staffing plan
19 and assign nursing personnel to each inpatient care unit
20 and emergency department, ~~including inpatient emergency~~
21 ~~departments,~~ in accordance with the staffing plan.

22 (A) A registered nurse may report to the nursing
23 care committee any variations where the nurse
24 personnel assignment in an inpatient care unit is not
25 in accordance with the adopted staffing plan and may
26 make a written report to the nursing care committee

1 based on the variations.

2 (B) Shift-to-shift adjustments in staffing levels
3 required by the staffing plan may be made by the
4 appropriate hospital personnel overseeing inpatient
5 care operations. If a registered nurse in an inpatient
6 care unit objects to a shift-to-shift adjustment, the
7 registered nurse may submit a written report to the
8 nursing care committee.

9 (C) The nursing care committee shall develop a
10 process to examine and respond to written reports
11 submitted under subparagraphs (A) and (B) of this
12 paragraph (2.5), including the ability to determine if
13 a specific written report is resolved or should be
14 dismissed.

15 (3) The written staffing plan shall be posted, either
16 by physical or electronic means, in a conspicuous and
17 accessible location for both patients and direct care
18 staff, as required under the Hospital Report Card Act. A
19 copy of the written staffing plan shall be provided to any
20 member of the general public upon request.

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

23 (5) Any acuity model, or other method, software, or
24 tool used to create or evaluate a staffing plan adopted by
25 a facility, shall be transparent in all respects,
26 including disclosure of detailed documentation of the

1 methodology used to determine nurse staffing and
2 identifying each factor, assumption, and value used in
3 applying the methodology. This documentation shall be
4 submitted to the Department and made available to facility
5 staff, facility staff's collective bargaining
6 representatives, and the public upon request. The patient
7 limits under Section 10 of the Safe Patient Limits Act
8 shall not be exceeded regardless of the use and
9 application of any acuity model.

10 (d) Nursing care committee.

11 (1) Every hospital shall have a nursing care committee
12 that meets at least 6 times per year. A hospital shall
13 appoint members of a committee whereby at least 55% of the
14 members are registered professional nurses providing
15 direct inpatient care, one of whom shall be selected
16 annually by the direct inpatient care nurses to serve as
17 co-chair of the committee.

18 (2) (Blank).

19 (2.5) A nursing care committee shall prepare and
20 recommend to hospital administration the hospital's
21 written hospital-wide staffing plan. If the staffing plan
22 is not adopted by the hospital, the chief nursing officer
23 shall provide a written statement to the committee prior
24 to a staffing plan being adopted by the hospital that: (A)
25 explains the reasons the committee's proposed staffing
26 plan was not adopted; and (B) describes the changes to the

1 committee's proposed staffing or any alternative to the
2 committee's proposed staffing plan.

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

8 (A) Selection, implementation, and evaluation of
9 minimum staffing levels consistent with the maximum
10 patient limits under the Safe Patient Limits Act ~~for~~
11 ~~inpatient care units.~~

12 (B) Selection, implementation, and evaluation of a
13 method to increase staffing as needed to meet patient
14 care needs ~~an acuity model to provide staffing~~
15 ~~flexibility that aligns changing patient acuity with~~
16 ~~nursing skills required.~~

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

21 (D) Review the nurse staffing plans for all
22 inpatient areas and current acuity tools and measures
23 in use. The nursing care committee's review shall
24 consider:

25 (i) patient outcomes;

26 (ii) complaints regarding staffing, including

1 complaints about a delay in direct care nursing or
2 an absence of direct care nursing;

3 (iii) the number of hours of nursing care
4 provided through an inpatient hospital unit
5 compared with the number of inpatients served by
6 the hospital unit during a 24-hour period;

7 (iv) the aggregate hours of overtime worked by
8 the nursing staff;

9 (v) the extent to which actual nurse staffing
10 for each hospital inpatient unit differs from the
11 staffing specified by the staffing plan; and

12 (vi) any other matter or change to the
13 staffing plan determined by the committee to
14 ensure that the hospital is staffed to meet the
15 health care needs of patients.

16 (4) A nursing care committee must issue a written
17 report addressing the items described in subparagraphs (A)
18 through (D) of paragraph (3) semi-annually. A written copy
19 of this report shall be made available to direct inpatient
20 care nurses by making available a paper copy of the
21 report, distributing it electronically, or posting it on
22 the hospital's website.

23 (5) A nursing care committee must issue a written
24 report at least annually to the hospital governing board
25 that addresses items including, but not limited to: the
26 items described in paragraph (3); changes made based on

1 committee recommendations and the impact of such changes;
2 and recommendations for future changes related to nurse
3 staffing.

4 (6) A nursing care committee must annually notify the
5 hospital nursing staff of the staff's rights under this
6 Section. The annual notice must provide a phone number and
7 an email address for staff to report noncompliance with
8 the nursing staff's rights as described in this Section.
9 The notice must be provided by email or by regular mail in
10 a manner that effectively facilitates receipt of the
11 notice. The Department shall monitor and enforce the
12 requirements of this paragraph (6).

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

17 (f) No hospital may discipline, discharge, or take any
18 other adverse employment action against an employee solely
19 because the employee expresses a concern or complaint
20 regarding an alleged violation of this Section or concerns
21 related to nurse staffing.

22 (g) Any employee of a hospital may file a complaint with
23 the Department regarding an alleged violation of this Section.
24 The Department must forward notification of the alleged
25 violation to the hospital in question within 10 business days
26 after the complaint is filed. Upon receiving a complaint of a

1 violation of this Section, the Department may take any action
2 authorized under Section 7 or 9 of this Act.

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

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

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

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

20 (Source: P.A. 102-4, eff. 4-27-21; 102-641, eff. 8-27-21;
21 102-813, eff. 5-13-22; 103-211, eff. 1-1-24; 103-605, eff.
22 7-1-24.)

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

1 (225 ILCS 65/50-15.15 new)

2 Sec. 50-15.15. Nursing judgment.

3 (a) The General Assembly finds that:

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

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

16 (b) The exercise of nursing judgment by a direct care
17 registered professional nurse in the performance of the scope
18 of practice of the registered professional nurse under Section
19 60-35 or the scope of practice of the advanced practice
20 registered nurse under Section 65-30 shall be provided in the
21 exclusive interests of the patient and shall not, for any
22 purpose, be considered, relied upon, or represented as a job
23 function, authority, responsibility, or activity undertaken in
24 any respect for the purpose of serving the business,
25 commercial, operational, or other institutional interests of
26 the employer.

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

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

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

20 (3) limits a direct care registered professional nurse
21 in acting as a patient advocate in the exclusive interests
22 of the patient.