

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 Regulatory Sunset Act is amended by changing
5 Section 4.28 and by adding Section 4.38 as follows:

6 (5 ILCS 80/4.28)

7 Sec. 4.28. Acts repealed on January 1, 2018. The following
8 Acts are repealed on January 1, 2018:

9 The Illinois Petroleum Education and Marketing Act.

10 The Podiatric Medical Practice Act of 1987.

11 The Acupuncture Practice Act.

12 The Illinois Speech-Language Pathology and Audiology
13 Practice Act.

14 The Interpreter for the Deaf Licensure Act of 2007.

15 The Nurse Practice Act.

16 The Clinical Social Work and Social Work Practice Act.

17 The Pharmacy Practice Act.

18 The Home Medical Equipment and Services Provider License
19 Act.

20 The Marriage and Family Therapy Licensing Act.

21 The Nursing Home Administrators Licensing and Disciplinary
22 Act.

23 ~~The Physician Assistant Practice Act of 1987.~~

1 (Source: P.A. 95-187, eff. 8-16-07; 95-235, eff. 8-17-07;
2 95-450, eff. 8-27-07; 95-465, eff. 8-27-07; 95-617, eff.
3 9-12-07; 95-639, eff. 10-5-07; 95-687, eff. 10-23-07; 95-689,
4 eff. 10-29-07; 95-703, eff. 12-31-07; 95-876, eff. 8-21-08;
5 96-328, eff. 8-11-09.)

6 (5 ILCS 80/4.38 new)

7 Sec. 4.38. Act repealed on January 1, 2028. The following
8 Act is repealed on January 1, 2028:

9 The Physician Assistant Practice Act of 1987.

10 Section 7. The Medical Practice Act of 1987 is amended by
11 changing Section 54.5 as follows:

12 (225 ILCS 60/54.5)

13 (Section scheduled to be repealed on December 31, 2017)

14 Sec. 54.5. Physician delegation of authority to physician
15 assistants, advanced practice nurses, and prescribing
16 psychologists.

17 (a) Physicians licensed to practice medicine in all its
18 branches may delegate care and treatment responsibilities to a
19 physician assistant under guidelines in accordance with the
20 requirements of the Physician Assistant Practice Act of 1987. A
21 physician licensed to practice medicine in all its branches may
22 enter into collaborative ~~supervising physician~~ agreements with
23 no more than 5 full-time equivalent physician assistants,

1 except in a hospital, hospital affiliate, or ambulatory
2 surgical treatment center as set forth by Section 7.7 of the
3 Physician Assistant Practice Act of 1987 as set forth in
4 subsection (a) of Section 7 of the Physician Assistant Practice
5 Act of 1987.

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

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

22 (2) The advance practice nurse provides services based
23 upon a written collaborative agreement with the
24 collaborating physician, except as set forth in subsection
25 (b-5) of this Section. With respect to labor and delivery,
26 the collaborating physician must provide delivery services

1 in order to participate with a certified nurse midwife.

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

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

15 (1) an anesthesiologist or a physician participates in
16 the joint formulation and joint approval of orders or
17 guidelines and periodically reviews such orders and the
18 services provided patients under such orders; and

19 (2) for anesthesia services, the anesthesiologist or
20 physician participates through discussion of and agreement
21 with the anesthesia plan and is physically present and
22 available on the premises during the delivery of anesthesia
23 services for diagnosis, consultation, and treatment of
24 emergency medical conditions. Anesthesia services in a
25 hospital shall be conducted in accordance with Section 10.7
26 of the Hospital Licensing Act and in an ambulatory surgical

1 treatment center in accordance with Section 6.5 of the
2 Ambulatory Surgical Treatment Center Act.

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

6 (c) The collaborating ~~supervising~~ physician shall have
7 access to the medical records of all patients attended by a
8 physician assistant. The collaborating physician shall have
9 access to the medical records of all patients attended to by an
10 advanced practice nurse.

11 (d) (Blank).

12 (e) A physician shall not be liable for the acts or
13 omissions of a prescribing psychologist, physician assistant,
14 or advanced practice nurse solely on the basis of having signed
15 a supervision agreement or guidelines or a collaborative
16 agreement, an order, a standing medical order, a standing
17 delegation order, or other order or guideline authorizing a
18 prescribing psychologist, physician assistant, or advanced
19 practice nurse to perform acts, unless the physician has reason
20 to believe the prescribing psychologist, physician assistant,
21 or advanced practice nurse lacked the competency to perform the
22 act or acts or commits willful and wanton misconduct.

23 (f) A collaborating physician may, but is not required to,
24 delegate prescriptive authority to an advanced practice nurse
25 as part of a written collaborative agreement, and the
26 delegation of prescriptive authority shall conform to the

1 requirements of Section 65-40 of the Nurse Practice Act.

2 (g) A collaborating ~~supervising~~ physician may, but is not
3 required to, delegate prescriptive authority to a physician
4 assistant as part of a written collaborative ~~supervision~~
5 agreement, and the delegation of prescriptive authority shall
6 conform to the requirements of Section 7.5 of the Physician
7 Assistant Practice Act of 1987.

8 (h) (Blank).

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

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

16 Section 10. The Physician Assistant Practice Act of 1987 is
17 amended by changing Sections 1, 2, 3, 4, 5, 6, 7, 7.5, 7.7, 9,
18 10, 10.5, 12, 13, 14.1, 16, 21, 22.2, 22.6, 22.7, 22.11, 22.14,
19 and 23 and by adding Sections 4.5, 5.3, 5.5, 11.5, and 22.17 as
20 follows:

21 (225 ILCS 95/1) (from Ch. 111, par. 4601)

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

23 Sec. 1. Legislative purpose. The practice as a physician
24 assistant in the State of Illinois is hereby declared to affect

1 the public health, safety and welfare and to be subject to
2 regulation and control in the public interest. The purpose and
3 legislative intent of this Act is to encourage and promote the
4 more effective utilization of the skills of physicians by
5 enabling them to delegate certain health tasks to physician
6 assistants where such delegation is consistent with the health
7 and welfare of the patient and is conducted at the direction of
8 and under the responsible supervision of the physician.

9 It is further declared to be a matter of public health and
10 concern that the practice as a physician assistant, as defined
11 in this Act, merit and receive the confidence of the public,
12 that only qualified persons be authorized to practice as a
13 physician assistant in the State of Illinois. This Act shall be
14 liberally construed to best carry out these subjects and
15 purposes.

16 (Source: P.A. 85-981.)

17 (225 ILCS 95/2) (from Ch. 111, par. 4602)

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

19 Sec. 2. Short title. This Act ~~Article shall be known and~~
20 may be cited as the "Physician Assistant Practice Act of 1987".

21 (Source: P.A. 85-981.)

22 (225 ILCS 95/3) (from Ch. 111, par. 4603)

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

24 Sec. 3. Illinois Administrative Procedure Act. The

1 Illinois Administrative Procedure Act is hereby expressly
2 adopted and incorporated herein as if all of the provisions of
3 that Act were included in this Act, except that the provision
4 of subsection (d) of Section 10-65 of the Illinois
5 Administrative Procedure Act that provides that at hearings the
6 licensee has the right to show compliance with all lawful
7 requirements for retention, continuation or renewal of the
8 license is specifically excluded. For the purposes of this Act
9 the notice required under Section 10-25 of the Illinois
10 Administrative Procedure Act is deemed sufficient when
11 personally served, mailed to the address of record of the
12 applicant or licensee, or emailed to the email address of
13 record of the applicant or licensee ~~last known address of a~~
14 ~~party~~. The Secretary may adopt ~~promulgate~~ rules for the
15 administration and enforcement of this Act and may prescribe
16 forms to be issued in connection with this Act.

17 (Source: P.A. 95-703, eff. 12-31-07.)

18 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

20 Sec. 4. Definitions. In this Act:

21 1. "Department" means the Department of Financial and
22 Professional Regulation.

23 2. "Secretary" means the Secretary of Financial and
24 Professional Regulation.

25 3. "Physician assistant" means any person not holding an

1 active license or permit issued by the Department pursuant to
2 the Medical Practice Act of 1987 who has been certified as a
3 physician assistant by the National Commission on the
4 Certification of Physician Assistants or equivalent successor
5 agency and performs procedures in collaboration with ~~under the~~
6 ~~supervision of~~ a physician as defined in this Act. A physician
7 assistant may perform such procedures within the specialty of
8 the collaborating ~~supervising~~ physician, except that such
9 physician shall exercise such direction, collaboration,
10 ~~supervision~~ and control over such physician assistants as will
11 assure that patients shall receive quality medical care.
12 Physician assistants shall be capable of performing a variety
13 of tasks within the specialty of medical care ~~under the~~ in
14 collaboration with ~~supervision of~~ a physician. Collaboration
15 with ~~Supervision of~~ the physician assistant shall not be
16 construed to necessarily require the personal presence of the
17 collaborating ~~supervising~~ physician at all times at the place
18 where services are rendered, as long as there is communication
19 available for consultation by radio, telephone or
20 telecommunications within established guidelines as determined
21 by the physician/physician assistant team. The collaborating
22 ~~supervising~~ physician may delegate tasks and duties to the
23 physician assistant. Delegated tasks or duties shall be
24 consistent with physician assistant education, training, and
25 experience. The delegated tasks or duties shall be specific to
26 the practice setting and shall be implemented and reviewed

1 under a written collaborative ~~supervision~~ agreement
2 established by the physician or physician/physician assistant
3 team. A physician assistant, acting as an agent of the
4 physician, shall be permitted to transmit the collaborating
5 ~~supervising~~ physician's orders as determined by the
6 institution's by-laws, policies, procedures, or job
7 description within which the physician/physician assistant
8 team practices. Physician assistants shall practice only in
9 accordance with a written collaborative ~~supervision~~ agreement.

10 Any person who holds an active license or permit issued
11 pursuant to the Medical Practice Act of 1987 shall have that
12 license automatically placed into inactive status upon
13 issuance of a physician assistant license. Any person who holds
14 an active license as a physician assistant who is issued a
15 license or permit pursuant to the Medical Practice Act of 1987
16 shall have his or her physician assistant license automatically
17 placed into inactive status.

18 3.5. "Physician assistant practice" means the performance
19 of procedures within the specialty of the collaborating
20 physician. Physician assistants shall be capable of performing
21 a variety of tasks within the specialty of medical care of the
22 collaborating physician. Collaboration with the physician
23 assistant shall not be construed to necessarily require the
24 personal presence of the collaborating physician at all times
25 at the place where services are rendered, as long as there is
26 communication available for consultation by radio, telephone,

1 telecommunications, or electronic communications. The
2 collaborating physician may delegate tasks and duties to the
3 physician assistant. Delegated tasks or duties shall be
4 consistent with physician assistant education, training, and
5 experience. The delegated tasks or duties shall be specific to
6 the practice setting and shall be implemented and reviewed
7 under a written collaborative agreement established by the
8 physician or physician/physician assistant team. A physician
9 assistant shall be permitted to transmit the collaborating
10 physician's orders as determined by the institution's bylaws,
11 policies, or procedures or the job description within which the
12 physician/physician assistant team practices. Physician
13 assistants shall practice only in accordance with a written
14 collaborative agreement, except as provided in Section 7.5 of
15 this Act.

16 4. "Board" means the Medical Licensing Board constituted
17 under the Medical Practice Act of 1987.

18 5. "Disciplinary Board" means the Medical Disciplinary
19 Board constituted under the Medical Practice Act of 1987.

20 6. "Physician" means, ~~for purposes of this Act,~~ a person
21 licensed to practice medicine in all of its branches under the
22 Medical Practice Act of 1987.

23 7. "Collaborating physician" means the physician who,
24 within his or her specialty and expertise, may delegate a
25 variety of tasks and procedures to the physician assistant.
26 Such tasks and procedures shall be delegated in accordance with

1 ~~a written collaborative agreement. "Supervising Physician"~~
2 ~~means, for the purposes of this Act, the primary supervising~~
3 ~~physician of a physician assistant, who, within his specialty~~
4 ~~and expertise may delegate a variety of tasks and procedures to~~
5 ~~the physician assistant. Such tasks and procedures shall be~~
6 ~~delegated in accordance with a written supervision agreement.~~
7 ~~The supervising physician maintains the final responsibility~~
8 ~~for the care of the patient and the performance of the~~
9 ~~physician assistant.~~

10 8. (Blank). ~~"Alternate supervising physician" means, for~~
11 ~~the purpose of this Act, any physician designated by the~~
12 ~~supervising physician to provide supervision in the event that~~
13 ~~he or she is unable to provide that supervision. The Department~~
14 ~~may further define "alternate supervising physician" by rule.~~

15 ~~The alternate supervising physicians shall maintain all~~
16 ~~the same responsibilities as the supervising physician.~~
17 ~~Nothing in this Act shall be construed as relieving any~~
18 ~~physician of the professional or legal responsibility for the~~
19 ~~care and treatment of persons attended by him or by physician~~
20 ~~assistants under his supervision. Nothing in this Act shall be~~
21 ~~construed as to limit the reasonable number of alternate~~
22 ~~supervising physicians, provided they are designated by the~~
23 ~~supervising physician.~~

24 9. "Address of record" means the designated address
25 recorded by the Department in the applicant's or licensee's
26 application file or license file maintained by the Department's

1 licensure maintenance unit. ~~It is the duty of the applicant or~~
2 ~~licensee to inform the Department of any change of address, and~~
3 ~~such changes must be made either through the Department's~~
4 ~~website or by contacting the Department's licensure~~
5 ~~maintenance unit.~~

6 10. "Hospital affiliate" means a corporation, partnership,
7 joint venture, limited liability company, or similar
8 organization, other than a hospital, that is devoted primarily
9 to the provision, management, or support of health care
10 services and that directly or indirectly controls, is
11 controlled by, or is under common control of the hospital. For
12 the purposes of this definition, "control" means having at
13 least an equal or a majority ownership or membership interest.
14 A hospital affiliate shall be 100% owned or controlled by any
15 combination of hospitals, their parent corporations, or
16 physicians licensed to practice medicine in all its branches in
17 Illinois. "Hospital affiliate" does not include a health
18 maintenance organization regulated under the Health
19 Maintenance Organization Act.

