

2019 LEGISLATIVE REPORT

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



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State
Medical
Society

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Dear Colleague,

The 2019 spring legislative session was one of the most active sessions in memory, with Governor Pritzker successfully pursuing an aggressive legislative agenda that includes the following:

- A gradual increase in the state's minimum wage, bringing it to \$15 an hour by 2025;
- A constitutional amendment to change the state's flat income tax to a graduated income tax;
- A first-in-a-decade multi-billion-dollar infrastructure plan that has multiple sources of funding, including a \$1-per-pack increase in the state's cigarette tax;
- Legalization of adult-use recreational marijuana;
- A progressive abortion/reproductive rights act;
- A gaming expansion that includes giving Chicago what could be one of the largest casinos in the country;
- Legalization of sports betting;
- A full-year budget that includes increases in education spending, an increase in spending to overhaul the state's Department of Children and Family Services (DCFS), and additional revenue to improve the state's licensure program for physicians; and
- Comprehensive Medicaid managed care reform.

While ISMS was an important stakeholder in negotiations on some elements of the larger issues, we also achieved a number of significant victories on other key pieces of legislation:

- Protecting public health by increasing the smoking age to 21;
- Prohibiting smoking in cars when minors are present;
- Increasing insurance coverage for mental health and substance abuse services;
- Preventing arbitrary limits on opioid prescriptions;
- Preventing inappropriate expansions of other healthcare professionals' scope of practice;
- Advocating against a number of onerous mandates on physicians and health systems; and
- Negotiating a bill introduced by the plaintiff's bar, to ensure fairness in our medical liability system.

I encourage you to read this document, and consider how the outcome of each of these issues could be different if ISMS were not advocating for you in Springfield.

I also urge you to share this document with your colleagues to show them the value of being a member of the Illinois State Medical Society. On behalf of the Board of Trustees, I would like to thank every physician member who makes ISMS' efforts possible.

Sincerely,

Paul Pedersen, MD
President, Illinois State Medical Society

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FISCAL YEAR 2020 STATE BUDGET

The General Assembly passed a full-year budget in SB 262 (Sen. John Cullerton/Rep. Greg Harris), which was signed into law by Governor Pritzker as Public Act 101-0007.

The FY 2020 state budget, effective July 1, 2019, totals \$40.6 billion in general revenue funds (GRF). GRF funding highlights include:

- Elementary and secondary education funding jumps by \$375 million;
- Early childhood education gets a \$50 million increase;
- Higher education sees a 3-9% funding raise;
- Human services programs not funded during the budget impasse receive increases, with overall human services spending \$567 million above FY19;
- Pension fund payments will be made as scheduled;
- Rate increase for mental health and psychiatry providers; and
- \$1.2 billion will be allocated to the unpaid bill backlog. A large portion of this backlog is related to various payments owed to physicians and other healthcare professionals.

After four years of continuous political feuding between Republican Governor Bruce Rauner and strong Democratic majorities in the General Assembly, including more than two years without an approved state budget, JB Pritzker won the Governor's office last November and entered his first session with excitement among Democratic legislators and other constitutional officers. Pritzker used his "honeymoon" period to pass his first major win, raising the statewide minimum wage to \$15/hour by 2025 from the current \$8.25/hour.

By mid-February when he presented a FY 2020 budget proposal, Pritzker focused exclusively on pushing a constitutional amendment to change the state's income tax structure from a flat percentage for all taxpayers to a graduated tax, with wealthier Illinoisans paying higher income taxes. The governor argued that without the approximately \$3.5 billion in new funding created by his graduated income tax proposal, the state would have a very difficult time addressing its budget needs, filling current budget holes, paying off vendors' unpaid late bills, and dealing with the growing deficit in state employees' pension funds.

April "Revenue Surprise" Brings Budget Windfall

Moving through the session, though, the governor received good news from the Illinois Department of Revenue when tax collections for April came in much higher than expected, leading to greater than anticipated revenue projections through the next fiscal year. With \$1.5 billion in unexpected April revenues, the governor backed off his plan to extend the payment schedule for the state's pension systems by another seven years and instead pledged to apply the \$1.5 billion to closing the projected \$1.6 billion budget hole. That money removed immediate pressure to pass major new initiatives, like legalizing cannabis and sports betting, to ensure a balanced budget.

In addition to \$850 million in improved revenue projections, the FY 2020 budget benefits from new revenue sources including:

- \$175 million from a tax amnesty program;
- \$94 million from decoupling from the federal deduction for repatriated income;
- \$80 million from online sales tax collections;
- \$15 million from an e-cigarette tax of 14.5 percent; and
- \$500 million in GRF offset from the new managed care organization assessment.

2020 Licensure Cycle: ISMS Secures Additional Funding to Expedite IDFPR Processing

Lengthy delays in processing medical licenses at the Illinois Department of Financial and Professional Regulation (IDFPR) have been an ongoing source of frustration for medical professionals, healthcare clinics, hospitals, IDFPR staff and legislators for over a decade. Recruitment and retention of physicians and other professionals is a key challenge for Illinois healthcare professionals, and licensing delays – especially for out-of-state physicians relocating to Illinois – are an unnecessary burden and barrier to recruiting and retaining medical staff.

Licensing turnaround times in Illinois exceed timeframes experienced in other states, with applications often taking months to complete the process. These burdensome delays have resulted in Illinois hospitals losing out on physicians being recruited from outside the state.

In the eyes of the medical community, IDFPR does not have access to sufficient resources to effectively handle the volume of licensing activity. Making additional resources available could help IDFPR address the issue, alleviate the delays and provide much-needed assistance to the existing agency staff. This issue impacts the state's economy and the ability of our healthcare system, including hospitals, to recruit top professionals from other states.

The FY2020 budget includes \$500,000 for IDFPR to hire additional personnel to support medical license processing. These funds are critical as our physicians will enter their three-year licensure cycle in the spring of 2020.

Protecting Physician Licensing Fees from Budget Diversions

Physician licensure fees are deposited into the Medical Disciplinary Fund (MDF) to fund IDFPR's efforts regarding licensure and regulation of our profession. Since physicians are on a three-year licensure cycle, previous administrations have diverted MDF funds to balance other parts of the budget. ISMS was successful this session in preventing any of these fund raids in the FY2020 budget to forestall further increases in physician license fees.

