



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB3352

Introduced 2/24/2011, by Rep. Dan Reitz

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987 to reenact certain provisions of Public Act 94-677, which was declared to be unconstitutional. Includes explanatory, validation, and severability provisions. Makes certain changes relating to the reenactment. Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from November 30, 2011 until December 31, 2021. Further amends the Medical Practice Act of 1987. Makes changes in provisions concerning definitions; civil penalties for unlicensed practice; exemptions; the Medical Disciplinary Board; the Complaint Committee; the Medical Licensing Board; matters concerning advanced practice nurses; applications for licenses; criminal background checks; education standards; temporary licenses; visiting professor, physician, or resident permits; licensure without examination; continuing education; license renewal and fees; disciplinary action; reports related to professional conduct and capacity; license suspension; advertising; purchasing and dispensing legend drugs; hearing officers; hearings and notice; disclosure of information; reports of the Disciplinary Board's findings and recommendations; certification of record; prima facie proof; restoration of licenses; authority of the Director and the Department; criminal penalties; and public nuisances. Repeals a Section of the Medical Practice Act of 1987 concerning the practice of medicine by persons licensed in any other state who have applied to the Department for a license to practice medicine in all of its branches. Makes other changes. Effective immediately.

LRB097 09991 CEL 50161 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning professional regulation.

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

4 Section 1. Findings; purpose; text and revisory changes;
5 validation; additional material.

6 (a) The Illinois Supreme Court, in *Lebron v. Gottlieb*
7 *Memorial Hospital*, found that the limitations on noneconomic
8 damages in medical malpractice actions that were created in
9 Public Act 94-677, contained in Section 2-1706.5 of the Code of
10 Civil Procedure, violate the separation of powers clause of the
11 Illinois Constitution. Because Public Act 94-677 contained an
12 inseverability provision, the Court held the Act to be void in
13 its entirety. The Court emphasized, however, that "because the
14 other provisions contained in Public Act 94-677 are deemed
15 invalid solely on inseverability grounds, the legislature
16 remains free to reenact any provisions it deems appropriate".

17 (b) It is the purpose of this Act to reenact certain
18 provisions of Public Act 94-677 that did not involve
19 limitations on noneconomic damages in medical malpractice
20 actions, to validate certain actions taken in reliance on those
21 provisions, and to make certain additional changes to the
22 statutes.

23 (c) This Act reenacts Sections 7, 22, 23, 24, 24.1, and 36
24 of the Medical Practice Act of 1987. This Act does not reenact

1 any other provisions of Public Act 94-677.

2 In this Act, the base text of the reenacted Sections
3 includes the text as it existed at the time of the Supreme
4 Court's decision, including any amendments that occurred after
5 P.A. 94-677, and also includes amendments that occurred after
6 the decision. Striking and underscoring is used only to show
7 the changes being made by this Act to that base text.

8 (d) All otherwise lawful actions taken in reasonable
9 reliance on or pursuant to the Sections reenacted by this Act,
10 as set forth in Public Act 94-677 or subsequently amended, by
11 any officer, employee, agency, or unit of State or local
12 government or by any other person or entity, are hereby
13 validated.

14 With respect to actions taken in relation to matters
15 arising under the Sections reenacted by this Act, a person is
16 rebuttably presumed to have acted in reasonable reliance on and
17 pursuant to the provisions of Public Act 94-677, as those
18 provisions had been amended at the time the action was taken.

19 With respect to their administration of matters arising
20 under the Sections reenacted by this Act, officers, employees,
21 agencies, and units of State and local government shall
22 continue to apply the provisions of Public Act 94-677, as those
23 provisions had been amended at the relevant time.

24 (e) This Act also contains material making new substantive
25 changes.

1 Section 5. The Regulatory Sunset Act is amended by changing
2 Sections 4.21 and 4.31 as follows:

3 (5 ILCS 80/4.21)

4 Sec. 4.21. Acts repealed on January 1, 2011 ~~and November~~
5 ~~30, 2011.~~ (a) The following Acts are repealed on January 1,
6 2011: The Fire Equipment Distributor and Employee Regulation
7 Act of 2000. (b) ~~The following Act is repealed on November 30,~~
8 ~~2011: The Medical Practice Act of 1987.~~

9 (Source: P.A. 96-1041, eff. 7-14-10; 96-1492, eff. 12-30-10.)

10 (5 ILCS 80/4.31)

11 Sec. 4.31. Acts ~~Act~~ repealed on January 1, 2021. The
12 following Acts are ~~Act is~~ repealed on January 1, 2021:

13 The Crematory Regulation Act.

14 The Cemetery Oversight Act.

15 The Illinois Health Information Exchange and Technology
16 Act.

17 The Medical Practice Act of 1987.

18 The Radiation Protection Act of 1990.

19 (Source: P.A. 96-1041, eff. 7-14-10; 96-1331, eff. 7-27-10;
20 incorporates P.A. 96-863, eff. 3-1-10; revised 9-9-10.)

21 Section 10. The Medical Practice Act of 1987 is amended by
22 changing Sections 2, 3.5, 4, 7.5, 8, 8.1, 9, 9.7, 11, 15, 17,
23 18, 19, 20, 21, 25, 26, 33, 35, 37, 38, 40, 41, 42, 43, 44, 47,

1 59, and 61, by reenacting and changing Sections 7, 22, and 23,
2 by reenacting Sections 24, 24.1, and 36 as follows:

3 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

4 (Section scheduled to be repealed on November 30, 2011)

5 Sec. 2. Definitions. For purposes of this Act, the
6 following definitions shall have the following meanings,
7 except where the context requires otherwise:

8 ~~1.~~ "Act" means the Medical Practice Act of 1987.

9 "Address of record" means the designated address recorded
10 by the Department in the applicant's or licensee's application
11 file or license file as maintained by the Department's
12 licensure maintenance unit. It is the duty of the applicant or
13 licensee to inform the Department of any change of address and
14 those changes must be made either through the Department's
15 website or by contacting the Department.

16 ~~2.~~ "Department" means the Department of Financial and
17 Professional Regulation.

18 ~~3.~~ ~~"Director" means the Director of Professional~~
19 ~~Regulation.~~

20 ~~4.~~ "Disciplinary Action" means revocation, suspension,
21 probation, supervision, practice modification, reprimand,
22 required education, fines or any other action taken by the
23 Department against a person holding a license.

24 ~~5.~~ "Disciplinary Board" means the Medical Disciplinary
25 Board.

1 ~~6.~~ "Final Determination" means the governing body's final
2 action taken under the procedure followed by a health care
3 institution, or professional association or society, against
4 any person licensed under the Act in accordance with the bylaws
5 or rules and regulations of such health care institution, or
6 professional association or society.

7 ~~7.~~ "Fund" means the Medical Disciplinary Fund.

8 ~~8.~~ "Impaired" means the inability to practice medicine with
9 reasonable skill and safety due to physical or mental
10 disabilities as evidenced by a written determination or written
11 consent based on clinical evidence including deterioration
12 through the aging process or loss of motor skill, or abuse of
13 drugs or alcohol, of sufficient degree to diminish a person's
14 ability to deliver competent patient care.

15 ~~9.~~ "Licensing Board" means the Medical Licensing Board.

16 ~~10.~~ "Physician" means a person licensed under the Medical
17 Practice Act to practice medicine in all of its branches or a
18 chiropractic physician licensed to treat human ailments
19 without the use of drugs and without operative surgery.

20 ~~11.~~ "Professional Association" means an association or
21 society of persons licensed under this Act, and operating
22 within the State of Illinois, including but not limited to,
23 medical societies, osteopathic organizations, and chiropractic
24 organizations, but this term shall not be deemed to include
25 hospital medical staffs.

26 ~~12.~~ "Program of Care, Counseling, or Treatment" means a

1 written schedule of organized treatment, care, counseling,
2 activities, or education, satisfactory to the Disciplinary
3 Board, designed for the purpose of restoring an impaired person
4 to a condition whereby the impaired person can practice
5 medicine with reasonable skill and safety of a sufficient
6 degree to deliver competent patient care.

7 "Secretary" means the Secretary of the Department of
8 Financial and Professional Regulation.

9 (Source: P.A. 85-1209; 85-1245; 85-1440.)

10 (225 ILCS 60/3.5)

11 (Section scheduled to be repealed on November 30, 2011)

12 Sec. 3.5. Unlicensed practice; violation; civil penalty.

13 (a) Any person who practices, offers to practice, attempts
14 to practice, or holds oneself out to practice as a physician
15 without being licensed under this Act shall, in addition to any
16 other penalty provided by law, pay a civil penalty to the
17 Department in an amount not to exceed \$10,000 ~~\$5,000~~ for each
18 offense as determined by the Department. The civil penalty
19 shall be assessed by the Department after a hearing is held in
20 accordance with the provisions set forth in this Act regarding
21 the provision of a hearing for the discipline of a licensee.

