DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

The Department of Financial and Professional Regulation is posting these proposed amendments in an effort to make the public aware of possible changes that may have an impact on the industry/profession.

The general public may submit written comments to the Department during the first 45-day public comment period. Any suggested changes will be considered by the Department and (if applicable) the appropriate Board.

These proposed amendments were published in the July 5, 2019 Illinois Register. The 45-day comment period will end August 19, 2019.

Please submit written comments to Craig Cellini as stated in the attached notice.

THESE PROPOSED CHANGES ARE NOT IN EFFECT AT THIS TIME AND THE ADOPTED RULES MAY DIFFER FROM THOSE ORIGINALLY PUBLISHED.

1) Heading of the Part: Physician Assistant Practice Act of 1987

2) Code Citation: 68 Ill. Adm. Code 1350

3)

Section Numbers:	Proposed Actions:
1350.20	Amendment
1350.25	Amendment
1350.30	Amendment
1350.40	Amendment
1350.55	Amendment
1350.60	Amendment
1350.80	Amendment
1350.90	Amendment
1350.100	Amendment
1350.110	Amendment
1350.112	New Section
1350.115	Amendment
1350.116	New Section
1350.117	Renumbered/Amendment
1350.118	Renumbered/Amendment
1350.120	Amendment
1350.130	New Section

4) Statutory Authority: Implementing Section 9 of the Physician Assistant Practice Act of 1987 [225 ILCS 95] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)]

5) A Complete Description of the Subjects and Issues Involved: Public Act 100-453, which was the sunset reauthorization of the Physician Assistant Practice Act of 1987, replaced references to "supervising physician" and “supervision agreement” with references to "collaborating physician" and "collaborative agreement" throughout the Act. It also granted physician assistants the authority to prescribe Schedule II through V controlled substances when the authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. PA 100-453 also authorized the Department to promulgate rules regarding continuing education requirements for renewal applications. The proposed changes detail the specific requirements and acceptable programs that can provide CE credits which mimic the CE requirements listed by the National Commission on Certified Physician Assistants.

Section 21(a)(8) of the Act already authorized the Department to discipline physician assistants for engaging in dishonorable, unethical or unprofessional conduct. The Act now requires the Department to promulgate rules defining what conduct is subjected to discipline. The proposed rules provide a non-exhaustive list of behaviors, conduct, and actions that would allow the Department to imposed discipline on a physician assistant. These behaviors include violating professional boundaries, breaching patient responsibility, and failure to meet professional standards. The proposed rules also incorporate both the guidelines of ethical conduct for PA Profession from the American Academy of PAs and the Guidelines for the Chronic Use of Opioid Analgesics from the Federation of State Medical Boards. Any additional changes to the rules provide clean up to make the rules consist with the Act and easier to understand.

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None

7) Will this rulemaking replace any emergency rule currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? Yes, in Section 1350.130 (b) and (c).

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

Phone: 217/785-0813
Fax: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Licensed physician assistants and applicants regulated under the Act may be affected.

B) Reporting, bookkeeping or other procedures required for compliance: Please see the new and revised requirements that follow in the proposed amendments to this Part.

C) Types of professional skills necessary for compliance: Training and/or experience in the medical field is necessary for licensure.

14) Small Business Impact Analysis:

A) Types of businesses subject to the proposed rule: 54 – professional, scientific and technical services

B) Categories that the agency reasonably believes the rulemaking will impact, including: ii – regulatory requirements and vii – training requirements.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

15) Regulatory Agenda on which this rulemaking was summarized: July 2018

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1350
PHYSICIAN ASSISTANT PRACTICE ACT OF 1987

