Rep. John E. Bradley

Filed: 5/2/2014

AMENDMENT TO SENATE BILL 2187

AMENDMENT NO. _____. Amend Senate Bill 2187, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The Clinical Psychologist Licensing Act is amended by changing Sections 2 and 7 and by adding Sections 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, and 4.8 as follows:

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

(Section scheduled to be repealed on January 1, 2017)

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

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

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

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

(4) "Person" means an individual, association, partnership or corporation.

(5) "Clinical psychology" means the independent evaluation, classification and treatment of mental, emotional, behavioral or nervous disorders or conditions, developmental disabilities, alcoholism and substance abuse, disorders of habit or conduct, the psychological aspects of physical illness. The practice of clinical psychology includes psychoeducational evaluation, therapy, remediation and consultation, the use of psychological and neuropsychological testing, assessment, psychotherapy, psychoanalysis, hypnosis, biofeedback, and behavioral modification when any of these are used for the purpose of preventing or eliminating psychopathology, or for the amelioration of psychological disorders of individuals or groups. "Clinical psychology" does not include the use of hypnosis by unlicensed persons pursuant to Section 3.

(6) A person represents himself to be a "clinical psychologist" <u>or "psychologist"</u> within the meaning of this Act when he or she holds himself out to the public by any title or description of services incorporating the words "psychological", "psychologic", "psychologist", "psychology", or "clinical psychologist" or under such title or description offers to render or renders clinical psychological services as defined in paragraph (7) of this Section to individuals, corporations, or the public for

remuneration.

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

(8) "Prescribing psychologist" means a licensed, doctoral level psychologist who has undergone specialized training, has passed an examination accepted by the Board, and has received a current license granting prescriptive authority that has not been revoked or suspended from the Board.

(9) "Prescriptive authority" means the authority to prescribe, administer, discontinue, or distribute, without charge, drugs, medicines, or other treatment procedures.

(10) "Prescription" means an order for a drug, laboratory test, or any medicines, including controlled substances as defined in the Illinois Controlled Substances Act, devices, or treatments.

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

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

(13) "Cross-indicated drug" means a drug that is used for a purpose generally held to be reasonable, appropriate,

and within the community standards of practice even though the use is not included in the federal Food and Drug Administration's approved labeled indications for the drug.

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

(Source: P.A. 94-870, eff. 6-16-06.)

(225 ILCS 15/4.1 new)

Sec. 4.1. Prescribing psychologist licensure; prescriptive authority. The Board shall grant licensure as prescribing psychologists to doctoral level psychologists licensed under this Act, including prescriptive authority to prescribe and dispense drugs in accordance with Sections 4.2 and 4.3 of this Act. The Board shall develop and implement procedures and criteria for reviewing educational and training credentials for the licensure process in accordance with current standards of professional practice.

(225 ILCS 15/4.2 new)

Sec. 4.2. Conditional prescription license.

(a) A psychologist may apply to the Board for a conditional prescription license, which shall be valid for a period of 2 years. The Board may extend the duration of a conditional prescription license pending the issuance of a prescription

license issued under Section 4.3 of this Act. The application for a conditional prescription license shall be made on a form approved by the Board and be accompanied by evidence satisfactory to the Board that the applicant:

(1) has completed a doctoral program in psychology from a regionally accredited university or professional school or, if the program is not accredited at the time of graduation, completion of a doctoral program in psychology that meets recognized acceptable professional standards as determined by the Board;

(2) holds a current and valid license to practice clinical psychology in the State;

(3) has graduated with a master's degree in clinical psychopharmacology from a regionally accredited institution that requires students to possess sufficient knowledge of human biology, anatomy, physiology, biochemistry, neuroanatomy, and psychopharmacology to ensure an adequate foundation for the completion of the master's degree; the curriculum shall meet the standards established by the National Register and the Association of State and Provincial Psychology Boards, including:

(A) a range of training experiences at different health care facility sites; and

(B) instruction in:

(i) neurosciences, including neuroanatomy, neurophysiology, and neurochemistry;

(ii) pharmacology and psychopharmacology, including pharmacology, clinical pharmacology, psychopharmacology, developmental psychopharmacology, and chemical dependence;

(iii) pathophysiology, including normal anatomy and physiological processes, common pathological states, cardiovascular, renal, hepatic, gastrointestinal, neural, and endocrine functions, bioavailability and biodisposition of drugs, variability in drug bioavailability and disposition based upon ethnic and cultural differences, variability in response due to age, gender, disability, and ethnic differences, medical conditions affecting biodisposition, and side effects, including contraindications;

(iv) physical and laboratory assessment, including familiarity with medical charts, physical exams, and laboratory and radiological examinations;

(v) pharmacotherapeutics, including pharmacotherapeutic interactions, psychotherapy and pharmacotherapy interactions, drug interactions, compliance maintenance programs, computer-based aids to practice, and pharmacoepidemiology;

(vi) professional, legal, ethical, and

interprofessional issues relevant to the practice of psychology involving psychopharmacology;

(vii) continuous quality improvement processes and measures; and

(viii) clinical outcomes research.

