Critical Skill Shortages Initiative
Healthcare Sector
Regulatory and Policy Analysis

The Workforce Boards of Metropolitan Chicago

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OF METROPOLITAN CHICAGO

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PART ONE
The Regulatory System for Healthcare Occupations in Illinois

Introduction: The Need for a Regulatory and Policy Analysis

The Critical Skills Shortage Initiative Planning Phase includes a section on regulations and policies affecting the healthcare occupational shortages. The Workforce Investment System is a system created by the federal government and administered by the state government, and therefore includes regulatory compliance concerns and political advocacy constraints. This is important to keep in mind when there is discussion about regulatory issues and healthcare policy, because the Workforce Boards of Metropolitan Chicago may be restricted in advocacy efforts to change policy or advocate for regulatory reforms. Unless a regulation or its underlying policy is considered by all stakeholders, including the government agents involved, to be either absolutely necessary or conversely, a barrier that is absolutely unnecessary and without merit, it is unlikely that the Workforce Boards could take aggressive action either supporting or opposing any specific issue. Government funding can and usually does, carry restrictions on such actions.

Nevertheless, it is important to understand the regulations and both public and private sector policies in place that impact the supply of and demand for healthcare professionals. The WBMCs CSSI grant application includes identified problems or root causes of healthcare occupational shortages for the Northeast Economic Development Region and proposes solutions to those problems. Realistic solutions will have to be based on an understanding of current regulatory restrictions, policy positions, and the regulatory system for healthcare or they may be thwarted in the implementation phase.

This report includes a description and objective analysis of the regulatory process and existing regulations affecting healthcare professionals and their employers. Also included is discussion of "both sides" of controversial issues. This report is not meant to recommend advocacy for one position versus another, but is presented in order to assist the Workforce Boards in understanding the reasons for difficulty implementing some of the creative solutions developed by stakeholders in the planning phase of the CSSI. It also is intended to facilitate decision making about policies which may be changed and/or how to work through and with policies currently in place.

Overview of the Regulatory System for the Healthcare Workforce

Hospitals and other providers of healthcare have often stated that healthcare may be the most regulated industry in the United States. This is probably also a true statement regarding healthcare professionals specifically. It is hard to imagine any other industry whose workers are governed by separate practice acts for each of the positions in the workplace or whose industry and facility licensing laws and regulations include so many specific rules about utilization of personnel. Furthermore, the training and education of healthcare professionals are processes regulated in ways unheard of for other industries,

including mandated curricular elements, courses, course order in programs, faculty qualifications, and faculty- student ratios, to name just a few of the restrictions on development of the supply of providers for healthcare.

Healthcare occupations in Illinois are governed by a complex system that includes multiple government administrative agencies and boards and private accreditation and certification bodies. Even if it is assumed that all of the regulations are reasonable and necessary, the sheer volume of statutes, rules, agencies, and private certification and accreditation bodies involved in the system make it difficult to navigate efficiently or successfully. This is a challenge for stakeholders in the effort to balance supply and demand for healthcare caregivers and support services. Solutions for alleviating healthcare shortages will need to be based on compliance with existing rules or include ways to change the regulations that are barriers to proposals.

Roles of the Agencies

The *Illinois Department of Professional Regulation (IDPR)* is the administrative agency for most, but not all, Illinois practice acts. The health professions' practice acts delineate the education and other qualifications for licensure, scope of practice, and discipline of practitioners. It is illegal for anyone without the specific license to use the professional title or, with some exceptions, to perform the practice described in the practice act. The list of health care professional or occupational practice acts regulated by IDPR is included as Attachment A. Note that seventeen of the thirty-five critical shortage occupations on the "list" for Metropolitan Chicago are regulated by IDPR. Additionally IDPR administers one facility license that is folded into a practice act. The Pharmacy Act is the statute governing both the Pharmacists and Pharmacies. This is the only facility license administered by the IDPR.

The *Illinois Department of Public Health (IDPH)* administers most facility licensure statutes, including the Hospital Licensing Act, the Nursing Home Care Act, and the Home Health Agency Licensing Act. Additionally it regulates Emergency Medical Services through the Emergency Medical Services (EMS) Systems Act. This act includes a practice act section and puts the IDPH in the role of occupational licensing agency by issuing licenses for Emergency Medical Technicians and Paramedics. The EMS Act includes training and licensure requirements for basic, intermediate, and paramedic-level emergency medical technicians. IDPH also regulates the training and certification of certified nurse assistants (CNAs), developmental disabilities aides, and home health aides.

Facilities licensing acts require specific kinds of personnel to provide specific services and, in some instances, specify staffing by requiring a minimum number of defined individuals in specific areas of the facility or to deliver specific services. The Nursing Home Care Act includes staffing ratios based on an assessment of levels of care needed by residents. In general, however, the Acts simply require an adequate or appropriate number of competent, qualified personnel to provide safe, quality care.

In IDPHs role as licensing or certifying agent for personnel, it is important to note that it licenses individuals to function only in specific places, e.g., certified nurse assistants are certified for long-term care facilities, home health aides for home health agencies, and emergency medical technicians for pre-hospital and between-hospital transport.

The IDPH indirectly regulates clinical laboratory personnel. Currently there is no practice act for laboratory personnel in Illinois, but the Department sets standards and qualifications for personnel, including Director, General Supervisor, Medical Technologist, Cytotechnologist, Technician, and Laboratory Assistant in the Illinois Clinical Laboratories Code. Additionally, facilities are required to comply with federal standards set forth in the Clinical Laboratory Improvement Act (CLIA).

Although Medical Records personnel are not regulated directly through practice acts in Illinois, IDPH does recommend credentials for certain personnel through its facilities licensure acts.

IDPH is also the state agent for the Federal Centers for Medicare and Medicaid Services and therefore conducts Medicare surveys to approve hospitals under the Medicare Conditions of Participation. The COPs include staffing and credentialing standards provider organizations must meet if they are to receive Medicare reimbursement.

The IDPH regulates seven of the critical shortage occupations either directly or indirectly. (See Attachment B)

The *Illinois Department of Nuclear Safety* is the regulatory agency for occupations in diagnostic imaging and radiologic diagnostics and therapies. It accredits the following, all of whom must work under the supervision of a licensed practitioner (a physician trained in radiology): nuclear medicine technologists, who administer radiopharmaceuticals and related drugs for diagnostic and therapeutic purposes; medical radiographers, who apply radiation to any part of the body and may administer contrast agents and related drugs for diagnostic purposes; radiation therapy technologists, who perform procedures and apply ionizing radiation for therapeutic purposes; limited medical radiographers, who are limited to certain categories of the body; and chiropractic radiographers. Staff trained in limited categories need only pass a test to be qualified. Nurses, lab technicians and other personnel may be cross-trained and obtain certification to perform some radiographic diagnostic procedures. Five of the critical shortage occupations are regulated by the Illinois Department of Nuclear Safety. (See Attachment C)

Roles of Accrediting Agencies and Certifying Bodies

Historically, accreditation and certification have been granted by private agencies and therefore are voluntary, not mandatory processes and subsequent recognitions. Accreditation and certification, however, may be required in statute for licensure of professionals, approval of educational programs, or for reimbursement for care provided in facilities.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the primary accreditation body for hospitals, long term care facilities, and home health agencies in Illinois. The standards for accreditation include personnel licensure and competency requirements, adequate staffing to provide quality patient care, and continuing quality improvement for caregivers and the quality of care they deliver. Recently the Joint Commission added a new requirement regarding staffing. This standard mandates that hospitals gather and analyze data regarding various human resources and staffing indicators and their effect on care outcomes or employee satisfaction.

Because JCAHO has staffing requirements for its accredited organizations, and because most facilities are accredited, the Joint Commission standards have the same effect as legal regulatory requirements. Joint Commission standards require all facilities validate competencies of all personnel. Hospitals must document this validation, even if the person in a position holds a license which includes a scope of practice describing the responsibilities of the position.

Although accreditation is voluntary, most facilities seek accreditation for several reasons. The Joint Commission has deemed status for Medicare, meaning an accredited hospital is assumed to have met all the Medicare Conditions of Participation and therefore, can receive Medicare reimbursement without going through yearly Medicare surveys. Secondly, many provider organizations state they would be at a competitive disadvantage if they were not accredited. Many insurers also require accreditation for reimbursement of services to their policy holders.

The newest program of the *American Nurses Credentialing Center (ANCC)* is the ANCC Magnet program. The magnet program's purpose, according to ANCC is to recognize those health care organizations that have a proven excellence in nursing care. ANCC advertises magnet designation as a means to attract and retain quality employees. Three hospitals in Illinois, all in the Northeast Economic Development Region, have received the designation thus far, but many more are seeking the status. The "magnet concept" was first developed in the 1980s to identify characteristics of hospitals that had high retention rates for nurses. It is a voluntary designation.

Each profession has its own *professional organization* and most of these organizations provide certification for members who wish to have recognition for advanced education and skills obtained. In addition to the magnet program for facilities, the American Nurses Credentialing Center offers certification in more than 40 specialty areas of nursing practice (see list in Attachment D). Although all are voluntary certifications, the licensing act for Advanced Practice Nurses in Illinois requires certification to obtain licensure and a license is required to practice, making certification for APNs mandatory. Some other health care practice acts also require certification before licensure. Those occupations are delineated in the Occupations Credentials chart in Attachment E.

Certification of professionals usually requires a higher educational degree than the basic licensure degree. Professional groups tend to advocate for changes to the practice acts

once certifying bodies "raise the bar". Several health care professions in Illinois have successfully amended practice acts to mandate the higher degree as the entry level degree. For example, the Physical Therapist entry level degree was until quite recently a bachelor's degree, but now the law mandates an applicant for a Physical Therapist license in Illinois graduating after January 1, 2002 must have a minimum of a master's degree in physical therapy.

Minimum degree requirements for the critical shortage occupations are listed in the Occupations Credentials Chart in attachment E.

Education Program Approval

The Board of Higher Education and the Illinois Community College Board are other regulatory bodies that affect the health care occupations. They regulate both schools and the programs they offer in a variety of ways, including certifying and funding new programs, providing guidance for faculty appointments and credentials and providing general operating funds.

IDPR also regulates health occupation education through the practice acts. Each practice act contains curriculum requirements for programs leading to licensure and the DPR must approve and periodically renew such programs. Even thought programs are accredited through education accrediting bodies, their graduates will not qualify for licensure in Illinois unless the IDPR also approves the programs. If a program makes any major changes to its curriculum, the Illinois Department of Professional Regulation must approve that also.

