



MEDICAL MINUTE *with* **IDFPR**

Quarterly Newsletter

Illinois Department of Financial and Professional Regulation

WINTER 2022-2023

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IDFPR WELCOMES THE NEW ILLINOIS STATE MEDICAL BOARD

The Illinois State Medical Board's purpose is to advise the Illinois Department of Financial and Professional Regulation on the qualifications of applicants for physician and surgeon licensure in Illinois, to consider allegations of misconduct or malfeasance by members of the medical professions, and to recommend appropriate discipline to the Secretary. Previously, the Medical Board was divided between two boards, the Licensing Board and the Disciplinary Board. The two boards were fused together to create the Illinois State Medical Board. The new Board will consist of 17 members, appointed by the Governor by and with the advice and consent of the Illinois Senate. All members must be Illinois residents and all members are voting members.

Membership on the Illinois State Medical Board is as follows:

- Eight members are physicians licensed to practice medicine in all of its branches in Illinois possessing the degree of Doctor of Medicine.
- Two members are physicians licensed to practice medicine in all its branches in Illinois possessing the degree of Doctor of Osteopathy or Osteopathic Medicine.
- Two members are physicians who collaborate with physician assistants.
- Two members are chiropractic physicians licensed to practice in Illinois and possessing the degree of Doctor of Chiropractic.
- Two members are physician assistants licensed to practice in Illinois.
- Three members are members of the public, who shall not be engaged in any way, directly or indirectly, as providers of health care.

Members of the Medical Board are appointed to four-year terms. Currently, there are 12 members appointed to the Illinois State Medical Board. The IDFPR applauds their efforts and contributions and welcomes them to the IDFPR community.



MEET THE NEW ILLINOIS STATE MEDICAL BOARD



Thomas A. Boyle

DO, MBA, FACEP, FACOEP,
Emergency Medicine, Dean,
Midwestern University Chicago
College of Osteopathic
Medicine, Asst. Clinical
Professor, Emergency Medicine



Donald Diemer

PhD, PA, Family Medicine



Mohammed Jameel

MD, Family Medicine



Ratna Kanumury

MMSC, PA-C, Internal
Medicine, Executive
Director of Ambulatory
Operations



Maria Laporta M.D.

MD, Anesthesiology



Douglas G. Matzner

DC, F.I.A.C.A.



MEET THE NEW ILLINOIS STATE MEDICAL BOARD



Caroline Moellering

Licensed Illinois Real Estate Broker with **@properties** in Chicago



Bartlomiej Nierzwicki

MD, DMD, PhD, FACS
Oral and Maxillofacial Surgery (residency) and Craniofacial Surgery (fellowship)



Alicia Rauh

MD, Hospital Medicine



Dana Ray

MD, Addiction and Family Medicine



Sreenivas G. Reddy

MD, Vascular & Interventional Radiologist



Pedro Rodriguez

MD, Plastic Surgery, Chief Medical and Safety Officer and Medical Director for Enhanced Care Partners-Transformations



LICENSING UPDATE FOR PHYSICIANS

Illinois Physician and Surgeon licenses expire July 31, 2023. The Medical Practice Act (225 ILCS 60/9.1) was amended to include a fee waiver. Notwithstanding any provision of law to the contrary, during State fiscal years 2022, 2023, and 2024, the Department will allow individuals a one-time waiver of fees imposed under Section 9, 19, or 21 of the Act. No individual may benefit from such waiver more than once. [225 ILCS 60/ Medical Practice Act of 1987. \(ilga.gov\)](#)

IDFPR will send you an email in early April 2023 when the renewal period opens online. Make sure your contact information is up to date by logging in to your online account here: <https://online-dfpr.micropact.com/>. As part of Governor Pritzker's initiative to help frontline healthcare workers, licensing renewal fees will be waived for physicians and surgeons. For more information, please see our Frequently Asked Questions (FAQs) [here](#).

You'll be able to renew your license online by going to <https://online-dfpr.micropact.com/> and creating an online account. Make sure your account is created and contact information is up to date so IDFPR can send you any important updates regarding your license renewal process.

One hundred fifty (150) Continuing Medical Education (CME) hours are required to renew a physician and surgeon license. More about what's required in those hours may be found [here](#). You may begin your CMEs now leading up to the April 2023 renewal period.

Physicians and surgeons must also complete one hour continuing education on each of the following topics:

Safe Opioid Prescribing Training

The three-hour education requirement for safe prescribing of opioids is applicable to all licensed healthcare professionals who also possess an Illinois Controlled Substance License. See our FAQs [here](#).