(4) within the 5 years immediately preceding the date of application, has been certified by the applicant's supervising physician, who is authorized to prescribe psychotropic medication, has experience with a full range of complex mental disorders and a mix of diagnoses, and generally prescribes psychotropic medication to his or her patients in the normal course of his or her clinical medical practice, and one other expert in clinical psychopharmacology, which may be the Director of Training of a clinical psychopharmacology training program, as having successfully completed a supervised and relevant clinical experience approved by the Board of no less than an 80-hour practicum in clinical assessment and pathophysiology and an additional supervised practicum of at least 400 hours treating no fewer than 100 patients with a full range of complex mental disorders and a mix of diagnoses; both practica shall be supervised by an appropriately trained physician who is authorized to prescribe psychotropic medication, has experience with a full range of complex mental disorders and a mix of diagnoses, and generally prescribes psychotropic

medication to his or her patients in the normal course of his or her clinical medical practice and determined by the Board as competent to train the applicant in the treatment of a diverse patient population; both practica shall take place in a health care setting, with a portion of the clinical experience occurring in one or more of the following settings:

(A) correctional facilities;

(B) federally qualified health centers, as defined in the federal Social Security Act (42 U.S.C. 1396d);

(C) community service agencies serving the seriously mentally ill;

(D) local, State, or federal facilities; or

(E) shelters or any other facilities serving the needs of survivors of domestic violence.

(5) has passed an examination authorized by the Board to determine his or her fitness to receive a license;

(6) has sufficient malpractice insurance to satisfy the rules adopted by the Board that will cover the applicant during the period the conditional prescription license is in effect;

(7) has an agreement with one or more of the health care settings described in paragraph (4) of subsection (a) of this Section with regard to services; and

(8) meets all other requirements, as determined by rule of the Board, for obtaining a conditional prescription

license.

(b) The Board shall issue a conditional prescription license if it finds that the applicant has met the requirements of subsection (a) of this Section.

(c) A psychologist with a conditional prescription license may only prescribe psychotropic medication pursuant to Section 4.5 of this Act under the supervision of a licensed physician who is authorized to prescribe psychotropic medication, has experience with a full range of complex mental disorders and a mix of diagnoses, and generally prescribes psychotropic medication to his or her patients in the normal course of his or her clinical medical practice in such a manner that reflects the clinical focus of the conditional prescribing psychologist subject to the following conditions:

(1) the psychologist shall continue to hold a current license to practice psychology in Illinois and continue to maintain malpractice insurance;

(2) the psychologist shall inform the Board of the name of the physician under whose supervision the psychologist will prescribe psychotropic medication and promptly inform the Board of any change of the supervising physician; and

(3) a physician supervising a psychologist prescribing psychotropic medication under a conditional prescription license shall inform the Board that he or she is supervising the psychologist.

(d) A written supervision agreement between a psychologist

and his or her supervising physician is required for all psychologists practicing under a conditional prescription license issued pursuant to this Section. A supervising physician shall delegate prescriptive authority to a conditionally licensed prescribing psychologist as part of a written supervision agreement.

(e) The written supervision agreement shall govern the working relationship between the psychologist and his or her supervising physician during the supervision period. Supervision does not require an employment relationship between the supervising physician and psychologist.

(f) Methods of communication shall be available for consultation with the supervising physician in person or by telecommunications in accordance with established written guidelines as set forth in the supervision agreement.

(g) The psychologist shall provide his or her supervising physician with all relevant information that is necessary for the supervising physician to adequately supervise the psychologist's training under this Section.

(h) Supervision under all supervision agreements shall be adequate if the supervising physician does each of the following:

(1) consults with the psychologist in order to discuss a patient's history, diagnoses, medication choices, dosage levels and all other relevant information;

(2) maintains the ability to alter a patient's

treatment plan if necessary;

(3) reviews all of the psychologist's cases involving the use of prescriptive authority at weekly consultation meetings; and

(4) provides his or her assessment of the psychologist's suitability to prescribe psychotropic medication independently at the time the psychologist is prepared to apply for a prescription license.

(i) A supervising physician shall be individually responsible for the acts and omissions of the psychologist involving the use of prescriptive authority that occur while the psychologist is under the supervising physician's supervision. This provision does not relieve the psychologist from liability for his or her acts and omissions.

(225 ILCS 15/4.3 new)

Sec. 4.3. Prescription license.

(a) A psychologist may apply to the Board for a prescription license. The application shall be made on a form approved by the Board and be accompanied by evidence satisfactory to the Board that the applicant:

(1) has been issued a conditional prescription license pursuant to Section 4.2 of this Act and has successfully completed 2 years of prescribing psychotropic medication under a conditional prescription license as attested to by the supervising licensed physician and one other expert in

clinical psychopharmacology, which may be the Director of Training of a clinical psychopharmacology training program;

(2) has successfully undergone a process of independent peer review approved by the Board;

(3) holds a current license to practice clinical psychology in Illinois;

(4) has malpractice insurance in place, sufficient to satisfy the rules adopted by the Board, that will cover the applicant as a prescribing psychologist;

(5) has an agreement with one or more of the health care settings described in paragraph (4) of subsection (a) of Section 4.2 with regard to services; and

(6) meets all other requirements for obtaining a prescription license, as determined by rule of the Board.

(b) The Board shall issue a prescription license if it finds that the applicant has met the requirements of subsection (a) of this Section.