Additionally there are *professional accreditation bodies* for professional education programs. The Illinois League for Nursing has been the accrediting body for nursing education for a long time. Recently the American Nurses Credentialing Center has begun to compete with them. The American Medical Association accredits educational programs for medical technologists, surgical technicians, and others. Professional accreditation of education programs in and of itself is not a legal requirement but is specifically referenced in several Practice Acts and in some cases by state educational agencies, making it mandatory in those instances.

Many educators would argue that the private accreditations that are not legally mandated are in reality, a necessity in a competitive environment. Public perception of the institution dictates the professional seal of approval. Graduates of a non-accredited program may discover they cannot get accepted into a higher degree program. Most employers do not check accreditation of schools but some large employers do, i.e., the U.S. Government requires graduation from an accredited program for its practitioners. This then becomes mandatory for positions in Veterans Affairs hospitals, Military hospitals or clinics, and service in the National Guard or Reserves.

Practice Acts: Primary Regulation of Health Care Occupations

Practice Acts are the primary statutes for professional regulation. Practice acts are synonymous with licensing acts for healthcare occupations. Terms, other than "license" may be used in the title of the Act, including registration (Registered Professional Nurses or Registered Nurses), Certification (Certified Nurse Assistants), and accreditation. No matter which term is used in a state law, if the law mandates that certain qualifications be met by persons meant to fill certain positions, perform certain functions, or hold certain titles, and it includes regulated scopes of practice, the law is a licensure act. Most licensure acts mandate credentials for a job and bar anyone without the license from practicing as described in the Act or holding the title delineated by the statute.

There are two types of licensure, mandatory and permissive or title protection. Mandatory licensure means that in order to perform the practice the law describes, a person must meet the qualifications for and obtain the license from the state. A permissive license is less restrictive and merely gives the person obtaining the license the right to use a certain title. It "protects" the title. Unlicensed persons may perform elements of the practice described in a permissive licensure law, but they cannot use the delineated title. Physicians, nurses, and physical therapists all have mandatory licenses. The licenses of respiratory therapists and surgical technicians in Illinois are permissive.

Licensure laws in Illinois are formatted similarly. IDPR has standard sections and language for practice acts. The title section includes the title for the profession to be regulated. There is also a purpose or declaration section. Most licensure laws state the purpose is to protect the public's safety and welfare.

Basic professional education and experience requirements for licensure are also contained in the licensing laws. Most also include the passing of a state administered examination in order to be granted the license. This exam is meant to test for content that an entry-level practitioner must know in order to be minimally competent.

The "definitions section" of a practice act is extremely important to the human resources executive attempting to define roles and functions for a position since it contains the specific titles to be protected, and defines the scope of practice for each by identifying the lawful functions or services to be performed by licensees. In most cases, unless specific exemptions from the law are delineated, provider organizations cannot hire people without the license to perform the scope of practice in the law, nor can they write position descriptions that include functions that are not included in the scopes of practice. For example, Registered Nurses may administer medications themselves or delegate medication administration to other personnel licensed to administer medications, but a position description cannot include delegation of medication administration to unlicensed assistive personnel. This has become an issue in Home Health Agencies where RNs are prohibited from allowing home health aides who are making daily visits to patients in their homes to also give the patients their daily medications, even if the RN has "laid out" the medications ahead of time. Home health aides cannot "give" the patient his/ her medications.

The definitions section often also places supervision restrictions on the licensed practice. Section 2.5 of the Illinois Occupational Therapy Practice act defines Occupational Therapy Assistant as "a person initially registered and licensed to assist in the practice of occupational therapy under the supervision of a licensed occupational therapist, and to implement the occupational therapy treatment program as established by the licensed occupational therapist. Such program may include training in activities of daily living, the use of therapeutic activity including task oriented activity to enhance functional performance, and guidance in the selection and use of adaptive equipment."

Health care professional's practices often overlap. Most practice acts contain a long list of exemptions to accommodate this reality. The Professional Counselor and Clinical Professional Counselor Licensing Act, for instance, defines professional counseling as the protected practice of licensed counselors, but practice acts for nurses, psychologists, social workers and others also include counseling as a licensed practice area. Therefore, the professional counselor licensure act states "This Act does not prohibit any persons legally regulated in this State by any other Act from engaging in the practice for which they are authorized as long as they do not represent themselves by the title of professional counselor, licensed professional counselor, clinical professional counselor, or licensed clinical professional counselor. This Act does not prohibit the practice of non-regulated professions whose practitioners are engaged in the delivery of human services as long as these practitioners do not represent themselves as or use the title of...."

Another exemption in the act includes that for students. Students enrolled in approved programs for the professions are allowed to practice without a license as long as the performances of the duties protected by the practice act are done as part of their educational programs. The students must be under the supervision of qualified faculty and many practice acts mandate limited faculty-student ratios. Furthermore, students cannot be paid when practicing as students. Students may be hired but only when not on "education time" and only for jobs which do not require a license. For example, a student nurse hired during the summer can work as a nurse assistant or patient care technician, but not as a "student nurse".

Some practice acts allow a graduate of a program leading to a license to practice after graduation and before licensure. Usually the title the graduate is to use is "license pending" (for example, RNLP) and he/she must not be employed in a supervisory position. If an employee is working in a license pending status and fails to pass the exam, he/she must cease practice immediately. If the employer wants to keep the person as an employee, he/she must be put in a position that does not require a license. In 2002 a glitch in the licensure language regarding license pending for RNs and LPNs was "fixed". Because the language stated that a nurse would have to cease practice after taking the exam until he/ she received the license, the DPR interpreted the law to include all examinees and enforced a prohibition against practice for all graduates once they completed the exam. Every graduate had cease practice license pending until he/she received the license, even if he/she had passed the exam. This was changed with a simple amendment to the Nurse Practice Act, which now prohibits only the practice of those persons who fail the exam.

All practice acts also describe requirements for persons licensed in other states to obtain licenses in Illinois. This process is called licensure by endorsement (versus licensure by examination). Most acts require that the other states' licensure requirements be "substantially equivalent" to Illinois' requirements.

All the practice acts include a requirement for an advisory board. The Boards are composed of practicing professionals, educators in the profession, and public or consumer members. Because in Illinois most of these boards are advisory, they are not allowed to make binding decisions about approval for licensure or educational programs, nor can they discipline individuals directly. They make recommendations for policy, discipline, or approval of licenses or educational programs to the Director of the Department, who has the final authority in all licensing matters.

Fees for licensure, renewal, and disciplinary fines are also covered in the acts, as are requirements for continuing education.

Additionally, Illinois health care occupational licenses contain a "sunset provision" which provides that each of these acts will be reviewed every ten years for relevance and necessity. If the law is not re-enacted by the State Legislature on or before this ten year anniversary, it "sunsets" or becomes defunct. When the sunset laws were first passed, the Department conducted an analysis of the necessity and effectiveness of each Act before its Sunset date. No such analyses were conducted for the last "round" of Sunsets, however.

All of these sections in practice acts raise issues in times of shortages. Some of the current issues are described in the issues section of this report.

Administrative Rules

Before any statute can actually be implemented, Rules for the Administration of the Act must be promulgated by the Agency designated in the Act to administer it. Rules provide detail regarding the implementation of the Act's provisions and usually assist in clarifying the intent of the Act. Sometimes, however, the Rules themselves become the issues or barriers to efficient and effective professional practice. Rules may and sometimes do actually add requirements not specifically mentioned in the Act. For example, delegation and supervision regulations are not included specifically in the scopes of practice mandated in the Illinois Nursing Act's sections regarding RNs and LPNs, but are defined in relative detail in the Rules for Administration of the Act. Rules are often the location for the requirements for occupational education curricula and can create issues for educational institutions and programs.

General Policy Perspectives for Healthcare Occupations

There are inherent conflicts between organizations involved in creating healthcare occupational regulations and policy. Professional groups generally advocate for increased regulation for their professions, while provider groups argue against regulation. Professional groups often:

a. Argue that regulation is necessary to ensure competence and competence is necessary for protection of the public and safe delivery of care.
b. Are protective of their "professional territory" and want to ensure no one outside of the profession is allowed to perform their protected scopes of practice.
c. Exert control over supply of their licensed practitioners through educational and other credentials required for licensure. When supply is controlled and there are not enough practitioners to meet demand, salaries are generally increased and the incumbent professionals benefit.

Providers (employers) on the other hand often view increased regulation as:

a. An unnecessary restriction on numbers of people to deliver care.
b. Duplicative of their own responsibilities to ensure competence.
c. A barrier to creative and more efficient staffing plans.

Every statute or regulation perceived as a barrier by some is seen by others as a necessity, so change is difficult. For example, respiratory therapists in Illinois advocated for licensure for more than 10 years before persuading the Legislature to pass the Respiratory Care Practice Act in 1995. Hospitals, nurses, and others were opposed to licensure stating it would restrict efficiency, multi-tasking, and would ultimately cause a shortage of persons qualified to deliver respiratory care. Finally, a compromise was struck and Respiratory Care Practitioner became a protected title but not a mandatory practice act. This was accomplished with the insertion of the following language:
"This act does not prohibit a hospital, nursing home, long-term care facility, home health agency, health system or network, or any other organization or institution that provides health or illness care for individuals or communities from providing respiratory care through practitioners that the organization considers competent. These entities shall not be required to utilize licensed respiratory care practitioners to practice respiratory care when providing respiratory care for their patients or customers. Organizations providing respiratory care may decide who is competent to deliver that respiratory care."

Another example and a continuing issue is that of "unlicensed assistive personnel". In this case it is the Illinois Nurses Association that advocates for extending the requirement to utilize certified nurse assistants (CNAs) to hospitals. Nursing homes and home health agencies are required to hire only CNAs; hospitals are not. The Illinois Hospital Association argues that hospitals need to have flexibility to train assistants to function in a variety of roles dependent on specific unit, service, or patient needs. If hospitals were required to have certified nursing assistants, the role of Patient Care Assistant, a hospital created role, might be illegal.

The supporters of the current clinical laboratory personnel licensure movement are the professionals and some educators. Hospitals generally oppose this initiative. The

professions argue that the technology involved with diagnostic tests is changing so rapidly that the advancements require personnel be educated at a higher level than is currently required. Hospitals argue that the proposed licensure law would displace many very experienced, tenured people who currently work in their labs.

