

# **Illinois State Medical Society**



***2014 Update on  
ISMS Legislative Activity  
in the  
Illinois General Assembly***

***June 2014***

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# Illinois State Medical Society



June 2014

Dear Colleague,

As a member of the Illinois State Medical Society, you know that your dues dollars support ISMS' legislative advocacy on behalf of physicians. You probably also know that ISMS is the *only* organization representing physicians of all specialties across Illinois.

What you may not know, however, is the large scale and wide variety of the issues we tackle every day in Springfield and beyond. You may also have a hard time keeping up with the outcomes of some of the bills that could affect your practice.

That's what physicians from around the state have told us in a series of interviews ISMS conducted recently, and I'm here to tell you that we are listening.

This document is only the beginning of a renewed emphasis in all our communications on making sure you have the information you need, not just when an important vote is coming up, but also when the dust settles. **ISMS members are involved in our profession and passionate about its future, and you deserve to know exactly what happened.**

Please read this document carefully, and consider what the outcomes of some of these issues could have been if ISMS were not there fighting for you and your colleagues. ISMS made a difference in strengthening the psychologist prescribing bill, stopping a slate of mandatory CME, and working proactively on a number of other priorities *identified by our members*. Think about how many bills discussed in these pages never made it to your morning paper or smartphone news feed. Remember that physicians have the power to make a positive difference and the responsibility to defend against bad medical policy – and it is through the Illinois State Medical Society that we can best do so.

I urge you to share this document with your colleagues and use it to show how important it is to be a member of the Illinois State Medical Society. We are the only organization that represents all Illinois physicians – and our legislators know it.

Sincerely,

William McDade, M.D., Ph.D.  
President  
Illinois State Medical Society

P.S. If you have received this document and are not already an ISMS member, please join us. ISMS' legislative advocacy benefits you greatly, and we offer a host of other valuable benefits to members. Visit [www.isms.org/join](http://www.isms.org/join) today to become an ISMS member.

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## *Executive Summary: ISMS Advocacy Protects Patients and Promotes Good Medical Policy*

As the only organization representing all medical specialties in Illinois, the Illinois State Medical Society is a powerful force for good medicine in our state capitol and beyond. And as an ISMS member, your dues are your single most effective tool for making positive change and preventing harmful legislation from advancing.

In 2014 alone, ISMS:

- Defeated a proposal to require medical license applicants to submit documentation from the **Federation Credentials Verification Service** at an extra cost of \$350 (p. 11);
- Created a **volunteer license** for health professionals who no longer accept compensation for treatment, requiring issuance of at least 500 free licenses (p. 12);
- Improved Illinois' **Do Not Resuscitate/POLST** form to increase accessibility and encourage use of these important advance directives (p. 16);
- Streamlined the Illinois **Power of Attorney for Health Care** form, simplifying the language to make it easier for patients to understand (p. 17);
- Removed barriers to provision of **telehealth** services and added protection for patients whose health plans cover telemedicine (p. 1);
- Incorporated reasonable precautions into a bill designed to help **homeless children** get medical care, requiring verification of the minor's unaccompanied status (p. 17); and
- Protected the right of **diabetic patients** and parents of diabetic children to administer insulin in any public or private location (p. 19).

When legislators cross the line between public service and legislating the practice of medicine, ISMS is always there to help inform them. In this session we were able to:

- Amend a proposal requiring regular **mandated reporter CME training** on recognizing child abuse and neglect, making it voluntary with a positive incentive (p. 10);
- Defeat **mandated testing of newborns for cytomegalovirus (CMV)** (p. 15); and
- Stop a mandate that **mammography** providers inform patients with dense breast tissue that dense breast tissue may be associated with increased cancer risk (p. 19).

Of course, physicians aren't the only professionals represented in Springfield, and many others often try to inappropriately expand their scope of practice. ISMS strives to protect our patients and inform lawmakers of the differences in education and training between physicians and other health professionals.

This year, we succeeded in:

- Ensuring that **clinical psychologists** seeking a license to prescribe must meet strict education and training standards, and may not prescribe certain drugs or for certain patients (p. 7);
- Blunting an effort by **dentists** to provide a variety of vaccines, limiting them to flu shots for adults, and only after sensible requirements are met (p. 4);
- Preventing licensure of **naturopaths** as “naturopathic physicians” (p. 4);
- Blocking expansion of **pharmacists’** authority to administer the meningococcal vaccine (SB 3277) and an attempt to allow pharmacists to substitute biosimilar drugs without notifying the physician (p. 5);
- Stopping attempts by **physical therapists** to treat patients without physician referrals (SA 1 to SB 637) and to use dry needling in their treatments (p. 6); and
- Ensuring that **epi-pens** can only be prescribed by physicians or other professionals under appropriate supervision or collaboration, and that these professionals are shielded from liability (p. 18).

These are just a few highlights of our activities in the legislature during this year’s session. The following pages are filled with even more examples of how the Illinois State Medical Society fights for physicians and patients in the Illinois General Assembly. **Please share this document with your colleagues and remind them of the value and importance of legislative advocacy and ISMS membership.**

Thank you for making ISMS the most effective voice for all Illinois physicians!



## **FISCAL YEAR 2015 STATE BUDGET**

In the final days of the spring legislative session, the Illinois General Assembly approved a \$35.3 billion state budget that maintains most services at current levels. The budget relies on \$660 million in transfers from the more than 200 designated funds devoted to specific purposes, such as the Medical Disciplinary Fund used to administer the *Medical Practice Act*. Any transfers from these funds must be paid back with interest within 18 months after the funds have been borrowed. Unlike previous budgets, this legislation merely authorizes the transfers; it does not specify the amounts or funds targeted. The budget also anticipates that payments for services like Medicaid and health care services provided to state employees will experience increased delays. Out of the \$35 billion budget, more than half is used to cover fixed costs such as pension payment, group health insurance, debt service, transfers out to local government and Medicaid.

On Jan. 1, 2015, the Illinois income tax is set to be reduced from 5% to 3.75%, requiring the legislature to make the critical decision to either increase revenues or make severe cuts to current and future budgets. The projected revenue loss in the second half of FY15 is estimated at \$1.8 billion.

## **INSURANCE AND THIRD PARTY PAYER ISSUES**

***Foreign Language Policies*** – House Bill 4020 (Rep. Soto/Sen. Martinez) would have required managed care entities, including managed care organizations and all other care coordination organizations serving individuals enrolled in the Medicaid program, to develop and maintain a written Language Access Policy that sets forth standards, guidelines, and an operational plan to ensure language-appropriate services that is consistent with the standard of meaningful access for limited English proficiency populations.

ISMS was neutral on House Bill 4020. The bill passed the House but was not assigned to a substantive committee in the Senate. It remains in the Senate Committee on Assignments.

