



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB1135

Introduced 2/5/2019, by Sen. Don Harmon

SYNOPSIS AS INTRODUCED:

See Index

Amends the Hospital Licensing Act. Permits hospitals that admit patients for treatment of mental illness to grant medical staff privileges to licensed prescribing psychologists. Amends the Clinical Psychologist Licensing Act. Requires a psychologist applying for a prescribing psychologist license to have completed 30 psychology doctoral graduate credit hours and 31 credit hours in a Master of Science degree program. Provides that clinical rotation training requirements for prescribing psychologists shall be completed under the administrative supervision of a Director or other faculty member of a regionally approved University that provides training for the master's degree in clinical psychopharmacology. Requires the clinical rotation training to be housed in a healthcare setting and to meet certain academic standards. Provides that all prescriptions written by a prescribing psychologist must contain the prescribing psychologist's name and signature. Provides that physicians may provide collaboration and consultation with prescribing psychologists via telehealth. Permits persons who have 5 years of experience as a prescribing psychologist in another state or at a federal medical facility to apply for an Illinois prescribing psychologist license by endorsement. Makes changes to the Clinical Psychologists Licensing and Disciplinary Board. Amends the Telehealth Act. Expands the definition of "health care professional" to include prescribing psychologists. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to reimburse prescribing psychologists for behavioral health services provided via telehealth. Requires the Department to, by rule, establish rates to be paid for specified services provided by clinical psychologists and prescribing psychologists. Effective immediately.

LRB101 00178 KTG 49641 b

FISCAL NOTE ACT
MAY APPLY

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 1. The Hospital Licensing Act is amended by
5 changing Section 10.4 as follows:

6 (210 ILCS 85/10.4) (from Ch. 111 1/2, par. 151.4)

7 Sec. 10.4. Medical staff privileges.

8 (a) Any hospital licensed under this Act or any hospital
9 organized under the University of Illinois Hospital Act shall,
10 prior to the granting of any medical staff privileges to an
11 applicant, or renewing a current medical staff member's
12 privileges, request of the Director of Professional Regulation
13 information concerning the licensure status and any
14 disciplinary action taken against the applicant's or medical
15 staff member's license, except: (1) for medical personnel who
16 enter a hospital to obtain organs and tissues for transplant
17 from a donor in accordance with the Illinois Anatomical Gift
18 Act; or (2) for medical personnel who have been granted
19 disaster privileges pursuant to the procedures and
20 requirements established by rules adopted by the Department.
21 Any hospital and any employees of the hospital or others
22 involved in granting privileges who, in good faith, grant
23 disaster privileges pursuant to this Section to respond to an

1 emergency shall not, as a result of their acts or omissions, be
2 liable for civil damages for granting or denying disaster
3 privileges except in the event of willful and wanton
4 misconduct, as that term is defined in Section 10.2 of this
5 Act. Individuals granted privileges who provide care in an
6 emergency situation, in good faith and without direct
7 compensation, shall not, as a result of their acts or
8 omissions, except for acts or omissions involving willful and
9 wanton misconduct, as that term is defined in Section 10.2 of
10 this Act, on the part of the person, be liable for civil
11 damages. The Director of Professional Regulation shall
12 transmit, in writing and in a timely fashion, such information
13 regarding the license of the applicant or the medical staff
14 member, including the record of imposition of any periods of
15 supervision or monitoring as a result of alcohol or substance
16 abuse, as provided by Section 23 of the Medical Practice Act of
17 1987, and such information as may have been submitted to the
18 Department indicating that the application or medical staff
19 member has been denied, or has surrendered, medical staff
20 privileges at a hospital licensed under this Act, or any
21 equivalent facility in another state or territory of the United
22 States. The Director of Professional Regulation shall define by
23 rule the period for timely response to such requests.

24 No transmittal of information by the Director of
25 Professional Regulation, under this Section shall be to other
26 than the president, chief operating officer, chief

1 administrative officer, or chief of the medical staff of a
2 hospital licensed under this Act, a hospital organized under
3 the University of Illinois Hospital Act, or a hospital operated
4 by the United States, or any of its instrumentalities. The
5 information so transmitted shall be afforded the same status as
6 is information concerning medical studies by Part 21 of Article
7 VIII of the Code of Civil Procedure, as now or hereafter
8 amended.

