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One View

The state of health care policy making in Illinois

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Children who have asthma, type 1 diabetes, epilepsy, and other chronic illnesses rely on a variety of caring adults and technological advancements to help them manage the daily demands of their illnesses.

This wasn't always the case. Thirty years ago, managing type 1 diabetes, for example, was as effective as reading in the dark. Equipment was crude, confidence in test results was low and insulin dosing was at best an educated guess.

Today, the management protocols for most chronic illnesses including type 1 diabetes are greatly improved.

These improvements largely reflect the encouraging trend in health care that supports independence and promotes self-reliance and not just as a practical matter or for cost-efficiencies but because these are good markers by which to evaluate an individual's overall health and well being.

But in October 2007, the state of health care in Illinois took a giant step backwards. The Nurse Practice Act was amended to prohibit nurses from, among other things, delegating the administration of medication to anyone other than another licensed care provider. This sort of restriction makes perfect sense in hospitals or outpatient surgery centers, but for the daily management of chronic illness, the implications of this poorly crafted statute are profound.

In larger schools and districts it is typical to have one full-time registered nurse on staff to coordinate and supervise the activities of a number of trained health care aides. However, to comply with the new delegation restriction, these health care aides, no matter their experience or training, can no longer administer medication; they must become, or be replaced by, licensed professionals.

The Illinois Nurses Association justified the new restrictions, claiming "some Illinois school nurses have been forced by their employers to delegate medication admin-

istration," which is odd thing to argue considering that is exactly what you want school nurses to do—educate and train other staff members to ensure that children can be healthy and safe at all times.

So now, instead of safeguarding the licensure in the interest of the public's health and safety, the new Nurse Practice Act is a barrier to patient-directed care and creates problems beyond the just needs of school children. More of our elderly and disabled neighbors here on the north lakefront will be forced into nursing homes as the cost of replacing health care aides with licensed persons exceeds the cost of nursing home care. In fact, when all costs are included in the analysis—school care, home health care, assisted living, and nursing homes admission—estimated statewide costs of the new Nurse Practice Act quickly approach \$1 billion.

We could pay up, I suppose, or take a page out of the playbook of another state that has been a lot smarter.

Twenty years ago, in response to increasing health care costs, Kansas developed a statewide care plan for the elderly and persons with disabilities that focused on choice, quality, cost-effectiveness and developing community-based options.

The plan was supported by several significant pieces of legislation including exemptions from the state's Nurse Practice Act to enable home care for persons with disabilities and an amendment to provide for nurse delegation.

As a result of these changes, all of the indicators moved the way you would want them to: the utilization of licensed residential facilities increased, the utilization of nursing facilities decreased, the numbers of community-based alternatives for care increased and the number of nursing home beds decreased.

Ideas of what constitutes safe and appropriate health care have shifted, and now include self-directed health care, home health care and community-based health care.

Empirical evidence, rather than professional parochialism, has shown that trained health care aides have a legitimate place in the delivery of quality health care, both in schools and other non-acute care settings.

The new Nurse Practice Act shows how entrenched long-held institutional and professional attitudes really are. Inserting language that most other states excised from their Practice Acts twenty and thirty years ago is proof that Illinois still struggles with the health care equivalent of the wheel.