Recommendations:

Addressing the healthcare workforce shortages through regulatory reform will be difficult. Any regulation or policy seen as a barrier by some will be seen as an asset by others. The Workforce Boards may not be in a position to take policy positions because they would be forced to take sides. But there are some issues the Workforce Boards may be able to impact. Systemic issues and process inefficiencies need to be addressed to alleviate some of the operational problems and barriers to increasing supply and decreasing demand for the critical shortage occupations in healthcare. Suggestions for this type of advocacy include:

- Initiation of "sunrise" legislation: Regulatory reform could include a requirement that legislation for protected scopes of practice, increases in educational or other credentials, staffing ratios or mandates, etc. go through a review process before introduction to or consideration by the General Assembly. Currently the legislature may request a financial impact statement on legislation and/ or attach an appropriation requirement to a bill. This "review" requirement would work in much the same way. Before a bill could be enacted, the proponents of the legislation would have to make a case for its necessity to protect the public welfare and do an analysis that concludes its merits outweigh its potential negative effects. Professionals would need to prove that a higher degree than the one currently provided is necessary for safe practice, for example, before they could raise degree requirements through a practice act amendment.

- Better utilization of existing sunset statutes. The sunset law was originally enacted as regulatory reform. The idea was to ensure that existing regulation continued to be necessary. Total elimination, i.e. "Sunset", will probably never actually be recommended for any licensing act, but if the sunset dates were used to review and refine the specifics in an act, removing unnecessary provisions and adding necessary reasonable provisions, practice acts could be kept current in a more efficient, objective manner than the current process allows.

- Creation of an Illinois Center for Nursing and Allied Health: One ominous issue for the shortages of healthcare workers is future predictions which project the supply-demand imbalance will become truly unmanageable in the near future. Continuous attention to health occupation adequacy is needed and Illinois has no body or agency currently whose purpose is needed continual vigilance. A Center for the Health Occupations could be a focal point for monitoring of supply resources and projected demand and a repository for best practices, research and solutions to prevent future crises.

- Requirement for clarification and simplification of policies and regulations for licensure and practice: The Workforce Boards could advocate for clearly written Rules and clearly defined roles and responsibilities for Illinois' administrative agencies. Currently, it is unclear, for example, what constitutes a major curricular change or a new program versus an acceptable change not needing Board or agency approval. Creative solutions are often stymied due to confusion about what can or cannot be implemented without going through an often long and complex process for approval. Furthermore, feasibility studies for new programs are currently based on proof that current supply cannot meet current demand. The Workforce Boards could recommend that all approval processes for education programs consider future and projected demand.

PART TWO
Policies and Regulations Affecting Potential Solutions/ Recommendations

Introduction

The CSSI is fundamentally about solutions. The planning phase has included collection and analysis of data about the healthcare system in the Northeast Economic Development Region culminating in identification of the "most critical shortages", identification and analysis of reasons for those shortages, and finally, facilitation of group processes for stakeholders to think creatively about solutions. Many potential solution ideas have been generated.
Planning to implement specific solutions must also include an understanding of regulatory and policy issues and rules if the solution implementation phase is to be successful. This part of the Regulatory and Policy Analysis identifies and explains some of those issues.

Proposed Solutions: Supply Side, Recruitment and Retention

Career Progression. One of the most "popular" solution categories is that of career progression, with development and implementation of career ladders, lattices, and clinical ladders being among the most often cited ways to achieve career advancement opportunities for incumbents in healthcare occupations.

These programs have the potential to increase interest in and desire to pursue health careers, improve retention, and keep direct caregivers in the business of giving direct care. Career ladders serve as an incentive in recruitment of entry level workers. One-Stop and other career guidance programs can promote health careers more effectively if they can place workers in easily entered positions that can lead to higher level positions and brighter futures for individuals. If career ladders are well-developed and logical, entry level workers can eventually advance to critical shortage and hard-to-fill positions within the health care field.

Career advancement and progression is also very important to incumbent workers. Retention of the current workforce demands well-defined advancement opportunities and support to access those opportunities. Furthermore, because the fundamental responsibility of health care professionals is to provide patient care, clinical ladders need to become more common. Clinical ladders are designed to retain direct caregivers in care-giving roles.

Regulatory systems for the professions directly affect the development of career ladders, especially the clinical ladders. Practice Acts mandate parameters for career ladders for many of the occupations and can become barriers to development of logical and smooth progression. Educational requirements for each "level" in a career path should build on the education attained in the step "below" it, but too often development of curricula requirements in the Acts do not include an analysis of progression steps. Often they are

written as if the licensed assistant's education has no relationship whatsoever to the higher level licensed professional's degree.

Pathways for a couple of the identified critical shortage occupations and their relevant regulated education requirements are described and discussed below as examples of this regulatory deterrent to development of career pathways.

Physical Therapy. The Illinois Physical Therapy Act regulates the practice of physical therapy and physical therapist assisting directly. It also includes indirect regulation of Physical Therapy Aides. The regulated and obvious career progression would be from Physical Therapy Aide to Physical Therapist Assistant to Physical Therapist. Licensure and education requirements and scope of practice for each are defined in the practice act.

Physical Therapy Aides are not licensed. A physical therapy aide is a person who has received on the job training specific to the facility in which he is employed, but who has not completed an approved physical therapist assistant program. Employers may hire high school graduates and provide training for physical therapy aides, thus making it a logical entry level position.

Physical Therapist Assistants must be licensed as such. A physical therapist assistant is a person licensed to assist a physical therapist and works under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program established by the licensed physical therapist. Practice does not include interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs. Physical therapy assistants qualify for licensure after graduation from a two-year college level physical therapy assistant program and passing an examination approved by the Illinois Department of Professional Regulation (IDPR).

Physical Therapists must also be licensed to practice in Illinois. A physical therapist is a person who practices physical therapy, defined as including evaluation or treatment to include testing, administration of specialized treatment procedures, interpretation of referrals from physicians, establishment of treatment plans, administration of topical medications ordered by a physician, and supervision or teaching of physical therapy. A very recent change to the Rules for Administration of the Illinois Physical Therapy Act elevated the educational requirement for licensure of physical therapists to the master's degree. Physical Therapists must also pass an examination approved by IDPR.

This new education degree requirement has huge implications for incumbents interested and motivated to progress from Physical Therapy Aide to Physical Therapy Assistant to Physical Therapist. The proposed rules were published in the Illinois Register on April 23, 2004. The comment period for the Rules will end on June 7, 2004. The Illinois Register states the reason for the rule as: "This proposed rulemaking implements changes that have been adopted nationally by the accreditation entity for physical therapy programs." This rule amends the qualifications for licensure as a physical therapist. The new requirement is for a minimum of a master's degree in physical therapy for all applicants graduating after January 1, 2002. The proposal also includes curriculum

changes for physical therapists and physical therapist assistants and other technical changes.

Articulation between physical therapist assistant programs in community colleges and physical therapist programs previously at the baccalaureate level was not well-defined or easy to navigate. The new requirement raising the entry level degree for physical therapists will make the progression even more difficult.

This new development is not peculiar to physical therapy. Occupational therapists are expected to follow suit. Pharmacy entry level degrees are already at the doctoral level and there is a movement to make all medical laboratory technician degrees at least baccalaureate level. Developers of career ladders and other career progression programs will need to include these requirements in their planning and develop ways to facilitate advancement from the entry level positions to the higher degrees.

Recommendations. Some creative solutions for enhancing recruitment and retention of physical therapists and facilitate the development of viable clinical ladders might be to:

- Develop accelerated programs to progress from Associate Degree in physical therapy assisting to Masters level preparation as physical therapist.
- Develop a "bridge" degree at the baccalaureate level. The degree might include a new title in physical therapy such as "physical therapy provider". This professional degree could be for a practitioner whose scope of practice includes provision of therapy as ordered by a physical therapist, evaluation of the treatment plan, and supervision of physical therapy assistants and aides. The curriculum could build on the education provided at the assistant level and build a foundation for accelerated graduation from a master's level program.

Nursing. The Illinois Nursing and Advanced Practice Nursing Act is the regulatory act for Licensed Practical Nurses (LPNs), Registered Professional Nurses (RNs), and Advanced Practice Nurses (APNs). Certified Nurse Assistants are regulated through Title 77: Public Health of the Illinois Administrative Code under the Long-Term Care Assistants and Aides Training Programs Code. Home Health Aides are regulated by the Illinois Home Health Agency Code.

Many high school programs in Illinois now include "credits" toward certification as a nursing assistant making it a logical entry level point for career progression in Nursing. LPNs are required under the nursing act to have graduated from a practical nursing program approved by the Department that is at least one year in length. The minimal degree for a Registered Nurse is an Associate Degree obtained through an approved program that is at least two years in length. A BSN is also an accepted entry level degree for nursing. Bachelor's degree programs in nursing for the purpose of qualifying applicant for licensure by examination must be approved by the Department as such. "Degree completion" programs for RNs to obtain a bachelor's degree do not need Departmental approval. Advanced Practice Nurses must have a Masters degree in nursing (MSN) granted by a program that is approved by a certifying body listed in the APN Act as approved for credentialing APNs in their chosen specialty.

These Practice Act requirements can and do point to a natural career progression for nurses. There are multiple entry and exit points and nursing continues to improve options for career advancement.

Recommendation. All clinical advancement through a nursing pathway should include ways to bridge any existing gaps between these steps.

Collaboration and articulation in education.
Another policy deterrent to pathways lies in the disconnect between the institutions granting an associate degree and those with programs culminating in a baccalaureate or higher degree. In Illinois the two types of educational institutions are governed separately and are often in competition with each other for funding and students. There is very little incentive to join in partnerships, collaborate, or articulate their programs. The Illinois Articulation Initiative (IAI) of the late 80s was minimally successful, with resistance from health professionals and educators to develop smooth transition from community college programs to university settings. Nursing was the most successful of the professions involved in the initiative, but physical and occupational therapies, clinical labs, and radiology and imaging professions never really developed articulation systems that worked.

Recommendations:

- Revive the IAI and advocate for funding and other policy development at the State level that removes barriers to cooperation and collaboration between and among educational systems.
- Develop collaboration models between community colleges (e.g., crossing district lines) and remove policy barriers to collaboration.
- Develop common healthcare core curricula to be offered at the Community Colleges.

