

SB2272



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB2272

Introduced 2/26/2021, by Sen. Dave Syverson

SYNOPSIS AS INTRODUCED:

225 ILCS 15/4.2
225 ILCS 15/4.3

Amends the Clinical Psychologist Licensing Act. In provisions concerning clinical training requirements for a prescribing psychologist license, makes changes to facility requirements for that clinical training. In language providing that a written delegation of prescriptive authority by a collaborating physician may only include medications for the treatment of mental health disease or illness the collaborating physician generally provides to his or her patients in the normal course of his or her clinical practice, deletes an exception for patients who are less than 17 years of age or over 65 years of age. In a provision concerning the delegation of prescriptive authority, removes language providing that no Schedule II controlled substance shall be delegated. Effective immediately.

LRB102 17201 SPS 22657 b

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Clinical Psychologist Licensing Act is
5 amended by changing Sections 4.2 and 4.3 as follows:

6 (225 ILCS 15/4.2)

7 (Section scheduled to be repealed on January 1, 2027)

8 Sec. 4.2. Prescribing psychologist license.

9 (a) A psychologist may apply to the Department for a
10 prescribing psychologist license. The application shall be
11 made on a form approved by the Department, include the payment
12 of any required fees, and be accompanied by evidence
13 satisfactory to the Department that the applicant:

14 (1) holds a current license to practice clinical
15 psychology in Illinois;

16 (2) has successfully completed the following minimum
17 educational and training requirements either during the
18 doctoral program required for licensure under this Section
19 or in an accredited undergraduate or master level program
20 prior to or subsequent to the doctoral program required
21 under this Section:

22 (A) specific minimum undergraduate biomedical
23 prerequisite coursework, including, but not limited

1 to: Medical Terminology (class or proficiency);
2 Chemistry or Biochemistry with lab (2 semesters);
3 Human Physiology (one semester); Human Anatomy (one
4 semester); Anatomy and Physiology; Microbiology with
5 lab (one semester); and General Biology for science
6 majors or Cell and Molecular Biology (one semester);

7 (B) a minimum of 60 credit hours of didactic
8 coursework, including, but not limited to:
9 Pharmacology; Clinical Psychopharmacology; Clinical
10 Anatomy and Integrated Science; Patient Evaluation;
11 Advanced Physical Assessment; Research Methods;
12 Advanced Pathophysiology; Diagnostic Methods; Problem
13 Based Learning; and Clinical and Procedural Skills;
14 and

15 (C) a full-time practicum of 14 months' supervised
16 clinical training, including a research project;
17 during the clinical rotation phase, students complete
18 rotations in Emergency Medicine, Family Medicine,
19 Geriatrics, Internal Medicine, Obstetrics and
20 Gynecology, Pediatrics, Psychiatrics, Surgery, and one
21 elective of the students' choice. The clinical
22 training must take place at a facility with, ~~program~~
23 ~~approval standards addressing faculty qualifications,~~
24 ~~regular competency evaluation and length of clinical~~
25 ~~rotations, and instructional settings, including, but~~
26 ~~not limited to, hospitals, medical centers, health~~

1 ~~care facilities located at federal and State prisons,~~
2 ~~hospital outpatient clinics, community mental health~~
3 ~~clinics, patient centered medical homes or~~
4 ~~family centered medical homes, women's medical health~~
5 ~~centers, and Federally Qualified Health Centers; the~~
6 ~~clinical training must meet the standards for:~~

7 (i) accreditation from the Accreditation
8 Review Commission on Education for the Physician
9 Assistant, the Commission on Collegiate Nursing
10 Education for the Advanced Nurse Practitioner, the
11 Accreditation Commission for Education in Nursing
12 for the Advanced Nurse Practitioner, or the
13 Accreditation Council for Graduate Medical
14 Education ~~physician assistant education as defined~~
15 ~~by the Accreditation Review Commission on~~
16 ~~Education for the Physician Assistant; or~~

17 (ii) an active Memorandum of Understanding
18 with a program accredited by the Accreditation
19 Review Commission on Education for the Physician
20 Assistant, the Commission on Collegiate Nursing
21 Education for the Advanced Nurse Practitioner, the
22 Accreditation Commission for Education in Nursing
23 for the Advanced Nurse Practitioner, or the
24 Accreditation Council for Graduate Medical
25 Education; ~~advanced practice nurse education as~~
26 ~~defined by the Commission on Collegiate Nursing~~

1 ~~Education for the Advanced Nurse Practitioner or~~
2 ~~the Accreditation Commission for Education in~~
3 ~~Nursing for the Advanced Nurse Practitioner; or~~
4 ~~(iii) medical education as defined by the~~
5 ~~Accreditation Council for Graduate Medical~~
6 ~~Education and shall be set by the Department by~~
7 ~~rule;~~

8 The training director at the qualified facility must
9 certify that the training meets either the criteria in (i)
10 or (ii);

11 (3) has completed a National Certifying Exam, as
12 determined by rule; and

13 (4) meets all other requirements for obtaining a
14 prescribing psychologist license, as determined by rule.

15 (b) The Department may issue a prescribing psychologist
16 license if it finds that the applicant has met the
17 requirements of subsection (a) of this Section.

