



Sen. Don Harmon

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1 AMENDMENT TO SENATE BILL 1135

2 AMENDMENT NO. _____. Amend Senate Bill 1135 by replacing
3 everything after the enacting clause with the following:

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7 (Section scheduled to be repealed on January 1, 2027)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

1 educational and training requirements either during the
2 doctoral program required for licensure under this Section
3 or in an accredited undergraduate or master level program
4 prior to or subsequent to the doctoral program required
5 under this Section:

6 (A) specific minimum undergraduate biomedical
7 prerequisite coursework, including, but not limited
8 to: Medical Terminology (class or proficiency);
9 Chemistry or Biochemistry with lab (2 semesters);
10 Human Physiology (one semester); Human Anatomy (one
11 semester); Anatomy and Physiology; Microbiology with
12 lab (one semester); and General Biology for science
13 majors or Cell and Molecular Biology (one semester);

14 (B) a minimum of 60 credit hours of didactic
15 coursework, including, but not limited to:
16 Pharmacology; Clinical Psychopharmacology; Clinical
17 Anatomy and Integrated Science; Patient Evaluation;
18 Advanced Physical Assessment; Research Methods;
19 Advanced Pathophysiology; Diagnostic Methods; Problem
20 Based Learning; and Clinical and Procedural Skills;
21 and

22 (C) a full-time residency practicum of 14 months'
23 ~~months~~ supervised clinical training ~~of at least 36~~
24 ~~credit hours~~, including a research project; during the
25 clinical rotation phase, residents ~~students~~ complete
26 rotations in Emergency Medicine, Family Medicine,

1 Geriatrics, Internal Medicine, Obstetrics and
2 Gynecology, Pediatrics, Psychiatrics, Surgery, and one
3 elective of the residents' ~~students'~~ choice; program
4 approval standards addressing faculty qualifications,
5 regular competency evaluation and length of clinical
6 rotations, and instructional settings, including, but
7 not limited to, hospitals, medical centers, health
8 care facilities located at federal and State prisons,
9 hospital outpatient clinics, community mental health
10 clinics, patient-centered medical homes or
11 family-centered medical homes, women's medical health
12 centers, and Federally Qualified Health Centers; the
13 clinical training must meet the standards for: ~~and~~
14 ~~correctional facilities, in accordance with those of~~
15 ~~the Accreditation Review Commission on Education for~~
16 ~~the Physician Assistant shall be set by Department by~~
17 ~~rule;~~

18 (i) physician assistant education as defined
19 by the Accreditation Review Commission on
20 Education for the Physician Assistant;

21 (ii) advanced practice nurse education as
22 defined by the Commission on Collegiate Nursing
23 Education for the Advanced Nurse Practitioner or
24 the Accreditation Commission for Education in
25 Nursing for the Advanced Nurse Practitioner; or

26 (iii) medical education as defined by the

1 Accreditation Council for Graduate Medical
2 Education and shall be set by the Department by
3 rule;

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

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

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

11 (c) A prescribing psychologist may only prescribe
12 medication pursuant to the provisions of this Act if the
13 prescribing psychologist:

14 (1) continues to hold a current license to practice
15 psychology in Illinois;

16 (2) satisfies the continuing education requirements
17 for prescribing psychologists, including 10 hours of
18 continuing education annually in pharmacology from
19 accredited providers; and

20 (3) maintains a written collaborative agreement with a
21 collaborating physician pursuant to Section 4.3 of this
22 Act.

23 (Source: P.A. 98-668, eff. 6-25-14.)

24 (225 ILCS 15/4.3)

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

1 Sec. 4.3. Written collaborative agreements.

2 (a) A written collaborative agreement is required for all
3 prescribing psychologists practicing under a prescribing
4 psychologist license issued pursuant to Section 4.2 of this
5 Act.

6 (b) A written delegation of prescriptive authority by a
7 collaborating physician may only include medications for the
8 treatment of mental health disease or illness the collaborating
9 physician generally provides to his or her patients in the
10 normal course of his or her clinical practice with the
11 exception of the following:

12 (1) patients who are less than 17 years of age or over
13 65 years of age;

14 (2) patients during pregnancy;

15 (3) patients with serious medical conditions, such as
16 heart disease, cancer, stroke, or seizures, and with
17 developmental disabilities and intellectual disabilities;
18 and

19 (4) prescriptive authority for benzodiazepine Schedule
20 III controlled substances.

