

April 7, 2020



IDFPR Issues Guidance for Allied Health Professionals Amid COVID-19 Crisis
ISMS continues to advocate successfully for patient safety during pandemic

Dear Colleagues:

I am very pleased to report that the Illinois Department of Financial and Professional Regulation (IDFPR) has issued guidance related to its earlier [proclamation](#) allowing allied healthcare professionals licensed in other states to provide care here in response to the COVID-19 pandemic.

ISMS has been in active contact with IDFPR Secretary Deborah Hagan. Last week we wrote a [letter](#) urging the Department to strike a balance between strengthening the state's healthcare workforce and ensuring that patients continue to receive team-based care. The new guidance does exactly that, clarifying several important points, including:

- **[Advanced practice registered nurses](#) (APRNs) and [physician assistants](#) (PAs) currently licensed in Illinois are still required to follow existing requirements related to collaborative agreements, scope of practice, clinical privileges, and delegation of prescriptive authority.**
- For certified registered nurse anesthetists providing anesthesia services in hospitals, hospital affiliates, or ambulatory surgical treatment centers, **the collaborating physician must still be physically present on the premises when anesthesia services are being provided.**
- APRNs and PAs coming in from other states may practice without a written collaborative agreement, **but must register with the IDFPR and adhere to all the requirements of their profession's Illinois licensure act.** They are also limited to working under the direction of IEMA and IDPH, providing treatment in particular settings specifically in response to the COVID-19 pandemic.

In short, while out-of-state health professionals may practice here without collaborative agreements, all the other patient safety protections we have fought for continue to apply.

Illinois physicians offer our deepest thanks to Secretary Hagan for her strong, balanced and consistent leadership in this difficult situation. This important and reasonable guidance demonstrates that Illinois is committed to maintaining a team-based approach to this unprecedented public health crisis.

A more detailed analysis follows, and ISMS will continue to keep members apprised of further developments in this area. Please continue to watch our frequently-updated [COVID-19 resource page](#) for additional tools to help you respond to COVID-19, and stay safe and healthy. We are all in for Illinois!

Sincerely,

Richard C. Anderson, M.D.
Chair, Board of Trustees

Executive Summary of Recent IDFPR Actions

On April 6, the Illinois Department of Financial and Professional Regulation (IDFPR) released several proclamations and guidance related to regulated healthcare professionals in response to the COVID-19 pandemic. Here are the key takeaway points:

- **NEW:** Additional out-of-state licensed healthcare professionals, including clinical psychologists, physical therapists, and pharmacists, can work in Illinois under certain circumstances without having an Illinois license. Registration with the IDFPR is required.
- Advanced practice registered nurses (APRNs) who are licensed in Illinois are still required to follow existing requirements, such as having a written collaborative agreement. If prescriptive authority is delegated by a physician, notice of such delegation must be given to the IDFPR.
 - APRNs licensed in Illinois who work in a healthcare facility are still not required to have a written collaborative agreement.
 - **NEW:** APRNs licensed outside of Illinois are not required to have a written collaborative agreement, but they must register with the IDFPR.
- Physician assistants (PAs) who are licensed in Illinois are still required to follow existing requirements, such as having a written collaborative agreement. If prescriptive authority is delegated by a physician, notice of such delegation must be given to the IDFPR.
 - PAs licensed in Illinois who work in a healthcare facility are still not required to have a written collaborative agreement.
 - **NEW:** PAs licensed outside of Illinois are not required to have a written collaborative agreement, but they must register with the IDFPR.

The IDFPR also issued guidance related to prescribing of medications, use of personal protective equipment, clinical professional counselor licensing, speech-language pathology licensing and audiology licensing. A detailed summary of these actions is available below.

Detailed Summary of Recent IDFPR Actions

[Proclamation to Modify Professional License and Certification Statutes for Certain Out-of-State Professions](#)

- Licensed dietitian nutritionists, clinical professional counselors, professional counselors, clinical psychologists, physical therapists, physical therapy assistants, social workers, occupational therapists, occupational therapy assistants, and pharmacists who are 1) licensed in another state, 2) in good standing, and 3) working under the direction of the Illinois Emergency Management Agency (IEMA) and Illinois Department of Public Health (IDPH) can work in Illinois without having an Illinois license.
- While these licensees are working in Illinois, they are subject to all the provisions of the Illinois-equivalent licensing act and rules relating to standard of care.
- Licensees are limited to working under the direction of IEMA and IDPH pursuant to the declared disaster and in a state-licensed long-term care facility, state-regulated hospital, or federally qualified health center.
- Licensees are limited to providing treatment in response to the COVID-19 pandemic.
- Licensees must provide the IDFPR with their name, contact information, state of licensure, license number, date of arrival, and date of departure on an IDFPR-created form.
- The order is in effect from April 6, 2020 through September 30, 2020.

