

Human Services Committee

Filed: 4/9/2008

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1	AMENDMENT TO HOUSE BILL 5960
2	AMENDMENT NO Amend House Bill 5960 by replacing
3	everything after the enacting clause with the following:
4	"Section 5. The Nurse Practice Act is amended by changing
5	Section 50-15 and by adding Sections 50-80 and 60-45 as
6	follows:
7	(225 ILCS 65/50-15) (was 225 ILCS 65/5-15)
8	(Section scheduled to be repealed on January 1, 2018)
9	Sec. 50-15. Policy; application of Act.
10	(a) For the protection of life and the promotion of health,
11	and the prevention of illness and communicable diseases, any
12	person practicing or offering to practice advanced,
13	professional, or practical nursing in Illinois shall submit
14	evidence that he or she is qualified to practice, and shall be
15	licensed as provided under this Act. No person shall practice
16	or offer to practice advanced, professional, or practical

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nursing in Illinois or use any title, sign, card or device to indicate that such a person is practicing professional or practical nursing unless such person has been licensed under the provisions of this Act.

5

(b) This Act does not prohibit the following:

6 (1) The practice of nursing in Federal employment in 7 the discharge of the employee's duties by a person who is 8 employed by the United States government or any bureau, 9 division or agency thereof and is a legally qualified and 10 licensed nurse of another state or territory and not in 11 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of 12 this Act.

13 (2) Nursing that is included in the program of study by
 14 students enrolled in programs of nursing or in current
 15 nurse practice update courses approved by the Department.

16 (3) The furnishing of nursing assistance in an 17 emergency.

(4) The practice of nursing by a nurse who holds an
 active license in another state when providing services to
 patients in Illinois during a bonafide emergency or in
 immediate preparation for or during interstate transit.

(5) The incidental care of the sick by members of the
family, domestic servants or housekeepers, or care of the
sick where treatment is by prayer or spiritual means.

25 (6) Persons from being employed as unlicensed
 26 assistive personnel in private homes, long term care

1 facilities, nurseries, <u>schools</u>, hospitals, or other 2 institutions.

3 (7) The practice of practical nursing by one who is a licensed practical nurse under the laws of another U.S. 4 5 jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a 6 7 license as a licensed practical nurse and who is qualified 8 to receive such license under this Act, until (i) the 9 expiration of 6 months after the filing of such written 10 application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department. 11

(8) The practice of advanced practice nursing by one 12 13 who is an advanced practice nurse under the laws of another 14 state, territory of the United States, or country and has 15 applied in writing to the Department, in form and substance satisfactory to the Department, for a license as an 16 advanced practice nurse and who is qualified to receive 17 such license under this Act, until (i) the expiration of 6 18 months after the filing of such written application, (ii) 19 20 the withdrawal of such application, or (iii) the denial of 21 such application by the Department.

(9) The practice of professional nursing by one who is
a registered professional nurse under the laws of another
state, territory of the United States or country and has
applied in writing to the Department, in form and substance
satisfactory to the Department, for a license as a

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registered professional nurse and who is qualified to receive such license under Section 55-10, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.

(10) The practice of professional nursing that is 6 7 included in a program of study by one who is a registered professional nurse under the laws of another state or 8 9 territory of the United States or foreign country, 10 territory or province and who is enrolled in a graduate nursing education program or a program for the completion 11 of a baccalaureate nursing degree in this State, which 12 13 includes clinical supervision by faculty as determined by the educational institution offering the program and the 14 15 health care organization where the practice of nursing 16 occurs.

(11) Any person licensed in this State under any other
Act from engaging in the practice for which she or he is
licensed.

(12) Delegation to authorized direct care staff
 trained under Section 15.4 of the Mental Health and
 Developmental Disabilities Administrative Act consistent
 with the policies of the Department.

24 (13) Nothing in this Act shall be construed to limit the 25 delegation of tasks or duties by a physician, dentist, or 26 podiatrist to a licensed practical nurse, a registered 09500HB5960ham001 -5- LRB095 16530 AMC 49138 a

professional nurse, or other persons.
 (Source: P.A. 95-639, eff. 10-5-07; revised 12-7-07.)

3 (225 ILCS 65/50-80 new)

Sec. 50-80. First aid, emergency care, and cardiopulmonary resuscitation. Nothing in this Act prevents a licensed practical nurse, a registered professional nurse, a school nurse, or an advanced practice nurse from teaching or training other persons in first aid, emergency care, or cardiopulmonary resuscitation.