(c) A psychologist with a prescription license may only prescribe psychotropic medication pursuant to the provisions of this Act if the psychologist:

(1) continues to hold a current license to practice psychology in Illinois and continues to maintain malpractice insurance;

(2) annually satisfies the continuing education requirements for prescribing psychologists set by the

Board, which shall be no fewer than 20 hours each year and a portion of which shall address continuous quality improvement processes and measures and clinical outcomes research; and

(3) maintains a written collaborative agreement with a collaborating physician pursuant to Section 4.4 of this Act.

(225 ILCS 15/4.4 new)

Sec. 4.4. Written collaborative agreements.

(a) A written collaborative agreement is required for all prescribing psychologists practicing under a prescription license issued pursuant to Section 4.3 of this Act. A collaborating physician shall be a licensed physician who is authorized to prescribe psychotropic medications and generally prescribes medications to his or her patients in the normal course of his or her clinical medical practice. The collaborating physician shall delegate prescriptive authority to a prescribing psychologist as part of a written collaborative agreement.

(b) The written collaborative agreement shall describe the working relationship of the prescribing psychologist with the collaborating physician and shall delegate prescriptive authority as provided in this Act. Collaboration does not require an employment relationship between the collaborating physician and prescribing psychologist. Absent an employment

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

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

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

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

(1) participates in the joint formulation and joint approval of orders or guidelines with the prescribing psychologist and he or she periodically reviews the prescribing phychologist's orders and the services provided patients under the orders in accordance with

accepted standards of medical practice and prescribing psychologist practice;

(2) provides collaboration and consultation with the prescribing psychologist at least once a month; and

(3) is available through telecommunications for consultation on medical problems, complications, emergencies, or patient referral.

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

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

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

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

(225 ILCS 15/4.5 new)

Sec. 4.5. Controlled substance prescriptive authority.

(a) When authorized to prescribe controlled substances, a prescribing psychologist shall file, in a timely manner, any

individual Drug Enforcement Agency registrations and identification numbers with the Board.

(b) The Board shall maintain current records of every prescribing psychologist, including Drug Enforcement Agency registration and identification numbers.

(c) The delegated prescriptive authority under this Act is limited to:

(1) a drug that is classified as an antianxiety, antidepressant, or antipsychotic central nervous system drug in the most recent publication of Drug Facts and Comparisons (published by the Facts and Comparisons Division of J.B. Lippincott Company);

(2) a drug that is a cross-indicated drug for the central nervous system drug classification, described in paragraph (1) of this subsection (c), according to any of the following:

(A) the American Psychiatric Press Textbook of Psychopharmacy;

(B) Current Clinical Strategies for Psychiatry;

(C) Drug Facts and Comparisons; or

(D) a publication with a focus and content similar to publications described in items (A), (B), and (C); or

(3) a drug that is:

(A) classified in a central nervous system drug category or classification (according to Drug Facts

and Comparisons) that is created after March 12, 2002; and

(B) prescribed for the treatment of a mental illness (as defined in the most recent publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders or the World Health Organization's International Statistical Classification of Diseases and Related Health Problems Chapter titled Mental and Behavioural Disorders).

(d) To prescribe controlled substances under this Section, a prescribing psychologist shall obtain a mid-level practitioner controlled substance license.

(e) The collaborating physician shall file with the Department notice of delegation of prescriptive authority and termination of such delegation in accordance with rules of the Department. Upon receipt of this notice of delegating authority to prescribe any Schedule II through V controlled substances, the prescribing psychologist shall be eligible to register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

(f) Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders.

(g) Nothing in this Section shall be construed to prohibit generic substitution.

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

(225 ILCS 15/4.6 new)

Sec. 4.6. Endorsement.

(a) Individuals who are already licensed as medical or prescribing psychologists in another state may apply for an Illinois prescription license by endorsement from that state, or acceptance of that state's examination. Applicants from other states may not be required to pass an examination in Illinois if they meet requirements set forth in this Act and its rules, such as proof of education, testing, and experience. The Board shall not issue a license until it has received and approved all documentation.

(b) Individuals who have fulfilled some, but not all, of another state's requirements for a conditional prescription license shall be given credit for his or her completion of the other state's requirements to the extent that such requirements are deemed by the Board to be substantially equivalent to the requirements of Section 4.2 of this Act. Fulfillment of another state's requirements shall count towards the completion of the requirements for a conditional prescription license under this Act. The Board shall not grant credit for the fulfillment of

such requirements under Section 4.2 of this Act until it has received and approved all documentation.

(c) Individuals who graduated from the Department of Defense Psychopharmacology Demonstration Project may apply for an Illinois prescription license by endorsement. Applicants from the Department of Defense Psychopharmacology Demonstration Project may not be required to pass an examination in Illinois if they meet requirements set forth in this Act and its rules, such as proof of education, testing, and experience. The Board shall not issue a license until it has received and approved all documentation.

(225 ILCS 15/4.7 new)

Sec. 4.7. State Board of Pharmacy interaction.

(a) The Board shall transmit to the State Board of Pharmacy an annual list of prescribing psychologists containing the following information:

(1) the name of the prescribing psychologist;

(2) the prescribing psychologist's identification number assigned by the Board; and

(3) the effective dates of the prescribing psychologist's licensure.

