Illinois Health and Hospital Association

HB 313 - Nurse Practice Act (225 ILCS 65/)
Public Act 100-0513
Summary prepared by Illinois Hospital Association
June, 2017

Amendment. Amends several existing Acts, including numerous provisions of Nurse Practice Act and adds new section addressing APRN's "Full Practice Authority".

Application. Applies to all persons seeking licensure in Illinois as Licensed Practical Nurse (LPN), Registered Nurse (RN), or Advanced Practice Registered Nurse (APRN).

Definitions (§50-10).

- Updates term of art from prior APN to "Advanced Practice Registered Nurse" (APRN) which aligns with National Council of State Boards of Nursing references for all four licensure APRN categories; CNM, CNP, CRNA and CNS.
- Defines numerous new terms, including:
  - *Competence* as expected and measurable level of performance that integrates knowledge, skills, abilities and judgment based on established scientific knowledge and expectations for nursing practice.
  - *Comprehensive nursing assessment* means the gathering of information about the patient's physiological, psychological, sociological, and spiritual status on an ongoing basis by a registered professional nurse and is the first step in implementing and guiding the nursing plan of care.
  - *Focused nursing assessment* means the appraisal of an individual's status and current situation, contributing to the comprehensive nursing assessment performed by the RN or APRN or the assessment by PA, physician, dentist, podiatric physician or other licensed hc professional, as determined by the Department, supporting ongoing data collection, and deciding who needs to be informed of the information and when to be informed.
  - *Full Practice Authority* as authority of APRN licensed in Illinois and certified as a nurse practitioner, clinical nurse specialist or nurse midwife to practice without a written collaborative agreement, meeting specified criteria in(§65.43).
  - *Nursing Intervention* means any treatment based on clinical nursing judgment or knowledge that a nurse performs. An individual or entity shall not mandate that a registered professional nurse delegate nursing interventions if the registered professional nurse determines it is inappropriate to do so. A nurse shall not be subject to disciplinary or any other adverse action for refusing to delegate a nursing intervention based on patient safety.
- Revises:
  - *Practical nursing* means the performance of nursing interventions and assisting in the nursing process under the guidance of a RN or APRN. May work under the direction of licensed physician, dentist, podiatric physician or other hc professional determined by the Department.

- *Registered Professional Nursing Practice* as a scientific process founded on professional knowledge, including but not limited to, protection, promotion and optimization of health and abilities. Does not include the act of medical diagnosis or prescription of medical therapeutic or corrective measures.

Nursing Delegation By A Registered Nurse (§50-75). Eliminates majority of prior wording and offers updated section including several definitions and prohibitions. Revises delegation definition and defines predictability of outcomes and stability:

- *Delegation* means transferring to a specific individual the authority to perform a specific nursing intervention in a specific situation.
- *Predictability of Outcomes* means when the nursing assessment by a RN or APRN determines that the individual's clinical status is stable and expected to improve or the patient's or individual's deteriorating condition is expected to follow a known or expected course.
- *Stability* means when a professional RN or APRN has determined that the individual's clinical status and nursing care needs are consistent.

Allows RN or APRN to:

- Delegate nursing interventions to other RNs, LPNs, and other unlicensed personnel based on the comprehensive nursing assessment that includes, but is not limited to,:
  - Stability and condition of patient
  - Potential for harm
  - Complexity of nursing intervention to be delegated
  - Predictability of outcomes
  - Competency of individual to whom the nursing intervention is delegated
- Delegate medication administration to other licensed nurses.
- In community-based or in-home care settings, delegate the administration of medication (limited to oral or subcutaneous dosage and topical or transdermal application to unlicensed personnel if all the conditions for delegation set forth in this Section are met)
- Refuse to delegate, stop or rescind a previously authorized delegation.
- In community based or in-home care settings, delegate, guide, and evaluate implementation of nursing interventions as a component of patient care coordination after completion of comprehensive patient assessment based on nursing assessment data and analysis; care coordination may occur in person, by electronic or telecommunication.