21 (c) The collaborating physician shall file with the
22 Department notice of delegation of prescriptive authority and
23 termination of the delegation, in accordance with rules of the
24 Department. Upon receipt of this notice delegating authority to
25 prescribe any nonnarcotic Schedule III through V controlled
26 substances, the licensed clinical psychologist shall be

1 eligible to register for a mid-level practitioner controlled
2 substance license under Section 303.05 of the Illinois
3 Controlled Substances Act.

4 (d) All of the following shall apply to delegation of
5 prescriptive authority:

6 (1) Any delegation of Schedule III through V controlled
7 substances shall identify the specific controlled
8 substance by brand name or generic name. No controlled
9 substance to be delivered by injection may be delegated. No
10 Schedule II controlled substance shall be delegated.

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

14 Any prescribing psychologist who writes a prescription for
15 a controlled substance without having valid and appropriate
16 authority may be fined by the Department not more than \$50 per
17 prescription and the Department may take any other disciplinary
18 action provided for in this Act.

19 All prescriptions written by a prescribing psychologist
20 must contain the name of the prescribing psychologist and his
21 or her signature. The prescribing psychologist shall sign his
22 or her own name.

23 (e) The written collaborative agreement shall describe the
24 working relationship of the prescribing psychologist with the
25 collaborating physician and shall delegate prescriptive
26 authority as provided in this Act. Collaboration does not

1 require an employment relationship between the collaborating
2 physician and prescribing psychologist. Absent an employment
3 relationship, an agreement may not restrict third-party
4 payment sources accepted by the prescribing psychologist. For
5 the purposes of this Section, "collaboration" means the
6 relationship between a prescribing psychologist and a
7 collaborating physician with respect to the delivery of
8 prescribing services in accordance with (1) the prescribing
9 psychologist's training, education, and experience and (2)
10 collaboration and consultation as documented in a jointly
11 developed written collaborative agreement.

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

15 (g) The collaborative agreement shall not be construed to
16 require the personal presence of a physician at the place where
17 services are rendered. Methods of communication shall be
18 available for consultation with the collaborating physician in
19 person or by telecommunications in accordance with established
20 written guidelines as set forth in the written agreement.

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

24 (1) participates in the joint formulation and joint
25 approval of orders or guidelines with the prescribing
26 psychologist and he or she periodically reviews the

1 prescribing psychologist's orders and the services
2 provided patients under the orders in accordance with
3 accepted standards of medical practice and prescribing
4 psychologist practice;

5 (2) provides collaboration and consultation with the
6 prescribing psychologist in person at least once a month
7 for review of safety and quality clinical care or
8 treatment;

9 (3) is available through telecommunications for
10 consultation on medical problems, complications,
11 emergencies, or patient referral; and

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

15 (i) The written collaborative agreement shall contain
16 provisions detailing notice for termination or change of status
17 involving a written collaborative agreement, except when the
18 notice is given for just cause.

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

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

25 (l) A prescribing psychologist shall inform each
26 collaborating physician of all collaborative agreements he or

1 she has signed and provide a copy of these to any collaborating
2 physician.

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

5 (Source: P.A. 98-668, eff. 6-25-14.)

6 Section 10. The Telehealth Act is amended by changing
7 Section 5 as follows:

8 (225 ILCS 150/5)

9 Sec. 5. Definitions. As used in this Act:

10 "Health care professional" includes physicians, physician
11 assistants, ~~dentists,~~ optometrists, advanced practice
12 registered nurses, clinical psychologists licensed in
13 Illinois, prescribing psychologists licensed in Illinois,
14 dentists, occupational therapists, pharmacists, physical
15 therapists, clinical social workers, speech-language
16 pathologists, audiologists, hearing instrument dispensers, and
17 mental health professionals and clinicians authorized by
18 Illinois law to provide mental health services.

19 "Telehealth" means the evaluation, diagnosis, or
20 interpretation of electronically transmitted patient-specific
21 data between a remote location and a licensed health care
22 professional that generates interaction or treatment
23 recommendations. "Telehealth" includes telemedicine and the
24 delivery of health care services provided by way of an

1 interactive telecommunications system, as defined in
2 subsection (a) of Section 356z.22 of the Illinois Insurance
3 Code.

4 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;
5 100-930, eff. 1-1-19; revised 10-22-18.)

6 Section 99. Effective date. This Act takes effect upon
7 becoming law."