(b) The Board shall promptly forward to the Board of Pharmacy the names and titles of psychologists added to or deleted from the annual list of prescribing psychologists.

(c) The Board shall notify the State Board of Pharmacy, in

a timely manner, upon termination, suspension, or reinstatement of a psychologist's licensure as a prescribing psychologist.

(225 ILCS 15/4.8 new)

Sec. 4.8. Rulemaking authority of the Board; prescription licenses.

(a) The Board shall adopt rules providing for the procedures to be followed in obtaining conditional prescription licenses and prescription licenses authorized to be issued under Sections 4.2 and 4.3 and rules providing for the procedures to be followed for their renewal. The Board may set reasonable application and renewal fees.

(b) The Board shall adopt rules establishing the grounds for denial, suspension, or revocation of a conditional prescription license and a prescription license, including a provision for suspension or revocation of a license to practice psychology upon the suspension or revocation of a conditional prescription license or prescription license.

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

(Section scheduled to be repealed on January 1, 2017)

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

The Board shall consist of 10 ~~7~~ persons, 4 of whom are licensed clinical psychologists, and actively engaged in the

practice of clinical psychology, 3 of whom are licensed prescribing psychologists, 2 of whom are licensed clinical psychologists and are full time faculty members of accredited colleges or universities who are engaged in training clinical psychologists, and one of whom is a public member who is not a licensed health care provider. In appointing members of the Board, the Secretary shall give due consideration to the adequate representation of the various fields of health care psychology such as clinical psychology, school psychology and counseling psychology. In appointing members of the Board, the Secretary shall give due consideration to recommendations by members of the profession of clinical psychology and by the State-wide organizations representing the interests of clinical psychologists and organizations representing the interests of academic programs as well as recommendations by approved doctoral level psychology programs in the State of Illinois. The members shall be appointed for a term of 4 years. No member shall be eligible to serve for more than 2 full terms. Any appointment to fill a vacancy shall be for the unexpired portion of the term. A member appointed to fill a vacancy for an unexpired term for a duration of 2 years or more may be reappointed for a maximum of one term and a member appointed to fill a vacancy for an unexpired term for a duration of less than 2 years may be reappointed for a maximum of 2 terms. The Secretary may remove any member for cause at any time prior to the expiration of his or her term.

The 3 initial appointees to the Board who are licensed prescribing psychologists may hold a medical or prescription license issued by another state so long as the license is deemed by the Secretary to be substantially equivalent to a prescription license under this Act. Such initial appointees shall serve on the Board until the Board adopts rules pursuant to Section 4.8 of this Act providing for the procedures to be followed in obtaining prescription licenses in this State.

The Board shall annually elect one of its members as chairperson and vice chairperson.

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

The Secretary shall give due consideration to all recommendations of the Board. In the event the Secretary disagrees with or takes action contrary to the recommendation of the Board, he or she shall provide the Board with a written and specific explanation of his or her actions.

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

Seven ~~Four~~ members shall constitute a quorum. A quorum is

required for all Board decisions.

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

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

(Source: P.A. 96-1050, eff. 1-1-11.)

Section 10. The Medical Practice Act of 1987 is amended by changing Section 54.5 as follows:

(225 ILCS 60/54.5)

(Section scheduled to be repealed on December 31, 2014)

Sec. 54.5. Physician delegation of authority to physician assistants and advanced practice nurses.

(a) Physicians licensed to practice medicine in all its branches may delegate care and treatment responsibilities to a physician assistant under guidelines in accordance with the requirements of the Physician Assistant Practice Act of 1987. A physician licensed to practice medicine in all its branches may enter into supervising physician agreements with no more than 5 physician assistants as set forth in subsection (a) of Section 7 of the Physician Assistant Practice Act of 1987.

(b) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an

advanced practice nurse in accordance with the requirements of the Nurse Practice Act. Collaboration is for the purpose of providing medical consultation, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services the collaborating physician generally provides or may provide in his or her clinical medical practice. A written collaborative agreement shall be adequate with respect to collaboration with advanced practice nurses if all of the following apply:

(1) The agreement is written to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom, but must specify those procedures that require a physician's presence as the procedures are being performed.

(2) Practice guidelines and orders are developed and approved jointly by the advanced practice nurse and collaborating physician, as needed, based on the practice of the practitioners. Such guidelines and orders and the patient services provided thereunder are periodically reviewed by the collaborating physician.

(3) The advance practice nurse provides services the collaborating physician generally provides or may provide

in his or her clinical medical practice, except as set forth in subsection (b-5) of this Section. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.

(4) The collaborating physician and advanced practice nurse consult at least once a month to provide collaboration and consultation.

(5) Methods of communication are available with the collaborating physician in person or through telecommunications for consultation, collaboration, and referral as needed to address patient care needs.

(6) The agreement contains provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause.

(b-5) An anesthesiologist or physician licensed to practice medicine in all its branches may collaborate with a certified registered nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act for the provision of anesthesia services. With respect to the provision of anesthesia services, the collaborating anesthesiologist or physician shall have training and experience in the delivery of anesthesia services consistent with Department rules. Collaboration shall be adequate if:

(1) an anesthesiologist or a physician participates in

the joint formulation and joint approval of orders or guidelines and periodically reviews such orders and the services provided patients under such orders; and

(2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

(b-10) The anesthesiologist or operating physician must agree with the anesthesia plan prior to the delivery of services.

