



# Legislative Update

## **ISMS SECURES NEEDED PROTECTIONS FOR PHYSICIANS AND PATIENTS AS APRN'S SEEK INDEPENDENT PRACTICE AUTHORITY**

The Illinois State Medical Society prevented the Illinois Society for Advanced Practice Nursing (ISAPN) from moving its top priority this year i.e., to allow APRNs to practice completely independent of a physician.

After numerous negotiating sessions and intense advocacy from physicians throughout Illinois an agreement has been reached on this topic.

ISAPN introduced legislation that would have granted APRNs full independent practice, including full prescriptive authority, after completing additional clinical training under the supervision of either another APRN or physician. **ISMS opposed this legislation.**

There is strong support within the Illinois legislature for bills that would grant APRNs independent practice. Instead of voting against us, legislators asked ISMS to draft an alternative.

ISMS offered alternative language that was eventually accepted by the APRNs. Our language:

1. Maintains the requirement that APRNs have a written collaborative agreement, unless the APRN receives substantial post-graduate training under the direct supervision of a physician (4,000 clinical training and 250 hours in additional educational/training components). The physician then must sign a written attestation confirming that the training was completed.
2. Does not change current practice within a hospital setting; APRNs must still be recommended for credentialing by the hospital medical staff.
3. Requires APRNs to maintain a formalized relationship with a physician that must be noted in the state's prescription monitoring program (PMP) if that APRN wishes to prescribe schedule II opioids and benzodiazepines. The opioids to be prescribed must be specifically noted in the PMP and APRNs and the consulting physician must meet at least monthly to discuss the patient's care.
4. Says APRNs are prohibited from administering opiates via injection. APRNs are also prohibited from performing operative surgery.
5. Prohibits APRNs from advertising as "Dr.," which is extremely misleading to patients. APRNs who have doctorate degrees must tell patients that they are not medical doctors or physicians.



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6. Makes clear that CRNAs are not included in the agreement; nothing changes as to how CRNAs currently must practice.

**In most other states, advanced practice nurses already have full practice authority to diagnose and treat patients including full prescriptive authority.** Some 24 states and the District of Columbia don't require any physician involvement for APRNs to diagnose, treat, or prescribe. In addition to those, eight states allow APRNs to diagnose and treat independently but require physician involvement for APRNs to prescribe.

ISMS physicians are committed to ensuring that care is centered on each patient's needs and that each patient receives high-quality care by a well-trained team of professionals. These important provisions will be amended to HB 313 in the Senate this week. We would not have been able to make these important changes without all of your assistance.

Please call Erin O'Brien at 217-757-3011 or email her at [erinobrien@isms.org](mailto:erinobrien@isms.org) with questions about this matter.