



1 (i) is required to be licensed under the Hospital  
2 Licensing Act or is subject to the University of Illinois  
3 Hospital Act or (ii) is privately owned and provides  
4 mental health services.

5 (2) A hospital, mental health facility, or prison  
6 health care unit maintained by the State, a unit of local  
7 government, or any department or agency of the State or a  
8 unit of local government.

9 "Nurse" means an advanced practice nurse, registered  
10 professional nurse, or licensed practical nurse, practicing  
11 under the scope of practice as licensed and defined in the  
12 Nursing and Advanced Practice Nursing Act.

13 "Nurse executive or nurse administrator" means a  
14 registered professional nurse responsible and accountable for  
15 day-to-day operations related to nursing, including  
16 development and review of the facility staffing plans,  
17 implementation of patient classification systems, overseeing  
18 of nurse staffing, and analysis of patient outcomes.

19 "Overtime" means work in excess of an agreed-to,  
20 predetermined scheduled work shift not to exceed 12 hours, or  
21 work in excess of 40 hours in one week, except in the case of  
22 an unforeseen emergent circumstance when overtime is required  
23 only as a last resort.

24 "Patient classification system" means a mechanism used by  
25 a health care facility to determine and differentiate the  
26 health care needs of all patients receiving care within the  
27 facility.

28 "Unforeseen emergent circumstance" means a circumstance  
29 in which the employer has no foreseeable control, as in the  
30 instance of war, a national disaster, a declared state of  
31 emergency, or another situation in which the health care  
32 facility has no other option but to require that an employee  
33 continue working. "Unforeseen emergent circumstance" does  
34 not mean a situation in which the employer has reasonable

1 knowledge of a decreased facility staffing plan, including,  
2 but not limited to, scheduled vacations, employee illness, or  
3 increased patient census.

4 Section 10. Ensuring minimum nurse staffing requirements.

5 (a) A health care facility shall require each patient  
6 care unit in the facility to meet or exceed minimum nurse  
7 staffing requirements established for each work shift by an  
8 assessment of patient health care needs conducted by a  
9 registered professional nurse directly responsible for  
10 patient care using the patient classification system under  
11 Section 20 of this Act. The staffing requirement shall be  
12 implemented through a staffing plan that is developed for  
13 each patient care unit.

14 (b) The staffing plan shall be developed under the  
15 direction of the health care facility's nurse administrator  
16 or nurse executive. To determine the appropriate application  
17 of the staffing plan, the nurse administrator or nurse  
18 executive shall develop the staffing plan in collaboration  
19 with registered professional nurses directly responsible for  
20 patient care. The staffing plan shall be developed in a  
21 manner that enables the patient care unit to meet or exceed  
22 the nurse staffing requirements that are derived from the  
23 computation used in the patient classification system.

24 (c) The staffing plan developed for each patient care  
25 unit for each work shift must be consistent with acceptable  
26 and prevailing standards of safe nursing care and with the  
27 American Nurses Association's principles for nurse staffing.  
28 The staffing plan must take into account factors including,  
29 but not be limited to, all of the following:

- 30 (1) Acuity of patient's illnesses.
- 31 (2) Use of specialized equipment and technology in  
32 providing patient care.
- 33 (3) Complexity of clinical judgment needed to

1 design, implement, and evaluate patient care plans.

2 (4) Ability of the patients to provide self-care.

3 (5) Patient care delivery systems at the facility.

4 (6) Health care facility-based patient outcome  
5 indicators, as developed by nationally recognized nursing  
6 organizations, including the American Nurses  
7 Association.

8 (7) Educational needs of the patients and their  
9 family members or others who may assist in the patients'  
10 care.

11 (8) Cognitive needs of the patients.

12 (9) Risk management needs resulting from the  
13 facility's record of malpractice and other instances.

14 (10) Functions necessary to support the delivery of  
15 quality patient care.

16 (11) Clinical competencies required to meet the  
17 specific needs of the patient populations.

18 (12) Experience level and education of the  
19 facility's licensed nurses.

20 (13) State and federal laws and regulatory  
21 requirements regarding patient care.

22 (14) State and federal labor laws and ratified  
23 collective bargaining agreements, if applicable.

24 (15) Expected temporary vacancies for paid or unpaid  
25 leave.

26 (16) Procedures for limiting patient census when  
27 available nursing staff is not sufficient to meet patient  
28 needs.

29 (17) Amount and degree of nursing interventions.

30 (18) Any other elements considered appropriate and  
31 specified in rules adopted by the appropriate State  
32 regulatory agency.

33 (d) Meeting the staffing requirements of this Section is  
34 the minimum action that a health care facility must take.

1 The facility may employ additional registered professional  
2 nurses to ensure that the facility's patients receive quality  
3 health care.

