



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB5776

Introduced 11/16/2022, by Rep. Maurice A. West, II

#### SYNOPSIS AS INTRODUCED:

225 ILCS 15/2 from Ch. 111, par. 5352  
225 ILCS 15/4.3  
720 ILCS 570/303.05

Amends the Clinical Psychologist Licensing Act. In provisions concerning written collaborative agreements, deletes a provision prohibiting a prescribing psychologist from prescribing medications to patients who are less than 17 years of age or over 65 years of age. Provides that no prescriptive authority for any Schedule II opioid shall be delegated. Provides that after the collaborating physician files a notice delegating authority to prescribe any nonnarcotic, nonopioid Schedule II through V controlled substances (rather than any nonnarcotic Schedule III through V controlled substances), the licensed clinical psychologist shall be eligible to register for a mid-level practitioner controlled substance license under the Illinois Controlled Substances Act. Defines "opioid". Makes corresponding changes in the Illinois Controlled Substances Act. Effective immediately.

LRB102 28323 AMQ 40194 b

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 2 and 4.3 as follows:

6 (225 ILCS 15/2) (from Ch. 111, par. 5352)

7 (Section scheduled to be repealed on January 1, 2027)

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

9 (1) "Department" means the Department of Financial and  
10 Professional Regulation.

11 (2) "Secretary" means the Secretary of Financial and  
12 Professional Regulation.

13 (3) "Board" means the Clinical Psychologists Licensing  
14 and Disciplinary Board appointed by the Secretary.

15 (4) (Blank).

16 (5) "Clinical psychology" means the independent  
17 evaluation, classification, diagnosis, and treatment of  
18 mental, emotional, behavioral or nervous disorders or  
19 conditions, developmental disabilities, alcoholism and  
20 substance abuse, disorders of habit or conduct, and the  
21 psychological aspects of physical illness. The practice of  
22 clinical psychology includes psychoeducational  
23 evaluation, therapy, remediation and consultation, the use

1 of psychological and neuropsychological testing,  
2 assessment, psychotherapy, psychoanalysis, hypnosis,  
3 biofeedback, and behavioral modification when any of these  
4 are used for the purpose of preventing or eliminating  
5 psychopathology, or for the amelioration of psychological  
6 disorders of individuals or groups. "Clinical psychology"  
7 does not include the use of hypnosis by unlicensed persons  
8 pursuant to Section 3.

9 (6) A person represents himself or herself to be a  
10 "clinical psychologist" or "psychologist" within the  
11 meaning of this Act when he or she holds himself or herself  
12 out to the public by any title or description of services  
13 incorporating the words "psychological", "psychologic",  
14 "psychologist", "psychology", or "clinical psychologist"  
15 or under such title or description offers to render or  
16 renders clinical psychological services as defined in  
17 paragraph (7) of this Section to individuals or the public  
18 for remuneration.

19 (7) "Clinical psychological services" refers to any  
20 services under paragraph (5) of this Section if the words  
21 "psychological", "psychologic", "psychologist",  
22 "psychology" or "clinical psychologist" are used to  
23 describe such services by the person or organization  
24 offering to render or rendering them.

25 (8) "Collaborating physician" means a physician  
26 licensed to practice medicine in all of its branches in

1 Illinois who generally prescribes medications for the  
2 treatment of mental health disease or illness to his or  
3 her patients in the normal course of his or her clinical  
4 medical practice.

5 (9) "Prescribing psychologist" means a licensed,  
6 doctoral level psychologist who has undergone specialized  
7 training, has passed an examination as determined by rule,  
8 and has received a current license granting prescriptive  
9 authority under Section 4.2 of this Act that has not been  
10 revoked or suspended from the Department.

11 (10) "Prescriptive authority" means the authority to  
12 prescribe, administer, discontinue, or distribute drugs or  
13 medicines.

14 (11) "Prescription" means an order for a drug,  
15 laboratory test, or any medicines, including controlled  
16 substances as defined in the Illinois Controlled  
17 Substances Act.

