



**SB 1585 – Physician Assistant Practice Act (225 ILCS 95/)**

**Public Act 100-0453**

Summary prepared by Illinois Hospital Association June,  
2017

**Amendment.** Amends several state Acts, including provisions of Medical Practice Act and changes “supervisory” relationship with physician to “collaborative” one in all related Acts.

**Application.** Applies to all persons seeking licensure in Illinois as Physician Assistant.

**Definitions (225 ILCS 95/4).**

- Revises terms, including:
  - “*Physician assistant*” means any person not holding an active license or permit issued by IDFPR to a person licensed under the Medical Practice Act and has been certified as a PA by the National Commission on the Certification of Physician Assistants or its successor agency and performs procedures in collaboration with a physician.
    - ❖ Any person licensed or issued a permit as a physician will have that license automatically placed into inactive status upon PA license issued;
    - ❖ Anyone holding an active PA license who is issued a license or permit pursuant to the Medical Practice Act will have their PA license automatically placed into inactive status.
  - “*Physician assistant practice*”
    - ❖ Perform procedures within the specialty of the collaborating physician;
    - ❖ Collaboration with the PA shall not be construed to require the presence of physician at all times or all places, as long as there is communication available for consultation;
    - ❖ Collaborating physician may delegate tasks and duties that must be consistent w/PA education, training and experience;
    - ❖ Delegated tasks and duties must be implemented and reviewed under a written collaborative agreement (WCA);
    - ❖ A PA is permitted to transmit the collaborating physician’s orders as determined by the institution’s bylaws, policies or procedures or the job description within which the physician/PA team practices;
    - ❖ PA’s must practice only in accordance with a WCA, except as provided in Section 7.5 of this Act (*hospitals, hospital affiliates and ASTCs*).
  - *Collaborating physician* means the physician who, within their specialty and expertise, may delegate a variety of tasks and procedures to the PA. The tasks and procedures must be delegated in accordance with a WCA.

**Advertising (225 ILCS 95/5.3).** Amends PA Act to create distinct sections addressing Advertising and Billing.

- *Advertise* means solicitation by the licensee or through another person or entity by means of hand bills, poster, circulars, motion pictures, radio, newspapers, or television or any other manner.
  - Licensed PAs may advertise professional services in the public media or on the premises where the professional services are rendered. Advertising information is limited to publicizing:
    - ❖ Name, title, address, office hours and phone numbers;
    - ❖ Info related to PA's specialization, including Board certification or limitation of practice;
    - ❖ Collaborating physician's name, title, and areas of specialization;
    - ❖ Usual and customary fees for routine services w/notice regarding that fees may be adjusted due to complications or unforeseen circumstances;
    - ❖ Announcements of openings, changes, absence from or return to business;
    - ❖ Announcements of additions to or deletions from professional licensed staff;
    - ❖ Issuance of business or appointment cares.
  - Unlawful for PA to assert claims of superior quality of care to entice the public and unlawful to advertise service fee comparisons with those of other licensed persons.
  - Prohibits false, fraudulent, deceptive or misleading material or guarantees of success, statements that play upon the vanity or fears of the public or statements that promote or product unfair competition.
  - Unlawful and punishable to knowingly advertise acceptance of payments that convey impression of eliminating need or required deductible or copayment applicable in patient's health benefit plan.
  - Licensed PA must include in every advertisement their title as it appears on the license or the initials authorized under this Act.

**Billing (\$5.5).**

- PA is not allowed to personally bill patients or in any way charge for services:
  - The PA's employer may charge for the PA's services;
  - All claims for PA services must be submitted using the PA's national provider identification number as the billing provider whenever appropriate;
  - Payment for PA services will be made to his or her employer if the payor would have made payment had the services been provided by a licensed physician.

**Title (225 ILCS 95/6.0).**

- A PA must verbally identify himself or herself as a PA, including specialty certification, to each patient.
- Nothing in the Act relieves a PA of professional or legal responsibility for the care and treatment of persons attended by him or her.
- Collaborating physician must file w/IDFPR notice of employment, discharge or assumption of collaboration with a PA.

**Collaboration Requirements. (225 ILCS 95/7.0).**

- Allows a collaborating physician to collaborate with a maximum of 5 FTE PAs. FTEs for this section means the equivalent of 40 hrs/week/individual. Physicians and PAs working

in hospitals, hospital affiliates or ASTCS as defined by Section 7.7 of this Act are exempt from the collaborative ratio restriction requirements.

- PAs may only collaborate with physicians who are engaged in clinical practice or in clinical practice in public health or other community health facilities.