State Employees Group Insurance Program

Coming out of a two-year budget impasse, it became clear that only a comprehensive, long-term budget solution would provide certainty and sustainable payment cycles to physicians and hospitals. Even prior to the budget stalemate beginning in 2016, physicians and healthcare facilities were owed huge sums in overdue bills under Illinois' State Employee Group Insurance Program

(SEGIP) – a backlog that has since ballooned past \$1 billion. For FY2020, SEGIP is funded with \$2.028 billion in state GRF funds. While this represents an apparent \$534.2 million (20.8%) decrease from the FY 2019 GRF component of \$2.562 billion, in FY2018 and FY2019 bond revenues were counted as part of GRF for the purposes of funding, making their totals artificially higher than the actual GRF budget request in those years. The FY2020 GRF appropriation is significantly higher than in any previous year, even without any anticipated prior fiscal year funding being received in FY2020.

One of ISMS’ top legislative priorities this year has been to fully fund SEGIP. Throughout the legislative session, ISMS concentrated lobbying efforts on fully funding the program while advocating for release of any available funds to pay physician and hospital invoices that accumulated during the budget impasse.

ISMS consistently reminded key policymakers that if the delay in reimbursing physicians for the care they provide to state employees and their dependents was not addressed, the failure would create severe access issues. Many Illinois practices and large clinics have taken out substantial loans to keep their medical practices viable while they wait for reimbursement. ISMS continues to meet with the State Comptroller and other key stakeholders to ensure reimbursements to our physicians and clinics remain a priority.

MEDICAID

Various state laws and rules continue to push Medicaid recipients into managed care. Physicians have faced many challenges with this move/expansion of managed care for Medicaid recipients. The continually changing landscape of physicians, hospitals, and insurance companies that operate under different guidelines throughout the program has been a challenge for all stakeholders. The FY2020 state budget is projected to serve almost 3.1 million Medicaid recipients.

In late 2017, the Illinois Department of Healthcare and Family Services (HFS) rebid its mandatory Medicaid managed care program and expanded it to all 102 Illinois counties. Under the new program, called *HealthChoice Illinois*, almost all Medicaid clients in Illinois are required to enroll or be assigned to a specific Medicaid managed care organization (MCO). Physicians treating Medicaid patients must be “in-network” with the same MCO as their patients in order to be reimbursed for care given to that patient.

Enrollment in the Illinois Medicaid managed care program reached 2,151,417 in April 2019, an increase of 13 percent since January 1, 2018, when 1.9 million Medicaid beneficiaries were transitioned to managed care. The statewide expansion of Medicaid managed care became effective April 1.

ISMS worked throughout the session to advocate for legislation that will promote greater transparency for those who provide and receive Medicaid services. This transparency will help ensure that physicians can focus on providing quality, affordable healthcare rather than being bogged down in a bureaucratic morass. Governor Pritzker directed newly appointed HFS Director Theresa Eagleson to improve the performance of the state’s Medicaid managed care program for

its enrollees and healthcare providers. Director Eagleson immediately embarked on an ambitious fact-finding mission with the goal of making legislative and administrative recommendations prior to adjournment of the spring legislative session. ISMS played a key role in various working group and task force discussions.

ISMS RECOMMENDATIONS/ADVOCACY

ISMS made the following recommendations to key legislators and department staff seeking legislative and regulatory assistance in addressing administrative burdens for medical practices in two specific areas:

Prior approval: ISMS members have expressed strong concern over the use of aggressive prior approval requirements by most MCOs. Imposition of prior approval requirements have been reported as applying to common diagnostic services such as stress tests, as well as diagnostic imaging services, surgical procedures, and the components of surgical care, including anesthesia.

Network adequacy: The federal Centers for Medicare and Medicaid Services (CMS) is in the process of revising several Medicaid managed care regulations. One of the areas being addressed is how state agencies measure and evaluate network adequacy. There is concern that Medicaid agencies should be allowed flexibility to ensure managed care contractors can provide an adequate array of medical services to meet the needs of their enrolled populations. This argument supports MCOs having flexibility to determine the type and number of medical specialties and healthcare facilities their networks require to serve the needs of the enrolled populations. With an increased focus on population health and the social determinants that impact patient outcomes, not all Medicaid patients will necessarily require the same levels of coverage access. Conversely, some MCOs may have niche services appropriate to their enrollees that may not be applicable to other plans. Flexibility may be desirable.

Additionally, ISMS was challenged to provide physician-specific issues that corresponded with requests from other healthcare organizations, such as the Illinois Health and Hospital Association (IHA), for changes and clarification around recipient eligibility and timely payment of claims.

Omnibus Medicaid MCO Reform Bill Passed

All these meetings and working groups resulted in the filing of House Amendment #1 to SB 1321 (Sen. Steans/Rep. Greg Harris) to address eligibility and redetermination systems; claims payment requirements with interest; claims dispute resolutions; an emergency procurement for the Integrated Eligibility System; a value-based pricing study group; tying Medicaid copays to federally approved copays; reporting medical loss ratio data; extending DHFS' long-term care study; and stays beyond medical necessity, among other provisions.

The floor amendment provides greater transparency to the MCO program. As amended the bill:

- Allows HFS to contract with a vendor (limited to emergency purchase ability for 2 years) to provide a claims clearinghouse, which will act as a pipeline for all claims submitted to

MCOs, allowing greater transparency. This will provide HFS all necessary data to resolve claims adjudication and to set future capitated rates;

- Requires HFS to annually report each MCO's premium revenues, benefit expenses, and medical loss ratio;
- Requires HFS to report on and pursue eligibility determination policies that are less burdensome to enrollees, including ex parte redeterminations for specific populations;
- Requires MCOs to pay expedited payments to high-Medicaid providers, and to pay late-payment penalties in line with the Illinois Insurance Code;
- Provides that the provisional eligibility appeals process for long-term care providers can no longer extend provisional eligibility; and
- Requires HFS to work with relevant stakeholders on the development of operational guidelines to enhance and improve operational performance of the MCO program, including, but not limited to, improving provider billing practices; reducing claim rejections and inappropriate payment denials; and standardizing processes, procedures, definitions, and response timelines; with the goal of reducing provider and administrative MCO burdens and conflict. This was ISMS' highest priority during negotiations, and ISMS has received commitments from HFS that we will be included in these stakeholder meetings and that the important issue of prior authorization will be addressed.

SB 1321, as amended, passed both chambers of the General Assembly and awaits action by the governor. We will continue to monitor the implementation of this important initiative through the summer.

MCO Assessment Passes to Provide Additional Money to Medicaid Program

The FY2020 budget passed by the General Assembly includes language in SB 689 (Sen. Steans/Rep. Greg Harris) for an annual assessment on managed care organizations, pending federal approval by CMS. SB 689 passed both chambers with overwhelming support and has been signed into law as PA 101-0009. The assessment is estimated to generate \$1.22 billion and provide \$530 million in general funds relief on the Medicaid budget. These additional funds will be used to stabilize Medicaid funding while minimizing payment delays to ensure that a backlog of unpaid claims does not build up.