20 11. "Email address of record" means the designated email
21 address recorded by the Department in the applicant's
22 application file or the licensee's license file, as maintained
23 by the Department's licensure maintenance unit.

24 (Source: P.A. 99-330, eff. 1-1-16.)

25 (225 ILCS 95/4.5 new)

1 Sec. 4.5. Address of record; email address of record. All
2 applicants and licensees shall:

3 (1) provide a valid address and email address to the
4 Department, which shall serve as the address of record and
5 email address of record, respectively, at the time of
6 application for licensure or renewal of a license; and

7 (2) inform the Department of any change of address of
8 record or email address of record within 14 days after such
9 change either through the Department's website or by
10 contacting the Department's licensure maintenance unit.

11 (225 ILCS 95/5) (from Ch. 111, par. 4605)

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

13 Sec. 5. Applicability. This Act does not prohibit:

14 (1) any 1. Any person licensed in this State under any
15 other Act from engaging in the practice for which he is
16 licensed;

17 (2) the 2. The practice as a physician assistant by a
18 person who is employed by the United States government or
19 any bureau, division or agency thereof while in the
20 discharge of the employee's official duties;

21 (3) the 3. The practice as a physician assistant which
22 is included in their program of study by students enrolled
23 in schools or in refresher courses approved by the
24 Department.

25 ~~4. The practice, services, or activities of persons~~

~~practicing the specified occupations set forth in subsection (a) of, and pursuant to a licensing exemption granted in subsection (b) or (d) of, Section 2105-350 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, but only for so long as the 2016 Olympic and Paralympic Games Professional Licensure Exemption Law is operable.~~

(Source: P.A. 96-7, eff. 4-3-09.)

(225 ILCS 95/5.3 new)

Sec. 5.3. Advertising.

(a) As used in this Section, "advertise" means solicitation by the licensee or through another person or entity by means of hand bills, posters, circulars, motion pictures, radio, newspapers, or television or any other manner.

(b) A person licensed under this Act as a physician assistant may advertise the availability of professional services in the public media or on the premises where the professional services are rendered. The advertising is limited to the following information:

(1) publication of the person's name, title, office hours, address, and telephone number;

(2) information pertaining to the person's areas of specialization, including, but not limited to, appropriate board certification or limitation of professional practice;

1 (3) publication of the person's collaborating
2 physician's name, title, and areas of specialization;

3 (4) information on usual and customary fees for routine
4 professional services offered, which shall include
5 notification that fees may be adjusted due to complications
6 or unforeseen circumstances;

7 (5) announcements of the opening of, change of, absence
8 from, or return to business;

9 (6) announcements of additions to or deletions from
10 professional licensed staff; and

11 (7) the issuance of business or appointment cards.

12 (c) It is unlawful for a person licensed under this Act as
13 a physician assistant to use claims of superior quality of care
14 to entice the public. It is unlawful to advertise fee
15 comparisons of available services with those of other licensed
16 persons.

17 (d) This Section does not authorize the advertising of
18 professional services that the offeror of the services is not
19 licensed or authorized to render. The advertiser shall not use
20 statements that contain false, fraudulent, deceptive, or
21 misleading material or guarantees of success, statements that
22 play upon the vanity or fears of the public, or statements that
23 promote or produce unfair competition.

24 (e) It is unlawful and punishable under the penalty
25 provisions of this Act for a person licensed under this Act to
26 knowingly advertise that the licensee will accept as payment

1 for services rendered by assignment from any third-party payor
2 the amount the third-party payor covers as payment in full if
3 the effect is to give the impression of eliminating the need of
4 payment by the patient of any required deductible or copayment
5 applicable in the patient's health benefit plan.

6 (f) A licensee shall include in every advertisement for
7 services regulated under this Act his or her title as it
8 appears on the license or the initials authorized under this
9 Act.

10 (225 ILCS 95/5.5 new)

11 Sec. 5.5. Billing. A physician assistant shall not be
12 allowed to personally bill patients or in any way charge for
13 services. The employer of a physician assistant may charge for
14 services rendered by the physician assistant. All claims for
15 services rendered by the physician assistant shall be submitted
16 using the physician assistant's national provider
17 identification number as the billing provider whenever
18 appropriate. Payment for services rendered by a physician
19 assistant shall be made to his or her employer if the payor
20 would have made payment had the services been provided by a
21 physician licensed to provide medicine in all of its branches.

22 (225 ILCS 95/6) (from Ch. 111, par. 4606)

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

24 Sec. 6. Physician assistant title ~~Title;~~ advertising

1 ~~billing.~~

2 (a) No physician assistant shall use the title of doctor,
3 physician, or associate with his or her name or any other term
4 that would indicate to other persons that he or she is
5 qualified to engage in the general practice of medicine.

6 (b) A physician assistant shall verbally identify himself
7 or herself as a physician assistant, including specialty
8 certification, to each patient.

9 (c) Nothing in this Act shall be construed to relieve a
10 physician assistant of the professional or legal
11 responsibility for the care and treatment of persons attended
12 by him or her.

13 ~~(b) A licensee shall include in every advertisement for~~
14 ~~services regulated under this Act his or her title as it~~
15 ~~appears on the license or the initials authorized under this~~
16 ~~Act.~~

17 ~~(c) A physician assistant shall not be allowed to bill~~
18 ~~patients or in any way to charge for services. Nothing in this~~
19 ~~Act, however, shall be so construed as to prevent the employer~~
20 ~~of a physician assistant from charging for services rendered by~~
21 ~~the physician assistant. Payment for services rendered by a~~
22 ~~physician assistant shall be made to his or her employer if the~~
23 ~~payor would have made payment had the services been provided by~~
24 ~~a physician licensed to practice medicine in all its branches.~~

25 (d) The collaborating ~~supervising~~ physician shall file
26 with the Department notice of employment, discharge, or

1 collaboration with ~~supervisory control of~~ a physician
2 assistant at the time of employment, discharge, or assumption
3 of collaboration with ~~supervisory control of~~ a physician
4 assistant.

5 (Source: P.A. 90-61, eff. 12-30-97; 90-116, eff. 7-14-97;
6 90-655, eff. 7-30-98; 91-310, eff. 1-1-00.)

7 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

9 Sec. 7. Collaboration ~~Supervision~~ requirements.

10 (a) A collaborating ~~supervising~~ physician shall determine
11 the number of physician assistants to collaborate with, ~~under~~
12 ~~his or her supervision~~ provided the physician is able to
13 provide adequate collaboration ~~supervision~~ as outlined in the
14 written collaborative ~~supervision~~ agreement required under
15 Section 7.5 of this Act and consideration is given to the
16 nature of the physician's practice, complexity of the patient
17 population, and the experience of each ~~supervised~~ physician
18 assistant. A collaborating physician may collaborate with a
19 maximum of 5 full-time equivalent physician assistants. As used
20 in this Section, "full-time equivalent" means the equivalent of
21 40 hours per week per individual. Physicians and physician
22 assistants who work in a hospital, hospital affiliate, or
23 ambulatory surgical treatment center as defined by Section 7.7
24 of this Act are exempt from the collaborative ratio restriction
25 requirements of this Section. A ~~supervising~~ physician may

1 ~~supervise a maximum of 5 full-time equivalent physician~~
2 ~~assistants; provided, however, this number of physician~~
3 ~~assistants shall be reduced by the number of collaborative~~
4 ~~agreements the supervising physician maintains. A physician~~
5 assistant shall be able to hold more than one professional
6 position. A collaborating ~~supervising~~ physician shall file a
7 notice of collaboration ~~supervision~~ of each physician
8 assistant according to the rules of the Department. ~~It is the~~
9 ~~responsibility of the supervising physician to maintain~~
10 ~~documentation each time he or she has designated an alternative~~
11 ~~supervising physician. This documentation shall include the~~
12 ~~date alternate supervisory control began, the date alternate~~
13 ~~supervisory control ended, and any other changes. A supervising~~
14 ~~physician shall provide a copy of this documentation to the~~
15 ~~Department, upon request.~~

16 Physician assistants shall collaborate ~~be supervised~~ only
17 with ~~by~~ physicians as defined in this Act who are engaged in
18 clinical practice, or in clinical practice in public health or
19 other community health facilities.

20 Nothing in this Act shall be construed to limit the
21 delegation of tasks or duties by a physician to a nurse or
22 other appropriately trained personnel.

23 Nothing in this Act shall be construed to prohibit the
24 employment of physician assistants by a hospital, nursing home
25 or other health care facility where such physician assistants
26 function under a collaborating ~~the supervision of a supervising~~

1 physician.

2 A physician assistant may be employed by a practice group
3 or other entity employing multiple physicians at one or more
4 locations. In that case, one of the physicians practicing at a
5 location shall be designated the collaborating ~~supervising~~
6 physician. The other physicians with that practice group or
7 other entity who practice in the same general type of practice
8 or specialty as the collaborating ~~supervising~~ physician may
9 collaborate with ~~supervise~~ the physician assistant with
10 respect to their patients ~~without being deemed alternate~~
11 ~~supervising physicians for the purpose of this Act.~~

12 (b) A physician assistant licensed in this State, or
13 licensed or authorized to practice in any other U.S.
14 jurisdiction or credentialed by his or her federal employer as
15 a physician assistant, who is responding to a need for medical
16 care created by an emergency or by a state or local disaster
17 may render such care that the physician assistant is able to
18 provide without collaboration ~~supervision~~ as it is defined in
19 this Section or with such collaboration ~~supervision~~ as is
20 available. ~~For purposes of this Section, an "emergency~~
21 ~~situation" shall not include one that occurs in the place of~~
22 ~~one's employment.~~

23 Any physician who collaborates with ~~supervises~~ a physician
24 assistant providing medical care in response to such an
25 emergency or state or local disaster shall not be required to
26 meet the requirements set forth in this Section for a

1 collaborating ~~supervising~~ physician.

2 (Source: P.A. 96-70, eff. 7-23-09; 97-1071, eff. 8-24-12.)

3 (225 ILCS 95/7.5)

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

5 Sec. 7.5. Written collaborative Prescriptions; ~~written~~
6 ~~supervision~~ agreements; prescriptive authority.

7 (a) A written collaborative ~~supervision~~ agreement is
8 required for all physician assistants to practice in the State,
9 except as provided in Section 7.7 of this Act.

10 (1) A written collaborative ~~supervision~~ agreement
11 shall describe the working relationship of the physician
12 assistant with the collaborating ~~supervising~~ physician and
13 shall describe ~~authorize~~ the categories of care,
14 treatment, or procedures to be provided ~~performed~~ by the
15 physician assistant. The written collaborative ~~supervision~~
16 agreement shall promote the exercise of professional
17 judgment by the physician assistant commensurate with his
18 or her education and experience. The services to be
19 provided by the physician assistant shall be services that
20 the collaborating ~~supervising~~ physician is authorized to
21 and generally provides to his or her patients in the normal
22 course of his or her clinical medical practice. The written
23 collaborative ~~supervision~~ agreement need not describe the
24 exact steps that a physician assistant must take with
25 respect to each specific condition, disease, or symptom but

1 must specify which authorized procedures require the
2 presence of the collaborating ~~supervising~~ physician as the
3 procedures are being performed. The ~~supervision~~
4 relationship under a written collaborative ~~supervision~~
5 agreement shall not be construed to require the personal
6 presence of a physician at the place where services are
7 rendered. Methods of communication shall be available for
8 consultation with the collaborating ~~supervising~~ physician
9 in person or by telecommunications or electronic
10 communications ~~in accordance with established written~~
11 ~~guidelines~~ as set forth in the written collaborative
12 ~~supervision~~ agreement. For the purposes of this Act,
13 "generally provides to his or her patients in the normal
14 course of his or her clinical medical practice" means
15 services, not specific tasks or duties, the collaborating
16 ~~supervising~~ physician routinely provides individually or
17 through delegation to other persons so that the physician
18 has the experience and ability to collaborate and provide
19 ~~supervision and~~ consultation.