9 (b) All hospitals licensed under this Act, except county
10 hospitals as defined in subsection (c) of Section 15-1 of the
11 Illinois Public Aid Code, shall comply with, and the medical
12 staff bylaws of these hospitals shall include rules consistent
13 with, the provisions of this Section in granting, limiting,
14 renewing, or denying medical staff membership and clinical
15 staff privileges. Hospitals that require medical staff members
16 to possess faculty status with a specific institution of higher
17 education are not required to comply with subsection (1) below
18 when the physician does not possess faculty status.

19 (1) Minimum procedures for pre-applicants and
20 applicants for medical staff membership shall include the
21 following:

22 (A) Written procedures relating to the acceptance
23 and processing of pre-applicants or applicants for
24 medical staff membership, which should be contained in
25 medical staff bylaws.

26 (B) Written procedures to be followed in

1 determining a pre-applicant's or an applicant's
2 qualifications for being granted medical staff
3 membership and privileges.

4 (C) Written criteria to be followed in evaluating a
5 pre-applicant's or an applicant's qualifications.

6 (D) An evaluation of a pre-applicant's or an
7 applicant's current health status and current license
8 status in Illinois.

9 (E) A written response to each pre-applicant or
10 applicant that explains the reason or reasons for any
11 adverse decision (including all reasons based in whole
12 or in part on the applicant's medical qualifications or
13 any other basis, including economic factors).

14 (2) Minimum procedures with respect to medical staff
15 and clinical privilege determinations concerning current
16 members of the medical staff shall include the following:

17 (A) A written notice of an adverse decision.

18 (B) An explanation of the reasons for an adverse
19 decision including all reasons based on the quality of
20 medical care or any other basis, including economic
21 factors.

22 (C) A statement of the medical staff member's right
23 to request a fair hearing on the adverse decision
24 before a hearing panel whose membership is mutually
25 agreed upon by the medical staff and the hospital
26 governing board. The hearing panel shall have

1 independent authority to recommend action to the
2 hospital governing board. Upon the request of the
3 medical staff member or the hospital governing board,
4 the hearing panel shall make findings concerning the
5 nature of each basis for any adverse decision
6 recommended to and accepted by the hospital governing
7 board.

8 (i) Nothing in this subparagraph (C) limits a
9 hospital's or medical staff's right to summarily
10 suspend, without a prior hearing, a person's
11 medical staff membership or clinical privileges if
12 the continuation of practice of a medical staff
13 member constitutes an immediate danger to the
14 public, including patients, visitors, and hospital
15 employees and staff. In the event that a hospital
16 or the medical staff imposes a summary suspension,
17 the Medical Executive Committee, or other
18 comparable governance committee of the medical
19 staff as specified in the bylaws, must meet as soon
20 as is reasonably possible to review the suspension
21 and to recommend whether it should be affirmed,
22 lifted, expunged, or modified if the suspended
23 physician requests such review. A summary
24 suspension may not be implemented unless there is
25 actual documentation or other reliable information
26 that an immediate danger exists. This

1 documentation or information must be available at
2 the time the summary suspension decision is made
3 and when the decision is reviewed by the Medical
4 Executive Committee. If the Medical Executive
5 Committee recommends that the summary suspension
6 should be lifted, expunged, or modified, this
7 recommendation must be reviewed and considered by
8 the hospital governing board, or a committee of the
9 board, on an expedited basis. Nothing in this
10 subparagraph (C) shall affect the requirement that
11 any requested hearing must be commenced within 15
12 days after the summary suspension and completed
13 without delay unless otherwise agreed to by the
14 parties. A fair hearing shall be commenced within
15 15 days after the suspension and completed without
16 delay, except that when the medical staff member's
17 license to practice has been suspended or revoked
18 by the State's licensing authority, no hearing
19 shall be necessary.