***Insurance Coverage for Interpreter Services*** – House Bill 5309 (Rep. Fine), an ISMS initiative, would have required third-party payers to provide coverage for foreign language interpretation services and sign language interpreter services. Because federal law contains a provision that prohibits passing along the cost of providing interpreter services, House Bill 5309 did not advance because it could have unintentionally allowed for increased insurance premiums.

***Insurance Coverage for Telemedicine*** – Senate Bill 3319 (Sen. Harmon) and House Bill 5313 (Rep. Feigenholtz), both initiatives of ISMS, were introduced as measures to increase access to medical care for patients in rural and other underserved areas by requiring health plans and policies to provide coverage for telehealth services. Specifically, the bill targeted primary care, counseling, psychiatry, emergency care, and specialty care as set forth in the Illinois Insurance Code.

Due to strong opposition from the insurance industry, neither House Bill 5313 nor Senate Bill 3319 were called for a vote in committee, but served as the starting point for negotiations with the insurance industry.

ISMS, along with the Illinois Hospital Association, successfully negotiated a compromise and amended Senate Bill 647 (Sen. Harmon/Rep. Feigenholtz). Through persistent negotiations with representatives of the insurance industry, ISMS was able to achieve unanimous support in the House and Senate for this legislation, which for the first time sets forth a definition in the Illinois Insurance Code for telehealth services, meaning the delivery of covered health services by way of an interactive telecommunications system. The bill sets forth many important protections for both patients and physicians providing telehealth services, such as preventing the use of telehealth services when a patient chooses an in-person consultation and banning any requirement that the physician must document a barrier to an in-person consultation for coverage of services to be provided through telehealth.

ISMS supported Senate Bill 647 as amended. The bill has been signed into law as Public Act 98-1091.

***Notice of Health Care Service Liens*** – House Bill 5656 (Rep. Schmitz), an ISMS initiative, would have amended the *Health Care Services Lien Act* to require that notice from an injured person or his or her authorized representative be provided to a lien holder in the same manner as a notice of a judgment, award, settlement, or compromise would be provided when a case is dismissed or a judgment is entered against the injured person.

Because of strong opposition from the Illinois Trial Lawyers Association, House Bill 5656 did not advance.

***Prior Authorization*** – House Bill 3638 (Rep. Fine/Sen. Kotowski) was introduced in the closing days of last year's session. The bill would have required the Department of Healthcare and Family Services and the Department of Insurance to jointly develop a uniform prior authorization form for prescription drug benefits by July 1, 2014. Beginning Jan. 1, 2015, or six months after the form is developed, every prescribing professional would be able to use that uniform prior authorization form to request prior authorization for coverage of prescription drug benefits.

Every health care service plan would be required to accept that form as sufficient to request prior authorization for prescription drug benefits. If a health care service plan failed to utilize or accept the prior authorization form, or if it failed to respond within two business days upon receipt of a completed prior authorization, the prior authorization request would be deemed to have been granted.

ISMS requested that the Illinois Medicaid plan be exempted from the bill, which the sponsors agreed to. With this change, ISMS supported the bill.

However, during this session, the bill was amended, deleting the language creating the uniform prior authorization. Instead, language was added that requires all health insurers who sell plans on the exchange/marketplace to make information available regarding a plan's covered benefits. This includes an up-to-date formulary, information on tiering and the cost sharing structure of each tier, and information on how to obtain the amount of co-payments.

It also requires plans on the exchange to publish a provider directory so consumers can view the provider network for each plan. The directory must be available on a plan's website as well as on the state-run website for the Health Insurance Marketplace/Get Covered Illinois.

The bill requires plans that are sold on the exchange marketplace to have a medical exceptions process for beneficiaries that allows prescribers to request any clinically approved prescription drug when any of the following occur:

- The drug is not covered based on the plan’s formulary;
- The plan is discontinuing coverage of the drug on the plans formulary; or
- If other drugs have been ineffective or are likely to cause an adverse reaction.

Exception requests must either be approved or denied within 72 hours of receipt, or within 24 hours in expedited cases, which is a national standard in Medicare Part D.

ISMS opposed the bill as amended. The medical exceptions imposed in this bill are more cumbersome than the current medical exceptions process in place that provides safeguards for consumers. ISMS is also concerned with how clinical appropriateness will be determined by each plan.

The bill also appears to prohibit or raise severe administrative barriers to “off-label” prescribing. Off-label prescribing includes prescriptions that have not gone through the FDA process to be indicated for the patient’s condition, but are prescribed under generally accepted medical practice.

Finally, the bill as amended allows any request for exception or prior approval to be reviewed by undefined “health care professionals.” ISMS believes that language requiring the reviewer to be someone who is licensed as a prescriber or dispenser would be an appropriate requirement that would reduce the incidence of inappropriate alternatives now offered by plans.

House Bill 3638, as amended, has been signed into law as Public Act 98-1035. ISMS intends to closely monitor how this law is implemented and will advocate for legislation to address problems that are likely to arise.

### **ALLIED HEALTH CARE PROFESSIONAL LICENSURE**

***Community Health Worker*** – House Bill 5412 (Rep. Gabel/Sen. Koehler) is an initiative of Health Connect One and the Chicago Community Health Workers Local Network, and is supported by Governor Quinn’s office. The purpose of this bill is to create an infrastructure that provides for certification and regulation of community health workers.

It creates a Community Health Worker Task Force within the Illinois Department of Public Health. As originally drafted, the definition of community health worker was very broad and could have been interpreted as an authorization to provide medical services.

ISMS successfully advocated for an amendment that removed conflicting and confusing language to ensure that the definition of “Community Health Worker” clearly states that it is not intended to authorize direct care or performance of activities that require a license. ISMS amendment also added a physician and an advanced practice nurse to the Community Health Worker Task Force and added language to ensure that the task force meetings are open to the public.

ISMS supported House Bill 5412 as amended. The bill has been signed into law as Public Act 0796.

***Dentists Providing Vaccines*** – Senate Bill 3409 (Sen. Manar/Rep. Fine) as originally introduced, and House Bill 5574 (Rep. Fine) would have allowed dentists to provide vaccines for shingles, HPV, hepatitis B, and influenza. This legislation was the top priority of the Illinois State Dental Society, which mounted a significant lobbying effort to secure its passage. ISMS strongly opposed this legislation for several reasons, which were ultimately addressed in subsequent amendments to Senate Bill 3409.