20 (2) The written collaborative ~~supervision~~ agreement
21 shall be adequate if a physician does each of the
22 following:

23 (A) Participates in the joint formulation and
24 joint approval of orders or guidelines with the
25 physician assistant and he or she periodically reviews
26 such orders and the services provided patients under

1 such orders in accordance with accepted standards of
2 medical practice and physician assistant practice.

3 (B) Provides ~~supervision and~~ consultation at least
4 once a month.

5 (3) A copy of the signed, written collaborative
6 ~~supervision~~ agreement must be available to the Department
7 upon request from both the physician assistant and the
8 collaborating ~~supervising~~ physician.

9 (4) A physician assistant shall inform each
10 collaborating ~~supervising~~ physician of all written
11 collaborative ~~supervision~~ agreements he or she has signed
12 and provide a copy of these to any collaborating
13 ~~supervising~~ physician upon request.

14 (b) A collaborating ~~supervising~~ physician may, but is not
15 required to, delegate prescriptive authority to a physician
16 assistant as part of a written collaborative ~~supervision~~
17 agreement. This authority may, but is not required to, include
18 prescription of, selection of, orders for, administration of,
19 storage of, acceptance of samples of, and dispensing medical
20 devices, over the counter medications, legend drugs, medical
21 gases, and controlled substances categorized as Schedule II ~~III~~
22 through V controlled substances, as defined in Article II of
23 the Illinois Controlled Substances Act, and other
24 preparations, including, but not limited to, botanical and
25 herbal remedies. The collaborating ~~supervising~~ physician must
26 have a valid, current Illinois controlled substance license and

1 federal registration with the Drug Enforcement Agency to
2 delegate the authority to prescribe controlled substances.

3 (1) To prescribe Schedule II, III, IV, or V controlled
4 substances under this Section, a physician assistant must
5 obtain a mid-level practitioner controlled substances
6 license. Medication orders issued by a physician assistant
7 shall be reviewed periodically by the collaborating
8 ~~supervising~~ physician.

9 (2) The collaborating ~~supervising~~ physician shall file
10 with the Department notice of delegation of prescriptive
11 authority to a physician assistant and termination of
12 delegation, specifying the authority delegated or
13 terminated. Upon receipt of this notice delegating
14 authority to prescribe ~~Schedule III, IV, or V~~ controlled
15 substances, the physician assistant shall be eligible to
16 register for a mid-level practitioner controlled
17 substances license under Section 303.05 of the Illinois
18 Controlled Substances Act. Nothing in this Act shall be
19 construed to limit the delegation of tasks or duties by the
20 collaborating ~~supervising~~ physician to a nurse or other
21 appropriately trained persons in accordance with Section
22 54.2 of the Medical Practice Act of 1987.

23 (3) In addition to the requirements of this subsection
24 (b) ~~of this Section~~, a collaborating ~~supervising~~ physician
25 may, but is not required to, delegate authority to a
26 physician assistant to prescribe Schedule II controlled

1 substances, if all of the following conditions apply:

2 (A) Specific Schedule II controlled substances by
3 oral dosage or topical or transdermal application may
4 be delegated, provided that the delegated Schedule II
5 controlled substances are routinely prescribed by the
6 collaborating ~~supervising~~ physician. This delegation
7 must identify the specific Schedule II controlled
8 substances by either brand name or generic name.
9 Schedule II controlled substances to be delivered by
10 injection or other route of administration may not be
11 delegated.

12 (B) (Blank). ~~Any delegation must be controlled~~
13 ~~substances that the supervising physician prescribes.~~

14 (C) Any prescription must be limited to no more
15 than a 30-day supply, with any continuation authorized
16 only after prior approval of the collaborating
17 ~~supervising~~ physician.

18 (D) The physician assistant must discuss the
19 condition of any patients for whom a controlled
20 substance is prescribed monthly with the collaborating
21 ~~supervising~~ physician.

22 (E) The physician assistant meets the education
23 requirements of Section 303.05 of the Illinois
24 Controlled Substances Act.

25 (c) Nothing in this Act shall be construed to limit the
26 delegation of tasks or duties by a physician to a licensed

1 practical nurse, a registered professional nurse, or other
2 persons. Nothing in this Act shall be construed to limit the
3 method of delegation that may be authorized by any means,
4 including, but not limited to, oral, written, electronic,
5 standing orders, protocols, guidelines, or verbal orders.
6 Nothing in this Act shall be construed to authorize a physician
7 assistant to provide health care services required by law or
8 rule to be performed by a physician.

9 (c-5) Nothing in this Section shall be construed to apply
10 to any medication authority, including Schedule II controlled
11 substances of a licensed physician assistant for care provided
12 in a hospital, hospital affiliate, or ambulatory surgical
13 treatment center pursuant to Section 7.7 of this Act.

14 (d) (Blank). ~~Any physician assistant who writes a~~
15 ~~prescription for a controlled substance without having a valid~~
16 ~~appropriate authority may be fined by the Department not more~~
17 ~~than \$50 per prescription, and the Department may take any~~
18 ~~other disciplinary action provided for in this Act.~~

19 (e) Nothing in this Section shall be construed to prohibit
20 generic substitution.

21 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;
22 96-1000, eff. 7-2-10; 97-358, eff. 8-12-11.)

23 (225 ILCS 95/7.7)

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

25 Sec. 7.7. Physician assistants in hospitals, hospital

1 affiliates, or ambulatory surgical treatment centers.

2 (a) A physician assistant may provide services in a
3 hospital ~~or a hospital affiliate~~ as ~~those terms are~~ defined in
4 the Hospital Licensing Act, a hospital affiliate as defined in
5 ~~of~~ the University of Illinois Hospital Act, or a licensed
6 ambulatory surgical treatment center as defined in the
7 Ambulatory Surgical Treatment Center Act without a written
8 collaborative supervision agreement pursuant to Section 7.5 of
9 this Act. A physician assistant must possess clinical
10 privileges recommended by the hospital medical staff and
11 granted by the hospital or the consulting medical staff
12 committee and ambulatory surgical treatment center in order to
13 provide services. The medical staff or consulting medical staff
14 committee shall periodically review the services of physician
15 assistants granted clinical privileges, including any care
16 provided in a hospital affiliate. Authority may also be granted
17 when recommended by the hospital medical staff and granted by
18 the hospital or recommended by the consulting medical staff
19 committee and ambulatory surgical treatment center to
20 individual physician assistants to select, order, and
21 administer medications, including controlled substances, to
22 provide delineated care. In a hospital, hospital affiliate, or
23 ambulatory surgical treatment center, the attending physician
24 shall determine a physician assistant's role in providing care
25 for his or her patients, except as otherwise provided in the
26 medical staff bylaws or consulting committee policies.

1 (a-5) Physician assistants practicing in a hospital
2 affiliate may be, but are not required to be, granted authority
3 to prescribe Schedule II through V controlled substances when
4 such authority is recommended by the appropriate physician
5 committee of the hospital affiliate and granted by the hospital
6 affiliate. This authority may, but is not required to, include
7 prescription of, selection of, orders for, administration of,
8 storage of, acceptance of samples of, and dispensing
9 over-the-counter medications, legend drugs, medical gases, and
10 controlled substances categorized as Schedule II through V
11 controlled substances, as defined in Article II of the Illinois
12 Controlled Substances Act, and other preparations, including,
13 but not limited to, botanical and herbal remedies.

14 To prescribe controlled substances under this subsection
15 (a-5), a physician assistant must obtain a mid-level
16 practitioner controlled substance license. Medication orders
17 shall be reviewed periodically by the appropriate hospital
18 affiliate physicians committee or its physician designee.

19 The hospital affiliate shall file with the Department
20 notice of a grant of prescriptive authority consistent with
21 this subsection (a-5) and termination of such a grant of
22 authority in accordance with rules of the Department. Upon
23 receipt of this notice of grant of authority to prescribe any
24 Schedule II through V controlled substances, the licensed
25 physician assistant may register for a mid-level practitioner
26 controlled substance license under Section 303.05 of the

1 Illinois Controlled Substances Act.

2 In addition, a hospital affiliate may, but is not required
3 to, grant authority to a physician assistant to prescribe any
4 Schedule II controlled substances if all of the following
5 conditions apply:

6 (1) specific Schedule II controlled substances by oral
7 dosage or topical or transdermal application may be
8 designated, provided that the designated Schedule II
9 controlled substances are routinely prescribed by
10 physician assistants in their area of certification; this
11 grant of authority must identify the specific Schedule II
12 controlled substances by either brand name or generic name;
13 authority to prescribe or dispense Schedule II controlled
14 substances to be delivered by injection or other route of
15 administration may not be granted;

16 (2) any grant of authority must be controlled
17 substances limited to the practice of the physician
18 assistant;

19 (3) any prescription must be limited to no more than a
20 30-day supply;

21 (4) the physician assistant must discuss the condition
22 of any patients for whom a controlled substance is
23 prescribed monthly with the appropriate physician
24 committee of the hospital affiliate or its physician
25 designee; and

26 (5) the physician assistant must meet the education

1 requirements of Section 303.05 of the Illinois Controlled
2 Substances Act.

3 (b) A physician assistant granted authority to order
4 medications including controlled substances may complete
5 discharge prescriptions provided the prescription is in the
6 name of the physician assistant and the attending or
7 discharging physician.

8 (c) Physician assistants practicing in a hospital,
9 hospital affiliate, or an ambulatory surgical treatment center
10 are not required to obtain a mid-level controlled substance
11 license to order controlled substances under Section 303.05 of
12 the Illinois Controlled Substances Act.

13 (Source: P.A. 97-1071, eff. 8-24-12.)

14 (225 ILCS 95/9) (from Ch. 111, par. 4609)

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

16 Sec. 9. Application for licensure. Applications for
17 original licenses shall be made to the Department in writing on
18 forms or electronically as prescribed by the Department and
19 shall be accompanied by the required fee, which shall not be
20 refundable. An application shall require information that in
21 the judgment of the Department will enable the Department to
22 pass on the qualifications of the applicant for a license. An
23 application shall include evidence of passage of the
24 examination of the National Commission on the Certification of
25 Physician Assistants, or its successor agency, and proof that

1 the applicant holds a valid certificate issued by that
2 Commission.

3 Applicants have 3 years from the date of application to
4 complete the application process. If the process has not been
5 completed in 3 years, the application shall be denied, the fee
6 shall be forfeited, and the applicant must reapply and meet the
7 requirements in effect at the time of reapplication.

8 (Source: P.A. 90-61, eff. 12-30-97.)

9 (225 ILCS 95/10) (from Ch. 111, par. 4610)

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

11 Sec. 10. Identification. No person shall use the title
12 "physician ~~or perform the duties of "Physician~~ assistant"
13 unless he or she holds ~~is a qualified holder of a valid~~ license
14 issued by the Department as provided in this Act. A physician
15 assistant shall wear on his or her person a visible
16 identification indicating that he or she is certified as a
17 physician assistant while acting in the course of his or her
18 duties.

19 (Source: P.A. 90-61, eff. 12-30-97.)

20 (225 ILCS 95/10.5)

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

22 Sec. 10.5. Unlicensed practice; violation; civil penalty.

23 (a) Any person who practices, offers to practice, attempts
24 to practice, or holds oneself out to practice as a physician's

1 assistant without being licensed under this Act shall, in
2 addition to any other penalty provided by law, pay a civil
3 penalty to the Department in an amount not to exceed \$10,000
4 for each offense as determined by the Department. The civil
5 penalty shall be assessed by the Department after a hearing is
6 held in accordance with the provisions set forth in this Act
7 regarding the provision of a hearing for the discipline of a
8 licensee.

9 (b) The Department has the authority and power to
10 investigate any and all unlicensed activity.

11 (b-5) No person shall use any words, abbreviations,
12 figures, letters, title, sign, card, or device tending to imply
13 that he or she is a physician assistant, including, but not
14 limited to, using the titles or initials "Physician Assistant"
15 or "PA", or similar titles or initials, with the intention of
16 indicating practice as a physician assistant without meeting
17 the requirements of this Act.

18 (c) The civil penalty shall be paid within 60 days after
19 the effective date of the order imposing the civil penalty. The
20 order shall constitute a judgment and may be filed and
21 execution had thereon in the same manner as any judgment from
22 any court of record.

23 (Source: P.A. 95-703, eff. 12-31-07.)

24 (225 ILCS 95/11.5 new)

25 Sec. 11.5. Continuing education. The Department shall

1 adopt rules for continuing education for persons licensed under
2 this Act that require 50 hours of continuing education per
3 2-year license renewal cycle. Completion of the 50 hours of
4 continuing education shall be deemed to satisfy the continuing
5 education requirements for renewal of a physician assistant
6 license as required by this Act. The rules shall not be
7 inconsistent with requirements of relevant national certifying
8 bodies or State or national professional associations. The
9 rules shall also address variances in part or in whole for good
10 cause, including, but not limited to, illness or hardship. The
11 continuing education rules shall ensure that licensees are
12 given the opportunity to participate in programs sponsored by
13 or through their State or national professional associations,
14 hospitals, or other providers of continuing education. Each
15 licensee is responsible for maintaining records of completion
16 of continuing education and shall be prepared to produce the
17 records when requested by the Department.