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

24 (c) The civil penalty shall be paid within 60 days after
25 the effective date of the order imposing the civil penalty. The

1 order shall constitute a judgment and may be filed and
2 execution had thereon in the same manner as any judgment from
3 any court of record.

4 (Source: P.A. 89-474, eff. 6-18-96.)

5 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

6 (Section scheduled to be repealed on November 30, 2011)

7 Sec. 4. Exemptions. ~~(a)~~ This Act does not apply to the
8 following:

9 (1) persons lawfully carrying on their particular
10 profession or business under any valid existing regulatory
11 Act of this State;

12 (2) persons rendering gratuitous services in cases of
13 emergency; or

14 (3) persons treating human ailments by prayer or
15 spiritual means as an exercise or enjoyment of religious
16 freedom. ~~;~~ ~~or~~

17 ~~(4) persons practicing the specified occupations set~~
18 ~~forth in in subsection (a) of, and pursuant to a licensing~~
19 ~~exemption granted in subsection (b) or (d) of, Section~~
20 ~~2105-350 of the Department of Professional Regulation Law~~
21 ~~of the Civil Administrative Code of Illinois, but only for~~
22 ~~so long as the 2016 Olympic and Paralympic Games~~
23 ~~Professional Licensure Exemption Law is operable.~~

24 ~~(b) (Blank).~~

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

1 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

2 (Section scheduled to be repealed on November 30, 2011)

3 (Text of Section WITH the changes made by P.A. 94-677,
4 which has been held unconstitutional)

5 Sec. 7. Medical Disciplinary Board.

6 (A) There is hereby created the Illinois State Medical
7 Disciplinary Board ~~(hereinafter referred to as the~~
8 ~~"Disciplinary Board")~~. The Disciplinary Board shall consist of
9 11 members, to be appointed by the Governor by and with the
10 advice and consent of the Senate. All members shall be
11 residents of the State, not more than 6 of whom shall be
12 members of the same political party. All members shall be
13 voting members. Five members shall be physicians licensed to
14 practice medicine in all of its branches in Illinois possessing
15 the degree of doctor of medicine, and it shall be the goal that
16 at least one of the members practice in the field of
17 neurosurgery, one of the members practice in the field of
18 obstetrics and gynecology, and one of the members practice in
19 the field of cardiology. One member shall be a physician
20 licensed to practice medicine all its branches in Illinois
21 possessing the degree of doctor of osteopathy or osteopathic
22 medicine. One member shall be a chiropractic physician licensed
23 to treat human ailments without the use of drugs and without
24 operative surgery ~~practice~~ in Illinois and possessing the
25 degree of doctor of chiropractic. Four members shall be members

1 of the public, who shall not be engaged in any way, directly or
2 indirectly, as providers of health care.

3 (B) Members of the Disciplinary Board shall be appointed
4 for terms of 4 years. Upon the expiration of the term of any
5 member, their successor shall be appointed for a term of 4
6 years by the Governor by and with the advice and consent of the
7 Senate. The Governor shall fill any vacancy for the remainder
8 of the unexpired term ~~by and~~ with the advice and consent of the
9 Senate. Upon recommendation of the Board, any member of the
10 Disciplinary Board may be removed by the Governor for
11 misfeasance, malfeasance, or wilful neglect of duty, after
12 notice, and a public hearing, unless such notice and hearing
13 shall be expressly waived in writing. Each member shall serve
14 on the Disciplinary Board until their successor is appointed
15 and qualified. No member of the Disciplinary Board shall serve
16 more than 2 consecutive 4 year terms.

17 In making appointments the Governor shall attempt to insure
18 that the various social and geographic regions of the State of
19 Illinois are properly represented.

20 In making the designation of persons to act for the several
21 professions represented on the Disciplinary Board, the
22 Governor shall give due consideration to recommendations by
23 members of the respective professions and by organizations
24 therein.

25 (C) The Disciplinary Board shall annually elect one of its
26 voting members as chairperson and one as vice chairperson. No

1 officer shall be elected more than twice in succession to the
2 same office. Each officer shall serve until their successor has
3 been elected and qualified.

4 (D) (Blank).

5 (E) Six voting members of the Disciplinary Board, at least
6 4 of whom are physicians, shall constitute a quorum. A vacancy
7 in the membership of the Disciplinary Board shall not impair
8 the right of a quorum to exercise all the rights and perform
9 all the duties of the Disciplinary Board. Any action taken by
10 the Disciplinary Board under this Act may be authorized by
11 resolution at any regular or special meeting and each such
12 resolution shall take effect immediately. The Disciplinary
13 Board shall meet at least quarterly. The Disciplinary Board is
14 empowered to adopt all rules and regulations necessary and
15 incident to the powers granted to it under this Act.

16 (F) Each member, and member-officer, of the Disciplinary
17 Board shall receive a per diem stipend as the Secretary ~~of the~~
18 ~~Department, hereinafter referred to as the Secretary,~~ shall
19 determine. ~~The Secretary shall also determine the per diem~~
20 ~~stipend that each ex-officio member shall receive.~~ Each member
21 shall be paid their necessary expenses while engaged in the
22 performance of their duties.

23 (G) The Secretary shall select a Chief Medical Coordinator
24 and not less than 2 Deputy Medical Coordinators who shall not
25 be members of the Disciplinary Board. Each medical coordinator
26 shall be a physician licensed to practice medicine in all of

1 its branches, and the Secretary shall set their rates of
2 compensation. The Secretary shall assign at least one medical
3 coordinator to a region composed of Cook County and such other
4 counties as the Secretary may deem appropriate, and such
5 medical coordinator or coordinators shall locate their office
6 in Chicago. The Secretary shall assign at least one medical
7 coordinator to a region composed of the balance of counties in
8 the State, and such medical coordinator or coordinators shall
9 locate their office in Springfield. Each medical coordinator
10 shall be the chief enforcement officer of this Act in his or
11 her assigned region and shall serve at the will of the
12 Disciplinary Board.

13 The Secretary shall employ, in conformity with the
14 Personnel Code, not less than one full time investigator for
15 every 2,500 physicians licensed in the State. Each investigator
16 shall be a college graduate with at least 2 years of ~~years~~
17 investigative experience or one year advanced medical
18 education. Upon the written request of the Disciplinary Board,
19 the Secretary shall employ, in conformity with the Personnel
20 Code, such other professional, technical, investigative, and
21 clerical help, either on a full or part-time basis as the
22 Disciplinary Board deems necessary for the proper performance
23 of its duties.

24 (H) Upon the specific request of the Disciplinary Board,
25 signed by either the chairperson ~~chairman~~, vice chairperson
26 ~~chairman~~, or a medical coordinator of the Disciplinary Board,

1 the Department of Human Services or the Department of State
2 Police shall make available any and all information that they
3 have in their possession regarding a particular case then under
4 investigation by the Disciplinary Board.

5 (I) Members of the Disciplinary Board shall be immune from
6 suit in any action based upon any disciplinary proceedings or
7 other acts performed in good faith as members of the
8 Disciplinary Board.

9 (J) The Disciplinary Board may compile and establish a
10 statewide roster of physicians and other medical
11 professionals, including the several medical specialties, of
12 such physicians and medical professionals, who have agreed to
13 serve from time to time as advisors to the medical
14 coordinators. Such advisors shall assist the medical
15 coordinators or the Disciplinary Board in their investigations
16 and participation in complaints against physicians. Such
17 advisors shall serve under contract and shall be reimbursed at
18 a reasonable rate for the services provided, plus reasonable
19 expenses incurred. While serving in this capacity, the advisor,
20 for any act undertaken in good faith and in the conduct of his
21 or her ~~their~~ duties under this Section, shall be immune from
22 civil suit.

23 (Source: P.A. 93-138, eff. 7-10-03; 94-677, eff. 8-25-05.)

24 (225 ILCS 60/7.5)

25 (Section scheduled to be repealed on November 30, 2011)

1 Sec. 7.5. Complaint Committee.

2 (a) There shall be a Complaint Committee of the
3 Disciplinary Board composed of at least one of the medical
4 coordinators established by subsection (G) ~~(g)~~ of Section 7 of
5 this Act, the Chief of Medical Investigations (person employed
6 by the Department who is in charge of investigating complaints
7 against physicians and physician assistants), and at least 3
8 voting members of the Disciplinary Board (at least 2 of whom
9 shall be physicians) designated by the Chairperson ~~Chairman~~ of
10 the ~~Medical~~ Disciplinary Board with the approval of the
11 Disciplinary Board. The Disciplinary Board members so
12 appointed shall serve one-year terms and may be eligible for
13 reappointment for subsequent terms.

