



June 26, 2019

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
MEMORANDUM**

**TO:** Chief Medical Officers, Member Hospitals and Health Systems  
Chief Nurse Executives

**FROM:** Helga Brake, Vice President, Quality, Safety, and Health Policy  
IHA Institute for Innovations in Care and Quality

**SUBJECT:** IHA Summary: APRN Written Collaborative Agreements and Full Practice Authority

In September 2017, Public Act 100-0513, [summarized here](#), was signed into law. Its accompanying rules were released earlier this month and became effective June 14, 2019.

PA 100-513 was the sunset reauthorization of the Nurse Practice Act and made significant changes to the Act. These changes included the expansion of scope for advanced practice registered nurses (APRNs) who have completed the necessary training and education to be granted full practice authority, allowing them to practice without a collaborative agreement. Other changes included expanding the continuing education requirement for APRNs and modifying existing requirements to conform with current industry standards, and overall modernization of the Act. These adopted rules implement those statutory changes and create a new license for APRNs granted Full Practice Authority.

This memorandum includes information related to APRN Written Collaborative Agreements and Full Practice Authority. The full text of the adopted amendments, Administrative Code 1300, can be found [here](#), pages 6924 – 6986.

**Application.** Applies to all Illinois Advanced Practice Registered Nurses (APRNs) and persons seeking licensure in Illinois as an APRN with Full Practice Authority. Note that PA 100-513 revises the term “Advanced Practice Nurse” (APN) to “Advance Practice Registered Nurse” (APRN) to align with the national trend supported by the National Council of State Boards of Nursing.

**1300.410 Written Collaborative Agreements**

A written collaborative agreement is required for all APRNs engaged in clinical practice, **except for:**

- 1) Those APRNs who practice in a hospital, hospital affiliate or ambulatory surgical treatment center (ASTC) under Section 65-45 of the Act; and

2) Those APRNs who are granted **full practice authority** by Section 65-43 of the Act.

An APRN applicant who will be practicing outside of a hospital or ASTC shall provide a certifying statement indicating that the APRN applicant has entered into a written collaborative agreement as required by Section 65-35 of the Act.

**1300.410 Written Collaborative Agreements (WCAs) (§65-35)**

- Describe the working relationship of the APRN with the collaborating physician, dentist, or podiatric physician and the categories of care, treatment or procedures to be provided by the APRN.
- Promote the exercise of professional judgment by the APRN commensurate with his/her education and experience.
- Provide methods of communication with the collaborating physician in person or by telecommunications or electronic communications.
- Do not require an employment relationship.
  - Absent an employment relationship the WCA may not:
    - 1) Restrict the categories of patients within the scope of the APRN training/experience;
    - 2) Limit third party payors or government health programs; or
    - 3) Limit the geographic area or practice location of the APRN.
- For anesthesia services provided by a certified registered nurse anesthetist (CRNA), the WCA is between the CRNA and an anesthesiologist, physician, dentist or podiatric physician who shall participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions.
- For any APRN who had a written collaborative agreement with a podiatric physician immediately before September 20, 2017, the APRN may continue in that collaborative relationship until the WCA ends or enter into a new WCA with a podiatric physician.
- A copy of the signed WCA must be available to the Department upon request from the APRN and the collaborating physician, dentist or podiatric physician. An APRN shall inform each collaborating physician, dentist or podiatric physician of all WCAs he/she has signed and provide a copy of these to any collaborating physician, dentist or podiatric physician, upon request.

**1300.430 Written Collaborative Agreements and Prescriptive Authority (§65-40).**

- A collaborating physician or podiatric physician who delegates prescriptive authority to an APRN shall include that delegation in the WCA. Licensed dentists may not delegate prescriptive authority.
- This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies.
- The collaborating physician or podiatric physician must have a valid current Illinois

controlled substances license and federal registration to delegate authority to prescribe delegated controlled substances.

- A collaborating physician may delegate authority to an APRN to prescribe any Schedule II controlled substances by oral dosage or topical or transdermal application if all the following conditions apply:
  1. The delegated Schedule II controlled substance is identified by brand or generic name.
  2. The delegated Schedule II controlled substances are routinely prescribed by the collaborating physician or podiatric physician.
  3. Any Schedule II controlled substance prescription must be limited to no more than a 30-day supply, with continuation authorized only after prior approval of the collaborating physician or podiatric physician.
  4. The APRN must discuss the condition of any patients for whom a Schedule II controlled substance is prescribed monthly with the delegating physician or podiatric physician.
  5. The APRN meets the education requirements of the Illinois Controlled Substances Act.
- An APRN who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license. The physician or podiatric physician shall file a notice of delegation of prescriptive authority with the Division and the Prescription Monitoring Program (PMP). The delegation of authority form shall be submitted to the Division and the PMP prior to the issuance of a mid-level controlled substances substance license.
- The APRN may only prescribe and dispense Schedule II controlled substances that the collaborating physician or podiatric physician prescribes.
- Prescriptions written and signed by an APRN must indicate the name of the collaborating physician or podiatric physician. The collaborating physician's or podiatric physician's signature is not required. The APRN shall sign his/her own name when writing and signing prescriptions.
- Medication orders shall be reviewed periodically by the collaborating physician or podiatric physician.
- Nothing in this Section shall be construed to apply to an APRN granted Full Practice Authority. Nothing in this Section shall apply to any prescribing authority, including Schedule II controlled substances, of an APRN providing care in a hospital, hospital affiliate, or ASTC.

