



Founded in 2015  
by  
ANA-Illinois & ISAPN



# 2021 LEGISLATIVE SUMMARY REPORT

Prepared by  
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In 2015, the Illinois Society for Advanced Practice Nursing and ANA-Illinois came together and founded the Illinois Nurses Grassroots Coalition. The aim of this coalition is stated on the Advocacy Portal utilized by all nurses in Illinois.

*Nursing is the largest licensed professional group in the State, with hundreds of nurses living in each of the 59 Senate Districts in Illinois. Nursing is the most trusted profession, and has held that title for many years.*

*It is now time to take advantage of the TRUST by making nursing's voice heard in each and every part of the State!*

**The Plan:** Involve all nursing organizations, get input from nurses across the State and deepen our ties with our legislators.

**The Purpose:** To coordinate working together to create one voice of nursing, supporting priorities, while at the same time, maintaining separate identity.

We are proud of this collaboration and believe it makes us stronger as a profession and as individual associations. It takes a village, as they say, and that is true for changing policy in Springfield. This report is designed to inform the nurses of Illinois of the vital work done by RNs and APRNs within our coalition so let us not forget the nurse volunteers who have worked tirelessly to advocate for our mission. Our work in Springfield is a team effort with respective boards, committees, and member involvement.

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These committees focus on the legislative proposals themselves. The committee members are charged with the review of legislative proposals being introduced in the General Assembly, assessing each for "support" or "non-support." The political platform of ANA-Illinois or ISAPN respectively, which is voted on by the membership of each organization but does not address

every possible legislative situation. It is these bills that must be reviewed by the committee for a position recommendation. A quick turnaround of comments is essential for the committee to function effectively. The committee members also identify those who support the association's legislative priorities/platform and determine whether that support will be either monetary or use other resources such as campaign support or a letter-writing campaign.

Every member is needed for an effective grassroots effort. Every member is encouraged to establish and build relationships with their state legislators – THIS IS NOT THE SOLE ROLE of our lobbyist(s). Having a lobbyist to monitor legislation and communicate/lobby legislators in Springfield does not replace the vital hometown connection of a nurse as the constituent in the legislator's district. To be successful, the Illinois Nurses Grassroots Coalition efforts must be replicated by RNs & APRNS across the State, touching virtually every legislator and building these vital constituents to legislator relationships. It takes both "Springfield and hometown connections" for a strong voice in Springfield.

**ANA-Illinois Legislative Platform foci**

Access to Quality Care  
Funding Nursing Education & Research  
Financing Health Care  
Advancing the Profession of Nursing  
Public Health  
Human Rights  
Disaster and Pandemic Preparedness

**Illinois Society for Advanced Practice Nursing Legislative Platform foci**

Promote the Profession of Advanced Practice Registered Nursing  
Access to Health Services  
Reimbursement  
Education and Research  
Human Rights

We ask that all members of ISAPN and ANA-Illinois join us in the Spring for Nurses Day at the Capitol.

## "End of Session" Legislative Report

What an interesting legislative session. Due to Covid, the work of the General Assembly and thus lobbyist was done remotely until the final week of the session. Access to the Capitol was denied unless the chamber allowed, and even then, testing had to be done within 24 hours of entering the building.

There were nearly 7,000 bills introduced in January. By the end of May, 648 had passed. On behalf of nursing, we tracked hundreds of bills, some of which did not see any action. We also opposed several onerous bills dealing with nursing scope of practice that did not pass.

The following priority bills marked with a \* have passed both the House and Senate and will be sent to the Governor for his signature or veto. Two issues were ever-present in legislative proposals this session: Covid and Diversity.

**\*HB68:** Amends the Illinois Hospital Act and the University of Illinois Hospital Licensing Act to require that the number of female deaths and any underlying conditions related to COVID is reported in the Hospital Report Card Act.

**\*HB119:** Authorizes a repository to leave unused medications, the patient identifier to be removed, and given without charge to another.

**\*HB 135:** An issue debated for several years finally passed. The legislation will allow pharmacists to dispense oral birth control medications for one year and with a prescription from a physician or a physician from a local health department. Payment for the pharmacists to do so be covered by insurance companies and MCOs.