18 (225 ILCS 95/12) (from Ch. 111, par. 4612)

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

20 Sec. 12. A person shall be qualified for licensure as a
21 physician assistant and the Department may issue a physician
22 assistant license to a person who:

- 23 1. has ~~Has~~ applied in writing or electronically in form
24 and substance satisfactory to the Department and has not
25 violated any of the provisions of Section 21 of this Act or

1 the rules adopted under this Act ~~promulgated hereunder~~. The
2 Department ~~may take into consideration any felony~~
3 ~~conviction of the applicant but such conviction shall not~~
4 ~~operate as an absolute bar to licensure;~~

5 2. has ~~Has~~ successfully completed the examination
6 provided by the National Commission on ~~the~~ Certification of
7 Physician Assistants ~~Physician's Assistant~~ or its
8 successor agency;

9 3. holds ~~Holds~~ a certificate issued by the National
10 Commission on ~~the~~ Certification of Physician Assistants or
11 an equivalent successor agency; and

12 4. complies ~~Complies~~ with all applicable rules of the
13 Department.

14 (Source: P.A. 95-703, eff. 12-31-07.)

15 (225 ILCS 95/13) (from Ch. 111, par. 4613)

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

17 Sec. 13. Department powers and duties.

18 (a) Subject to the provisions of this Act, the Department
19 shall:

20 (1) adopt ~~1. Promulgate~~ rules ~~approved by the Board~~
21 setting forth standards to be met by a school or
22 institution offering a course of training for physician
23 assistants prior to approval of such school or
24 institution;:-

25 (2) adopt ~~2. Promulgate~~ rules ~~approved by the Board~~

1 setting forth uniform and reasonable standards of
2 instruction to be met prior to approval of such course of
3 institution for physician assistants; and.

4 (3) determine ~~3. Determine~~ the reputability and good
5 standing of such schools or institutions and their course
6 of instruction for physician assistants by reference to
7 compliance with such rules, provided that no school of
8 physician assistants that refuses admittance to applicants
9 solely on account of race, color, sex, or creed shall be
10 considered reputable and in good standing.

11 (b) No rule shall be adopted under this Act which allows a
12 physician assistant to perform any act, task, or function
13 primarily performed in the lawful practice of optometry under
14 the Illinois Optometric Practice Act of 1987.

15 (c) All rules shall be submitted to the Board for review
16 and the Department shall consider any comments provided by the
17 Board.

18 (Source: P.A. 85-1440.)

19 (225 ILCS 95/14.1)

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

21 Sec. 14.1. Fees.

22 (a) Fees collected for the administration of this Act shall
23 be set by the Department by rule. All fees are nonrefundable
24 ~~not refundable~~.

25 (b) (Blank).

1 (c) All moneys collected under this Act by the Department
2 shall be deposited in the Illinois State Medical Disciplinary
3 Fund in the State Treasury and used (1) in the exercise of its
4 powers and performance of its duties under this Act, as such
5 use is made by the Department; (2) for costs directly related
6 to licensing and license renewal of persons licensed under this
7 Act; and (3) for costs related to the public purposes of the
8 Department.

9 All earnings received from investment of moneys in the
10 Illinois State Medical Disciplinary Fund shall be deposited
11 into the Illinois State Medical Disciplinary Fund and shall be
12 used for the same purposes as fees deposited in the Fund.

13 (Source: P.A. 95-703, eff. 12-31-07.)

14 (225 ILCS 95/16) (from Ch. 111, par. 4616)

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

16 Sec. 16. Expiration; renewal. The expiration date and
17 renewal period for each license issued under this Act shall be
18 set by rule. Renewal shall be conditioned on paying the
19 required fee and by meeting such other requirements as may be
20 established by rule. The certification as a physician assistant
21 by the National Commission on Certification of Physician
22 Assistants or an equivalent successor agency is not required
23 for renewal of a license under this Act.

24 Any physician assistant who has permitted his or her
25 license to expire or who has had his or her license on inactive

1 status may have the license restored by making application to
2 the Department and filing proof acceptable to the Department of
3 his or her fitness to have the license restored, and by paying
4 the required fees. Proof of fitness may include sworn evidence
5 certifying to active lawful practice in another jurisdiction.

6 If the physician assistant has not maintained an active
7 practice in another jurisdiction satisfactory to the
8 Department, the Department shall determine, by an evaluation
9 program established by rule, his or her fitness for restoration
10 of the license and shall establish procedures and requirements
11 for such restoration.

12 However, any physician assistant whose license expired
13 while he or she was (1) in federal service on active duty with
14 the Armed Forces of the United States, or the State Militia
15 called into service or training, or (2) in training or
16 education under the supervision of the United States
17 preliminary to induction into the military service, may have
18 the license restored without paying any lapsed renewal fees if
19 within 2 years after honorable termination of such service,
20 training, or education he or she furnishes the Department with
21 satisfactory evidence to the effect that he or she has been so
22 engaged and that his or her service, training, or education has
23 been so terminated.

24 (Source: P.A. 90-61, eff. 12-30-97.)

25 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

2 Sec. 21. Grounds for disciplinary action.

3 (a) The Department may refuse to issue or to renew, or may
4 revoke, suspend, place on probation, ~~censure or~~ reprimand, or
5 take other disciplinary or non-disciplinary action with regard
6 to any license issued under this Act as the Department may deem
7 proper, including the issuance of fines not to exceed \$10,000
8 for each violation, for any one or combination of the following
9 causes:

10 (1) Material misstatement in furnishing information to
11 the Department.

12 (2) Violations of this Act, or the rules adopted under
13 this Act.

14 (3) Conviction by plea of guilty or nolo contendere,
15 finding of guilt, jury verdict, or entry of judgment or
16 sentencing, including, but not limited to, convictions,
17 preceding sentences of supervision, conditional discharge,
18 or first offender probation, under the laws of any
19 jurisdiction of the United States that is: (i) a felony; or
20 (ii) a misdemeanor, an essential element of which is
21 dishonesty, or that is directly related to the practice of
22 the profession. Conviction of or entry of a plea of guilty
23 or nolo contendere to any crime that is a felony under the
24 laws of the United States or any state or territory thereof
25 or that is a misdemeanor of which an essential element is
26 dishonesty or that is directly related to the practice of

1 ~~the profession.~~

2 (4) Making any misrepresentation for the purpose of
3 obtaining licenses.

4 (5) Professional incompetence.

5 (6) Aiding or assisting another person in violating any
6 provision of this Act or its rules.

7 (7) Failing, within 60 days, to provide information in
8 response to a written request made by the Department.

9 (8) Engaging in dishonorable, unethical, or
10 unprofessional conduct, as defined by rule, of a character
11 likely to deceive, defraud, or harm the public.

12 (9) Habitual or excessive use or addiction to alcohol,
13 narcotics, stimulants, or any other chemical agent or drug
14 that results in a physician assistant's inability to
15 practice with reasonable judgment, skill, or safety.

16 (10) Discipline by another U.S. jurisdiction or
17 foreign nation, if at least one of the grounds for
18 discipline is the same or substantially equivalent to those
19 set forth in this Section.

20 (11) Directly or indirectly giving to or receiving from
21 any person, firm, corporation, partnership, or association
22 any fee, commission, rebate or other form of compensation
23 for any professional services not actually or personally
24 rendered. Nothing in this paragraph (11) affects any bona
25 fide independent contractor or employment arrangements,
26 which may include provisions for compensation, health

1 insurance, pension, or other employment benefits, with
2 persons or entities authorized under this Act for the
3 provision of services within the scope of the licensee's
4 practice under this Act.

5 (12) A finding by the Disciplinary Board that the
6 licensee, after having his or her license placed on
7 probationary status has violated the terms of probation.

8 (13) Abandonment of a patient.

9 (14) Willfully making or filing false records or
10 reports in his or her practice, including but not limited
11 to false records filed with state agencies or departments.

12 (15) Willfully failing to report an instance of
13 suspected child abuse or neglect as required by the Abused
14 and Neglected Child Reporting Act.

15 (16) Physical illness, or mental illness or impairment
16 that results in the inability to practice the profession
17 with reasonable judgment, skill, or safety, including, but
18 not limited to, deterioration through the aging process or
19 loss of motor skill.

20 (17) Being named as a perpetrator in an indicated
21 report by the Department of Children and Family Services
22 under the Abused and Neglected Child Reporting Act, and
23 upon proof by clear and convincing evidence that the
24 licensee has caused a child to be an abused child or
25 neglected child as defined in the Abused and Neglected
26 Child Reporting Act.

1 (18) (Blank).

2 (19) Gross negligence resulting in permanent injury or
3 death of a patient.

4 (20) Employment of fraud, deception or any unlawful
5 means in applying for or securing a license as a physician
6 assistant.

7 (21) Exceeding the authority delegated to him or her by
8 his or her collaborating ~~supervising~~ physician in a written
9 collaborative ~~supervision~~ agreement.

10 (22) Immoral conduct in the commission of any act, such
11 as sexual abuse, sexual misconduct, or sexual exploitation
12 related to the licensee's practice.

13 (23) Violation of the Health Care Worker Self-Referral
14 Act.

15 (24) Practicing under a false or assumed name, except
16 as provided by law.

17 (25) Making a false or misleading statement regarding
18 his or her skill or the efficacy or value of the medicine,
19 treatment, or remedy prescribed by him or her in the course
20 of treatment.

21 (26) Allowing another person to use his or her license
22 to practice.

23 (27) Prescribing, selling, administering,
24 distributing, giving, or self-administering a drug
25 classified as a controlled substance ~~(designated product)~~
26 ~~or narcotic~~ for other than medically-accepted therapeutic

1 purposes.

2 (28) Promotion of the sale of drugs, devices,
3 appliances, or goods provided for a patient in a manner to
4 exploit the patient for financial gain.

5 (29) A pattern of practice or other behavior that
6 demonstrates incapacity or incompetence to practice under
7 this Act.

8 (30) Violating State or federal laws or regulations
9 relating to controlled substances or other legend drugs or
10 ephedra as defined in the Ephedra Prohibition Act.

11 (31) Exceeding the prescriptive authority delegated by
12 the collaborating ~~supervising~~ physician or violating the
13 written collaborative ~~supervision~~ agreement delegating
14 that authority.

15 (32) Practicing without providing to the Department a
16 notice of collaboration ~~supervision~~ or delegation of
17 prescriptive authority.

18 (33) Failure to establish and maintain records of
19 patient care and treatment as required by law.

20 (34) Attempting to subvert or cheat on the examination
21 of the National Commission on Certification of Physician
22 Assistants or its successor agency.

23 (35) Willfully or negligently violating the
24 confidentiality between physician assistant and patient,
25 except as required by law.

26 (36) Willfully failing to report an instance of

1 suspected abuse, neglect, financial exploitation, or
2 self-neglect of an eligible adult as defined in and
3 required by the Adult Protective Services Act.

4 (37) Being named as an abuser in a verified report by
5 the Department on Aging under the Adult Protective Services
6 Act and upon proof by clear and convincing evidence that
7 the licensee abused, neglected, or financially exploited
8 an eligible adult as defined in the Adult Protective
9 Services Act.

10 (38) Failure to report to the Department an adverse
11 final action taken against him or her by another licensing
12 jurisdiction of the United States or a foreign state or
13 country, a peer review body, a health care institution, a
14 professional society or association, a governmental
15 agency, a law enforcement agency, or a court acts or
16 conduct similar to acts or conduct that would constitute
17 grounds for action under this Section.

18 (39) Failure to provide copies of records of patient
19 care or treatment, except as required by law.

20 (b) The Department may, without a hearing, refuse to issue
21 or renew or may suspend the license of any person who fails to
22 file a return, or to pay the tax, penalty or interest shown in
23 a filed return, or to pay any final assessment of the tax,
24 penalty, or interest as required by any tax Act administered by
25 the Illinois Department of Revenue, until such time as the
26 requirements of any such tax Act are satisfied.

1 (c) The determination by a circuit court that a licensee is
2 subject to involuntary admission or judicial admission as
3 provided in the Mental Health and Developmental Disabilities
4 Code operates as an automatic suspension. The suspension will
5 end only upon a finding by a court that the patient is no
6 longer subject to involuntary admission or judicial admission
7 and issues an order so finding and discharging the patient, and
8 upon the recommendation of the Disciplinary Board to the
9 Secretary that the licensee be allowed to resume his or her
10 practice.

11 (d) In enforcing this Section, the Department upon a
12 showing of a possible violation may compel an individual
13 licensed to practice under this Act, or who has applied for
14 licensure under this Act, to submit to a mental or physical
15 examination, or both, which may include a substance abuse or
16 sexual offender evaluation, as required by and at the expense
17 of the Department.