Due to ISMS opposition, Senate Bill 3409 now only allows dentists to provide flu shots to persons age 18 and over pursuant to a valid prescription or standing order by a physician, who in the course of their professional practice, administers vaccines to patients. The administration of the vaccine cannot be delegated to any assistant. The bill also contains several notification requirements to ensure that a physician continues to receive information about a patient's vaccination history. A dentist is only authorized to provide the vaccine if contracted with and credentialed by the patients' health insurance plan. Further, if the patient is a Medicare or Medicaid client, the dentist must be enrolled in those programs before providing a vaccine. Finally, the bill is now subject to an automatic sunset, meaning the bill will be reviewed by legislators and either extended or repealed on January 1, 2020.

ISMS was neutral on Senate Bill 3409 as amended. The bill has been signed into law as Public Act 98-0665.

***Illinois Physician Assistant Practice Act and Illinois Nurse Practice Act*** – House Bill 5337 (Rep. Verschoore), an ISMS initiative, is clean-up language to the *Illinois Physician Assistant Practice Act* and to the *Illinois Nurse Practice Act*. It adds the definition of “hospital affiliate” to both acts. This technical bill remains in the House Rules Committee.

***Medication Aides*** – Senate Bill 2958 (Sen. Steans/Rep. Feigenholtz) creates a Medication Aide Pilot Program, which authorizes the Department of Financial and Professional Regulation to issue licenses for “medication aides.” The pilot program is authorized for a three-year period and limits employment of medication aides to only 10 authorized long-term facilities in Illinois, all of which must meet specific statutory criteria. Any authorized facility must certify that medication aides will be supervised by a registered nurse. The legislation was supported by the American Nurses Association-Illinois.

ISMS also supported Senate Bill 2958, which has been signed into law as Public Act 98-0990.

***Naturopath Licensure*** – House Bill 3645 (Rep. Osmond) would have created the *Naturopathic Medical Practice Act* and provided for the regulation of “naturopathic physicians” through licensure by the Illinois Department of Financial and Professional Regulation.

Naturopaths hope to offer the public a form of “alternative treatment” that includes the use of nutrition, herbal therapy, homeopathy, and behavioral modification.

Naturopaths are neither trained nor capable of diagnosing and treating physical ailments. In the face of very strong ISMS opposition, the bill was never called for a vote in the House Health Care Licenses Committee.

**Optometrists** – Senate Bill 3109 (Sen. McGuire/Rep. Pihos) amends the *Illinois Optometric Practice Act* to allow for continued authority to prescribe hydrocodone by optometrists. This change was an initiative of the Illinois Optometric Association in response to the reclassification of hydrocodone as a Schedule II drug. With that change, optometrists in Illinois have been unable to prescribe this medication because current Illinois law prevents optometrists from prescribing any Schedule II drugs. Senate Bill 3109 preserves the current restrictions that only allow quantities sufficient to provide treatment up to 72 hours.

ISMS was neutral on Senate Bill 3109, which has been signed into law as Public Act 98-1111.

### **Pharmacists –**

- **Authorization to Administer the Meningococcal Vaccine** – Senate Bill 3277 (Sen. Althoff) amends the *Pharmacy Practice Act* to authorize pharmacists to provide the meningococcal vaccine to patients 10 through 13 years of age. This change would expand the range of ages of the patients to which pharmacists are currently allowed to administer this vaccine. Through the lobbying efforts of ISMS, the sponsor agreed to hold this legislation and the bill did not advance beyond the committee level.

The Illinois Pharmacists Association, Walgreens, and the Illinois Retail Merchants Association intend to pursue legislation next year that could include authority to administer all vaccines, provide basic primary care services, and provide for therapeutic substitution.

ISMS, along with other physician specialty groups, will strongly oppose this effort and any effort that inappropriately expands the scope of practice of pharmacists and seeks to weaken medical homes by promoting uncoordinated and episodic care.

- **Substitution of Biological Drugs** – Senate Bill 1934 (Sen. Munoz) amends the *Pharmacy Practice Act* to authorize a pharmacist to substitute a prescription biosimilar product for a prescribed biological product. This would be similar to how generic drugs are currently substituted for name-brand drugs, but with an additional requirement – that the pharmacist must notify the patient’s physician after the substitution is made.

ISMS strongly supported this requirement, as biologics and biosimiliars are much more complex than other prescriptive drugs. The Illinois Retail Merchants Association opposed any physician notification requirement. Senate Bill 1934 passed out of the Senate Executive Committee, but because an agreement could not be reached on the physician notification language, it was not called for a full vote before the Senate.

### **Physical Therapists –**

- **Direct Access** – Senate Amendment 1 to Senate Bill 637 (Sen. Raoul) was filed during deadline week in the Senate. The amendment would have removed the current physician referral requirement for physical therapists. Due to quick intervention by ISMS in the midst of this hectic deadline week, this legislative initiative did not advance beyond the committee level.

This bill would have removed the requirement that a patient receive a referral from a physician for physical therapy for two specific situations: (1) for interventions by a physical therapist in an educational environment or in any environment where early intervention services are delivered, and (2) for the purposes of providing consultation, habilitation, screening, education, wellness, prevention, environmental assessment, and work-related services to individuals, groups, or populations.

- **Dry Needling** – House Bill 1457 (Rep. Leitch/Sen. Clayborne) as originally introduced addressed how allowances were provided to residents in nursing homes.

An amendment was introduced in the Senate, however, that would have allowed physical therapists to use dry needling (which is also known as Intramuscular Manual Therapy – the insertion of needles deep into muscle tissue with repeated, aggressive thrusting and withdrawal of the needle) in their treatments.

On April 25, 2014, the Illinois Department of Financial and Professional Regulation (IDFPR) concluded that dry needling is not within the scope of practice of physical therapists in Illinois.

IDFPR cited two reasons for this determination:

First, all procedures listed in the *Illinois Physical Therapy Act* are non-invasive procedures; dry needling is invasive.

Second, there are no standards in place for physical therapists to perform intramuscular manual therapy or dry needling. The Department noted, “To be included in the scope of practice, the *Physical Therapy Practice Act* would need to clarify the entry-level education required to perform dry needling as well as the continuing education requirement. Without specific standards of practice in place, the Department has concerns about the ability of physical therapists to competently and safely perform intramuscular manual therapy or dry needling.”

ISMS opposed this amendment, which was not adopted by the Senate and remains in the Senate Committee on Assignments.

- **Insurance Co-payments** – Senate Bill 1626 (Sen. Sandoval/Rep. Dan Burke) would have created a mandate in the Insurance Code requiring that copayments and deductibles for physical therapy services be equal to copayments and deductibles for services provided by primary care physicians. This legislation faced significant opposition from the insurance industry and passed out of the Senate as a “shell bill,” one that has been amended to contain no substantive provisions.

Senate Bill 1626, as amended, was held in the House and remains in the House Rules Committee.