14 (b) The Complaint Committee shall meet at least twice a
15 month to exercise its functions and duties set forth in
16 subsection (c) below. At least 2 members of the Disciplinary
17 Board shall be in attendance in order for any business to be
18 transacted by the Complaint Committee. The Complaint Committee
19 shall make every effort to consider expeditiously and take
20 prompt action on each item on its agenda.

21 (c) The Complaint Committee shall have the following duties
22 and functions:

23 (1) To recommend to the Disciplinary Board that a
24 complaint file be closed.

25 (2) To refer a complaint file to the office of the
26 Chief of Medical Prosecutions (person employed by the

1 Department who is in charge of prosecuting formal
2 complaints against licensees) for review.

3 (3) To make a decision in conjunction with the Chief of
4 Medical Prosecutions regarding action to be taken on a
5 complaint file.

6 (d) In determining what action to take or whether to
7 proceed with prosecution of a complaint, the Complaint
8 Committee shall consider, but not be limited to, the following
9 factors: sufficiency of the evidence presented, prosecutorial
10 merit under Section 22 of this Act, any recommendation made by
11 the Department, and insufficient cooperation from complaining
12 parties.

13 (Source: P.A. 93-214, eff. 1-1-04.)

14 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

15 (Section scheduled to be repealed on November 30, 2011)

16 Sec. 8. Medical Licensing Board.

17 (A) There is hereby created a Medical Licensing Board
18 ~~(hereinafter referred to as the "Licensing Board")~~. The
19 Licensing Board shall be composed of 7 members, to be appointed
20 by the Governor by and with the advice and consent of the
21 Senate; 5 of whom shall be reputable physicians licensed to
22 practice medicine in all of its branches in Illinois,
23 possessing the degree of doctor of medicine; one member shall
24 be a reputable physician licensed in Illinois to practice
25 medicine in all of its branches, possessing the degree of

1 doctor of osteopathy or osteopathic medicine; and one member
2 shall be a reputable physician licensed to treat human ailments
3 without the use of drugs and without operative surgery practice
4 in Illinois and possessing the degree of doctor of
5 chiropractic. Of the 5 members holding the degree of doctor of
6 medicine, one shall be a full-time or part-time teacher of
7 professorial rank in the clinical department of an Illinois
8 school of medicine.

9 (B) Members of the Licensing Board shall be appointed for
10 terms of 4 years, and until their successors are appointed and
11 qualified. Appointments to fill vacancies shall be made in the
12 same manner as original appointments, for the unexpired portion
13 of the vacated term. No more than 4 members of the Licensing
14 Board shall be members of the same political party and all
15 members shall be residents of this State. No member of the
16 Licensing Board may be appointed to more than 2 successive 4
17 year terms. ~~This limitation shall only apply to individuals~~
18 ~~appointed to the Licensing Board after the effective date of~~
19 ~~this Act.~~

20 (C) Members of the Licensing Board shall be immune from
21 suit in any action based upon any licensing proceedings or
22 other acts performed in good faith as members of the Licensing
23 Board.

24 (D) (Blank).

25 (E) The Licensing Board shall annually elect one of its
26 members as chairperson and one as vice chairperson. No member

1 shall be elected more than twice in succession to the same
2 office. Each officer shall serve until his or her ~~their~~
3 successor has been elected and qualified.

4 (F) None of the functions, powers or duties of the
5 Department with respect to policies regarding licensure and
6 examination under this Act, including the promulgation of such
7 rules as may be necessary for the administration of this Act,
8 shall be exercised by the Department except upon review of the
9 Licensing Board.

10 (G) The Licensing Board shall receive the same compensation
11 as the members of the ~~Medical~~ Disciplinary Board, which
12 compensation shall be paid out of the Illinois State Medical
13 Disciplinary Fund.

14 (Source: P.A. 89-702, eff. 7-1-97.)

15 (225 ILCS 60/8.1)

16 (Section scheduled to be repealed on November 30, 2011)

17 Sec. 8.1. Matters concerning advanced practice nurses. Any
18 proposed rules, amendments, second notice materials and
19 adopted rule or amendment materials, and policy statements
20 concerning advanced practice nurses shall be presented to the
21 ~~Medical~~ Licensing Board for review and comment. The
22 recommendations of both the Board of Nursing and the ~~Medical~~
23 Licensing Board shall be presented to the Secretary for
24 consideration in making final decisions. Whenever the Board of
25 Nursing and the ~~Medical~~ Licensing Board disagree on a proposed

1 rule or policy, the Secretary shall convene a joint meeting of
2 the officers of each Board to discuss the resolution of any
3 such disagreements.

4 (Source: P.A. 95-639, eff. 10-5-07.)

5 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

6 (Section scheduled to be repealed on November 30, 2011)

7 Sec. 9. Application for license. Each applicant for a
8 license shall:

9 (A) Make application on blank forms prepared and
10 furnished by the Department ~~of Professional Regulation~~
11 ~~hereinafter referred to as the Department.~~

12 (B) Submit evidence satisfactory to the Department
13 that the applicant:

14 (1) is of good moral character. The Department
15 shall deny the license of an applicant who fails to
16 submit evidence satisfactory to the Department that
17 the applicant is of good moral character. In
18 determining moral character under this Section, the
19 Department may take into consideration whether the
20 applicant has engaged in conduct or activities which
21 would constitute grounds for discipline under this
22 Act. The Department may also request the applicant to
23 submit, and may consider as evidence of moral
24 character, endorsements from 2 or 3 individuals
25 licensed under this Act;

1 (2) has the preliminary and professional education
2 required by this Act;

3 (3) (blank); and

4 (4) is physically, mentally, and professionally
5 capable of practicing medicine with reasonable
6 judgment, skill, and safety. In determining physical,
7 mental and professional capacity under this Section,
8 the ~~Medical~~ Licensing Board may, upon a showing of a
9 possible incapacity or conduct or activities that
10 would constitute grounds for discipline under this
11 Act, compel any applicant to submit to a mental or
12 physical examination and evaluation, or both, as
13 provided for in Section 22 of this Act. The Licensing
14 Board may condition or restrict any license, subject to
15 the same terms and conditions as are provided for the
16 ~~Medical~~ Disciplinary Board under Section 22 of this
17 Act. Any such condition of a restricted license shall
18 provide that the Chief Medical Coordinator or Deputy
19 Medical Coordinator shall have the authority to review
20 the subject physician's compliance with such
21 conditions or restrictions, including, where
22 appropriate, the physician's record of treatment and
23 counseling regarding the impairment, to the extent
24 permitted by applicable federal statutes and
25 regulations safeguarding the confidentiality of
26 medical records of patients.

1 In determining professional capacity under this
2 Section, an any individual ~~who has not been actively~~
3 ~~engaged in the practice of medicine or as a medical,~~
4 ~~osteopathic, or chiropractic student or who has not been~~
5 ~~engaged in a formal program of medical education during the~~
6 ~~2 years immediately preceding their application~~ may be
7 required to complete such additional testing, training, or
8 remedial education as the Licensing Board may deem
9 necessary in order to establish the applicant's present
10 capacity to practice medicine with reasonable judgment,
11 skill, and safety. The Licensing Board may consider all of
12 the following criteria, as they relate to an applicant, as
13 part of its determination of professional capacity:

14 (1) Medical research in an established research
15 facility, hospital, college or university, or private
16 corporation.

17 (2) Specialized training or education.

18 (3) Publication of original work in learned,
19 medical, or scientific journals.

20 (4) Participation in federal, State, local, or
21 international public health programs or organizations.

22 (5) Professional service in a federal veterans or
23 military institution.

24 (6) Any other professional activities deemed to
25 maintain and enhance the clinical capabilities of the
26 applicant.

1 Any applicant applying for a license to practice
2 medicine in all of its branches or for a license as a
3 chiropractic physician who has not been engaged in the
4 active practice of medicine or has not been enrolled in a
5 medical program for 2 years prior to application must
6 submit proof of professional capacity to the Licensing
7 Board.

8 Any applicant applying for a temporary license that has
9 not been engaged in the active practice of medicine or has
10 not been enrolled in a medical program for longer than 5
11 years prior to application must submit proof of
12 professional capacity to the Licensing Board.

13 (C) Designate specifically the name, location, and
14 kind of professional school, college, or institution of
15 which the applicant is a graduate and the category under
16 which the applicant seeks, and will undertake, to practice.

17 (D) Pay to the Department at the time of application
18 the required fees.

19 (E) Pursuant to Department rules, as required, pass an
20 examination authorized by the Department to determine the
21 applicant's fitness to receive a license.

22 (F) Complete the application process within 3 years
23 from the date of application. If the process has not been
24 completed within 3 years, the application shall expire ~~be~~
25 ~~denied~~, application fees shall be forfeited, and the
26 applicant must reapply and meet the requirements in effect

1 at the time of reapplication.

