



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB3382

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

210 ILCS 5/6.5

210 ILCS 85/10.7

225 ILCS 60/54.5

225 ILCS 65/65-35

225 ILCS 65/65-45

was 225 ILCS 65/15-15

was 225 ILCS 65/15-25

Amends the Medical Practice Act of 1987. Removes the requirement that physicians remain physically present during delivery of anesthesia administered by a certified registered nurse anesthetist. Amends the Ambulatory Surgical Treatment Center Act, the Hospital Licensing Act, and the Nurse Practice Act to make related changes. Effective immediately.

LRB100 10897 SMS 21132 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Ambulatory Surgical Treatment Center Act is
5 amended by changing Section 6.5 as follows:

6 (210 ILCS 5/6.5)

7 Sec. 6.5. Clinical privileges; advanced practice nurses.
8 All ambulatory surgical treatment centers (ASTC) licensed
9 under this Act shall comply with the following requirements:

10 (1) No ASTC policy, rule, regulation, or practice shall
11 be inconsistent with the provision of adequate
12 collaboration and consultation in accordance with Section
13 54.5 of the Medical Practice Act of 1987.

14 (2) Operative surgical procedures shall be performed
15 only by a physician licensed to practice medicine in all
16 its branches under the Medical Practice Act of 1987, a
17 dentist licensed under the Illinois Dental Practice Act, or
18 a podiatric physician licensed under the Podiatric Medical
19 Practice Act of 1987, with medical staff membership and
20 surgical clinical privileges granted by the consulting
21 committee of the ASTC. A licensed physician, dentist, or
22 podiatric physician may be assisted by a physician licensed
23 to practice medicine in all its branches, dentist, dental

1 assistant, podiatric physician, licensed advanced practice
2 nurse, licensed physician assistant, licensed registered
3 nurse, licensed practical nurse, surgical assistant,
4 surgical technician, or other individuals granted clinical
5 privileges to assist in surgery by the consulting committee
6 of the ASTC. Payment for services rendered by an assistant
7 in surgery who is not an ambulatory surgical treatment
8 center employee shall be paid at the appropriate
9 non-physician modifier rate if the payor would have made
10 payment had the same services been provided by a physician.

11 (2.5) A registered nurse licensed under the Nurse
12 Practice Act and qualified by training and experience in
13 operating room nursing shall be present in the operating
14 room and function as the circulating nurse during all
15 invasive or operative procedures. For purposes of this
16 paragraph (2.5), "circulating nurse" means a registered
17 nurse who is responsible for coordinating all nursing care,
18 patient safety needs, and the needs of the surgical team in
19 the operating room during an invasive or operative
20 procedure.

21 (3) An advanced practice nurse is not required to
22 possess prescriptive authority or a written collaborative
23 agreement meeting the requirements of the Nurse Practice
24 Act to provide advanced practice nursing services in an
25 ambulatory surgical treatment center. An advanced practice
26 nurse must possess clinical privileges granted by the

1 consulting medical staff committee and ambulatory surgical
2 treatment center in order to provide services. Individual
3 advanced practice nurses may also be granted clinical
4 privileges to order, select, and administer medications,
5 including controlled substances, to provide delineated
6 care. The attending physician must determine the advanced
7 practice nurse's role in providing care for his or her
8 patients, except as otherwise provided in the consulting
9 staff policies. The consulting medical staff committee
10 shall periodically review the services of advanced
11 practice nurses granted privileges.

12 (4) The anesthesia service shall be under the direction
13 of a physician licensed to practice medicine in all its
14 branches who has had specialized preparation or experience
15 in the area or who has completed a residency in
16 anesthesiology. An anesthesiologist, Board certified or
17 Board eligible, is recommended. Anesthesia services may
18 only be administered pursuant to the order of a physician
19 licensed to practice medicine in all its branches, licensed
20 dentist, or licensed podiatric physician.