4 (e) This Section does not apply to any facility  
5 maintained by the Department of Corrections, the Department  
6 of Human Services, or the Cook County Department of  
7 Corrections.

8 Section 15. Patient classification committee.

9 (a) Each health care facility shall establish a  
10 multi-disciplinary committee for the purpose of selecting the  
11 patient classification system to be used in establishing  
12 staffing requirements pursuant to Section 10 of this Act.  
13 The facility shall appoint members of the committee in  
14 accordance with the following:

15 (1) Fifty percent of the committee's membership  
16 shall be comprised of administrative staff of the health  
17 care facility.

18 (2) Fifty percent of the committee's members shall  
19 be comprised of professionals providing direct care to  
20 patients, provided that those professionals must be  
21 registered nurses, physicians, and other health care  
22 professionals providing direct health care to the  
23 facility's patients.

24 (b) This Section does not apply to any facility  
25 maintained by the Department of Corrections, the Department  
26 of Human Services, or the Cook County Department of  
27 Corrections.

28 Section 20. Patient classification system.

29 (a) The patient classification committee of a health  
30 care facility shall select a patient classification system  
31 that does all of the following:

32 (1) Computes staffing requirements that are

1 appropriate to ensure that all patients in the facility  
2 receive quality health care according to an analysis of  
3 their individual and aggregate needs.

4 (2) Specifies staffing requirements to be filled by  
5 licensed nurses and other personnel utilized in the  
6 provision of direct patient care or the support of other  
7 unit activities. These staffing requirements shall be  
8 specified to fulfill patient care needs under normal  
9 circumstances and during unforeseen emergent  
10 circumstances, which includes a circumstance in which the  
11 absence of a licensed nurse or other personnel providing  
12 direct care could not be foreseen.

13 (3) Includes methods to ensure the validity and  
14 reliability of its projection of staffing requirements.

15 (4) Incorporates standards that are consistent with  
16 acceptable and prevailing standards of safe nursing care  
17 and with the American Nurses Association's principles for  
18 nurse staffing.

19 (b) This Section does not apply to any facility  
20 maintained by the Department of Corrections, the Department  
21 of Human Services, or the Cook County Department of  
22 Corrections.

23 Section 25. Internal review.

24 (a) Each health care facility's patient classification  
25 committee shall develop an internal review mechanism for the  
26 committee to use under this Section in evaluating whether the  
27 facility's patient classification system results in  
28 sufficient staffing requirements to meet the health care  
29 needs of the facility's patients. The committee shall  
30 develop a review mechanism that takes into account changes in  
31 the characteristics of the facility's work environment, as  
32 well as changes that may have occurred in the overall health  
33 acuity level of the patients being treated in the facility.

1 Evaluation tools that may be used in the review mechanism  
2 include the following:

3 (1) Patient outcome indicators that have been shown  
4 to correlate with nurse staffing, as those indicators are  
5 developed by nationally recognized nursing organizations.

6 (2) Acceptable and prevailing standards of safe  
7 nursing care.

8 (3) Facility reports and analysis of incidents and  
9 injuries to patients, nursing staff, and other personnel.

10 (4) Available reports and surveys of patient  
11 satisfaction and nurse satisfaction that correlate to the  
12 quality of nursing care provided in the facility.

13 (5) Criteria required by State or federal law for  
14 assessing the quality of patient care provided by a  
15 health care facility.

16 (6) American Nurses Credentialing Center Magnet  
17 Hospital elements.

18 (7) Any other criteria the patient classification  
19 committee considers appropriate.

20 (b) Not later than 6 months after the effective date of  
21 this Act, each committee shall complete its development of  
22 the internal review mechanism and conduct an internal review  
23 of the patient classification system it has selected.  
24 Thereafter, the committee shall conduct an internal review of  
25 the system at least once each year.

26 (c) Whenever a committee determines that the patient  
27 classification system that the committee has selected for a  
28 facility no longer meets the staffing requirements necessary  
29 to meet the health care needs of the facility's patients, the  
30 committee shall select a different patient classification  
31 system pursuant to this Section.

32 (d) This Section does not apply to any facility  
33 maintained by the Department of Corrections, the Department  
34 of Human Services, or the Cook County Department of

1 Corrections.

2 Section 30. Posting requirement.

3 (a) A health care facility shall make available in a  
4 convenient location in the facility a monthly report that  
5 describes the preceding month's staffing requirements. The  
6 report shall compare the staffing requirements to the actual  
7 staffing that occurred for that month. The facility shall  
8 make the monthly report available to any interested party for  
9 inspection and copying for at least 3 years.

10 (b) This Section does not apply to any facility  
11 maintained by the Department of Corrections, the Department  
12 of Human Services, or the Cook County Department of  
13 Corrections.