20 (ii) Nothing in this subparagraph (C) limits a
21 medical staff's right to permit, in the medical
22 staff bylaws, summary suspension of membership or
23 clinical privileges in designated administrative
24 circumstances as specifically approved by the
25 medical staff. This bylaw provision must
26 specifically describe both the administrative

1 circumstance that can result in a summary
2 suspension and the length of the summary
3 suspension. The opportunity for a fair hearing is
4 required for any administrative summary
5 suspension. Any requested hearing must be
6 commenced within 15 days after the summary
7 suspension and completed without delay. Adverse
8 decisions other than suspension or other
9 restrictions on the treatment or admission of
10 patients may be imposed summarily and without a
11 hearing under designated administrative
12 circumstances as specifically provided for in the
13 medical staff bylaws as approved by the medical
14 staff.

15 (iii) If a hospital exercises its option to
16 enter into an exclusive contract and that contract
17 results in the total or partial termination or
18 reduction of medical staff membership or clinical
19 privileges of a current medical staff member, the
20 hospital shall provide the affected medical staff
21 member 60 days prior notice of the effect on his or
22 her medical staff membership or privileges. An
23 affected medical staff member desiring a hearing
24 under subparagraph (C) of this paragraph (2) must
25 request the hearing within 14 days after the date
26 he or she is so notified. The requested hearing

1 shall be commenced and completed (with a report and
2 recommendation to the affected medical staff
3 member, hospital governing board, and medical
4 staff) within 30 days after the date of the medical
5 staff member's request. If agreed upon by both the
6 medical staff and the hospital governing board,
7 the medical staff bylaws may provide for longer
8 time periods.

9 (C-5) All peer review used for the purpose of
10 credentialing, privileging, disciplinary action, or
11 other recommendations affecting medical staff
12 membership or exercise of clinical privileges, whether
13 relying in whole or in part on internal or external
14 reviews, shall be conducted in accordance with the
15 medical staff bylaws and applicable rules,
16 regulations, or policies of the medical staff. If
17 external review is obtained, any adverse report
18 utilized shall be in writing and shall be made part of
19 the internal peer review process under the bylaws. The
20 report shall also be shared with a medical staff peer
21 review committee and the individual under review. If
22 the medical staff peer review committee or the
23 individual under review prepares a written response to
24 the report of the external peer review within 30 days
25 after receiving such report, the governing board shall
26 consider the response prior to the implementation of

1 any final actions by the governing board which may
2 affect the individual's medical staff membership or
3 clinical privileges. Any peer review that involves
4 willful or wanton misconduct shall be subject to civil
5 damages as provided for under Section 10.2 of this Act.

6 (D) A statement of the member's right to inspect
7 all pertinent information in the hospital's possession
8 with respect to the decision.

9 (E) A statement of the member's right to present
10 witnesses and other evidence at the hearing on the
11 decision.

12 (E-5) The right to be represented by a personal
13 attorney.

14 (F) A written notice and written explanation of the
15 decision resulting from the hearing.

16 (F-5) A written notice of a final adverse decision
17 by a hospital governing board.

18 (G) Notice given 15 days before implementation of
19 an adverse medical staff membership or clinical
20 privileges decision based substantially on economic
21 factors. This notice shall be given after the medical
22 staff member exhausts all applicable procedures under
23 this Section, including item (iii) of subparagraph (C)
24 of this paragraph (2), and under the medical staff
25 bylaws in order to allow sufficient time for the
26 orderly provision of patient care.

1 (H) Nothing in this paragraph (2) of this
2 subsection (b) limits a medical staff member's right to
3 waive, in writing, the rights provided in
4 subparagraphs (A) through (G) of this paragraph (2) of
5 this subsection (b) upon being granted the written
6 exclusive right to provide particular services at a
7 hospital, either individually or as a member of a
8 group. If an exclusive contract is signed by a
9 representative of a group of physicians, a waiver
10 contained in the contract shall apply to all members of
11 the group unless stated otherwise in the contract.

