The following committee reports and IHA memo are provided separately as a handout on your table:

- Continuum of Care Committee (pg. 2)
- Member Engagement Committee (pg. 3)
- Nominations & Election Committee (pg. 4)
- Policy & Advocacy Committee (pg. 5)
- Program Committee (pg. 6)
- Past Presidents Advisory Council (pg. 7)
- Illinois Health and Hospital Association Memo: Key 2017 Bills from 2017 Spring Legislative Session (pgs. 8-10)

**How can YOU get involved with IONL activities?**

- **Sign up for a 2018 IONL committee** at the Member Resource Table near registration (or be on the lookout for an email sign-up soon) and engage with your fellow IONL nurse professionals.

- **Join or renew your 2018 IONL membership** at the Member Resource table or register/renew online at www.ionl.org before December 31, 2017. If you are a new member, register for your 2018 membership now and get October – December 2017 for free!

- **Earn Continuing Education Credits** by registering for IONL educational programs (webinars, in-person leadership workshops, conferences, and more) at www.ionl.org. The next webinar is the NC-3 webinar on Nurse Staffing by Acuity Law on September 25 at 1:00pm (earn 1 CE).
COMMITTEE REPORT
2017 ANNUAL BUSINESS MEETING
Continuum of Care

Report submitted by: Kathleen Ferket

Committee Members:
Kathleen Ferket, Katie Koerner, Mary Franks, Joanne Carlin, Anne Curtiss, Barb Douglas, Colleen Emanuel, Leah Leas, Karen Mayer, Martie Moore, Ann Marie Niemer, Karen Rouse, Mary Stewart, Karen Thacker, Runay Valentine, Susan Wickey, Gail Wurtz

2017 Goals:
• Provide two Continuum of Care Webinars to enhance the knowledge base of nurses practicing throughout various healthcare settings.
• Expand discussions and modes of communication on practice issues or concerns, community events, and ways to promote active member involvement throughout the communities in which members practice.
• Hold one in person networking event May 2017.

2017 Accomplishments:
• Committee members presented two lunch & learn educational programs geared towards the care continuum: Population Health and Leadership across the Care Continuum
• May networking breakfast attended by with seven committee members to discuss opportunities for expanding IONL programing to appeal to nurse leaders outside of the traditional acute care setting
• Mary Franks joined IONL Board, representing the skilled nursing facility post-acute setting
• IONL continuum of care committee representatives at recruitment fairs, post-acute settings

Future Goals:
Continue to recruit nurse leaders across the care continuum to IONL

Signed by: Kathleen Ferket & Katie Koerner
COMMITTEE REPORT
2017 ANNUAL BUSINESS MEETING
Member Engagement Committee

Report submitted by: Nicole Wynn

Committee Members:
- Nicole Wynn (chair)
- Jennifer Grenier (board representative)
- Jason Bauer
- Jan Southard

2017 Goals:
- Increase membership to 500 members (currently, as of 09/15 473 members)
- Develop an Awards Program
- Reach out to new members
- Reach out to lapsed members

2017 Accomplishments:
- Engaging non-members/first timers at the Mid-Year Conference in April
- Conducted outreach to lapsed members, past/current fellows, Sigma Theta Tau contacts
- Developed and executed IONL’s first ever Awards Program to recognize four award winners in the following categories: Community Effort, Most Valuable Member, Mentorship and Emerging Leader

Future Goals:
- Continue Awards Program (possibly expand)
- Maintain membership at 400 at the start of the year (increase renewals)

Signed by: Nicole Wynn
COMMITTEE REPORT
2017 ANNUAL BUSINESS MEETING
Nominations & Election Committee

Report submitted by: Corinne Haviley

Committee Members:
Corinne Haviley (Chair), JoAnn Bennett, Lisa Klaustermeier

Goals and Accomplishments:
Completed the 2018 election process and finalized the following 2018 slate:

President:
Frank Bradtke, DNP, RN, NEA-BC, Director of Operations at Advocate Trinity Hospital, Chicago, IL

President-Elect:
Jennifer M Grenier DNP, RN-BC, Director of Nursing, Rush Rehabilitation at Rush University Medical Center, Chicago, IL

Secretary:
Sharon V. Rangel, MSN, MBA, RN, Manager, Nursing Resource Office at Advocate Christ Medical Center, Oak Lawn, IL

Region 3A Director:
Deidra Glisson, RN, MSN, MBA, NE-BC, Director of Nursing Operations, Memorial Medical Center, Springfield, IL

Continuum of Care Committee Chair:
Katie Koerner, DNP, MBA, RN, Manager, Nursing Professional Practice at Rush Copley Medical Center, Aurora, IL