18 (c) A prescribing psychologist may only prescribe
19 medication pursuant to the provisions of this Act if the
20 prescribing psychologist:

21 (1) continues to hold a current license to practice
22 psychology in Illinois;

23 (2) satisfies the continuing education requirements
24 for prescribing psychologists, including 10 hours of
25 continuing education annually in pharmacology from
26 accredited providers; and

1 (3) maintains a written collaborative agreement with a
2 collaborating physician pursuant to Section 4.3 of this
3 Act.

4 (Source: P.A. 101-84, eff. 7-19-19.)

5 (225 ILCS 15/4.3)

6 (Section scheduled to be repealed on January 1, 2027)

7 Sec. 4.3. Written collaborative agreements.

8 (a) A written collaborative agreement is required for all
9 prescribing psychologists practicing under a prescribing
10 psychologist license issued pursuant to Section 4.2 of this
11 Act.

12 (b) A written delegation of prescriptive authority by a
13 collaborating physician may only include medications for the
14 treatment of mental health disease or illness the
15 collaborating physician generally provides to his or her
16 patients in the normal course of his or her clinical practice
17 with the exception of the following:

18 (1) (blank); ~~patients who are less than 17 years of~~
19 ~~age or over 65 years of age;~~

20 (2) patients during pregnancy;

21 (3) patients with serious medical conditions, such as
22 heart disease, cancer, stroke, or seizures, and with
23 developmental disabilities and intellectual disabilities;
24 and

25 (4) prescriptive authority for benzodiazepine Schedule

1 III controlled substances.

2 (c) The collaborating physician shall file with the
3 Department notice of delegation of prescriptive authority and
4 termination of the delegation, in accordance with rules of the
5 Department. Upon receipt of this notice delegating authority
6 to prescribe any nonnarcotic Schedule III through V controlled
7 substances, the licensed clinical psychologist shall be
8 eligible to register for a mid-level practitioner controlled
9 substance license under Section 303.05 of the Illinois
10 Controlled Substances Act.

11 (d) All of the following shall apply to delegation of
12 prescriptive authority:

13 (1) Any delegation of Schedule III through V
14 controlled substances shall identify the specific
15 controlled substance by brand name or generic name. No
16 controlled substance to be delivered by injection may be
17 delegated. ~~No Schedule II controlled substance shall be~~
18 ~~delegated.~~

19 (2) A prescribing psychologist shall not prescribe
20 narcotic drugs, as defined in Section 102 of the Illinois
21 Controlled Substances Act.

22 Any prescribing psychologist who writes a prescription for
23 a controlled substance without having valid and appropriate
24 authority may be fined by the Department not more than \$50 per
25 prescription and the Department may take any other
26 disciplinary action provided for in this Act.

1 All prescriptions written by a prescribing psychologist
2 must contain the name of the prescribing psychologist and his
3 or her signature. The prescribing psychologist shall sign his
4 or her own name.

5 (e) The written collaborative agreement shall describe the
6 working relationship of the prescribing psychologist with the
7 collaborating physician and shall delegate prescriptive
8 authority as provided in this Act. Collaboration does not
9 require an employment relationship between the collaborating
10 physician and prescribing psychologist. Absent an employment
11 relationship, an agreement may not restrict third-party
12 payment sources accepted by the prescribing psychologist. For
13 the purposes of this Section, "collaboration" means the
14 relationship between a prescribing psychologist and a
15 collaborating physician with respect to the delivery of
16 prescribing services in accordance with (1) the prescribing
17 psychologist's training, education, and experience and (2)
18 collaboration and consultation as documented in a jointly
19 developed written collaborative agreement.

20 (f) The agreement shall promote the exercise of
21 professional judgment by the prescribing psychologist
22 corresponding to his or her education and experience.

23 (g) The collaborative agreement shall not be construed to
24 require the personal presence of a physician at the place
25 where services are rendered. Methods of communication shall be
26 available for consultation with the collaborating physician in

1 person or by telecommunications in accordance with established
2 written guidelines as set forth in the written agreement.

3 (h) Collaboration and consultation pursuant to all
4 collaboration agreements shall be adequate if a collaborating
5 physician does each of the following:

6 (1) participates in the joint formulation and joint
7 approval of orders or guidelines with the prescribing
8 psychologist and he or she periodically reviews the
9 prescribing psychologist's orders and the services
10 provided patients under the orders in accordance with
11 accepted standards of medical practice and prescribing
12 psychologist practice;

13 (2) provides collaboration and consultation with the
14 prescribing psychologist in person at least once a month
15 for review of safety and quality clinical care or
16 treatment;

17 (3) is available through telecommunications for
18 consultation on medical problems, complications,
19 emergencies, or patient referral; and

20 (4) reviews medication orders of the prescribing
21 psychologist no less than monthly, including review of
22 laboratory tests and other tests as available.

23 (i) The written collaborative agreement shall contain
24 provisions detailing notice for termination or change of
25 status involving a written collaborative agreement, except
26 when the notice is given for just cause.

1 (j) A copy of the signed written collaborative agreement
2 shall be available to the Department upon request to either
3 the prescribing psychologist or the collaborating physician.

4 (k) Nothing in this Section shall be construed to limit
5 the authority of a prescribing psychologist to perform all
6 duties authorized under this Act.

7 (l) A prescribing psychologist shall inform each
8 collaborating physician of all collaborative agreements he or
9 she has signed and provide a copy of these to any collaborating
10 physician.

11 (m) No collaborating physician shall enter into more than
12 3 collaborative agreements with prescribing psychologists.

13 (Source: P.A. 101-84, eff. 7-19-19.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law.