(c) The supervising physician shall have access to the medical records of all patients attended by a physician assistant. The collaborating physician shall have access to the medical records of all patients attended to by an advanced practice nurse.

(d) (Blank).

(e) A physician shall not be liable for the acts or omissions of a <u>prescribing psychologist,</u> physician assistant<u>,</u> or advanced practice nurse solely on the basis of having signed a supervision agreement or guidelines or a collaborative

agreement, an order, a standing medical order, a standing delegation order, or other order or guideline authorizing a prescribing psychologist, physician assistant, or advanced practice nurse to perform acts, unless the physician has reason to believe the prescribing psychologist, physician assistant, or advanced practice nurse lacked the competency to perform the act or acts or commits willful and wanton misconduct.

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

(g) A supervising physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written supervision agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 7.5 of the Physician Assistant Practice Act of 1987.

(h) For the purposes of this Section, "generally provides or may provide in his or her clinical medical practice" means categories of care or treatment, not specific tasks or duties, that the physician provides individually or through delegation to other persons so that the physician has the experience and ability to provide collaboration and consultation. This definition shall not be construed to prohibit an advanced practice nurse from providing primary health treatment or care within the scope of his or her training and experience,

including, but not limited to, health screenings, patient histories, physical examinations, women's health examinations, or school physicals that may be provided as part of the routine practice of an advanced practice nurse or on a volunteer basis.

(i) A supervising physician shall delegate prescriptive authority to a conditionally licensed prescribing psychologist as part of a written supervision agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 4.2 of the Clinical Psychologist Licensing Act.

(j) A collaborating physician shall delegate prescriptive authority to a fully licensed prescribing psychologist as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 4.4 of the Clinical Psychologist Licensing Act.

(Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12; 98-192, eff. 1-1-14.)

Section 15. The Illinois Controlled Substances Act is amended by changing Section 102 as follows:

(720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

Sec. 102. Definitions. As used in this Act, unless the context otherwise requires:

(a) "Addict" means any person who habitually uses any drug, chemical, substance or dangerous drug other than alcohol so as to endanger the public morals, health, safety or welfare or who

is so far addicted to the use of a dangerous drug or controlled substance other than alcohol as to have lost the power of self control with reference to his or her addiction.

(b) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient, research subject, or animal (as defined by the Humane Euthanasia in Animal Shelters Act) by:

(1) a practitioner (or, in his or her presence, by his or her authorized agent),

(2) the patient or research subject pursuant to an order, or

(3) a euthanasia technician as defined by the Humane Euthanasia in Animal Shelters Act.

(c) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, dispenser, prescriber, or practitioner. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(c-1) "Anabolic Steroids" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone), and includes:

(i) 3[beta] ,17-dihydroxy-5a-androstane,

(ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,

(iii) 5[alpha] -androstan-3,17-dione,

(iv) 1-androstenediol (3[beta] ,
17[beta] -dihydroxy-5[alpha] -androst-1-ene),
(v) 1-androstenediol (3[alpha] ,
17[beta] -dihydroxy-5[alpha] -androst-1-ene),
(vi) 4-androstenediol
(3[beta] ,17[beta] -dihydroxy-androst-4-ene),
(vii) 5-androstenediol
(3[beta] ,17[beta] -dihydroxy-androst-5-ene),
(viii) 1-androstenedione
([5alpha] -androst-1-en-3,17-dione),
(ix) 4-androstenedione
(androst-4-en-3,17-dione),
(x) 5-androstenedione
(androst-5-en-3,17-dione),
(xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
hydroxyandrost-4-en-3-one),
(xii) boldenone (17[beta] -hydroxyandrost-
1,4,-diene-3-one),
(xiii) boldione (androsta-1,4-
diene-3,17-dione),
(xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
[beta] -hydroxyandrost-4-en-3-one),
(xv) clostebol (4-chloro-17[beta] -
hydroxyandrost-4-en-3-one),
(xvi) dehydrochloromethyltestosterone (4-chloro-
17[beta] -hydroxy-17[alpha] -methyl-

androst-1,4-dien-3-one),

(xvii) desoxymethyltestosterone (17[alpha]-methyl-5[alpha]-androst-2-en-17[beta]-ol)(a.k.a., madol),

(xviii) [delta]1-dihydrotestosterone (a.k.a. '1-testosterone') (17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),

(xix) 4-dihydrotestosterone (17[beta]-hydroxy-androstan-3-one),

(xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-5[alpha]-androstan-3-one),

(xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-hydroxyestr-4-ene),

(xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-1[beta],17[beta]-dihydroxyandrost-4-en-3-one),

(xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],17[beta]-dihydroxyandrost-1,4-dien-3-one),

(xxiv) furazabol (17[alpha]-methyl-17[beta]-hydroxyandrostano[2,3-c]-furazan),

(xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)

(xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-androst-4-en-3-one),

(xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-dihydroxy-estr-4-en-3-one),