21 (A) The individuals who, with clinical privileges
22 granted by the medical staff and ASTC, may administer
23 anesthesia services are limited to the following:

24 (i) an anesthesiologist; or

25 (ii) a physician licensed to practice medicine
26 in all its branches; or

1 (iii) a dentist with authority to administer
2 anesthesia under Section 8.1 of the Illinois
3 Dental Practice Act; or

4 (iv) a licensed certified registered nurse
5 anesthetist; or

6 (v) a podiatric physician licensed under the
7 Podiatric Medical Practice Act of 1987.

8 (B) For anesthesia services, an anesthesiologist
9 shall participate through discussion of and agreement
10 with the anesthesia plan ~~and shall remain physically~~
11 ~~present and be available on the premises during the~~
12 ~~delivery of anesthesia services~~ for diagnosis,
13 consultation, and treatment of emergency medical
14 conditions. In the absence of 24-hour availability of
15 anesthesiologists with clinical privileges, an
16 alternate policy (requiring participation, presence,
17 and availability of a physician licensed to practice
18 medicine in all its branches) shall be developed by the
19 medical staff consulting committee in consultation
20 with the anesthesia service and included in the medical
21 staff consulting committee policies.

22 (C) A certified registered nurse anesthetist is
23 not required to possess prescriptive authority or a
24 written collaborative agreement meeting the
25 requirements of Section 65-35 of the Nurse Practice Act
26 to provide anesthesia services ordered by a licensed

1 physician, dentist, or podiatric physician. Licensed
2 certified registered nurse anesthetists are authorized
3 to select, order, and administer drugs and apply ~~the~~
4 appropriate medical devices in the provision of
5 anesthesia services under the anesthesia plan agreed
6 with by the anesthesiologist or, in the absence of an
7 available anesthesiologist with clinical privileges,
8 agreed with by the operating physician, operating
9 dentist, or operating podiatric physician in
10 accordance with the medical staff consulting committee
11 policies of a licensed ambulatory surgical treatment
12 center.

13 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

14 Section 10. The Hospital Licensing Act is amended by
15 changing Section 10.7 as follows:

16 (210 ILCS 85/10.7)

17 Sec. 10.7. Clinical privileges; advanced practice nurses.
18 All hospitals licensed under this Act shall comply with the
19 following requirements:

20 (1) No hospital policy, rule, regulation, or practice
21 shall be inconsistent with the provision of adequate
22 collaboration and consultation in accordance with Section
23 54.5 of the Medical Practice Act of 1987.

24 (2) Operative surgical procedures shall be performed

1 only by a physician licensed to practice medicine in all
2 its branches under the Medical Practice Act of 1987, a
3 dentist licensed under the Illinois Dental Practice Act, or
4 a podiatric physician licensed under the Podiatric Medical
5 Practice Act of 1987, with medical staff membership and
6 surgical clinical privileges granted at the hospital. A
7 licensed physician, dentist, or podiatric physician may be
8 assisted by a physician licensed to practice medicine in
9 all its branches, dentist, dental assistant, podiatric
10 physician, licensed advanced practice nurse, licensed
11 physician assistant, licensed registered nurse, licensed
12 practical nurse, surgical assistant, surgical technician,
13 or other individuals granted clinical privileges to assist
14 in surgery at the hospital. Payment for services rendered
15 by an assistant in surgery who is not a hospital employee
16 shall be paid at the appropriate non-physician modifier
17 rate if the payor would have made payment had the same
18 services been provided by a physician.

19 (2.5) A registered nurse licensed under the Nurse
20 Practice Act and qualified by training and experience in
21 operating room nursing shall be present in the operating
22 room and function as the circulating nurse during all
23 invasive or operative procedures. For purposes of this
24 paragraph (2.5), "circulating nurse" means a registered
25 nurse who is responsible for coordinating all nursing care,
26 patient safety needs, and the needs of the surgical team in

1 the operating room during an invasive or operative
2 procedure.

