

## 98TH GENERAL ASSEMBLY State of Illinois 2013 and 2014 HB2637

Introduced 2/21/2013, by Rep. Michael P. McAuliffe

## SYNOPSIS AS INTRODUCED:

20 ILCS 301/10-15 20 ILCS 2310/2310-228 20 ILCS 2310/2310-372

Amends the Alcoholism and Other Drug Abuse and Dependency Act and the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Changes references from "Illinois Nurses Association" to "a statewide organization representing registered professional nurses or advanced practice nurses". Effective immediately.

LRB098 10581 MGM 40843 b

1 AN ACT concerning state government.

## Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Alcoholism and Other Drug Abuse and
  Dependency Act is amended by changing Section 10-15 as follows:
- 6 (20 ILCS 301/10-15)
- Sec. 10-15. Qualification and appointment of members. The membership of the Illinois Advisory Council shall consist of:
- 9 (a) A State's Attorney designated by the President of 10 the Illinois State's Attorneys Association.
- 11 (b) A judge designated by the Chief Justice of the 12 Illinois Supreme Court.
- 13 (c) A Public Defender appointed by the President of the
  14 Illinois Public Defenders Association.
- 15 (d) A local law enforcement officer appointed by the Governor.
- (e) A labor representative appointed by the Governor.
- 18 (f) An educator appointed by the Governor.
- 19 (g) A physician licensed to practice medicine in all
  20 its branches appointed by the Governor with due regard for
  21 the appointee's knowledge of the field of alcoholism and
  22 other drug abuse and dependency.
- 23 (h) 4 members of the Illinois House of Representatives,

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1 2	each	appointed	by	the	Speaker	and	Minority	Leader.
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- 2 (i) 4 members of the Illinois Senate, 2 each appointed 3 by the President and Minority Leader.
  - (j) The President of the Illinois Alcoholism and Drug Dependence Association.
  - (k) An advocate for the needs of youth appointed by the Governor.
  - (1) The President of the Illinois State Medical Society or his or her designee.
  - (m) The President of the Illinois Hospital Association or his or her designee.
  - (n) The President of <u>a statewide organization</u>

    representing registered professional nurses or advanced

    practice nurses the Illinois Nurses Association or a registered nurse designated by the President.
  - (o) The President of the Illinois Pharmacists
    Association or a licensed pharmacist designated by the
    President.
  - (p) The President of the Illinois Chapter of the Association of Labor Management Administrators and Consultants on Alcoholism.
  - (p-1) The President of the Community Behavioral Healthcare Association of Illinois or his or her designee.
    - (q) The Attorney General or his or her designee.
    - (r) The State Comptroller or his or her designee.
    - (s) 20 public members, 8 appointed by the Governor, 3

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of whom shall be representatives of alcoholism or other drug abuse and dependency treatment programs and one of whom shall be a representative of a manufacturer or importing distributor of alcoholic liquor licensed by the State of Illinois, and 3 public members appointed by each of the President and Minority Leader of the Senate and the Speaker and Minority Leader of the House.

- The Director, Secretary, or (t) other chief administrative officer, ex officio, or his or her designee, of each of the following: the Department on Aging, the Department of Children and Family Services, the Department of Corrections, the Department of Juvenile Justice, the of Family Services, Department Healthcare and the Department of Revenue, the Department of Public Health, the Department of Financial and Professional Regulation, the Department of State Police, the Administrative Office of Illinois Courts, the Criminal Justice Information the Authority, and the Department of Transportation.
- (u) Each of the following, ex officio, or his or her designee: the Secretary of State, the State Superintendent of Education, and the Chairman of the Board of Higher Education.

The public members may not be officers or employees of the executive branch of State government; however, the public members may be officers or employees of a State college or university or of any law enforcement agency. In appointing

members, due consideration shall be given to the experience of appointees in the fields of medicine, law, prevention, correctional activities, and social welfare. Vacancies in the public membership shall be filled for the unexpired term by appointment in like manner as for original appointments, and the appointive members shall serve until their successors are appointed and have qualified. Vacancies among the public members appointed by the legislative leaders shall be filled by the leader of the same house and of the same political party as the leader who originally appointed the member.

Each non-appointive member may designate a representative to serve in his place by written notice to the Department. All General Assembly members shall serve until their respective successors are appointed or until termination of their legislative service, whichever occurs first. The terms of office for each of the members appointed by the Governor shall be for 3 years, except that of the members first appointed, 3 shall be appointed for a term of one year, and 4 shall be appointed for a term of 2 years. The terms of office of each of the public members appointed by the legislative leaders shall be for 2 years.

22 (Source: P.A. 94-1033, eff. 7-1-07.)

Section 10. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by changing Sections 2310-228 and 2310-372 as follows:

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(20 ILCS 2310/2310-228)

Sec. 2310-228. Nursing workforce database.

- (a) The Department shall, subject to appropriation and in consultation with the Illinois Coalition for Resources, a statewide organization representing registered professional nurses or advanced practice nurses the Illinois Nurses Association, and other nursing associations, establish and administer a nursing workforce database. The database shall be assembled from data currently collected by State agencies or departments that may be released under the Freedom of Information Act and shall be maintained with the assistance of the Department of Professional Regulation, the Department of Labor, the Department of Employment Security, and any other agency or department with access to nursina workforce-related information.
- (b) The objective of establishing the database shall be to compile the following data related to the nursing workforce that is currently collected by State agencies or departments that may be released under the Freedom of Information Act:
  - (1) Data on current and projected population demographics and available health indicator data to determine how the population needs relate to the demand for nursing services.
  - (2) Data to create a dynamic system for projecting nurse workforce supply and demand.