The Vocational/ Technical track in secondary education. The vocational/technical track in secondary education often includes opportunities to obtain credits and/or certification in entry level healthcare occupations. This is an excellent recruitment tool to healthcare, but many of the educators in community colleges and higher degree institutions have expressed a concern about the "laddering" difficulties with the system. Entry requirements for professional degree programs include a great deal of math and science emphasis in high school. If the school's healthcare track does not include the courses and credits more commonly required for the "college prep" track, a student graduating from high school with a certificate as a nurse assistant or phlebotomist or pharmacy tech, will need a lot of remedial work at the high school level before moving up the career ladders for those professions.

Recommendation: High school educational tracks for the healthcare occupations need to be reviewed and converted to college preparatory tracks.

Expansion of Producer Capacity to Meet Demand

Illinois does not have the educational infrastructure to support the healthcare workforce needed now and in the future. Many schools are currently reporting not having enough faculty, money, and/or clinical site support for the students who are interested in health care. There is a need to increase the number of faculty, programs, and graduates from Illinois' healthcare professional and technical programs. In order to address this issue rationally and propose solutions to resolving it, the Workforce Boards of Metropolitan Chicago must understand regulatory requirements for the educational programs and either work with or, change them.

The first step to understanding this issue would be to compare the demand now and in the future with the current infrastructure and potential supply. This could best be accomplished, both politically and practically, with a regional task force including legislators and policy makers to study needs and then recommend necessary solutions, including increased funding for State healthcare professional education programs and faculty development, more student slots, new programs, etc. as needed. The task force would be charged to:

a. Collect information needed to develop a realistic long range strategic plan for future healthcare professional needs.
b. Identify specific educational programs needing augmentation and assistance in meeting projected demands.
c. Assess and make recommendations for how hospitals and other providers can assist with clinical sites and clinical faculty positions.

Issues with requirements for faculty in professional education programs.
The discussion of the issues of inadequate capacity of the suppliers of critical healthcare occupations includes potential solutions for expanding the capacity to meet the demand. Reasons for the inability to expand programs are directly affected by the regulations and policies governing the education of the clinical professions. One such issue is that of inadequate numbers of faculty. Many clinical programs include mandated student: faculty ratios. If they are not mandated in the statute or rules for the State, they may be mandated by the professional organization accrediting the program. The ratios increase the demand for faculty.

Another issue is the professional education credentials required to qualify a practitioner for a faculty position. There is current debate about the requirement in Illinois for all nursing faculty to have a Masters of Science in Nursing degree. Some opponents of this requirement argue that an MSN is an unreasonable requirement and unnecessarily limits collaboration between colleges and employers for augmenting faculty at schools of nursing. Hospitals and other providers have expressed willingness to support adjunct faculty positions with employees, but many of the employees who would seek such positions have Masters degrees in health related fields other than nursing, and therefore, would not qualify. States surrounding Illinois have relaxed requirements for nursing faculty, allowing them to more easily implement this solution.

Recommendations:

- Develop a teaching certificate for nurses with Masters Degrees who could augment faculty and allow expansion of program capacity. The Rules for Administration of the Nursing Act would also need to be amended.
- Delete any regulatory barriers to utilization of clinical staff to meet faculty-student ratio requirements.

Flexible curricula/ alternative offerings.
Interpretation of the laws creates issues, as does lack of clarity. Currently many nursing educational programs are attempting to respond to the nursing shortage by increasing their enrollment capacities through innovative and more flexible curricula designs. For example, several have begun to design evening and weekend programs in partnership with hospitals and other providers.

The issue is that the practice acts include requirements for approval of "major" curriculum changes in nursing education programs. It is not clear, however what constitutes a "major" change and therefore implementation of these innovations is often delayed as faculty and schools try to decipher what they can or cannot do without going through the very time-consuming approval process at the IDPR. Clarification would be helpful as confusion about legalities can deter innovation and creativity in addressing a problem such as the workforce shortage. Some practitioners and employers decide to move ahead with implementation of ideas as long as it is not blatantly outside the bounds of the regulations. Generally, however, the professionals themselves and the institutions are reluctant to do so for fear of jeopardizing licensure, threat of discipline, and/or concern about liability. If the restrictions are made clear, creative problem solving can occur in a less questionable environment or alternatively, if the interpretation of the regulation seems overly restrictive, advocacy efforts to change it can be undertaken.

Recommendations. The Workforce Boards could:
- Ask state administrative agencies for specific clarification of and guidelines for statutory and regulatory requirements.
- Advocate for and support development of on-line, virtual courses for non-clinical portions of curriculum.
- Develop and advocate for approval of accelerated and alternative educational offerings (evening, night and weekend)

Maintaining and Supporting New Education Programs

The regulatory process of approvals becomes even more ominous if a school seeks to start a new program. The IDPR requires feasibility studies that are extremely burdensome and time-consuming. As an example, Robert Morris College in Chicago has been attempting to develop a nursing program for over two years but has not yet received final approval to do so.
Recommendations:
- Analyze and evaluate the necessity of the process for approval of new education programs in the health careers.
- Advocate for a "rapid response" system to documented educational need.

- Advocate for efficiency and improved responsiveness at state agencies.

Regulatory barriers to student clinical experiences. An emerging issue is that of barriers to required student clinical experiences. The Federal Healthcare Information Portability and Privacy Act (HIPPA) has caused much anxiety among healthcare provider organizations who have struggled to understand the mandates of the act and then to put systems in place to assure compliance. One of the concerns is how much patient information students in the workplace may access.

Secondly, some of the practice acts bar pay for student experiences that are part of the curricula. Many students are more mature and/or second career seekers who need to work at the same time they go to school but healthcare programs are extremely demanding in terms of time required for classroom, clinical experiences and laboratory work.

Finally, there are many new requirements for persons having contact with patients as part of the patient protection movement. In order to avoid potential liability issues, providers of clinical experience for students have to ensure students come to the experience with appropriate infection control, safety, and confidentiality training. They also need the appropriate immunizations, background checks, and health assessments, which are all necessary, but time-consuming, barriers to efficient processes for moving students through the curricula.

Recommendations

- Develop a credit granting course for education about HIPPA, infection control, and other student clinical rotation concerns to be offered by the clinical sites. This would serve to assure providers that students in their facilities meet requirements to provide patient care.
- Develop pay for student programs and deletion of regulatory barriers to those programs. Allow paid student internships as part of the course work and credits needed.

The State Budget. All education providers are reporting budget cuts for their institutions. Healthcare programs are particularly hard hit through specific targeted special subsidy cuts such as the Health Services Education Grants that will be decreased by 60% in current State budget proposals. Healthcare clinical education programs are some of the most expensive programs to operate, so general cuts severely affect them indirectly. Faculty- student ratios limit return on investment as classes must be small to meet regulatory requirements. Clinical equipment and labs to teach the clinical skills required are a huge expense above and beyond the usual cost for any professional majors. Additionally, healthcare provider sites for the critical clinical experiences and skills training incur uncompensated costs for employers.

Recommendations: (These recommendations are to influence policy, rather than address regulation.) Oppose budget cuts for healthcare programs and advocate for policy that provides:

- Subsidies for healthcare clinical education programs

- Stipends to providers for clinical site provision, preceptors, etc.

Increasing the Pool

The stakeholders in this project have suggested ways to increase the pool of potential healthcare workers including targeted outreach to unemployed, displaced persons, and ex-offenders. The local one-stops have access to these potential recruits and could be instrumental in guiding them to healthcare occupations. Development of specific outreach programs could also target men (healthcare professions are heavily gender-specific) and second career seekers.

Other populations suggested to augment the region's healthcare workforce include foreign graduates and licensed professionals in other states but there are regulatory barriers to attaining licensure for both groups in Illinois.

Endorsement. Every Practice Act contains endorsement provisions. Endorsement is the process for granting an Illinois license to individuals holding the professional license elsewhere.

One ongoing issue in Illinois is that of "Multistate Licensure" or "Interstate Compact for Nurses." Nurses licensed in other states can be one source to assist in the alleviation of the shortage of nurses. Border hospitals often employ nurses licensed in both Illinois and the adjoining state. Maintaining multiple licenses is a burden for both the nurse and the hospital. Tracking disciplinary procedures, renewing licenses, and maintaining necessary continuing education and certification processes are expensive and bureaucratically difficult tasks.

Also, telemedicine and nurse tele-consulting are new technologies being utilized all over the country to improve access and maintain continuity of care. Nurses engaged in this form of practice must maintain multiple licenses. Even nurses doing telephone triage, patient counseling or teaching via telephone, or monitoring a patient in another state must maintain a license in each state, including both the state where the nurse is located and the state where the patient resides.

Several advocacy groups in Illinois including the Illinois Hospital Association, the Illinois Coalition for Nursing Resources, and the Illinois Organization of Nurse Leaders have supported a legislative solution to this issue for several years. The only opposing group has been the Illinois Department of Professional Regulation. The solution was developed by the National Council of State Boards of Nursing and is currently in effect in 21 other states, including three bordering Illinois (Indiana, Iowa, and Wisconsin). Mutual Recognition or the Interstate Compact Model for nurse licensure is the title of the program.

The principle concept of mutual recognition is that each state "signing on" to the compact would recognize the nurse licensure of every other state in the compact so that nurses could practice in remote states without being separately licensed in each state. A nurse practicing in Illinois with a license from another state would be held to the practice standards and regulations of Illinois.

The National Council of State Boards of Nursing states the purpose for mutual recognition is to "enhance consumer access to qualified nurses and to simplify nurse licensure administration through mutual recognition". Both patients and hospitals can be considered consumers in this instance. Nurses would be able to care for patients across state lines without needing to obtain multiple licenses. This would help hospitals and nurses, who often experience long delays in obtaining licenses in Illinois. This recognition would facilitate tele-technology and practice via telecommunications. Currently, under Illinois law, a nurse licensed elsewhere is even prohibited from answering a patient's question via telephone if the patient is in Illinois.

Mutual recognition would facilitate teleconferencing for multidisciplinary patient care conferences, electronic house calls, nurse follow-up for out-of –state patients discharged from urban medical centers, and improve continuity of care and quality in many ways. Multistate health systems would be able to more efficiently utilize nurse expertise and border hospitals and health care providers will save money and time without the current red-tape involved in nurse licensure endorsement.

The Interstate Compact should also improve disciplinary procedures and tracking of problem nurses. Currently, nationally, twelve percent of nurses hold more than one state license. Coordination between the states in malpractice or impairment proceedings for these nurses is non-existent. Sequential discipline by the states is inefficient and may be dangerous.