12 (3) Every adverse medical staff membership and
13 clinical privilege decision based substantially on
14 economic factors shall be reported to the Hospital
15 Licensing Board before the decision takes effect. These
16 reports shall not be disclosed in any form that reveals the
17 identity of any hospital or physician. These reports shall
18 be utilized to study the effects that hospital medical
19 staff membership and clinical privilege decisions based
20 upon economic factors have on access to care and the
21 availability of physician services. The Hospital Licensing
22 Board shall submit an initial study to the Governor and the
23 General Assembly by January 1, 1996, and subsequent reports
24 shall be submitted periodically thereafter.

25 (4) As used in this Section:

26 "Adverse decision" means a decision reducing,

1 restricting, suspending, revoking, denying, or not
2 renewing medical staff membership or clinical privileges.

3 "Economic factor" means any information or reasons for
4 decisions unrelated to quality of care or professional
5 competency.

6 "Pre-applicant" means a physician licensed to practice
7 medicine in all its branches who requests an application
8 for medical staff membership or privileges.

9 "Privilege" means permission to provide medical or
10 other patient care services and permission to use hospital
11 resources, including equipment, facilities and personnel
12 that are necessary to effectively provide medical or other
13 patient care services. This definition shall not be
14 construed to require a hospital to acquire additional
15 equipment, facilities, or personnel to accommodate the
16 granting of privileges.

17 (5) Any amendment to medical staff bylaws required
18 because of this amendatory Act of the 91st General Assembly
19 shall be adopted on or before July 1, 2001.

20 (b-5) (1) As used in this subsection:

21 "Mental illness" has the meaning ascribed to that term in
22 the Mental Health and Developmental Disabilities Code.

23 "Prescribing psychologist" has the meaning ascribed to
24 that term in the Clinical Psychologist Licensing Act.

25 (2) A hospital licensed under this Act or organized under
26 the University of Illinois Hospital Act that admits patients

1 for treatment of mental illness may grant to a prescribing
2 psychologist who is licensed under the Clinical Psychologist
3 Licensing Act an opportunity to obtain medical staff privileges
4 to admit, treat, and discharge patients. Each hospital may
5 determine whether the applicant's training, experience, and
6 demonstrated competence are sufficient to justify the granting
7 of medical staff privileges or of limited medical staff
8 privileges.

9 (3) If a hospital grants a prescribing psychologist medical
10 staff privileges or limited medical staff privileges under
11 paragraph (2), the prescribing psychologist or the hospital
12 shall, prior to or at the time of hospital admission of a
13 patient, identify an appropriate physician with admitting
14 privileges at the hospital who shall be responsible for the
15 medical evaluation and medical management of the patient for
16 the duration of his or her hospitalization.

17 (c) All hospitals shall consult with the medical staff
18 prior to closing membership in the entire or any portion of the
19 medical staff or a department. If the hospital closes
20 membership in the medical staff, any portion of the medical
21 staff, or the department over the objections of the medical
22 staff, then the hospital shall provide a detailed written
23 explanation for the decision to the medical staff 10 days prior
24 to the effective date of any closure. No applications need to
25 be provided when membership in the medical staff or any
26 relevant portion of the medical staff is closed.

1 (Source: P.A. 96-445, eff. 8-14-09; 97-1006, eff. 8-17-12.)

2 Section 5. The Clinical Psychologist Licensing Act is
3 amended by changing Sections 4.2, 4.3, 4.5, and 7 as follows:

4 (225 ILCS 15/4.2)

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

6 Sec. 4.2. Prescribing psychologist license.

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

12 (1) holds a current license to practice clinical
13 psychology in Illinois;

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

20 (A) specific minimum undergraduate biomedical
21 prerequisite coursework, including, but not limited
22 to: Medical Terminology (class or proficiency);
23 Chemistry or Biochemistry with lab (2 semesters);
24 Human Physiology (one semester); Human Anatomy (one

1 semester); Anatomy and Physiology; Microbiology with
2 lab (one semester); and General Biology for science
3 majors or Cell and Molecular Biology (one semester);

