

**104TH GENERAL ASSEMBLY****State of Illinois****2025 and 2026****SB0259**

Introduced 1/24/2025, 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 recordkeeping 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.

LRB104 07658 BAB 17702 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 cochairs. 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 cochair. 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, 2026, 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. Recordkeeping. 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.