The assessment will be placed on Medicaid and non-Medicaid HMO lines for FY2020 through FY2025. Tier 1 MCOs (Medicaid MCOs) are assessed \$60.20 per member/month for the first 4,195,000 member/months and then \$1.20 per member/month thereafter. Non-Medicaid MCOs will be assessed \$2.40 per member/month.

The base year for enrollment determinations will be frozen at 2018. The language allows HFS to raise or lower the rates by rule as long as that action maximizes federal match and minimizes the impact on commercial plans. HFS will collect the assessment from all carriers monthly.

The language prohibits plans from passing along the assessment to consumers, but there is no prohibition on building the new tax into rates. The statutory changes passed by the General Assembly require federal approval from CMS before implementation. The program is scheduled to begin July 1, 2019, but would be retroactive once CMS approves the plan.

INSURANCE AND THIRD-PARTY PAYER ISSUES

Mental Health – Collaborative Care – Senate Bill 2085 (Sen. Fine/Rep. Conroy) is an initiative of the Illinois Psychiatric Society (IPS) that would require an individual or group policy of accident and health insurance or a MCO that provides mental health benefits to provide reimbursement for benefits that are delivered through the psychiatric Collaborative Care Model. The Collaborative Care Model is defined as an evidence-based, integrated behavioral health service delivery method, which includes a formal collaborative arrangement among a primary care team consisting of a primary care provider, a care manager, and a psychiatric consultant. It includes, but is not limited to, the following elements: care directed by the primary care team; structured care management; regular assessments of clinical status using validated tools; and modification of treatment as appropriate. ISMS supported the bill, which passed both chambers and awaits action by the governor.

Pharmacy Benefit Managers – House Bill 465 (Rep. Harris/Sen. Manar) would put pharmacy benefit managers (PBMs) under the regulation of the Illinois Department of Insurance (DOI). The bill also prohibits “gag clauses” whereby pharmacists are restricted by PBMs from disclosing the availability of more affordable drugs, and prohibits PBMs from putting a drug on a maximum allowable cost list unless there are at least three lower-cost generic equivalent drugs available on the market.

ISMS supported HB 465, which passed both chambers and awaits action by the governor.

Protecting Pre-Existing Conditions – State Group Health Plan – Senate Bill 2026 (Sen. Rezin/Rep. Mason) would amend the State Employees Group Insurance Act and prohibit the state from applying for any federal waiver that would reduce or eliminate any protection or coverage required under the Affordable Care Act (ACA), including but not limited to any protection for persons with pre-existing conditions and coverage for services identified as essential health benefits. ISMS supported SB 2026, which passed both chambers and awaits action by the governor.

Right to Shop – SB 1187 (Sen. Oberweis), referred to as the “Right to Shop Act,” is an initiative that ISMS and the Illinois Health and Hospital Association (IHA) strongly opposed. The proposal would encourage patients to focus exclusively on cost when seeking medical care, with complete disregard for physician experience, expertise or other factors related to quality of care. The bill requires insurance companies to establish “incentive” programs that give patients financial rewards for choosing the lowest-cost option. Incentivizing patients to choose the least expensive physician is a fundamentally flawed way to achieve the goals of increased price transparency and lower healthcare costs.

While SB 1187 emphasizes the benefits of price transparency, it uses price transparency as a vehicle to coerce patients into choosing the lowest-cost healthcare professional or medical facility. Health insurers will be required to provide comparisons of allowable amounts (i.e., contracted rates) among network healthcare professionals for comparable healthcare services, and enrollees are encouraged to use that information to select the least expensive healthcare professional or medical facility in exchange for some financial benefit from the insurer. This framework grossly misleads patients into thinking that healthcare services can be selected on the basis of cost alone, and effectively creates a tiered network structure whereby physicians are placed in tiers exclusively on the basis of cost.

This proposal further distorts the healthcare delivery system by allowing patients to receive full coverage for services provided by an out-of-network healthcare professional as long as the professional's price is less than the average network contract price.

This simultaneously eliminates incentives for health plans to offer fair contract rates and for physicians to sign network contracts. ISMS has worked to ensure that carriers design health insurance networks in ways that preserve patient access to necessary and appropriate care and use fair contracting practices to attract and retain a broad range of physicians and other healthcare professionals, and SB 1187 would undermine these efforts.

Finally, ISMS has concerns about proposed mandates that would require physicians and other professionals to provide up-front cost estimates on healthcare services, as it may be difficult to identify all of the healthcare services that will be needed. Unforeseen circumstances, conditions, and symptoms can arise at the time that services are actually delivered, which can render advance cost estimates irrelevant. Additionally, physician offices and other healthcare facilities will likely not have all of the correct insurance information to provide accurate estimates of costs.

Due to strong opposition from ISMS and IHA, Senate Bill 1187 did not advance.

MATERNAL HEALTH

Comprehensive Insurance Reform – Senate Bill 1909 (Sen. Castro/Rep. Greenwood), as passed by the Senate, is in response to an Illinois Department of Public Health (DPH) report on maternal mortality released in October 2018. Out of 47 states ranked, Illinois ranked 18th in maternal deaths, with a death rate of 14.7 per 100,000 births between 2012 and 2016. After reviewing maternal deaths in the state for over a year beginning in 2015, DPH's Maternal Mortality Review Committee discovered that each year, an average of 73 Illinois women die within one year of pregnancy. The committee also found that black women are six times as likely to die of a pregnancy-related condition as white women; that 72% of pregnancy-related deaths and 93% of violent pregnancy-related deaths could have been prevented; and that obesity contributed to 44% of pregnancy-related deaths in Illinois in 2015. Utilizing the report as the basis of legislation, SB 1909 would have:

- Required certain group health insurance policies and other specified policies to provide coverage for medically necessary treatment for postpartum complications as determined by the woman's treating physician. The bill also would have required that doula services, perinatal depression screenings, and other services be covered by all payers.

- Required the Illinois Department of Human Services (DHS) to create the Nurse-Family Partnership Program. The program was to be a voluntary nurse home visitation program aimed at improving the health and wellbeing of low-income first-time pregnant women and their children.
- Required that medical assistance be provided to eligible women during pregnancy and for 12 months postpartum rather than the current 60-day postpartum period. DHS will submit a State Plan Amendment to expand coverage for family planning services to women whose income is at or below 200% of the federal poverty level.
- Required birthing facilities to have obstetric hemorrhage protocols and conduct a simulation of protocols.

ISMS strongly supported this bill. While SB 1909 passed the Senate, and then the House Appropriations – Human Services Committee, it was not called for a final vote on the House floor. Medicaid expansion for postpartum care and family planning was included in the FY2020 budget implementation bill. ISMS will continue to advocate for the other portions of the bill next session.

