Registered nurses (RNs) in Illinois are renewing their licenses for the first time in 2012 since the mandate for 20 hours of continuing nursing education (CNE) became law in the Illinois Nurse Practice Act (NPA) in 2007. Licensed practical nurses (LPNs) will also be required to meet this mandate for the first time with license renewal in 2013. Advanced practice registered nurses (APRNs) previously had to meet a 50-hour mandate for CNE to renew their licenses and will not have to have an additional 20 hours when they concurrently renew their RN licenses. Advanced practice nurses holding more than one APRN license (e.g., family nurse practitioner and pediatric nurse practitioner) must meet the 50-hour mandate for each license (www.nursing.illinois.gov/PDF/10-10_IL_NPA_Rules_CE_Section_1300.130.pdf).

The journey to mandatory CNE began in the late 1970s in discussions at nursing organization meetings. In Illinois, the NPA sunsets every 10 years, as do the laws that define and provide for licensure of other professions and occupations regulated by the Illinois Department of Financial and Professional Regulation (IDFPR). For nursing, including RNs, LPNs, and APRNs, the NPA sunsets at the end of years that end in 7: 1987, 1997, and 2007.

In the process that resulted in the NPA of 1987, forums were held around the state to discuss the issues of importance to nurses. Nurses outside of metropolitan areas were vocal in their opposition to mandatory CNE. In an era when online CNE was not available, rural Illinois nurses voiced their concerns about travel to metropolitan areas for CNE. Major nursing organizations were not unified in their support of mandatory CNE, although the Illinois Nurses Association supported the idea. There was no unified voice for nursing in the process that produced the NPA in 1987. Various nursing constituencies opposed one another publicly on what each wanted in the new NPA. The NPA that was signed into law failed to include a CNE mandate.

The 1997 revision of the NPA was well organized. Most nursing constituencies were engaged in the collaboration that focused on gaining recognition of APRNs in the NPA. In the early to mid-1990s, APRNs in Illinois, especially nurse practitioners and certified nurse midwives, were subjected to accusations of practicing medicine without a license and denied reimbursement because their practice was not codified in the 1987 NPA. The nursing community came together to promote recognition of APRNs, pushing mandatory CNE out of the picture to ensure success on this vital issue. The NPA was passed into law in 1997, addressing the practice of RNs and LPNs. APRNs were recognized by law in 1998. At the time it was signed into law, the Illinois NPA was considered progressive, although written collaborative agreements with physicians were required.

The journey to mandatory CNE in the 2007 NPA began when the nursing community came together in late 2005 at the invitation of the Nursing Coordinator of the IDFPR. Various nursing constituencies, including professional and practical nursing organizations, suggested members to serve on the task force that would rewrite the NPA for the 2007 sunset. This author was a member of the task force. The task force, with more than 150 members, divided the task of rewriting the NPA into small sections entrusted to work groups. One of these work groups tackled the issue of mandatory CNE, which had been dormant for 20 years. Nursing was the only major health profession in Illinois not to mandate CNE. The work groups and the task force as a whole were generally in favor of the mandate. Although some task force members who lived in rural areas voiced the same concerns that were stated in 1987, other members of the task force assured them that adequate access to online and printed, self-paced CNE was available to nurses throughout the state.
The task force and work group meetings were open to the public. In 2006 and early 2007, nurses were invited to attend open forums and CNE programs throughout the state to discuss the pending NPA, both before and after the bill was submitted to the General Assembly. Some expressed concerns about the CNE mandate of 20 hours; most did not. The bill was passed by the General Assembly in the summer of 2007 and signed into law by the Governor in October 2007. Both the IDFPR, through the Nursing Coordinator, and various nursing constituencies in the state began the process of educating nurses about the CNE mandate requiring 20 contact hours every biennium for licensure renewal for RNs and LPNs.

Because the process of writing the rules for implementation of the NPA, including the CNE mandate, took several years, the 2012 RN license renewal cycle is the first year for meeting the CNE mandate. Despite efforts by the state to inform nurses (http://nursing.illinois.gov/NursingCE.asp), many nurses were confused about the mandate as the renewal cycle began this spring. The author manages CNE for a large school of nursing in downstate Illinois. From late 2011 into the spring of 2012, two to five nurses called per month with questions about the CNE mandate. Some were angry that they were being mandated to continue their nursing education. Others reported feeling pressured to earn more degrees because academic credit for nursing courses can be used to meet the CNE requirement (www.nursing.illinois.gov/PDF/2012-01aa_IL_RN_CE_Relicensure_FAQ.pdf). Nurses must attest on the license renewal form that they have met the CNE requirement of 20 contact hours; only nurses audited by the state will have to produce their documentation. The RN license renewal period ends in early summer 2012, marking a 35-year journey to mandatory CNE in Illinois.