2 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

3 (225 ILCS 60/9.7)

4 (Section scheduled to be repealed on November 30, 2011)

5 Sec. 9.7. Criminal history records background check. Each
6 applicant for licensure or visiting permit shall have his or
7 her fingerprints submitted to the Department of State Police in
8 an electronic format that complies with the form and manner for
9 requesting and furnishing criminal history record information
10 as prescribed by the Department of State Police. These
11 fingerprints shall be checked against the Department of State
12 Police and Federal Bureau of Investigation criminal history
13 record databases now and hereafter filed. The Department of
14 State Police shall charge applicants a fee for conducting the
15 criminal history records check, which shall be deposited into
16 the State Police Services Fund and shall not exceed the actual
17 cost of the records check. The Department of State Police shall
18 furnish, pursuant to positive identification, records of
19 Illinois convictions to the Department. The Department may
20 require applicants to pay a separate fingerprinting fee, either
21 to the Department or to a Department designated or approved
22 vendor. The Department, in its discretion, may allow an
23 applicant who does not have reasonable access to a designated
24 vendor to provide his or her fingerprints in an alternative
25 manner. The Department may adopt any rules necessary to

1 implement this Section.

2 ~~The Department shall require an applicant for a license under~~
3 ~~Section 19 of this Act to undergo a criminal background check.~~

4 ~~The Department shall adopt rules to implement this Section.~~

5 (Source: P.A. 90-722, eff. 1-1-99.)

6 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

7 (Section scheduled to be repealed on November 30, 2011)

8 Sec. 11. Minimum education standards. The minimum
9 standards of professional education to be enforced by the
10 Department in conducting examinations and issuing licenses
11 shall be as follows:

12 (A) Practice of medicine. For the practice of medicine
13 in all of its branches:

14 (1) For applications for licensure under
15 subsection (D) of Section 19 of this Act:

16 (a) that the applicant is a graduate of a
17 medical or osteopathic college in the United
18 States, its territories or Canada, that the
19 applicant has completed a 2 year course of
20 instruction in a college of liberal arts, or its
21 equivalent, and a course of instruction in a
22 medical or osteopathic college approved by the
23 Department or by a private, not for profit
24 accrediting body approved by the Department, and
25 in addition thereto, a course of postgraduate

1 clinical training of not less than 12 months as
2 approved by the Department; or

3 (b) that the applicant is a graduate of a
4 medical or osteopathic college located outside the
5 United States, its territories or Canada, and that
6 the degree conferred is officially recognized by
7 the country for the purposes of licensure, that the
8 applicant has completed a 2 year course of
9 instruction in a college of liberal arts or its
10 equivalent, and a course of instruction in a
11 medical or osteopathic college approved by the
12 Department, which course shall have been not less
13 than 132 weeks in duration and shall have been
14 completed within a period of not less than 35
15 months, and, in addition thereto, has completed a
16 course of postgraduate clinical training of not
17 less than 12 months, as approved by the Department,
18 and has complied with any other standards
19 established by rule.

20 For the purposes of this subparagraph (b) an
21 applicant is considered to be a graduate of a
22 medical college if the degree which is conferred is
23 officially recognized by that country for the
24 purposes of receiving a license to practice
25 medicine in all of its branches or a document is
26 granted by the medical college which certifies the

1 completion of all formal training requirements
2 including any internship and social service; or

3 (c) that the applicant has studied medicine at
4 a medical or osteopathic college located outside
5 the United States, its territories, or Canada,
6 that the applicant has completed a 2 year course of
7 instruction in a college of liberal arts or its
8 equivalent and all of the formal requirements of a
9 foreign medical school except internship and
10 social service, which course shall have been not
11 less than 132 weeks in duration and shall have been
12 completed within a period of not less than 35
13 months; that the applicant has submitted an
14 application to a medical college accredited by the
15 Liaison Committee on Medical Education and
16 submitted to such evaluation procedures, including
17 use of nationally recognized medical student tests
18 or tests devised by the individual medical
19 college, and that the applicant has satisfactorily
20 completed one academic year of supervised clinical
21 training under the direction of such medical
22 college; and, in addition thereto has completed a
23 course of postgraduate clinical training of not
24 less than 12 months, as approved by the Department,
25 and has complied with any other standards
26 established by rule.

1 (d) Any clinical clerkships must have been
2 completed in compliance with Section 10.3 of the
3 Hospital Licensing Act, as amended.

4 (2) Effective January 1, 1988, for applications
5 for licensure made subsequent to January 1, 1988, under
6 Sections 9 or 17 of this Act by individuals not
7 described in paragraph (3) of subsection (A) of Section
8 11 who graduated after December 31, 1984:

9 (a) that the applicant: (i) graduated from a
10 medical or osteopathic college officially
11 recognized by the jurisdiction in which it is
12 located for the purpose of receiving a license to
13 practice medicine in all of its branches, and the
14 applicant has completed, as defined by the
15 Department, a 6 year postsecondary course of study
16 comprising at least 2 academic years of study in
17 the basic medical sciences; and 2 academic years of
18 study in the clinical sciences, while enrolled in
19 the medical college which conferred the degree,
20 the core rotations of which must have been
21 completed in clinical teaching facilities owned,
22 operated or formally affiliated with the medical
23 college which conferred the degree, or under
24 contract in teaching facilities owned, operated or
25 affiliated with another medical college which is
26 officially recognized by the jurisdiction in which

1 the medical school which conferred the degree is
2 located; or (ii) graduated from a medical or
3 osteopathic college accredited by the Liaison
4 Committee on Medical Education, the Committee on
5 Accreditation of Canadian Medical Schools in
6 conjunction with the Liaison Committee on Medical
7 Education, or the Bureau of Professional Education
8 of the American Osteopathic Association; and,
9 (iii) in addition thereto, has completed 24 months
10 ~~a course~~ of postgraduate clinical training ~~of not~~
11 ~~less than 24 months~~, as approved by the Department;
12 or

13 (b) that the applicant has studied medicine at
14 a medical or osteopathic college located outside
15 the United States, its territories, or Canada,
16 that the applicant, in addition to satisfying the
17 requirements of subparagraph (a), except for the
18 awarding of a degree, has completed all of the
19 formal requirements of a foreign medical school
20 except internship and social service and has
21 submitted an application to a medical college
22 accredited by the Liaison Committee on Medical
23 Education and submitted to such evaluation
24 procedures, including use of nationally recognized
25 medical student tests or tests devised by the
26 individual medical college, and that the applicant

1 has satisfactorily completed one academic year of
2 supervised clinical training under the direction
3 of such medical college; and, in addition thereto,
4 has completed 24 months ~~a course~~ of postgraduate
5 clinical training ~~of not less than 24 months~~, as
6 approved by the Department, and has complied with
7 any other standards established by rule.

8 (3) (Blank).

9 (4) Any person granted a temporary license
10 pursuant to Section 17 of this Act who shall
11 satisfactorily complete a course of postgraduate
12 clinical training and meet all of the requirements for
13 licensure shall be granted a permanent license
14 pursuant to Section 9.

15 (5) Notwithstanding any other provision of this
16 Section an individual holding a temporary license
17 under Section 17 of this Act shall be required to
18 satisfy the undergraduate medical and post-graduate
19 clinical training educational requirements in effect
20 on the date of their application for a temporary
21 license, provided they apply for a license under
22 Section 9 of this Act and satisfy all other
23 requirements of this Section while their temporary
24 license is in effect.

25 (B) Treating human ailments without drugs and without
26 operative surgery. For the practice of treating human

1 ailments without the use of drugs and without operative
2 surgery:

3 (1) For an applicant who was a resident student and
4 who is a graduate after July 1, 1926, of a chiropractic
5 college or institution, that such school, college or
6 institution, at the time of the applicant's graduation
7 required as a prerequisite to admission thereto a 4
8 year course of instruction in a high school, and, as a
9 prerequisite to graduation therefrom, a course of
10 instruction in the treatment of human ailments, of not
11 less than 132 weeks in duration and which shall have
12 been completed within a period of not less than 35
13 months except that as to students matriculating or
14 entering upon a course of chiropractic study during the
15 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
16 1947, such elapsed time shall be not less than 32
17 months, such high school and such school, college or
18 institution having been reputable and in good standing
19 in the judgment of the Department.

20 (2) For an applicant who is a matriculant in a
21 chiropractic college after September 1, 1969, that
22 such applicant shall be required to complete a 2 year
23 course of instruction in a liberal arts college or its
24 equivalent and a course of instruction in a
25 chiropractic college in the treatment of human
26 ailments, such course, as a prerequisite to graduation

1 therefrom, having been not less than 132 weeks in
2 duration and shall have been completed within a period
3 of not less than 35 months, such college of liberal
4 arts and chiropractic college having been reputable
5 and in good standing in the judgment of the Department.

