

2007 Sunset of the Nursing Act

As we are celebrating our 100th year since the passage of our first nurse practice act and after innumerable hours of negotiations the new Nurse Practice Act is close to being law. I can say, however, that given the complexity of the process that nursing fared very well in the negotiations. There is agreement with the Illinois State Medical Society, the Illinois Department of Financial and Professional Regulation, the Illinois Hospital Association, the Illinois

Nurses Association, the Illinois Society of Advanced Practice Nursing, and the Illinois Association of Nurse Anesthetist. There is no known opposition to this proposal to date. I wish to thank all members of the negotiating team for their dedication and steadfastness in this endeavor. The focus for all was patient safety, protections for nursing practice and organizational priorities.

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SUMMARY OF KEY POINTS AND PRIORITIES

1. Title changed from the Nursing and Advanced Practice Nursing Act to the "Nurse Practice Act".
2. The Act is re-formatted: Each licensure category (Licensed Practical Nursing, Registered Professional Nursing, and Advanced Practice Nursing) is its own Article for ease of reading. Each article gives licensure requirements, education requirements and a specific scope of practice for each.
3. Prohibits retaliation against any nurse, who reports unsafe, unethical, or illegal health care practices or conditions.
4. Prohibits a nurse to be deemed a supervisor when delegating nursing activities or tasks.
5. Creates a new section specific to nursing delegation that includes:
 - a. Definition of nursing activity
 - b. Definition of 'task'
 - c. Designates who can delegate which to whom, including medication administration.
6. Combines the APN Board and the RN & LPN Board into one Board of Nursing with 13 LPN, RN, and APN members. Provides that for proposed rules involving APNs that the Department must give them to the Medical Licensing Board for review and comment.
7. Mandated continuing education for RNs and LPNs of 20 hours per licensure cycle.
8. Advanced Practice Nurses:
 - a. All four specialties must have a written collaborative agreement with a physician or podiatrist for clinical practice outside the hospital or Ambulatory Surgical Treatment Center (ASTC). Certified Registered Nurse Anesthetists have the ability to have a written agreement for anesthesia services with dentists.
 - b. All four specialties (CRNA, CNP, CNS, and CNM) may practice in a hospital or ASTC via privileging and credentialing without a written collaborative agreement.
 - c. Prescriptive authority, Schedule II:
 - i. an APN may prescribe schedule II substances if authorized in the written collaborative agreement in a clinical practice outside the hospital or ASTC under the following conditions;

1. No more than 5 controlled substances by oral dosage (the specific medications agreed-to between the physician and APN can be changed as needed within the written collaborative agreement.
 2. The physician must also prescribe the controlled substance in his/her practice
 3. No more than 30 day supply, with renewal authorized by the collaborating physician
 4. The APN must discuss the condition of any patient for whom controlled substances are prescribed with the physician at the monthly meeting (now meet in person rather than on-site).
- ii. In the hospital or ASTC, an APN who is credentialed and privileged may be authorized to order, select, and administer medications to provide delineated care, including controlled substances.
- d. The term 'medical direction' is replaced with collaboration and consultation.
 - e. Maintaining national certification is a requirement for license renewal.
 - f. Requires an APN to identify him/herself as an advanced practice nurse.
9. Impaired Nurse: in addition to current language, the Department shall establish by rule a program of care, counseling, and treatment for the impaired nurse. The program shall allow an impaired nurse to self refer into the program, the licensee health care records shall be privileged and confidential and not available for use in any proceeding and not subject to disclosure. The Department is, however, not restricted in disciplinary actions based on other grounds set forth in another section of the Act.