Mandated Informed Consent – House Bill 3484 (Rep. Gabel) would have required physicians or other healthcare professionals to obtain written informed consent prior to providing biochemical testing, including written information on the legal risks and benefits of such testing, unless there is a medical emergency and there is inadequate time to obtain consent. ISMS opposed this legislation as introduced, offering alternative language that mirrors what is required for HIV testing. The bill failed to advance.

Mental Health Treatment – House Bill 2438 (Rep. Flowers/Sen. Collins) as originally introduced would have mandated that physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs) who provide prenatal and postpartum care for a patient offer the patient screening for mental health conditions.

ISMS opposed this bill as introduced, as it is similar to current law. The bill was amended to replace the mandate with a requirement that insurance companies provide coverage for treatment of any mental health condition that occurs during pregnancy or during the postpartum period, including postpartum depression.

ISMS did not oppose the bill as amended. HB 2438, as amended, passed both chambers and awaits action by the governor.

Medical Implicit Bias Training – Senate Bill 132 (Sen. Hutchinson) would have required APRNs and physicians to include implicit bias training in their continuing education requirements. ISMS opposed the bill as introduced. Senator Hutchinson held the bill and expressed strong interest in proposing something more comprehensive next session.

Patients' Rights – House Bill 2 (Rep. Flowers), as originally drafted, would create and legislate a number of standards of care that are impossible for physicians and medical facilities to comply with because they are either too vague or too broad. The bill would also create rights to specific services and treatments that may not be provided by a particular healthcare professional or medical facility.

ISMS and IHA were strongly opposed to HB 2 as originally drafted. ISMS was successful in modifying the bill to create a new section within the Medical Patient Rights Act outlining a number of rights relating to maternal care while still providing physicians and medical facilities flexibility to treat their patients' individual needs and emergency cases as necessary. HB 2, as amended, passed both chambers and awaits action by the governor.

Task Force on Maternal Deaths – House Bill 1 (Rep. Flowers/Sen. Collins) would create the *Task Force on Infant and Maternal Mortality Among African Americans*, to be administered through the DPH. The Task Force, which will have various physician specialties represented, is charged with developing best practices to decrease the death rate within the African American community. The bill requires that beginning December 1, 2020, and for each year thereafter, the Task Force shall submit a report of its findings and recommendations to the General Assembly. ISMS did not take a position on HB 1, was signed into law in June as Public Act 101-0038.

MEDICAL LIABILITY

Faulty Medical Devices – House Bill 1470 (Rep. Flowers) would have created the Medical Device Safety Act and in so doing would hold physicians, among other groups, liable for medical device malfunctions regardless of fault and would have required medical facilities to cover the costs associated with any additional surgeries or follow up care that resulted due to any malfunction. ISMS strongly opposed this bill, which failed to advance out of a House Judiciary – Civil Law subcommittee.

Independent Medical Examinations and Attorney Presence – House Bill 3714 (Rep. McSweeney) is an ISMS initiative that would have prohibited the presence of an attorney who represents any party in an adversarial legal action during an independent medical examination (IME) conducted for the purpose of that legal action, unless consent has been obtained from both the patient and the healthcare professional performing the IME. If an attorney is present, all other parties who are represented by an attorney in that legal action must also have an attorney present who has met the consent requirements. If an attorney is unable to meet the consent requirements, then no attorney representing any party in the action may be present. An attorney present during the IME may not communicate with the patient or healthcare professional performing the IME. Due to strong opposition from the plaintiff's bar, the bill failed to advance.

Special Interrogatories – House Bill 2233 (Rep. Thapedi/Sen. Mulroe) is an initiative of the plaintiff's bar and, as originally drafted, would have repealed a law allowing for the use of special interrogatories in conjunction with a general verdict. A special interrogatory tests the general verdict against the jury's determination as to one or more specific issues of fact involved in the case before the jury.

The answer to a special interrogatory controls the verdict where it is inconsistent with the general verdict. Special interrogatories are not used in every case, but when they are utilized they provide genuine insight into the thinking of a jury. This can be especially helpful in professional liability litigation when there are multiple physicians sued with separate allegations of liability. Special interrogatories can provide clarity as to the actions of each individual physician so that they are judged in the fairest fashion.

ISMS strongly opposed this bill upon its introduction. In its advocacy, ISMS was able to work with the House sponsor of the bill in the development and adoption of an amendment that instead of repealing the use of special interrogatories, allowed for their continued use at the discretion of the judge. The ISMS amendment will continue to promote fairness to all parties in a lawsuit.

As amended, ISMS was neutral on the bill, which passed both chambers and awaits action by the governor.

MEDICAL RECORDS, PRACTICE AND REGULATION

Biological Products – House Bill 156 (Rep. Flowers/Sen. Mulroe) would have created the Prescription Drug Pricing Transparency Act. The purpose of the Act was to require health insurers to be more transparent about pricing and spending behaviors. As originally drafted, the bill would have mandated that pharmacists substitute a prescription for a biological product with the lowest priced interchangeable biosimilar product. The bill would also have required pharmacists, when receiving a prescription from a Medicaid recipient, to select the preferred drug or biological product from the State's preferred drug list.

ISMS opposed the substitution language, which was removed from the bill. ISMS was neutral on the bill as amended. The amended bill passed the House but failed to advance in the Senate.

Biological Specimens – House Bill 11 (Rep. Flowers) would have created the Biological Specimen Guardianship Act. Under the proposed Act, the courts would be allowed to appoint a guardian over a biological specimen. The guardian would be able to grant or refuse consent to the use of the biological specimen and seek compensation for the prior use of the biological specimen without consent. This bill would create a private right of action with no statute of limitations.

ISMS strongly opposed this bill, which failed to advance.

Changes to the Abused and Neglected Child Reporting Act – Several bills were put forth to amend the Abused and Neglected Child Reporting Act (ANCRA):

- House Bill 831 (Rep. Kifowit/Sen. Holmes) would require that within 10 days after completing an investigation of alleged child abuse, if the report is unfounded or indicated (meaning that an investigation has determined that credible evidence of the alleged abuse or neglect exists), the Child Protective Service Unit shall send a copy of its final finding report to the director of the DPH and the director of HFS. This bill was signed into law in July as Public Act 101-0043.

