

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7 (Section scheduled to be repealed on January 1, 2027)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' ~~months~~
16 supervised clinical training ~~of at least 36 credit~~
17 ~~hours~~, including a research project; during the
18 clinical rotation phase, students complete rotations
19 in Emergency Medicine, Family Medicine, Geriatrics,
20 Internal Medicine, Obstetrics and Gynecology,
21 Pediatrics, Psychiatrics, Surgery, and one elective of
22 the students' choice; program approval standards
23 addressing faculty qualifications, regular competency
24 evaluation and length of clinical rotations, and
25 instructional settings, including, but not limited to,
26 hospitals, medical centers, health care facilities

1 located at federal and State prisons, hospital
2 outpatient clinics, community mental health clinics,
3 patient-centered medical homes or family-centered
4 medical homes, women's medical health centers, and
5 Federally Qualified Health Centers; the clinical
6 training must meet the standards for: ~~and correctional~~
7 ~~facilities, in accordance with those of the~~
8 ~~Accreditation Review Commission on Education for the~~
9 ~~Physician Assistant shall be set by Department by rule;~~

10 (i) physician assistant education as defined
11 by the Accreditation Review Commission on
12 Education for the Physician Assistant;

13 (ii) advanced practice nurse education as
14 defined by the Commission on Collegiate Nursing
15 Education for the Advanced Nurse Practitioner or
16 the Accreditation Commission for Education in
17 Nursing for the Advanced Nurse Practitioner; or

18 (iii) medical education as defined by the
19 Accreditation Council for Graduate Medical
20 Education and shall be set by the Department by
21 rule;

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

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

26 (b) The Department may issue a prescribing psychologist

1 license if it finds that the applicant has met the requirements
2 of subsection (a) of this Section.

3 (c) A prescribing psychologist may only prescribe
4 medication pursuant to the provisions of this Act if the
5 prescribing psychologist:

6 (1) continues to hold a current license to practice
7 psychology in Illinois;

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

12 (3) maintains a written collaborative agreement with a
13 collaborating physician pursuant to Section 4.3 of this
14 Act.

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

16 (225 ILCS 15/4.3)

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

18 Sec. 4.3. Written collaborative agreements.

19 (a) A written collaborative agreement is required for all
20 prescribing psychologists practicing under a prescribing
21 psychologist license issued pursuant to Section 4.2 of this
22 Act.

23 (b) A written delegation of prescriptive authority by a
24 collaborating physician may only include medications for the
25 treatment of mental health disease or illness the collaborating

1 physician generally provides to his or her patients in the
2 normal course of his or her clinical practice with the
3 exception of the following:

4 (1) patients who are less than 17 years of age or over
5 65 years of age;

6 (2) patients during pregnancy;

7 (3) patients with serious medical conditions, such as
8 heart disease, cancer, stroke, or seizures, and with
9 developmental disabilities and intellectual disabilities;
10 and

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

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

22 (d) All of the following shall apply to delegation of
23 prescriptive authority:

24 (1) Any delegation of Schedule III through V controlled
25 substances shall identify the specific controlled
26 substance by brand name or generic name. No controlled

1 substance to be delivered by injection may be delegated. No
2 Schedule II controlled substance shall be delegated.

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

6 Any prescribing psychologist who writes a prescription for
7 a controlled substance without having valid and appropriate
8 authority may be fined by the Department not more than \$50 per
9 prescription and the Department may take any other disciplinary
10 action provided for in this Act.

11 All prescriptions written by a prescribing psychologist
12 must contain the name of the prescribing psychologist and his
13 or her signature. The prescribing psychologist shall sign his
14 or her own name.

15 (e) The written collaborative agreement shall describe the
16 working relationship of the prescribing psychologist with the
17 collaborating physician and shall delegate prescriptive
18 authority as provided in this Act. Collaboration does not
19 require an employment relationship between the collaborating
20 physician and prescribing psychologist. Absent an employment
21 relationship, an agreement may not restrict third-party
22 payment sources accepted by the prescribing psychologist. For
23 the purposes of this Section, "collaboration" means the
24 relationship between a prescribing psychologist and a
25 collaborating physician with respect to the delivery of
26 prescribing services in accordance with (1) the prescribing

1 psychologist's training, education, and experience and (2)
2 collaboration and consultation as documented in a jointly
3 developed written collaborative agreement.

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

7 (g) The collaborative agreement shall not be construed to
8 require the personal presence of a physician at the place where
9 services are rendered. Methods of communication shall be
10 available for consultation with the collaborating physician in
11 person or by telecommunications in accordance with established
12 written guidelines as set forth in the written agreement.

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

16 (1) participates in the joint formulation and joint
17 approval of orders or guidelines with the prescribing
18 psychologist and he or she periodically reviews the
19 prescribing psychologist's orders and the services
20 provided patients under the orders in accordance with
21 accepted standards of medical practice and prescribing
22 psychologist practice;

23 (2) provides collaboration and consultation with the
24 prescribing psychologist in person at least once a month
25 for review of safety and quality clinical care or
26 treatment;

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

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

7 (i) The written collaborative agreement shall contain
8 provisions detailing notice for termination or change of status
9 involving a written collaborative agreement, except when the
10 notice is given for just cause.

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

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

17 (l) A prescribing psychologist shall inform each
18 collaborating physician of all collaborative agreements he or
19 she has signed and provide a copy of these to any collaborating
20 physician.

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

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

24 Section 10. The Telehealth Act is amended by changing
25 Section 5 as follows:

1 (225 ILCS 150/5)

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

3 "Health care professional" includes physicians, physician
4 assistants, ~~dentists,~~ optometrists, advanced practice
5 registered nurses, clinical psychologists licensed in
6 Illinois, prescribing psychologists licensed in Illinois,
7 dentists, occupational therapists, pharmacists, physical
8 therapists, clinical social workers, speech-language
9 pathologists, audiologists, hearing instrument dispensers, and
10 mental health professionals and clinicians authorized by
11 Illinois law to provide mental health services.

12 "Telehealth" means the evaluation, diagnosis, or
13 interpretation of electronically transmitted patient-specific
14 data between a remote location and a licensed health care
15 professional that generates interaction or treatment
16 recommendations. "Telehealth" includes telemedicine and the
17 delivery of health care services provided by way of an
18 interactive telecommunications system, as defined in
19 subsection (a) of Section 356z.22 of the Illinois Insurance
20 Code.

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

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.