Section
1350.10 Statutory Authority (Repealed)
1350.20 Definitions
1350.25 Fees
1350.30 Approved Programs
1350.40 Application for Licensure
1350.50 Temporary Certificate (Repealed)
1350.55 Prescriptive Authority
1350.60 Identification
1350.70 Permitted Tasks (Repealed)
1350.80 ~~Supervision of~~ Performance of Collaborative Agreement
1350.90 Scope and Function
1350.100 Notification of Collaborative Agreement~~Employment~~
1350.110 Employment by a Professional Corporation or Partnership
1350.112 Employment by a Hospital, Hospital Affiliates or Ambulatory Surgical Treatment Centers
1350.115 Renewals
1350.116 Continuing Education
1350.117~~1350.116~~ Restoration
1350.118~~1350.117~~ Endorsement
1350.120 Granting Variances
1350.130 Dishonorable, Unethical or Unprofessional Conduct

AUTHORITY: Implementing Section 9 of the Physician Assistant Practice Act of 1987 [225 ILCS 95] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Adopted at 4 Ill. Reg. 34, p. 200, effective August 13, 1980; codified at 5 Ill. Reg. 11051; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 8 Ill. Reg. 3027, effective February 29, 1984; transferred from Chapter I, 68 Ill. Adm. Code 350 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1350 (Department of Professional Regulation) pursuant to P.A.

85-225, effective January 1, 1988, at 12 Ill. Reg. 2960; amended at 18 Ill. Reg. 18046, effective December 12, 1994; amended at 22 Ill. Reg. 3891, effective February 5, 1998; amended at 23 Ill. Reg. 3999, effective March 19, 1999; amended at 24 Ill. Reg. 16680, effective October 27, 2000; amended at 33 Ill. Reg. 1484, effective January 8, 2009; amended at 43 Ill. Reg. _____, effective _____.

Section 1350.20 Definitions

"Act" means the Physician Assistant Practice Act of 1987 [225 ILCS 95].

"Advisory Committee" means the Physician Assistant Advisory Committee to the Medical Licensing Board.

~~"Alternate Supervising Physician" means a physician designated by the supervising physician in accordance with Section 4(8) of the Act. The alternate supervising physician shall maintain all the same responsibilities as the supervising physician. *Nothing in this* Part *shall be construed as to limit the reasonable number of alternate supervising physicians provided they are designated by the supervising physician.* (Section 4 of the Act [225 ILCS 95/4])~~

"Collaborating Physician" means a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] and who is the collaborating physician of the physician assistant in accordance with Section 4(7) of the Act. A collaborating physician may collaborate with a maximum of 7 full-time equivalent physician assistants. A physician licensed to practice medicine in all its branches may collaborate with more than 7 physician assistants when the services are provided in a federal primary care health professional shortage area with a Health Professional Shortage Area score greater than or equal to 12, as determined by the U.S. Department of Health and Human Services. The collaborating physician must keep appropriate documentation of meeting this exemption and make it available to the Department upon request. (Section 54.5(a-5) of the Medical Practice Act of 1987.)

"Department" means the Department of Financial and Professional Regulation of the State of Illinois.

"Director" means the Director of the Division of Professional Regulation with the authority delegated by the Secretary.

"Disciplinary Board" means the Medical Disciplinary Board established pursuant

to Section 7 of the Medical Practice Act [225 ILCS 60].

"Division" means the Department of Financial and Professional Regulation-Division of Professional Regulation.

"Licensing Board" means the Medical Licensing Board established pursuant to Section 8 of the Medical Practice Act.

"Mid-level Practitioner Controlled Substances License" means a license issued by the Division pursuant to the Illinois Controlled Substances Act to a licensed physician assistant who has been delegated prescriptive authority by a collaboratingsupervising physician for Schedule II, III, IV and/or V controlled substances.

"Physician Assistant" means a person licensed by the Division and who practices in accordance with the provisions set forth in the Physician Assistant Practice Act of 1987. A physician assistant is only authorized to practice within the current scope of practice of the collaboratingsupervising physician/alternate supervising physician and is further limited by his/her education, training and experience.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Supervising Physician" means a physician licensed to practice medicine in all of its branches under the Medical Practice Act and who is the primary supervising physician of the physician assistant in accordance with Section 4(7) of the Act. *No more than two physician assistants shall be supervised by the supervising physician, although a physician assistant shall be able to hold more than one professional position.* (Section 7 of the Act)

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.25 Fees

The following fees shall be paid to the Department and are not refundable:

a) Application Fees.

