

Breach of public safety in delivering nursing care created gaps – directly impacting patient outcomes. The untested model of delegating nursing work to non-nurses raises questions. Restoring Nurse Practice Act *Legislative Purpose* (SB 1277/HB3739) in the Act is the remedy!

1. What does the public experience when no nurse is present in Community and non-nurses perform nursing interventions - unsupervised?

- a) What care is omitted when nurse is missing? b) How does that affect patient outcome?
- c) How are errors captured?
- d) Are errors averted?
- e) Are errors being committed?

FACT: No evaluation is being researched post changes in 2017 Nurse Practice Act (NPA). It was an untested model of care passed into law.

BACKGROUND: In 2017 nursing definition, delegation language changes were counter to the Illinois NPA *Legislative Purpose*, that the foundation of nursing is education & license to practice nursing. 2017 our Nurse Practice Act was rewritten removing the requirement of education and licensure (without any evidence) to perform nursing interventions via RN delegation in Community settings.

CCNBNA identifies Problem in 2017 with a huge deregulation of nursing law (Nurse Practice Act) in the delegating nursing interventions (which requires nursing knowledge) to **non-nurses unsupervised in Community settings (clinics& schools)**. This untested model is now replacing nurses.

Nursing continues to face attempts of deregulation in nursing law. Based on rationale there is not enough nurses, misinformation presented to legislators is there is a “nursing shortage”. More nurses are licensed in Illinois every year. The industry created deplorable work environments which don't support caring for patients with adequate numbers of nurse to patients. Too many patients in nurse workload assignments not reflective of nursing education - **that is what is driving nurses away**.

Now add the untested model with the 2017 changes in the NPA - RN delegation of nursing to uneducated non-nurses in the community. nurses are being replaced by non-nurses as the law now allows it. CCNBNA sees this untested unevaluated model of care to reach other settings.

Our CCNBNA Factsheet refers how nurses are core to public safety - the underpinning is nursing education & licensure which was negotiated away by ANA-Illinois in 2014 with the licensed medication aide **Pilot** PA 098-0990 allowing minimally trained Certified Nurse Assistants to administer medications in long term care with their partner, Leading Age Illinois. The **Pilot failing with only 4 participants**, did not deter ANA-Illinois from lobbying for drastic changes in 2017 NPA allowing RNs to delegate to non-nurses devoid of ANY EDUCATION OR AGENCY OVERSIGHT to do nursing work in the Community. Delegating nurses' work previous to 2017 required nursing education & licensure was prohibited, & still prohibited in hospital setting. Now, a lower standard in Community setting exists & **IS INEQUITABLE**.

2. Who is accountable if non nurses are performing nursing interventions, if no nurse is on site?

The Medication Aide (failed Pilot) idea returned last year in SB 1779 "medication aides" in nursing homes. The idea to replace nurses to administer medications will continue to come up as a fix for the poor unsafe working conditions. The employer seeks a cheaper workforce, requiring standards/laws changed by IL legislators. The industry continues to cut costs, but what about the impact to patients?

Why is this occurring? The industry seeks a cheaper workforce - that requires legislators to pass laws.

3. So, what does the public expect, **who should be caring for them and how to address this breach? REMEDY:** Correct the foundation of WHO CAN PERFORM NURSING...restore the intent of the NPA *Legislative Purpose* throughout NPA language.

CCNBNA seeks your support of laws concerning nurses' expert professional work to align with NPA's *Legislative Purpose*. That requires education & licensure. Please support SB 1227/HB 3739