The National Council of State Boards of Nursing developed and finalized model legislation in 1998. The American Organization of Nurse Executives and the Illinois Organization of Nurse Leaders have endorsed this initiative. The American Association of Occupational Health Nurses supports the concept to facilitate provision of health services for corporations that conduct interstate and international commerce. The Illinois Coalition for Nursing Resources, the Illinois Nurses Association, and the Illinois Hospital Association have all endorsed this proposal in recent years.

The opposition to this proposal has been mainly the DPR. They have expressed concerns regarding several things:

- Discipline. One concern is confidentiality and lack of information sharing, particularly regarding disciplinary processes in other states. IDPR has expressed some concern about their ability to discipline nurses and to track discipline of nurses practicing in Illinois without an Illinois license. The National Council has spent a great deal of time on that issue and in fact, feels the Interstate Compact improves quality and safety because it enhances communication between the states about problem nurses. DPR also states they are opposed because some of the states in the compact do not require (fingerprint) background checks for their nurses as Illinois does.
- Differing Standards. The Illinois Department of Professional Regulation has expressed a concern that other states do not have standards for nursing that are as high as Illinois standards. However, even the DPR admits that it is extremely rare for Illinois to deny licensure endorsement to nurses who have valid unencumbered licenses in other states. The National Council has developed model uniform standards but most standards are already consistent from state to state.

- Lost Revenue. The DPR could be faced with decreased income from endorsement applications and renewal fees. The National Council stated in response to this concern: "these decreases in income are likely to be gradual. It is premature to make firm predictions about fees." The IDPR is concerned about losing endorsement fees but they have not yet estimated how much revenue might be lost with this system.
- Strikebreaking. The INA lobbyist in 2001 informed the Illinois Hospital Association they would oppose the legislation unless it included anti-strikebreaking language in the enacting clause. The ANA first expressed this concern to the NCSBN in 1999. It felt the compact would facilitate strikebreaking. The National Council responded saying the compact does not affect the statutory authority at the federal or state level for collective bargaining. There would be little or no practical difference in the ability of employers to bring in licensed nurses from other jurisdictions under mutual recognition. However, it is true that with the reputation of the DPR and its slow response to endorsement requests, the current system is probably somewhat of an impediment to bringing nurses in from other states to replace striking nurses. The argument that the compact would facilitate this tactic may be legitimate, only because of the length of time license endorsement takes in Illinois (as opposed to Missouri where they issue temporary licenses under endorsement within 24 hours).

Foreign Graduates. One potential supply source of physicians, nurses, and others lies in other countries or, in some cases, right here in the greater Metropolitan Chicago area. Graduates of programs in other countries often have a difficult time obtaining their licenses to practice in Illinois. There are several regulatory reasons for this.

Each practice act includes a section on licensure of foreign-educated graduates. Generally they all require that the graduate's educational credentials and work-experience be validated and approved by the Illinois state board governing the specific profession, that the graduate take a test for English language proficiency, have the appropriate visa and work permits, take the licensing exam required by the State, pay several fees, etc. The process can take up to two years. The foreign-educated professional cannot work during that time.

In response to this issue, new businesses have been developed to recruit, then shepherd the recruited through the process. The potential employer usually pays the "foreign grad broker" to do this.

Another solution to the issue is a much heralded program titled the "Chicago-Mexico Nurse Initiative". This first initiative of the Chicago Bilingual Nurse Consortium is a collaborative partnership project designed to prepare nurses who are residents of the U.S. and were educated and licensed in Mexico or South America to become licensed as RNs in Illinois. Currently these nurses are unemployed or underemployed, with their previous education not recognized or utilized. They frequently work in low paying jobs, in industries other than health care, due to governmental and other barriers, such as complicated U.S. licensing processes, language and cultural bias. Activities include

educational classes in nursing, test taking skills, U.S. health care, and technology. Also built into the program is advisor support to assist the candidates in obtaining their transcripts and other required documents. The initiative has identified more than 150 nurses as potential candidates for licensure in Illinois and has already enrolled 51 in the program.

Recommendations:

- Support expansion of the Chicago-Mexico Nurse Initiative to other licensed professionals from other countries.
- Support Interstate Compact legislation.

Use of Dedicated Professional Funds for Image Enhancement

All research to date on the workforce shortage cites the "image problem". Healthcare careers are not seen as desirable for young people today, particularly bright young people with the potential to have more lucrative careers in other professions.
The supply lines are dwindling; the demand is rising. If we do not do something to educate the potential healthcare workforce about the benefits of the healthcare professions, we will always be short and never be able to meet the demands of our patients for quality healthcare.

Each of the healthcare professions licensed by the State maintains a professional fund, ostensibly to be used to administer the licensure act for that profession. The funds are obtained through licensure and endorsement fees, disciplinary fines, etc. Many of these funds were "raided" in recent years to help balance the budget. The professions (especially the nursing profession) were outraged that these funds would be transferred to the general revenue budget line at a time when they could be so helpful in alleviating a state public health issue, the shortages in the healthcare workforce.

One proposed solution is to develop a positive image or marketing campaign. Funds for this campaign could be available through redirection of professional and dedicated funds toward this initiative. These funds could be used to promote the health care professions as rewarding and needed career fields. Improving the image of the health care professions will increase the number of young people and second career people enrolling in programs and schools.

Proposed Solutions: Demand Side

There are two dynamics that need to be considered as demand side influences when addressing workforce shortages: One is efficiency and productivity in healthcare delivery, i.e., how well workers are utilized. The other dynamic involves growth in demand.

Productivity and Efficiency in the Workplace

"Paperwork". One regulatory problem is that of the paperwork required by government and accrediting agencies. One study showed nurses in the Emergency Department spend one hour doing paperwork for every hour of patient care. Nurses on Medical Surgical units spend between 30 and 50% of their time completing forms, charts, and reports.

One potential solution is a paperwork reduction act in Illinois. Requirements for paperwork are born in regulations. Every year new laws carry with them reporting requirements and too often the person who is in the best position to complete the reports is the direct caregiver.

Education of the professionals includes critical thinking and communication skills but the most critical elements of the curricula are development of the professional, technical care-giving skills specific to the profession and essential to patient care. Unless paperwork is decreased, regulatory mandates for reporting will continue to force inefficient utilization of these (relatively) highly paid highly skilled individuals. It already requires almost two nurse- hours to deliver every hour of patient care. If more reports become mandatory, the demand for nurses will increase in an area where current supply cannot meet current demand.

Scope of practice barriers to efficient work systems. Efficient use of the skills of current and future supply of healthcare professionals is essential to resolving critical healthcare occupation shortages. Several regulatory and/or policy problems are barriers to this goal.

Multiple Agencies involved in healthcare occupation regulation.

Part one of this report described the regulatory system for healthcare occupations in Illinois. There are multiple agencies responsible for ensuring the care-givers are appropriately credentialed and competent to provide care to Illinois patients. This confusing and needlessly complex system in and of itself leads to inefficiencies in care delivery.

Recommendation: One potential solution to this issue would be to engage the Governor in agency redesign and reform. Governor Blagojevich has already announced plans to reorganize some of the agencies by creating a super agency that would include the Illinois Department of Professional Regulation. The Workforce Boards of Metropolitan Chicago should work with the Governor to include all healthcare occupational regulation under this agency. Specifically,

- Requirements for EMT and paramedic credentialing should be moved from IDPH to IDPR.

- Requirements for CNA, home health aides and other assistive personnel should also be moved.
- Clinical laboratory personnel should come under DPR and all imaging technical and radiology therapeutic occupations should be moved from the Illinois Department of Nuclear Safety to DPR.
- Furthermore, DPR should develop a separate division or Super Board for all the healthcare occupations, with separate professional boards under that board.
- Finally, DPR must be encouraged to make long overdue appointments to Boards and to staff the Department fully. (There has been no *legislatively mandated* employment of a Nursing Act Coordinator for over two years.)

All facilities licensing requirements should then be moved to the Illinois Department of Public Health, including the pharmacy licensing requirements currently under IDPR.

The DPR and the DPH also need to be required to work together when they propose new regulations and/or conduct surveys that involve certification of the staffing and credentialing requirements in the facilities.

Work Redesign and Efficiency

Restrictive Practice Scopes: Barriers to Multi-Skilling and Deleting Place-Limited Scopes of Practice.

Employers and the professionals are often confused about licensure, certification, credentialing and education processes, and who can perform specific procedures or provide patient teaching or counseling. There is lack of clarity about what can be done in terms of multi-skilling or multi-credentialing.

Once the reforms take place at the administrative agency level, the Workforce Boards of Metropolitan Chicago, collaborating with IDPR, IDPH, and the Governor could work to evaluate scope of practice barriers to multi-skilling efficiencies and deleting place-limited scopes of practice.

One example of this type of barrier lies in the credentialing process for Emergency Medical Technicians (EMTs). EMTs are licensed to provide care only in pre-hospital and transport between hospital situations. They are not licensed to work in the hospital and therefore cannot currently continue the care they are giving once they walk through the emergency room doors. Some hospitals have developed emergency room technician positions for EMTs to skirt this legal barrier. It is complicated to do so however, because the EMT must go on a separate payroll, function under a separate title, and have a separate job description when they are utilized in this way. Furthermore the Emergency Room staff must duplicate, rather than add to the paperwork already finished by the EMTs. All of this, of course, creates unnecessary inefficiencies.

Another difficulty concerning EMTs is in the Illinois Nursing Act. Nurses are only allowed to delegate medication administration to persons licensed to give medications. Since Emergency Room Technicians are unlicensed personnel, they cannot administer medications in the ER. Even though an ER Tech is qualified under the EMS licensure system to give medications in the ambulance, he/she may not administer medications in

the emergency room. It is unnecessary regulation that causes this unreasonable barrier to efficiency. This is the type of regulation that needs to be analyzed and amended to improve the use of scarce resources in a more reasonable manner.

Growing Demand. Indicators predict tremendous growth in healthcare needs over the next couple decades due to

- Aging of the population
- Advances in medical technology, pharmaceuticals, and other treatment methodologies.
- A shift in the type of care needed with tremendous growth in chronic disease management, rehabilitation and habilitation, home care, long-term care, etc.
- In the Chicago area specifically, construction of new hospitals (currently at least four proposals to build before the Illinois Health Facilities Planning Board) and other facilities that will require staffing.

