



Please vote **NO** on Senate Bill 2272

SB 2272 endangers the lives of Illinois' most vulnerable citizens by allowing individuals with insufficient medical training to prescribe dangerous and highly addictive Schedule II medications to anyone, including the young and the elderly. The general public will also be less safe because expanding access to opioids and other highly addictive substances will create opportunities for illegal diversion of narcotics, increasing the likelihood of addiction, overdose and death.

This bill continues the disparities and inequities in our healthcare system by giving patients an inadequate level of care rather than expanding their access to the best care. Existing evidence-based alternatives like telehealth can be utilized to expand care without watering down training and safety standards. Further, the collaborative care model effectively addresses the shortage of psychiatrist by treating a population of patients in the primary care office with consultation from a psychiatrist making treatment recommendations. Treating patients in the primary care office, decreases mental health stigma, encouraging people to seek mental health help while still offering patients the gold-standard of 4 years of medical school and 4 years of residency training required to provide care safely. **Children and elderly patients who can least advocate for themselves should have society's best care, not just most convenient.**

In 2014, the Illinois General Assembly allowed psychologists to prescribe to adults. At that time, legislators recognized the unique medical needs and challenges of children, pregnant people, and seniors by excluding them from the 2014 law. The legislature also noted the threat to public safety by expanding access to dangerous and addictive Schedule II drugs, and reserved prescribing privileges for physicians. **Without** clear evidence of increased access, safety and positive clinical outcomes promised under the 2014 law, **the General Assembly should not compromise patients and the public by allowing dangerous narcotics to be prescribed by lesser trained providers.**

Children and adolescents differ from adults in their continued biological development and sensitivity to medication. A board-eligible child and adolescent psychiatrist is a physician with five or more years of additional training beyond the four years of medical school education, including two to three years of additional subspecialty clinical training in psychiatry and neuroscience specific to children and adolescents. **The lower level of care created by this bill would put children and adolescents at greater risk.**

More than half of Americans ages 65 and older have multiple chronic medical conditions. Older adults are often among the sickest patients, taking multiple medications. **Medical knowledge and medical training are essential to treat complex older adult patients with co-morbid chronic medical and psychiatric conditions.**

For questions, please contact Meryl Sosa at msosa@ilpsych.org