



Rep. Kelly M. Cassidy

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1 AMENDMENT TO HOUSE BILL 2495

2 AMENDMENT NO. _____. Amend House Bill 2495 by replacing
3 line 23 on page 2 through line 8 on page 3 with the following:

4 "Health care professional" means a person who is licensed
5 as a physician, advanced practice registered nurse, or
6 physician assistant."; and

7 on page 3, line 13, by deleting "be of high quality,"; and

8 on page 6, line 4, by deleting "best"; and

9 on page 6, by replacing line 6 with the following: "standards
10 of clinical practice consistent with the scope of his or her
11 practice under the Medical Practice Act of 1987, the Nurse
12 Practice Act, or the Physician Assistant Practice Act of
13 1987."; and

14 on page 6, by replacing line 16 with the following: "patients

1 and health care professionals."; and

2 on page 66, by replacing lines 8 through 11 with the following:

3 "(b) Coverage for abortion care may not impose any
4 deductible, coinsurance, waiting period, or other cost-sharing
5 limitation that is greater than that required for other
6 pregnancy-related benefits covered by the policy."; and

7 on page 96, line 22, after the period, by inserting the
8 following: "The scope of practice of an advanced practice
9 registered nurse does not include operative surgery. Nothing in
10 this Section shall be construed to preclude an advanced
11 practice registered nurse from assisting in surgery."; and

12 on page 99, by replacing lines 23 through 26 with the
13 following: "nurse does not include operative surgery."; and

14 on page 100, immediately below line 10, by inserting the
15 following:

16 "Section 910-53. The Physician Assistant Practice Act of
17 1987 is amended by changing Section 7.5 as follows:

18 (225 ILCS 95/7.5)

19 (Section scheduled to be repealed on January 1, 2028)

20 Sec. 7.5. Written collaborative agreements; prescriptive

1 authority.

2 (a) A written collaborative agreement is required for all
3 physician assistants to practice in the State, except as
4 provided in Section 7.7 of this Act.

5 (1) A written collaborative agreement shall describe
6 the working relationship of the physician assistant with
7 the collaborating physician and shall describe the
8 categories of care, treatment, or procedures to be provided
9 by the physician assistant. The written collaborative
10 agreement shall promote the exercise of professional
11 judgment by the physician assistant commensurate with his
12 or her education and experience. The services to be
13 provided by the physician assistant shall be services that
14 the collaborating physician is authorized to and generally
15 provides to his or her patients in the normal course of his
16 or her clinical medical practice. The written
17 collaborative agreement need not describe the exact steps
18 that a physician assistant must take with respect to each
19 specific condition, disease, or symptom but must specify
20 which authorized procedures require the presence of the
21 collaborating physician as the procedures are being
22 performed. The relationship under a written collaborative
23 agreement shall not be construed to require the personal
24 presence of a physician at the place where services are
25 rendered. Methods of communication shall be available for
26 consultation with the collaborating physician in person or

1 by telecommunications or electronic communications as set
2 forth in the written collaborative agreement. For the
3 purposes of this Act, "generally provides to his or her
4 patients in the normal course of his or her clinical
5 medical practice" means services, not specific tasks or
6 duties, the collaborating physician routinely provides
7 individually or through delegation to other persons so that
8 the physician has the experience and ability to collaborate
9 and provide consultation.

10 (2) The written collaborative agreement shall be
11 adequate if a physician does each of the following:

12 (A) Participates in the joint formulation and
13 joint approval of orders or guidelines with the
14 physician assistant and he or she periodically reviews
15 such orders and the services provided patients under
16 such orders in accordance with accepted standards of
17 medical practice and physician assistant practice.

18 (B) Provides consultation at least once a month.

19 (3) A copy of the signed, written collaborative
20 agreement must be available to the Department upon request
21 from both the physician assistant and the collaborating
22 physician.

23 (4) A physician assistant shall inform each
24 collaborating physician of all written collaborative
25 agreements he or she has signed and provide a copy of these
26 to any collaborating physician upon request.

1 (b) A collaborating physician may, but is not required to,
2 delegate prescriptive authority to a physician assistant as
3 part of a written collaborative agreement. This authority may,
4 but is not required to, include prescription of, selection of,
5 orders for, administration of, storage of, acceptance of
6 samples of, and dispensing medical devices, over the counter
7 medications, legend drugs, medical gases, and controlled
8 substances categorized as Schedule II through V controlled
9 substances, as defined in Article II of the Illinois Controlled
10 Substances Act, and other preparations, including, but not
11 limited to, botanical and herbal remedies. The collaborating
12 physician must have a valid, current Illinois controlled
13 substance license and federal registration with the Drug
14 Enforcement Agency to delegate the authority to prescribe
15 controlled substances.

16 (1) To prescribe Schedule II, III, IV, or V controlled
17 substances under this Section, a physician assistant must
18 obtain a mid-level practitioner controlled substances
19 license. Medication orders issued by a physician assistant
20 shall be reviewed periodically by the collaborating
21 physician.