(xxviii) mestanolone (17[alpha]-methyl-17[beta]-hydroxy-5-androstan-3-one),

(xxix) mesterolone (1amethyl-17[beta] -hydroxy-
[5a] -androstan-3-one),
(xxx) methandienone (17[alpha] -methyl-17[beta] -
hydroxyandrost-1,4-dien-3-one),
(xxxi) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
dihydroxyandrost-5-ene),
(xxxii) methenolone (1-methyl-17[beta] -hydroxy-
5[alpha] -androst-1-en-3-one),
(xxxiii) 17[alpha] -methyl-3[beta] , 17[beta] -
dihydroxy-5a-androstane),
(xxxiv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
-5a-androstane),
(xxxv) 17[alpha] -methyl-3[beta] ,17[beta] -
dihydroxyandrost-4-ene),
(xxxvi) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one),
(xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
hydroxyestra-4,9(10)-dien-3-one),
(xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
hydroxyestra-4,9-11-trien-3-one),
(xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
hydroxyandrost-4-en-3-one),
(xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
hydroxyestr-4-en-3-one),
(xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
(17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -

androst-1-en-3-one)(a.k.a. '17-[alpha]-methyl-1-testosterone'),

(xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),

(xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-dihydroxyestr-4-ene),

(xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-dihydroxyestr-4-ene),

(xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-dihydroxyestr-5-ene),

(xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-dihydroxyestr-5-ene),

(xlvii) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione),

(xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione),

(xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione),

(l) norbolethone (13[beta], 17a-diethyl-17[beta]-hydroxygon-4-en-3-one),

(li) norclostebol (4-chloro-17[beta]-hydroxyestr-4-en-3-one),

(lii) norethandrolone (17[alpha]-ethyl-17[beta]-hydroxyestr-4-en-3-one),

(liii) normethandrolone (17[alpha]-methyl-17[beta]-hydroxyestr-4-en-3-one),

(liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-

2-oxa-5[alpha] -androstan-3-one),

(lv) oxymesterone (17[alpha] -methyl-4,17[beta] -dihydroxyandrost-4-en-3-one),

(lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-17[beta] -hydroxy-(5[alpha] -androstan-3-one),

(lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-(5[alpha] -androst-2-eno[3,2-c] -pyrazole),

(lviii) stenbolone (17[beta] -hydroxy-2-methyl-(5[alpha] -androst-1-en-3-one),

(lix) testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone),

(lx) testosterone (17[beta] -hydroxyandrost-4-en-3-one),

(lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -diethyl-17[beta] -hydroxygon-4,9,11-trien-3-one),

(lxii) trenbolone (17[beta] -hydroxyestr-4,9,11-trien-3-one).

Any person who is otherwise lawfully in possession of an anabolic steroid, or who otherwise lawfully manufactures, distributes, dispenses, delivers, or possesses with intent to deliver an anabolic steroid, which anabolic steroid is expressly intended for and lawfully allowed to be administered through implants to livestock or other nonhuman species, and which is approved by the Secretary of Health and Human Services

for such administration, and which the person intends to administer or have administered through such implants, shall not be considered to be in unauthorized possession or to unlawfully manufacture, distribute, dispense, deliver, or possess with intent to deliver such anabolic steroid for purposes of this Act.

(d) "Administration" means the Drug Enforcement Administration, United States Department of Justice, or its successor agency.

(d-5) "Clinical Director, Prescription Monitoring Program" means a Department of Human Services administrative employee licensed to either prescribe or dispense controlled substances who shall run the clinical aspects of the Department of Human Services Prescription Monitoring Program and its Prescription Information Library.

(d-10) "Compounding" means the preparation and mixing of components, excluding flavorings, (1) as the result of a prescriber's prescription drug order or initiative based on the prescriber-patient-pharmacist relationship in the course of professional practice or (2) for the purpose of, or incident to, research, teaching, or chemical analysis and not for sale or dispensing. "Compounding" includes the preparation of drugs or devices in anticipation of receiving prescription drug orders based on routine, regularly observed dispensing patterns. Commercially available products may be compounded for dispensing to individual patients only if both of the

following conditions are met: (i) the commercial product is not reasonably available from normal distribution channels in a timely manner to meet the patient's needs and (ii) the prescribing practitioner has requested that the drug be compounded.

(e) "Control" means to add a drug or other substance, or immediate precursor, to a Schedule whether by transfer from another Schedule or otherwise.

(f) "Controlled Substance" means (i) a drug, substance, or immediate precursor in the Schedules of Article II of this Act or (ii) a drug or other substance, or immediate precursor, designated as a controlled substance by the Department through administrative rule. The term does not include distilled spirits, wine, malt beverages, or tobacco, as those terms are defined or used in the Liquor Control Act of 1934 and the Tobacco Products Tax Act of 1995.

(f-5) "Controlled substance analog" means a substance:

(1) the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II;

(2) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II; or

(3) with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

(g) "Counterfeit substance" means a controlled substance, which, or the container or labeling of which, without authorization bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance.

(h) "Deliver" or "delivery" means the actual, constructive or attempted transfer of possession of a controlled substance, with or without consideration, whether or not there is an agency relationship.

(i) "Department" means the Illinois Department of Human Services (as successor to the Department of Alcoholism and Substance Abuse) or its successor agency.

(j) (Blank).

(k) "Department of Corrections" means the Department of Corrections of the State of Illinois or its successor agency.