#### **1300.460 APRN Practice in Hospitals, Hospital Affiliates and ASTCs (§65-45).**

- An APRN may provide services in a licensed hospital or hospital affiliate, or a licensed ASTC without prescriptive authority or a WCA.
- An APRN must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ASTC in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of all APRNs granted clinical privileges. Authority may also be granted to individual APRNs to select, order and administer medications, including controlled substances to provide delineated care.

- The attending physician shall determine an APRN's role in providing care for his/her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.
- An APRN who does not have Full Practice Authority and who is privileged to order medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the APRN and the attending or discharging physician.
- For anesthesia services provided by a CRNA, an anesthesiologist, physician, dentist, or podiatric physician podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions, unless hospital policy adopted pursuant to Section 10.7(4)(B) of the Hospital Licensing Act or ASTC policy adopted pursuant to Section 6.5(4)(B) of the Ambulatory Surgical Treatment Center Act provides otherwise. A CRNA may select, order and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist, physician, podiatric physician podiatrist or dentist, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ASTC.
- Nothing in this Section shall be construed to require an APRN to have a WCA to practice in a hospital, hospital affiliate or ASTC.

**1300.465 Full Practice Authority (§65.43).**

- An Illinois-licensed APRN certified as a nurse practitioner, nurse midwife, or clinical nurse specialist may be granted the privilege of Full Practice Authority, which provides the ability under this Section to practice without a WCA.
- An APRN certified as a nurse midwife, clinical nurse specialist, or nurse practitioner seeking full practice authority shall submit a form provided by the Department indicating he/she has met the necessary requirements in Section 65-43 of the Act. Documentation shall include:
  1. Current, active and unrestricted APRN license number and current registered professional nurse license number.
  2. Notarized attestation, signed by the APRN, of completion of at least 250 hours of continuing education or training.
  3. Notarized attestation of completion of at least 4,000 hours of clinical experience after first attaining national certification. The clinical experience must be in the APRN's area of certification with a physician and attested to by the collaborating physician and the APRN. For APRNs working in a hospital setting, the clinical experience may be attested to by the hospital medical staff committee or designee.
  4. The fee.
- The scope of practice of an APRN granted full practice authority includes:
  1. All matters included in Section 65-30(c) of the Act. (The scope of practice of an APRN nurse includes, but is not limited to, each of the following: (1) Advanced nursing patient assessment and diagnosis. (2) Ordering diagnostic and therapeutic

tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the APRN or another health care professional. (3) Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status. (4) Providing palliative and end-of-life care. (5) Providing advanced counseling, patient education, health education, and patient advocacy. (6) Prescriptive authority as defined in Section 65-40 of this Act. (7) Delegating selected nursing interventions to a licensed practical nurse, a registered professional nurse, or other personnel.)

2. Practicing without a WCA in all practice settings consistent with national certification;
  3. Authority to prescribe legend drugs and Schedule II through V controlled substances; authority includes prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, and controlled substances categorized as any Schedule II through V controlled substances, and other preparations, including, but not limited to, botanical and herbal remedies;
  4. Prescribing benzodiazepines or Schedule II narcotic drugs only in a consultation relationship with a physician;
    - a) This relationship must be recorded in the PMP website by the physician and APRN with Full Practice Authority;
    - b) The Schedule II narcotic drug must be identified by brand or generic name;
    - c) May be administered by oral dosage or topical or transdermal application; delivery by injection or other route of administration is not permitted;
    - d) At least monthly, the APRN and the physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed;
    - e) Nothing in this subsection shall be construed to require a prescription by an APRN granted Full Practice Authority to indicate a physician's name on the prescription;
    - f) All consultation records shall be available to the Department upon request;
  5. Authority to obtain an Illinois controlled substances license and a federal Drug Enforcement Administration number;
  6. Use of only local anesthetic; and
  7. The scope of practice of an APRN does not include operative surgery.
- Prior to prescribing as an APRN granted Full Practice Authority, the APRN must apply for a practitioner license under the Illinois Controlled Substances Act.
  - Nothing in the Act shall be construed to authorize an APRN with Full Practice Authority to provide health care services required by law or rule to be performed by a physician.

If you have questions or need more information, please contact Helga Brake at 630-276-5682 or [hbrake@team-iha.org](mailto:hbrake@team-iha.org).