18 The Department shall specifically designate the examining
19 physician licensed to practice medicine in all of its branches
20 or, if applicable, the multidisciplinary team involved in
21 providing the mental or physical examination or both. The
22 multidisciplinary team shall be led by a physician licensed to
23 practice medicine in all of its branches and may consist of one
24 or more or a combination of physicians licensed to practice
25 medicine in all of its branches, licensed clinical
26 psychologists, licensed clinical social workers, licensed

1 clinical professional counselors, and other professional and
2 administrative staff. Any examining physician or member of the
3 multidisciplinary team may require any person ordered to submit
4 to an examination pursuant to this Section to submit to any
5 additional supplemental testing deemed necessary to complete
6 any examination or evaluation process, including, but not
7 limited to, blood testing, urinalysis, psychological testing,
8 or neuropsychological testing.

9 The Department may order the examining physician or any
10 member of the multidisciplinary team to provide to the
11 Department any and all records, including business records,
12 that relate to the examination and evaluation, including any
13 supplemental testing performed.

14 The Department may order the examining physician or any
15 member of the multidisciplinary team to present testimony
16 concerning the mental or physical examination of the licensee
17 or applicant. No information, report, record, or other
18 documents in any way related to the examination shall be
19 excluded by reason of any common law or statutory privilege
20 relating to communications between the licensee or applicant
21 and the examining physician or any member of the
22 multidisciplinary team. No authorization is necessary from the
23 licensee or applicant ordered to undergo an examination for the
24 examining physician or any member of the multidisciplinary team
25 to provide information, reports, records, or other documents or
26 to provide any testimony regarding the examination and

1 ~~evaluation. The examining physicians shall be specifically~~
2 ~~designated by the Department.~~

3 The individual to be examined may have, at his or her own
4 expense, another physician of his or her choice present during
5 all aspects of this examination. However, that physician shall
6 be present only to observe and may not interfere in any way
7 with the examination.

8 Failure of an individual to submit to a mental or physical
9 examination, when ordered ~~directed~~, shall result in an
10 automatic ~~be grounds for~~ suspension of his or her license until
11 the individual submits to the examination ~~if the Department~~
12 ~~finds, after notice and hearing, that the refusal to submit to~~
13 ~~the examination was without reasonable cause.~~

14 If the Department finds an individual unable to practice
15 because of the reasons set forth in this Section, the
16 Department may require that individual to submit to care,
17 counseling, or treatment by physicians approved or designated
18 by the Department, as a condition, term, or restriction for
19 continued, reinstated, or renewed licensure to practice; or, in
20 lieu of care, counseling, or treatment, the Department may file
21 a complaint to immediately suspend, revoke, or otherwise
22 discipline the license of the individual. An individual whose
23 license was granted, continued, reinstated, renewed,
24 disciplined, or supervised subject to such terms, conditions,
25 or restrictions, and who fails to comply with such terms,
26 conditions, or restrictions, shall be referred to the Secretary

1 for a determination as to whether the individual shall have his
2 or her license suspended immediately, pending a hearing by the
3 Department.

4 In instances in which the Secretary immediately suspends a
5 person's license under this Section, a hearing on that person's
6 license must be convened by the Department within 30 days after
7 the suspension and completed without appreciable delay. The
8 Department shall have the authority to review the subject
9 individual's record of treatment and counseling regarding the
10 impairment to the extent permitted by applicable federal
11 statutes and regulations safeguarding the confidentiality of
12 medical records.

13 An individual licensed under this Act and affected under
14 this Section shall be afforded an opportunity to demonstrate to
15 the Department that he or she can resume practice in compliance
16 with acceptable and prevailing standards under the provisions
17 of his or her license.

18 (e) An individual or organization acting in good faith, and
19 not in a willful and wanton manner, in complying with this
20 Section by providing a report or other information to the
21 Board, by assisting in the investigation or preparation of a
22 report or information, by participating in proceedings of the
23 Board, or by serving as a member of the Board, shall not be
24 subject to criminal prosecution or civil damages as a result of
25 such actions.

26 (f) Members of the Board and the Disciplinary Board shall

1 be indemnified by the State for any actions occurring within
2 the scope of services on the Disciplinary Board or Board, done
3 in good faith and not willful and wanton in nature. The
4 Attorney General shall defend all such actions unless he or she
5 determines either that there would be a conflict of interest in
6 such representation or that the actions complained of were not
7 in good faith or were willful and wanton.

8 If the Attorney General declines representation, the
9 member has the right to employ counsel of his or her choice,
10 whose fees shall be provided by the State, after approval by
11 the Attorney General, unless there is a determination by a
12 court that the member's actions were not in good faith or were
13 willful and wanton.

14 The member must notify the Attorney General within 7 days
15 after receipt of notice of the initiation of any action
16 involving services of the Disciplinary Board. Failure to so
17 notify the Attorney General constitutes an absolute waiver of
18 the right to a defense and indemnification.

19 The Attorney General shall determine, within 7 days after
20 receiving such notice, whether he or she will undertake to
21 represent the member.

22 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09;
23 96-1482, eff. 11-29-10.)

24 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

1 Sec. 22.2. Investigation; notice; hearing. The Department
2 may investigate the actions of any applicant or of any person
3 or persons holding or claiming to hold a license. The
4 Department shall, before suspending, revoking, placing on
5 probationary status, or taking any other disciplinary action as
6 the Department may deem proper with regard to any license, at
7 least 30 days prior to the date set for the hearing, notify the
8 applicant or licensee in writing of any charges made and the
9 time and place for a hearing of the charges before the
10 Disciplinary Board, direct him or her to file his or her
11 written answer thereto to the Disciplinary Board under oath
12 within 20 days after the service on him or her of such notice
13 and inform him or her that if he or she fails to file such
14 answer default will be taken against him or her and his or her
15 license may be suspended, revoked, placed on probationary
16 status, or have other disciplinary action, including limiting
17 the scope, nature or extent of his or her practice, as the
18 Department may deem proper taken with regard thereto. Written
19 or electronic notice may be served by personal delivery, email,
20 or ~~certified or registered~~ mail to the applicant or licensee at
21 his or her ~~last~~ address of record or email address of record
22 ~~with the Department~~. At the time and place fixed in the notice,
23 the Department shall proceed to hear the charges and the
24 parties or their counsel shall be accorded ample opportunity to
25 present such statements, testimony, evidence, and argument as
26 may be pertinent to the charges or to the defense thereto. The

1 Department may continue such hearing from time to time. In case
2 the applicant or licensee, after receiving notice, fails to
3 file an answer, his or her license may in the discretion of the
4 Secretary, having received first the recommendation of the
5 Disciplinary Board, be suspended, revoked, placed on
6 probationary status, or the Secretary may take whatever
7 disciplinary action as he or she may deem proper, including
8 limiting the scope, nature, or extent of such person's
9 practice, without a hearing, if the act or acts charged
10 constitute sufficient grounds for such action under this Act.
11 (Source: P.A. 95-703, eff. 12-31-07.)

12 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

14 Sec. 22.6. At the conclusion of the hearing, the
15 Disciplinary Board shall present to the Secretary a written
16 report of its findings of fact, conclusions of law, and
17 recommendations. The report shall contain a finding whether or
18 not the accused person violated this Act or failed to comply
19 with the conditions required in this Act. The Disciplinary
20 Board shall specify the nature of the violation or failure to
21 comply, and shall make its recommendations to the Secretary.

22 The report of findings of fact, conclusions of law, and
23 recommendation of the Disciplinary Board shall be the basis for
24 the Department's order or refusal or for the granting of a
25 license or permit. If the Secretary disagrees in any regard

1 with the report of the Disciplinary Board, the Secretary may
2 issue an order in contravention thereof. ~~The Secretary shall~~
3 ~~provide a written report to the Disciplinary Board on any~~
4 ~~deviation, and shall specify with particularity the reasons for~~
5 ~~such action in the final order.~~ The finding is not admissible
6 in evidence against the person in a criminal prosecution
7 brought for the violation of this Act, but the hearing and
8 finding are not a bar to a criminal prosecution brought for the
9 violation of this Act.

10 (Source: P.A. 95-703, eff. 12-31-07.)

11 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

13 Sec. 22.7. Hearing officer. Notwithstanding the provisions
14 of Section 22.2 of this Act, the Secretary shall have the
15 authority to appoint any attorney duly licensed to practice law
16 in the State of Illinois to serve as the hearing officer in any
17 action for refusal to issue or renew, or for discipline of, a
18 license. ~~The Secretary shall notify the Disciplinary Board of~~
19 ~~any such appointment.~~ The hearing officer shall have full
20 authority to conduct the hearing. The hearing officer shall
21 report his or her findings of fact, conclusions of law, and
22 recommendations to the Disciplinary Board and the Secretary.
23 The Disciplinary Board shall have 60 days from receipt of the
24 report to review the report of the hearing officer and present
25 their findings of fact, conclusions of law, and recommendations

1 to the Secretary. If the Disciplinary Board fails to present
2 its report within the 60-day ~~60-day~~ period, the respondent may
3 request in writing a direct appeal to the Secretary, in which
4 case the Secretary may ~~shall~~, within ~~7~~ calendar days after the
5 ~~request, issue an order directing the Disciplinary Board to~~
6 ~~issue its findings of fact, conclusions of law, and~~
7 ~~recommendations to the Secretary within 30 calendar days after~~
8 ~~such order. If the Disciplinary Board fails to issue its~~
9 ~~findings of fact, conclusions of law, and recommendations~~
10 ~~within that time frame to the Secretary after the entry of such~~
11 ~~order, the Secretary shall, within 30 calendar days thereafter,~~
12 issue an order based upon the report of the hearing officer and
13 the record of the proceedings or issue an order remanding the
14 matter back to the hearing officer for additional proceedings
15 in accordance with the order. ~~If (i) a direct appeal is~~
16 ~~requested, (ii) the Disciplinary Board fails to issue its~~
17 ~~findings of fact, conclusions of law, and recommendations~~
18 ~~within the 30 day mandate from the Secretary or the Secretary~~
19 ~~fails to order the Disciplinary Board to do so, and (iii) the~~
20 ~~Secretary fails to issue an order within 30 calendar days~~
21 ~~thereafter, then the hearing officer's report is deemed~~
22 ~~accepted and a final decision of the Secretary.~~ Notwithstanding
23 any other provision of this Section, if the Secretary, upon
24 review, determines that substantial justice has not been done
25 in the revocation, suspension, or refusal to issue or renew a
26 license or other disciplinary action taken as the result of the

1 entry of the hearing officer's report, the Secretary may order
2 a rehearing by the same or other examiners. If the Secretary
3 disagrees in any regard with the report of the Disciplinary
4 Board or hearing officer, he or she may issue an order in
5 contravention thereof. ~~The Secretary shall provide a written~~
6 ~~explanation to the Disciplinary Board on any such deviation,~~
7 ~~and shall specify with particularity the reasons for such~~
8 ~~action in the final order.~~

9 (Source: P.A. 95-703, eff. 12-31-07.)

10 (225 ILCS 95/22.11) (from Ch. 111, par. 4622.11)

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

12 Sec. 22.11. Restoration of license. At any time after the
13 successful completion of a term of probation, suspension, or
14 revocation of any license, the Department may restore it to the
15 licensee, unless after an investigation and a hearing, the
16 Department determines that restoration is not in the public
17 interest. Where circumstances of suspension or revocation so
18 indicate, the Department may require an examination of the
19 licensee prior to restoring his or her license. No person whose
20 license has been revoked as authorized in this Act may apply
21 for restoration of that license until such time as provided for
22 in the Civil Administrative Code of Illinois.

23 A license that has been suspended or revoked shall be
24 considered nonrenewed for purposes of restoration and a person
25 restoring his or her license from suspension or revocation must

1 comply with the requirements for restoration of a nonrenewed
2 license as set forth in Section 16 of this Act and any related
3 rules adopted.

4 (Source: P.A. 90-61, eff. 12-30-97.)

5 (225 ILCS 95/22.14) (from Ch. 111, par. 4622.14)

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

7 Sec. 22.14. Administrative review; certification of
8 record.

9 (a) All final administrative decisions of the Department
10 are subject to judicial review pursuant to the provisions of
11 the "Administrative Review Law", and all rules adopted pursuant
12 thereto. The term "administrative decision" is defined as in
13 Section 3-101 of the "Code of Civil Procedure".

14 (b) Proceedings for judicial review shall be commenced in
15 the circuit court of the county in which the party applying for
16 review resides; but if the party is not a resident of this
17 State, venue shall be in Sangamon County.

18 (c) The Department shall not be required to certify any
19 record to the court, to file an answer in court, or to
20 otherwise appear in any court in a judicial review proceeding
21 unless and until the Department has received from the plaintiff
22 payment of the costs of furnishing and certifying the record,
23 which costs shall be determined by the Department. Exhibits
24 shall be certified without cost. Failure on the part of the
25 plaintiff to file a receipt in court is grounds for dismissal

1 of the action. During the pendency and hearing of any and all
2 judicial proceedings incident to the disciplinary action the
3 sanctions imposed upon the accused by the Department because of
4 acts or omissions related to the delivery of direct patient
5 care as specified in the Department's final administrative
6 decision, shall, as a matter of public policy, remain in full
7 force and effect in order to protect the public pending final
8 resolution of any of the proceedings.