***Podiatrists and Physician Assistants*** – Senate Bill 3175 (Sen. Trotter) amends the *Physician Assistant Practice Act* to change the definition of “physician” to include a person licensed under the *Podiatric Medical Practice Act*. Senate Amendment 1 to the bill would have allowed podiatrists to supervise physician assistants, who would be authorized to provide medical services within the scope of their medical practice or multispecialty group.

Both ISMS and the Illinois Academy of Physician Assistants expressed concerns that by practicing with physician assistants, podiatrists would be supervising treatments outside of their scope of practice.

The amendment was not called in committee, and the bill remains in the Senate.

***Prescriptive Authority for Psychologists*** – Senate Bill 2187 (Sen. Harmon/Rep. Bradley) would have granted clinical psychologists who have a doctorate in psychology and complete a master’s program in psychopharmacology the authority to prescribe drugs used in the treatment of mental, emotional, and psychological disorders. During last year’s spring session, Senate Bill 2187 passed the Senate despite strong opposition from ISMS, the Illinois Psychiatric Society (IPS), and other physician specialty groups, as well as patient advocacy groups such as the National Alliance for Mental Illness.

ISMS, along with these other groups, asserted that simply requiring minimal instruction in pharmacology, neuroscience, and physiology independent of a professional’s overall education and training was not adequate to prepare a person to treat a patient. In addition, the collaborative agreement language was misleading and failed to require that the collaboration be with an Illinois physician licensed to practice medicine in all of its branches who provides mental health services.

The coalition opposing the bill insisted that clinical psychologists must include requirements in their bill for biomedical education and clinical training equal to or greater than that of a physician assistant.

Last year, ISMS was successful in stopping the bill in the House. The advocates, however, were not only extremely aggressive in their lobbying efforts this year, but also filed a number of amendments that appeared to improve the bill, including strengthening the collaborative agreement language to mirror what is required of APNs, as well as increasing the biomedical education and clinical training requirements to resemble that of a physician assistant. Legislators viewed these amendments as a major leap forward toward improving the bill; however, ISMS and IPS remained opposed and insisted on additional limitations to protect patient safety.

Under an amendment insisted upon by ISMS and IPS, Senate Bill 2187 has the strictest and most comprehensive education and training requirement among the states that allow for this prescriptive authority. In addition to fulfilling the educational and licensing requirements to be qualified as a clinical psychologist, in order to obtain a license to prescribe, the psychologist must also complete specified undergraduate coursework in areas such as Medical Terminology, Chemistry, Anatomy, and General Biology. In addition, a minimum of 60 credit hours of

didactic coursework must be completed by the psychologist. The didactic coursework must include the following topics: Pharmacology, Clinical Psychopharmacology, Clinical Anatomy, and Advanced Pathophysiology. As a capstone to this training, the psychologist must also complete a 14-month, full-time practicum. During this practicum, the psychologist must complete rotations focused on nine different medical specialties, such as Emergency Medicine, Internal Medicine, and Psychiatry.

The prescribing psychologist cannot prescribe to patients who are less than 17 years of age or over 65 years of age, nor can they prescribe to anyone who is pregnant or has a serious medical condition, such as heart disease, stroke, or seizures, or anyone with developmental and intellectual disabilities. Prescribing psychologists are specifically prohibited from prescribing the following: narcotics as defined in Section 102 of the *Illinois Controlled Substances Act*, benzodiazepines, and any Schedule II drugs.

These stringent requirements and restrictions are the direct result of strong efforts by ISMS and IPS. Our efforts received crucial support in the form of a generous grant from the AMA Scope of Practice Partnership, and we are grateful for their assistance.

ISMS and IPS were neutral on the bill as amended in the House. The bill has been signed into law as Public Act 98-0668.

***Surgical Pain Procedures*** – Senate Bill 3491 (Sen. Martinez) and House Bill 5506 (Rep. Zalewski) would have created the *Interventional Pain Procedures for Chronic Pain Act* and prohibited the practice of certain interventional pain procedures for pain medicine unless the person is a physician.

ISMS supported these bills, but due to strong opposition from a number of other allied health care groups, the bills were held in committee and did not advance.

## **MEDICAID**

***Four-Drug Limit for Medicaid Patients*** – A number of bills were introduced providing for exemptions to Illinois' four-prescription limit imposed under the medical assistance program:

- House Bill 2352 (Rep. Cassidy), an ISMS initiative, would have required the Department of Healthcare and Family Services, in consultation with statewide organizations representing prescribers, to develop a protocol that expedited review and approval of prescriptions for psychiatric conditions and chronic conditions such as asthma, hypertension, and diabetes. It also would have permitted the Department to exempt, by rule, prescriptions for antibiotics and other categories from the four-prescription limit imposed under the medical assistance program.
- House Bill 2469 (Rep. Chapa LaVia) would have exempted antipsychotic and anticonvulsant drugs used to treat severe mental illness from Medicaid's prior approval as a result of the four-prescription limit, and those drugs would not count toward the monthly prescription limit when used for the following mental disorders: post-traumatic

stress disorder, schizophrenia, schizoaffective disorder, bipolar disorder, or panic disorder.

- House Bill 3671 (Rep. Flowers) would have prevented the Department of Healthcare and Family Services from imposing limitations on prescription drugs in the Medicaid Program.
- House Bill 3688 (Rep. Harris) would have exempted generic antipsychotic drugs from the four-prescription limit imposed under the medical assistance program when used for treatment of schizophrenia, schizoaffective disorder or bipolar disorder.
- House Bill 4098, Amendment 1 (Rep. Flowers), would have required the Department of Healthcare and Family Services to pay a \$20 consultation fee to a physician or pharmacist any time he or she submitted a request for prior approval of one or more prescriptions in excess of the four-prescription drug limit in the state's Medicaid program.
- House Bill 5691 (Rep. Greg Harris) would have exempted recipients of medical assistance who reside in long-term care facilities from the four-prescription drug limitation under the state's Medicaid program.

None of these bills advanced, though a change to this prescription limitation was included in Senate Bill 741.

***Program Expansion*** – Senate Bill 741 (Sen. Trotter/Rep. Greg Harris) is an omnibus hospital assessment and Medicaid reform bill that not only reinstates some services that were cut under the *SMART Act*, but also establishes important requirements for Accountable Care Entities (ACEs) and Managed Care Organizations (MCOs). Specifically, Senate Bill 741:

- Reauthorizes Illinois hospital assessments, providing over \$2 billion of revenue to all Illinois hospitals with federal matching funds and at no cost to the state budget;
- Authorizes the State to apply for “ACA 400” money, which would bring an additional \$400 million of federal funds into Illinois for healthcare expenses;
- Holds all Illinois hospitals harmless from rate reform, and provides additional supplemental payments to safety net hospitals;
- Allows ACEs to become MCOs, provides patient and financial protections for ACE providers and members, institutes payment criteria for emergency services and stabilization care, and establishes network adequacy requirements;
- Allows the Cook County Health & Hospital System to apply for MCO status;
- Restores previous cuts to adult dental services for Medicaid clients;
- Restores previous cuts to podiatric services for Medicaid clients;

- Removes antipsychotic drugs from the 4-drug prior authorization limit, and allows the Department of Healthcare and Family Services to exempt children with complex medical needs in coordinated care entities from restrictions imposed by these limits; and
- Provides a sustainable funding source for the Illinois Poison Center.

