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Wilhelmi Joins Gov. Pritzker for Healthcare Protection Act Tour

This week, Gov. JB Pritzker and Lieutenant Gov. Juliana Stratton were joined by IHA President and CEO A.J. Wilhelmi, hospital leaders, doctors, legislative sponsors and other stakeholders to kick off an advocacy tour in support of the Healthcare Protection Act (House Bill 5395), bipartisan legislation to reform predatory health insurance practices and protect patients. The week-long Healthcare Protection Act Tour began with visits to Memorial Hospital Belleville and OSF HealthCare Saint Francis Medical Center in Peoria on Monday, moving to OSF HealthCare Saint Anthony Medical Center in Rockford on Tuesday, and concluded today at Silver Cross Hospital in New Lenox and Loyola University Medical Center in Maywood.

"For far too long, insurance companies—not doctors—have been free to determine what treatment options patients should have—and how quickly they can receive it," said Gov. Pritzker. "The Healthcare Protection Act is a set of consumer-focused health insurance reforms that will return a sense of autonomy and control to patients and their doctors."

In his remarks, Wilhelmi echoed the Governor, saying, "Practices that allow an insurance company to override a physician's judgement—these are cost control strategies that benefit the insurance company's bottom line at the expense of the patient. This proposal places patients before profits by ensuring healthcare decisions are made by healthcare providers, with one goal in mind: to advance better patient care and, ultimately, better health outcomes."

Wilhelmi thanked the Governor for his leadership on this issue, stressing that insurers are using complex and inconsistent prior authorization processes to delay and deny care.

The Governor first introduced his proposal during his Fiscal Year 2025 Budget Address in late February. HB 5395 seeks to ban step therapy and prior authorization for crisis mental healthcare, improve network adequacy and end unchecked rate increases for large group insurance companies.

The legislation, sponsored in the House of Representatives by Rep. Anna Moeller, was advanced by a bipartisan majority of House lawmakers last week. The bill now moves for consideration and debate in the Senate, carried by Chief Senate Sponsor Sen. Robert Peters.

[Click here](#) to view the press conferences on the Governor's Facebook page, and [click here](#) to read the Governor's press release.

For more information on IHA's legislative package to rein in Medicaid Managed Care Organization's prior authorization roadblocks, incentivize coordinated care and streamline patient access to needed healthcare services, view IHA's fact sheets on [HB 4977/SB 3372](#), [HB 4978/SB 3374](#), [HB 4980](#) and [HB 4979/SB 3373](#).

FTC Issues Final Rule Banning Most Noncompete Clauses

Yesterday, the Federal Trade Commission (FTC) voted to issue a [final rule](#) that would ban noncompetition agreements for most

employees. The FTC voted 3-2 that “noncompete” clauses are an unfair method of competition. The Commission’s action will prohibit nearly all noncompetes, affecting upwards of 30 million employees and their employers. Today, the U.S. Chamber of Commerce, joined by the Business Roundtable and other plaintiffs, filed litigation in federal court against the FTC seeking a declaratory judgment that the rule is invalid and requesting an injunction to prevent its implementation.

Although the FTC does not have jurisdiction over not-for-profit entities, the Commission indicated it may try to evaluate entities’ nonprofit status to determine whether they fall under the Commission’s jurisdiction when applying the new rule. The FTC stated that “some portion of the 58% of hospitals that claim tax-exempt status as nonprofits and the 19% of hospitals that are identified as State or local government hospitals in the data cited by AHA likely fall under the Commission’s jurisdiction and the final rule’s purview.” IHA will monitor the status of the U.S. Chamber of Commerce litigation and how the FTC applies the new rule to nonprofits and communicate relevant updates to IHA members as they become available.

The rule will take effect 120 days after publication in the Federal Register.

CMS Final Rule Establishing Minimum Staffing Ratios for LTC Facilities

On Monday, the Centers for Medicare & Medicaid Services (CMS) released its [final rule](#) establishing minimum staffing ratios for long-term care (LTC) facilities participating in Medicare and Medicaid. The final rule is scheduled to be published on May 10, and will become effective on June 21.