The fee for application for a license as a physician assistant is $50.

b) Renewal Fees.

The fee for the renewal of a license shall be calculated at the rate of $40 per year.

c) General Fees.

1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees.

~~2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.~~

2)~~3)~~ The fee for a certification of a licensee's record for any purpose is $20.

~~4) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.~~

3)~~5)~~ The fee for a roster of persons licensed as physician assistants in this State shall be the actual cost of producing the~~such a~~ roster.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.30 Approved Programs

A program approved by the Division shall consist of one of the following:

a) A program that has been approved by the Accreditation Review Commission on Education for the Physician Assistant~~Committee on Allied Health Education and Accreditation of the American Medical Association~~, or its successor agency as approved by the Division, for the training of physician assistants; or

b) Educational programs that meet the criteria specified by the National Commission on Certification of Physician Assistants, or its successor agency as approved by the Division, for eligibility to the Certifying Examination.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.40 Application for Licensure

a) An applicant for licensure as a physician assistant shall file an application on forms provided by the Division. The application shall include:

1) Current valid certification issued by the National Commission on Certification of Physician Assistants (NCCPA) or its successor agency as approved by the Division. If the applicant is unable to provide proof of current valid certification, the applicant shall provide:

A)~~1)~~ Certification of graduation from an approved program that meets the requirements set forth in Section 1350.30 ~~of this Part~~ or certification from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the Division, that the applicant has substantially equivalent training and experience; and

B)~~2)~~ Certification of successful completion of the Physician Assistant National Certifying Examination. The certification shall be forwarded to the Division from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the Division;

~~3) Current valid certification issued by the National Commission on Certification of Physician Assistants (NCCPA) or its successor agency;~~

2)~~4)~~ A certification from the jurisdiction of original licensure and current licensure stating (if applicable):

A) The date of issuance and status of the license; and

B) Whether the records of the licensing authority contain any record of disciplinary actions taken or pending;

3)~~5)~~ The fee required in Section 1350.25 ~~of this Part~~.

b) A physician assistant license will be issued when the applicant meets the requirements set forth above. However, a physician assistant may not practice until a notice of collaboration~~employment~~ has been filed in accordance with Section 1350.100 ~~of this Part~~.

c) The collaboratingsupervising physician shall submit a notice of prescriptive authority indicating the physician assistant has been delegated prescriptive authority. If the physician assistant has a written collaborative agreement withis supervised by more than one physician, a separate notice of prescriptive authority shall be submitted by each collaboratingsupervising physician. In addition, if prescriptive authority includes Schedule II, III, IV and/or V controlled substances, the physician assistant will be required to apply for a mid-level practitioner license in accordance with the Illinois Controlled Substances Act.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.55 Prescriptive Authority

a) *A collaboratingsupervising physician may, but is not required to, delegate limited prescriptive authority to a physician assistant. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend controlled substances categorized as Schedule II, III, IV, or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act* [720 ILCS 570] *and other preparations, including but not limited to, botanical and herbal remedies, as delegated in the written guidelines required by* the Physician Assistant Practice Act of 1987. *To prescribe Schedule III, IV, or V controlled substances under this Section, a physician assistant must obtain a mid-level practitioner controlled substances license. Medication orders issued by a physician assistant shall be reviewed periodically by the supervising physician. The supervising physician shall file with the Division notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated. Upon receipt of this notice delegating authority to prescribe Schedule III, IV, or V controlled substances, the physician assistant shall be eligible to register for a mid-level practitioner controlled substances license under Section 303.05 of the Illinois Controlled Substances Act. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the supervising physician to a nurse or other appropriately trained personnel.* (Section 7.5 of the Act) The collaborating physician must have a valid, current Illinois controlled substance license and federal registration with the Drug Enforcement Agency to delegate the authority to prescribe controlled substances.

b) Pursuant to Section 7.5(b)(3) of the Act, a collaborating physician may, but is not required to, delegate authority to a physician assistant to prescribe Schedule II

controlled substances by oral dosage or topical or transdermal application, if all of the following conditions apply:~~Written Guidelines.~~

1) The delegated Schedule II controlled substance is specially identified by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated~~If the supervising physician has delegated prescriptive authority to the physician assistant, the written guidelines shall include a statement indicating that the supervising physician has delegated prescriptive authority for legend drugs and any schedule of controlled substances. The delegation must be appropriate to the physician's practice and within the scope of the physician assistant's training~~.