3 (3) An advanced practice nurse is not required to
4 possess prescriptive authority or a written collaborative
5 agreement meeting the requirements of the Nurse Practice
6 Act to provide advanced practice nursing services in a
7 hospital. An advanced practice nurse must possess clinical
8 privileges recommended by the medical staff and granted by
9 the hospital in order to provide services. Individual
10 advanced practice nurses may also be granted clinical
11 privileges to order, select, and administer medications,
12 including controlled substances, to provide delineated
13 care. The attending physician must determine the advanced
14 practice nurse's role in providing care for his or her
15 patients, except as otherwise provided in medical staff
16 bylaws. The medical staff shall periodically review the
17 services of advanced practice nurses granted privileges.
18 This review shall be conducted in accordance with item (2)
19 of subsection (a) of Section 10.8 of this Act for advanced
20 practice nurses employed by the hospital.

21 (4) The anesthesia service shall be under the direction
22 of a physician licensed to practice medicine in all its
23 branches who has had specialized preparation or experience
24 in the area or who has completed a residency in
25 anesthesiology. An anesthesiologist, Board certified or
26 Board eligible, is recommended. Anesthesia services may

1 only be administered pursuant to the order of a physician
2 licensed to practice medicine in all its branches, licensed
3 dentist, or licensed podiatric physician.

4 (A) The individuals who, with clinical privileges
5 granted at the hospital, may administer anesthesia
6 services are limited to the following:

7 (i) an anesthesiologist; or

8 (ii) a physician licensed to practice medicine
9 in all its branches; or

10 (iii) a dentist with authority to administer
11 anesthesia under Section 8.1 of the Illinois
12 Dental Practice Act; or

13 (iv) a licensed certified registered nurse
14 anesthetist; or

15 (v) a podiatric physician licensed under the
16 Podiatric Medical Practice Act of 1987.

17 (B) For anesthesia services, an anesthesiologist
18 shall participate through discussion of and agreement
19 with the anesthesia plan ~~and shall remain physically~~
20 ~~present and be available on the premises during the~~
21 ~~delivery of anesthesia services~~ for diagnosis,
22 consultation, and treatment of emergency medical
23 conditions. In the absence of 24-hour availability of
24 anesthesiologists with medical staff privileges, an
25 alternate policy (requiring participation, presence,
26 and availability of a physician licensed to practice

1 medicine in all its branches) shall be developed by the
2 medical staff and licensed hospital in consultation
3 with the anesthesia service.

4 (C) A certified registered nurse anesthetist is
5 not required to possess prescriptive authority or a
6 written collaborative agreement meeting the
7 requirements of Section 65-35 of the Nurse Practice Act
8 to provide anesthesia services ordered by a licensed
9 physician, dentist, or podiatric physician. Licensed
10 certified registered nurse anesthetists are authorized
11 to select, order, and administer drugs and apply ~~the~~
12 appropriate medical devices in the provision of
13 anesthesia services under the anesthesia plan agreed
14 with by the anesthesiologist or, in the absence of an
15 available anesthesiologist with clinical privileges,
16 agreed with by the operating physician, operating
17 dentist, or operating podiatric physician in
18 accordance with the hospital's alternative policy.

19 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

20 Section 15. The Medical Practice Act of 1987 is amended by
21 changing Section 54.5 as follows:

22 (225 ILCS 60/54.5)

23 (Section scheduled to be repealed on December 31, 2017)

24 Sec. 54.5. Physician delegation of authority to physician

1 assistants, advanced practice nurses, and prescribing
2 psychologists.

3 (a) Physicians licensed to practice medicine in all its
4 branches may delegate care and treatment responsibilities to a
5 physician assistant under guidelines in accordance with the
6 requirements of the Physician Assistant Practice Act of 1987. A
7 physician licensed to practice medicine in all its branches may
8 enter into supervising physician agreements with no more than 5
9 physician assistants as set forth in subsection (a) of Section
10 7 of the Physician Assistant Practice Act of 1987.