9 (Source: P.A. 86-596.)

10 (225 ILCS 95/22.17 new)

11 Sec. 22.17. Confidentiality. All information collected by
12 the Department in the course of an examination or investigation
13 of a licensee or applicant, including, but not limited to, any
14 complaint against a licensee filed with the Department and
15 information collected to investigate any such complaint, shall
16 be maintained for the confidential use of the Department and
17 shall not be disclosed. The Department shall not disclose the
18 information to anyone other than law enforcement officials,
19 regulatory agencies that have an appropriate regulatory
20 interest as determined by the Secretary, or a party presenting
21 a lawful subpoena to the Department. Information and documents
22 disclosed to a federal, State, county, or local law enforcement
23 agency shall not be disclosed by the agency for any purpose to
24 any other agency or person. A formal complaint filed against a
25 licensee by the Department or any order issued by the

1 Department against a licensee or applicant shall be a public
2 record, except as otherwise prohibited by law.

3 (225 ILCS 95/23) (from Ch. 111, par. 4623)

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

5 Sec. 23. Home rule. It is declared to be the public policy
6 of this State, pursuant to paragraphs (h) and (i) of Section 6
7 of Article VII of the Illinois Constitution of 1970, that any
8 power or function set forth in this Act to be exercised by the
9 State is an exclusive State power or function. Such power or
10 function shall not be exercised concurrently, either directly
11 or indirectly, by any unit of local government, including home
12 rule units, except as otherwise provided in this Act.

13 (Source: P.A. 85-981.)

14 Section 15. The Illinois Public Aid Code is amended by
15 changing Section 5-8 as follows:

16 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

17 Sec. 5-8. Practitioners. In supplying medical assistance,
18 the Illinois Department may provide for the legally authorized
19 services of (i) persons licensed under the Medical Practice Act
20 of 1987, as amended, except as hereafter in this Section
21 stated, whether under a general or limited license, (ii)
22 persons licensed under the Nurse Practice Act as advanced
23 practice nurses, regardless of whether or not the persons have

1 written collaborative agreements, (iii) persons licensed or
2 registered under other laws of this State to provide dental,
3 medical, pharmaceutical, optometric, podiatric, or nursing
4 services, or other remedial care recognized under State law,
5 ~~and~~ (iv) persons licensed under other laws of this State as a
6 clinical social worker, and (v) persons licensed under other
7 laws of this State as physician assistants. The Department
8 shall adopt rules, no later than 90 days after the effective
9 date of this amendatory Act of the 99th General Assembly, for
10 the legally authorized services of persons licensed under other
11 laws of this State as a clinical social worker. The Department
12 may not provide for legally authorized services of any
13 physician who has been convicted of having performed an
14 abortion procedure in a wilful and wanton manner on a woman who
15 was not pregnant at the time such abortion procedure was
16 performed. The utilization of the services of persons engaged
17 in the treatment or care of the sick, which persons are not
18 required to be licensed or registered under the laws of this
19 State, is not prohibited by this Section.

20 (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17.)

21 Section 20. The Illinois Controlled Substances Act is
22 amended by changing Sections 102 and 303.05 as follows:

23 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

24 Sec. 102. Definitions. As used in this Act, unless the

1 context otherwise requires:

2 (a) "Addict" means any person who habitually uses any drug,
3 chemical, substance or dangerous drug other than alcohol so as
4 to endanger the public morals, health, safety or welfare or who
5 is so far addicted to the use of a dangerous drug or controlled
6 substance other than alcohol as to have lost the power of self
7 control with reference to his or her addiction.

8 (b) "Administer" means the direct application of a
9 controlled substance, whether by injection, inhalation,
10 ingestion, or any other means, to the body of a patient,
11 research subject, or animal (as defined by the Humane
12 Euthanasia in Animal Shelters Act) by:

13 (1) a practitioner (or, in his or her presence, by his
14 or her authorized agent),

15 (2) the patient or research subject pursuant to an
16 order, or

17 (3) a euthanasia technician as defined by the Humane
18 Euthanasia in Animal Shelters Act.

19 (c) "Agent" means an authorized person who acts on behalf
20 of or at the direction of a manufacturer, distributor,
21 dispenser, prescriber, or practitioner. It does not include a
22 common or contract carrier, public warehouseman or employee of
23 the carrier or warehouseman.

24 (c-1) "Anabolic Steroids" means any drug or hormonal
25 substance, chemically and pharmacologically related to
26 testosterone (other than estrogens, progestins,

1 corticosteroids, and dehydroepiandrosterone), and includes:

2 (i) 3[beta],17-dihydroxy-5a-androstane,

3 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

4 (iii) 5[alpha]-androstan-3,17-dione,

5 (iv) 1-androstenediol (3[beta],

6 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

7 (v) 1-androstenediol (3[alpha],

8 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

9 (vi) 4-androstenediol

10 (3[beta],17[beta]-dihydroxy-androst-4-ene),

11 (vii) 5-androstenediol

12 (3[beta],17[beta]-dihydroxy-androst-5-ene),

13 (viii) 1-androstenedione

14 ([5alpha]-androst-1-en-3,17-dione),

15 (ix) 4-androstenedione

16 (androst-4-en-3,17-dione),

17 (x) 5-androstenedione

18 (androst-5-en-3,17-dione),

19 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-

20 hydroxyandrost-4-en-3-one),

21 (xii) boldenone (17[beta]-hydroxyandrost-

22 1,4,-diene-3-one),

23 (xiii) boldione (androsta-1,4-

24 diene-3,17-dione),

25 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17

26 [beta]-hydroxyandrost-4-en-3-one),

- 1 (xv) clostebol (4-chloro-17[beta]-
2 hydroxyandrost-4-en-3-one),
3 (xvi) dehydrochloromethyltestosterone (4-chloro-
4 17[beta]-hydroxy-17[alpha]-methyl-
5 androst-1,4-dien-3-one),
6 (xvii) desoxymethyltestosterone
7 (17[alpha]-methyl-5[alpha]
8 -androst-2-en-17[beta]-ol) (a.k.a., madol),
9 (xviii) [delta]1-dihydrotestosterone (a.k.a.
10 '1-testosterone') (17[beta]-hydroxy-
11 5[alpha]-androst-1-en-3-one),
12 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-
13 androstan-3-one),
14 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-
15 5[alpha]-androstan-3-one),
16 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-
17 hydroxyestr-4-ene),
18 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-
19 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),
20 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],
21 17[beta]-dihydroxyandrost-1,4-dien-3-one),
22 (xxiv) furazabol (17[alpha]-methyl-17[beta]-
23 hydroxyandrostan[2,3-c]-furazan),
24 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)
25 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-
26 androst-4-en-3-one),

1 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-
2 dihydroxy-estr-4-en-3-one),
3 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-
4 hydroxy-5-androstan-3-one),
5 (xxix) mesterolone (1amethyl-17[beta]-hydroxy-
6 [5a]-androstan-3-one),
7 (xxx) methandienone (17[alpha]-methyl-17[beta]-
8 hydroxyandrost-1,4-dien-3-one),
9 (xxxii) methandriol (17[alpha]-methyl-3[beta],17[beta]-
10 dihydroxyandrost-5-ene),
11 (xxxiii) methenolone (1-methyl-17[beta]-hydroxy-
12 5[alpha]-androst-1-en-3-one),
13 (xxxiiii) 17[alpha]-methyl-3[beta], 17[beta]-
14 dihydroxy-5a-androstane),
15 (xxxv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy
16 -5a-androstane),
17 (xxxvi) 17[alpha]-methyl-3[beta],17[beta]-
18 dihydroxyandrost-4-ene),
19 (xxxvii) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-
20 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),
21 (xxxviii) methyldienolone (17[alpha]-methyl-17[beta]-
22 hydroxyestra-4,9(10)-dien-3-one),
23 (xxxix) methyltrienolone (17[alpha]-methyl-17[beta]-
24 hydroxyestra-4,9-11-trien-3-one),
25 (xl) methyltestosterone (17[alpha]-methyl-17[beta]-
26 hydroxyandrost-4-en-3-one),

- 1 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-
2 hydroxyestr-4-en-3-one),
3 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone
4 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-
5 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-
6 1-testosterone'),
7 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),
8 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-
9 dihydroxyestr-4-ene),
10 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-
11 dihydroxyestr-4-ene),
12 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-
13 dihydroxyestr-5-ene),
14 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-
15 dihydroxyestr-5-ene),
16 (xlvii) 19-nor-4,9(10)-androstadienedione
17 (estra-4,9(10)-diene-3,17-dione),
18 (xlviii) 19-nor-4-androstenedione (estr-4-
19 en-3,17-dione),
20 (xlix) 19-nor-5-androstenedione (estr-5-
21 en-3,17-dione),
22 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-
23 hydroxygon-4-en-3-one),
24 (li) norclostebol (4-chloro-17[beta]-
25 hydroxyestr-4-en-3-one),
26 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-

- 1 hydroxyestr-4-en-3-one),
2 (liii) normethandrolone (17[alpha]-methyl-17[beta]-
3 hydroxyestr-4-en-3-one),
4 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-
5 2-oxa-5[alpha]-androstan-3-one),
6 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-
7 dihydroxyandrost-4-en-3-one),
8 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-
9 17[beta]-hydroxy-(5[alpha]-androstan-3-one),
10 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-
11 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),
12 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-
13 (5[alpha]-androst-1-en-3-one),
14 (lix) testolactone (13-hydroxy-3-oxo-13,17-
15 secoandrosta-1,4-dien-17-oic
16 acid lactone),
17 (lx) testosterone (17[beta]-hydroxyandrost-
18 4-en-3-one),
19 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-
20 diethyl-17[beta]-hydroxygon-
21 4,9,11-trien-3-one),
22 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
23 11-trien-3-one).

24 Any person who is otherwise lawfully in possession of an
25 anabolic steroid, or who otherwise lawfully manufactures,
26 distributes, dispenses, delivers, or possesses with intent to

1 deliver an anabolic steroid, which anabolic steroid is
2 expressly intended for and lawfully allowed to be administered
3 through implants to livestock or other nonhuman species, and
4 which is approved by the Secretary of Health and Human Services
5 for such administration, and which the person intends to
6 administer or have administered through such implants, shall
7 not be considered to be in unauthorized possession or to
8 unlawfully manufacture, distribute, dispense, deliver, or
9 possess with intent to deliver such anabolic steroid for
10 purposes of this Act.

11 (d) "Administration" means the Drug Enforcement
12 Administration, United States Department of Justice, or its
13 successor agency.

14 (d-5) "Clinical Director, Prescription Monitoring Program"
15 means a Department of Human Services administrative employee
16 licensed to either prescribe or dispense controlled substances
17 who shall run the clinical aspects of the Department of Human
18 Services Prescription Monitoring Program and its Prescription
19 Information Library.

20 (d-10) "Compounding" means the preparation and mixing of
21 components, excluding flavorings, (1) as the result of a
22 prescriber's prescription drug order or initiative based on the
23 prescriber-patient-pharmacist relationship in the course of
24 professional practice or (2) for the purpose of, or incident
25 to, research, teaching, or chemical analysis and not for sale
26 or dispensing. "Compounding" includes the preparation of drugs

1 or devices in anticipation of receiving prescription drug
2 orders based on routine, regularly observed dispensing
3 patterns. Commercially available products may be compounded
4 for dispensing to individual patients only if both of the
5 following conditions are met: (i) the commercial product is not
6 reasonably available from normal distribution channels in a
7 timely manner to meet the patient's needs and (ii) the
8 prescribing practitioner has requested that the drug be
9 compounded.

10 (e) "Control" means to add a drug or other substance, or
11 immediate precursor, to a Schedule whether by transfer from
12 another Schedule or otherwise.

13 (f) "Controlled Substance" means (i) a drug, substance,
14 immediate precursor, or synthetic drug in the Schedules of
15 Article II of this Act or (ii) a drug or other substance, or
16 immediate precursor, designated as a controlled substance by
17 the Department through administrative rule. The term does not
18 include distilled spirits, wine, malt beverages, or tobacco, as
19 those terms are defined or used in the Liquor Control Act of
20 1934 and the Tobacco Products Tax Act of 1995.

21 (f-5) "Controlled substance analog" means a substance:

22 (1) the chemical structure of which is substantially
23 similar to the chemical structure of a controlled substance
24 in Schedule I or II;

25 (2) which has a stimulant, depressant, or
26 hallucinogenic effect on the central nervous system that is

1 substantially similar to or greater than the stimulant,
2 depressant, or hallucinogenic effect on the central
3 nervous system of a controlled substance in Schedule I or
4 II; or

5 (3) with respect to a particular person, which such
6 person represents or intends to have a stimulant,
7 depressant, or hallucinogenic effect on the central
8 nervous system that is substantially similar to or greater
9 than the stimulant, depressant, or hallucinogenic effect
10 on the central nervous system of a controlled substance in
11 Schedule I or II.

