

March 27th, 2019

Dear Illinois College of Nursing,

Chicago Chapter National Black Nurses Association (CCNBNA) requests your support of Senate Bill 2151

Please contact your Illinois state Senator and House of Representative to Vote Yes to SB 2151.

Full text and amendments for Senate Bill (SB) 2151 at:

<http://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=108&GA=101&DocTypeId=SB&DocNum=2151&GAID=15&LegID=120375&SpecSess=&Session=> to clarify the 2017 Illinois Nurse Practice Act language and restore public safety in Illinois nursing regulation for all settings.

Senate Bill (SB) 2151 is currently in the Illinois Senate Chamber Licensed Activities Committee. All of Licensing Activities Committee State Senators need to hear from colleges and students of nursing on the impact of nursing practice and the risks to the public especially with delegation of medication administration to unlicensed persons in the Community setting and other dramatic changes in the 2017 Illinois Nurse Practice Act. <http://www.ilga.gov/senate/committees/members.asp?CommitteeID=2325>

- SB 2151 must first pass out of Committee and through the entire Senate by majority vote of 51%.
- Then SB 2151 must be introduced in the state House of Representatives, pass out of Committee then through the entire chamber of the House of Representatives by a majority vote of 51%.
- Locating your own state legislator (Senator & House of Representative) at <https://www.illinoispolicy.org/maps/> to inform them of the points of SB 2151.

Please read our CCNBNA detailed rationale below on amending the current Illinois Nurse Practice Act with SB 2151 and share our prepared Factsheet when making contact in person, by phone or in email on SB 2151 to your state legislators. Contact CCNBNA Health Policy Committee contacts if you have questions. The public must have qualified nurses to care for them inside and outside the parameters of the hospital!

The guidelines of a nurse practice act (NPA) regulations provide safe parameters within which to work and protect patients from unprofessional and unsafe nursing practice (Brent, 2012, p.5; Mathes & Reifsynder, 2014). More than 100 years ago state governments established Boards of Nursing to protect the public's health and welfare by overseeing and ensuring the safe practice of those educated and licensed in nursing. Because healthcare poses a risk of harm to the public if practiced by professionals who are unprepared or incompetent, licensed professionals are governed by laws designed to minimize the risk. The Illinois NPA defines what patient care requires the expert knowledge of a licensed professional registered nurse to perform and/or is delegated to others for which the nurse is accountable. The 2017 Act is now unclear and conflictual in definition, delegation and scope.

CCNBNA 2017 NPA concerns and the remedies found in Senate Bill 2151 include:

2017 Nurse Practice Act registered professional nurse delegation and scope of practice provocative language was created without evidence-based, scientific data. Illinois' long-term care Public Act (PA) 098-0990 Licensed Medication Aide Pilot, NPA "Provision 80" ends June 2019.

No scientific studies were found to support that minimally trained persons or unlicensed non-nurses administering medications were as safe or safer than licensed nurses administering medications.

CCNBNA requests the Department to support SB 2151 restoring the 2007 professional nurse definition, delegation and scope of practice language. Evaluating the safety of PA 098-0990, Provision 80 in the current NPA, allowing *minimally trained individuals* to administer medications is incomplete. Evaluating if any statistically relevant data was produced from PA 098-0990 should have occurred *before* fashioning 2017 NPA language allowing *untrained, unlicensed personnel* to administer medications in the Community setting. In 2014 Illinois' legislators passed PA 098-0990, language which was initially proposed as a "certified medication aide", piloting minimally trained non-nurses to administer medications in long term care as delegated by a professional registered nurse. The title amended from "certified" to "licensed" Medication Aide, intentionally in its similarity to 2007 NPA language: RNs do delegate to "licensed" practical nurses. The education of the licensed medication aide **is not equivalent** to the Board of Nursing approved Illinois Licensed Practical Nursing programs. The Joint Committee Administrative Rules (JCAR) NPA Rules were amended to recognize Licensed Medication Aides replacing the term of "nurse" over 30 times to "licensee". Thus, the removal of nursing from the NPA began. PA 098-0990, currently exists in Provision 80 of the Illinois NPA, remains an ongoing *low participation* pilot in Illinois. PA 098-0990 Rules as they appear in the JCAR Administration Code Section 1300.600 Pilot Program "shall terminate on June 30, 2019". Evaluating scientific data and evidence is an appropriate component in the strategy to fashioning meaningful regulation. There is no evidenced data that RNs delegating to unlicensed non-nurses are safe or safer to administer medications in the Community setting.

Evaluation of Licensed Medication Aide Pilot is incomplete. PA 098-0990 regulation states: "The Department shall submit a report regarding patient safety, efficiency, and errors, as determined by rule, to the General Assembly no later than 6 months after termination of the pilot program". Please note, there are no further details to the components evaluating PA 098-0990 appearing JCAR Administration Code Section 1300.600 Pilot Program. Until this Pilot concludes and is *appropriately evaluated* regarding patient safety, efficiency and errors, Chicago Chapter National Black Nurses Association respectfully requests your support on the language within SB 2151 to restore the language of delegation as it appears in the 2007 NPA, sustaining the Purpose of the Illinois NPA 50-5 to protect the public.