2) The delegated Schedule II controlled substances are routinely prescribed by the collaborating physician or podiatric physician~~The written guidelines shall be signed by both the physician and the physician assistant and a copy maintained at each location where the physician assistant practices along with the physician assistant's state controlled substance license number and the Drug Enforcement Administration (DEA) registration number~~.

3) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.

4) The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the collaborating physician.

5) The physician assistant meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

c) A physician assistant who has been delegated prescriptive authority shall be required to obtain a mid-level practitioner-controlled substances license under Section 303.05 of the Illinois Controlled Substances Act. The collaborating physician shall file with the Department notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated.

d) A collaborating physician and physician assistant shall have written guidelines that

govern the physician assistant delegated prescriptive authority. The written guidelines shall include a statement indicating that the collaborating physician has delegated prescriptive authority for legend drugs and any schedule of controlled substances. The delegation must be appropriate to the physician's practice and within the scope of the physician assistant's training. The written guidelines shall be signed by both the physician and the physician assistant. A copy of the written guidelines, the physician assistant's state-controlled substance license number and the Drug Enforcement Administration (DEA) registration number shall be maintained at each location where the physician assistant practices.

e)~~e)~~ A physician assistant may only prescribe or dispense prescriptions or orders for drugs and medical supplies within the scope of practice of the collaborating~~supervising~~ physician ~~or alternate supervising physician~~.

f)~~d)~~ The name of the collaborating~~supervising~~ physician shall appear on any prescription written by the physician assistant.

g) Medication orders issued by a physician assistant shall be reviewed periodically by the collaborating physician.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.60 Identification

a) When rendering medical services, a physician assistant shall at all times wear an identification badge on an outer garment and in plain view, which shall state the physician assistant's name and title.

b) Each person shall be informed that he/she is being treated by a physician assistant and shall be provided with the name of the collaborating~~supervising~~ physician ~~or alternate supervising physician~~.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.80 ~~Supervision of~~ Performance of Collaborative Agreement

a) The collaborating~~supervising~~ physician~~/alternate supervising physician~~ shall maintain the final responsibility for the care of the patient and the performance of the physician assistant.

b) Delegated procedures and tasks performed by the physician assistant shall be within the current scope of practice of the collaboratingsupervising physician or designated alternate supervising physician with whom the physician assistant is working at the time.

c) The collaboratingsupervising physician may collaborate with a maximum of 7 full-time equivalent physician assistants as described in Section 54.5 of the Medical Practice Act of 1987supervise no more than two physician assistants. However, a physician assistant shall be able to hold more than one professional position.

d) The physician may collaborate with more than 7 physician assistants when the services are provided in a federal primary care health professional shortage area with a Health Professional Shortage Area score greater than or equal to 12, as determined by the U.S. Department of Health and Human Services. The collaborating physician must keep appropriate documentation of meeting this exemption and make it available to the Department upon request. (Section 54.5(a-5) of the Medical Practice Act of 1987.)Any time the supervising physician is unable to provide the appropriate supervision to the physician assistant, he/she shall designate an alternate supervising physician to provide the supervision. The name of the alternate supervising physician shall be identified in the guidelines established by the supervising physician. *It is the responsibility of the supervising physician to maintain documentation each time he or she has designated an alternative supervising physician. This documentation shall include the date alternate supervisory control began, the date alternate supervisory control ended, and any other changes. A supervising physician shall provide a copy of this documentation to the Division, upon request.* (Section 7 of the Act)

e) When under supervision of an alternate supervising physician, the physician assistant may carry out those duties that are contained within the established guidelines of the physician/physician assistant team. An alternate supervising physician shall be subject to the same supervision responsibilities as the supervising physician.