10 (225 ILCS 65/60-45 new)

11 Sec. 60-45. School nurses.

12 (a) "School nurse" means a licensed registered 13 professional nurse certified by the State Board of Education pursuant to Section 21-25 of the School Code as a certified 14 school nurse or any noncertified registered professional 15 nurses employed by a school district to perform professional 16 nursing services. School nursing is a unique field of nursing 17 18 with unique challenges. School nurses have the ability to practice within the scope of practice of a registered 19 20 professional nurse under this Act.

21 (b) School nurses may administer and supervise the 22 administration of medications or care that need to be 23 administered in school or during school activities as 24 authorized under Section 22-30 of the School Code. 09500HB5960ham001

(c) Notwithstanding the provisions of subsection (c) of
 Section 50-75 of this Act, school nurses may authorize persons
 trained pursuant to Section 10-22.21b of the School Code to
 carry out a health care management plan, including
 administration of medications.

6 (d) Notwithstanding any other rulemaking authority that 7 may exist, neither the Governor nor any agency or agency head under the jurisdiction of the Governor has any authority to 8 9 make or promulgate rules to implement or enforce the provisions 10 of this amendatory Act of the 95th General Assembly. If, 11 however, the Governor believes that rules are necessary to 12 implement or enforce the provisions of this amendatory Act of 13 the 95th General Assembly, the Governor may suggest rules to 14 the General Assembly by filing them with the Clerk of the House 15 and the Secretary of the Senate and by requesting that the 16 General Assembly authorize such rulemaking by law, enact those suggested rules into law, or take any other appropriate action 17 in the General Assembly's discretion. Nothing contained in this 18 19 amendatory Act of the 95th General Assembly shall be 20 interpreted to grant rulemaking authority under any other Illinois statute where such authority is not otherwise 21 22 explicitly given. For the purposes of this amendatory Act of the 95th General Assembly, "rules" is given the meaning 23 24 contained in Section 1-70 of the Illinois Administrative 25 Procedure Act, and "agency" and "agency head" are given the 26 meanings contained in Sections 1-20 and 1-25 of the Illinois

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<u>Administrative Procedure Act to the extent that such</u>
 <u>definitions apply to agencies or agency heads under the</u>
 <u>jurisdiction of the Governor.</u>

Section 10. The School Code is amended by changing Sections
10-20.14b and 10-22.21b as follows:

(105 ILCS 5/10-20.14b) (from Ch. 122, par. 10-20.14b) 6 7 Sec. 10-20.14b. Medications policy. To develop a policy for 8 administration of medications in schools, which includes 9 health care management plans under Section 10-22.21b of this Code, to furnish a copy of the policy to the parents or 10 11 guardians of each pupil within 15 days after the beginning of each school year, or within 15 days after starting classes for 12 13 a pupil who transfers into the district, and to require that 14 each school informs its pupils of the contents of its policy. (Source: P.A. 90-789, eff. 8-14-98.) 15

16 (105 ILCS 5/10-22.21b) (from Ch. 122, par. 10-22.21b)

Sec. 10-22.21b. Administering medication <u>and health care</u>
 <u>management plans</u>.

19 <u>(a)</u> To provide for the administration of medication to 20 students. It shall be the policy of the State of Illinois that 21 the administration of medication to students during regular 22 school hours and during school-related activities should be 23 discouraged unless absolutely necessary for the critical 09500HB5960ham001

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1 health and well-being of the student.

2 (b) Under no circumstances shall teachers or other 3 non-administrative school employees, except certified school 4 nurses, and non-certificated registered professional nurses, 5 and designated health care aides as defined in subsection (c) 6 of this Section, be required to administer medication to 7 students.

8 (c) When a pupil needs to receive medications or care in 9 school or during school activities, a health care management 10 plan must be established. A parent or guardian for any student 11 who seeks assistance with care in the school setting must 12 submit a signed request for a health care management plan.

13 A health care management plan must be submitted to the 14 school at one of the following times: before or at the 15 beginning of the school year; upon enrollment of a student in 16 need of a plan, if the student enrolls in the school after the beginning of the school year; as soon as practicable following 17 a student's diagnosis; or when a student's care needs change 18 19 during the school year. The request for a health care 20 management plan must be accompanied by proof of diagnosis of a condition or illness necessitating assistance and any 21 22 prescription or prescriptions, including the name of the medication and the method of administration. Proof shall 23 24 consist of a statement from a physician licensed to practice 25 medicine in all its branches on the physician's letterhead, an advanced practice registered nurse with a collaborative 26