11 (b) A physician licensed to practice medicine in all its
12 branches in active clinical practice may collaborate with an
13 advanced practice nurse in accordance with the requirements of
14 the Nurse Practice Act. Collaboration is for the purpose of
15 providing medical consultation, and no employment relationship
16 is required. A written collaborative agreement shall conform to
17 the requirements of Section 65-35 of the Nurse Practice Act.
18 The written collaborative agreement shall be for services in
19 the same area of practice or specialty as the collaborating
20 physician in his or her clinical medical practice. A written
21 collaborative agreement shall be adequate with respect to
22 collaboration with advanced practice nurses if all of the
23 following apply:

24 (1) The agreement is written to promote the exercise of
25 professional judgment by the advanced practice nurse
26 commensurate with his or her education and experience.

1 (2) The advance practice nurse provides services based
2 upon a written collaborative agreement with the
3 collaborating physician, except as set forth in subsection
4 (b-5) of this Section. With respect to labor and delivery,
5 the collaborating physician must provide delivery services
6 in order to participate with a certified nurse midwife.

7 (3) Methods of communication are available with the
8 collaborating physician in person or through
9 telecommunications for consultation, collaboration, and
10 referral as needed to address patient care needs.

11 (b-5) An anesthesiologist or physician licensed to
12 practice medicine in all its branches may collaborate with a
13 certified registered nurse anesthetist in accordance with
14 Section 65-35 of the Nurse Practice Act for the provision of
15 anesthesia services. With respect to the provision of
16 anesthesia services, the collaborating anesthesiologist or
17 physician shall have training and experience in the delivery of
18 anesthesia services consistent with Department rules.
19 Collaboration shall be adequate if:

20 (1) an anesthesiologist or a physician participates in
21 the joint formulation and joint approval of orders or
22 guidelines and periodically reviews such orders and the
23 services provided patients under such orders; and

24 (2) for anesthesia services, the anesthesiologist or
25 physician participates through discussion of and agreement
26 with the anesthesia plan ~~and is physically present and~~

1 ~~available on the premises during the delivery of anesthesia~~
2 ~~services~~ for diagnosis, consultation, and treatment of
3 emergency medical conditions. Anesthesia services in a
4 hospital shall be conducted in accordance with Section 10.7
5 of the Hospital Licensing Act and in an ambulatory surgical
6 treatment center in accordance with Section 6.5 of the
7 Ambulatory Surgical Treatment Center Act.

8 (b-10) The anesthesiologist or operating physician must
9 agree with the anesthesia plan prior to the delivery of
10 services.

11 (c) The supervising physician shall have access to the
12 medical records of all patients attended by a physician
13 assistant. The collaborating physician shall have access to the
14 medical records of all patients attended to by an advanced
15 practice nurse.

16 (d) (Blank).

17 (e) A physician shall not be liable for the acts or
18 omissions of a prescribing psychologist, physician assistant,
19 or advanced practice nurse solely on the basis of having signed
20 a supervision agreement or guidelines or a collaborative
21 agreement, an order, a standing medical order, a standing
22 delegation order, or other order or guideline authorizing a
23 prescribing psychologist, physician assistant, or advanced
24 practice nurse to perform acts, unless the physician has reason
25 to believe the prescribing psychologist, physician assistant,
26 or advanced practice nurse lacked the competency to perform the

1 act or acts or commits willful and wanton misconduct.

2 (f) A collaborating physician may, but is not required to,
3 delegate prescriptive authority to an advanced practice nurse
4 as part of a written collaborative agreement, and the
5 delegation of prescriptive authority shall conform to the
6 requirements of Section 65-40 of the Nurse Practice Act.

7 (g) A supervising physician may, but is not required to,
8 delegate prescriptive authority to a physician assistant as
9 part of a written supervision agreement, and the delegation of
10 prescriptive authority shall conform to the requirements of
11 Section 7.5 of the Physician Assistant Practice Act of 1987.

12 (h) (Blank).