Prohibits:

- An individual or entity from mandating that a RN delegate nursing interventions if RN determines it is inappropriate to do so. Nurses shall not be subject to disciplinary or any other adverse action for refusing to delegate.
- Delegation of medication administration to unlicensed personnel in any institutional or long-term facility, including, but not limited, to, those facilities licensed under the Hospital Licensing Act, University of Illinois Hospital Act, State-operated mental health hospitals or State-operated developmental centers except as authorized under Section 80 of this Act or otherwise specifically authorized by law.
- RNs from delegating nursing judgment, comprehensive patient assessment, development of care plan and care evaluation to licensed or unlicensed personnel.

- LPN or unlicensed personnel who has been delegated a nursing intervention from re-delegating a nursing intervention.

Qualifications for LPN Licensure (§55-10).

- Requires that within 3 years of initial application, applicants who have not taken their licensure exams or refused to take an exam, or failed to pass the exam will be denied their application.
- Following denial, the applicant must take an additional education course as defined by rule prior to submitting a new application. New applications require the fee, evidence of meeting all requirements at time of new submission and evidence of completing mandated educational course.

LPN Scope of Practice (§55-30).

Practice under the guidance of RN or APRN or as directed by PA, physician, dentist, podiatric physician or other hc professionals as determined by the Department includes, but is not limited to:

- Conducting a focused nursing assessment and contributing to the ongoing comprehensive nursing assessment performed by the RN

RN Education Program Requirements (§60-5).

- Starting 12/31/22, requires RN education programs to obtain accreditation by a national accrediting body for nursing education that is recognized by the US Dept. of Education and approved by the Department.
- Program must notify IDFPR and the Board of Nursing within 30 days of losing accreditation. The Department may adopt rules regarding a warning process and re-accreditation.

Qualifications for RN Licensure (§60-10).

- Mandates that within 3 years of initial application, applicants who have not taken their licensure exams or refused to take an exam, or failed to pass the exam will be denied their application.
- Following denial, the applicant must take an additional education course as defined by rule prior to submitting a new application. New applications require the fee, evidence of meeting all requirements at time of new submission and evidence of completing mandated educational course.

RN Scope of Practice (§60-35).

- Practice as RN means full scope of nursing, with or without compensation, that addresses protection, promotion and optimization of health and abilities, the prevention of illness and injury, the development and implementation of nursing plan of care, the facilitation of nursing interventions to alleviate suffering, care coordination and advocacy in the care of individuals, families, groups, communities and populations.
- Outlines 17 provisions that incorporates caring for all patients in all settings through nursing standards of practice and professional performance for coordination of care, including practicing ethically according to the American Nurses Association Code of Ethics.

APRN Scope of Practice (§65.30). Revises term APN to "Advance Practice Registered Nurse" (APRN) to align with national trend supported by National Councils of State Board of Nursing.

Written Collaborative Agreements (§65-35).

- Requires Written Collaborative Agreements (WCA) for all APRNs engaged in clinical practice prior to meeting the requirements of Section 65-43, except for APRNs who are privileged to practice in a hospital, hospital affiliate or ambulatory surgical treatment center.
- WCA to describe relationship of APRN w/collaborating physician and describe categories of care, treatment or procedures to be provided by APRN. Collaboration does not require employment or personal presence of collaborating provider where services are rendered. WCA shall outline communication methods (telecommunications or in-person) available for APRN to consult w/collaborating physician.
- Absent employment relationship, WCA may not:
    - restrict categories of patient population w/in scope of APRN training and experience;
    - limit 3rd party payors or government health programs w/which APRN contracts;
    - limit geographic area or practice location of APRN.
- For anesthesia services provided by CRNA, an anesthesiologist, a physician, a dentist, or a podiatric physician must participate in discussion and agreement of anesthesia plan and must remain physically present and available on premises.
- Outside of hospital or ASTC, a CRNA may provide only those services that collaborating podiatrist is authorized pursuant to the Podiatric Medical Practice Act or an operating dentist pursuant to Illinois Dental Practice Act.
- A copy of signed WCA must be available to IDFPR upon request from the CRNA and collaborating physician, dentist or podiatric physician.
- An APRN must inform each collaborating physician, dentist or podiatric physician of all signed WCAs and provide a copy of each to their collaborating provider upon request.