14 Section 35. Overtime.

15 (a) No employee of a health care facility may have his  
16 or her license, registration, or certification, as the case  
17 may be, subjected to disciplinary action by an appropriate  
18 State regulatory agency for a potential violation of a  
19 regulating Act if the employee does not continue to work  
20 after the end of the employee's designated, predetermined  
21 shift if the following also occurs:

22 (1) the employee has not accepted an assignment to  
23 work overtime; and

24 (2) the employee notifies the employee's supervisor  
25 that he or she is unable to accept the overtime  
26 assignment.

27 (b) No employee of a health care facility may be  
28 compelled to work overtime if the employee is in such a  
29 fatigued condition that he or she could pose a potential  
30 danger or threat to the safety of patients under the  
31 employee's care because of that fatigued condition.

32 (c) A health care facility may require an employee to



1 accept overtime in the case of an unforeseen emergent  
2 circumstance as defined in Section 5 of this Act.

3 Section 40. Quality-of-care policies.

4 (a) In maintaining the quality of care provided by its  
5 licensed nurses, a health care facility shall implement  
6 policies to ensure all of the following:

7 (1) That the specific needs of various patient  
8 populations determine the appropriate clinical  
9 competencies required of the nurses practicing in that  
10 area.

11 (2) That licensed nurses are given an appropriate  
12 orientation to a patient care unit when first assigned to  
13 the unit.

14 (3) That clinical support from a proficient licensed  
15 nurse is readily available to a licensed nurse who may be  
16 less proficient.

17 (b) The policies implemented under subsection (a) of this  
18 Section shall be applied to a licensed nurse used by the  
19 facility who is not considered part of the facility's regular  
20 nursing staff, such as a supplemental licensed nurse or a  
21 licensed nurse obtained from an agency that makes licensed  
22 nurses available to employers on a temporary basis.

23 Section 45. Work environment. With respect to the work  
24 environment created by a health care facility for its  
25 licensed nurses and personnel who assist in the provision of  
26 patient care, the facility must comply with all of the  
27 following:

28 (1) The facility must implement policies that  
29 reflect an organizational climate committed to filling in  
30 a timely manner the positions of employment that have  
31 been included in the facility's budget.

32 (2) The facility must employ a sufficient number of

1 employees to perform duties that are non-nursing  
2 functions, such as housekeeping, clerical duties, and  
3 administrative duties. The facility may not eliminate  
4 such non-nursing positions as a means of complying with  
5 this subsection if the result is that licensed nurses are  
6 required to carry out the duties of the individuals whose  
7 positions have been eliminated.

8 Section 50. Pilot programs.

9 (a) Alternative methods of ensuring minimum nurse  
10 staffing requirements may be tested and evaluated. The  
11 alternative methods must use clearly defined measurement  
12 tools to ensure allocation of appropriate number of staff to  
13 determine nursing care needs of patients. Alternative tools  
14 or methods of measurements must be peer reviewed, provide  
15 nursing coverage of patient needs, and be evaluated monthly  
16 to determine whether the alternative method fulfills the  
17 intent of this Act. Measurement tools that may be utilized  
18 to determine the effectiveness of any pilot program must  
19 include, but need not be limited to, the following:

20 (1) Patient outcome indicators as developed by  
21 nationally recognized nursing organizations, such as the  
22 American Nurses Association.

23 (2) American Nurses Credentialing Center Magnet  
24 Hospital elements.

25 (3) Facility reports and analyses of incidents and  
26 injuries to nursing staff and other health care  
27 personnel.

28 (4) Surveys and reports of nursing staff.

29 (5) Other elements deemed appropriate and adopted in  
30 rules by the appropriate State regulatory agency.

31 (b) If any pilot method of determining nurse staffing  
32 fails to address patient needs and fails to provide adequate  
33 nursing care with appropriate support for any 4-week period,

1 the program shall be disbanded and an appropriate staffing  
2 plan and patient classification system must be instituted.

3 Section 55. Prohibitions.

4 (a) Except as provided in Section 60 of this Act, a  
5 health care facility must do both of the following:

6 (1) Comply with the staffing requirements  
7 established under Section 10 of this Act.

8 (2) Comply with the provisions of Sections 35 and 45  
9 of this Act.

10 (b) If subdivisions (a)(1) and (a)(2) of this Section are  
11 both violated in the same work shift, each violation is a  
12 separate violation. If subdivisions (a)(1) and (a)(2) of  
13 this Section are violated in different patient care units at  
14 the same time, each violation is a separate violation.

15 (c) A nurse or other health care professional may file a  
16 complaint with the Department of Public Health alleging a  
17 violation of subdivision (a)(1) or (a)(2) by a privately  
18 owned health care facility.