- Senate Bill 1239 – (Sen. Morrison/Rep. Gabel) in an initiative of ISMS that would require that DCFS immediately refer any report received regarding alleged abuse and neglect of a child by a person who is not the child’s parent, a member of the child’s immediate family, a person responsible for the child’s welfare, an individual residing in the same home as the child, or a paramour of the child’s parent to the appropriate local law enforcement agency for consideration of criminal investigation or other action. This bill passed both houses and awaits action by the governor.
- Senate Bill 1778 – (Sen. Morrison/Rep. Feigenholtz) is an initiative of the Children’s Advocacy Centers of Illinois that would replace the current list of individual mandated reporters with several categories of professionals required to report suspected child abuse and neglect to the DCFS. The bill would also clarify that a single report can be filed when two or more persons who work within the same workplace share a reasonable belief that a child may be abused or neglected. This expedites and streamlines reporting, making it easier for everyone involved in places like hospitals, schools, child care centers, churches or athletic facilities.

As introduced, SB 1778 would have required that every mandated reporter, including physicians, undergo training relating to identifying and reporting child abuse. ISMS opposed this mandate as originally introduced. ISMS was successful in amending the bill to exempt physicians who do not treat children from the mandate. The Illinois Chapter of the American Academy of Pediatrics supported a requirement that mandated reporters take the training every three years.

ISMS was neutral on the bill as amended. It passed both chambers and awaits action by the governor.

Copies of Medical Records – House Bill 3077 (Rep. Welch) would have prohibited physicians or medical facilities from charging for copies of medical records if the records are being requested by the patient or his or her attorney for use in supporting an application, claim, or appeal relating to a government benefit or program. ISMS opposed this bill, which did not advance.

Co-prescribing Naloxone – House Bill 2638 (Rep. Evans) would have required a prescriber to offer a prescription for naloxone for the complete or partial reversal of opioid depression to a patient when one or more of the following conditions are present: (1) the prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day; (2) an opioid medication is prescribed concurrently with a prescription for a benzodiazepine; or (3) the patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

ISMS opposed this legislation, which failed to advance out of the House Prescription Drug Affordability Committee.

Distribution of Naloxone – House Bill 3840 (Rep. Ford/Sen. Hunter) would require a hospital organized or licensed under the Hospital Licensing Act to provide a patient who is treated for opioid overdose at the hospital with one dose of or one prescription for an opioid antagonist upon discharge from the hospital, free of charge.

This bill was introduced the last week of session and failed to advance in the Senate. ISMS did not take a position on this bill.

Health Directives – Senate Bill 182 (Sen. Morrison/Rep. Moeller) is an initiative of the Illinois State Bar Association. It would require DPH to consult with the Bar Association’s chapter specializing on elder and disability law and a not-for-profit organ procurement organization that coordinates organ and tissue donation in the study of the feasibility of creating a statewide registry of advance directives and POLST forms. The bill would also allow that an electronic declaration may be created, signed, or revoked electronically.

ISMS supported this bill, which passed both chambers and awaits action by the governor.

Hemophilia Diagnostic Center – House Bill 1915 (Rep. Unes/Sen. Koehler) is an initiative of the Bleeding & Clotting Disorders Institute in Peoria and is supported by an ISMS member. The intent is to ensure that the Institute is not in violation of Section 13 of the Medical Corporation Act by having non-licensed physician owners. ISMS expressed concerns with the bill as originally drafted, as it would have weakened the prohibition of the corporate practice of medicine and raised self-referral issues. ISMS secured an amendment to the language that creates an exemption under the Not for Profit Corporation Act that is limited to the ownership and operation of a hemophilia program, referencing language in the federal Social Security Act. ISMS’ amendment clarifies that the program can employ physicians, other healthcare professionals, and staff persons, and adds protections against weakening current law regarding the corporate practice of medicine by stating that neither the program nor the corporate board may exercise control over, direct, or interfere with a physician’s execution of his or her professional judgment when providing care.

ISMS supported the bill as amended. HB 1915 was signed into law in July as Public Act 101-0057.

Illegal Use of Controlled Substance Numbers – House Bill 2303 (Rep. Buckner/Sen. Crowe) is an ISMS initiative that would amend the Illinois Controlled Substances Act to prohibit the unauthorized request for or possession of a prescriber’s Illinois controlled substance license number or DEA number. The bill passed the House unanimously but stalled in the Senate due to concerns from the Senate’s legislative staff that this may be duplicative of current law. ISMS disagrees with staff’s concerns and will continue to advocate for the change next session.

Immunity for Free Medical Clinics – House Bill 3116 (Rep. McDermed) would amend the Good Samaritan Act and apply it to free medical clinics. Currently, the civil immunity granted by the Act only applies to the healthcare professionals working within the clinic. ISMS supported this bill, but due to opposition from the plaintiff’s bar, the bill failed to advance.

Mandated Check of the Prescription Monitoring Program – Senate Bill 411, Amendment 1 (Sen. Tom Cullerton), would have changed the current mandate on prescribers to check the Prescription Monitoring Program (PMP) upon an initial prescription of an opioid to apply to *all* prescriptions for opioids. It would have required the PMP to send an unsolicited report to dispensers and prescribers when patients visit two pharmacies instead of the current number of three pharmacies.

ISMS opposed this amendment, which was held by the sponsor.

Medical Practice Act – House Bill 1635 (Rep. Moeller) and Senate Bill 1221 (Sen. Jones/Rep. Harris) were ISMS initiatives to extend the sunset of the Medical Practice Act from December 31, 2019 to December 31, 2029. The bill was amended to bring our suggested 10-year extension down to two years. ISMS supported the extension. SB 1221 passed both chambers and awaits action by the governor.

Nurse Staff Ratio – House Bill 2604 (Rep. Crespo) was an initiative of Illinois unionized registered nurses and would impose mandatory nurse staff ratios in hospitals, hospital affiliates, long term acute care hospitals and ASTCs. The bill failed to advance. ISMS expects this bill to be reintroduced next year.

Patient Billing/Collection – Senate Bill 1421 (Sen. Murphy) was opposed by ISMS and requires hospitals to take certain measures, including offering financial assistance to patients prior to turning over unpaid accounts to collection. Physicians and facilities would be required to ensure that the patient does not have a supplemental policy before pursuing collection. The bill failed to advance.

Phlebotomy Training – House Bill 823 (Rep. Willis/Sen. Tom Cullerton) and Senate Bill 1214 (Sen. Tom Cullerton/Rep. Villa) as introduced would have mandated that all healthcare professionals be trained in current methods of drawing blood from children and adults with disabilities, and that such training should take place every three years. The bill would have also required all licensed medical facilities, including but not limited to hospitals, pediatric care facilities, and adult care facilities, to draw blood using finger-prick equipment, hemoglobin testing equipment, and other equipment as needed.

ISMS opposed the bill as introduced, but was successful in amending it to require DPH to make available training materials to all phlebotomists to ensure they are trained in the most current methods of drawing blood from children and adults with intellectual and developmental disabilities. ISMS supported the bill as amended, which passed both chambers and awaits action by the governor.