6 (3) For an applicant who is a graduate of a United
7 States chiropractic college after August 19, 1981, the
8 college of the applicant must be fully accredited by
9 the Commission on Accreditation of the Council on
10 Chiropractic Education or its successor at the time of
11 graduation. Such graduates shall be considered to have
12 met the minimum requirements which shall be in addition
13 to those requirements set forth in the rules and
14 regulations promulgated by the Department.

15 (4) For an applicant who is a graduate of a
16 chiropractic college in another country; that such
17 chiropractic college be equivalent to the standards of
18 education as set forth for chiropractic colleges
19 located in the United States.

20 (Source: P.A. 89-702, eff. 7-1-97; 90-818, eff. 3-23-99.)

21 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

22 (Section scheduled to be repealed on November 30, 2011)

23 Sec. 15. Physician licensed to practice without drugs and
24 operative surgery; license for general practice. Any physician
25 licensed under this Act to treat human ailments without the use

1 of ~~prescriptive~~ drugs and operative surgery shall be permitted
2 to take the examination for licensure as a physician to
3 practice medicine in all its branches and shall receive a
4 license to practice medicine in all of its branches if he or
5 she shall successfully pass such examination, upon proof of
6 having successfully completed in a medical college,
7 osteopathic college or chiropractic college reputable and in
8 good standing in the judgment of the Department, courses of
9 instruction in materia medica, therapeutics, surgery,
10 obstetrics, and theory and practice deemed by the Department to
11 be equal to the courses of instruction required in those
12 subjects for admission to the examination for a license to
13 practice medicine in all of its branches, together with proof
14 of having completed (a) the 2 year course of instruction in a
15 college of liberal arts, or its equivalent, required under this
16 Act, and (b) a course of postgraduate clinical training of not
17 less than 24 months as approved by the Department.

18 (Source: P.A. 89-702, eff. 7-1-97.)

19 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

20 (Section scheduled to be repealed on November 30, 2011)

21 Sec. 17. Temporary license. Persons holding the degree of
22 Doctor of Medicine, persons holding the degree of Doctor of
23 Osteopathy or Doctor of Osteopathic Medicine, and persons
24 holding the degree of Doctor of Chiropractic or persons who
25 have satisfied the requirements therefor and are eligible to

1 receive such degree from a medical, osteopathic, or
2 chiropractic school, who wish to pursue programs of graduate or
3 specialty training in this State, may receive without
4 examination, in the discretion of the Department, a 3-year
5 temporary license. In order to receive a 3-year temporary
6 license hereunder, an applicant shall submit evidence ~~furnish~~
7 satisfactory ~~proof~~ to the Department that the applicant:

8 (A) Is of good moral character. The Department shall
9 deny the license of an applicant who fails to submit
10 evidence satisfactory to the Department that the applicant
11 is of good moral character. In determining moral character
12 under this Section, the Department may take into
13 consideration whether the applicant has engaged in conduct
14 or activities which would constitute grounds for
15 discipline under this Act. The Department may also request
16 the applicant to submit, and may consider as evidence of
17 moral character, endorsements from 2 or 3 individuals
18 licensed under this Act;

19 (B) Has been accepted or appointed for specialty or
20 residency training by a hospital situated in this State or
21 a training program in hospitals or facilities maintained by
22 the State of Illinois or affiliated training facilities
23 which is approved by the Department for the purpose of such
24 training under this Act. The applicant shall indicate the
25 beginning and ending dates of the period for which the
26 applicant has been accepted or appointed;

1 (C) Has or will satisfy the professional education
2 requirements of Section 11 of this Act which are effective
3 at the date of application except for postgraduate clinical
4 training;

5 (D) Is physically, mentally, and professionally
6 capable of practicing medicine or treating human ailments
7 without the use of drugs or operative surgery with
8 reasonable judgment, skill, and safety. In determining
9 physical, mental and professional capacity under this
10 Section, the ~~Medical~~ Licensing Board may, upon a showing of
11 a possible incapacity, compel an applicant to submit to a
12 mental or physical examination and evaluation, or both, and
13 may condition or restrict any temporary license, subject to
14 the same terms and conditions as are provided for the
15 ~~Medical~~ Disciplinary Board under Section 22 of this Act.
16 Any such condition of restricted temporary license shall
17 provide that the Chief Medical Coordinator or Deputy
18 Medical Coordinator shall have the authority to review the
19 subject physician's compliance with such conditions or
20 restrictions, including, where appropriate, the
21 physician's record of treatment and counseling regarding
22 the impairment, to the extent permitted by applicable
23 federal statutes and regulations safeguarding the
24 confidentiality of medical records of patients.

25 Three-year temporary licenses issued pursuant to this
26 Section shall be valid only for the period of time designated

1 therein, and may be extended or renewed pursuant to the rules
2 of the Department, and if a temporary license is thereafter
3 extended, it shall not extend beyond completion of the
4 residency program. The holder of a valid 3-year temporary
5 license shall be entitled thereby to perform only such acts as
6 may be prescribed by and incidental to his or her ~~their~~ program
7 of residency training; he or she ~~they~~ shall not be entitled to
8 otherwise engage in the practice of medicine in this State
9 unless fully licensed in this State.

10 A 3-year temporary license may be revoked by the Department
11 upon proof that the holder thereof has engaged in the practice
12 of medicine in this State outside of the program of his or her
13 ~~their~~ residency or specialty training, or if the holder shall
14 fail to supply the Department, within 10 days of its request,
15 with information as to his or her ~~their~~ current status and
16 activities in his or her ~~their~~ specialty training program.

17 (Source: P.A. 89-702, eff. 7-1-97; 90-54, eff. 7-3-97.)

18 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

19 (Section scheduled to be repealed on November 30, 2011)

20 Sec. 18. Visiting professor, physician, or resident
21 permits.

22 (A) Visiting professor permit.

23 (1) A visiting professor permit shall entitle a person
24 to practice medicine in all of its branches or to practice
25 the treatment of human ailments without the use of drugs

1 and without operative surgery provided:

2 (a) the person maintains an equivalent
3 authorization to practice medicine in all of its
4 branches or to practice the treatment of human ailments
5 without the use of drugs and without operative surgery
6 in good standing in his or her ~~their~~ native licensing
7 jurisdiction during the period of the visiting
8 professor permit;

9 (b) the person has received a faculty appointment
10 to teach in a medical, osteopathic or chiropractic
11 school in Illinois; and

12 (c) the Department may prescribe the information
13 necessary to establish an applicant's eligibility for
14 a permit. This information shall include without
15 limitation (i) a statement from the dean of the medical
16 school at which the applicant will be employed
17 describing the applicant's qualifications and (ii) a
18 statement from the dean of the medical school listing
19 every affiliated institution in which the applicant
20 will be providing instruction as part of the medical
21 school's education program and justifying any clinical
22 activities at each of the institutions listed by the
23 dean.

24 (2) Application for visiting professor permits shall
25 be made to the Department, in writing, on forms prescribed
26 by the Department and shall be accompanied by the required

1 fee established by rule, which shall not be refundable. Any
2 application shall require the information as, in the
3 judgment of the Department, will enable the Department to
4 pass on the qualifications of the applicant.

5 (3) A visiting professor permit shall be valid for no
6 longer than 2 years from the date of issuance or until the
7 time the faculty appointment is terminated, whichever
8 occurs first, and may be renewed only in accordance with
9 subdivision (A) (6) of this Section.

10 (4) The applicant may be required to appear before the
11 ~~Medical~~ Licensing Board for an interview prior to, and as a
12 requirement for, the issuance of the original permit and
13 the renewal.

14 (5) Persons holding a permit under this Section shall
15 only practice medicine in all of its branches or practice
16 the treatment of human ailments without the use of drugs
17 and without operative surgery in the State of Illinois in
18 their official capacity under their contract within the
19 medical school itself and any affiliated institution in
20 which the permit holder is providing instruction as part of
21 the medical school's educational program and for which the
22 medical school has assumed direct responsibility.

23 (6) After the initial renewal of a visiting professor
24 permit, a ~~A~~ visiting professor permit shall be valid until
25 the last day of the next physician license renewal period,
26 as set by rule, and may only be renewed for applicants who

1 meet the following requirements:

2 (i) have obtained the required continuing
3 education hours as set by rule; and

4 (ii) have paid the fee prescribed for a license
5 under Section 21 of this Act.

6 For initial renewal, the visiting professor must
7 successfully pass a general competency examination authorized
8 by the Department by rule, unless he or she was issued an
9 initial visiting professor permit on or after January 1, 2007,
10 but prior to July 1, 2007.