e)f) It is the responsibility of the collaboratingsupervising physician to direct and review the work, records and practice of the physician assistant on a timely basis to ensure that appropriate directions are given and understood and that appropriate treatment is being rendered.

f)g) In the event that the collaboratingsupervising physician is not present in the same

facility as the physician assistant, the collaboratingsupervising physician should be within reasonable travel distance from the facility so that the collaboratingsupervising physician can personally assure the proper care of his/her patients.

g)h) The collaboratingsupervising physician shall have full authority and responsibility to direct, supervise and limit the role of a physician assistant. Nothing contained herein shall be deemed to alter the fact that a physician assistant shall continue to bear responsibility for his/her actions to the extent that the physician assistant fails to comply with physician directives or is not carrying out those directives in a professional and appropriate manner in conformance with his/her training.

h)i) The physician assistant shall only work under the direction of the current collaborating physicianssupervising physician or alternate supervising physician and may undertake patient care responsibilities only for the patients of the collaborating physicianssupervising physician or alternate supervising physician.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.90 Scope and Function

a) A physician assistant may provide medical/surgical services delegated to him/her by the collaborating physicianssupervising physician(s) when such services are within his/her skills and within the current scope of practice of the collaboratingsupervising physician/alternate supervising physician and are provided under the collaborationsupervision and direction of the collaborating supervising physician/alternate supervising physician.

b) The physician/physician assistant team shall establish written guidelines that are individual to the physician assistant in the practice setting and keep those guidelines current and available in the collaboratingsupervising physician's office or location where the physician assistant is practicing.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.100 Notification of Collaborative AgreementEmployment

a) Prior to aA physician assistant performingshall not perform any medical procedure or other task delegated by a collaboratingsupervising physician, the collaborating physician must file with the Division notice of employment or

collaboration ~~until written notice of the employment and the assumption of supervisory control of the physician assistant by the supervising physician is received and acknowledged by the Division. In addition, if an alternate supervising physician will be supervising a physician assistant in the absence of the primary supervising physician, documentation shall be maintained by the primary supervising physician. The documentation shall include the date alternate supervisory control began, the date alternate supervisory control ended, and any other changes~~.

b) At the termination of a collaborative agreement or employment of a physician assistant, the collaborating physician shall give ~~If a physician assistant ceases to be in the supervisory control of the supervising physician whose notice of employment is currently on file with the Division, the supervising physician shall give~~ written notice to the Division within 10 days after the termination of employment or agreement~~supervisory control~~.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.110 Employment by a Professional Corporation or Partnership

Whenever a physician assistant is employed by a collaborating~~supervising~~ physician who is a member of a professional corporation or partnership or whenever the collaborating~~supervising~~ physician or the physician assistant is an employee of a professional corporation or partnership, the collaborating~~supervising~~ physician shall maintain the responsibility for ~~supervision of~~ the physician assistant and for the care and treatment of the persons attended by the physician assistant. Responsibility for the physician assistant~~such supervision~~ cannot be transferred to such corporation or partnership.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.112 Employment by a Hospital, Hospital Affiliates or Ambulatory Surgical Treatment Centers

a) A physician assistant may provide services in a hospital, a hospital affiliate, or a licensed ambulatory surgical treatment center without a written collaborative agreement pursuant to Section 7.5 of the Act. The physician assistant employed by a hospital, hospital affiliate or ambulatory surgical treatment center is not required to file a notice of employment or collaborative agreement with the Division.

b) A physician assistant must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of physician assistants granted clinical privileges, including any care provided in a hospital affiliate.

c) The attending physician shall determine a physician assistant's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

d) A physician assistant practicing in a hospital affiliate may be, but is not required to be, granted authority to prescribe Schedule II through V controlled substances when that authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. To prescribe controlled substances, the physician assistant must obtain a mid-level practitioner-controlled substance license.

e) A hospital affiliate shall file with the Department notice of a grant of prescriptive authority and termination of that grant of authority in accordance with rules of the Department.

f) A physician assistant practicing in a hospital, hospital affiliate, or ambulatory surgical treatment center in accordance with Section 7.7 of the Act is not required to apply for a mid-level license in accordance with the Illinois Controlled Substances Act to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.