[Prescriber Guidelines During COVID-19 Emergency Declaration](#)

- The IDFPR reminds all authorized prescribers that while they may prescribe any FDA-approved medication, even for off-label uses, there are currently no approved or recognized outpatient treatments or prophylactic regimens for COVID-19.
- Self-prescribing or prescribing to family or friends is not prohibited but it must be consistent with the standard of care and ethical standards of the profession, including:
 - Existence of a healthcare professional – patient relationship.
 - Appropriate clinical indications for the medication, dosage, and amount prescribed.
 - Maintenance of proper medical records.
- Authorized prescribers are reminded to check the FDA’s website for information on emergency use of chloroquine phosphate and hydroxychloroquine sulfate.

[Guidance for Use of PPE by Compounding Pharmacies During COVID-19 Emergency Declaration](#)

- The IDFPR recommends that compounding pharmacies follow the guidelines issued by the United States Pharmacopeia:
 - [USP Response to Shortages of Garb and Personal Protective Equipment \(PPE\) for Sterile Compounding During COVID-19 Pandemic](#)
 - [Compounding Alcohol-Based Hand Sanitizer During COVID-19 Pandemic](#)
- Pharmacists are reminded that they may use their professional judgment, after screening for potential drug therapy problems, to determine whether to dispense a prescribed drug if there are national or state emergencies or guidelines affecting availability, usage, or supplies, or if there is a potentially fraudulent prescription.
- The IDFPR recommends that pharmacy technicians and student pharmacists may process prescriptions from a remote location under the supervision of a pharmacist provided that the pharmacy establishes controls to protect the privacy and security of confidential records.
- The IDFPR also recommends that pharmacies offer delivery services to deliver prescriptions to patients or their personal representatives in a home or institution by an authorized agent or common carrier. A patient's consent is required before delivering a prescription order.

[Guidance to Advanced Practice Registered Nurses Regarding COVID-19](#)

- Advanced practice registered nurses (APRNs) with a collaborative agreement should continue to provide patient care pursuant to that agreement.
 - Prescriptive authority must still be delegated by a licensed physician.
 - A notice of delegation must be filed with the Division.
- APRNs providing services in hospitals, hospital affiliates, or ambulatory surgical treatment centers (ASTCs) are not required to have a collaborative agreement.
 - APRNs must have clinical privileges at those facilities.
 - Those facilities may, but are not required to, grant prescriptive privileges.
- For certified registered nurse anesthetists providing anesthesia services in hospitals, hospital affiliates, or ASTCs, the collaborating physician must be physically present on the premises when anesthesia services are being provided.
- APRNs with full practice authority (APRN-FPAs) must work within the scope of their national certification, follow limitations placed on them by their facility, and adhere to scope of practice guidelines in the Nurse Practice Act. APRN-FPAs have full prescriptive authority with the exception of Schedule II narcotics and benzodiazepines, which require a consultation agreement with a physician.
- APRNs coming from another jurisdiction must register with the IDFPR on a form provided by the Division. Such APRNs are not required to have a collaborative agreement.

Guidance to Illinois-Licensed Physician Assistants Regarding COVID-19

- Illinois-licensed physician assistants (PAs) with a collaborative agreement should continue to provide care pursuant to that agreement.
- Out-of-state licensed PAs without a collaborative agreement must provide medical care that is within their training, education, and experience. They must also follow any limitations placed on them by the facility where they are rendering services.
 - Such PAs must provide the Division with their name, contact information, state of licensure, license number, date of arrival and date of departure on a form provided by the Division.
 - Such PAs are not required to have a collaborative agreement.
- PAs are reminded that prescriptive authority must still be delegated by a licensed physician and a notice of delegation must still be filed with the Division
- PAs providing medical services in a hospital, hospital affiliate, or ASTC are not required to have a collaborative agreement. Instead, they must have clinical privileges at those facilities, and the facilities determine their scope of practice.

Variance for Clinical Professional Counselor License Applicants

- Applicants for licensure as clinical professional counselors may complete their live face-to-face supervision requirement using real-time video or audio technology instead of on-site supervision.
- Acceptable video technology includes, but is not limited to, Skype, Zoom, and Google Hangouts.
- The variance is for supervision applies between April 6, 2020 and July 31, 2020.

Guidance for Students Pursuing Speech-Language Pathology or Audiology Licenses

- Students pursuing either a speech-language pathology license or an audiology license may be supervised remotely using video or audio technology rather than on-site.
- Acceptable video technology includes but is not limited to Skype, Zoom, and Google Hangout
- When a student is providing services to a client, the supervisor should be available and prepared to offer assistance

[Amendment to Proclamation to Modify Professional License and Certification Statutes and Regulations for Certain Health Care Professions](#)

- The IDFPR issued a modification to its March 20 proclamation to suspend the permanent licensure requirement for physicians, nurses, physician assistants, and respiratory care therapists who are licensed in another state, in good standing, and working under the direction of IEMA or IDPH.
- The IDFPR clarified that such licensees are limited to working under the direction of IEMA and IDPH pursuant to a declared disaster **and** [previously, “or”] in a state-licensed long-term care facility, state-regulated hospital, or federally qualified health center.