As originally proposed in September 2023, the final rule requires LTC facilities to have a registered nurse (RN) on site 24 hours a day, seven days per week. It also requires that facilities provide, at minimum, 3.48 total nurse staffing hours per resident per day (HPRD), with a minimum of 0.55 HPRD from a RN, and 2.45 HPRD from a nurse aid. Illinois has already implemented minimum staffing ratios for LTC facilities, requiring 3.8 hours of nursing care each day for residents needing skilled care.

CMS slightly expanded the opportunity for facilities to seek limited exemptions from the ratios, and staggered implementation of the new requirements. Specifically, the rule requiring a RN to be present on site 24/7 and the 3.48 total nursing staffing hours minimum will not be effective until May 11, 2026 (or May 10, 2027 for facilities in rural areas), and the other staffing ratios will not take effect until May 10, 2027 (or May 10, 2028 for facilities in rural areas).

CMS estimates that 79% of LTC facilities will need to increase hiring to conform with these new requirements. While these new staffing ratios apply only to LTC facilities and not hospitals, the new requirements could significantly impact the healthcare worker pool from which both hospitals and LTC facilities draw.

CDC Issues Health Alert About Counterfeit, Mishandled Botox

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) [Health Advisory](#) yesterday to alert clinicians about risks of counterfeit or mishandled botulinum toxin “botox” injections. The CDC, Food and Drug Administration, and state and local partners are investigating clusters of 22 people in 11 U.S. states reporting adverse effects after receiving injections with counterfeit botulinum toxin or injections administered by unlicensed or untrained individuals or in non-healthcare settings, such as homes or spas. Eleven patients were hospitalized and none has died. The Health Advisory outlines recommendations for clinicians, including diagnosis, consultation and treatment, reporting, and counseling patients.

COVID-19 Information

The Illinois Dept. of Public Health (IDPH) has launched a weekly [Infectious Respiratory Disease Surveillance Dashboard](#) that will be updated weekly on Friday. This report provides the public with the latest data on hospital visits, seasonal trends, lab test positivity and demographic data.

[Click here](#) to visit the IDPH COVID-19 resources webpage. IDPH will continue to report the weekly number of people with COVID-19 admitted to hospitals from emergency departments, deaths and vaccinations, with COVID-19, influenza and respiratory syncytial virus information also reported through the dashboard of the [Illinois Wastewater Surveillance System](#).

Briefly Noted

Yesterday, the Food and Drug Administration (FDA) issued a [safety communication](#) emphasizing the public should rely on the Heimlich maneuver as an established choking rescue protocol, rather than new “anti-choking” devices. The FDA said, “The safety and effectiveness of over-the-counter anti-choking devices have not been established; they are not FDA approved or cleared.” In recommendations to healthcare providers, the FDA encourages providers to educate patients on how to follow established choking rescue protocols, and talk to patients about the potential risks of using unauthorized anti-choking devices.

Leading the News

New ban on noncompetes could have big impact on health care

AXIOS [reported](#) (4/24) that, “The Federal Trade Commission’s vote on Tuesday to ban noncompete agreements could be a big deal for the health care workforce. While the agreements are often thought of as a concern for senior executives and lower-income workers, sizable shares of doctors and nurses face employer restrictions on switching jobs.”

25 states at most risk of rural hospital closures

Becker’s Hospital Review [reported](#) (4/23) that, “Rural hospital closures picked up in 2023 and nearly 700 rural hospitals face continued risk of closing due to serious financial challenges, with some states facing critical conditions in the short term.”

Nurse practitioner median annual wage across states

Becker’s Hospital Review [reported](#) (4/23), “Nurse practitioners in the U.S. earn a median annual wage of \$126,260 and a median hourly wage of \$60.70, according to the latest Bureau of Labor Statistics data, released April 3.”

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