(Source: Added at 43 Ill. Reg. _____, effective _____)

Section 1350.115 Renewals

a) All licenses issued under the Act shall expire on March 1 of each even-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the required fee. ~~If the supervising physician indicated on the renewal application is different from that on file with the Division, a current Notification of Employment shall be filed pursuant to Section 1350.100.~~

b) It is the responsibility of each physician assistant to notify the Division of any

change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee.

c) Practice on an expired license shall be considered unlicensed practice and shall be grounds for discipline pursuant to Section 21 of the Act.

d) Email address of record.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.116 Continuing Education

a) Continuing Education (CE) Requirements

1) Beginning with the March 2, 2020 renewal period, all licensed physician assistants shall complete 50 hours of approved CE per 2-year license renewal cycle.

2) All CE must be completed in the 24 months preceding expiration of the license.

3) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.

4) Physician assistants licensed in Illinois but residing and practicing in other states shall comply with the CE requirements set forth in this Section.

5) CE hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois pursuant to subsection (e).

b) CE hours shall be earned by, but not limited to, verified attendance at (e.g., certificate of attendance or certificate of completion) or participation in a program or course (program) as follows:

1) CE hours shall be earned as follows:

A) A minimum of 25 hours of required CEs must be earned in Category 1 CMEs as determined by the National Commission on Certification of Physician Assistants; and

B) 25 credit hours of required CEs can be Category 1, Category 2 or a combination of both.

2) Category 1 CME

A) Regular. Programs offered by sponsors set forth in subsection (c)(1);

B) Certifications Programs. Certification and recertification programs that are preapproved (sponsored) by the American Academy of Physician Assistants (AAPA) for a maximum number of Category 1 credits.

C) Performance Improvements (PI-CME). Programs that offer a systematic approach to planning, implementing, and assessing quality improvement in the clinical practice setting.

D) Self-assessment. Programs that focus on the process of conducting a systematic review of one's own performance, knowledge base or skill set to improve future performance, expand knowledge or hone skills. Self-Assessment CME is intended primarily to address physician assistant competencies related to knowledge, patient care, and practice-based learning and improvement.

3) Category 2 CE is any educational activity that relates to medicine, patient care or the role of the physician assistant that has not been designated for Category 1 credit.

c) Approved CE Sponsors and Programs

1) Sponsor, as used in this Section shall mean:

A) American Academy of Family Physicians (AAFP);

B) American Academy of Physician Assistants (AAPA);

C) American Medical Association (AMA) (providers accredited by ACCME);

D) American Osteopathic Association (AOA); or

E) Any other accredited school, college or university, State agency or association approved by the Department.

2) All programs shall:

A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the profession of physician assistants;

B) Foster the enhancement the physician assistant profession and values;

C) Be developed and presented by persons with education and/or experience in the subject matter of the program;

D) Specify the course objectives, course content and teaching methods to be used; and

E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.

3) Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program/presentation, or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

4) A sponsor approved pursuant to subsection (c)(1) may subcontract with individuals or organizations to provide approved programs. All advertising, promotional materials and certificates of attendance must identify the approved sponsor. The presenter of the program may also be identified but should be identified as a presenter. When an approved sponsor subcontracts with a presenter, the sponsor retains all responsibility for monitoring attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.

5) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:

A) The sponsor's name and, if applicable, sponsor approval number;

B) The name of the participant;

C) A brief statement of the subject matter;

D) The number of hours attended in each program;

E) The date and place of the program; and

F) The signature of the sponsor.

6) The sponsor shall maintain attendance records for not less than 5 years.