Written Collaborative Agreements and Prescriptive Authority (§65-40).

- Allows, but does not require, collaborating physician to delegate prescriptive authority as part of WCA for APRNs.
    - Prescriptive authority may include prescription, selection, order, administration, storage, acceptance of samples and dispensing OTC meds, legend drugs, medical gases and controlled substances III – V.
    - The collaborating physician must have valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.
- To prescribe under this section APRN must obtain a mid-level practitioner controlled substance license.
- Medication prescriptions and orders shall be reviewed periodically by collaborating physician.
- Collaborating physician must file a notice of delegation of prescriptive authority and termination of such delegation w/the Department and the Prescription Monitoring Program. Once received by IDFPR, the licensed APRN will be eligible to register for a mid-level practitioner controlled substance license under section 303.05 of the Illinois Controlled Substance Act.

- In addition to requirements of above, a collaborating provider may delegate prescription of Schedule II substances to APRN if all of following conditions apply:
    - Specify oral, topical or transdermal applications delegated Schedule II by generic or brand name that are routinely prescribed by collaborating provider. May not delegate Schedule II by IV route or other routes than ones specified here;
    - Any delegation must be controlled substance that collaborating provider prescribes.
    - Must be limited to no more than 30-day supply. Continuation authorized only after prior approval by collaborating provider;
    - Patient condition must be discussed w/collaborating provider by the APRN when controlled substance is prescribed monthly;
    - APRNs must meet education requirements of section 303.05 of Illinois Controlled Substance Act.
- Nothing in this section applies to medication authority, including Schedule IIs, for APRNs for care provided in hospital, hospital affiliate or ASTC pursuant to sec. 65-45.
- Nothing in this Section shall be construed to apply to an APRN who meets the requirements of Section 65-43.

Full Practice Authority (§65.43).

Defines Full Practice Authority (FPA) as authority of APRN licensed and certified as nurse practitioner, nurse midwife or clinical nurse specialist to practice without a WCA and to be fully accountable:

- To patients for quality of advanced nursing care rendered;
- For recognizing limits of knowledge and experience; and for planning for the management of situations beyond the APRN's expertise;

- FPA includes:
    - Accepting referrals from, consulting with, collaborating with or referring to other hc professionals as warranted by patient needs and to possess the authority to prescribe medications, including Schedule II through V controlled substances as provided in Section 65-43.
- To be granted FPA, an APRN certified as nurse midwife, clinical nurse specialist or nurse practitioner must:
    - File w/IDFPR notarized attestation of completion of at least 250 hours of continuing education or training and at least 4000 hours of clinical experience after first attaining national certification. Documentation of successful completion must be provided to IDFPR upon request.
        - Continuing education or training hours required above shall be in APRNs area of certification as set forth by Department rule.
        - Clinical experience must be in APRN's area of certification, in collaboration with physician or physicians and must be attested to by collaborating provider and APRN.
- Scope of Practice for APRNs w/FPA:
    - All matters included in subsection (c) of Section 65-30.
    - Practicing in all practice settings consistent with national certification.
    - Authority to prescribe both legend drugs and Schedule II through V controlled substances.

