

**IOMS Legislative Update**  
by  
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## **End of Session Overview**

The Illinois General Assembly ended their session on time -- Friday, May 31, 2013. This year their main focus was on the budget, hydraulic fracturing (better known as fracking), pension reform, and the concealed carry of weapons. By the end of session, the legislature had negotiated the \$35.4 Billion general revenue budget, passed a concealed carry bill, and Illinois will now regulate fracking. No final action was taken on pension reform so the Governor is calling the legislature back to Springfield to take action on pension reform. The scheduled date for the Special Session will be on Wednesday, June 19, 2013. Leaders are meeting prior to returning in an attempt to reach an agreement.

Clearly, many other issues were debated during this session between January to May. Below please find the major issues of interest to physicians. Please contact me if you have questions or comments about this legislation. In addition, please use this outline as talking points with your legislators over the summer.

## **MEDICAL DISCIPLINARY FUND AND FEE INCREASES**

The 2013 Legislative Session started fast “out of the gate” over the issue of physician licensure fee increases and the replacement of \$8 million that had been swept from the Medical Disciplinary Fund and transferred into the General Revenue Fund (GRF). Because the money had never been paid back, the Medical Disciplinary Fund experienced a shortfall crisis causing the Illinois Department of Financial and Professional Regulation (IDFPR) to move staff out of that division. This caused a critical delay in licensure processing especially for new and out-of-state physicians attempting to be licensed Illinois physicians.

IOMS joined forces with other state medical organizations to immediately address this financial crisis. IOMS supported legislation to increase physician license fees to \$500 and allow for a 10-year extension to the Medical Practice Act, however, this legislation was never called for a vote.

In early February, House bill 193 was introduced by Speaker Madigan to require physicians to restore the money to the Medical Disciplinary Fund that was diverted to pay for other state programs. HB 193 would have raised fees for physician licenses to \$750 and increased other physician licensure fees as well. The licensure fees would have remained at \$750 even after the money would have been paid back, creating a surplus of revenue in the Medical Disciplinary Fund, inviting future fund sweeps.

In mid-February, Senate Bill 622, an alternative was introduced in the Senate and passed to authorize the transfer of money into the Medical Disciplinary Fund and then, beginning in 2014, and over two licensure cycles, require that the revenue to be paid back. Fees for initial and renewal fees are increased from \$300 to \$700. When the pay back is complete, licensure fees will be lowered to \$500.

After unsuccessful attempts to amend S.B. 622 in the House to be more like H.B. 193, the House passed an S.B. 622 (and did not amend it) on March 7 and it was signed into law on March 8 by the Governor. Clearly, this outcome was a result of YOU contacting your legislators. Contact me if you are interested in learning how your legislators voted so you can thank those who supported the final agreement.

## **PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS**

Senate Bill 2187 (Sen. Harmon, [SB 2187](#)) would allow psychologists, who receive very little medical training, to prescribe all psychotropic drugs for patients suffering from mental, emotional, and psychological illnesses.

Illinois is one of 48 states that currently prohibit psychologists from prescribing drugs. Allowing professionals without proper medical training to prescribe dangerous psychotropic drugs will put patients at risk. IOMS joined the other medical organizations in to form a loud voice in opposition to this legislation.

Please note there was overwhelming support for this bill in the Senate but fortunately the bill was never called for a vote in the House. **Over the summer, please meet with your Senators and Representatives to discuss the lack of patient safety surrounding this issue. This issue is far from dead.**

## **MEDICAID EXPANSION**

Under the federal Affordable Care Act states are allowed to expand Medicaid to include single adults whose income are under 138% of the federal poverty level. Illinois passed Senate Bill 26 to allow an estimated 342,000 Illinoisans to access coordinated healthcare. The federal government will pay 100% of the costs for the first 3 years, and then gradually decrease the coverage to 90% over the following three years. It is hoped that the expansion will replace expensive emergency room treatment with routine, preventive care in appropriate settings.

## **MEDICAL PRACTICE ACT**

Currently, the Illinois Medical Practice Act is scheduled to sunset on December 31, 2013. IOMS continues to partner with the other medical societies to support a 10-year extension of the Medical Practice Act (Senator Iris Martinez, [SB 1794](#)) which has been denied to the medical profession since the passage of medical liability reform in 2005. None of the other medical professions have a sunset period of less than 10 years.

## **LAY MIDWIVES**

Once again, legislation was introduced to allow lay midwives who receive little medical training to provide in-home birthing services. House Bill 1194 (Rep. Berrios, [HB 1194](#)) and House Bill 2685 (Rep. Morrison, [HB 2685](#)) would have licensed lay midwives as "certified professional midwives" (CPMs). CPMs do not consider obstetrical care to be medical care, yet these bills would allow them to perform histories and physicals, provide prenatal care, dispense drugs, treat hemorrhages and other emergencies, and treat the infant and woman postpartum. All of these activities are medical in nature and should only be performed by the professionals who are adequately trained to do so.

This year this legislation was not granted as much attention as it has in the past, however, please continue to discuss this important patient safety issue with your legislators. This issue is not going away.