13 (i) A collaborating physician shall delegate prescriptive
14 authority to a prescribing psychologist as part of a written
15 collaborative agreement, and the delegation of prescriptive
16 authority shall conform to the requirements of Section 4.3 of
17 the Clinical Psychologist Licensing Act.

18 (Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;
19 99-173, eff. 7-29-15.)

20 Section 20. The Nurse Practice Act is amended by changing
21 Sections 65-35 and 65-45 as follows:

22 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 65-35. Written collaborative agreements.

1 (a) A written collaborative agreement is required for all
2 advanced practice nurses engaged in clinical practice, except
3 for advanced practice nurses who are authorized to practice in
4 a hospital, hospital affiliate, or ambulatory surgical
5 treatment center.

6 (a-5) If an advanced practice nurse engages in clinical
7 practice outside of a hospital, hospital affiliate, or
8 ambulatory surgical treatment center in which he or she is
9 authorized to practice, the advanced practice nurse must have a
10 written collaborative agreement.

11 (b) A written collaborative agreement shall describe the
12 relationship of the advanced practice nurse with the
13 collaborating physician or podiatric physician and shall
14 describe the categories of care, treatment, or procedures to be
15 provided by the advanced practice nurse. A collaborative
16 agreement with a dentist must be in accordance with subsection
17 (c-10) of this Section. Collaboration does not require an
18 employment relationship between the collaborating physician or
19 podiatric physician and advanced practice nurse.

20 The collaborative relationship under an agreement shall
21 not be construed to require the personal presence of a
22 physician or podiatric physician at the place where services
23 are rendered. Methods of communication shall be available for
24 consultation with the collaborating physician or podiatric
25 physician in person or by telecommunications or electronic
26 communications as set forth in the written agreement.

1 (b-5) Absent an employment relationship, a written
2 collaborative agreement may not (1) restrict the categories of
3 patients of an advanced practice nurse within the scope of the
4 advanced practice nurses training and experience, (2) limit
5 third party payors or government health programs, such as the
6 medical assistance program or Medicare with which the advanced
7 practice nurse contracts, or (3) limit the geographic area or
8 practice location of the advanced practice nurse in this State.

9 (c) In the case of anesthesia services provided by a
10 certified registered nurse anesthetist, an anesthesiologist, a
11 physician, a dentist, or a podiatric physician must participate
12 through discussion of and agreement with the anesthesia plan
13 and remain physically present and available on the premises
14 during the delivery of anesthesia services for diagnosis,
15 consultation, and treatment of emergency medical conditions.

16 (c-5) A certified registered nurse anesthetist, who
17 provides anesthesia services outside of a hospital or
18 ambulatory surgical treatment center shall enter into a written
19 collaborative agreement with an anesthesiologist or the
20 physician licensed to practice medicine in all its branches or
21 the podiatric physician performing the procedure. Outside of a
22 hospital or ambulatory surgical treatment center, the
23 certified registered nurse anesthetist may provide only those
24 services that the collaborating podiatric physician is
25 authorized to provide pursuant to the Podiatric Medical
26 Practice Act of 1987 and rules adopted thereunder. A certified

1 registered nurse anesthetist may select, order, and administer
2 medication, including controlled substances, and apply
3 appropriate medical devices for delivery of anesthesia
4 services under the anesthesia plan agreed with by the
5 anesthesiologist or the operating physician or operating
6 podiatric physician.

7 (c-10) A certified registered nurse anesthetist who
8 provides anesthesia services in a dental office shall enter
9 into a written collaborative agreement with an
10 anesthesiologist or the physician licensed to practice
11 medicine in all its branches or the operating dentist
12 performing the procedure. The agreement shall describe the
13 working relationship of the certified registered nurse
14 anesthetist and dentist and shall authorize the categories of
15 care, treatment, or procedures to be performed by the certified
16 registered nurse anesthetist. In a collaborating dentist's
17 office, the certified registered nurse anesthetist may only
18 provide those services that the operating dentist with the
19 appropriate permit is authorized to provide pursuant to the
20 Illinois Dental Practice Act and rules adopted thereunder. For
21 anesthesia services, an anesthesiologist, physician, or
22 operating dentist shall participate through discussion of and
23 agreement with the anesthesia plan ~~and shall remain physically~~
24 ~~present and be available on the premises during the delivery of~~
25 ~~anesthesia services~~ for diagnosis, consultation, and treatment
26 of emergency medical conditions. A certified registered nurse

1 anesthesiologist may select, order, and administer medication,
2 including controlled substances, and apply appropriate medical
3 devices for delivery of anesthesia services under the
4 anesthesia plan agreed with by the operating dentist.