As we address these demand side needs, regulatory issues affecting demand increases, specifically for professionals needed to meet changing demographics and needs, should be addressed also. Merely increasing supply without addressing runaway demand increases will be counter-productive.

General Solutions and Recommendations

Funding for Healthcare Workforce Shortages
Developing policy that would provide funding for all aspects of solutions to the healthcare workforce crises needs to be addressed. Many professionals and providers in the CSSI process have wondered why the Governor and the legislature would fund this project while simultaneously decreasing budgets for healthcare education. Others have expressed the need for increased funding for targeted needs in the professions.

At the federal level, providers are supporting several bills to increase Medicare provider payments, which would allow hospitals to improve employee compensation. While the largest expenditure in a hospital's budget is labor, shrinking hospital revenues – from Medicare, Medicaid, and private payers – have put pressure on salaries and benefits, adversely affecting hospitals' ability to compete in today's tight labor market.
Other federal bills would increase the supply of nurses by increasing funding for existing nurse education programs and new training and retraining programs. The Nurse Reinvestment Act (HR 1436/S 706), for example, establishes a national nursing service corps to provide assistance to nurses who commit to serve in a health facility with a critical nursing shortage. The bill also would expand Medicare and Medicaid funding for clinical nurse education.

At the state level, legislation can help increase the supply of healthcare professionals if it increases state funding for scholarships, loan repayment programs, and grants for advanced training. Specific ideas include:

- Subsidies for provider agencies providing clinical experience for students.

- Development of pay for student programs.
- Enacting upward mobility scholarships to provide additional training for caregivers to receive advanced licensure and certification and advanced education to develop more nurses qualified to teach.
- Providing funding for repayment of student loans.
- Creating grants to health care institutions and institutions of higher education for the establishment and maintenance of nurse mentoring and internship programs.
- Funds to continue to promote health care as a rewarding and needed career field.

SUMMARY AND CONCLUSIONS

Illinois statutes and regulations are important to construction of solutions to healthcare critical occupation shortages. All of the targeted occupations are regulated either directly or indirectly. Although it may not be within the purview of the Critical Skills Shortages initiative to amend either practice acts or rules for their administration, knowledge of the requirements contained in statutes is essential to implementation of realistic solutions.

Career ladders and lattices need to be built upon regulated educational and licensure requirements, programs to expand educational capacity must be based on approval criteria for curricula and faculty, and recruitment of foreign graduates to increase the supply and improve diversity has to include consideration of the barriers to licensure faced by these potential licensed professionals.

As this project moves forward, the Workforce Boards of Metropolitan Chicago can continue to monitor regulatory changes and provide information to stakeholders regarding their provisions as they implement solutions. The stakeholders in the Northeast Economic Development Region can also advocate for general reforms to inefficient systems and processes and for adequate funding for healthcare workforce education and support. Awareness of pertinent regulation and relevant policy will facilitate continuing development and implementation of initiatives to alleviate critical shortages in the healthcare workforce.

Attachment A
Health Care Professions Regulated by the Illinois Department of Professional Regulation

Profession	***Name of Act***	***Related Acts or additional related licenses/ Comments***
Acupuncturist	Acupuncture Practice Act	
Advanced Practice Nurse	Nursing and Advanced Practice Nursing Act	Advanced Practice Nurse Controlled
Athletic Trainer	Athletic Training Act	(An athletic training license is required for some cardiac rehabilitation practices.)
Audiologist	**Illinois Speech-Language Pathology and Audiology Practice Act**	**Speech/ Language Pathologists and Audiologists licenses were combined in the same act in 2002.**
Chiropractic Physician	Medical Practice Act of 1987	Chiropractor Preceptor Chiropractor Preceptor Program
Controlled Substances Drug Distributors	Wholesale Drug Distribution Licensing Act	Controlled Substance Controlled Substance Pharmacy
Clinical Professional Counselor	**Professional Counselor and Clinical Professional Counselor Licensing Act**	**Counselor Professional Continuing Education Sponsor**
Professional Counselor	**Professional Counselor and Clinical Professional Counselor Licensing Act**	**Temporary Professional Counselor**
Dental Hygienist	Illinois Dental Practice Act	
Dentist	Illinois Dental Practice Act	Dental Sedation Permit Dental Teaching License Dental Temporary Training Dental/dental Approved Hygienist Continuing Education Sponsor Dental Controlled Substance Dentistry Specialist
Dietitian	Dietetic and Nutrition Services Practice Act	
Drug Distributor	Wholesale Drug Distribution Licensing Act	
Funeral Director and Embalmer	Funeral Directors and Embalmers Licensing Code	Funeral Director and Embalmer Intern
Home Medical Equipment and Service Provider	Home Medical Equipment and Services Provider License Act	
Marriage and Family Therapist	Marriage and Family Therapy Licensing Act	Marriage and Family Continuing Education Sponsor
Massage Therapist	Massage Licensing Act	
Medical License	Medical Practice Act of 1987	Temporary Medical License Limited Medical Temporary License Medical Continuing Education Sponsor Registered Medical Corporation
Naprapath	Naprapathic Practice Act	
Licensed Practical Nurse	**Nursing and Advanced Practice Nursing Act**	
Registered Professional Nurse	**Nursing and Advanced Practice Nursing Act**	

Nursing Home Administrator	Nursing Home Administrators Licensing and Disciplinary Act	Temporary Nursing Home Administrator Approved Nursing Administrator Continuing Education Sponsor
Nutrition Counselor	Dietetic and Nutrition Services Practice Act	Nutrition/Dietitian Continuing Education Sponsor
Occupational Therapist	**Illinois Occupational Therapy Practice Act**	
Certified Occupational Therapy Assistant	**Illinois Occupational Therapy Practice Act**	
Optometrist	Illinois Optometric Practice Act of 1987	Optometrist Ancillary Office Optometrist Controlled Substance License Optometry Continuing Education Sponsor
Orthotist	Orthotics, Prosthetics, and Pedorthics Practice Act	
Osteopath	Medical Practice Act of 1987	Osteopath/Obstetrician Osteopathic and Allopathic Healthcare Discrimination Act
Pedorthist	Orthotics, Prosthetics, and Pedorthics Practice Act.	
Perfusionist	Perfusionist Practice Act	
Registered Pharmacist	**Pharmacy Practice Act of 1987**	**Pharmacy Division I** **Pharmacy Division II** **Pharmacy Division III** **Pharmacy Division IV** **Pharmacy Division V**
Pharmacist Assistant	Pharmacy Practice Act of 1987	Physician Assistant Controlled Substance
Pharmacy Technician	**Pharmacy Practice Act of 1987**	
Physical Therapist	**Illinois Physical Therapy Act**	**Physical Therapy Continuing Education Sponsor**
Physical Therapist Assistant	**Illinois Physical Therapy Act**	
Physical Therapist Aides	**Illinois Physical Therapy Act**	**Physical Therapy Aides do not require licensure in Illinois**
Physician Assistant	**Physician Assistant Practice Act of 1987**	**Temporary Physician Assistant**
Physician	Medical Practice Act of 1987	Visiting Physician Permit Visiting Physician Professor Visiting Physician Resident Physician Controlled Substance
Podiatric Physician	Podiatric Medical Practice Act of 1987	Temporary Podiatric Physician Visiting Podiatric Professor Podiatry Continuing Education Sponsor Podiatry Controlled Substance
Prosthetist	Orthotics, Prosthetics, and Pedorthics Practice Act	
Clinical Psychologist	Clinical Psychologist Licensing Act	Psychologist Corporation Psychologist Partnership
Respiratory Care Practitioner	**Respiratory Care Practice Act**	**Respiratory Care Practitioner Continuing Education Sponsor**
Clinical Social Worker	Clinical Social Work and Social Work Practice Act	Social Worker Registered Continuing Education Sponsor
Social Worker	**Clinical Social Work and**	**Temporary Social Worker**

	Social Work Practice Act	
Speech/ Language Pathologist	**Illinois Speech-Language Pathology and Audiology Practice Act**	**Speech/Audiology Continuing Education Sponsor**
Surgical Technologist	**Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act**	**This act was passed last legislative session and has not been implemented yet as Rules for its administration have just been proposed.**
Surgical Assistant	Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act	

Bolded titles/occupations are those listed on the WBMC Critical Skills Shortage Occupations list

Attachment B
Health Care Professions Regulated by the Illinois Department of Public Health

Profession	***Name of Act***	***Related Acts or additional related licenses/ Comments***
Certified Nurse Assistant	**Long Term Care Assistants and Aides Training Programs Code**	
Basic Nursing Assistant	Long Term Care Assistants and Aides Training Programs Code	
Developmental Disabilities Aide	Long Term Care Assistants and Aides Training Programs Code	
Basic Child Care/Habilitation Aide	Long Term Care Assistants and Aides Training Programs Code	
Psychiatric Rehabilitation Services Aide	Long Term Care Assistants and Aides Training Programs Code	
Interpreter	Language Services Assistance Act	Requires interpreters or bilingual staff for communication with patients.
Clinical Laboratory Director	Illinois Clinical Laboratories Code	
Clinical Laboratory General Supervisor	Illinois Clinical Laboratories Code	
Medical Technologist	**Illinois Clinical Laboratories Code**	
Cytotechnologist	Illinois Clinical Laboratories Code	
Laboratory Technician	**Illinois Clinical Laboratories Code**	
Laboratory Assistant	Illinois Clinical Laboratories Code	
Licensed EMT, Basic, Intermediate, and Paramedic	Emergency Medical Services and Trauma Center Code	
Home Health Aide	**Illinois Home Health Agency Code**	

Attachment C
Health Care Professions Regulated by the Illinois Department of Nuclear Safety

(All under Chapter II: Division of Nuclear Safety, Subchapter b: Radiation Protection
Part 401:Accrediting Persons in the Practice of Medical Radiation Technology)

Chiropractic Radiographic Assistant
Limited Diagnostic Radiographer- Chest
Limited Diagnostic Radiographer- Extremities
Limited Diagnostic Radiographer- Skull and Sinuses
Limited Diagnostic Radiographer- Spine
Medical Radiographer
Nuclear Medicine Technologist
Radiation Therapist