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1	agreement authorizing these services on practice letterhead,
2	or a physician assistant with authority to provide these
3	services authorized by a supervising physician on practice
4	letterhead. The principal and parent or guardian must develop
5	any health care management plan. The statement must provide the
6	diagnosis, list of any medications, dosage, frequency and time
7	of administration, and administration route or other
8	directions. The principal and parent or quardian and any
9	designated health care aide to provide services shall sign the
10	health care management plan. A copy of the health care
11	management plan must be provided to the parent or guardian, the
12	appropriate designated health care aide, and the school nurse,
13	<u>if available.</u>
14	The services and accommodations specified in a health care
14 15	The services and accommodations specified in a health care management plan must be reasonable, reflect the current
15	management plan must be reasonable, reflect the current
15 16	management plan must be reasonable, reflect the current standards of care, and include appropriate safeguards to ensure
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15 16 17 18	management plan must be reasonable, reflect the current standards of care, and include appropriate safeguards to ensure that any health care supplies, including, but not limited to, syringes and lancets, are disposed of properly.
15 16 17 18 19	<pre>management plan must be reasonable, reflect the current standards of care, and include appropriate safeguards to ensure that any health care supplies, including, but not limited to, syringes and lancets, are disposed of properly. A school nurse or a designated health care aide shall</pre>
15 16 17 18 19 20	<pre>management plan must be reasonable, reflect the current standards of care, and include appropriate safeguards to ensure that any health care supplies, including, but not limited to, syringes and lancets, are disposed of properly. A school nurse or a designated health care aide shall provide health care for a student under this subsection (c)</pre>
15 16 17 18 19 20 21	<pre>management plan must be reasonable, reflect the current standards of care, and include appropriate safequards to ensure that any health care supplies, including, but not limited to, syringes and lancets, are disposed of properly. A school nurse or a designated health care aide shall provide health care for a student under this subsection (c) only after a student's parent or guardian submits a written</pre>
15 16 17 18 19 20 21 22	<pre>management plan must be reasonable, reflect the current standards of care, and include appropriate safequards to ensure that any health care supplies, including, but not limited to, syringes and lancets, are disposed of properly. <u>A school nurse or a designated health care aide shall</u> provide health care for a student under this subsection (c) only after a student's parent or guardian submits a written request for assistance and signs a health care management plan</pre>
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1	(1) In the absence of a full-time school nurse, a
2	school principal shall appoint a designated health care
3	aide to perform the tasks necessary to assist a student in
4	accordance with his or her health care management plan. A
5	school nurse assigned to the school and the principal must
6	be notified, in writing, of each and every time any
7	intervention under the plan is made. Parents must also be
8	notified, unless notification is waived in writing.
9	Interventions must be in accordance with standardized
10	protocols, adopted by the Department of Human Services'
11	school health program and approved by the Board of Nursing
12	based on nationally accepted standards for the treatment of
13	each specific diagnosis. The minimum standardized protocol
14	for diabetes management is set forth in subdivision (2) of
15	this subsection (c).
16	(2) With respect to the diabetes management protocol,
17	training of a designated health care aide must include all
18	of the following:
19	(A) The details of a student's diabetes management
20	plan.
21	(B) How to test blood glucose and record results.
22	(C) How to recognize and respond to the symptoms of
23	hypoglycemia.
24	(D) How to recognize and respond to the symptoms of
24 25	(D) How to recognize and respond to the symptoms of hyperglycemia.

1	administer glucagon.
2	(F) How to prepare and administer insulin
3	according to the device identified in the student's
4	diabetes management plan and keep a record of the
5	amount administered.
6	(G) How carbohydrates, physical activity, and
7	other factors affect blood glucose levels and how to
8	respond when blood glucose levels are outside the
9	target ranges specified in the student's diabetes
10	management plan.
11	A student with diabetes must be permitted to do the
12	following:
13	(i) perform blood glucose tests as needed;
14	(ii) administer insulin with the insulin delivery
15	system used by the student;
16	(iii) treat hypoglycemia and hyperglycemia and
17	otherwise attend to the care and management of his or
18	her diabetes in the classroom, in any area of the
19	school or school grounds, and at any school-related
20	activity or event; and
21	(iv) possess on his or her person, at all times,
22	the supplies and equipment necessary to monitor and
23	treat diabetes, including, but not limited to,
24	glucometers, lancets, test strips, insulin, syringes,
25	insulin pens and needle tips, insulin pumps, infusion
26	sets, alcohol swabs, a glucagon injection kit, glucose

1	tablets, and food.
2	(3) If a school nurse is assigned to a school, the
2	acheal number chall accordinate the training of decignated

3 school nurse shall coordinate the training of designated 4 health care aides. If a school nurse is not assigned to a 5 school, the principal shall coordinate the training of designated health care aides in accordance with 6 standardized protocols. Training may be provided by a 7 physician licensed to practice medicine in all its 8 9 branches, a licensed advanced practice nurse, a licensed 10 physician assistant, or a licensed registered nurse with expertise in the conditions or illness generally occurring 11 in the school-age population. In addition, training may be 12 13 provided by the parent or guardian of the student.