22 (2) The collaborating physician shall file with the
23 Department notice of delegation of prescriptive authority
24 to a physician assistant and termination of delegation,
25 specifying the authority delegated or terminated. Upon
26 receipt of this notice delegating authority to prescribe

1 controlled substances, the physician assistant shall be
2 eligible to register for a mid-level practitioner
3 controlled substances license under Section 303.05 of the
4 Illinois Controlled Substances Act. Nothing in this Act
5 shall be construed to limit the delegation of tasks or
6 duties by the collaborating physician to a nurse or other
7 appropriately trained persons in accordance with Section
8 54.2 of the Medical Practice Act of 1987.

9 (3) In addition to the requirements of this subsection
10 (b), a collaborating physician may, but is not required to,
11 delegate authority to a physician assistant to prescribe
12 Schedule II controlled substances, if all of the following
13 conditions apply:

14 (A) Specific Schedule II controlled substances by
15 oral dosage or topical or transdermal application may
16 be delegated, provided that the delegated Schedule II
17 controlled substances are routinely prescribed by the
18 collaborating physician. This delegation must identify
19 the specific Schedule II controlled substances by
20 either brand name or generic name. Schedule II
21 controlled substances to be delivered by injection or
22 other route of administration may not be delegated.

23 (B) (Blank).

24 (C) Any prescription must be limited to no more
25 than a 30-day supply, with any continuation authorized
26 only after prior approval of the collaborating

1 physician.

2 (D) The physician assistant must discuss the
3 condition of any patients for whom a controlled
4 substance is prescribed monthly with the collaborating
5 physician.

6 (E) The physician assistant meets the education
7 requirements of Section 303.05 of the Illinois
8 Controlled Substances Act.

9 (c) Nothing in this Act shall be construed to limit the
10 delegation of tasks or duties by a physician to a licensed
11 practical nurse, a registered professional nurse, or other
12 persons. Nothing in this Act shall be construed to limit the
13 method of delegation that may be authorized by any means,
14 including, but not limited to, oral, written, electronic,
15 standing orders, protocols, guidelines, or verbal orders.
16 Nothing in this Act shall be construed to authorize a physician
17 assistant to provide health care services required by law or
18 rule to be performed by a physician. Nothing in this Act shall
19 be construed to authorize the delegation or performance of
20 operative surgery. Nothing in this Section shall be construed
21 to preclude a physician assistant from assisting in surgery.

22 (c-5) Nothing in this Section shall be construed to apply
23 to any medication authority, including Schedule II controlled
24 substances of a licensed physician assistant for care provided
25 in a hospital, hospital affiliate, or ambulatory surgical
26 treatment center pursuant to Section 7.7 of this Act.

1 (d) (Blank).

2 (e) Nothing in this Section shall be construed to prohibit
3 generic substitution.

4 (Source: P.A. 100-453, eff. 8-25-17.)"; and

5 on page 116, immediately below line 14, by inserting the
6 following:

7 "Section 910-73. The Health Care Right of Conscience Act is
8 amended by changing Section 3 as follows:

9 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

10 Sec. 3. Definitions. As used in this Act, unless the
11 context clearly otherwise requires:

12 (a) "Health care" means any phase of patient care,
13 including but not limited to, testing; diagnosis;
14 prognosis; ancillary research; instructions; family
15 planning, counselling, referrals, or any other advice in
16 connection with the use or procurement of contraceptives
17 and sterilization or abortion procedures; medication; ~~or~~
18 surgery or other care or treatment rendered by a physician
19 or physicians, nurses, paraprofessionals or health care
20 facility, intended for the physical, emotional, and mental
21 well-being of persons; or an abortion as defined by the
22 Reproductive Health Act;

23 (b) "Physician" means any person who is licensed by the

1 State of Illinois under the Medical Practice Act of 1987;

2 (c) "Health care personnel" means any nurse, nurses'
3 aide, medical school student, professional,
4 paraprofessional or any other person who furnishes, or
5 assists in the furnishing of, health care services;

6 (d) "Health care facility" means any public or private
7 hospital, clinic, center, medical school, medical training
8 institution, laboratory or diagnostic facility,
9 physician's office, infirmary, dispensary, ambulatory
10 surgical treatment center or other institution or location
11 wherein health care services are provided to any person,
12 including physician organizations and associations,
13 networks, joint ventures, and all other combinations of
14 those organizations;

15 (e) "Conscience" means a sincerely held set of moral
16 convictions arising from belief in and relation to God, or
17 which, though not so derived, arises from a place in the
18 life of its possessor parallel to that filled by God among
19 adherents to religious faiths;

20 (f) "Health care payer" means a health maintenance
21 organization, insurance company, management services
22 organization, or any other entity that pays for or arranges
23 for the payment of any health care or medical care service,
24 procedure, or product; and

25 (g) "Undue delay" means unreasonable delay that causes
26 impairment of the patient's health.

1 The above definitions include not only the traditional
2 combinations and forms of these persons and organizations but
3 also all new and emerging forms and combinations of these
4 persons and organizations.

5 (Source: P.A. 99-690, eff. 1-1-17.)".