

Chicago Chapter National Black Nurses Association (CCNBNA) SUPPORTED these bills in 2023:

Restore Safe Nurse Delegation SB 1277/HB3739

In 2017, a small fraction of nursing organizations convened by ANA-Illinois and rewrote registered nurse delegation language allowing in the community setting ONLY, registered nurses can delegate nursing interventions to unlicensed, uneducated non-nurses including medication administration, *UNSUPERVISED*. The same Nurse Practice Act (NPA) law requires nursing education to perform “nursing interventions”. This creates a lower standard of care, an inequity to access qualified nursing care for the public in the Community setting (i.e. Clinics and schools). In hospital settings professional nurses are prohibited to delegate nursing to unqualified persons. Nurses perform nursing interventions based on their education & licensure. The nursing process (definition also removed in 2017 NPA) includes the complex roles of the registered nurse: assessment, diagnosis, outcomes/planning, implementation, and evaluation and collaborating care with other licensed professionals. With the nurse missing, achieving optimal patient care outcomes suffer, errors are committed, unnecessary injury or death can occur. Delegation changes allowing non-nurses to practice nursing were without evidence of its safety and do not align with NPA *Legislative Purpose*. Restoring safety is paramount.

Nurse Staffing Ratios - HB 3338/SB2314

IHA and ANA-Illinois blame a “nursing shortage” as the cause for their inability to hire enough nurses. CCNBNA wants to make it clear: there is not a nursing shortage. According to IDFPR, more nurses are licensed in Illinois annually. The reasons for nurses leaving the bedside are the poor work environment, administrators choosing NOT to hire nurses, excessive workload too many patients for every licensed nurse in all care settings, poor pay, benefits, and the inability to care for patients according to nursing standards of care. Nurses are LEAVING to work in other venues, agencies, going back to school or retiring/quitting nursing. **Fix the problem** – begin by hiring adequate numbers of qualified licensed nurses in work environments. Previous Illinois laws have NO accountability/culpability to fill the Nurse Committee Recommendations such as in the 2007 Nurse Staffing by Patient Acuity. When hospitals do not abide by their staff nurse recommendations as prescribed in Illinois law patients suffer needlessly. Employers are not held accountable to hire adequate numbers of qualified nurses. Another Illinois law, Hospital Report Card Act is specific to staff nurses according to patient individual needs. Again, there is no accountability if the hospital refuses to hire.

CCNBNA OPPOSED bills in 2023: *all demonstrate attempts to devalue nursing.*

Medication Aides SB1779 – this Licensed Medication Aide Pilot failed after 3 years (only 4 participants) in a state trial. The 2016 Pilot was removed for its failure from our Nurse Practice Act in 2020. Yet, it returns as long-term care seeks cheaper workforce and refuses to hire adequate numbers of registered nurses and support staff to care for the residents. *United States’ Nursing Home Finances: Spending Profitability and Capital Structure authors Charlene Harrington et al.* <https://pubmed.ncbi.nlm.nih.gov/38115716/> Despite the crying poor by long term care, current detailed nursing research published 12/2023 outlines the various siphoning ploys keeping the profits in long term care coffers. CCNBNA prepared summary by Dr. Charlene Harrington.

SB 41 Compact – Compact does NOTHING to license nurses IDFPR does. Compact does remove 3.4 million from the IDFPR budget for nursing programs & oversight. Nothing impedes nurses to obtain licensure in other states. The 40,000 nurses who will always live across state lines but work - licensure fee will be lost. Nurses who work in IL but reside in one of the 6 surrounding states will abide by the Compact language– licensure fee is paid to the state where a nurse resides. Proponents of Compact fail to share its financial shortcomings.

HB 1069 – Does not require graduates to be licensed to work in Illinois as a nurse. This is ludicrous – they are just another unlicensed worker practicing nursing without authorization. Some other RN would be responsible for delegating their work – and delegating nurse would be accountable, and increasing their workload!

HB2509 – Negotiated by ANA-Illinois and opposed by CCNBNA & IDFPR – state agency oversight of IDFPR of the state’s registered nurse programs is neutered for 3 years. The preexisting program pass rate for NCLEX required in Illinois at 75% - now suspended allowing predatory schools to remain enrolling students. Nursing graduates still must attain a license to work! Without IDFPR oversight schools with less than 75% pass rates face no consequences. No other state has passed eliminating this quality measure of education. As NCSBN said in their letter to IDFPR – HB2509 does not expand the workforce if graduates fail to attain nurse licensure.

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Chicago Chapter National Black Nurses Association website <https://chicagochapternbnba.org/> for Factsheets!