Senate Bill 741 was signed into law as Public Act 98-0651.

### **MEDICAL LIABILITY**

***Statute of Limitations*** – House Bill 5512 (Rep. Nekritz/Sen. Mulroe), an initiative of the Illinois Trial Lawyers Association, was introduced in response to a case where a trust and estates attorney committed legal malpractice by not adequately protecting the assets of a client. The client developed dementia, which impeded the discovery of the legal malpractice. The client’s family attempted to take action on the legal malpractice, but the statute of limitations was closed, leaving the family and the client with no legal recourse.

House Bill 5512 extends the statute of limitations in cases when a person is not under a legal disability when their cause of action becomes known, but becomes under a legal disability before the time limit expires.

ISMS expressed strong concerns about extending the statute of limitations and opposed the language as originally drafted. ISMS was successful in advocating for an amendment clarifying that the statutes of repose for medical or legal malpractice remain valid. A statute of repose sets forth an ultimate time limit for bringing an action. For example, in no event can a lawsuit be brought against a physician more than four years after the date on which the cause of action occurred under this situation.

ISMS was neutral on the bill as amended. House Bill 5512 has been signed into law as Public Act 98-1077.

### **MEDICAL PRACTICE ACT**

***Appeal Process for License Revocation*** – Senate Bill 642 (Sen. Martinez/Rep. Sims) provides that if a licensed health care worker has been convicted of a forcible felony, other than a forcible felony requiring registration under the *Sex Offender Registration Act*, and the health care worker has had his or her license revoked, the health care worker may petition the Department of Financial and Professional Regulation to restore the revoked license. The bill also sets forth factors that the Department shall consider when determining whether a license will be restored.

ISMS was neutral on the bill, which was held in the House.

***Child Abuse – Additional Training*** – Senate Bill 3421 (Sen. Morrison/Rep. Feigenholtz) in its introduced form would have required all licensed professionals who are mandated reporters under the *Abused Neglected Child Reporting Act* to complete a course in mandated reporter training every five years. This mandate, which would have applied to over 30 licensed

professions, including physicians, was strongly opposed by ISMS. ISMS was able to amend the bill to remove the educational mandate.

As amended, Senate Bill 3421 now provides that the Department of Financial and Professional Regulation must award continuing education credit for mandated reporters who complete the mandated reporter training provided by the Department of Children and Family Services. With this change, the bill now provides an incentive for additional continuing education credits for those who have a practice area to which this type of training is relevant.

ISMS supported Senate Bill 3421 as amended. The bill has been signed into law as Public Act 98-0850.

***Expungement of Certain Offenses*** – Senate Bill 1841 (Sen. Mulroe/Rep. Sandack) provides that any licensee disciplined under a licensure act administered by the Department of Financial and Professional Regulation for an offense relating to the failure to pay taxes, child support, or student loans or relating to continuing education or advertising may file a petition with the Department to have the records of that offense removed from public view on the Department's website. The petition carries a \$200 non-refundable filing fee and is only available if the licensee meets specific conditions. If the Department approves the petition, the record of discipline is deemed confidential and removed from public view, but may be considered by the Department in future disciplinary actions.

ISMS supported this bill, which has been signed into law as Public Act 98-0816.

***Extension of the Medical Practice Act*** – Senate Bill 2812 (Sen. Martinez) and House Bill 4389 (Rep. Zalewski), both ISMS initiatives, would extend the *Illinois Medical Practice Act* 10 years from December 31, 2014, to December 31, 2024. This bill was not called for a vote during the spring session. It is expected that this legislation will be considered during the fall veto session.

***Physician Certification Verification*** – House Bill 3661 (Rep. Flowers) would have required physicians applying for medical licensure in Illinois to submit supporting documentation supplied by the Federation Credentials Verification Service (FCVS), along with documents presently required by the Department of Financial & Professional Regulation (IDFPR).

ISMS opposed this legislation. Physicians already have to submit the same information to IDFPR during the licensure process. Requiring physicians to submit information to this service and have it sent to IDFPR would have cost new applicants an additional \$350. Currently, physicians applying for licensure must pay \$700 to IDFPR every three years.

Due to ISMS opposition, House Bill 3661 failed in the House Health Care Licenses Committee.

***Professional Discipline*** – Senate Bill 232 (Sen. Haine/Rep. Nekritz) is an initiative of the Department of Financial and Professional Regulation that was amended significantly in order to address the concerns of ISMS. The bill originally created a vague, undefined standard for “good moral character” that could be used by the Secretary of IDFPR as a basis to revoke the license of any licensee, including a physician. The impetus behind this legislation was several court cases when the Department had revoked a license, but the revocation was overturned by the circuit court.

Through the lobbying efforts of ISMS, the bill now simply codifies a provision of already existing administrative rules that addresses the factors that IDFP must consider when determining whether a violation of a licensing act has occurred. The bill also references the current requirement for “good moral character” set forth in the *Medical Practice Act*.

ISMS was neutral on Senate Bill 232 as amended. The bill has been signed into law Public Act 98-1047.

***Volunteer License*** – House Bill 4593, an initiative of ISMS, allows physicians and other health care professionals who no longer accept compensation for treatment and who voluntarily practice at a free medical or public health clinic to be eligible for a license without fee to practice at such clinics. Physicians and other health care professionals issued a volunteer license must meet all other licensure requirements including continuing medical education. IDFP expressed concerns about costs related to validating applications. The bill was amended to allow IDFP to charge a nominal fee for any volunteer license granted after the first 500 free licenses.

ISMS supported House Bill 4593 as amended. The bill has been signed into law as Public Act 98-0659.

### **MEDICAL RECORDS, PRACTICE AND REGULATION**

***Access to Mental Health Services*** – Senate Bill 2586 (Sen. Steans/Rep. Gabel) provides that the Governor’s Office of Health Innovation and Transformation (GOHIT) shall be responsible for identifying the needed mental health and substance abuse services for the different geographic regions of Illinois, as well as strategies for developing and paying for those services. GOHIT shall be responsible for identifying the needed services and financing strategies with regard to:

- Network adequacy in all counties of the state;
- Medical home;
- Systems of care for children;
- Care coordination;
- Access to quality care and treatment;
- Workforce development for the workforce that treats this population;
- Information technology for the delivery of these services;
- Necessary continuum of care; and
- Reducing health care disparities.