12 (g) "Counterfeit substance" means a controlled substance,
13 which, or the container or labeling of which, without
14 authorization bears the trademark, trade name, or other
15 identifying mark, imprint, number or device, or any likeness
16 thereof, of a manufacturer, distributor, or dispenser other
17 than the person who in fact manufactured, distributed, or
18 dispensed the substance.

19 (h) "Deliver" or "delivery" means the actual, constructive
20 or attempted transfer of possession of a controlled substance,
21 with or without consideration, whether or not there is an
22 agency relationship.

23 (i) "Department" means the Illinois Department of Human
24 Services (as successor to the Department of Alcoholism and
25 Substance Abuse) or its successor agency.

26 (j) (Blank).

1 (k) "Department of Corrections" means the Department of
2 Corrections of the State of Illinois or its successor agency.

3 (l) "Department of Financial and Professional Regulation"
4 means the Department of Financial and Professional Regulation
5 of the State of Illinois or its successor agency.

6 (m) "Depressant" means any drug that (i) causes an overall
7 depression of central nervous system functions, (ii) causes
8 impaired consciousness and awareness, and (iii) can be
9 habit-forming or lead to a substance abuse problem, including
10 but not limited to alcohol, cannabis and its active principles
11 and their analogs, benzodiazepines and their analogs,
12 barbiturates and their analogs, opioids (natural and
13 synthetic) and their analogs, and chloral hydrate and similar
14 sedative hypnotics.

15 (n) (Blank).

16 (o) "Director" means the Director of the Illinois State
17 Police or his or her designated agents.

18 (p) "Dispense" means to deliver a controlled substance to
19 an ultimate user or research subject by or pursuant to the
20 lawful order of a prescriber, including the prescribing,
21 administering, packaging, labeling, or compounding necessary
22 to prepare the substance for that delivery.

23 (q) "Dispenser" means a practitioner who dispenses.

24 (r) "Distribute" means to deliver, other than by
25 administering or dispensing, a controlled substance.

26 (s) "Distributor" means a person who distributes.

1 (t) "Drug" means (1) substances recognized as drugs in the
2 official United States Pharmacopoeia, Official Homeopathic
3 Pharmacopoeia of the United States, or official National
4 Formulary, or any supplement to any of them; (2) substances
5 intended for use in diagnosis, cure, mitigation, treatment, or
6 prevention of disease in man or animals; (3) substances (other
7 than food) intended to affect the structure of any function of
8 the body of man or animals and (4) substances intended for use
9 as a component of any article specified in clause (1), (2), or
10 (3) of this subsection. It does not include devices or their
11 components, parts, or accessories.

12 (t-3) "Electronic health record" or "EHR" means an
13 electronic record of health-related information on an
14 individual that is created, gathered, managed, and consulted by
15 authorized health care clinicians and staff.

16 (t-5) "Euthanasia agency" means an entity certified by the
17 Department of Financial and Professional Regulation for the
18 purpose of animal euthanasia that holds an animal control
19 facility license or animal shelter license under the Animal
20 Welfare Act. A euthanasia agency is authorized to purchase,
21 store, possess, and utilize Schedule II nonnarcotic and
22 Schedule III nonnarcotic drugs for the sole purpose of animal
23 euthanasia.

24 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
25 substances (nonnarcotic controlled substances) that are used
26 by a euthanasia agency for the purpose of animal euthanasia.

1 (u) "Good faith" means the prescribing or dispensing of a
2 controlled substance by a practitioner in the regular course of
3 professional treatment to or for any person who is under his or
4 her treatment for a pathology or condition other than that
5 individual's physical or psychological dependence upon or
6 addiction to a controlled substance, except as provided herein:
7 and application of the term to a pharmacist shall mean the
8 dispensing of a controlled substance pursuant to the
9 prescriber's order which in the professional judgment of the
10 pharmacist is lawful. The pharmacist shall be guided by
11 accepted professional standards including, but not limited to
12 the following, in making the judgment:

13 (1) lack of consistency of prescriber-patient
14 relationship,

15 (2) frequency of prescriptions for same drug by one
16 prescriber for large numbers of patients,

17 (3) quantities beyond those normally prescribed,

18 (4) unusual dosages (recognizing that there may be
19 clinical circumstances where more or less than the usual
20 dose may be used legitimately),

21 (5) unusual geographic distances between patient,
22 pharmacist and prescriber,

23 (6) consistent prescribing of habit-forming drugs.

24 (u-0.5) "Hallucinogen" means a drug that causes markedly
25 altered sensory perception leading to hallucinations of any
26 type.

1 (u-1) "Home infusion services" means services provided by a
2 pharmacy in compounding solutions for direct administration to
3 a patient in a private residence, long-term care facility, or
4 hospice setting by means of parenteral, intravenous,
5 intramuscular, subcutaneous, or intraspinal infusion.

6 (u-5) "Illinois State Police" means the State Police of the
7 State of Illinois, or its successor agency.

8 (v) "Immediate precursor" means a substance:

9 (1) which the Department has found to be and by rule
10 designated as being a principal compound used, or produced
11 primarily for use, in the manufacture of a controlled
12 substance;

13 (2) which is an immediate chemical intermediary used or
14 likely to be used in the manufacture of such controlled
15 substance; and

16 (3) the control of which is necessary to prevent,
17 curtail or limit the manufacture of such controlled
18 substance.

19 (w) "Instructional activities" means the acts of teaching,
20 educating or instructing by practitioners using controlled
21 substances within educational facilities approved by the State
22 Board of Education or its successor agency.

23 (x) "Local authorities" means a duly organized State,
24 County or Municipal peace unit or police force.

25 (y) "Look-alike substance" means a substance, other than a
26 controlled substance which (1) by overall dosage unit

1 appearance, including shape, color, size, markings or lack
2 thereof, taste, consistency, or any other identifying physical
3 characteristic of the substance, would lead a reasonable person
4 to believe that the substance is a controlled substance, or (2)
5 is expressly or impliedly represented to be a controlled
6 substance or is distributed under circumstances which would
7 lead a reasonable person to believe that the substance is a
8 controlled substance. For the purpose of determining whether
9 the representations made or the circumstances of the
10 distribution would lead a reasonable person to believe the
11 substance to be a controlled substance under this clause (2) of
12 subsection (y), the court or other authority may consider the
13 following factors in addition to any other factor that may be
14 relevant:

15 (a) statements made by the owner or person in control
16 of the substance concerning its nature, use or effect;

17 (b) statements made to the buyer or recipient that the
18 substance may be resold for profit;

19 (c) whether the substance is packaged in a manner
20 normally used for the illegal distribution of controlled
21 substances;

22 (d) whether the distribution or attempted distribution
23 included an exchange of or demand for money or other
24 property as consideration, and whether the amount of the
25 consideration was substantially greater than the
26 reasonable retail market value of the substance.

1 Clause (1) of this subsection (y) shall not apply to a
2 noncontrolled substance in its finished dosage form that was
3 initially introduced into commerce prior to the initial
4 introduction into commerce of a controlled substance in its
5 finished dosage form which it may substantially resemble.

6 Nothing in this subsection (y) prohibits the dispensing or
7 distributing of noncontrolled substances by persons authorized
8 to dispense and distribute controlled substances under this
9 Act, provided that such action would be deemed to be carried
10 out in good faith under subsection (u) if the substances
11 involved were controlled substances.

12 Nothing in this subsection (y) or in this Act prohibits the
13 manufacture, preparation, propagation, compounding,
14 processing, packaging, advertising or distribution of a drug or
15 drugs by any person registered pursuant to Section 510 of the
16 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

17 (y-1) "Mail-order pharmacy" means a pharmacy that is
18 located in a state of the United States that delivers,
19 dispenses or distributes, through the United States Postal
20 Service or other common carrier, to Illinois residents, any
21 substance which requires a prescription.

22 (z) "Manufacture" means the production, preparation,
23 propagation, compounding, conversion or processing of a
24 controlled substance other than methamphetamine, either
25 directly or indirectly, by extraction from substances of
26 natural origin, or independently by means of chemical

1 synthesis, or by a combination of extraction and chemical
2 synthesis, and includes any packaging or repackaging of the
3 substance or labeling of its container, except that this term
4 does not include:

5 (1) by an ultimate user, the preparation or compounding
6 of a controlled substance for his or her own use; or

7 (2) by a practitioner, or his or her authorized agent
8 under his or her supervision, the preparation,
9 compounding, packaging, or labeling of a controlled
10 substance:

11 (a) as an incident to his or her administering or
12 dispensing of a controlled substance in the course of
13 his or her professional practice; or

14 (b) as an incident to lawful research, teaching or
15 chemical analysis and not for sale.

16 (z-1) (Blank).

17 (z-5) "Medication shopping" means the conduct prohibited
18 under subsection (a) of Section 314.5 of this Act.

19 (z-10) "Mid-level practitioner" means (i) a physician
20 assistant who has been delegated authority to prescribe through
21 a written delegation of authority by a physician licensed to
22 practice medicine in all of its branches, in accordance with
23 Section 7.5 of the Physician Assistant Practice Act of 1987,
24 (ii) an advanced practice nurse who has been delegated
25 authority to prescribe through a written delegation of
26 authority by a physician licensed to practice medicine in all

1 of its branches or by a podiatric physician, in accordance with
2 Section 65-40 of the Nurse Practice Act, (iii) an advanced
3 practice nurse certified as a nurse practitioner, nurse
4 midwife, or clinical nurse specialist who has been granted
5 authority to prescribe by a hospital affiliate in accordance
6 with Section 65-45 of the Nurse Practice Act, (iv) an animal
7 euthanasia agency, or (v) a prescribing psychologist.

8 (aa) "Narcotic drug" means any of the following, whether
9 produced directly or indirectly by extraction from substances
10 of vegetable origin, or independently by means of chemical
11 synthesis, or by a combination of extraction and chemical
12 synthesis:

13 (1) opium, opiates, derivatives of opium and opiates,
14 including their isomers, esters, ethers, salts, and salts
15 of isomers, esters, and ethers, whenever the existence of
16 such isomers, esters, ethers, and salts is possible within
17 the specific chemical designation; however the term
18 "narcotic drug" does not include the isoquinoline
19 alkaloids of opium;

20 (2) (blank);

21 (3) opium poppy and poppy straw;

22 (4) coca leaves, except coca leaves and extracts of
23 coca leaves from which substantially all of the cocaine and
24 ecgonine, and their isomers, derivatives and salts, have
25 been removed;

26 (5) cocaine, its salts, optical and geometric isomers,

1 and salts of isomers;

2 (6) ecgonine, its derivatives, their salts, isomers,
3 and salts of isomers;

4 (7) any compound, mixture, or preparation which
5 contains any quantity of any of the substances referred to
6 in subparagraphs (1) through (6).

7 (bb) "Nurse" means a registered nurse licensed under the
8 Nurse Practice Act.

9 (cc) (Blank).

10 (dd) "Opiate" means any substance having an addiction
11 forming or addiction sustaining liability similar to morphine
12 or being capable of conversion into a drug having addiction
13 forming or addiction sustaining liability.

14 (ee) "Opium poppy" means the plant of the species *Papaver*
15 *somniferum* L., except its seeds.

16 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
17 solution or other liquid form of medication intended for
18 administration by mouth, but the term does not include a form
19 of medication intended for buccal, sublingual, or transmucosal
20 administration.

21 (ff) "Parole and Pardon Board" means the Parole and Pardon
22 Board of the State of Illinois or its successor agency.

23 (gg) "Person" means any individual, corporation,
24 mail-order pharmacy, government or governmental subdivision or
25 agency, business trust, estate, trust, partnership or
26 association, or any other entity.

1 (hh) "Pharmacist" means any person who holds a license or
2 certificate of registration as a registered pharmacist, a local
3 registered pharmacist or a registered assistant pharmacist
4 under the Pharmacy Practice Act.

5 (ii) "Pharmacy" means any store, ship or other place in
6 which pharmacy is authorized to be practiced under the Pharmacy
7 Practice Act.

8 (ii-5) "Pharmacy shopping" means the conduct prohibited
9 under subsection (b) of Section 314.5 of this Act.

10 (ii-10) "Physician" (except when the context otherwise
11 requires) means a person licensed to practice medicine in all
12 of its branches.

13 (jj) "Poppy straw" means all parts, except the seeds, of
14 the opium poppy, after mowing.

15 (kk) "Practitioner" means a physician licensed to practice
16 medicine in all its branches, dentist, optometrist, podiatric
17 physician, veterinarian, scientific investigator, pharmacist,
18 physician assistant, advanced practice nurse, licensed
19 practical nurse, registered nurse, hospital, laboratory, or
20 pharmacy, or other person licensed, registered, or otherwise
21 lawfully permitted by the United States or this State to
22 distribute, dispense, conduct research with respect to,
23 administer or use in teaching or chemical analysis, a
24 controlled substance in the course of professional practice or
25 research.