**\*HB 158:** The fourth pillar of the Black Caucus and pertains to healthcare. The Governor has signed this bill, so it is now Public Act 102-0004. Recall that this bill requires all licensed healthcare professionals to take 1 hour of CE regarding diversity.

**\*HB 212:** Amends the Children's Mental Health Act of 2003 and ensures children have access to education about mental health and access to mental health services in schools.

**\*HB 214:** Gives APRNs who have a full practice authority license and those with a WCA, if so, delegated by the physician, the authority to sign a death certificate. HB 214 was an ISAPN initiative and agreed to after negotiation with ISMS.

**\*HB 219:** This bill establishes a goal to reduce or eliminate restraint and isolated time-outs in schools within three years.

**\*HB 576:** Amends the Compulsory Attendance Article of the School Code. If a child misses two days due to mental or behavioral health issues, she/he may be referred to the school support person for help.

**\*HB 711:** Establishes standards for prior authorization done by insurers. An ISMS initiative, nursing was a coalition member.

**\*HB 714:** Adds registered nurses and licensed practical nurses as healthcare professionals who shall provide one complete copy of the medical record, if requested. This also applies to guardians, attorneys, etc.

**\*HB 739:** Amends the Illinois Sexually Transmissible Disease Control Act. Provides that a health care professional who makes a clinical diagnosis of trichomoniasis may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the infected person's sexual partner or partners for the treatment of the sexually transmissible disease without physical examination. Two nursing students spearheaded this bill!

**\*HB 2776:** Provides that DPR must expedite issuing a professional license to military individuals and spouses; thirty days.

**\*HB 2864:** EMS systems in rural populations. Initially, this bill allowed APRNs, PA, RNs to volunteer as EMTs on ambulances in communities of 7,500 or less. As drafted, the volunteer acting EMT had IDPH education waived. As amended through stakeholder negotiation with the bill sponsor, the medical director may authorize individuals to volunteer, but only after completing 20 hours of pre-hospital care, 8 hours of ambulance ride time training, and only provide services in areas of less than 5,000 population in Illinois.

**\*HB 3202:** Amends the Critical Health Problems and Comprehensive Health Education Act. Adds e-cigarettes and other vapor devices as one of the educational areas the Comprehensive Health Education Program must include in schools.

**HB 3401:** Midwife Practice Act. After hours of negotiation between the midwives and other healthcare stakeholders, an agreement was reached that protected the scope of practice of Certified Nurse Midwives, gave women access to out-of-hospital births if they so choose, provided safeguards in establishing the scope of practice to certified professional midwives, and standards for consulting with a physician or CNM. This issue has been proposed for decades, and this is the first-time medicine, nursing, hospitals, DPR agreed on the language. However, the trial lawyers were opposed due to liability issues. The bill did not pass out of the Senate for that reason.

**\*HB 3498/HB 3308:** Telehealth. Originally HB 3498 (Conroy), the language was amended onto HB 3308 before passage. Nursing was part of a large coalition of stakeholders convened by IHA. The coalition determined specific things needing to be in a final bill after negotiations. The coalition stayed together on this strategy, and overall, most key issues were in the final bill. Important is that insurers must pay the same for telehealth care as for in-person care.

**\*HB 3596:** Requires a prescription for a substance classified in Schedule II, III, IV, or V must be sent electronically. Provides that notwithstanding any other provision of law, a prescriber shall not be required to issue prescriptions electronically if he or she certifies to the Department of Financial and Professional Regulation that he or she will not issue more than 25 prescriptions during a 12-month period.

**\*HB 3995:** Birth Center Licensing: This bill sets standards for licensure for free-standing birthing centers across the State. As originally drafted, there was no distinction between a Licensed Certified Nurse Midwife (CNM) and a Certified Professional Midwife (CPM). Our

concern was that it gave the authority for a CPM to be a clinical director to establish the Center's policies, staffing, anesthesia services, etc. After negotiations, only a CNM or MD may be the clinical director.

**\*SB 105:** APRN attestation for full practice authority: Since the 2017 update of the Nurse Practice Act granting APRNs the ability to be licensed without a WCA, many APRNs having met the criteria could not get a physician signature that she/he had practiced the request 2000 hours. Without the signature, DPR could not grant a license for full practice authority. This bill addresses this problem. Now an employer may also sign. And, if the APRN is still unable to obtain a signature, DPR may grant the license if all other criteria are met.