4 (B) a minimum of 60 credit hours of didactic
5 coursework, including, a minimum of 30 psychology
6 doctoral graduate credit hours from a psychology
7 doctoral program accredited by the American
8 Psychological Association and 31 credit hours in a
9 Master of Science degree program from a regionally
10 accredited university adhering to the American
11 Psychological Association's model training curriculum
12 in clinical psychopharmacology. Topics of didactic
13 coursework shall include, but not limited to:
14 Pharmacology; Clinical Psychopharmacology; Clinical
15 Anatomy and Integrated Science; Patient Evaluation;
16 Advanced Physical Assessment; Research Methods;
17 Advanced Pathophysiology; Diagnostic Methods; Problem
18 Based Learning; and Clinical and Procedural Skills. If
19 the psychology doctoral graduate credits are from a
20 psychology doctoral program that is not accredited by
21 the American Psychological Association, the Department
22 may determine in its discretion whether the coursework
23 satisfies the requirements of this subparagraph; and

24 (C) a full-time practicum of 14 months supervised
25 clinical training ~~of at least 36 credit hours,~~
26 including a research project; during the clinical

1 rotation phase, students complete rotations in
2 Emergency Medicine, Family Medicine, Geriatrics,
3 Internal Medicine, Obstetrics and Gynecology,
4 Pediatrics, Psychiatrics, Surgery, and one elective of
5 the students' choice; program approval standards
6 addressing faculty qualifications, regular competency
7 evaluation and length of clinical rotations, and
8 instructional settings, including hospitals, hospital
9 outpatient clinics, community mental health clinics,
10 and correctional facilities, in accordance with those
11 of the Accreditation Review Commission on Education
12 for the Physician Assistant shall be set by Department
13 by rule;

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

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

18 (a-5) The clinical rotation training required under
19 subparagraph (C) of paragraph (2) of subsection (a) shall be
20 completed under the administrative supervision of a Director or
21 other faculty member of a regionally approved University that
22 provides training for the master's degree in clinical
23 psychopharmacology. The clinical training must also be
24 supervised by the clinical site's designated supervisor which
25 may include a hospital administrator, a clinic administrator, a
26 prison administrator, a facility clinical training director,

1 or any other staff employee of a healthcare facility who has
2 been designated to conduct the clinical supervision of
3 prescribing psychology trainees or prescribing psychology
4 residents. The clinical rotation training must be housed in a
5 healthcare setting, including, but not limited to: a hospital,
6 a medical center, a healthcare facility located at a federal or
7 State prison, a community mental health center, a medical home
8 or Patient or Family Centered Medical Home, a women's medical
9 health center, or a Federally Qualified Healthcare Center. The
10 clinical rotation training program must meet the standards for:
11 (i) physician assistant education as defined by the
12 Accreditation Review Commission on Education for the Physician
13 Assistant; (ii) advanced practice nurse education as defined by
14 the Commission on Collegiate Nursing Education for the Advanced
15 Nurse Practitioner or the Accreditation Commission for
16 Education in Nursing for the Advanced Nurse Practitioner; or
17 (iii) medical education as defined by the Accreditation Council
18 for Graduate Medical Education.

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

22 (c) A prescribing psychologist may only prescribe
23 medication pursuant to the provisions of this Act if the
24 prescribing psychologist:

25 (1) continues to hold a current license to practice
26 psychology in Illinois;

1 (2) satisfies the continuing education requirements
2 for prescribing psychologists, including 10 hours of
3 continuing education annually in pharmacology from
4 accredited providers; and

5 (3) maintains a written collaborative agreement with a
6 collaborating physician pursuant to Section 4.3 of this
7 Act.

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

9 (225 ILCS 15/4.3)

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

11 Sec. 4.3. Written collaborative agreements.

12 (a) A written collaborative agreement is required for all
13 prescribing psychologists practicing under a prescribing
14 psychologist license issued pursuant to Section 4.2 of this
15 Act.

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

22 (1) patients who are less than 17 years of age or over
23 65 years of age;

24 (2) patients during pregnancy;

25 (3) patients with serious medical conditions, such as

1 heart disease, cancer, stroke, or seizures, and with
2 developmental disabilities and intellectual disabilities;
3 and

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

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

15 (d) All of the following shall apply to delegation of
16 prescriptive authority:

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

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

25 Any prescribing psychologist who writes a prescription for
26 a controlled substance without having valid and appropriate

1 authority may be fined by the Department not more than \$50 per
2 prescription and the Department may take any other disciplinary
3 action provided for in this Act.