18 (12) "Drugs" has the meaning given to that term in the  
19 Pharmacy Practice Act.

20 (13) "Medicines" has the meaning given to that term in  
21 the Pharmacy Practice Act.

22 (14) "Address of record" means the designated address  
23 recorded by the Department in the applicant's application  
24 file or the licensee's license file maintained by the  
25 Department's licensure maintenance unit.

26 (15) "Opioid" means a narcotic drug or substance that

1       is a Schedule II controlled substance under paragraph (1),  
2       (2), (3), or (5) of subsection (b) or under subsection (c)  
3       of Section 206 of the Illinois Controlled Substances Act.

4       This Act shall not apply to persons lawfully carrying on  
5       their particular profession or business under any valid  
6       existing regulatory Act of the State.

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

8           (225 ILCS 15/4.3)

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

10       Sec. 4.3. Written collaborative agreements.

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

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

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

23           (2) patients during pregnancy;

24           (3) patients with serious medical conditions, such as  
25       heart disease, cancer, stroke, or seizures, and with

1 developmental disabilities and intellectual disabilities;

2 ~~and~~

3 (4) prescriptive authority for benzodiazepine Schedule  
4 III controlled substances; and ~~—~~

5 (5) prescriptive authority for any Schedule II opioid.

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  
10 to prescribe any nonnarcotic, nonopioid Schedule II ~~III~~  
11 through V controlled substances, the licensed clinical  
12 psychologist shall be eligible to register for a mid-level  
13 practitioner controlled substance license under Section 303.05  
14 of the Illinois Controlled Substances Act.

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

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

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

26 Any prescribing psychologist who writes a prescription for

1 a controlled substance without having valid and appropriate  
2 authority may be fined by the Department not more than \$50 per  
3 prescription and the Department may take any other  
4 disciplinary action provided for in this Act.

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

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

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

1           (g) The collaborative agreement shall not be construed to  
2 require the personal presence of a physician at the place  
3 where services are rendered. Methods of communication shall be  
4 available for consultation with the collaborating physician in  
5 person or by telecommunications in accordance with established  
6 written guidelines as set forth in the written agreement.

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

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

17           (2) provides collaboration and consultation with the  
18 prescribing psychologist in person at least once a month  
19 for review of safety and quality clinical care or  
20 treatment;

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

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



1 (i) The written collaborative agreement shall contain  
2 provisions detailing notice for termination or change of  
3 status involving a written collaborative agreement, except  
4 when the notice is given for just cause.

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

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

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

15 (m) No collaborating physician shall enter into more than  
16 3 collaborative agreements with prescribing psychologists.

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

18 Section 10. The Illinois Controlled Substances Act is  
19 amended by changing Section 303.05 as follows:

20 (720 ILCS 570/303.05)

21 Sec. 303.05. Mid-level practitioner registration.

22 (a) The Department of Financial and Professional  
23 Regulation shall register licensed physician assistants,  
24 licensed advanced practice registered nurses, and prescribing

1 psychologists licensed under Section 4.2 of the Clinical  
2 Psychologist Licensing Act to prescribe and dispense  
3 controlled substances under Section 303 and euthanasia  
4 agencies to purchase, store, or administer animal euthanasia  
5 drugs under the following circumstances:

6 (1) with respect to physician assistants,

7 (A) the physician assistant has been delegated  
8 written authority to prescribe any Schedule III  
9 through V controlled substances by a physician  
10 licensed to practice medicine in all its branches in  
11 accordance with Section 7.5 of the Physician Assistant  
12 Practice Act of 1987; and the physician assistant has  
13 completed the appropriate application forms and has  
14 paid the required fees as set by rule; or

15 (B) the physician assistant has been delegated  
16 authority by a collaborating physician licensed to  
17 practice medicine in all its branches to prescribe or  
18 dispense Schedule II controlled substances through a  
19 written delegation of authority and under the  
20 following conditions:

21 (i) Specific Schedule II controlled substances  
22 by oral dosage or topical or transdermal  
23 application may be delegated, provided that the  
24 delegated Schedule II controlled substances are  
25 routinely prescribed by the collaborating  
26 physician. This delegation must identify the

1 specific Schedule II controlled substances by  
2 either brand name or generic name. Schedule II  
3 controlled substances to be delivered by injection  
4 or other route of administration may not be  
5 delegated;

6 (ii) any delegation must be of controlled  
7 substances prescribed by the collaborating  
8 physician;

9 (iii) all prescriptions must be limited to no  
10 more than a 30-day supply, with any continuation  
11 authorized only after prior approval of the  
12 collaborating physician;

13 (iv) the physician assistant must discuss the  
14 condition of any patients for whom a controlled  
15 substance is prescribed monthly with the  
16 delegating physician;

17 (v) the physician assistant must have  
18 completed the appropriate application forms and  
19 paid the required fees as set by rule;

20 (vi) the physician assistant must provide  
21 evidence of satisfactory completion of 45 contact  
22 hours in pharmacology from any physician assistant  
23 program accredited by the Accreditation Review  
24 Commission on Education for the Physician  
25 Assistant (ARC-PA), or its predecessor agency, for  
26 any new license issued with Schedule II authority

1 after the effective date of this amendatory Act of  
2 the 97th General Assembly; and

3 (vii) the physician assistant must annually  
4 complete at least 5 hours of continuing education  
5 in pharmacology;

6 (2) with respect to advanced practice registered  
7 nurses who do not meet the requirements of Section 65-43  
8 of the Nurse Practice Act,

9 (A) the advanced practice registered nurse has  
10 been delegated authority to prescribe any Schedule III  
11 through V controlled substances by a collaborating  
12 physician licensed to practice medicine in all its  
13 branches or a collaborating podiatric physician in  
14 accordance with Section 65-40 of the Nurse Practice  
15 Act. The advanced practice registered nurse has  
16 completed the appropriate application forms and has  
17 paid the required fees as set by rule; or

18 (B) the advanced practice registered nurse has  
19 been delegated authority by a collaborating physician  
20 licensed to practice medicine in all its branches to  
21 prescribe or dispense Schedule II controlled  
22 substances through a written delegation of authority  
23 and under the following conditions:

24 (i) specific Schedule II controlled substances  
25 by oral dosage or topical or transdermal  
26 application may be delegated, provided that the

1 delegated Schedule II controlled substances are  
2 routinely prescribed by the collaborating  
3 physician. This delegation must identify the  
4 specific Schedule II controlled substances by  
5 either brand name or generic name. Schedule II  
6 controlled substances to be delivered by injection  
7 or other route of administration may not be  
8 delegated;

9 (ii) any delegation must be of controlled  
10 substances prescribed by the collaborating  
11 physician;

12 (iii) all prescriptions must be limited to no  
13 more than a 30-day supply, with any continuation  
14 authorized only after prior approval of the  
15 collaborating physician;

16 (iv) the advanced practice registered nurse  
17 must discuss the condition of any patients for  
18 whom a controlled substance is prescribed monthly  
19 with the delegating physician or in the course of  
20 review as required by Section 65-40 of the Nurse  
21 Practice Act;

22 (v) the advanced practice registered nurse  
23 must have completed the appropriate application  
24 forms and paid the required fees as set by rule;

25 (vi) the advanced practice registered nurse  
26 must provide evidence of satisfactory completion

1 of at least 45 graduate contact hours in  
2 pharmacology for any new license issued with  
3 Schedule II authority after the effective date of  
4 this amendatory Act of the 97th General Assembly;  
5 and

6 (vii) the advanced practice registered nurse  
7 must annually complete 5 hours of continuing  
8 education in pharmacology;

9 (2.5) with respect to advanced practice registered  
10 nurses certified as nurse practitioners, nurse midwives,  
11 or clinical nurse specialists who do not meet the  
12 requirements of Section 65-43 of the Nurse Practice Act  
13 practicing in a hospital affiliate,