Prescription Monitoring Report – House Bill 163 (Rep. Stuart/Sen. Munoz) would require the pharmacist dispensing a controlled substance to report the data to the PMP not later than close of business on the day it was dispensed. ISMS supported this bill, which was held in the Senate.

Prior Authorization Form – House Bill 2160 (Rep. Conroy/Sen. Morrison) is an initiative of the Illinois Psychiatric Society and supported by ISMS. The bill would create a task force that is charged with the development a one-page uniform prior authorization (PA) form for prescribers. Currently, MCOs and commercial insurers have different PA forms requiring prescribers to complete multiple forms. HB 2160 passed both chambers and awaits action by the governor.

Protecting Identifying Information – House Bill 1656 (Rep. McDermed/Sen. Hastings) would have amended the Criminal Code of 2012 and expanded the definition of “personal identifying information” for purposes of identity theft to include (1) any information regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis by a healthcare professional and (2) a person's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify a person, or any information in an individual's application and claims history, including but not limited to appeals history. ISMS supported this bill, but the bill failed to advance due to concerns from Senate legislative staff that it is duplicative of current law.

Reproductive Rights Act – House Bill 2495 (Rep. Cassidy/Sen. Bush), Senate Bill 1942 (Sen. Bush) and Senate Bill 25 (Sen. Bush/Rep. Cassidy) create the Reproductive Rights Act. It establishes an individual’s fundamental right to make individual decisions about reproductive healthcare including contraception, abortion, and maternity care. It repeals certain abortion restrictions and penalties, mandates private health insurance coverage of abortions, and eliminates outdated language.

While ISMS does not typically engage in pro-life/pro-choice matters, ISMS did oppose HB 2495 and SB 1942 upon introduction. Those bills expanded the scope of practice for APRNs and PAs, allowing them to provide surgical abortions. These bills also had a very broad definition of “health care professional” allowing for delegation of an unlimited number of medical services to unlicensed medical personnel.

In addition, the bills repealed a law that protected a healthcare professional’s right to say no to specifically performing abortions.

ISMS was successful in negotiating our concerns out of the bill. SB 25, as amended, will limit the definition of “health care professional” to only physicians, APRNs and PAs. As amended, only physicians can perform surgical abortions. In its advocacy, ISMS was also successful in securing a health professional’s and a medical facility’s right of conscience by amending the Illinois Right of Conscience Law and adding abortion as it is defined in SB 25.

Once these concerns were addressed, ISMS removed its opposition. SB 25 passed both chambers and was signed into law as Public Act 101-0013.

Restrictive Covenants – House Bill 2328 (Rep. Thapedi) is an ISMS initiative to amend the Hospital Licensing Act to prohibit an employment agreement from containing any provision to restrict the ability of a physician to leave employment with the hospital or hospital affiliate and immediately continue to practice in the same field of medicine in the same geographic area, otherwise known as a restrictive covenant. The bill failed because legislators strongly believe that this is an issue of contracting, not something to be addressed in state law.

Telehealth – Senate Bill 27 (Sen. Manar) would modify the Illinois Insurance Code to require that any payment or reimbursement made to a health benefit policy or plan for a service delivered through telehealth or telepsychiatry be made on the same basis and at the same rate as established for similar services that are not delivered through telehealth. SB 27 would have established requirements for the provision of telehealth services, such as the capabilities of interactive telecommunication systems, and would prohibit requiring the presence of a telepresenter or an in-person visit between a patient and a healthcare professional prior to the delivery of telehealth services. The bill makes similar changes to the Medicaid program. SB 27 is an initiative of the SIU School of Medicine and Southern Illinois Healthcare, and is supported by ISMS. Due to opposition from the insurance lobby, the bill failed to advance. ISMS will continue next session in its pursuit of a strong telehealth policy.

Restricted Opioid Prescribing – Senate Bill 1900 (Sen. Weaver) would restrict the duration of opioid prescriptions for those patients who are 18 years of age or older. Specifically, the bill provides that for first-time prescriptions, a prescriber may not issue an opioid prescription for more than a seven-day supply. The bill provides that if in the professional medical judgment of the prescriber more than a seven-day supply of an opiate is required to treat the patient's acute medical condition or is necessary for treatment/management of chronic pain, pain associated with a cancer diagnosis, or for palliative care, then the prescriber may issue a prescription for the quantity needed to treat that acute medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care.

ISMS opposed these restrictions on opioid prescribing. The bill did not advance.

PUBLIC HEALTH

Ethylene Oxide (EtO) and the Effect on Healthcare Industry – Over the last year, the use of Ethylene Oxide (EtO) at various locations in Illinois that sterilize medical equipment has come under heavy scrutiny over concerns that emissions from these locations/plants may cause cancer. Various healthcare groups were faced with a delicate balance in these discussions between protecting public health while ensuring that access to sterile medical supplies is not disrupted.

In February, Governor Pritzker directed the Illinois Environmental Protection Agency (IEPA) to close a facility in Willowbrook owned by Sterigenics. A similar sterilization facility in Lake County operated by the Medline Corporation remains operational; however, it is also under intense scrutiny by state and federal regulators. Some in the healthcare industry raised concerns that there could potentially be a disruption in access to medical and surgical supplies if these facilities are closed for any extended period of time. As a result, members of the General Assembly in coordination with the Governor's office introduced two bills, SB 1852 (Sen. Curran/Rep. Durkin)

and SB 1854 (Sen. Bush/Rep. Mason), to place strict regulations on facilities that use EtO in Illinois to sterilize products.

SB 1852 would apply to any sterilization facility using 1 ton or more of ethylene oxide, but exempts hospitals, physicians, and research facilities. The bill includes the following provisions:

Emission Standards:

- Requires 100% capture of all emissions.
- Requires a reduction by 99.9% or to 0.2 ppm before release to atmosphere.

Testing and Monitoring of Facilities:

- Requires initial IEPA-approved independent verification testing 180 days after effective date or prior to beginning a new operation.
- Requires yearly IEPA-approved independent exhaust point testing.
- Requires an immediate shut down in the event of a testing failure.
- Allows the IEPA to reject a testing protocol or the results of testing.
- Requires the facility to disclose any additional testing performed to IEPA.
- Requires a facility to continuously collect emissions information.
- Requires quarterly multi-day independent ambient air testing.
- Requires initial dispersion modeling.