Attachment D
American Nurses Credentialing Center Certifications

Advanced Practice

- Nurse Practitioners
  - Adult Nurse Practitioner (CBT)
  - Family Nurse Practitioner (CBT)
  - Gerontological Nurse Practitioner (CBT)
  - Pediatric Nurse Practitioner (CBT)
  - Acute Care Nurse Practitioner (CBT)
  - Adult Psychiatric and Mental Health Nurse Practitioner (CBT)
  - Family Psychiatric and Mental Health Nurse Practitioner (CBT)
  - Advanced Diabetes Management--Nurse Practitioner (ADM [CBT])
- Clinical Specialists
  - Clinical Specialist in Adult Psychiatric and Mental Health Nursing (CBT)
  - Clinical Specialist in Child/Adolescent Psychiatric & Mental Health Nursing (CBT)
  - Clinical Specialist in Gerontological Nursing (CBT)
  - Clinical Specialist in Medical-Surgical Nursing (CBT)
  - Clinical Specialist in Home Health Nursing (P&P)
  - Clinical Specialist in Pediatric Nursing (CBT)
  - Clinical Specialist in Community Health (P&P)
  - Advanced Diabetes Management--Clinical Specialist (ADM [CBT])
- Other Disciplines
  - Palliative Care (Palliative [P&P])
  - Advanced Diabetes Management--Pharmacist (ADM [CBT])
  - Advanced Diabetes Management--Dietician (ADM [CBT])

Baccalaureate and Higher Specialties

- Psychiatric and Mental Health Nurse (P&P)
- Medical-Surgical Nurse (P&P)
- Pediatric Nurse (P&P)
- Gerontological Nurse (CBT)
- Perinatal Nurse (P&P)
- Community Health Nurse (P&P)
- College Health Nurse (P&P)
- Cardiac/Vascular Nurse (CVN [CBT])
- Informatics Nurse (CBT)
- Home Health Nurse (P&P)
- Nursing Professional Development (P&P)
- Nursing Administration (P&P)
- Nursing Administration, Advanced (P&P)

Diploma/Associate Degree Specialties

- Psychiatric and Mental Health Nurse (P&P)
- Medical-Surgical Nurse (P&P)
- Pediatric Nurse (P&P)
- Gerontological Nurse (CBT)
- Perinatal Nurse (P&P)
- Cardiac/Vascular Nurse (CVN [CBT])

Modular Exams

- Nursing Case Management (P&P)
- Ambulatory Care Nurse (P&P)

Attachment E
Occupations Credentials Chart

Critical Occupation	Credential	Legal Title (if different from Critical Occupation Title)	Other titles	Certification	Minimal/ Entry level degree
First Tier					
Cardiovascular Technologist and Technician	Certification		Cardiographic Technician EKG technician Cardiology Technologist Vascular Technologist Vascular Sonographer Cardiac Sonographer Echocardiographer Electrocardiograph Technician EKG Technician	29 programs in the US are accredited by the Joint Review Committee on Education in Cardiovascular Technology. Certification in cardiac catheterization, echocardiography, vascular ultrasound, and cardiographic techniques from Cardiovascular Credentialing International. Cardiac sonographers and vascular technologists certification from the American Registry of Diagnostic Medical Sonographers.	Depending on the specialty: On the job training (8 to 16 weeks) 1-year certification program 2- to 4-year programs Associate or Bachelors Degree.
Nuclear Medicine Technologist	Accreditation			The Joint Review Committee on Education Programs in Nuclear Medicine Technology accredits most formal Training programs in nuclear medicine technology.	Range in length from 1 to 4 years and lead to a certificate, associate degree, or bachelor's degree.
Occupational Therapist	License			Not required for licensure	Baccalaureate
Pharmacist	License				Graduation from a first

Critical Occupation	Credential	Legal Title (if different from Critical Occupation Title)	Other titles	Certification	Minimal/ Entry level degree
					professional degree program in pharmacy of at least 5 academic years.
Physical Therapist	License				Master's Degree
Radiologic Technologist (ARRT)	Accreditation	Medical Radiographer		The Joint Review Committee on Education in Radiologic Technology accredits most formal training programs for the field.	Range in length from 1 to 4 years and lead to a certificate, associate degree, or bachelor's degree. Two-year associate degree programs are most prevalent.
Registered Nurse	License	Registered Professional Nurse		APNs	Associate Degree
Second Tier					
Billing/ Insurance Clerk	None				On the job training
Certified Nurse Assistant	Certification/ Registration		Nursing aides nursing assistants geriatric aides unlicensed assistive personnel (UAPs)		Approved program for CNAs...3 months in length approximately
Patient Care Technician	None				On the job training
Licensed Practical Nurse (LPN)	License				Post secondary education of at least one year.
Medical Laboratory Technician			Histo-technicians Phlebotomists	Agencies certifying medical and clinical laboratory technologists and technicians	Associate Degree or one year technician training. Note-

Critical Occupation	Credential	Legal Title (if different from Critical Occupation Title)	Other titles	Certification	Minimal/ Entry level degree
				include the Board of Registry of the American Society for Clinical Pathology, the American Medical Technologists, the National Credentialing Agency for Laboratory Personnel, and the Board of Registry of the American Association of Bioanalysts.	Medical Laboratory Technologists have a Bachelors degree. Phlebotomists have on-the-job training.
Medical Records and Health Information Technician (Coder)			Medical record coder, Coder/abstractor, Coding specialists.		Usually an associate degree
Physical Therapy Assistant	License				Associate Degree
Respiratory Therapist	License	Respiratory Care Practitioner			Has 62 semester hours or the equivalent of a 12 month course of study
Social Worker	License	Licensed Clinical Social Worker Licensed Social Worker			LCSW- Masters Degree And 3000 hours of supervised clinical experience LSW- Bachelors degree and 3 years supervised clinical experience
Surgical/ OR Technician	License-permissive	Registered Surgical	Surgical or operating room	Certified by the National Surgical	Post secondary

Critical Occupation	Credential	Legal Title (if different from Critical Occupation Title)	Other titles	Certification	Minimal/ Entry level degree
	Certification-voluntary	Assistant or Registered Surgical Technologist	technicians	Assistant Association on the Certification of Surgical Assistants, the Liaison Council on Certification for the Surgical Technologist or the American Board of Surgical Assisting	education of 9-24 months.

Attachment F

Practice Description for each Critical Occupation

Note: Legal practice definitions are taken from Illinois practice acts.

Cardiovascular Technologist and Technician

Specialize in three areas of practice-invasive cardiology, echocardiography, and vascular technology. Assist physicians in diagnosing and treating cardiac and peripheral vascular ailments. Perform electrocardiograms (EKGs), stress testing, and Holter monitoring. Perform invasive procedures, noninvasive tests, echocardiography or vascular technology, use ultrasound instrumentation, such as Doppler and ultrasound. Assist physicians in the diagnosis of disorders affecting the circulation, use ultrasound to examine the heart chambers, valves, and vessels.

Nuclear Medicine Technologist

Nuclear medicine technologists give patients radioactive drugs or radiation treatments. Nuclear medicine technologists may perform studies to assess how radioactive materials act inside the body. For example, they add materials to a blood sample and observe the changes. They also develop procedures for treatment programs. In addition, technologists maintain and adjust laboratory equipment. Following safety procedures, they dispose of and store radioactive materials. They keep track of the amount and type of radiation disposed of and used. They may also purchase materials.

Accreditation is required in Illinois to work as a Nuclear Medicine Technologist. The Joint Review Committee on Education Programs in Nuclear Medicine Technology accredits most formal Training programs in nuclear medicine technology. Programs range in length from 1 to 4 years and lead to a certificate, associate degree, or bachelor's degree. As long as the program qualifies the candidate for accreditation, it is accepted training in Illinois.

Occupational Therapist

Therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals and populations who have a disease or disorder, an impairment, and activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles and to promote health and wellness. May include: remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes, adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance, disability prevention methods and techniques that facilitate the development or safe application of performance skills, and health promotion strategies that enhance performance abilities.

Pharmacist

"Practice of pharmacy" means the provision of pharmaceutical care to patients as determined by the pharmacist's professional judgment in the following areas, which may include but are not limited to (1) patient counseling, (2) interpretation and assisting in the monitoring of appropriate drug use and prospective drug utilization review, (3) providing information on the therapeutic values, reactions, drug interactions, side effects, uses, selection of medications and medical devices, and outcome of drug therapy, (4) participation in drug selection, drug monitoring, drug utilization review, evaluation, administration, interpretation, application of pharmacokinetic and laboratory data to design safe and effective drug regimens, (5) drug research (clinical and scientific), and (6) compounding and dispensing of drugs and medical devices.

Physical Therapist

"Physical therapy" means the evaluation or treatment of a person by the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air; and the use of therapeutic massage, therapeutic exercise, mobilization, and the rehabilitative procedures with or without assistive devices for the purposes of preventing, correcting, or alleviating a physical or mental disability, or promoting physical fitness and well-being. Physical therapy includes, but is not limited to: (a) performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists and podiatrists, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is prescribed by the patient's physician, licensed to

practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, or the patient's dentist, and (f) supervision or teaching of physical therapy. Physical therapy does not include radiology, electrosurgery, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy techniques that he or she is educated and licensed to perform. A physical therapist shall refer to a licensed physician, dentist, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist.

Radiologic Technologist (ARRT)

Administer radiopharmaceuticals and related drugs to human beings for diagnostic purposes. Perform in vivo and in vitro. Detect and measure radioactivity. Administration of radiopharmaceuticals to human beings for therapeutic purposes. Applies x-radiation to any part of the human body and administers contrast agents and related drugs for diagnostic purposes

Registered Nurse (RN)

"Registered professional nursing practice" includes all nursing specialties and means the performance of any nursing act based upon professional knowledge, judgment, and skills acquired by means of completion of an approved registered professional nursing education program. A registered professional nurse provides nursing care emphasizing the importance of the whole and the interdependence of its parts through the nursing process to individuals, groups, families, or communities, that includes but is not limited to: (1) the assessment of healthcare needs, nursing diagnosis, planning, implementation, and nursing evaluation; (2) the promotion, maintenance, and restoration of health; (3) counseling, patient education, health education, and patient advocacy; (4) the administration of medications and treatments as prescribed by a physician licensed to practice medicine in all of its branches, a licensed dentist, a licensed podiatrist, or a licensed optometrist or as prescribed by a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1987 or by an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Nursing Act; (5) the coordination and management of the nursing plan of care; (6) the delegation to and supervision of individuals who assist the registered professional nurse implementing the plan of care; and (7) teaching and supervision of nursing students. The foregoing shall not be deemed to include those acts of medical diagnosis or prescription of therapeutic or corrective measures that are properly performed only by physicians licensed in the State of Illinois.