4 All prescriptions written by a prescribing psychologist
5 must contain the name of the prescribing psychologist and his
6 or her signature. The prescribing psychologist shall sign his
7 or her own name.

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

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

26 (g) The collaborative agreement shall not be construed to

1 require the personal presence of a physician at the place where
2 services are rendered. Methods of communication shall be
3 available for consultation with the collaborating physician in
4 person or by telecommunications in accordance with established
5 written guidelines as set forth in the written agreement.

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

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

16 (2) provides collaboration and consultation with the
17 prescribing psychologist in person or via telehealth, as
18 defined in the Telehealth Act, at least once a month for
19 review of safety and quality clinical care or treatment;

20 (3) is available through telecommunications for
21 consultation on medical problems, complications,
22 emergencies, or patient referral; and

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

26 (i) The written collaborative agreement shall contain

1 provisions detailing notice for termination or change of status
2 involving a written collaborative agreement, except when the
3 notice is given for just cause.

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

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

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

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

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

17 (225 ILCS 15/4.5)

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

19 Sec. 4.5. Endorsement.

20 (a) Individuals who are already licensed as medical or
21 prescribing psychologists in another state may apply for an
22 Illinois prescribing psychologist license by endorsement from
23 that state, or acceptance of that state's examination if one of
24 the following apply:

25 (1) They ~~they~~ meet the requirements set forth in this

1 Act and its rules, including proof of successful completion
2 of the educational, testing, and experience standards.
3 Applicants from other states who qualify for an Illinois
4 prescribing psychologist license by endorsement under this
5 paragraph may not be required to pass the examination
6 required for licensure as a prescribing psychologist in
7 Illinois if they meet requirements set forth in this Act
8 and its rules, such as proof of education, testing, payment
9 of any fees, and experience.

10 (2) They have at least 5 years of experience as a
11 prescribing psychologist in that state or 5 years of
12 experience as a prescribing psychologist at a federal
13 facility, including, but not limited to, a federal prison,
14 an Indian Health Services facility, a facility operated by
15 the United States Department of Veterans Affairs, or a
16 facility operated by the United States Department of
17 Defense Military Health Service. Applicants from other
18 states who qualify for an Illinois prescribing
19 psychologist license by endorsement under this paragraph
20 may not be required to pass the examination required for
21 licensure as a prescribing psychologist in Illinois if they
22 meet the requirements set forth in this paragraph.

23 (b) Individuals who graduated from the Department of
24 Defense Psychopharmacology Demonstration Project may apply for
25 an Illinois prescribing psychologist license by endorsement.
26 Applicants from the Department of Defense Psychopharmacology

1 Demonstration Project may not be required to pass the
2 examination required for licensure as a prescribing
3 psychologist in Illinois if they meet requirements set forth in
4 this Act and its rules, such as proof of education, testing,
5 payment of any fees, and experience.

6 (c) Individuals applying for a prescribing psychologist
7 license by endorsement shall be required to first obtain a
8 clinical psychologist license under this Act.

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

10 (225 ILCS 15/7) (from Ch. 111, par. 5357)

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

12 Sec. 7. Board. The Secretary shall appoint a Board that
13 shall serve in an advisory capacity to the Secretary.

14 The Board shall consist of 9 ~~11~~ persons: 4 of whom are
15 licensed clinical psychologists and actively engaged in the
16 practice of clinical psychology; 2 of whom are licensed
17 prescribing psychologists; ~~2 of whom are physicians licensed to~~
18 ~~practice medicine in all its branches in Illinois who generally~~
19 ~~prescribe medications for the treatment of mental health~~
20 ~~disease or illness in the normal course of clinical medical~~
21 ~~practice, one of whom shall be a psychiatrist and the other a~~
22 ~~primary care or family physician;~~ 2 of whom are licensed
23 clinical psychologists and are full time faculty members of
24 accredited colleges or universities who are engaged in training
25 clinical psychologists; and one of whom is a public member who