Sexual Harassment Prevention Training

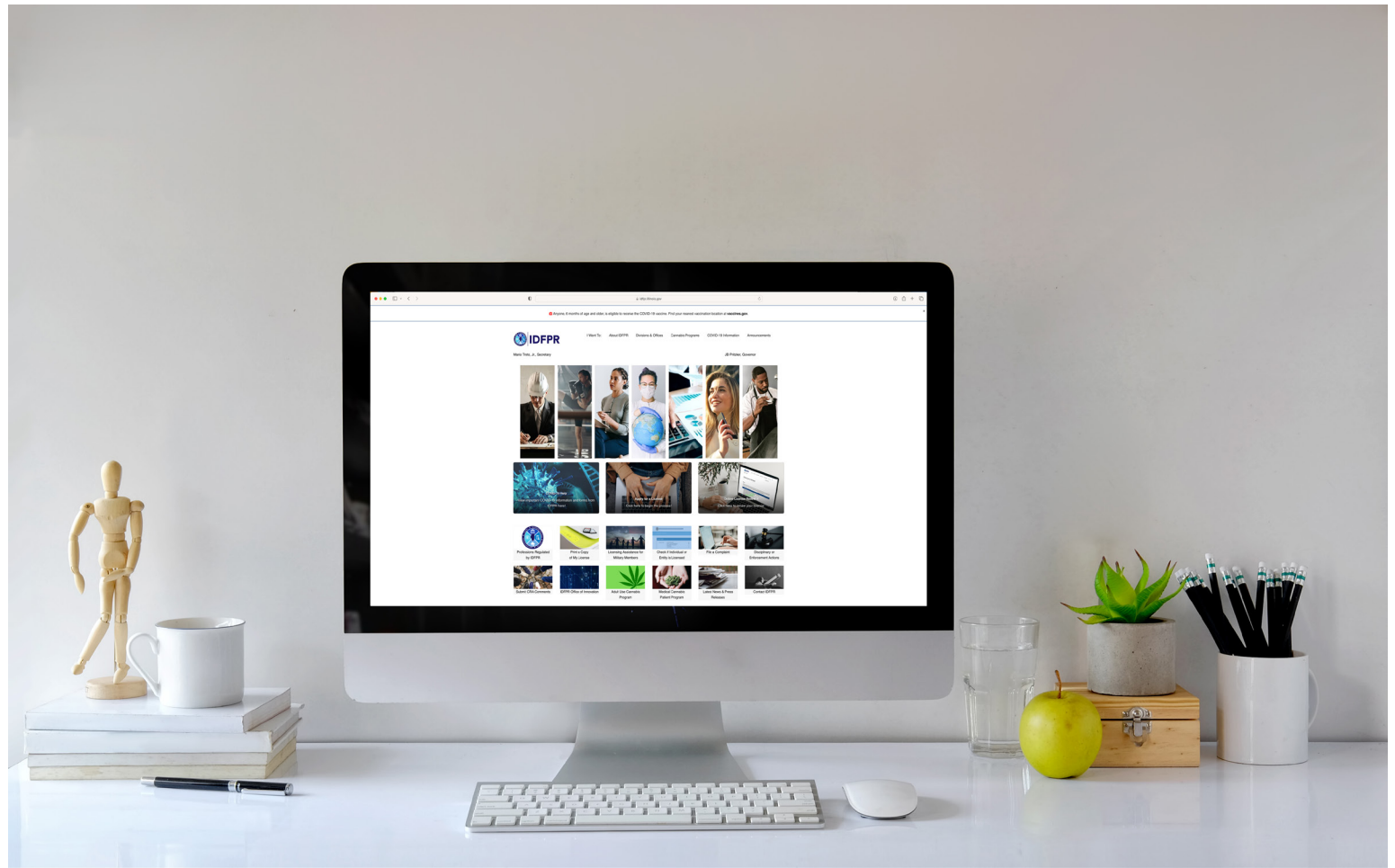
The one-hour sexual harassment prevention education mandate applies to ANY profession licensed by IDFPR that requires continuing education as a condition of licensure renewal. See our FAQs [here](#).

Recognizing Dementia

This one-hour requirement applies to every licensed healthcare professional who interacts with patients 26 years of age or older. It involves completing a one-hour training on the diagnosis, treatment, and care of individuals with Alzheimer's disease and other dementias. Learn more under Sec. 2105-365 [here](#).

Implicit Bias

This one-hour requirement on recognizing implicit bias in health care applies to all licensed healthcare professionals. Learn more under Sec. 2105-15.7 [here](#).



IDFPR ENFORCEMENT ACTIONS AVAILABLE ONLINE

When IDFPR takes disciplinary action against a licensee, that information is available on the Department's website through a couple of methods. First, all disciplinary action against a specific licensee will appear when you search for their license information using the IDFPR License Lookup tool (<https://online-dfpr.micropact.com/lookup/licenselookup.aspx>). Be sure to select the "License Type" you are searching for (use "MEDICAL BOARD" if searching for a physician).

