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iafp@iafp.com www.iafp.com Ms. Vicki Thomas, Executive Director Division of Professional Regulation Joint Committee on Administrative Rules 700 Stratton Building Springfield, IL 62701

RE: Second Notice Filing of Proposed Rules 68 Ill. Adm. Code Part 1400

Dear Ms. Thomas:

On behalf of the Illinois Academy of Family Physicians, we echo the comments of the Illinois Psychiatric Society (IPS) and the Illinois State Medical Society (ISMS) on the second notice filing concerning proposed rules implementing P.A. 98-688 concerning the ability of clinical psychologists to prescribe certain drugs, amending the *Clinical Psychologist Licensing Act* (*Act*) (10/28/16). Specifically, we would like to highlight the comments attached.

Thank you very much for the opportunity to reiterate the comments already submitted by IPS and ISMS by highlighting those attached. Please contact me at <u>vkeenan@iafp.com</u> if you have any questions.

Sincerely,

Víncent D. Keenan, CAE

Vincent D. Keenan, CAE Executive vice president August 16, 2017

## **Illinois Academy of Family Physicians**

Comments on the Second Notice Filing of Proposed Rules 68 Ill. Adm. Code Part 1400

<u>Comment</u>: Illinois and many other states are facing a profound problem with the inappropriate use of highly addictive and dangerous medications. The Clinical Psychologist Licensing Act was crafted to allow a very limited and narrow prescribing ability for clinical psychologists who obtain additional education. We remain concerned about: <u>Section 1400.220 (b)(1), page 2 of the second notice memorandum provides for the addition of health care professionals other than physicians licensed to practice medicine in all its branches as educators under the statutorily required education provisions.</u>

IAFP believes that the education required by the revisions to the Act should be provided by physicians licensed to practice medicine in all its branches. Clinical psychologists who will be pursuing this education have no prior education in pharmacology and limited education on anatomy and physiology. Knowledge in all these areas is necessary to adequately determine the need for the medications that can be prescribed for mental health issues and to monitor a patient receiving the medications for their substantial side effects, which must also be carefully addressed. Therefore, the required education should be provided by the professionals with the broadest and most in-depth background and education in these matters: physicians licensed to practice medicine in all its branches.

The Department responded to these concerns representing that these are unique circumstances and inclusion of other health care professionals is appropriate. We would suggest that the situation of a health care professional adding to her or his qualifications thru education is not unique and that high standards should be maintained to protect the public health and safety. We respectfully request that educators be limited to physicians licensed to practice medicine in all its branches.

**<u>Comment</u>**: We remain concerned about: <u>Section 1400.220 (b)(3)</u>, page 4 of the second notice memorandum provides for the term "full-time" in the context of the statutorily required practicum to be defined as 20 hours a week instead of 30 hours a week.</u>

IAFP believes that the Act requires a "Full-time practicum" and 20 hours a week is NOT Full-time. While there are many definitions of "full-time", we know of none which would define full time as 20 hours a week. Further, it appears that the physician assistant program upon which this new program is based is full time. In fact as stated in our earlier comments, the Department in another portion of the same licensing rules for clinical psychologists defines "full-time" as 35 hours a week. We do not agree with the Department that the circumstances warrant establishing lessor standards. The General Assembly recognized that significant additional education was needed in order to adequately prepare clinical psychologists to prescribe medications. Part of this education is a "full-time practicum".

In addition, the Internal Revenue Service, which establishes standards for employers, defines "full-time" as follows: *A full-time employee* is an employee who is employed on average, per month, at least 30 hours of service per week, or at least 130 hours of service in a calendar month. [IRS Health Care Tax Tip 2015-33, May 28, 2015] Also, the Affordable Care Act defines "full time" as an employee employed on average at least 30 hours of service per week, or 130 hours of service per month. **We respectfully request that 20 hours be changed to 35 hours.**