- Prescribing benzodiazephines or Schedule II narcotic drugs, such as opioids, only in a consultation relationship with a physician; this consultation relationship shall be recorded in the PMP website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and APRN w/FPA and is not required to be filed with the Department
    - The specific Schedule II narcotic must be identified by brand or generic name; may be administered by oral dosage or topical or transdermal application; delivery by injection or other route of administration is not permitted; at least monthly the APRN and physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed; nothing in this subsection requires the prescription by APRN w/FPA to require a physician name.
- Authority to obtain an IL Controlled Substance license and federal DEA number.
- Use of only local anesthetic.
- APRN FPA scope of practice does not include operative surgery.
- The Department may adopt rules to administer this Section
- Nothing in this Act shall be construed to authorize an APRN w/FPA to provide health care services required by law or rule to be performed by a physician, including but not limited to, those acts to be performed by a physician in Section 3.1 of the Illinois Abortion Law of 1975.

APRN Practice in Hospitals, Hospital Affiliates and ASTCs (§65-45).

- An APRN may provide services in a licensed hospital, hospital affiliate or ASTC without a WCA with privileges recommended by the hospital medical staff and granted by the hospital; or by the consulting medical staff committee and ASTC.
- The medical staff shall periodically review the services of all ARPNs granted privileges.
- An APRN privileged to order medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the APRN and attending or discharging physician.
- APRNs practicing in hospital or ASTC are not required to obtain a mid-level controlled substance license to order controlled substances.
- APRNs certified as nurse practitioners, nurse midwives, or clinical nurse specialists practicing in a hospital affiliate may be privileged to prescribe Schedule II through Schedule V controlled substances when recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate.
    - APRNs granted these privileges in a hospital affiliate must obtain a controlled substance license.
    - Hospital affiliate must file notice of APRN's prescriptive authority and termination of such authority with IDFPR.
    - APRN's Schedule II privileges in hospital affiliates are subject to specific conditions:
        - ❖ Oral, topical or transdermal routes that are routinely prescribed by APRNs in that area of certification;
        - ❖ Identify generic or brand on prescription;
        - ❖ No more than 30 day supply;

- ❖ Must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee or its physician designee;
- ❖ Must meet the education requirements of Section 303.05 of the IL Controlled Substance Act.

- APRN meeting the requirements of section 65-43 (FPA) may be privileged to complete discharge orders and prescriptions under the APRN's name.
- Nothing in this Act requires an APRN to have a WCA to practice in a hospital, hospital affiliate, or ambulatory surgical center.
- An APRN meeting the requirements of Section 65-43 may be privileged to prescribe controlled substances categorized as Schedule II through V in accordance w/Section 65-43.

APRN Title (§65-50) and **APRN Advertising** (§65-55).

- Updates term of art from APN to APRN.
- No APRN licensed under this Act may use the title "doctor" or "physician" in paid or approved advertising. Any advertising must contain the appropriate APRN credentials.
- If an APRN has a doctorate degree, when identifying himself or herself as "doctor" in a clinical setting, the APRN must clearly state that their educational preparation is not in medicine and that he or she is not a medical doctor or physician.

Continuing Education (§65-60).

- Requires 80 hours per 2 year license renewal cycle.
  - Mandates 50 hours of CEUs as determined by rule that must include no less than 20 hours of pharmacotherapeutics, including 10 hours of opioid prescribing or substance abuse education and must be in APRN's specialty.
  - Allows a maximum of 30 hours to be obtained by presentations in APRN's clinical specialty as determined by rule.
  - Adopted rules for CEUs will be consistent to extent possible with requirements of relevant national certifying bodies or State or national professional organizations.

Grounds for Disciplinary Action (§70-5).

- Revises prior "physical illness", deleting deterioration through the aging process or loss of motor skills.
- Adds new grounds for:
  - Willfully failing to report an instance of suspected abuse, neglect or financial exploitation or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.
  - Being named as an abuser in verified report by Department of Aging and under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected or financially exploited an eligible adult a defined in the Adult Protective Services Act.

Effective Date (§999).

- Act takes effect on becoming law.