14 (A) the advanced practice registered nurse  
15 certified as a nurse practitioner, nurse midwife, or  
16 clinical nurse specialist has been privileged to  
17 prescribe any Schedule II through V controlled  
18 substances by the hospital affiliate upon the  
19 recommendation of the appropriate physician committee  
20 of the hospital affiliate in accordance with Section  
21 65-45 of the Nurse Practice Act, has completed the  
22 appropriate application forms, and has paid the  
23 required fees as set by rule; and

24 (B) an advanced practice registered nurse  
25 certified as a nurse practitioner, nurse midwife, or  
26 clinical nurse specialist has been privileged to

1           prescribe any Schedule II controlled substances by the  
2           hospital affiliate upon the recommendation of the  
3           appropriate physician committee of the hospital  
4           affiliate, then the following conditions must be met:

5                   (i) specific Schedule II controlled substances  
6                   by oral dosage or topical or transdermal  
7                   application may be designated, provided that the  
8                   designated Schedule II controlled substances are  
9                   routinely prescribed by advanced practice  
10                  registered nurses in their area of certification;  
11                  the privileging documents must identify the  
12                  specific Schedule II controlled substances by  
13                  either brand name or generic name; privileges to  
14                  prescribe or dispense Schedule II controlled  
15                  substances to be delivered by injection or other  
16                  route of administration may not be granted;

17                  (ii) any privileges must be controlled  
18                  substances limited to the practice of the advanced  
19                  practice registered nurse;

20                  (iii) any prescription must be limited to no  
21                  more than a 30-day supply;

22                  (iv) the advanced practice registered nurse  
23                  must discuss the condition of any patients for  
24                  whom a controlled substance is prescribed monthly  
25                  with the appropriate physician committee of the  
26                  hospital affiliate or its physician designee; and

1                   (v) the advanced practice registered nurse  
2                   must meet the education requirements of this  
3                   Section;

4                   (3) with respect to animal euthanasia agencies, the  
5                   euthanasia agency has obtained a license from the  
6                   Department of Financial and Professional Regulation and  
7                   obtained a registration number from the Department; or

8                   (4) with respect to prescribing psychologists, the  
9                   prescribing psychologist has been delegated authority to  
10                  prescribe any nonnarcotic, nonopioid Schedule II ~~III~~  
11                  through V controlled substances by a collaborating  
12                  physician licensed to practice medicine in all its  
13                  branches in accordance with Section 4.3 of the Clinical  
14                  Psychologist Licensing Act, and the prescribing  
15                  psychologist has completed the appropriate application  
16                  forms and has paid the required fees as set by rule.

17                  (b) The mid-level practitioner shall only be licensed to  
18                  prescribe those schedules of controlled substances for which a  
19                  licensed physician has delegated prescriptive authority,  
20                  except that an animal euthanasia agency does not have any  
21                  prescriptive authority. A physician assistant and an advanced  
22                  practice registered nurse are prohibited from prescribing  
23                  medications and controlled substances not set forth in the  
24                  required written delegation of authority or as authorized by  
25                  their practice Act.

26                  (c) Upon completion of all registration requirements,



1 physician assistants, advanced practice registered nurses, and  
2 animal euthanasia agencies may be issued a mid-level  
3 practitioner controlled substances license for Illinois.

4 (d) A collaborating physician may, but is not required to,  
5 delegate prescriptive authority to an advanced practice  
6 registered nurse as part of a written collaborative agreement,  
7 and the delegation of prescriptive authority shall conform to  
8 the requirements of Section 65-40 of the Nurse Practice Act.

9 (e) A collaborating physician may, but is not required to,  
10 delegate prescriptive authority to a physician assistant as  
11 part of a written collaborative agreement, and the delegation  
12 of prescriptive authority shall conform to the requirements of  
13 Section 7.5 of the Physician Assistant Practice Act of 1987.

14 (f) Nothing in this Section shall be construed to prohibit  
15 generic substitution.

16 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;  
17 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

18 Section 99. Effective date. This Act takes effect upon  
19 becoming law.