Alternative Technology Transparency:

- Any permitted EtO emitter would be required to:
 - Notify the IEPA within 30 days of obtaining an intellectual property right to an alternative to EtO sterilization.
 - Notify IEPA if the emitter does not make use of an alternative sterilization technology within three years.
 - Disclose any offers that the emitter makes to allow third parties to utilize the technology.
 - Provide IEPA a detailed list of all sterilization patents held by the emitter.

Statewide Testing:

- Requires the IEPA to conduct air testing to determine the ambient levels of ethylene oxide throughout Illinois.
- Requires the IEPA to submit rules for ambient air testing of ethylene oxide.

Miscellaneous:

- Requires notice, within five days, of any deviation from any requirement of the Act to the IEPA, members of the General Assembly, county board members, municipal authorities, and DPH.
- Requires yearly unannounced inspections of sterilization sources.

SB 1852 has been signed into law as Public Act 101-0022.

SB 1854 requires Vantage Specialty Chemicals, a Lake County manufacturer that uses ethylene oxide in its products, to put in place several environmental safeguards in order to continue operating. It requires Vantage to have an IEPA-approved emission monitoring plan and perform dispersion modelling in order to receive a site-specific permit for ethylene oxide emissions. SB 1854 has been signed into law as Public Act 101-0023.

Healthcare Review – House Bill 2146 (Rep. Gabel/Sen. Koehler) is an initiative of the Illinois Public Health Association that would create the Health in All Policies Act. HB 2146 would create a workgroup within DPH to review legislation and make new policy recommendations relating to the health of Illinois residents. It would also require the workgroup to examine ways for units of local government and state agencies to collaborate in implementing policies that will positively impact people’s health, and study the impact of specified factors on the health of Illinois residents. The workgroup is charged with reviewing and recommending how health considerations may be incorporated into the decision-making processes of government agencies and private stakeholders who interact with government agencies; fostering collaboration among units of local government and state agencies; developing laws and policies to improve health and reduce health inequities; and making recommendations regarding how to implement laws and policies to improve health and reduce health inequities. The bill provides that the workgroup shall submit the report of its findings and recommendations to the General Assembly by December 31, 2020, and by December 31 of each year thereafter.

ISMS secured physician representation on the workgroup, and supported the bill with this change. HB 2146 passed both chambers and awaits action by the governor.

Legalization of Adult Use of Cannabis – House Bill 1438 (Rep. Cassidy/Sen. Steans) legalizes adult use of recreational marijuana. Legalizing marijuana was one of Governor Pritzker’s top priorities. While ISMS does not endorse legalization, ISMS participated in key stakeholder meetings with the governor’s office and the sponsors of the bill, and, along with Lurie Children’s Hospital and the Illinois Public Health Institute, negotiated and secured key points to protect public health.

The following changes came about as a result of ISMS’ direct advocacy:

- The creation of a health advisory committee, with ample physician representation;
- Labeling requirements for contents and potency, strengthened warning labels on each individual product dispensed, and a requirement that each dispensary post, where customers can see, placards containing warning labels;
- A requirement that DPH define and update appropriate health warnings for packages including specific labeling or warning requirements for specific cannabis products;
- Prohibition on claims of health, medicinal, or therapeutic benefits;
- Prohibition on smoking marijuana in public places (smoking marijuana will be subject to the regulations established under the Smoke Free Illinois Act);
- A requirement that the Department of Agriculture establish maximum per-serving levels of THC, and standards to ensure products do not contain harmful contaminants;
- The ability of municipalities to opt out and prohibit the production and sale of marijuana within their jurisdictions;

- Prohibition on advertising near schools, public parks, or child-related areas/facilities, as well as a prohibition on marketing using child-friendly symbols or other materials that make products attractive to children;
- An increase in the tax on marijuana sales proportional to higher THC content;
- Requirements that establish a minimum distance standard between dispensaries; and
- Provisions that ensure funding for treating mental health and substance use disorders, as well as funding for a public awareness campaign that highlights the risks associated with marijuana use. Specifically, tax revenue generated by legalization will be distributed as follows:
 - 2% to DHS for a public education campaign;
 - 8% transferred to the Local Government Distributive Fund and used to fund crime prevention programs;
 - 10% transferred to the budget stabilization fund to be used to pay down the state's backlog of bills;
 - 20% for mental health and substance use disorder programs administered through DHS;
 - 25% for reinvestment in economically challenged areas of the state; and
 - 35% to the state's general revenue fund.

Other provisions contained within the 660-page bill include the following:

Overview

Starting January 1, 2020, Illinois residents 21 and older will be able to legally purchase and possess cannabis. Illinois residents would be allowed to possess up to:

- 30 grams of cannabis flower;
- 5 grams of cannabis concentrate; or
- 500 milligrams of THC contained in a cannabis-infused product.

Possession limits for non-residents are half these amounts. Neither residents nor non-residents may transport any cannabis product over state lines.

Expungement

- Convictions dealing with amounts of cannabis up to 30 grams will be dealt with through the governor's clemency process, which does not require individuals to initiate the process.
- For amounts of 30-500 grams, the state's attorney or an individual can petition the court to vacate the conviction.

Home grow

- *Only medical cannabis patients* may purchase cannabis seeds from a dispensary but not any live cannabis plant materials.

Local control

Local towns and municipalities will retain significant power to decide how cannabis businesses may or may not fit into their communities, including:

- Opting out completely;
- Enacting reasonable zoning ordinances that govern the time, place, manner and number of cannabis establishment operations; and
- Enacting ordinances to allow for public consumption.

The legislation also provides for a process by which precincts within Chicago may enact ordinances by petition to limit home grow or cannabis business establishments.

Protecting employers and landlords

- Employers may maintain a zero-drug-tolerance workplace under this proposal.
- Landlords would not be required to permit tenants to possess or consume cannabis products on their property.
- No person or establishment is required to allow a guest, client, lessee, customer or visitor to use cannabis on their property.

Promoting equity

- HB 1438 creates a social equity program that will help to promote minority involvement in the cannabis industry, giving participants access to grants and loans in order to reduce some of the upfront costs of participating in the market.
- The proposal would establish the Recover, Reinvest and Renew Program (R3), a new performance incentive grant funding program for high-need, underserved communities throughout the state.
- The R3 program will provide planning and implementation of grants as well as technical assistance to collaborative groups and civil legal aids to people in R3 areas.
- The legislation commissions a disparity and availability study to identify discrimination in the cannabis industry. The departments responsible for issuing licenses will be required to take the conclusions of the study into consideration when issuing further licenses.

With bi-partisan support, HB 1438 has been signed into law as Public Act 101-0027. It is important to note that further changes will continue to be made on this issue. While ISMS does not endorse legalization, ISMS will continue to engage during the rulemaking process and on future legislative changes.