Under this legislation, GOHIT is required to work with all necessary divisions within the Department of Human Services, Department of Healthcare & Family Services, and the Department of Public Health; mental health and substance abuse providers; advocacy groups; and any other appropriate entities. Senate Bill 2586 requires that GOHIT shall report its findings to the General Assembly by July 1, 2015.

ISMS was neutral on Senate Bill 2586, which passed both houses and has been sent to the governor for further action.

***Anatomic Pathology Billing*** – Senate Bill 1630 (Sen. Haine/Rep. Feigenholtz), is an initiative of the Illinois Society of Pathology. As originally introduced, the bill amended the *Medical Practice Act* to prohibit any clinical laboratory or other physician from charging, billing or

otherwise soliciting payment for anatomic pathology services unless the services were rendered personally by the clinical laboratory or physician, or under the clinical laboratory's or physician's direct supervision.

This legislation was originally introduced in 2013 and was the subject of great controversy within the physician community. Several specialties including dermatologists, obstetricians, gynecologists, and gastroenterologists opposed this legislation. The pathologists insisted their legislation was consistent with legal prohibitions on fee splitting and billing for services not performed by the physician submitting the bill. ISMS held several meetings with the pathologists and other specialties, but could not come to a compromise to resolve the issue.

The pathologists did make attempts to remove opposition. Senate Amendment 4 re-wrote the bill to amend the *Medical Patient Rights Act* to prohibit the markup of anatomic pathology services. It requires that a physician who orders, but does not supervise or perform, an anatomic pathology service to disclose in a bill to the patient the name and address of the physician or laboratory that provides the pathology service and the amount paid or to be paid for each pathology service. The amendment does not prohibit a referring physician from charging a specimen acquisition or processing charge under certain circumstances.

Senate Bill 1630, as amended, passed both houses. ISMS remained neutral on the legislation, though other medical specialties remained opposed. Governor Quinn amendatorily vetoed the bill on August 5. He added language that provides IDFPR explicit authority to discipline a physician for an improper markup of a bill, and added language clarifying that referring physicians can choose to send specimens to any laboratory providing anatomic pathology services.

The legislature is scheduled to begin its veto session on November 19<sup>th</sup>. It is at that time, the sponsors of the bill will either file a motion to override the governor's amendatory veto or accept it.

### ***Prescriptions of Controlled Substances –***

- ***Illinois Task Force on Heroin*** – Early in the spring session, the Illinois House of Representatives created the Legislative Task Force on Heroin and charged the panel with studying the need for legislation and making recommendations as how to address the growing problem of heroin use. Legislators have targeted what they believe to be an over-prescription of opioids as the leading cause of heroin addiction.

ISMS has offered testimony and statements to members of the task force emphasizing the strong precautions physicians already take when prescribing opioids, citing research that demonstrates Illinois has some of the lowest prescription rates in the country. ISMS continually promotes education on this important issue, both among health care professionals and patients.

It should be expected that the task force will make a series of legislative recommendations to be introduced in the 2015 spring legislative session. ISMS expects some of these proposals to target the medical community; they could include mandatory CME, mandatory use of the Prescription Monitoring Program prior to prescribing,

separate licensure of so-called “pill mills,” codification of particular evidence-based guidelines, requiring toxicology screening of patients who are prescribed opioids, and much more.

- ***Medically Necessary Prescriptions of Controlled Substances*** – House Bill 5527 (Rep. Reboletti) would have amended the *Illinois Controlled Substances Act* and would have penalized patients for knowingly withholding information from health care professionals from whom a patient seeks to obtain a prescription for a controlled substance. House Bill 5527 would also prohibit health care professionals from prescribing controlled substances if such prescriptions are not medically necessary or prescribing an amount of controlled substances that is not medically necessary. House Bill 5527 would have made such actions a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense.

ISMS opposed this bill, which was never called in committee.

- ***Patient Access to Extended-Release Hydrocodone*** – Amendment 1 to House Bill 4098, (Rep. Yingling) would have required patients who are prescribed a 90-day supply of an extended-release hydrocodone to attend an in-person visit with the initial prescribing physician.

ISMS opposed the bill as amended, which was not called on the House floor. The bill was re-referred to the House Rules Committee.

***Disclosure of Health Records in Criminal Proceedings*** – Senate Bill 3110 (Sen. Hastings/Rep. Cassidy) is an initiative of the Cook County State’s Attorney and amends the Code of Civil Procedure to expand the current list of circumstances under which a physician is permitted to disclose patient information. The bill provides that a physician is authorized to disclose patient information upon the issuance of a grand jury subpoena. The bill specifies that when this disclosure is pursuant to a grand jury subpoena, if the charge is domestic battery or a sex offense, or when the patient is under the age of 18 or upon request of the patient, the State’s Attorney shall petition the court for a protective order for the disclosed information.

ISMS worked with the Cook County State’s Attorney on the drafting of Senate Bill 3110. ISMS supported the bill, which has been signed into law as Public Act 98-0954.

***Electronic Health Records Exchange*** – House Bill 5925 (Rep. Feigenholtz/Sen. Steans) is an initiative of the Governor’s Office of Health Innovation and Transformation (GOHIT). Its purpose is to encourage the use of electronic Health Information Exchanges (HIEs) and it updates laws related to the disclosure of HIV-related information and genetic information to reflect the current state of the health care market place.

House Bill 5925 establishes criteria under which health related information can be shared electronically. The bill also updates the definition of “informed consent” to include informing a patient that his or her information may be shared with an HIE. Patients must be given an opportunity to opt-out of having their information shared with an HIE.

ISMS successfully advocated for an amendment that ensures that professionals are afforded authority to share information by amending the *Medical Patients’ Rights Act* and the Code of

Civil Procedure. ISMS also amended the immunity protections so they apply to both health care “providers” and “professionals” (the terms overlap so much there is almost no distinction, but federal law uses both terms), and included professional immunity in sections that provided for civil and criminal immunity.

ISMS supported House Bill 5925 as amended. The bill has been signed into law as Public Act 98-1046.

***Hospital Discharges*** – House Bill 5402 (Rep. Cloonen) would have created the *Caregiver Advise, Record, and Enable Act*. The bill would have required that before a patient is discharged from a hospital and no later than 24 hours after a patient enters a hospital, the hospital shall provide the patient or the patient's legal guardian with the opportunity to designate a caregiver. The hospital would have to document the patient's designation of a caregiver and provide instruction regarding after-care tasks to the caregiver. The hospital would have been required to notify the patient's caregiver at least four hours before the patient is discharged.

ISMS opposed House Bill 5402, which never was assigned to a substantive committee and remains in the House Rules Committee.

