

CCNBNA Policy for 2024-25 General Assembly

SUPPORT: Senate Bill 1277/House Bill 3739

BACKGROUND: Why does CCNBNA seek SB 1277/HB3739?

- **Changes in the 2017 Nurse Practice Act (NPA) regarding delegation lowered academic and licensure requirements to practice nursing in community settings in Illinois - putting public at risk at the hands of unqualified personnel.**
- **Illinoisans seek quality nursing services as stated within the *Legislative Purpose* of the Illinois NPA. Nursing work (nursing interventions) prior 2017 requiring nursing knowledge, to be performed only by authorized (licensed) nurses and prohibited to be performed by unlicensed, non-nurses. After 2017, non-nurses are allowed to perform nursing interventions *in the community setting*, unsupervised.**
- **Health care access disparity exists with the 2017 delegation changes within our NPA. Accessing care of nursing services is a health inequity for millions of Illinoisans.**

SB 1277/HB 3739 RESTORES that only qualified & authorized nurses practice nursing interventions across all settings – including the Community setting (i.e., clinics and schools).

NPA “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”.

Changes in the 2017 Illinois NPA delegation created breaches public safety:

- **“Delegation” lowered the standard of care = Health Inequity** by not requiring only qualified (educated) authorized (licensed) RNs to deliver nursing interventions creates **health disparity for the public** to access expert nursing care in Community settings affecting the safety of children, aged, people of diversity, lower incomes etc.
- **“Delegation” of nursing to non-nurses created two standards of care for receiving nursing care:** one for in hospital setting where the nurse is prohibited from delegating to unlicensed personnel; and a lower one not requiring a qualified registered nurse to perform interventions in community care setting (i.e., clinics & schools). Nurses scope to practice is by their education and licensure, not by where they work.
- **There is NO state agency oversight for unlicensed workers performing nursing interventions** as mandated in law for nurses. Illinois Dept. of Financial & Professional Regulation has oversight for all licensed nurses.
- **There is NO state agency oversight of unlicensed persons (i.e., medical assistants) in community settings** who are now practicing nursing *without* a license. **No agency for the public to report errors, patient injury or deaths.**
- **There is no standard nursing education for unlicensed personnel** performing nursing interventions – but mandated for licensed nurses.
- **There was NO EVIDENCE** to support the changes in 2017 NPA delegation – an untested model of nursing.
- **FALLOUT: Registered nurses have been eliminated from caring for the public in community setting** replaced with medical assistants who are NOT licensed or educated but are performing regulated nursing work – at times unsupervised by any nurse. **Ask who is caring for you in the community setting – is it a nurse?**

Chicago Chapter positions on other health policy bills for 2023 below...and see bills that will lower standards of education & licensure returning for 2024.

OPPOSED SB41 spearheaded by ANA-Illinois and sponsored by Senator Sara Feigenholtz, Nurse Licensure Compact. Many groups continue to support the passage of the Nurse Licensure Compact.

RATIONALE: The Compact removes millions of dollars from Nurse Licensure Fee Fund which supports ALL our nursing programs (i.e., scholarships, Board of Nursing, IDFPR attorney services)

- Illinois nursing licensure fee is among the lowest (tenth) in the country. (\$40/year)
- In a Compact the state of residence is the depository of the nurse licensure fee. The reduction of state revenue from losing 42,000 licensed nurses is \$3,360,000 (3.4 million)
- **Each state must first license its professionals.** Compacts don't license nurses. A state licenses the nurse.

OPPOSED SB 1779 Licensed Medication Aide

RATIONALE: This *unevidenced* legislation suggests a non-nurse take 1.5 weeks of education and then can administer oral and injectable medications as directed by a registered nurse in long term care. This Licensed Medication Aide Pilot failed in 2020 with only 4 participants in its pilot. Although Pilot was removed, it returned in 2023. SB 1779 passed out of the Senate but held in House Committee after aggressive lobbying efforts by CCNBNA nurses. SB 1779 was held in the House Licensed Activities Committee. **This bill failed in 2023.**

OPPOSED HB 2509 REGISTER NURSE-EXAM/REMEDiate HB 2509 Neutralizes the Nurse Practice Act regulation of Illinois Department Financial and Professional Regulation (IDFPR) oversight of the 136 nursing colleges and universities prohibiting placing underperforming schools of nursing with graduating class NCLEX exam passage rates of less than 75% as stated in our NPA law. This measure will allow underperforming schools to continue to enroll students in their underperforming curricula – placing students at risk for failing the national nursing exam NCLEX and denied licensure as a registered nurse. This does not include LPN programs. This is the first state to lower quality standards of education to keep a nursing school on habitual probation open for enrolling more students until 2026. No lower limit of passage rate to place a school on probation or action by IDFPR is inferred in HB 2509. CCNBNA and Illinois Department of Financial and Professional Regulation **OPPOSED** HB 2509. **HB 2509 passed both House and Senate in 2023.**

Proposed state language must align with *Legislative Purpose!*

ISSUE OF CONCERN: According to the National Council State Boards of Nursing, public health, welfare, and safety of the public are protected by nursing regulation, which is found in the Nurse Practice Act (NPA). The NPA is the enacted regulations with full force and effect of law. In general, the NPA provides guiding principles for the scope of nursing regulation to include: defining phrases and terms for the intent of the law, defining the composition of the board members, defining nursing school educational program standards, defining the scope of nursing practice, overseeing licensure processes, protecting titles and providing grounds for disciplinary actions for violations. Language in any proposal regarding nursing practice **MUST** align with *Legislative Purpose* of our NPA.

<https://www.ncbi.nlm.nih.gov/books/NBK559012/>