14 (4) Designated health care aides shall serve under the
 15 <u>supervision of the principal.</u>

16(5) A school employee must not be subject to any17penalty, sanction, or other disciplinary action for18refusing to serve as a designated health care aide.

19 (6) Training must be provided annually and may be
 20 provided as part of in-service training.

21 (7) Training may be provided for other school employees
 22 who are not currently serving as designated health care
 23 aides, at the discretion of the principal.

24 (8) The principal shall ensure the school has at least
 25 one designated health care aide or one full-time nurse
 26 assigned to the school and available during school hours.

1	The principal or school nurse, should one be assigned
2	full-time to a school, shall maintain a copy of the
3	training records.
4	A school shall provide a one-page information sheet to each
5	employee providing transportation for a student with a health
6	care management plan or supervising a student with a plan
7	during a school-sponsored activity. The information sheet
8	shall do the following:
9	(I) identify the student's condition;
10	(II) identify potential emergencies that may occur as a
11	result of the student's condition and the appropriate
12	responses to such emergencies; and
13	(III) provide emergency contact information for the
14	student's parent or guardian.
15	<u>A school district may not restrict the assignment of a</u>
16	student with a health care management plan to a particular
17	school on the basis that the school does not have a full-time
18	nurse or the required designated health care aides, nor may a
19	school deny access to a student on the basis that a student has
20	been diagnosed with a condition or illness requiring a health
21	care management plan. A school or a school employee is not
22	liable for civil or other damages as a result of conduct, other
23	than willful or wanton misconduct, related to the care of a
24	student in accordance with a heath care management plan under
25	this subsection (c).
26	A school employee must not be subject to any disciplinary

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1 proceeding resulting from an action taken in compliance with this subsection (c), unless the action constitutes willful or 2 wanton misconduct, as long as the provisions of this subsection 3 4 (c) are met. 5 The State Board of Education may adopt standardized forms for the convenience of parents and schools, but no rules are 6 necessary to implement this subsection (c). 7 (d) This Section shall not prohibit a school district from 8 9 adopting guidelines for self-administration of medication by 10 students. 11 (e) This Section shall not prohibit any school employee or volunteer from providing emergency assistance to students. 12 13 (f) Notwithstanding any other rulemaking authority that 14 may exist, neither the Governor nor any agency or agency head 15 under the jurisdiction of the Governor has any authority to 16 make or promulgate rules to implement or enforce the provisions of this amendatory Act of the 95th General Assembly. If, 17 however, the Governor believes that rules are necessary to 18 implement or enforce the provisions of this amendatory Act of 19 20 the 95th General Assembly, the Governor may suggest rules to 21 the General Assembly by filing them with the Clerk of the House 22 and the Secretary of the Senate and by requesting that the General Assembly authorize such rulemaking by law, enact those 23 24 suggested rules into law, or take any other appropriate action 25 in the General Assembly's discretion. Nothing contained in this amendatory Act of the 95th General Assembly shall be 26

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1 interpreted to grant rulemaking authority under any other Illinois statute where such authority is not otherwise 2 3 explicitly given. For the purposes of this amendatory Act of 4 the 95th General Assembly, "rules" is given the meaning 5 contained in Section 1-70 of the Illinois Administrative 6 Procedure Act, and "agency" and "agency head" are given the meanings contained in Sections 1-20 and 1-25 of the Illinois 7 Administrative Procedure Act to the extent that such 8 9 definitions apply to agencies or agency heads under the 10 jurisdiction of the Governor.

11 (Source: P.A. 91-719, eff. 6-2-00.)

Section 85. Federal law. Nothing in this Act shall limit any rights available under federal law. Notwithstanding any other provision in this Act, accommodations established in either an Individualized Education Program pursuant to 20 U.S.C. 1400 et seq. or a Section 504 plan pursuant to 29 U.S.C. 794 et seq. shall control over the provisions of a health care medical management plan.

Section 90. The State Mandates Act is amended by adding Section 8.32 as follows:

(30 ILCS 805/8.32 new)
 Sec. 8.32. Exempt mandate. Notwithstanding Sections 6 and 8
 of this Act, no reimbursement by the State is required for the

1 implementation of any mandate created by this amendatory Act of 2 the 95th General Assembly.

Section 99. Effective date. This Act takes effect June 30, 3 4 2008.".