***Mandated Testing for Cytomegalovirus*** – House Bill 4199 (Rep. Nekritz) would have required the Illinois Department of Public Health to establish and maintain a public education program to inform pregnant women and women who may want to become pregnant about cytomegalovirus (CMV). The bill would have also required physicians treating newborns to test any newborn who fails a newborn hearing screening for CMV before the newborn is 21 days old and provide to the parents information regarding birth defects caused by congenital CMV and available methods of treatments.

ISMS, along with the Illinois Chapter of the American Academy of Pediatrics (ICAAP) supported creating a public education campaign, but opposed language mandating that physicians test for the virus, as this would legislate the practice of medicine. Most experts do not recommend routine CMV testing in newborns, partly because congenital CMV is uncommon and usually causes no problems. Also, CMV screening would subject newborns to a separate test, since blood tests are not ideal for detecting the virus.

Because of concerns expressed by both ISMS and ICAAP, the bill was not called for a vote in committee.

### ***Hepatitis C*** –

- ***State Task Force on Hepatitis C*** – Pursuant to legislation enacted last year, the General Assembly created the Hepatitis C Task Force, which is comprised of lawmakers, health care professionals, and other key stakeholders. The goal of the task force is to raise awareness of this disease and formulate state policies that will reduce the number of deaths related to hepatitis C. The task force has scheduled a series of public hearings to gather information to accomplish this goal.

ISMS will offer testimony at a task force hearing emphasizing the importance of education on this issue, particularly as it relates to testing, who should be tested, and risk

factors that increase a person's exposure to hepatitis C. Various treatments that are available to patients and their related costs will also be discussed.

It is expected that the task force will have a series of legislative recommendations to be introduced next session. These recommendations could include public education campaigns, insurance mandates for treatments, and mandates on physicians to offer hepatitis C testing to patients within the current CDC guidelines.

- ***Mandatory Testing for Hepatitis C*** – Senate Bill 2670 (Sen. Mulroe) creates the *Hepatitis C Screening Act*. This Act would have required physicians and facilities providing health services to offer a hepatitis C-related test to all individuals born between the years of 1945 and 1965.

ISMS opposed this legislation, which was partly initiated in response to guidelines issued in 2012 by the Centers for Disease Control and Prevention. These guidelines recommend hepatitis C testing for specific populations, including those of the “baby boomer” generation. The sponsor of this legislation held a “subject matter only” hearing on this legislation, at which ISMS and other groups offered testimony in opposition to this bill.

Given recent media attention regarding the prevalence of hepatitis C in certain populations and issues associated with the high cost of treatment, this legislation will emerge again, either as a task force recommendation or to be considered on its own merits.

**Illinois Blood Bank Act** – Senate Bill 3077 (Sen. Mulroe/Rep. Sandack) amends the *Blood Bank Act*. This was an ISMS initiative to simply make technical changes to the Act to ensure that certain sections were consistent with the provisions of the *Physician Assistant Practice Act* and the *Nurse Practice Act*.

Senate Bill 3077 has been signed into law as Public Act 98-0767.

***Patient Transfers*** – House Bill 4484 (Rep. Reboletti), an ISMS initiative, would have required, in cases when patients are being transferred, the transferring facility to provide the receiving facility with a form developed by the Department of Public Health that lists certain specified information about the patient.

The Illinois Hospital Association and groups representing nursing homes had significant concerns about how this mandate would impact electronic transfer forms. It was agreed that this initiative required additional research and therefore was not called for a vote in committee.

***POLST*** – Senate Bill 3076 (Sen. Mulroe/Rep. Feigenholtz) is an initiative of ISMS to improve the current Department of Public Health “Do-Not-Resuscitate Advanced Directive,” more commonly referred to as the DNR form. The initial goals of this legislation were to (1) rename the form “Practitioner Order for Life Sustaining Treatment” or “POLST” form and (2) authorize physician assistants, advanced practice nurses, and residents who have completed one year of residency to sign the form, in addition to physicians.

As this bill made its way through the legislative process, ISMS faced significant opposition from several groups, which was ultimately neutralized to secure successful passage. The Department

of Public Health was reluctant to implement any changes to the form. While ISMS was able to work with the Department with to address their concerns and obtain their neutrality on the bill, the Illinois Family Institute and other pro-life groups remained opposed to the legislation. While unrelated to the changes sought by ISMS, these groups used this legislation as a means to discuss larger “end-of-life” issues and the existence of advance directives in general. However, with a strong effort by ISMS, SB 3076 received even more votes on concurrence in the Senate than in the bill’s first vote in that chamber.

Senate Bill 3076 has been signed into law as Public Act 98-1110.

***Power of Attorney for Health Care*** – Senate Bill 3228 (Sen. Haine/Rep. Williams) is an ISMS initiative to improve and streamline the Illinois Power of Attorney for Health Care form. The legislation set forth changes to the current form in order to create a form with much simpler language. The notice section has been improved by removing confusing legal verbiage and complex sentences, replacing them with an easier-to-read, question-and-answer format that guides patients through the specific decisions that must be made when executing a power of attorney for health care form. These changes improve the understanding of individuals trying to make health care planning decisions. ISMS was able to achieve consensus on this legislation by working with representatives of a variety of practice groups within the Illinois State Bar Association.

Senate Bill 3228 has been signed into law as Public Act 98-1113.

***Treatment for Unaccompanied Minors*** – House Bill 4501 (Rep. Greg Harris/Sen. Steans) is an initiative of the Chicago Coalition for the Homeless, and was introduced to help homeless children obtain medical services. As originally drafted, the bill would have broadly defined “unaccompanied minor” to mean any minor who is living separate and apart from his or her parents or legal guardian, and is managing his or her own personal affairs. The bill would have permitted health care professionals to provide any type of treatment to a minor who represented him or herself as an unaccompanied minor.

ISMS had serious concerns with how broadly the original bill was drafted. ISMS successfully amended the bill to allow physicians, APNs, and PAs to provide primary care to minors who, in the professional opinion of the health care professional, understand the risks and benefits of the primary care treatment being offered, and who provide in writing a statement attesting to the fact the minor is unaccompanied and seeking health care. This statement must be completed by an adult relative, social service agency, school social worker, attorney, or religious organization representative.

ISMS supported House Bill 4501 as amended, which has been signed into law as Public Act 98-0671.

## **PUBLIC HEALTH**

***Funding for Illinois Poison Center*** – The Illinois Poison Center started this year facing an imminent funding shortfall. Without more revenue, the Center could have closed as early as June 30, 2014.

House Bill 4230 (Rep. Lilly) and Senate Bill 2674 (Sen. Harmon) were introduced to keep the Center open. These bills would have created a dedicated and sustainable funding source for the Center by designating a portion of the cell phone surcharge for allocation to the Center. Unfortunately, due to strong opposition from municipalities and other groups, neither bill advanced.