11 (B) Visiting physician permit.

12 (1) The Department may, in its discretion, issue a
13 temporary visiting physician permit, without examination,
14 provided:

15 (a) (blank);

16 (b) that the person maintains an equivalent
17 authorization to practice medicine in all of its
18 branches or to practice the treatment of human ailments
19 without the use of drugs and without operative surgery
20 in good standing in his or her native licensing
21 jurisdiction during the period of the temporary
22 visiting physician permit;

23 (c) that the person has received an invitation or
24 appointment to study, demonstrate, or perform a
25 specific medical, osteopathic, chiropractic or

1 clinical subject or technique in a medical,
2 osteopathic, or chiropractic school, a state or
3 national medical, osteopathic, or chiropractic
4 professional association or society conference or
5 meeting, a hospital licensed under the Hospital
6 Licensing Act, a hospital organized under the
7 University of Illinois Hospital Act, or a facility
8 operated pursuant to the Ambulatory Surgical Treatment
9 Center Act; and

10 (d) that the temporary visiting physician permit
11 shall only permit the holder to practice medicine in
12 all of its branches or practice the treatment of human
13 ailments without the use of drugs and without operative
14 surgery within the scope of the medical, osteopathic,
15 chiropractic, or clinical studies, or in conjunction
16 with the state or national medical, osteopathic, or
17 chiropractic professional association or society
18 conference or meeting, for which the holder was invited
19 or appointed.

20 (2) The application for the temporary visiting
21 physician permit shall be made to the Department, in
22 writing, on forms prescribed by the Department, and shall
23 be accompanied by the required fee established by rule,
24 which shall not be refundable. The application shall
25 require information that, in the judgment of the
26 Department, will enable the Department to pass on the

1 qualification of the applicant, and the necessity for the
2 granting of a temporary visiting physician permit.

3 (3) A temporary visiting physician permit shall be
4 valid for no longer than (i) 180 days from the date of
5 issuance or (ii) until the time the medical, osteopathic,
6 chiropractic, or clinical studies are completed, or the
7 state or national medical, osteopathic, or chiropractic
8 professional association or society conference or meeting
9 has concluded, whichever occurs first.

10 (4) The applicant for a temporary visiting physician
11 permit may be required to appear before the ~~Medical~~
12 Licensing Board for an interview prior to, and as a
13 requirement for, the issuance of a temporary visiting
14 physician permit.

15 (5) A limited temporary visiting physician permit
16 shall be issued to a physician licensed in another state
17 who has been requested to perform emergency procedures in
18 Illinois if he or she meets the requirements as established
19 by rule.

20 (C) Visiting resident permit.

21 (1) The Department may, in its discretion, issue a
22 temporary visiting resident permit, without examination,
23 provided:

24 (a) (blank);

25 (b) that the person maintains an equivalent

1 authorization to practice medicine in all of its
2 branches or to practice the treatment of human ailments
3 without the use of drugs and without operative surgery
4 in good standing in his or her native licensing
5 jurisdiction during the period of the temporary
6 visiting resident permit;

7 (c) that the applicant is enrolled in a
8 postgraduate clinical training program outside the
9 State of Illinois that is approved by the Department;

10 (d) that the individual has been invited or
11 appointed for a specific period of time to perform a
12 portion of that post graduate clinical training
13 program under the supervision of an Illinois licensed
14 physician in an Illinois patient care clinic or
15 facility that is affiliated with the out-of-State post
16 graduate training program; and

17 (e) that the temporary visiting resident permit
18 shall only permit the holder to practice medicine in
19 all of its branches or practice the treatment of human
20 ailments without the use of drugs and without operative
21 surgery within the scope of the medical, osteopathic,
22 chiropractic or clinical studies for which the holder
23 was invited or appointed.

24 (2) The application for the temporary visiting
25 resident permit shall be made to the Department, in
26 writing, on forms prescribed by the Department, and shall

1 be accompanied by the required fee established by rule. The
2 application shall require information that, in the
3 judgment of the Department, will enable the Department to
4 pass on the qualifications of the applicant.

5 (3) A temporary visiting resident permit shall be valid
6 for 180 days from the date of issuance or until the time
7 the medical, osteopathic, chiropractic, or clinical
8 studies are completed, whichever occurs first.

9 (4) The applicant for a temporary visiting resident
10 permit may be required to appear before the ~~Medical~~
11 Licensing Board for an interview prior to, and as a
12 requirement for, the issuance of a temporary visiting
13 resident permit.

14 (Source: P.A. 95-915, eff. 8-26-08; 96-398, eff. 8-13-09.)

15 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

16 (Section scheduled to be repealed on November 30, 2011)

17 Sec. 19. Licensure by endorsement ~~without examination~~. The
18 Department may, in its discretion, issue a license by
19 endorsement ~~without examination~~ to any person who is currently
20 licensed to practice medicine in all of its branches, or to
21 practice the treatment of human ailments without the use of
22 drugs or operative surgery, in any other state, territory,
23 country or province, upon the following conditions and
24 submitting evidence satisfactory to the Department of the
25 following:

1 (A) (Blank);

2 (B) That the applicant is of good moral character. In
3 determining moral character under this Section, the
4 Department may take into consideration whether the
5 applicant has engaged in conduct or activities which would
6 constitute grounds for discipline under this Act. The
7 Department may also request the applicant to submit, and
8 may consider as evidence of moral character, endorsements
9 from 2 or 3 individuals licensed under this Act. The
10 Department shall deny the license of an applicant who fails
11 to submit evidence satisfactory to the Department that the
12 applicant is of good moral character;

13 (C) That the applicant is physically, mentally and
14 professionally capable of practicing medicine with
15 reasonable judgment, skill and safety. In determining
16 physical, mental and professional capacity under this
17 Section the ~~Medical~~ Licensing Board may, upon a showing of
18 a possible incapacity, compel an applicant to submit to a
19 mental or physical examination and evaluation, or both, in
20 the same manner as provided in Section 22 and may condition
21 or restrict any license, subject to the same terms and
22 conditions as are provided for the ~~Medical~~ Disciplinary
23 Board under Section 22 of this Act. ~~The Medical Licensing~~
24 ~~Board or the Department may order the examining physician~~
25 ~~to present testimony concerning this mental or physical~~
26 ~~examination of the applicant. No information shall be~~

1 ~~excluded by reason of any common law or statutory privilege~~
2 ~~relating to communications between the applicant and the~~
3 ~~examining physician. Any condition of restricted license~~
4 ~~shall provide that the Chief Medical Coordinator or Deputy~~
5 ~~Medical Coordinator shall have the authority to review the~~
6 ~~subject physician's compliance with such conditions or~~
7 ~~restrictions, including, where appropriate, the~~
8 ~~physician's record of treatment and counseling regarding~~
9 ~~the impairment, to the extent permitted by applicable~~
10 ~~federal statutes and regulations safeguarding the~~
11 ~~confidentiality of medical records of patients.~~

12 (D) That if the applicant seeks to practice medicine in
13 all of its branches:

14 (1) if the applicant was licensed in another
15 jurisdiction prior to January 1, 1988, that the
16 applicant has satisfied the educational requirements
17 of paragraph (1) of subsection (A) or paragraph (2) of
18 subsection (A) of Section 11 of this Act; or

19 (2) if the applicant was licensed in another
20 jurisdiction after December 31, 1987, that the
21 applicant has satisfied the educational requirements
22 of paragraph (A) (2) of Section 11 of this Act; and

23 (3) the requirements for a license to practice
24 medicine in all of its branches in the particular
25 state, territory, country or province in which the
26 applicant is licensed are deemed by the Department to

1 have been substantially equivalent to the requirements
2 for a license to practice medicine in all of its
3 branches in force in this State at the date of the
4 applicant's license;

5 (E) That if the applicant seeks to treat human ailments
6 without the use of drugs and without operative surgery:

7 (1) the applicant is a graduate of a chiropractic
8 school or college approved by the Department at the
9 time of their graduation;

10 (2) the requirements for the applicant's license
11 to practice the treatment of human ailments without the
12 use of drugs are deemed by the Department to have been
13 substantially equivalent to the requirements for a
14 license to practice in this State at the date of the
15 applicant's license;

16 (F) That the Department may, in its discretion, issue a
17 license by endorsement, ~~without examination~~, to any
18 graduate of a medical or osteopathic college, reputable and
19 in good standing in the judgment of the Department, who has
20 passed an examination for admission to the United States
21 Public Health Service, or who has passed any other
22 examination deemed by the Department to have been at least
23 equal in all substantial respects to the examination
24 required for admission to any such medical corps;

25 (G) That applications for licenses by endorsement
26 ~~without examination~~ shall be filed with the Department,

1 under oath, on forms prepared and furnished by the
2 Department, and shall set forth, and applicants therefor
3 shall supply such information respecting the life,
4 education, professional practice, and moral character of
5 applicants as the Department may require to be filed for
6 its use;

7 (H) That the applicant undergo the criminal background
8 check established under Section 9.7 of this Act.