The 2017 NPA definition of registered professional nursing no longer includes the components of nursing education and licensure as the foundation for which the nursing profession is based upon:

removed is the nursing process (assessment, diagnosis, outcomes/planning, implementation and evaluation) nurses use in their judgment to integrate objective data with subjective experience of a patient's biological, physical and behavioral needs; *removed* is the learned profession based upon professional knowledge, judgment, and skills acquired by means of completion of an approved professional nursing education program; *removed* listing responsibilities of the registered professional nurse to include but are not limited to caring for the public using critical thinking, nursing judgement and extensive education integrating pharmacology with the human conditions of wellness and disease, patient education and counseling, advocacy, the medication administration and treatments, supervision and delegation of those who assist the nurse in the plan of care as well as teach nursing students. (2007, Illinois Nurse Practice Act)

<https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/> Please support restoring these components.

The definition of registered professional nursing no longer includes the role of the registered nurse (RN) in medication administration blurring the nurse's authority, autonomy and accountability as the educated professional in delegation and administration of medications. Work environments in the community setting now allow RNs to delegate nursing interventions including medication administration to unlicensed non-nurses. In clinic settings, no pharmacist may be on site. Medications are taken from shelves and administered, removing one if not two layers of the medication administration safety net, as nurses may not even be on site when unlicensed persons are administering medications. Authority of expert knowledge exists when society grants their rightful power to fulfill selected charges through license. Professional registered nurses are required to complete an approved nursing program, then pass a licensing exam. Unlicensed persons do not possess the autonomy, authority or accountability in the complex nursing responsibilities including medication administration. RNs should not delegate medication administration to unlicensed non-nurses in any setting. (Batey & Lewis. (1982). Clarifying Autonomy and Accountability Part 1. JONA September. pp. 13-18.)

The designation of work not requiring nursing knowledge has been removed. Nurses have traditionally worked with others to assist in delivering patient care. Delegation of work not requiring nursing knowledge, judgement and decision making as previously defined as “tasks” has been removed from the 2017 NPA. Clear concepts of what work can be safely delegated to non-nurses, minimally trained or uneducated personnel must be defined to expedite RN decisions in delegation and safeguard the public especially when medication administration is required, including the community setting. Restore 2007 definition of “task”.

A new definition “nursing intervention” requires nursing judgment. The 2007 Nurse Practice Act/Rules defined medication administration as a “nursing activity”, requiring nursing knowledge and judgment. CCNBNA believes nursing education and judgement protects the public regarding the complex therapy of medication administration and limits to what can be delegated to unlicensed, non-nurses. Now nursing intervention is the only definition of work delegated by the registered professional nurse to other licensed and unlicensed persons. This new definition allows an RN in the community setting to delegate medication administration and other “nursing interventions” to unlicensed persons in the Community and In-Home settings. But in the 2017 NPA, “RNs are *prohibited* from delegating nursing judgment, comprehensive patient assessment, development of care plan and care evaluation to licensed or unlicensed personnel.” This is conflicting language in the role of the registered nurse who works in the acute care setting. In a new “Prohibits” section of the 2017 NPA, *RNs are prohibited from delegating medication administration to unlicensed persons in the hospital setting.* This confusing language of an RN's scope of practice is now according to work setting, not by their educational preparedness and licensure. CCNBNA believes medication administration requires nursing judgement, not to be delegated to unlicensed persons. Phrases used in statute must be clear and ambiguous for the intent of a law to be useful to legislators and citizens.

CCNBNA believes public health policy has a profound impact on health status. Scientific evidence should be a factor in determining nursing regulation as the NPA provides the framework for safe, competent nursing practice and directly affects the public's health outcomes. Brownson et al. (2009). Understanding evidence based public health policy. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724448/>

- The 2007 Institute of Medicine (IOM): Preventing Medication Errors “estimates in the hospital setting one medication error occurs per patient per day with the error rate increasing in pediatric and psychiatric patients, and in patients in nursing homes. IOM Report further estimates that at least 1.5 million preventative adverse drug events (PAEs) occur every year in the U.S. A 2013 attempt to provide evidence-based estimate of errors that harm the patient but are not deadly suggest 2 – 4 million serious PAEs per year might be discoverable in medical records. It was acknowledged that many PAEs occur that might not be documented in medical records and that these numbers do little to account for the total number of errors as they do not include errors that caused no harm.” <https://www.documentcloud.org/documents/781687-john-james-a-new-evidence-based-estimate-of.html>
- “Using a complex process, every nurse administers an average of 10 medication doses for every hospital patient every day. The volume and complexity of medication administration contribute to the risk of medication errors, which take a heavy financial and human toll on the U.S. healthcare system. According to estimates, 1% to 2% of hospitalized patients are harmed from medication errors, resulting in an increased length of stay of 4 to 10 days.” https://journals.lww.com/nursing/Fulltext/2015/04000/The_nurse_s_role_in_medication_safety.20.aspx

CCNBNA asks in the interest of public safety citing hospital setting medication errors: where is the evidence that RNs delegating medication administration to unlicensed non-nurses is as safe or safer – outside the acute care setting?

The Chicago Chapter National Black Nurses Association requests your support of SB 2151 in:

- Restoring the 2007 NPA Definition of “registered professional nursing”;
- Restoring the 2007 NPA definition of “task”;
- Restoring that medication administration is not a simple task but requires the nursing judgment of an RN or LPN within their scope and education to administer medications;
- Restoring that medication administration cannot be delegated to unlicensed persons in any setting;
- Restoring that registered professional nursing scope of practice is determined by educational preparedness and licensure, not by work environment.

Please contact your Illinois state Senator and House of Representative to Vote Yes to SB 2151.

Sincerely,

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