Medical Cannabis – Senate Bill 2023 (Rep. Morgan/Sen. Fine) would make Illinois' medical cannabis pilot program permanent. In doing so, the bill expands the list of medical conditions for which medical cannabis can be used for relief. The 11 new conditions are chronic pain, autism, irritable bowel syndrome, migraines, osteoarthritis, anorexia nervosa, Ehlers-Danlos syndrome, Neuro-Behcet's autoimmune disease, neuropathy, polycystic kidney disease and superior canal dehiscence syndrome.

When the bill was initially introduced, ISMS successfully argued against efforts to allow dentists and chiropractors to certify medical conditions for which patients can seek medical marijuana. ISMS agreed to expand the program to include APRNs and PAs, since they treat many of the conditions listed, subject to a collaborative agreement with a physician.

ISMS remained neutral on the amended bill, which passed both chambers and awaits action by the governor.

Prohibition on Smoking in Cars with Minors Present – House Bill 2276 (Rep. Carroll/Sen. Morrison) would prohibit a person from smoking in a car when a minor is present regardless of whether the vehicle is in motion, at rest, or has its windows down. Provides that a violation is a petty offense with a maximum fine of \$100 and that, for a second or subsequent offense, the fine is not to exceed \$250. ISMS supported this bill, which passed both chambers and awaits action by the governor.

Raising the Smoking Age (Tobacco 21) – House Bill 345 (Rep. Lilly/Sen. Morrison) and Senate Bill 21 (Sen. Morrison/Rep. Lilly) is an important public health initiative that raises the smoking age in Illinois to 21. The bill requires anyone purchasing or possessing tobacco products or electronic cigarettes to be 21 years of age, up from the previous age of 18. ISMS supported this legislation, which passed both chambers and has been signed into law as Public Act 101-0002.

SCOPE OF PRACTICE

Certified Nurse Anesthetists – Senate Bill 1683 (Sen. Jones) and House Bill 2813 (Rep. Moeller) as originally introduced would have granted certified registered nurse anesthetists (CRNAs) a pathway for independence and removed the requirement that either an anesthesiologist or another physician be personally present during the delivery of services by CRNAs. ISMS and the Illinois Society of Anesthesiologists participated in meetings with the CRNAs set by Sen. Jones, but an agreement could not be reached. The bills failed to advance.

Direct-Entry Midwife Licensure – Senate Bill 1973 (Sen. Hutchison) and House Bill 2449 (Rep. Gabel) would create the Home Birth Safety Act and provide for the licensure of direct entry midwives. ISMS opposed these bills, neither of which advanced.

Direct-Entry Midwife Task Force – Senate Joint Resolution 14 (Sen. Martinez/Rep Moeller) was filed to study home birth and midwifery policies in Illinois. This resolution creates a 16-person committee to study home birth practices. Several physicians will be appointed along with several members of the home birth advocacy community. ISMS did not take a position on SJR 14, which was adopted by both chambers.

Naturopaths – Senate Bill 1220 (Sen. Jones) and House Bill 2338 (Rep. Gabel) would create a pathway for licensure of naturopaths. The education and training of naturopaths do not sufficiently prepare them to provide medical care, and licensing them would have adverse effects on patient safety here in Illinois. Under SB 1220/HB 2338, naturopaths would be allowed to provide a full range of medical services to patients in Illinois, including caring for children and patients with chronic conditions like diabetes and cancer, and providing specialty care such as gynecological services. ISMS opposed these bills, which failed to advance.

Optometrists – Senate Bill 1954 (Sen. Harmon) would have amended the Optometric Practice Act to provide that the IDFPR can certify an optometrist, after he or she receives special training, to perform “advanced optometric procedures” pursuant to a cooperative practice agreement with an ophthalmologist. This bill was filed as a result of previous discussions between optometrists and ophthalmologists. The sponsor held the bill.

Pharmacists – Senate Bill 1715 (Sen. Hastings/Rep. Feigenholtz) would allow pharmacists to administer injections of long-term antipsychotic medications pursuant to a valid prescription by a physician, after completion of appropriate training, including how to address contraindications and adverse reactions. The bill would also allow pharmacists to administer a long-term opioid antagonist, pursuant to a physician’s prescription and only after the patient was examined by a physician and received the initial injection by the physician. These provisions were negotiated by IPS and ISMS.

ISMS supported the bill as amended. SB 1715 passed both chambers and awaits action by the governor.

Physician Assistants – Senate Bill 1725 (Sen. Muñoz) and House Bill 3355 (Rep. Hoffman) is an initiative of the Illinois Academy of Physician Assistants and would eliminate the physician/PA ratio as well as the requirement for written collaborative agreements. The bills would allow PAs to directly bill patients, and would allow PAs in a health professional shortage area with a score greater than or equal to 12 to own their own practices. ISMS opposed these bills, which failed to advance.

Prescribing Psychologists - Senate Bill 1135 (Sen Don Harmon/Rep. Feigenholtz) as originally introduced would make 18 changes to the prescribing psychologist license law, including removing all restrictions on prescribing. After months of negotiations between IPS, ISMS, and the prescribing psychologists, the final agreement allowed for three changes to the law:

- Prescribing psychologists may participate in telepsychiatry;
- Prescribing psychologists may include their name on the medications they prescribe; and
- The requirement for 36 credit hours of clinical rotations has been eliminated, but they still must complete 14 months of fulltime clinical rotation.

ISMS was neutral on the bill as amended. This bill passed both chambers and is awaiting action by the governor.

WORKERS’ COMPENSATION

Implementation of Public Act 100-1117 – Passed in 2018 as Senate Bill 904, this ISMS-directed initiative was signed into law last year and is currently being subjected to rulemaking that will allow for its implementation. The law establishes the following protections for physicians and their practices:

- Allowing healthcare professionals to collect interest on late medical claims by filing a claim for this interest in circuit court. While this interest provision has been in law since 2006, healthcare professionals have had no means to collect this interest.
- Requiring workers' compensation insurance companies to send an Explanation of Benefits to physicians explaining why they have denied authorization for medical care, or what additional information they need to make a decision on that care.
- Preventing workers' compensation insurers from ignoring the law requiring them to use electronic billing for workers' compensation claims. This has been the law for eight years, yet workers' compensation insurers still refuse to use standardized electronic billing systems that are used throughout the healthcare world.

The rules proposed under the Rauner Administration failed to make significant changes to the current rules relating to workers compensation, including changes providing for enforcement. Despite our aggressive advocacy to change the proposed rules, the Administration refused to budge.

ISMS was successful in convincing the Department of Insurance, under the Pritzker Administration, to change the proposed rules to reflect changes made by Senate Bill 904, including adding important enforcement protections. We expect those rules to be finalized later this summer.