**\*SB 109:** Health Surrogate POLST Changes: This bill changes who may sign a document stating an individual meets the criteria regarding the surrogate may make the decision to continue care or not. Previously, the document had to be signed by two physicians. With the changes in this bill, APRNs (and others) are given the authority to co-sign with a physician.

**SB 221:** Home Health-Home Services. This bill, as drafted, significantly increased the scope of practice of unlicensed workers providing services in the home. We negotiated with the bill sponsor and IDPH regarding our concerns. After that, the bill was reassigned to the Assignments Committee and moved no further. We do expect the discussion to continue on this topic and will remain ever vigilant.

**\*SB 677:** Dementia education. This is one of those bills mandating licensed professionals to do CE on a specific topic. In this case, is requires licensed professionals caring for patients 26 years or older to take one CE/ licensure cycle in recognizing the characteristics of dementia. There was much opposition about this by stakeholders but to no avail. The bill was put forward by the Lt. Governor and the Alzheimer's Association.

**\*SB 818:** Requires the State Board of Education develop and adopt learning standards, specifies that the comprehensive personal health and safety education learning standards shall be adopted for pupils in kindergarten through the 5th grade, and the comprehensive sexual health education learning standards shall be adopted for pupils in the 6th through 12th grades.

**\*SB 967:** This bill improves women's health care and insurance coverage for pregnancy and postpartum care. It establishes postpartum care to 12 months for insurance coverage, provides for collaborative care for high-risk births and many other women's/pregnancy issues.

**\*SB 1908:** Requires hospitals organized under the University of Illinois Hospital Act or licensed under the Hospital Licensing Act and ambulatory surgical treatment centers licensed under the Ambulatory Surgical Treatment Center Act to adopt policies to ensure the elimination of surgical smoke plume.

**SB 2068:** Nurse Licensure Compact. What is there to say-same nurse union barriers as other years. Meaning, the Compact remains elusive to Illinois despite the Covid related Executive Order from last year that allowed nurses and others from other states to practice without first obtaining an Illinois license.

**\*SB 2153:** ANA-Illinois and IHA collaborative nurse staffing improvement bill. This bill provides for the increased number of meetings for the nursing staffing committee, increased influence of staff nurses in determining the staffing plan, and fines to hospitals if they do not incorporate the tenets of this bill. In addition, any fines collected will go into the nursing scholarship fund.

**\*SB 2265:** As introduced, this bill could allow LPNs to sign consent forms in LTC facilities, which expands their scope of practice. Through negotiations, we were able to limit LPNs to signing consents for psychotropic medications only, to benefit the people in LTC needing those medications in a timely manner.

**SB 2566:** An IANA initiative amending the NPA to treat all APRNs the same, and thus removing the onerous language requiring the personal presence of a physician, dentist, podiatrist, or anesthesiologist. Though the bill did not pass, for the first time, the Senate Licensed Activities Committee got to hear testimony from CRNAs. It was compelling testimony, and during the question period, the anesthesiologists were asked if they were willing to negotiate and said, 'yes'. Meetings will take place over the summer/fall with both anesthesiologists and dentists, who oppose the language in this bill because of the belief that this APRN issue would somehow open the door to increasing the scope of practice of dental hygienists!

## Budget

As required by the Illinois Constitution, the General Assembly did pass the budget and the budget implementation plan (BIMP). The following monetary appropriations were 'given' to nursing for the 2021-22 budget:

- Secretary of State: Illinois Nurses Foundation -\$25,000 (earnings from the sale of the 'nurse' license plates).
- IL State Board of Education: \$73,900 for competitive nursing grants to increase the number of graduating nurses; \$ 197,400 for nurse educator fellowship grants to augment faculty salaries.
- Illinois Student Assistance Commission: \$264,000 for nurse educator loan repayments.
- IDFPR: \$500,000 for the Center for Nursing Workforce.
- \$2,667,000 for nursing scholarships transferred from the Nursing Dedicated and Professional Fund to the Department of Public Health, Center for Rural Health.

As always, it is an honor to represent nursing in Springfield (ANA-Illinois, ISAPN, and IANA) to the legislature. Though not all key bills passed, it was a successful year! Thank you for your partnership.