5 (d) A copy of the signed, written collaborative agreement
6 must be available to the Department upon request from both the
7 advanced practice nurse and the collaborating physician,
8 dentist, or podiatric physician.

9 (e) Nothing in this Act shall be construed to limit the
10 delegation of tasks or duties by a physician to a licensed
11 practical nurse, a registered professional nurse, or other
12 persons in accordance with Section 54.2 of the Medical Practice
13 Act of 1987. Nothing in this Act shall be construed to limit
14 the method of delegation that may be authorized by any means,
15 including, but not limited to, oral, written, electronic,
16 standing orders, protocols, guidelines, or verbal orders.
17 Nothing in this Act shall be construed to authorize an advanced
18 practice nurse to provide health care services required by law
19 or rule to be performed by a physician.

20 (f) An advanced practice nurse shall inform each
21 collaborating physician, dentist, or podiatric physician of
22 all collaborative agreements he or she has signed and provide a
23 copy of these to any collaborating physician, dentist, or
24 podiatric physician upon request.

25 (g) (Blank).

26 (Source: P.A. 98-192, eff. 1-1-14; 98-214, eff. 8-9-13; 98-756,

1 eff. 7-16-14; 99-173, eff. 7-29-15.)

2 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

3 (Section scheduled to be repealed on January 1, 2018)

4 Sec. 65-45. Advanced practice nursing in hospitals,
5 hospital affiliates, or ambulatory surgical treatment centers.

6 (a) An advanced practice nurse may provide services in a
7 hospital or a hospital affiliate as those terms are defined in
8 the Hospital Licensing Act or the University of Illinois
9 Hospital Act or a licensed ambulatory surgical treatment center
10 without a written collaborative agreement pursuant to Section
11 65-35 of this Act. An advanced practice nurse must possess
12 clinical privileges recommended by the hospital medical staff
13 and granted by the hospital or the consulting medical staff
14 committee and ambulatory surgical treatment center in order to
15 provide services. The medical staff or consulting medical staff
16 committee shall periodically review the services of advanced
17 practice nurses granted clinical privileges, including any
18 care provided in a hospital affiliate. Authority may also be
19 granted when recommended by the hospital medical staff and
20 granted by the hospital or recommended by the consulting
21 medical staff committee and ambulatory surgical treatment
22 center to individual advanced practice nurses to select, order,
23 and administer medications, including controlled substances,
24 to provide delineated care. In a hospital, hospital affiliate,
25 or ambulatory surgical treatment center, the attending

1 physician shall determine an advanced practice nurse's role in
2 providing care for his or her patients, except as otherwise
3 provided in the medical staff bylaws or consulting committee
4 policies.

5 (a-2) An advanced practice nurse granted authority to order
6 medications including controlled substances may complete
7 discharge prescriptions provided the prescription is in the
8 name of the advanced practice nurse and the attending or
9 discharging physician.

10 (a-3) Advanced practice nurses practicing in a hospital or
11 an ambulatory surgical treatment center are not required to
12 obtain a mid-level controlled substance license to order
13 controlled substances under Section 303.05 of the Illinois
14 Controlled Substances Act.