1 is not a licensed health care provider. In appointing members
2 of the Board, the Secretary shall give due consideration to the
3 adequate representation of the various fields of health care
4 psychology such as clinical psychology, school psychology and
5 counseling psychology. In appointing members of the Board, the
6 Secretary shall give due consideration to recommendations by
7 members of the profession of clinical psychology and by the
8 State-wide organizations representing the interests of
9 clinical psychologists and organizations representing the
10 interests of academic programs as well as recommendations by
11 approved doctoral level psychology programs in the State of
12 Illinois, and, with respect to the 2 physician members of the
13 Board, the Secretary shall give due consideration to
14 recommendations by the Statewide professional associations or
15 societies representing physicians licensed to practice
16 medicine in all its branches in Illinois. The members shall be
17 appointed for a term of 4 years. No member shall be eligible to
18 serve for more than 2 full terms. Any appointment to fill a
19 vacancy shall be for the unexpired portion of the term. A
20 member appointed to fill a vacancy for an unexpired term for a
21 duration of 2 years or more may be reappointed for a maximum of
22 one term and a member appointed to fill a vacancy for an
23 unexpired term for a duration of less than 2 years may be
24 reappointed for a maximum of 2 terms. The Secretary may remove
25 any member for cause at any time prior to the expiration of his
26 or her term.

1 The 2 initial appointees to the Board who are licensed
2 prescribing psychologists may hold a medical or prescription
3 license issued by another state so long as the license is
4 deemed by the Secretary to be substantially equivalent to a
5 prescribing psychologist license under this Act and so long as
6 the appointees also maintain an Illinois clinical psychologist
7 license. Such initial appointees shall serve on the Board until
8 the Department adopts rules necessary to implement licensure
9 under Section 4.2 of this Act.

10 The Board shall annually elect a chairperson and vice
11 chairperson.

12 The members of the Board shall be reimbursed for all
13 authorized legitimate and necessary expenses incurred in
14 attending the meetings of the Board.

15 The Secretary shall give due consideration to all
16 recommendations of the Board.

17 The Board may make recommendations on all matters relating
18 to continuing education including the number of hours necessary
19 for license renewal, waivers for those unable to meet such
20 requirements and acceptable course content. Such
21 recommendations shall not impose an undue burden on the
22 Department or an unreasonable restriction on those seeking
23 license renewal.

24 The 2 licensed prescribing psychologist members of the
25 Board ~~and the 2 physician members of the Board~~ shall only
26 deliberate and make recommendations related to the licensure

1 and discipline of prescribing psychologists. Four members
2 shall constitute a quorum, except that all deliberations and
3 recommendations related to the licensure and discipline of
4 prescribing psychologists shall require a quorum of 5 ~~6~~
5 members. A quorum is required for all Board decisions.

6 Members of the Board shall have no liability in any action
7 based upon any disciplinary proceeding or other activity
8 performed in good faith as a member of the Board.

9 The Secretary may terminate the appointment of any member
10 for cause which in the opinion of the Secretary reasonably
11 justifies such termination.

12 (Source: P.A. 98-668, eff. 6-25-14; 99-572, eff. 7-15-16.)

13 Section 10. The Telehealth Act is amended by changing
14 Section 5 as follows:

15 (225 ILCS 150/5)

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

17 "Health care professional" includes physicians, physician
18 assistants, ~~dentists,~~ optometrists, advanced practice
19 registered nurses, clinical psychologists licensed in
20 Illinois, prescribing psychologists licensed in Illinois,
21 dentists, occupational therapists, pharmacists, physical
22 therapists, clinical social workers, speech-language
23 pathologists, audiologists, hearing instrument dispensers, and
24 mental health professionals and clinicians authorized by

1 Illinois law to provide mental health services.

2 "Telehealth" means the evaluation, diagnosis, or
3 interpretation of electronically transmitted patient-specific
4 data between a remote location and a licensed health care
5 professional that generates interaction or treatment
6 recommendations. "Telehealth" includes telemedicine and the
7 delivery of health care services provided by way of an
8 interactive telecommunications system, as defined in
9 subsection (a) of Section 356z.22 of the Illinois Insurance
10 Code.