26 (ll) "Pre-printed prescription" means a written

1 prescription upon which the designated drug has been indicated
2 prior to the time of issuance; the term does not mean a written
3 prescription that is individually generated by machine or
4 computer in the prescriber's office.

5 (mm) "Prescriber" means a physician licensed to practice
6 medicine in all its branches, dentist, optometrist,
7 prescribing psychologist licensed under Section 4.2 of the
8 Clinical Psychologist Licensing Act with prescriptive
9 authority delegated under Section 4.3 of the Clinical
10 Psychologist Licensing Act, podiatric physician, or
11 veterinarian who issues a prescription, a physician assistant
12 who issues a prescription for a controlled substance in
13 accordance with Section 303.05, a written delegation, and a
14 written collaborative ~~supervision~~ agreement required under
15 Section 7.5 of the Physician Assistant Practice Act of 1987, an
16 advanced practice nurse with prescriptive authority delegated
17 under Section 65-40 of the Nurse Practice Act and in accordance
18 with Section 303.05, a written delegation, and a written
19 collaborative agreement under Section 65-35 of the Nurse
20 Practice Act, or an advanced practice nurse certified as a
21 nurse practitioner, nurse midwife, or clinical nurse
22 specialist who has been granted authority to prescribe by a
23 hospital affiliate in accordance with Section 65-45 of the
24 Nurse Practice Act and in accordance with Section 303.05.

25 (nn) "Prescription" means a written, facsimile, or oral
26 order, or an electronic order that complies with applicable

1 federal requirements, of a physician licensed to practice
2 medicine in all its branches, dentist, podiatric physician or
3 veterinarian for any controlled substance, of an optometrist in
4 accordance with Section 15.1 of the Illinois Optometric
5 Practice Act of 1987, of a prescribing psychologist licensed
6 under Section 4.2 of the Clinical Psychologist Licensing Act
7 with prescriptive authority delegated under Section 4.3 of the
8 Clinical Psychologist Licensing Act, of a physician assistant
9 for a controlled substance in accordance with Section 303.05, a
10 written delegation, and a written collaborative ~~supervision~~
11 agreement required under Section 7.5 of the Physician Assistant
12 Practice Act of 1987, of an advanced practice nurse with
13 prescriptive authority delegated under Section 65-40 of the
14 Nurse Practice Act who issues a prescription for a controlled
15 substance in accordance with Section 303.05, a written
16 delegation, and a written collaborative agreement under
17 Section 65-35 of the Nurse Practice Act, or of an advanced
18 practice nurse certified as a nurse practitioner, nurse
19 midwife, or clinical nurse specialist who has been granted
20 authority to prescribe by a hospital affiliate in accordance
21 with Section 65-45 of the Nurse Practice Act and in accordance
22 with Section 303.05 when required by law.

23 (nn-5) "Prescription Information Library" (PIL) means an
24 electronic library that contains reported controlled substance
25 data.

26 (nn-10) "Prescription Monitoring Program" (PMP) means the

1 entity that collects, tracks, and stores reported data on
2 controlled substances and select drugs pursuant to Section 316.

3 (oo) "Production" or "produce" means manufacture,
4 planting, cultivating, growing, or harvesting of a controlled
5 substance other than methamphetamine.

6 (pp) "Registrant" means every person who is required to
7 register under Section 302 of this Act.

8 (qq) "Registry number" means the number assigned to each
9 person authorized to handle controlled substances under the
10 laws of the United States and of this State.

11 (qq-5) "Secretary" means, as the context requires, either
12 the Secretary of the Department or the Secretary of the
13 Department of Financial and Professional Regulation, and the
14 Secretary's designated agents.

15 (rr) "State" includes the State of Illinois and any state,
16 district, commonwealth, territory, insular possession thereof,
17 and any area subject to the legal authority of the United
18 States of America.

19 (rr-5) "Stimulant" means any drug that (i) causes an
20 overall excitation of central nervous system functions, (ii)
21 causes impaired consciousness and awareness, and (iii) can be
22 habit-forming or lead to a substance abuse problem, including
23 but not limited to amphetamines and their analogs,
24 methylphenidate and its analogs, cocaine, and phencyclidine
25 and its analogs.

26 (ss) "Ultimate user" means a person who lawfully possesses

1 a controlled substance for his or her own use or for the use of
2 a member of his or her household or for administering to an
3 animal owned by him or her or by a member of his or her
4 household.

5 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
6 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff.
7 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480,
8 eff. 9-9-15; 99-642, eff. 7-28-16.)

9 (720 ILCS 570/303.05)

10 Sec. 303.05. Mid-level practitioner registration.

11 (a) The Department of Financial and Professional
12 Regulation shall register licensed physician assistants,
13 licensed advanced practice nurses, and prescribing
14 psychologists licensed under Section 4.2 of the Clinical
15 Psychologist Licensing Act to prescribe and dispense
16 controlled substances under Section 303 and euthanasia
17 agencies to purchase, store, or administer animal euthanasia
18 drugs under the following circumstances:

19 (1) with respect to physician assistants,

20 (A) the physician assistant has been delegated
21 written authority to prescribe any Schedule III
22 through V controlled substances by a physician
23 licensed to practice medicine in all its branches in
24 accordance with Section 7.5 of the Physician Assistant
25 Practice Act of 1987; and the physician assistant has

1 completed the appropriate application forms and has
2 paid the required fees as set by rule; or

3 (B) the physician assistant has been delegated
4 authority by a collaborating ~~supervising~~ physician
5 licensed to practice medicine in all its branches to
6 prescribe or dispense Schedule II controlled
7 substances through a written delegation of authority
8 and under the following conditions:

9 (i) Specific Schedule II controlled substances
10 by oral dosage or topical or transdermal
11 application may be delegated, provided that the
12 delegated Schedule II controlled substances are
13 routinely prescribed by the collaborating
14 ~~supervising~~ physician. This delegation must
15 identify the specific Schedule II controlled
16 substances by either brand name or generic name.
17 Schedule II controlled substances to be delivered
18 by injection or other route of administration may
19 not be delegated;

20 (ii) any delegation must be of controlled
21 substances prescribed by the collaborating
22 ~~supervising~~ physician;

23 (iii) all prescriptions must be limited to no
24 more than a 30-day supply, with any continuation
25 authorized only after prior approval of the
26 collaborating ~~supervising~~ physician;

1 (iv) the physician assistant must discuss the
2 condition of any patients for whom a controlled
3 substance is prescribed monthly with the
4 delegating physician;

5 (v) the physician assistant must have
6 completed the appropriate application forms and
7 paid the required fees as set by rule;

8 (vi) the physician assistant must provide
9 evidence of satisfactory completion of 45 contact
10 hours in pharmacology from any physician assistant
11 program accredited by the Accreditation Review
12 Commission on Education for the Physician
13 Assistant (ARC-PA), or its predecessor agency, for
14 any new license issued with Schedule II authority
15 after the effective date of this amendatory Act of
16 the 97th General Assembly; and

17 (vii) the physician assistant must annually
18 complete at least 5 hours of continuing education
19 in pharmacology;

20 (2) with respect to advanced practice nurses,

21 (A) the advanced practice nurse has been delegated
22 authority to prescribe any Schedule III through V
23 controlled substances by a collaborating physician
24 licensed to practice medicine in all its branches or a
25 collaborating podiatric physician in accordance with
26 Section 65-40 of the Nurse Practice Act. The advanced

1 practice nurse has completed the appropriate
2 application forms and has paid the required fees as set
3 by rule; or

4 (B) the advanced practice nurse has been delegated
5 authority by a collaborating physician licensed to
6 practice medicine in all its branches or collaborating
7 podiatric physician to prescribe or dispense Schedule
8 II controlled substances through a written delegation
9 of authority and under the following conditions:

10 (i) specific Schedule II controlled substances
11 by oral dosage or topical or transdermal
12 application may be delegated, provided that the
13 delegated Schedule II controlled substances are
14 routinely prescribed by the collaborating
15 physician or podiatric physician. This delegation
16 must identify the specific Schedule II controlled
17 substances by either brand name or generic name.
18 Schedule II controlled substances to be delivered
19 by injection or other route of administration may
20 not be delegated;

21 (ii) any delegation must be of controlled
22 substances prescribed by the collaborating
23 physician or podiatric physician;

24 (iii) all prescriptions must be limited to no
25 more than a 30-day supply, with any continuation
26 authorized only after prior approval of the

1 collaborating physician or podiatric physician;

2 (iv) the advanced practice nurse must discuss
3 the condition of any patients for whom a controlled
4 substance is prescribed monthly with the
5 delegating physician or podiatric physician or in
6 the course of review as required by Section 65-40
7 of the Nurse Practice Act;

8 (v) the advanced practice nurse must have
9 completed the appropriate application forms and
10 paid the required fees as set by rule;

11 (vi) the advanced practice nurse must provide
12 evidence of satisfactory completion of at least 45
13 graduate contact hours in pharmacology for any new
14 license issued with Schedule II authority after
15 the effective date of this amendatory Act of the
16 97th General Assembly; and

17 (vii) the advanced practice nurse must
18 annually complete 5 hours of continuing education
19 in pharmacology;

20 (2.5) with respect to advanced practice nurses
21 certified as nurse practitioners, nurse midwives, or
22 clinical nurse specialists practicing in a hospital
23 affiliate,

24 (A) the advanced practice nurse certified as a
25 nurse practitioner, nurse midwife, or clinical nurse
26 specialist has been granted authority to prescribe any

1 Schedule II through V controlled substances by the
2 hospital affiliate upon the recommendation of the
3 appropriate physician committee of the hospital
4 affiliate in accordance with Section 65-45 of the Nurse
5 Practice Act, has completed the appropriate
6 application forms, and has paid the required fees as
7 set by rule; and

8 (B) an advanced practice nurse certified as a nurse
9 practitioner, nurse midwife, or clinical nurse
10 specialist has been granted authority to prescribe any
11 Schedule II controlled substances by the hospital
12 affiliate upon the recommendation of the appropriate
13 physician committee of the hospital affiliate, then
14 the following conditions must be met:

15 (i) specific Schedule II controlled substances
16 by oral dosage or topical or transdermal
17 application may be designated, provided that the
18 designated Schedule II controlled substances are
19 routinely prescribed by advanced practice nurses
20 in their area of certification; this grant of
21 authority must identify the specific Schedule II
22 controlled substances by either brand name or
23 generic name; authority to prescribe or dispense
24 Schedule II controlled substances to be delivered
25 by injection or other route of administration may
26 not be granted;

1 (ii) any grant of authority must be controlled
2 substances limited to the practice of the advanced
3 practice nurse;

4 (iii) any prescription must be limited to no
5 more than a 30-day supply;

6 (iv) the advanced practice nurse must discuss
7 the condition of any patients for whom a controlled
8 substance is prescribed monthly with the
9 appropriate physician committee of the hospital
10 affiliate or its physician designee; and

11 (v) the advanced practice nurse must meet the
12 education requirements of this Section;

13 (3) with respect to animal euthanasia agencies, the
14 euthanasia agency has obtained a license from the
15 Department of Financial and Professional Regulation and
16 obtained a registration number from the Department; or

17 (4) with respect to prescribing psychologists, the
18 prescribing psychologist has been delegated authority to
19 prescribe any nonnarcotic Schedule III through V
20 controlled substances by a collaborating physician
21 licensed to practice medicine in all its branches in
22 accordance with Section 4.3 of the Clinical Psychologist
23 Licensing Act, and the prescribing psychologist has
24 completed the appropriate application forms and has paid
25 the required fees as set by rule.

26 (b) The mid-level practitioner shall only be licensed to

1 prescribe those schedules of controlled substances for which a
2 licensed physician or licensed podiatric physician has
3 delegated prescriptive authority, except that an animal
4 euthanasia agency does not have any prescriptive authority. A
5 physician assistant and an advanced practice nurse are
6 prohibited from prescribing medications and controlled
7 substances not set forth in the required written delegation of
8 authority.

9 (c) Upon completion of all registration requirements,
10 physician assistants, advanced practice nurses, and animal
11 euthanasia agencies may be issued a mid-level practitioner
12 controlled substances license for Illinois.

13 (d) A collaborating physician or podiatric physician may,
14 but is not required to, delegate prescriptive authority to an
15 advanced practice nurse as part of a written collaborative
16 agreement, and the delegation of prescriptive authority shall
17 conform to the requirements of Section 65-40 of the Nurse
18 Practice Act.

19 (e) A collaborating ~~supervising~~ physician may, but is not
20 required to, delegate prescriptive authority to a physician
21 assistant as part of a written collaborative ~~supervision~~
22 agreement, and the delegation of prescriptive authority shall
23 conform to the requirements of Section 7.5 of the Physician
24 Assistant Practice Act of 1987.

25 (f) Nothing in this Section shall be construed to prohibit
26 generic substitution.

1 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
2 99-173, eff. 7-29-15.)

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.