

Restore public safety by strengthening nurse regulation!

All regulation must align with the Illinois Nurse Practice Act Legislative Purpose

sec. 50-5. Legislative purpose. The practice of professional and practical nursing in the State of Illinois is hereby declared to affect the public health, safety, and welfare and to be subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of nursing, as defined in this Act, merit and receive the confidence of the public and that only qualified persons be authorized to so practice in the State of Illinois. *This Act shall be liberally construed to best carry out these subjects and purposes.*

As a matter of public interest *only qualified persons be authorized to so practice...in IL.*

The path of the last decade in Illinois legislation has been to minimizing the role of the qualified (educated) and authorized (licensed) nurse allowing anyone to practice nursing without a license. **ACCESS TO QUALIFIED NURSES** in the community has been altered in the law. **Non-educated, non-nurses are performing nursing work in the Community setting—because the law changed in 2017. DOES THE PUBLIC UNDERSTAND THIS? Chicago Chapter National Black Nurses (CCNBNA) want you to know.**

Deregulation of nursing in 2014 Who administers medications in nursing homes was a Pilot. PA 098-0990 Previously medication administration was prohibited that an RN delegate such to unlicensed persons. The Pilot allowed minimally trained (2.5 weeks) certified nursing assistants to administer medications as delegated by a registered nurse. **4 participants were in the 3 year Pilot. FAIL.** Never the less, in 2017 in the midst of the failing Medication Aide Pilot, a nursing organization proposed that registered nurses could delegate nursing interventions including medication administration to *unlicensed persons* in **Community settings**—unsupervised. Despite the failed Pilot, it ushered in the idea that ANYONE could administer medications and other nursing interventions in Community settings. As a result, nurses have been removed from the Community settings replaced by medical assistants who perform nursing interventions. Deregulating nursing has not ceased — and has now become the policy **option** since employers claim a “**nursing shortage**”.

There is no nursing shortage—just untenable work environments that nurses are leaving!

Mis-information that a nursing shortage is occurring is FALSE. More nurses graduate every year from colleges in Illinois and across the country. What is driving nurses from the bedside, referred to as **NURSE BURNOUT**, is an untenable work environment created by employers choice NOT to staff adequate numbers of nurses and ancillary staff to care for patients according to national nursing standards of care. **This is reversible** if policy language is in place to mandate safe staffing for public safety.

Qualified nursing care improves patient outcomes - supported by decades of evidence.

What does the public expect? **Safe quality care delivered by those who are educated and licensed to do so per the law.**

CCNBNA seeks to close regulatory gaps so laws clearly follow the “Legislative Purpose” to keep the public safe.

Access disparity is occurring in the Community setting *since 2017*. No nurse means: **no nursing assessments, no plan of care, no nurse qualified interventions, no patient teaching, no care coordination—all the role of the registered nurse to prevent harm.**

No nurse to perform *nursing interventions* creates **preventable errors** which lead to greater risk of public injury.

Weakening nurse regulation fails to protect the public!