Proponents also filed Senate Bill 3006 (Sen. Harmon) and House Bill 4575 (Rep. Lilly), which would have appropriated \$1,331,100 from the General Revenue Fund to the Department of Public Health for grants to the Center. Neither bill advanced.

The legislature did, however, provide \$2 million in funding for the Center in Senate Bill 741, which has been signed into law as Public Act 98-0651.

***EPI Auto-Injectors*** – House Bill 5892 (Rep. Mussman/Sen. Manar) is an initiative of the Attorney General’s office. The language expands the list of professionals who may administer epi-pens in schools. Current law authorizes a school nurse to provide or administer an epi-pen that matches a student’s prescription on file or administer an epi-pen to any student who is having an anaphylactic reaction.

House Bill 5892 expands this authorization to anyone trained on how to recognize and respond to anaphylaxis. School nurses and other trained personnel are authorized under House Bill 5892 to administer an epi-pen to anyone (not just a student) who they believe in good faith is having an anaphylactic reaction on school grounds or at a school function. The State Board of Education and the Department of Public Health will make materials available for educating trained personnel on anaphylaxis.

The bill, as originally drafted, would have allowed advanced practice nurses without a collaborative agreement to prescribe epi-pens to a school. ISMS opposed this language and successfully advocated for an amendment to delete it, clarifying that prescriptions or standing orders for epi-pens can only be written by a physician, physician assistant who has been delegated prescriptive authority for asthma medication or epinephrine, or an advanced practice nurse who has been delegated prescriptive authority for asthma medication or epinephrine. ISMS also secured immunity from civil, criminal, and professional liability for these health care professionals for any injury arising from the self-administration of asthma medication or the self-administration or undesignated use of an epi-pen.

ISMS was neutral on the bill as amended. The bill has been signed into law as Public Act 98-0795.

***Lead Poisoning Prevention*** – House Bill 5410 (Rep. Gabel/Sen. Mulroe) amends the *Lead Poisoning Prevention Act* and requires physicians and other health care professionals to test (as opposed to the current requirement to screen) children younger than six years of age for lead poisoning, if those children live in high risk areas as designated by the Illinois Department of Public Health (IDPH), and to report positive results to IDPH. Children seven years and older and pregnant women may also be tested (as opposed to screened) by physicians or other health care professionals in accordance with rules adopted by IDPH. Physicians and other health care professionals must report positive results to IDPH.

House Bill 5410 also deletes language requiring IDPH to apply to the Department of Healthcare and Family Services for all approved lead poisoning testing and evaluation activities for Medicaid-eligible children. The bill provides instead that IDPH shall certify, as required by the Department of Healthcare and Family Services, any non-reimbursed public expenditures for all approved lead poisoning testing and evaluation activities for Medicaid-eligible children expended by IDPH from the non-federal portion of funds. The bill requires the Department of Healthcare and Family Services to provide appropriate Current Procedural Terminology (CPT) codes for all billable services and to claim federal financial participation for the properly certified public expenditures.

ISMS was neutral on this bill, which has been signed into law as Public Act 98-0690.

***Mammography Reports*** – House Bill 3765 (Rep. McAuliffe/Sen. Mulroe) as originally drafted would have required every provider of mammography services, in the instance of a patient's mammogram demonstrating dense breast tissue, to provide the patient a written summary of the mammography report stating that dense breast tissue makes it more difficult to identify cancer and may also be associated with an increased risk of cancer. The goal of the summary would also be to encourage women to talk to their physicians about getting additional tests.

ISMS opposed this language because this bill would legislate the practice of medicine. There is also no consensus within the scientific community on the relationship between breast density and cancer risk. Furthermore, there is no reliable method for assessing breast density, and no clinical guidelines that recommend additional screening solely on the basis of high breast density.

ISMS offered an amendment, which was adopted, stripping the bill of the mandatory report and replacing it with changes to the written summary on breast cancer currently published by Department of Public Health. The written summary, which already includes information on the meaning and consequences of “dense breast tissue,” will also inform patients of potential recommended follow-up tests and studies concerning dense breast tissue.

ISMS supported the bill, which has been signed into law as Public Act 98-0886.

***Public Self Care of Diabetes*** – Senate Bill 3149 (Sen. Hunter/Rep. Welch) is an initiative of ISMS. The bill creates the *Public Self Care of Diabetes Act*. The new act provides that a person with diabetes, or parent or legal guardian of a person with diabetes, may self-administer insulin or administer insulin for his or her child in any location, public or private, where the person or their parent or legal guardian are authorized to be, irrespective of whether the injection site is uncovered during or incidental to the administration of insulin.

Senate Bill 3149 received unanimous support in both houses has been signed into law as Public Act 98-0844.

### **WORKERS' COMPENSATION**

***Chiropractic Care of Day and Temporary Laborers*** – Senate Bill 3475 (Sen. Munoz), House Bill 5476 (Rep. Acevedo), and Amendment 1 to House Bill 4168 (Rep. Acevedo) would have required chiropractors treating temporary and day laborers for workplace injuries to do all of the following:

- Obtain the name and address of the day or temporary labor service agency employing the patient and maintain that information for five years;
- Provide the patient a written notice in English and Spanish with information on workers' compensation fraud, and require the prospective patient to sign the form stating that he or she has read and understood the notice;
- Limit any transportation fee charged to the patient for an appointment to not more than \$50 one way and \$100 round trip; and
- Provide to the patient or prospective patient a written statement confirming that the patient will only receive treatment that is of a genuine medical necessity and that the patient has the right to review all billing codes with his or her health insurance company or workers' compensation benefit provider to ensure that he or she is only receiving treatment that is medically necessary.

While the bill targeted chiropractors, ISMS had concerns about how this bill could impact physicians. Because of our concerns, none of the bills advanced.

***Immunity of Service Organizations*** – Senate Bill 3287 (Sen. Raoul/Rep. Bradley) amends the *Workers' Compensation Act* to limit the immunity of service organizations providing safety advice to employers. The bill provides that a service organization providing safety advice must be wholly owned by an employer in order to qualify for immunity from suits related to workplace accidents. This legislation was an initiative of the Illinois Trial Lawyers Association and was drafted in response to an adverse court decision, *Mockbee v. Humphrey Manlift Company*. In that case, the First District Appellate Court held that a company that provided a safety assessment of a manlift at a factory was immune from suit following a workplace accident. Specifically, the Court looked at the plain language of the *Workers' Compensation Act*, which explicitly provided statutory immunity for all service organizations, not just ones “wholly owned” by the employer. SB 3287 essentially codifies the arguments of the losing party in this case.

This bill does not impact health care professionals and for that reason, ISMS was neutral. Senate Bill 3287 has been signed into law as Public Act 98-0633.