- (3) Data related to the development of a nursing workforce that considers the diversity, educational mix, geographic distribution, and number of nurses needed within the State.
  - (4) Data on the current and projected numbers of nurse faculty who are needed to educate the nurses who will be needed to meet the needs of the residents of the State.
  - (5) Data on nursing education programs within the State including number of nursing programs, applications, enrollments, and graduation rates.
  - (6) Data needed to develop collaborative models between nursing education and practice to identify necessary competencies, educational strategies, and models of professional practice.
  - (7) Data on nurse practice setting, practice locations, and specialties.
- (c) To accomplish the objectives set forth in subsection (b), data compiled by the Department into a database may be used by the Department, medical institutions and societies, health care facilities and associations of health care facilities, and nursing programs to assess current and projected nursing workforce shortfalls and develop strategies for overcoming them. Notwithstanding any other provision of law, the Department may not disclose any data that it compiles under this Section in a manner that would allow the identification of any particular health care professional or

- 1 health care facility.
- 2 (d) Nothing in this Section shall be construed as requiring
- 3 any health care facility to file or submit any data,
- 4 information, or reports to the Department or any State agency
- 5 or department.
- 6 (e) No later than January 15, 2006, the Department shall
- 7 submit a report to the Governor and to the members of the
- 8 General Assembly regarding the development of the database and
- 9 the effectiveness of its use.
- 10 (Source: P.A. 93-795, eff. 1-1-05.)
- 11 (20 ILCS 2310/2310-372)
- 12 Sec. 2310-372. Stroke Task Force.
- 13 (a) The Stroke Task Force is created within the Department
- of Public Health.
- 15 (b) The task force shall be composed of the following
- 16 members:
- 17 (1) Nineteen members appointed by the Director of
- Public Health from nominations submitted to the Director by
- 19 the following organizations, one member to represent each
- 20 organization: the American Stroke Association; the
- 21 National Stroke Association; the Illinois State Medical
- 22 Society; the Illinois Neurological Society; the Illinois
- Academy of Family Physicians; the Illinois Chapter of the
- 24 American College of Emergency Physicians; the Illinois
- 25 Chapter of the American College of Cardiology; a statewide

organization representing registered professional nurses or advanced practice nurses the Illinois Nurses Association; the Illinois Hospital and Health Systems Association; the Illinois Physical Therapy Association; the Pharmaceutical Manufacturers Association; the Illinois Rural Health Association; the Illinois Chapter of AARP; the Illinois Association of Rehabilitation Facilities; the Illinois Life Insurance Council; the Illinois Public Health Association; the Illinois Speech-Language Hearing Association; the American Association of Neurological Surgeons; and the Illinois Health Care Cost Containment Council.

- (2) Five members appointed by the Governor as follows: one stroke survivor; one licensed emergency medical technician; one individual who (i) holds the degree of Medical Doctor or Doctor of Philosophy and (ii) is a teacher or researcher at a teaching or research university located in Illinois; one individual who is a minority person as defined in the Business Enterprise for Minorities, Females, and Persons with Disabilities Act; and one member of the general public.
- (3) The following ex officio members: the chairperson of the Senate Public Health Committee; the minority spokesperson of the Senate Public Health Committee; the chairperson of the House Health Care Committee; and the minority spokesperson of the House Health Care Committee.

The Director of Public Health shall serve as the chairperson of the task force.

If a vacancy occurs in the task force membership, the vacancy shall be filled in the same manner as the initial appointment.

- (c) Task force members shall serve without compensation, but nonpublic members shall be reimbursed for their reasonable travel expenses incurred in performing their duties in connection with the task force.
- (d) The task force shall adopt bylaws; shall meet at least 3 times each calendar year; and may establish committees as it deems necessary. For purposes of task force meetings, a quorum is the number of members present at a meeting. Meetings of the task force are subject to the Open Meetings Act. The task force must afford an opportunity for public comment at its meetings.
- (e) The task force shall advise the Department of Public Health with regard to setting priorities for improvements in stroke prevention and treatment efforts, including, but not limited to, the following:
  - (1) Developing and implementing a comprehensive statewide public education program on stroke prevention, targeted to high-risk populations and to geographic areas where there is a high incidence of stroke.
  - (2) Identifying the signs and symptoms of stroke and the action to be taken when these signs or symptoms occur.
    - (3) Recommending and disseminating guidelines on the

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- treatment of stroke patients, including emergency stroke

  care.
  - (4) Ensuring that the public and health care providers and institutions are sufficiently informed regarding the most effective strategies for stroke prevention; and assisting health care providers in using the most effective treatment strategies for stroke.
  - (5) Addressing means by which guidelines may be revised to remain current with developing treatment methodologies.
  - (f) The task force shall advise the Department of Public Health concerning the awarding of grants to providers of emergency medical services and to hospitals for the purpose of improving care to stroke patients.
  - (g) The task force shall submit an annual report to the Governor and the General Assembly by January 1 of each year, beginning in 2003. The report must include, but need not be limited to, the following:
- 18 (1) The task force's plans, actions, and
  19 recommendations.
- 20 (2) An accounting of moneys spent for grants and for other purposes.
- 22 (Source: P.A. 92-710, eff. 7-19-02.)
- 23 Section 99. Effective date. This Act takes effect upon 24 becoming law.