Billing/ Insurance Clerk

Billing and posting clerks and machine operators, commonly called *billing clerks*, compile records of charges for services rendered or goods sold, calculate and record the amounts of these services and goods, and prepare invoices to be mailed to customers.

Certified Nurse Assistant

Perform routine tasks under the supervision of nursing and medical staff. Answer patients' call lights, deliver messages, serve meals, make beds, and help patients eat, dress, and bathe. Provide skin care to patients; Take vital signs, Assist patients get in and out of bed and walk. Escort patients to operating and examining rooms, keep patients' rooms neat, set up equipment, store and move supplies, or assist with some procedures. Observe patients' physical, mental, and emotional conditions and report any change to the nursing or medical staff.

Patient Care Technician (PCT)

PCT is an employer created position and has no legal or common job description. They are considered unlicensed assistive personnel and must perform under the supervision of a registered nurse or licensed practical nurse.

Licensed Practical Nurse

"Practical nursing" means the performance of nursing acts requiring the basic nursing knowledge, judgment, and skill acquired by means of completion of an approved practical nursing education program. Practical nursing includes assisting in the nursing process as delegated by and under the direction of a registered professional nurse. The practical nurse may work under the direction of a licensed physician, dentist, podiatrist, or other health care professional determined by the Department.

Medical Laboratory Technician

Clinical laboratory technicians perform simple tests and laboratory procedures. Technicians may prepare specimens and operate automated analyzers or they may perform manual tests in accordance with detailed

instructions. They may work in several areas of the clinical laboratory or specialize in just one. Histotechnicians cut and stain tissue specimens for microscopic examination by pathologists, and phlebotomists collect blood samples. They usually work under the supervision of medical and clinical laboratory technologists or laboratory managers.

Medical Records and Health Information Technician (Coder)

Medical records and health information technicians organize and evaluate medical records for completeness and accuracy. They regularly communicate with physicians or other healthcare professionals to clarify diagnoses or to obtain additional information. They a code to each diagnosis and procedure. Technicians assign the patient to one of several hundred “diagnosis-related groups,” or DRGs. The DRG determines the amount for which the hospital will be reimbursed if the patient is covered by Medicare or other insurance programs using the DRG system. Technicians who specialize in coding are called health information coders, medical record coders, coder/abstractors, or coding specialists. In addition to the DRG system, coders use other coding systems, such as those geared towards ambulatory settings or long-term care.

Physical Therapy Assistant

"Physical therapist assistant" means a person licensed to assist a physical therapist and who has met all requirements as provided in this Act and who works under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

Respiratory Care Practitioner

"Respiratory care" and "cardiorespiratory care" include, but are not limited to, direct and indirect services in the implementation of treatment, management, disease prevention, diagnostic testing, monitoring, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, including (i) a determination of whether such signs and symptoms, reactions, behavior, and general response exhibit abnormal characteristics and (ii) implementation of treatment based on the observed abnormalities, of appropriate reporting, referral, respiratory care protocols, or changes in treatment pursuant to the written, oral, or telephone transmitted orders of a licensed physician. "Respiratory care" includes the transcription and implementation of written, oral, and telephone transmitted orders by a licensed physician pertaining to the practice of respiratory care and the initiation of emergency procedures under rules promulgated by the Board or as otherwise permitted in this Act. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling, or other place considered appropriate by the Board in accordance with the written, oral, or telephone transmitted order of a physician and shall be performed under the direction of a licensed physician. "Respiratory care" includes inhalation and respiratory therapy.

Social Worker

"Clinical social work practice" means the providing of mental health services for the evaluation, treatment, and prevention of mental and emotional disorders in individuals, families and groups based on knowledge and theory of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships, and environmental stress.

"Licensed social worker" means a person who holds a license authorizing the practice of social work, which includes social services to individuals, groups or communities in any one or more of the fields of social casework, social group work, community organization for social welfare, social work research, social welfare administration or social work education. Social casework and social group work may also include clinical social work, as long as it is not conducted in an independent practice, as defined in this Section.

Surgical/ OR Technician (Certified)

Assist in surgical operations under the supervision of surgeons, registered nurses, or other surgical personnel. Before an operation, surgical technologists help prepare the operating room by setting up surgical instruments and equipment, sterile drapes, and sterile solutions. They assemble both sterile and nonsterile equipment, as well as adjust and check it to ensure it is working properly. Prepare patients for surgery by washing, shaving, and disinfecting incision sites. Transport patients to the operating room, help position them on the operating table, and cover them with sterile surgical “drapes.” Observe patients’ vital signs, check charts, and assist the surgical team with putting on sterile gowns and gloves.

During surgery, technologists pass instruments and other sterile supplies to surgeons and surgeon assistants. Hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments. Prepare, care for,

and dispose of specimens taken for laboratory analysis and help apply dressings. Some operate sterilizers, lights, or suction machines, and help operate diagnostic equipment.
After an operation, may help transfer patients to the recovery room and clean and restock the operating room.

Attachment G
Summary of Recommendations for Regulatory and Policy Analysis

Systemic issues and process inefficiencies to alleviate some of the operational problems and barriers to increasing supply and decreasing demand for the critical shortage occupations in healthcare.

- Initiation of "sunrise" legislation
- Better utilization of existing sunset statutes
- Creation of an Illinois Center for Nursing and Allied Health
- Require clarification and simplification of policies and regulations for licensure and practice
- Ask state administrative agencies for specific clarification of and guidelines for statutory and regulatory requirements
- Advocate for efficiency and improved responsiveness at state agencies.
- Oppose budget cuts for healthcare programs and advocate for policy that provides:
    - Subsidies for healthcare clinical education programs
    - Stipends to providers for clinical site provision, preceptors, etc.

Career ladders and advancement

- Bridge existing regulatory/ licensure gaps between steps.
- Develop accelerated programs for progression from Associate Degree to Masters level preparation
- Revive the IAI and advocate for funding and other policy development at the State level that removes barriers to cooperation and collaboration between and among educational systems.
- Develop collaboration models between community colleges (e.g., crossing district lines) and remove policy barriers to collaboration.
- Develop common healthcare core curricula to be offered at the Community Colleges.
- Review high school educational tracks for the healthcare occupations and convert to college preparatory tracks.

Expansion of Capacity

- Develop a teaching certificate for nurses with Masters Degrees who could augment faculty and allow expansion of program capacity. The Rules for Administration of the Nursing Act would also need to be amended.

- Delete any regulatory barriers to utilization of clinical staff to meet faculty-student ratio requirements
- Advocate for and support development of on-line, virtual courses for non-clinical portions of curriculum.
- Develop and advocate for approval of accelerated and alternative educational offerings (evening, night and weekend)
- Analyze and evaluate the necessity of the process for approval of new education programs in the health careers.
- Advocate for a "rapid response" system to documented educational need.

<u>Enhance Student Experiences</u>

- Develop a credit granting course for education about HIPPA, infection control, and other student clinical rotation concerns to be offered by the clinical sites. This would serve to assure providers that students in their facilities meet requirements to provide patient care.
- Develop pay for student programs and deletion of regulatory barriers to those programs. Allow paid student internships as part of the course work and credits needed.

Diversity and Endorsement:

- Support expansion of the Chicago-Mexico Nurse Initiative to other licensed professionals from other countries.
- Support Interstate Compact legislation.

Simplification of Credentialing and licensure:
Include all healthcare occupational regulation under one state agency:

- Requirements for EMT and paramedic credentialing should be moved from IDPH to IDPR.
- Requirements for CNA, home health aides and other assistive personnel should also be moved.
- Clinical laboratory personnel should come under DPR and all imaging technical and radiology therapeutic occupations should be moved from the Illinois Department of Nuclear Safety to DPR.
- Furthermore, DPR should develop a separate division or Super Board for all the healthcare occupations, with separate professional boards under that board.
- Finally, DPR must be encouraged to make long overdue appointments to Boards and to staff the Department fully. (There has been no *legislatively mandated* employment of a Nursing Act Coordinator for over two years.)
- All facilities licensing requirements should then be moved to the Illinois Department of Public Health, including the pharmacy licensing requirements currently under IDPR.
- The DPR and the DPH also need to be required to work together when they propose new regulations and/or conduct surveys that involve certification of the staffing and credentialing requirements in the facilities.

<u>Funding for Healthcare Workforce Shortages</u>

- Subsidies for provider agencies providing clinical experience for students.

- Development of pay for student programs.
- Enacting upward mobility scholarships to provide additional training for caregivers to receive advanced licensure and certification and advanced education to develop more nurses qualified to teach.
- Providing funding for repayment of student loans.
- Creating grants to health care institutions and institutions of higher education for the establishment and maintenance of nurse mentoring and internship programs.
- Funds to continue to promote health care as a rewarding and needed career field.

Attachment H
References

Illinois Department of Professional Regulation Acts and Rules

Clinical Social Work and Social Work Practice Act
Illinois Occupational Therapy Practice Act
Illinois Physical Therapy Act
Illinois Speech-Language Pathology and Audiology Practice Act
Medical Practice Act of 1987
Nursing and Advanced Practice Nursing Act
Pharmacy Practice Act of 1987
Physician Assistant Practice Act of 1987
Professional Counselor and Clinical Professional Counselor Licensing Act
Respiratory Care Practice Act

Illinois Division of Nuclear Safety

Part 401: Accrediting Persons in the Practice of Medical Radiation Technology

Illinois Department of Public Health

Emergency Medical Services Systems Act
Home Health Agency Licensing Act
Hospital Licensing Act
Part 300: Skilled Nursing and Intermediate Care Facilities Code
Part 395: Long Term Care Assistants and Aides Training Programs Code
Part 450: Illinois Clinical Laboratories Code

Illinois Public Acts/ Compiled Statutes

Healthcare Worker Background Check Act
Language Assistance Services Act
Osteopathic and Allopathic Healthcare Discrimination Act
Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act

American Nurses Credentialing Center

Chicago Bilingual Nurse Consortium

The Chicago-Mexico Nurse Initiative

Illinois Hospital Association

Transforming Health Care for the 21st Century
Policy Papers
Credentialing Health Care Professionals

National Council of State Boards of Nursing
Nurse Licensure Compact
U.S. Department of Labor, Bureau of Labor Statistics
Occupational Outlook Handbook