7) The sponsor shall be responsible for assuring that no renewal applicant will receive CE credit for time not actually spent attending the program.

8) Upon the failure of a sponsor to comply with any of the requirements of this subsection (c), the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE attendance at or participation in any of that sponsor's CE programs until the Division receives assurances of compliance with this Section.

9) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with requirements of this Section.

d) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b).

2) The Division may require additional evidence demonstrating compliance with the CE requirements (e.g., certificates of attendance). This additional

evidence shall be required in the context of the Division's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.

3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].

e) Continuing Education (CE) Earned in Other Jurisdictions

1) If a licensee has earned CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a $25 processing fee, prior to participation in the program or within 90 days prior to expiration of the license. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3).

2) If a licensee fails to submit an out-of-state CE approval form within the required time frame, late approval may be obtained by submitting the approval request with the $25 processing fee plus a late fee of $50 per CE hour, not to exceed $300. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3).

f) Waiver of CE Requirements

1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Division a renewal application, along with the required fee set forth in Section 1350.25(b), an affidavit setting forth the facts concerning noncompliance and a request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that good cause has been shown for granting a waiver, the Division will waive enforcement of CE requirements for the renewal period for which the applicant has applied.

2) Good cause shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:

A) Full-time service in the Armed Forces of the United States during a substantial part of the prerenewal period;

B) An incapacitating illness documented by a statement from a currently licensed health care provider;

C) A physical inability to access the sites of approved programs documented by a currently licensed health care provider; or

D) Any other similar extenuating circumstances.

3) When the licensee is requesting a waiver due to physical or mental illness or incapacity, the licensee shall provide a current fitness to practice statement from a currently licensed health care provider familiar with the licensee's medical history.

4) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.

(Source: Former Section 1350.116 renumbered to Section 1350.117; new Section 1350.116 added at 43 Ill. Reg. _____, effective _____)

Section 1350.117~~116~~ Restoration

a) A person seeking restoration of a license that has expired for 3 years or less shall have the license restored upon payment of all lapsed renewal fees required by Section 1350.25 and proof of completion of the CE required under Section 1350.116~~of this Part~~.

b) A person seeking restoration of a license that has been placed on inactive status for 3 years or less shall have the license restored upon payment of the current renewal fee and proof of completion of the CE required under Section 1350.116.

c) A person seeking restoration of a license after it has expired or been placed on

inactive status for more than 3 years shall file an application, on forms supplied by the Division, proof of completion of the CE required under Section 1350.116 and the fee required by Section 1350.25 ~~of this Part~~. The person shall also submit either:

1) Sworn evidence of active practice in another jurisdiction. The evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the registrant was authorized to practice during the term of said active practice; or

2) An affidavit attesting to military service as provided in Section 15 of the Act; or

3) Successful completion of the examination administered by and proof of current certification from the National Commission on the Certification of Physician Assistants or its successor agency.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division because of a lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking restoration of a license shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Advisory Committee to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflict in information. Upon the recommendation of the Licensing Board and approval by the Director, an applicant shall have the license restored or will be notified in writing of the reason for the denial of the application.

e) A physician assistant license will be issued when the applicant meets the requirements set forth above. However, a physician assistant may not practice until a notice of collaboration~~employment~~ has been filed in accordance with Section 1350.100 ~~of this Part~~.

f) The collaborating~~supervising~~ physician shall submit a notice of prescriptive authority indicating the physician assistant has been delegated prescriptive authority. If the physician assistant has a written collaborative agreement with~~is~~

~~supervised by~~ more than one physician, a separate notice of prescriptive authority shall be submitted by each collaborating~~supervising~~ physician. In addition, if prescriptive authority includes Schedule II, III, IV and/or V controlled substances, the physician assistant will be required to apply for a mid-level practitioner license in accordance with the Illinois Controlled Substances Act.