(l) "Department of Financial and Professional Regulation" means the Department of Financial and Professional Regulation

of the State of Illinois or its successor agency.

(m) "Depressant" means any drug that (i) causes an overall depression of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance abuse problem, including but not limited to alcohol, cannabis and its active principles and their analogs, benzodiazepines and their analogs, barbiturates and their analogs, opioids (natural and synthetic) and their analogs, and chloral hydrate and similar sedative hypnotics.

(n) (Blank).

(o) "Director" means the Director of the Illinois State Police or his or her designated agents.

(p) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a prescriber, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

(q) "Dispenser" means a practitioner who dispenses.

(r) "Distribute" means to deliver, other than by administering or dispensing, a controlled substance.

(s) "Distributor" means a person who distributes.

(t) "Drug" means (1) substances recognized as drugs in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (2) substances

intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure of any function of the body of man or animals and (4) substances intended for use as a component of any article specified in clause (1), (2), or (3) of this subsection. It does not include devices or their components, parts, or accessories.

(t-5) "Euthanasia agency" means an entity certified by the Department of Financial and Professional Regulation for the purpose of animal euthanasia that holds an animal control facility license or animal shelter license under the Animal Welfare Act. A euthanasia agency is authorized to purchase, store, possess, and utilize Schedule II nonnarcotic and Schedule III nonnarcotic drugs for the sole purpose of animal euthanasia.

(t-10) "Euthanasia drugs" means Schedule II or Schedule III substances (nonnarcotic controlled substances) that are used by a euthanasia agency for the purpose of animal euthanasia.

(u) "Good faith" means the prescribing or dispensing of a controlled substance by a practitioner in the regular course of professional treatment to or for any person who is under his or her treatment for a pathology or condition other than that individual's physical or psychological dependence upon or addiction to a controlled substance, except as provided herein: and application of the term to a pharmacist shall mean the dispensing of a controlled substance pursuant to the

prescriber's order which in the professional judgment of the pharmacist is lawful. The pharmacist shall be guided by accepted professional standards including, but not limited to the following, in making the judgment:

(1) lack of consistency of prescriber-patient relationship,

(2) frequency of prescriptions for same drug by one prescriber for large numbers of patients,

(3) quantities beyond those normally prescribed,

(4) unusual dosages (recognizing that there may be clinical circumstances where more or less than the usual dose may be used legitimately),

(5) unusual geographic distances between patient, pharmacist and prescriber,

(6) consistent prescribing of habit-forming drugs.

(u-0.5) "Hallucinogen" means a drug that causes markedly altered sensory perception leading to hallucinations of any type.

(u-1) "Home infusion services" means services provided by a pharmacy in compounding solutions for direct administration to a patient in a private residence, long-term care facility, or hospice setting by means of parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion.

(u-5) "Illinois State Police" means the State Police of the State of Illinois, or its successor agency.

(v) "Immediate precursor" means a substance:

(1) which the Department has found to be and by rule designated as being a principal compound used, or produced primarily for use, in the manufacture of a controlled substance;

(2) which is an immediate chemical intermediary used or likely to be used in the manufacture of such controlled substance; and

(3) the control of which is necessary to prevent, curtail or limit the manufacture of such controlled substance.

(w) "Instructional activities" means the acts of teaching, educating or instructing by practitioners using controlled substances within educational facilities approved by the State Board of Education or its successor agency.

(x) "Local authorities" means a duly organized State, County or Municipal peace unit or police force.

(y) "Look-alike substance" means a substance, other than a controlled substance which (1) by overall dosage unit appearance, including shape, color, size, markings or lack thereof, taste, consistency, or any other identifying physical characteristic of the substance, would lead a reasonable person to believe that the substance is a controlled substance, or (2) is expressly or impliedly represented to be a controlled substance or is distributed under circumstances which would lead a reasonable person to believe that the substance is a controlled substance. For the purpose of determining whether

the representations made or the circumstances of the distribution would lead a reasonable person to believe the substance to be a controlled substance under this clause (2) of subsection (y), the court or other authority may consider the following factors in addition to any other factor that may be relevant:

(a) statements made by the owner or person in control of the substance concerning its nature, use or effect;

(b) statements made to the buyer or recipient that the substance may be resold for profit;

(c) whether the substance is packaged in a manner normally used for the illegal distribution of controlled substances;

(d) whether the distribution or attempted distribution included an exchange of or demand for money or other property as consideration, and whether the amount of the consideration was substantially greater than the reasonable retail market value of the substance.

Clause (1) of this subsection (y) shall not apply to a noncontrolled substance in its finished dosage form that was initially introduced into commerce prior to the initial introduction into commerce of a controlled substance in its finished dosage form which it may substantially resemble.

Nothing in this subsection (y) prohibits the dispensing or distributing of noncontrolled substances by persons authorized to dispense and distribute controlled substances under this

Act, provided that such action would be deemed to be carried out in good faith under subsection (u) if the substances involved were controlled substances.

Nothing in this subsection (y) or in this Act prohibits the manufacture, preparation, propagation, compounding, processing, packaging, advertising or distribution of a drug or drugs by any person registered pursuant to Section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

(y-1) "Mail-order pharmacy" means a pharmacy that is located in a state of the United States that delivers, dispenses or distributes, through the United States Postal Service or other common carrier, to Illinois residents, any substance which requires a prescription.