15 (a-5) For anesthesia services provided by a certified
16 registered nurse anesthetist, an anesthesiologist, physician,
17 dentist, or podiatric physician shall participate through
18 discussion of and agreement with the anesthesia plan ~~and shall~~
19 ~~remain physically present and be available on the premises~~
20 ~~during the delivery of anesthesia services~~ for diagnosis,
21 consultation, and treatment of emergency medical conditions,
22 unless hospital policy adopted pursuant to clause (B) of
23 subdivision (3) of Section 10.7 of the Hospital Licensing Act
24 or ambulatory surgical treatment center policy adopted
25 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
26 Ambulatory Surgical Treatment Center Act provides otherwise. A

1 certified registered nurse anesthetist may select, order, and
2 administer medication for anesthesia services under the
3 anesthesia plan agreed to by the anesthesiologist or the
4 physician, in accordance with hospital alternative policy or
5 the medical staff consulting committee policies of a licensed
6 ambulatory surgical treatment center.

7 (b) An advanced practice nurse who provides services in a
8 hospital shall do so in accordance with Section 10.7 of the
9 Hospital Licensing Act and, in an ambulatory surgical treatment
10 center, in accordance with Section 6.5 of the Ambulatory
11 Surgical Treatment Center Act.

12 (c) Advanced practice nurses certified as nurse
13 practitioners, nurse midwives, or clinical nurse specialists
14 practicing in a hospital affiliate may be, but are not required
15 to be, granted authority to prescribe Schedule II through V
16 controlled substances when such authority is recommended by the
17 appropriate physician committee of the hospital affiliate and
18 granted by the hospital affiliate. This authority may, but is
19 not required to, include prescription of, selection of, orders
20 for, administration of, storage of, acceptance of samples of,
21 and dispensing over-the-counter medications, legend drugs,
22 medical gases, and controlled substances categorized as
23 Schedule II through V controlled substances, as defined in
24 Article II of the Illinois Controlled Substances Act, and other
25 preparations, including, but not limited to, botanical and
26 herbal remedies.

1 To prescribe controlled substances under this subsection
2 (c), an advanced practice nurse certified as a nurse
3 practitioner, nurse midwife, or clinical nurse specialist must
4 obtain a mid-level practitioner controlled substance license.
5 Medication orders shall be reviewed periodically by the
6 appropriate hospital affiliate physicians committee or its
7 physician designee.

8 The hospital affiliate shall file with the Department
9 notice of a grant of prescriptive authority consistent with
10 this subsection (c) and termination of such a grant of
11 authority, in accordance with rules of the Department. Upon
12 receipt of this notice of grant of authority to prescribe any
13 Schedule II through V controlled substances, the licensed
14 advanced practice nurse certified as a nurse practitioner,
15 nurse midwife, or clinical nurse specialist may register for a
16 mid-level practitioner controlled substance license under
17 Section 303.05 of the Illinois Controlled Substances Act.

18 In addition, a hospital affiliate may, but is not required
19 to, grant authority to an advanced practice nurse certified as
20 a nurse practitioner, nurse midwife, or clinical nurse
21 specialist to prescribe any Schedule II controlled substances,
22 if all of the following conditions apply:

23 (1) specific Schedule II controlled substances by oral
24 dosage or topical or transdermal application may be
25 designated, provided that the designated Schedule II
26 controlled substances are routinely prescribed by advanced

1 practice nurses in their area of certification; this grant
2 of authority must identify the specific Schedule II
3 controlled substances by either brand name or generic name;
4 authority to prescribe or dispense Schedule II controlled
5 substances to be delivered by injection or other route of
6 administration may not be granted;

7 (2) any grant of authority must be controlled
8 substances limited to the practice of the advanced practice
9 nurse;

10 (3) any prescription must be limited to no more than a
11 30-day supply;

12 (4) the advanced practice nurse must discuss the
13 condition of any patients for whom a controlled substance
14 is prescribed monthly with the appropriate physician
15 committee of the hospital affiliate or its physician
16 designee; and

17 (5) the advanced practice nurse must meet the education
18 requirements of Section 303.05 of the Illinois Controlled
19 Substances Act.

20 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

21 Section 99. Effective date. This Act takes effect upon
22 becoming law.