19 Section 60. Unforeseen emergent circumstance staffing  
20 plan.

21 (a) Section 55 of this Act does not apply when a staffing  
22 shortage occurs as a direct result of an unforeseen emergent  
23 circumstance.

24 (b) A health care facility shall develop and implement  
25 policies that establish mechanisms for rapid deployment of  
26 personnel during an unforeseen emergent circumstance. The  
27 policies must promote the identification and use of  
28 appropriate mixes of nursing staff and other personnel.

29 Section 65. Penalties and sanctions.

30 (a) If the appropriate State regulatory agency  
31 determines, after an investigation, that a violation of

1 subdivision (a)(1) or (a)(2) of Section 55 of this Act has  
2 occurred, the agency shall impose a civil penalty against the  
3 facility in accordance with subsection (b) of this Section.  
4 In determining the amount of the civil penalty to be imposed,  
5 the agency shall consider the severity of the violation, the  
6 facility's efforts to correct the violation, whether the  
7 violation has been corrected, and whether the facility's  
8 failure to correct the violation is the result of a willful  
9 disregard of the requirements of this Act.

10 (a-5) An investigation under subsection (a) must include  
11 an investigation of (i) whether a patient classification  
12 committee was created pursuant to Section 15 and (ii) whether  
13 the committee was implementing staffing requirements as  
14 required under this Act.

15 (b) In the case of a first violation, the appropriate  
16 State regulatory agency shall impose a civil penalty in an  
17 amount that is not less than \$2,000 for each week in which  
18 the violation occurs. In the case of a subsequent violation,  
19 for each day of the first week in which the violation occurs,  
20 the agency shall impose a civil penalty in an amount that is  
21 not less than \$8,000 and not more than \$15,000. During each  
22 week thereafter, the agency shall impose a civil penalty for  
23 each day of violation in an amount that is 3 times the amount  
24 imposed per day in the immediately preceding week.

25 (c) A State regulatory agency may impose a civil penalty  
26 under this Section only after notice to the facility and an  
27 opportunity for the facility to be heard on the matter.

28 (d) The Attorney General may bring an action in the  
29 circuit court to enforce the collection of any civil penalty  
30 imposed under this Section.

31 (e) This Section applies only to privately owned health  
32 care facilities.

33 Section 70. Injunctive relief.

1 (a) Through the Attorney General or a State's Attorney,  
2 the Department of Public Health may apply for an order  
3 enjoining any person from violating subdivision (a)(1) or  
4 (a)(2) of Section 55 of this Act.

5 (b) On the filing of a verified petition, the court shall  
6 conduct an expedited hearing on the petition, irrespective of  
7 the position of the proceeding on the court's calendar. On a  
8 showing that the violation has occurred, the court shall  
9 grant an order enjoining the violation. In addition to  
10 granting an order enjoining the violation, the court may do  
11 either or both of the following:

12 (1) On a showing that a person's violation has been  
13 willful, the court may issue an order terminating the  
14 facility's authority to participate in any State-funded  
15 program that reimburses the facility for providing health  
16 care services.

17 (2) On a showing that a person's violation has  
18 resulted in imminent danger of harm or death to a  
19 patient, the court may issue an order requiring the  
20 facility to close the patient care unit in which the  
21 violation has occurred.

22 Section 75. Private right of action.

23 (a) Any person who suffers damage as a result of a  
24 violation of this Act committed by an employer or an  
25 employer's representative may bring an action against the  
26 employer in the circuit court. Upon a finding that the  
27 employer or the employer's representative committed a  
28 violation of this Act, the court may award the plaintiff his  
29 or her actual damages together with his or her reasonable  
30 attorney's fees incurred in maintaining the action.

31 (b) In an action brought under this Section, any evidence  
32 that an employee was required to work overtime in a manner  
33 inconsistent with Section 35 of this Act creates a

1 presumption that the employee's employer committee a  
2 violation of this Act. To rebut this presumption, the  
3 employer must prove that an unforeseen emergent circumstance,  
4 which required overtime work only as a last resort, existed  
5 at the time the employee was required or compelled to work.

6 (c) This Section applies only to a health care facility  
7 that is maintained by the State, a unit of local government,  
8 or a department or agency of the State or a unit of local  
9 government.

10 Section 80. Posting of Act summary. Every employer who  
11 is subject to any provision of this Act must keep a summary  
12 of this Act approved by the Director of Labor posted in a  
13 conspicuous and accessible place in or about the premises  
14 wherever any person subject to this Act is employed. The  
15 Department of Labor must furnish copies of the summary on  
16 request to employers, without charge.

17 Section 85. Adoption of rules. Each appropriate State  
18 regulatory agency shall adopt rules, as each agency considers  
19 necessary to implement this Act.

20 Section 99. Effective date. This Act takes effect upon  
21 becoming law."