(z) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance other than methamphetamine, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling of its container, except that this term does not include:

(1) by an ultimate user, the preparation or compounding of a controlled substance for his or her own use; or

(2) by a practitioner, or his or her authorized agent under his or her supervision, the preparation,

compounding, packaging, or labeling of a controlled substance:

(a) as an incident to his or her administering or dispensing of a controlled substance in the course of his or her professional practice; or

(b) as an incident to lawful research, teaching or chemical analysis and not for sale.

(z-1) (Blank).

(z-5) "Medication shopping" means the conduct prohibited under subsection (a) of Section 314.5 of this Act.

(z-10) "Mid-level practitioner" means (i) a physician assistant who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches, in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, (ii) an advanced practice nurse who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches or by a podiatric physician, in accordance with Section 65-40 of the Nurse Practice Act, or (iii) an animal euthanasia agency.

(aa) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) opium, opiates, derivatives of opium and opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation; however the term "narcotic drug" does not include the isoquinoline alkaloids of opium;

(2) (blank);

(3) opium poppy and poppy straw;

(4) coca leaves, except coca leaves and extracts of coca leaves from which substantially all of the cocaine and ecgonine, and their isomers, derivatives and salts, have been removed;

(5) cocaine, its salts, optical and geometric isomers, and salts of isomers;

(6) ecgonine, its derivatives, their salts, isomers, and salts of isomers;

(7) any compound, mixture, or preparation which contains any quantity of any of the substances referred to in subparagraphs (1) through (6).

(bb) "Nurse" means a registered nurse licensed under the Nurse Practice Act.

(cc) (Blank).

(dd) "Opiate" means any substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having addiction

forming or addiction sustaining liability.

(ee) "Opium poppy" means the plant of the species Papaver somniferum L., except its seeds.

(ee-5) "Oral dosage" means a tablet, capsule, elixir, or solution or other liquid form of medication intended for administration by mouth, but the term does not include a form of medication intended for buccal, sublingual, or transmucosal administration.

(ff) "Parole and Pardon Board" means the Parole and Pardon Board of the State of Illinois or its successor agency.

(gg) "Person" means any individual, corporation, mail-order pharmacy, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other entity.

(hh) "Pharmacist" means any person who holds a license or certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act.

(ii) "Pharmacy" means any store, ship or other place in which pharmacy is authorized to be practiced under the Pharmacy Practice Act.

(ii-5) "Pharmacy shopping" means the conduct prohibited under subsection (b) of Section 314.5 of this Act.

(ii-10) "Physician" (except when the context otherwise requires) means a person licensed to practice medicine in all of its branches.

(jj) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(kk) "Practitioner" means a physician licensed to practice medicine in all its branches, dentist, optometrist, podiatric physician, veterinarian, scientific investigator, pharmacist, physician assistant, advanced practice nurse, licensed practical nurse, registered nurse, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

(ll) "Pre-printed prescription" means a written prescription upon which the designated drug has been indicated prior to the time of issuance; the term does not mean a written prescription that is individually generated by machine or computer in the prescriber's office.

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, optometrist, <u>prescribing psychologist licensed under the Clinical Psychologist Licensing Act,</u> podiatric physician<u>,</u> or veterinarian who issues a prescription, a physician assistant who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written supervision agreement required under Section 7.5 of the

Physician Assistant Practice Act of 1987, or an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act.

(nn) "Prescription" means a written, facsimile, or oral order, or an electronic order that complies with applicable federal requirements, of a physician licensed to practice medicine in all its branches, dentist, podiatric physician or veterinarian for any controlled substance, of an optometrist for a Schedule III, IV, or V controlled substance in accordance with Section 15.1 of the Illinois Optometric Practice Act of 1987, of a physician assistant for a controlled substance in accordance with Section 303.05, a written delegation, and a written supervision agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987, or of an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act when required by law.

(nn-5) "Prescription Information Library" (PIL) means an electronic library that contains reported controlled substance data.

(nn-10) "Prescription Monitoring Program" (PMP) means the entity that collects, tracks, and stores reported data on controlled substances and select drugs pursuant to Section 316.

(oo) "Production" or "produce" means manufacture, planting, cultivating, growing, or harvesting of a controlled substance other than methamphetamine.

(pp) "Registrant" means every person who is required to register under Section 302 of this Act.

(qq) "Registry number" means the number assigned to each person authorized to handle controlled substances under the laws of the United States and of this State.

(qq-5) "Secretary" means, as the context requires, either the Secretary of the Department or the Secretary of the Department of Financial and Professional Regulation, and the Secretary's designated agents.

(rr) "State" includes the State of Illinois and any state, district, commonwealth, territory, insular possession thereof, and any area subject to the legal authority of the United States of America.

(rr-5) "Stimulant" means any drug that (i) causes an overall excitation of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance abuse problem, including but not limited to amphetamines and their analogs, methylphenidate and its analogs, cocaine, and phencyclidine and its analogs.

(ss) "Ultimate user" means a person who lawfully possesses a controlled substance for his or her own use or for the use of a member of his or her household or for administering to an animal owned by him or her or by a member of his or her household.

(Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; revised 11-12-13.)

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