9 In the exercise of its discretion under this Section, the
10 Department is empowered to consider and evaluate each applicant
11 on an individual basis. It may take into account, among other
12 things, the extent to which there is or is not available to the
13 Department, authentic and definitive information concerning
14 the quality of medical education and clinical training which
15 the applicant has had. Under no circumstances shall a license
16 be issued under the provisions of this Section to any person
17 who has previously taken and failed the written examination
18 conducted by the Department for such license. In the exercise
19 of its discretion under this Section, the Department may
20 require an applicant to successfully complete an examination as
21 recommended by the Licensing Board. ~~In determining moral~~
22 ~~character, the Department may take into consideration whether~~
23 ~~the applicant has engaged in conduct or activities which would~~
24 ~~constitute grounds for discipline under this Act.~~ The
25 Department may also request the applicant to submit, and may
26 consider as evidence of moral character, evidence from 2 or 3

1 individuals licensed under this Act. Applicants have 3 years
2 from the date of application to complete the application
3 process. If the process has not been completed within 3 years,
4 the application shall be denied, the fees shall be forfeited,
5 and the applicant must reapply and meet the requirements in
6 effect at the time of reapplication.

7 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

8 (225 ILCS 60/20) (from Ch. 111, par. 4400-20)

9 (Section scheduled to be repealed on November 30, 2011)

10 Sec. 20. Continuing education. The Department shall
11 promulgate rules of continuing education for persons licensed
12 under this Act that require 100 ~~150~~ hours of continuing
13 education per license renewal cycle. After July 31, 2011,
14 persons licensed under this Act must complete 100 hours of
15 continuing education per license renewal cycle. These rules
16 shall be consistent with requirements of relevant professional
17 associations, specialty ~~speciality~~ societies, or boards. The
18 rules shall also address variances in part or in whole for good
19 cause, including, but not limited to, temporary illness or
20 hardship. In establishing these rules, the Department shall
21 consider educational requirements for medical staffs,
22 requirements for specialty society board certification or for
23 continuing education requirements as a condition of membership
24 in societies representing the 2 categories of licensee under
25 this Act. These rules shall assure that licensees are given the

1 opportunity to participate in those programs sponsored by or
2 through their professional associations or hospitals which are
3 relevant to their practice. Each licensee is responsible for
4 maintaining records of completion of continuing education and
5 shall be prepared to produce the records when requested by the
6 Department.

7 (Source: P.A. 92-750, eff. 1-1-03.)

8 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

9 (Section scheduled to be repealed on November 30, 2011)

10 Sec. 21. License renewal; restoration; inactive status;
11 disposition and collection of fees.

12 (A) Renewal. Every license issued pursuant to Sections 9
13 and 19 of this Act shall expire on July 31, 2011, and
14 biennially thereafter. All other licenses and permits shall not
15 be affected by the changes made to this subsection (A) by this
16 amendatory Act of the 97th General Assembly. ~~The expiration~~
17 ~~date and renewal period for each license issued under this Act~~
18 ~~shall be set by rule.~~ The holder of a license may renew the
19 license by paying the required fee. The holder of a license may
20 also renew the license within 90 days after its expiration by
21 complying with the requirements for renewal and payment of an
22 additional fee. A license renewal within 90 days after
23 expiration shall be effective retroactively to the expiration
24 date.

25 The Department shall mail to each licensee under this Act,

1 at his or her ~~last known~~ address, at least 60 days in advance
2 of the expiration date of his or her license, a notice of that
3 fact and an application for renewal form. No such license shall
4 be deemed to have lapsed until 90 days after the expiration
5 date and after such notice and application have been mailed by
6 the Department as herein provided.

7 (B) Restoration. Any licensee who has permitted his or her
8 license to lapse or who has had his or her license on inactive
9 status may have his or her license restored by making
10 application to the Department and filing proof acceptable to
11 the Department of his or her fitness to have the license
12 restored, including evidence certifying to active practice in
13 another jurisdiction satisfactory to the Department, proof of
14 meeting the continuing education requirements for one renewal
15 period, and by paying the required restoration fee.

16 If the licensee has not maintained an active practice in
17 another jurisdiction satisfactory to the Department, the
18 Licensing Board shall determine, by an evaluation program
19 established by rule, the applicant's fitness to resume active
20 status and may require the licensee to complete a period of
21 evaluated clinical experience and may require successful
22 completion of a ~~the~~ practical examination specified by the
23 Licensing Board.

24 However, any registrant whose license has expired while he
25 or she has been engaged (a) in Federal Service on active duty
26 with the Army of the United States, the United States Navy, the

1 Marine Corps, the Air Force, the Coast Guard, the Public Health
2 Service or the State Militia called into the service or
3 training of the United States of America, or (b) in training or
4 education under the supervision of the United States
5 preliminary to induction into the military service, may have
6 his or her license reinstated or restored without paying any
7 lapsed renewal fees, if within 2 years after honorable
8 termination of such service, training, or education, he or she
9 furnishes to the Department with satisfactory evidence to the
10 effect that he or she has been so engaged and that his or her
11 service, training, or education has been so terminated.

12 (C) Inactive licenses. Any licensee who notifies the
13 Department, in writing on forms prescribed by the Department,
14 may elect to place his or her license on an inactive status and
15 shall, subject to rules of the Department, be excused from
16 payment of renewal fees until he or she notifies the Department
17 in writing of his or her desire to resume active status.

18 Any licensee requesting restoration from inactive status
19 shall be required to pay the current renewal fee, provide proof
20 of meeting the continuing education requirements for the period
21 of time the license is inactive not to exceed one renewal
22 period, and shall be required to restore his or her license as
23 provided in subsection (B).

24 Any licensee whose license is in an inactive status shall
25 not practice in the State of Illinois.

26 (D) Disposition of monies collected. All monies collected

1 under this Act by the Department shall be deposited in the
2 Illinois State Medical Disciplinary Fund in the State Treasury,
3 and used only for the following purposes: (a) by the ~~Medical~~
4 Disciplinary Board and Licensing Board in the exercise of its
5 powers and performance of its duties, as such use is made by
6 the Department with full consideration of all recommendations
7 of the ~~Medical~~ Disciplinary Board and Licensing Board, (b) for
8 costs directly related to persons licensed under this Act, and
9 (c) for direct and allocable indirect costs related to the
10 public purposes of the Department ~~of Professional Regulation~~.

11 Moneys in the Fund may be transferred to the Professions
12 Indirect Cost Fund as authorized under Section 2105-300 of the
13 Department of Professional Regulation Law (20 ILCS
14 2105/2105-300).

15 All earnings received from investment of monies in the
16 Illinois State Medical Disciplinary Fund shall be deposited in
17 the Illinois State Medical Disciplinary Fund and shall be used
18 for the same purposes as fees deposited in such Fund.

19 (E) Fees. The following fees are nonrefundable.

20 (1) Applicants for any examination shall be required to
21 pay, either to the Department or to the designated testing
22 service, a fee covering the cost of determining the
23 applicant's eligibility and providing the examination.
24 Failure to appear for the examination on the scheduled
25 date, at the time and place specified, after the
26 applicant's application for examination has been received

1 and acknowledged by the Department or the designated
2 testing service, shall result in the forfeiture of the
3 examination fee.

4 (2) The fee for a license under Section 9 of this Act
5 is \$600 ~~\$300~~.

6 (3) The fee for a license under Section 19 of this Act
7 is \$600 ~~\$300~~.

8 (4) The fee for the renewal of a license for a resident
9 of Illinois shall be calculated at the rate of \$200 ~~\$100~~
10 per year, except for licensees who were issued a license
11 within 12 months of the expiration date of the license, the
12 fee for the renewal shall be \$200 ~~\$100~~. The fee for the
13 renewal of a license for a nonresident shall be calculated
14 at the rate of \$400 ~~\$200~~ per year, except for licensees who
15 were issued a license within 12 months of the expiration
16 date of the license, the fee for the renewal shall be \$400
17 ~~\$200~~.

18 (5) The fee for the restoration of a license other than
19 from inactive status, is \$200 ~~\$100~~. In addition, payment of
20 all lapsed renewal fees not to exceed \$800 ~~\$600~~ is
21 required.

22 (6) The fee for a 3-year temporary license under
23 Section 17 is \$200 ~~\$100~~.

24 (7) The fee for the issuance of a duplicate license,
25 for the issuance of a replacement license for a license
26 which has been lost or destroyed, or for the issuance of a

1 license with a change of name or address other than during
2 the renewal period is the cost of such issuance as
3 determined by the Department ~~\$20~~. No fee is required for
4 name and address changes on Department records when no
5 duplicate license is issued.

