



September 14, 2017

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

TO: IONL Members

FROM: Cathy Grossi, Vice President
Institute for Innovations in Care and Quality

SUBJECT: IHA Summary: Key Bills from 2017 Spring Legislative Session

While the state's budget crisis once again dominated this past extended Spring Session, other issues impacting health care delivery also were proposed and addressed by the 100th General Assembly. The following offers highlights of several key legislative initiatives impacting healthcare providers, hospitals, and the patient and communities they serve. Although many bills did not successfully move through the General Assembly, it is important to note that often the very same or slightly revised legislation is likely to be introduced again in 2018.

While many proposals did address professional practice for a number of professionals, a notable trend emerged reflecting an increase in pharmacy-related proposals. This pattern underscores the ongoing interest in addressing the illegal use and misuse of Heroin and Opioid substances. For example, some sought additional constraints on drug access ([HB 3680](#), [HB2534](#)), reducing supply ([SB 2011](#), [SA1](#)), increased monitoring requirements prior to providing prescriptions ([SB 1607](#), [SA2](#)) and encouraging proper disposal of unused medications ([HB 524](#), [HB706](#)).

A controversial bill sought to address patient safety by addressing pharmacies' work environment with imposing staffing ratios and limiting the number of prescription fills per hour ([HB 2392](#)). The initial measure yielded strong opposition from pharmacy groups, prompting consideration for a revised proposal that passed out of the General Assembly as [HB 3462 HA 4](#). The legislation, sponsored by Reps. Mike Zalewski and Mary Flowers, establishes a task force to study pharmacy issues and develop recommendations for future consideration by the General Assembly in 2019. The bill passed from the House to the Senate in late April and follows a Tribune investigation that found 52% of 255 pharmacies tested in the Chicago region and nearby states failed to warn customers about a potential drug interaction that could be harmful or fatal.

Healthcare Providers

[HB 313](#) (Rep. Sara Feigenholtz/Sen. Iris Martinez) – Nurse Practice Act

Sent to the Governor on July 24, 2017

This legislation is the culmination of the Illinois Coalition of Nursing Organizations (ICNO), comprised of the Presidents and Executive Directors of nearly 20 nursing organizations from across that state that worked collaboratively in 2016 and with other key stakeholders during session to update and revise numerous provisions of the Nurse Practice Act, scheduled to sunset in December 2017. Of note, the bill includes the ability to grant advanced practice registered nurses with full practice authority status (without a written collaborative agreement) upon filing a signed attestation of successful completion of 250 hours of continuing education or training and 4,000 hours of clinical experience. Clinical hours must be in the Advanced Practice Registered Nurses (APRN) area of certification and attested to by a physician.

[SB 1585](#) (Sen. Iris Martinez/Rep. Cynthia Soto) – Illinois Physician Assistant Practice Act Signed by the Governor on August 25, 2017

In anticipation of the Physician Assistant Act's statutory expiration at the end of the calendar year, the bill renews the Act for another 10 years as well as now allows for a collaborative relationship, rather than supervisory one, with a PA's physician providers.

[SB 1754](#) (Sen. Iris Martinez) – Lay Midwives Held on 3rd Reading in the Senate

This legislation would have allowed a high school graduate with a certificate of midwifery education to deliver babies outside of a hospital, without any supervision or oversight by a physician, advanced practice nurse, or other licensed healthcare professional. As introduced, the bill included critical clarification about when a patient relationship is established with a physician or hospital. However, an amendment sought to remove that protection and created the potential for vicarious liability for hospitals and physicians for the negligence of a lay midwife in cases where the hospital or physician exercised no supervision or control over the certified professional midwife, and had no prior relationship with the midwife or the midwife's patient. Without this explicit language, the bill raised the real possibility of lawsuits against hospitals and physicians based on "apparent agency" – a theory under which a plaintiff alleges that he or she "was led to believe" that a relationship existed between a midwife and a hospital or physician even though no relationship actually existed. IHA opposed this legislation.

Healthcare Facilities

[HB 2762](#) (Rep. William Davis/Sen. Mattie Hunter) – Hospital Do Not Admit Lists Signed by the Governor on August 24, 2017

The legislation amends the Hospital Licensing Act and University of Illinois Hospital Act prohibiting hospitals from maintaining a list of individuals who may not be admitted for treatment at the hospital. IHA collaborated with the bill sponsor to ensure that this provision does not prohibit a hospital or a member of the hospital's medical staff from recommending an alternate provider, coordinating an appropriate transfer, or arranging access to care services that best meets the needs of an individual patient.

**SB 1400 (Sen. John Mulroe/ Rep. Elaine Nekritz) – Health Care Worker Background Check
Signed by the Governor on August 25, 2017**

This bill amends several Acts to consolidate current requirements from those laws into the State's existing Health Care Worker Background Check Act. Current law requires healthcare employers to check the Illinois Department of Public Health's registry for eligibility prior to an organization retaining any unlicensed person. As passed, the bill expands the mandate so that employers, in addition to checking on all paid employees, will be required to validate eligibility on their volunteers.

**HB2693 (Rep. Greg Harris) – Cardiac Fund
Returned to House Rules**

This bill would have imposed a \$3,500 annual fee on the majority of Illinois hospitals to support data collection and report activity aimed at improving cardiac arrest care and survival rates. While IHA and the hospital community are committed to improving cardiac survival rates, IHA opposed this legislation and sought an amendment to make participation voluntary. In lieu of legislation, IHA collaborated with bill proponents to offer educational outreach. IHA hosted an informational webinar for Illinois Heart Rescue, free of charge at the end of August and has a second one scheduled for mid-October.

**SB 741 (Sen. Emil Jones III) – Mandated Influenza Vaccine
Held on 3rd Reading in the Senate**

Grants the Illinois Department of Public Health (IDPH) authority to require local health departments and any facility (including hospitals) licensed by IDPH to implement a mandated influenza vaccine program (versus current law that requires an offer of a vaccine) to ensure that healthcare personnel are vaccinated against influenza.

Patient Care

**HB 2800 (Rep. Mary Flowers/Sen. Donne Trotter) – Perinatal HIV Prevention
Signed by the Governor on August 22, 2017**

As introduced, the bill would have required any healthcare provider or facility that provides services to a pregnant woman to offer HIV counseling and testing on an opt-out basis if the woman did not have a previous HIV test or status in the third trimester of the current pregnancy. This requirement would have included pregnant women who presented in the emergency department for non-pregnancy related issues. In addition, the bill would have required an initial offer of HIV testing and counseling on an opt-out basis as early in the pregnancy as possible. While IHA supports efforts to increase early HIV testing, the bill was overly broad and unmanageable, particularly as applied in a hospital emergency department. IHA opposed the bill as introduced. After seeking member input and guidance, IHA drafted an amendment limiting the responsibility of offering testing and counseling on an opt-out basis to those healthcare professionals and facilities that provide prenatal medical care or labor and delivery services to the pregnant woman and her newborn infant. This significantly reduces the

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burden in areas such as emergency departments that are not equipped to handle such responsibilities, and focuses attention in the primary care setting and labor and delivery where better outcomes can be achieved for the mother and baby. IHA supported the bill as amended.

Please check Illinois Health and Hospital Association webpage – www.ihatoday.org -- for updates related to ongoing legislative and regulatory activity impacting health care professionals and their collective efforts impacting service delivery, quality and patient safety.