Program Oversight Committee Chair:
Timothy Carrigan, PhD, RN, NEA-BC, FACHE, Associate Vice President of Nursing at Rush University Medical Center, Chicago, IL

Signed by: Corinne Haviley
2017 ANNUAL COMMITTEE REPORT

Policy & Advocacy

Report submitted by: Debra Quintana

Date: September 20, 2017

Committee Members:
Debra Quintana, APN, MS, NEA-BC, CPHQ, Committee Chair
Susana Gonzalez, MHA, MSN, RN, CNML, Co Chair
Frank Bradtke, Board Liaison

2017 Goals:
• Develop committee goals and deliverables such as encouraging members to contact legislators and offer expertise
• Maintain current website with information and resources and increase emails on current topics
• Continually monitor ratio status in Illinois and Federal and collaborate with IHA
• Provide quarterly IHA reports to membership (with IHA Board Member)
• Further explore Lobby Day partnership opportunity and secure presence at the legislative evening reception and share information with the full committee

2017 Accomplishments:
• Link sent out to committee to assist them to know the elected officials in addition the other idea is to put your work address and search who their work district elected officials; contact elected official.
• ANA sunset additional 2017 summits schedules sent to committee as well as posted on IONL web site
• Lobby Day partnership opportunity and secure presence at the legislative evening reception and share information with the full committee

Future Goals:
• Provide updates to the members and the board on the 2017 Sunset of the Nurse Practice Act, Full Practice authority for APN’s,
• Illinois – HB313 – Nurse Practice Act-Various
• Illinois – SB642 – Nurses APRN Scope of Practice
• Illinois – SB677 – Nurse Licensure Compact
• Provide INA Quarterly reports to the IONL members
• Support the AONE closely on the anti-real and replace efforts

Signed by: Debra Quintana
COMMITTEE REPORT
2017 ANNUAL BUSINESS MEETING
Program Committee

Report submitted by: Sharon Rangel

Program Oversight Committee:
Sharon Rangel, Timothy Carrigan, Janet Davis, Michele Kramer, Barb Weintraub

Digital Education & Distance Learning Subcommittee:
Janet Davis (Chair), Jennifer Millsap, Audre Pocius, Mary Steward, Kelli Whittington

Leadership Subcommittee:
Tim Carrigan (Chair), Kathy Gehrke, Tami Gilbert, Rebekah Hopper, Peggy Norton-Rosko, Courtney Sanchez, Kelli Yukon

Conference Subcommittee:
Sharon Rangel (Chair), Tess Callanta, Lisa Lockett, Alma Labunski, Ann O’Sullivan, Jessica Rosati, Julianna Sellett, Chad Thompson

Goals and Accomplishments:
1. Restructuring of the Program Committee
   In prior years, the program committee focused on only the conferences. In 2017, All educational programming was moved under the program committee to ensure a thoughtful and integrated approach to all offerings. The committee was broken down into three subcommittees: Conference Subcommittee (Sharon Rangel-chair), Leadership Subcommittee (Tim Carrigan-chair), and Digital/Distance Learning Subcommittee (Janet Davis-chair). The three chairs met regularly as an oversight committee and included the CE Nurse Planner, Barb Weintraub.

2. Quality of Speakers and Content
   All subcommittees utilized evaluations and the results of needs assessment to plan for all programs. The subcommittee members did a great job in identifying and securing quality speakers for all programs.

3. Achieved the Following Strategic Objectives:
   • Conducted a Finance Workshop for Nurse Leaders
   • Reintroduced Lunch and Learn Webinar series
   • Held Essential Resources pre-conference workshop at the Mid-Year Conference
   • Offered 4 Charge Nurse webinar series
   • Continued 8 NC-3 webinars
   • Held highly successful mid-year and annual conferences
   • Planning for the Aspiring Nurse Leader Workshop in November

Signed by: Sharon Rangel MSN, MBA, RN- Program Oversight Committee Chair
Committee Report
2017 Annual Business Meeting
Past President’s Advisory Council

Report submitted by: Melinda Noonan

Committee Members:
Melinda Noonan, Chair; Dale Beatty, Vice Chair; Susan Campbell; Laura Ferrio; Marjorie Maurer; and Cathy Smithson

2017 Goals:
(1) Provide advice and counsel to current IONL BOD based on historical context of organization.
(2) Develop a donor base for continued support of IONL educational mission.
(3) Plan and host 40th IONL anniversary celebration.

2017 Accomplishments:
(1) Provided advice and counsel to current IONL BOD based on historical context of organization.
(2) Planned and hosted 40th IONL anniversary celebration.

Future Goals:
(1) Provide advice and counsel to current IONL BOD based on historical context of organization.
(2) Develop a donor base for continued support of IONL educational mission.

Signed by:

[Signature]
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.

Heathcare 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 the 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.

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
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 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.