**Written Collaborative Agreements; Prescriptive Authority (§7.5).**

- A WCA is required for all PAs to practice, except as provided in Sec. 7.7 of this Act. A WCA must describe the:
  - Working relationship of the PA with the collaborating physician;
  - Categories of care, treatment or procedures to be provided by the PA;
  - PA services shall be those that the collaborating physician is authorized to and generally provides to his/her patients;
  - Does not have to describe exact steps w/respect to each specific condition, disease or symptom but must specify which authorized procedures require the presence of the collaborating physician as the procedures are being performed;
  - Methods of available communication for consultation.
- WCA is considered adequate if the physician does each of the following;
  - Participates in joint formulation and joint approval of orders or guidelines and periodically reviews the orders and services;
  - Provides at least monthly consultation;
  - Provides WCA to IDFPR along with PA able to do the same.
- PA must inform each collaborating physician of all signed WCAs – and provide a copy to any collaborating physician upon request.
- Collaborative physicians may, but are not required to, delegate prescriptive authority:
  - To prescribe Schedule II, III, IV or V controlled substances a PA must obtain a mid-level controlled substance license;
  - Medication orders must be reviewed periodically by collaborating physician;
  - Collaborating physician must file a notice of delegation of prescriptive authority and termination of delegation w/IDFPR;
  - Upon receipt of the delegation notice to IDFPR, PA is eligible to register for mid-level controlled substance license under Section 303.05 of the Illinois Controlled Substance Act.
  - Delegation of Schedule II controlled substances to PAs mandate the following:
    - ❖ Specific Schedule IIs may only be oral dosage or topical or transdermal application that are routinely prescribed by the collaborating physician;
    - ❖ Limit prescription to only a 30 day supply, with any continuation authorized only after prior approval of collaborating physician;
    - ❖ PA to discuss the patient’s condition monthly for whom a controlled substance is prescribed monthly w/collaboration physician;
    - ❖ PA must meet the education requirements under Section 303.05 of the Illinois Controlled Substance Act.

- Nothing in this Act shall be construed to authorize a PA to provide health care services required by law or rule to be performed by a physician.
- Nothing in this Section shall be construed to apply to any medication authority, including Schedule IIs of a PA for care provided in a hospital, hospital affiliate or ASTC pursuant to section 7.7 of the Act.

**Physician Assistants in Hospitals, Hospital Affiliates, or Ambulatory Surgical Treatment Centers (§7.7).**

- Licensed PAs may provide services in these licensed settings without a WCA if they possess clinical privileges recommended by the setting’s medical staff and granted by their respective governing authority.
- PAs practicing in hospital affiliates may, but are not required to be, granted authority to prescribe Scheduled II through V controlled substances when recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate;
  - To prescribe controlled substances under this subsection, a PA must obtain a mid-level controlled substance license;
  - Medication orders must be periodically reviewed by the appropriate hospital affiliate physician committee or its physician designee;
  - Hospital affiliate must file delegation and termination notice w/IDFPR;
    - ❖ Once received by IDFPR, PA eligible to register for mid-level practitioner controlled substance license under Section 303.05 of Illinois Controlled Substance Act;
  - Additionally, a hospital affiliate may, but is not required to, delegate authority for Schedule II controlled substances with delegated authority complying with the following:
    - ❖ Specific Schedule IIs may only be oral dosage or topical or transdermal application that are routinely prescribed by PAs in their area of certification;
    - ❖ Identify the specific Schedule II by either brand or generic name;
    - ❖ Prohibits authority to prescribe or dispense Schedule II delivered by injection or other routes (not explicitly identified in this section);
    - ❖ Any authority granted must be limited to the practice of the PA;
    - ❖ Limit prescription to only a 30 day supply;
    - ❖ PA to discuss the patient’s condition monthly for whom a controlled substance is prescribed monthly w/the appropriate hospital affiliate physician committee or its physician designee;
    - ❖ PA must meet the education requirements of the Illinois Controlled Substance Act (§303.05).

Continuing Education (225 ILCS 95/11.5) Amends Act to add new section.

- IDFPR to adopt rules that require 50 hours of CE per 2 year license renewal cycle that:
  - Will not be inconsistent w/requirements for relevant national certifying bodies or State or national professional associations;

- Must address variances in part or in whole for good cause, including but not limited to, illness or hardship;
- Ensure that licensees have opportunity to participate in programs sponsored by or through their state or national professional associations, hospitals or providers of continuing education.
- Completion of the 50 hours is deemed to satisfy the CEU requisites for PA license renewal.
- Each licensee is responsible for maintaining records of completion and making them available upon request by the Department.

Renewal/Expiration (225 ILCS 95/16). Adds new language.

- PA Certification by the National Commission on Certification of Physician Assistants, or an equivalent successor agency, is not required for PA license renewal.

Grounds for Disciplinary Action (225 ILCS 95/21).

- Revises prior one and adds seven new grounds that IDFPR may cite as cause for refusal to issue, renew, revoke suspend or take disciplinary or non-disciplinary action, including fines not to exceed \$10,000 per violation.
- Allows IDFPR to include substance abuse or sexual offender evaluation in its enforcement activity and specifies parameters for conducting the evaluations.

Act takes effect on becoming law.