In addition, IDFPR publishes the disciplinary actions it takes against licensees across all four Divisions in a monthly report. Consolidated reports going back to 2011 may be found on the IDFPR website here: <https://idfpr.illinois.gov/News/Disciplines/DiscReports.asp>.



FDA GRANTS ACCELERATED APPROVAL FOR ALZHEIMER'S DISEASE TREATMENT

On January 6, the U.S. Food and Drug Administration approved Leqembi (lecanemab-irmb) via the [Accelerated Approval pathway](#) for the treatment of Alzheimer's disease. Leqembi is the second of a new category of medications approved for Alzheimer's disease that target the fundamental pathophysiology of the disease. These medications represent an important advancement in the ongoing fight to effectively treat Alzheimer's disease.

"Alzheimer's disease immeasurably incapacitates the lives of those who suffer from it and has devastating effects on their loved ones," said Billy Dunn, M.D., director of the Office of Neuroscience in the FDA's Center for Drug Evaluation and Research. "This treatment option is the latest therapy to target and affect the underlying disease process of Alzheimer's, instead of only treating the symptoms of the disease."

[Alzheimer's disease](#) is an irreversible, progressive brain disorder affecting more than 6.5 million Americans that slowly destroys memory and thinking skills and, eventually, the ability to carry out simple tasks. While the specific causes of Alzheimer's are not fully known, it is characterized by changes in the brain—including amyloid beta plaques and neurofibrillary, or tau, tangles—that result in loss of neurons and their connections. These changes affect a person's ability to remember and think.

Researchers evaluated Leqembi's efficacy in a double-blind, placebo-controlled, parallel-group, dose-finding study of 856 patients with Alzheimer's disease. Treatment was initiated in patients with mild cognitive impairment or mild dementia stage of disease and confirmed presence of amyloid beta pathology. Patients receiving the treatment had significant dose- and time-dependent reduction of amyloid beta plaque, with patients receiving the approved dose of lecanemab, 10 milligram/kilogram every two weeks, having a statistically significant reduction in brain amyloid plaque from baseline to Week 79 compared to the placebo arm, which had no reduction of amyloid beta plaque.

These results support the accelerated approval of Leqembi, which is based on the observed reduction of amyloid beta plaque, a marker of Alzheimer's disease. Amyloid beta plaque was quantified using positron emission tomography (PET) imaging to estimate the brain levels of amyloid beta plaque in a composite of brain regions expected to be widely affected by Alzheimer's disease pathology compared to a brain region expected to be spared of such pathology.

The prescribing information for Leqembi includes a warning for amyloid-related imaging abnormalities (ARIA), which are known to occur with antibodies of this class. ARIA usually does not have symptoms, although serious and life-threatening events rarely may occur. ARIA most commonly presents as temporary swelling in areas of the brain

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that usually resolves over time and may be accompanied by small spots of bleeding in or on the surface of the brain, though some people may have symptoms such as headache, confusion, dizziness, vision changes, nausea and seizure. Another warning for Leqembi is for a risk of infusion-related reactions, with symptoms such as flu-like symptoms, nausea, vomiting and changes in blood pressure. The most common side effects of Leqembi were infusion-related reactions, headache and ARIA.

As specified in the prescribing information, Leqembi is indicated for the treatment of Alzheimer’s disease. The labeling states that treatment with Leqembi should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was studied in clinical trials. The labeling also states that there are no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied.

The FDA granted this application [Fast Track](#), [Priority Review](#) and [Breakthrough Therapy](#) designations. The approval of Leqembi was granted to Eisai R&D Management Co., Ltd.

This announcement was shared by the U.S. Food and Drug Administration’s Intergovernmental Affairs (IGA) team on January 6, 2023.

Additional Resources:

- [Alzheimer’s Disease](#)
- [Approved Drugs: Questions and Answers](#)
- [Accelerated Approval Program](#)

Removal of DATA Waiver (“X-Waiver”) Requirement

Section 1262 of the Consolidated Appropriations Act, 2023 (“Omnibus”), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (“OUD”). With this provision, and effective immediately, the Substance Abuse and Mental Health Services Administration (“SAMHSA”) will no longer be accepting waiver applications.

All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023. Please continue to check this webpage for further updates and guidance. The 275 Annual Reports are no longer required or being accepted.

CONTACT US

Licensing and Testing

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3rd Floor
Springfield, Illinois 62786

General Assistance:

1-888-473-4858

Enforcement, Complaints, and Investigations

555 West Monroe Street
5th Floor
Chicago, Illinois 60661

Complaint Intake Unit:

312-814-6910

General Assistance:

1-888-473-4858

Professional Licensing:

1-800-560-6420

TTY Line:

866-325-4949

www.idfpr.com/DPR.asp



State of Illinois

Illinois Department of Financial and Professional Regulation