11 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;
12 100-930, eff. 1-1-19; revised 10-22-18.)

13 Section 15. The Illinois Public Aid Code is amended by
14 changing Section 5-5.25 and by adding Section 5-5.27 as
15 follows:

16 (305 ILCS 5/5-5.25)

17 Sec. 5-5.25. Access to behavioral health and medical
18 services.

19 (a) The General Assembly finds that providing access to
20 behavioral health and medical services in a timely manner will
21 improve the quality of life for persons suffering from illness
22 and will contain health care costs by avoiding the need for
23 more costly inpatient hospitalization.

24 (b) The Department of Healthcare and Family Services shall

1 reimburse psychiatrists, federally qualified health centers as
2 defined in Section 1905(1)(2)(B) of the federal Social Security
3 Act, clinical psychologists, prescribing psychologists,
4 clinical social workers, advanced practice registered nurses
5 certified in psychiatric and mental health nursing, and mental
6 health professionals and clinicians authorized by Illinois law
7 to provide behavioral health services ~~and advanced practice~~
8 ~~registered nurses certified in psychiatric and mental health~~
9 ~~nursing~~ to recipients via telehealth. The Department, by rule,
10 shall establish: (i) criteria for such services to be
11 reimbursed, including appropriate facilities and equipment to
12 be used at both sites and requirements for a physician or other
13 licensed health care professional to be present at the site
14 where the patient is located; however, the Department shall not
15 require that a physician or other licensed health care
16 professional be physically present in the same room as the
17 patient for the entire time during which the patient is
18 receiving telehealth services; and (ii) a method to reimburse
19 providers for mental health services provided by telehealth.

20 (c) The Department shall reimburse any Medicaid certified
21 eligible facility or provider organization that acts as the
22 location of the patient at the time a telehealth service is
23 rendered, including substance abuse centers licensed by the
24 Department of Human Services' Division of Alcoholism and
25 Substance Abuse.

26 (d) On and after July 1, 2012, the Department shall reduce

1 any rate of reimbursement for services or other payments or
2 alter any methodologies authorized by this Code to reduce any
3 rate of reimbursement for services or other payments in
4 accordance with Section 5-5e.

5 (Source: P.A. 100-385, eff. 1-1-18; 100-790, eff. 8-10-18;
6 100-1019, eff. 1-1-19; revised 10-3-18.)

7 (305 ILCS 5/5-5.27 new)

8 Sec. 5-5.27. Behavioral health services; provider rates.

9 Notwithstanding any other law, the Department shall, by rule,
10 set rates to be paid for services provided by clinical
11 psychologists and prescribing psychologists who are authorized
12 to participate in the medical assistance program according to
13 the following guidelines:

14 (1) Reimbursement rates for psychiatric diagnostic
15 evaluations provided by prescribing psychologists, with or
16 without medical services, must be equal to the rates at
17 which the Department reimburses psychiatrists for
18 psychiatric diagnostic evaluations with or without medical
19 services.

20 (2) Reimbursement rates for psychiatric diagnostic
21 evaluations provided by clinical psychologists must be
22 commensurate with the time undertaken to conduct such
23 evaluations.

24 (3) Reimbursement rates for neuropsychological exams
25 must be equal to the rates at which the Department

1 reimburses psychiatric diagnostic evaluations provided by
2 psychiatrists.

3 The rates established by the Department in accordance with
4 this Section must be implemented no later than July 1, 2020.

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

1 INDEX

2 Statutes amended in order of appearance

3 210 ILCS 85/10.4 from Ch. 111 1/2, par. 151.4

4 225 ILCS 15/4.2

5 225 ILCS 15/4.3

6 225 ILCS 15/4.5

7 225 ILCS 15/7 from Ch. 111, par. 5357

8 225 ILCS 150/5

9 305 ILCS 5/5-5.25

10 305 ILCS 5/5-5.27 new