## **ADVANCED PRACTICE NURSES**

As introduced, House Bill 1052 (Rep. Bradley, [HB 1052](#)) would have allowed all advanced practice nurses, including certified nurse anesthetists, to practice independently of physicians. Currently, Illinois law emphasizes a team approach in patient care, requiring physician input and collaboration.

After negotiations, HB 1052 was amended with language retaining the collaborative agreement between a physician and an APN to ease some of the current restrictions in collaborative agreements. Specifically, the language clarifies that a written collaborative agreement outside of an employment arrangement may not restrict categories of patients or APNs from contracting with Medicaid, Medicare or other health plans nor limit geographic practice locations. It further clarifies that the agreement may include services the collaborating physician provides or may provide, but chooses not to. Finally, the amendment provides that, notwithstanding the collaborative agreement, an APN may provide primary health care services such as health screenings, histories and physicals, women's health exams and school physicals as part of their routine practice or on a volunteer basis.

There are no changes to prescribing or to anesthesia services included the bill as amended. The bill passed and is awaiting action by the Governor.

## **DENTISTS AND VACCINATIONS**

As introduced, Senate Bill 1217 (Sen. Haine, [SB 1217](#)) would have allowed dentists to administer vaccinations after they complete "appropriate training" on how to address contraindications and adverse reactions. IOMS opposed this legislation because the requirement for "appropriate training" was inadequate and would not protect patients, especially those who suffer from chronic illnesses, experience allergic reactions and/or those who are on other drugs that may negatively interact with an immunization. After strong opposition came from the medical societies, the bill was amended to remove this provision.

## **NATUROPATHIC PHYSICIANS**

Senate Bill 1168 (Sen. Martinez, [SB 1168](#)) would license “naturopathic physicians” under the Illinois Medical Practice Act and allow them to provide many aspects of primary care to Illinois patients. Naturopaths are not adequately educated and trained to care for patients as physicians do and there is little research on the scientific validity of their treatments, which is focused on botanical medicine and homeopathy.

## **ACUPUNCTURISTS**

At the end of this session possible legislation was discussed to refine the definition of solid filiform needles for acupuncture. IOMS was directly involved in these discussions and offered acceptable suggestions for the wording. The Illinois Department of Financial and Professional Regulations requested additional time to consider this wording. A hearing may be called this summer to further discuss this issue. Stay turned.

The last wording discussed includes: Sec. 2105-135. Use of solid filiform needles. The Department shall interpret and administer the professional licensing acts over which it has jurisdiction, including the interpretation of the phrase “assistive device”, in a manner consistent with this Section. Any technique that is described by the statutory definition of acupuncture in Section 10 of the Acupuncture Practice Act shall be considered acupuncture regardless the terminology by which that technique is referred. Pursuant to Sections 15 and 20, only persons licensed as acupuncturists, physicians licensed under the Medical Practice Act of 1987, and dentists may practice acupuncture. This section shall not alter statutory delegation authority granted to physicians licensed under the Medical Practice Act of 1987 or dentists.

## **FOUR-DRUG LIMIT FOR MEDICAID PATIENTS**

Last year the Illinois General Assembly made several changes to Medicaid. One of these reforms instituted a four-drug limitation on many Medicaid patients. This limitation has caused great concern. The Department of Health and Family Services continues to work to minimize the difficulties caused by this legislation, and for this reason, the legislature choose to not change this recently enacted reform measure.

House Bill 2352 (Rep. Cassidy) would have provided: HFS in consultation with statewide organizations representing prescribers to develop a protocol to expedite review and approval of prescriptions for psychiatric conditions and chronic conditions such as asthma, hypertension and diabetes; and, allow HFS to exempt prescriptions for antibiotics and other categories of drugs simply by using its rulemaking authority.

## **HOME HEALTH SERVICES BY OUT-OF-STATE PHYSICIANS**

House Bill 2760 (Rep. Sosnowski, [HB 2760](#)) provides for home health care services ordered by an out-of-state physician. Currently, Illinois law does not allow for home health care services to be ordered by an out-of-state physician.

This bill provides that in connection with a physician licensed in another state that is overseeing or directing the delivery of a skilled home care service for a patient whose care is transitioned to a physician, the transition period for the physician licensed in another state may be up to 180 days of skilled home care for patients where home health services are needed to care for 2 or more medical conditions requiring intensive management by 2 or more physicians. The bill also provides that any significant change in the patient's condition shall be communicated by the Illinois licensed agency to the out-of-state physician and the patient's Illinois licensed physician.

This bill passed both houses and awaits action by the Governor.

## **SEXUAL HEALTH EDUCATION**

House Bill 2675 (Rep. Lilly, [House Floor Amendment No. 1](#)) creates a standard for existing sexual health education courses by providing that all public school classes (instead of all classes) that teach sex education and discuss sexual intercourse in grades 6 through 12 shall emphasize that abstinence from sexual intercourse is a responsible and positive decision and is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.) After lengthy debates in both the House and Senate, the bill passed both chambers and now awaits action by the Governor.