(Source: Renumbered from Section 1350.116 and amended at 43 Ill. Reg. _____, effective _____)

Section 1350.118~~117~~ Endorsement

a) An applicant for licensure as a physician assistant who is licensed under the laws of another state shall file an application with the Division that shall include:

1) A certification from the jurisdiction~~jurisdication~~ of original licensure and current licensure stating:

A) The date of issuance and status of the license; and

B) Whether the records of the licensing authority contain any record of any disciplinary actions taken or pending;

2) Proof of one of the following:

A)~~2)~~ Current valid certification issued by the National Commission on Certification of Physician Assistants (NCCPA) or its successor agency; or

B)~~3)~~ Certification of successful completion of the Physician Assistant National Certifying Examination given by the National Commission on Certification of Physician Assistants, or its successor agency.~~;~~

3)~~4)~~ The required fee set forth in Section 1350.25~~ of this Part~~.

b) The Division shall examine each endorsement application to determine whether the requirements in the other state at the date of licensing were substantially equivalent to the requirements then in force in this State or equivalent to the requirements of the Act. The Division shall either issue a license by endorsement or notify the applicant of the reasons for the denial of the application.

c) A physician assistant license will be issued when the applicant meets the requirements set forth above. However, a physician assistant may not practice until a notice of collaboration ~~employment~~ has been filed in accordance with Section 1350.100 ~~of this Part~~.

d) The collaborating~~supervising~~ physician shall submit a notice of prescriptive authority indicating the physician assistant has been delegated prescriptive authority. If the physician assistant has a written collaborative agreement with~~is supervised by~~ more than one physician, a separate notice of prescriptive authority shall be submitted by each collaborating~~supervising~~ physician. In addition, if prescriptive authority includes Schedule II, III, IV and/or V controlled substances, the physician assistant will be required to apply for a mid-level practitioner license in accordance with the Illinois Controlled Substances Act.

(Source: Renumbered from Section 1350.117 and amended at 43 Ill. Reg. _____, effective _____)

Section 1350.120 Granting Variances

~~a)~~The Director may grant variances from this Part in individual cases when he/she finds that:

a)~~1)~~ The provision from which the variance is granted is not statutorily mandated;

b)~~2)~~ No party will be injured by the granting of the variance; and

c)~~3)~~ The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.

~~b) The Director shall notify the Medical Licensing Board and the Advisory Committee of the granting of the variance, and the reasons for granting the variance, at the next meeting of the Licensing Board.~~

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1350.130 Dishonorable, Unethical or Unprofessional Conduct

a) The Division may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its findings of dishonorable, unethical

or unprofessional conduct (see Section 21(a)(8) of the Act), which includes but is not limited to, the following acts or practices:

1) Engaging in conduct likely to deceive, defraud or harm the public, or demonstrating a willful disregard for the health, welfare or safety of a patient. Actual injury need not be established.

2) A departure from or failure to conform to the standards of practice as set forth in the Act or this Part. Actual injury to a patient need not be established.

3) Engaging in behavior that violates professional boundaries (such as signing wills or other documents not related to client health care).

4) Engaging in sexual conduct with a patient or conduct that may reasonably be interpreted by a patient as sexual, or behavior that is sexually harassing to a patient, including any verbal behavior that is sexual harassing.

5) Demonstrating actual or potential inability to practice with reasonable skill, safety or judgment by reason of illness, use of alcohol, drugs, chemicals or any other material or as a result of any mental or physical condition.

6) Misrepresenting educational background, training, credentials, competence or medical staff memberships.

7) Committing any other act or omission that breaches the physician assistant's responsibility to a patient according to accepted medical standards of practice.

b) The Division hereby incorporates by reference the "Guidelines for Ethical Conduct for the PA Profession", 2013, American Academy of PAs, 2318 Mill Road, Suite 13600, Alexandria VA 22314, with no later amendments or editions.

c) The Division hereby incorporates by reference the "Guidelines for the Chronic Use of Opioid Analgesics," Federation of State Medical Boards, April 2017, 400 Fuller Wiser Road, Suite 300, Euless TX 76039. No later amendments or editions are included.

(Source: Added at 43 Ill. Reg. _____, effective _____)