6 (8) The fee to be paid for a license record for any
7 purpose is the actual cost of producing the record as
8 determined by the Department ~~\$20~~.

9 (9) The fee to be paid to have the scoring of an
10 examination, administered by the Department, reviewed and
11 verified, is the actual cost of such scoring, review, and
12 verification as determined by the Department ~~\$20~~ plus any
13 fees charged by the applicable testing service.

14 (10) The fee to be paid by a licensee for a wall
15 certificate showing his or her license shall be the actual
16 cost of producing the certificate as determined by the
17 Department.

18 (11) The fee for a roster of persons licensed as
19 physicians in this State shall be the actual cost of
20 producing such a roster as determined by the Department.

21 (F) Any person who delivers a check or other payment to the
22 Department that is returned to the Department unpaid by the
23 financial institution upon which it is drawn shall pay to the
24 Department, in addition to the amount already owed to the
25 Department, a fine of \$50. The fines imposed by this Section
26 are in addition to any other discipline provided under this Act

1 for unlicensed practice or practice on a nonrenewed license.
2 The Department shall notify the person that payment of fees and
3 fines shall be paid to the Department by certified check or
4 money order within 30 calendar days of the notification. If,
5 after the expiration of 30 days from the date of the
6 notification, the person has failed to submit the necessary
7 remittance, the Department shall automatically terminate the
8 license or certificate or deny the application, without
9 hearing. If, after termination or denial, the person seeks a
10 license or certificate, he or she shall apply to the Department
11 for restoration or issuance of the license or certificate and
12 pay all fees and fines due to the Department. The Department
13 may establish a fee for the processing of an application for
14 restoration of a license or certificate to pay all expenses of
15 processing this application. The Secretary ~~Director~~ may waive
16 the fines due under this Section in individual cases where the
17 Secretary ~~Director~~ finds that the fines would be unreasonable
18 or unnecessarily burdensome.

19 (Source: P.A. 91-239, eff. 1-1-00; 91-357, eff. 7-29-99; 92-16,
20 eff. 6-28-01; 92-146, eff. 1-1-02.)

21 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

22 (Section scheduled to be repealed on November 30, 2011)

23 (Text of Section WITH the changes made by P.A. 94-677,
24 which has been held unconstitutional)

25 Sec. 22. Disciplinary action.

1 (A) The Department may revoke, suspend, place on probation
2 ~~probationary status~~, reprimand, refuse to issue or renew, or
3 take any other disciplinary or non-disciplinary action as the
4 Department may deem proper with regard to the license or
5 ~~visiting professor~~ permit of any person issued under this Act
6 to practice medicine, or to treat human ailments without the
7 use of drugs and without operative surgery, including imposing
8 fines not to exceed \$10,000 for each violation, upon any of the
9 following grounds:

10 (1) Performance of an elective abortion in any place,
11 locale, facility, or institution other than:

12 (a) a facility licensed pursuant to the Ambulatory
13 Surgical Treatment Center Act;

14 (b) an institution licensed under the Hospital
15 Licensing Act;

16 (c) an ambulatory surgical treatment center or
17 hospitalization or care facility maintained by the
18 State or any agency thereof, where such department or
19 agency has authority under law to establish and enforce
20 standards for the ambulatory surgical treatment
21 centers, hospitalization, or care facilities under its
22 management and control;

23 (d) ambulatory surgical treatment centers,
24 hospitalization or care facilities maintained by the
25 Federal Government; or

26 (e) ambulatory surgical treatment centers,

1 hospitalization or care facilities maintained by any
2 university or college established under the laws of
3 this State and supported principally by public funds
4 raised by taxation.

5 (2) Performance of an abortion procedure in a wilful
6 and wanton manner on a woman who was not pregnant at the
7 time the abortion procedure was performed.

8 (3) Conviction by plea of guilty or nolo contendere,
9 finding of guilt, jury verdict, or entry of judgment or by
10 sentencing of any crime, including, but not limited to,
11 convictions, preceding sentences of supervision,
12 conditional discharge, or first offender probation, under
13 the laws of any jurisdiction of the United States that is a
14 felony. ~~The conviction of a felony in this or any other~~
15 ~~jurisdiction, except as otherwise provided in subsection B~~
16 ~~of this Section, whether or not related to practice under~~
17 ~~this Act, or the entry of a guilty or nolo contendere plea~~
18 ~~to a felony charge.~~

19 (4) Gross negligence in practice under this Act.

20 (5) Engaging in dishonorable, unethical or
21 unprofessional conduct of a character likely to deceive,
22 defraud or harm the public.

23 (6) Obtaining any fee by fraud, deceit, or
24 misrepresentation.

25 (7) Habitual or excessive use or abuse of drugs defined
26 in law as controlled substances, of alcohol, or of any

1 other substances which results in the inability to practice
2 with reasonable judgment, skill or safety.

3 (8) Practicing under a false or, except as provided by
4 law, an assumed name.

5 (9) Fraud or misrepresentation in applying for, or
6 procuring, a license under this Act or in connection with
7 applying for renewal of a license under this Act.

8 (10) Making a false or misleading statement regarding
9 their skill or the efficacy or value of the medicine,
10 treatment, or remedy prescribed by them at their direction
11 in the treatment of any disease or other condition of the
12 body or mind.

13 (11) Allowing another person or organization to use
14 their license, procured under this Act, to practice.

15 (12) Disciplinary action of another state or
16 jurisdiction against a license or other authorization to
17 practice as a medical doctor, doctor of osteopathy, doctor
18 of osteopathic medicine or doctor of chiropractic, a
19 certified copy of the record of the action taken by the
20 other state or jurisdiction being prima facie evidence
21 thereof.

22 (13) Violation of any provision of this Act or of the
23 Medical Practice Act prior to the repeal of that Act, or
24 violation of the rules, or a final administrative action of
25 the Secretary, after consideration of the recommendation
26 of the Disciplinary Board.

1 (14) Violation of the prohibition against fee
2 splitting in Section 22.2 of this Act.

3 (15) A finding by the ~~Medical~~ Disciplinary Board that
4 the registrant after having his or her license placed on
5 probationary status or subjected to conditions or
6 restrictions violated the terms of the probation or failed
7 to comply with such terms or conditions.

8 (16) Abandonment of a patient.

9 (17) Prescribing, selling, administering,
10 distributing, giving or self-administering any drug
11 classified as a controlled substance (designated product)
12 or narcotic for other than medically accepted therapeutic
13 purposes.

14 (18) Promotion of the sale of drugs, devices,
15 appliances or goods provided for a patient in such manner
16 as to exploit the patient for financial gain of the
17 physician.

18 (19) Offering, undertaking or agreeing to cure or treat
19 disease by a secret method, procedure, treatment or
20 medicine, or the treating, operating or prescribing for any
21 human condition by a method, means or procedure which the
22 licensee refuses to divulge upon demand of the Department.

23 (20) Immoral conduct in the commission of any act
24 including, but not limited to, commission of an act of
25 sexual misconduct related to the licensee's practice.

26 (21) Wilfully making or filing false records or reports

1 in his or her practice as a physician, including, but not
2 limited to, false records to support claims against the
3 medical assistance program of the Department of Healthcare
4 and Family Services (formerly Department of Public Aid)
5 under the Illinois Public Aid Code.

6 (22) Wilful omission to file or record, or wilfully
7 impeding the filing or recording, or inducing another
8 person to omit to file or record, medical reports as
9 required by law, or wilfully failing to report an instance
10 of suspected abuse or neglect as required by law.

11 (23) Being named as a perpetrator in an indicated
12 report by the Department of Children and Family Services
13 under the Abused and Neglected Child Reporting Act, and
14 upon proof by clear and convincing evidence that the
15 licensee has caused a child to be an abused child or
16 neglected child as defined in the Abused and Neglected
17 Child Reporting Act.

18 (24) Solicitation of professional patronage by any
19 corporation, agents or persons, or profiting from those
20 representing themselves to be agents of the licensee.

21 (25) Gross and wilful and continued overcharging for
22 professional services, including filing false statements
23 for collection of fees for which services are not rendered,
24 including, but not limited to, filing such false statements
25 for collection of monies for services not rendered from the
26 medical assistance program of the Department of Healthcare

1 and Family Services (formerly Department of Public Aid)
2 under the Illinois Public Aid Code.

3 (26) A pattern of practice or other behavior which
4 demonstrates incapacity or incompetence to practice under
5 this Act.

6 (27) Mental illness or disability which results in the
7 inability to practice under this Act with reasonable
8 judgment, skill or safety.

9 (28) Physical illness, including, but not limited to,
10 deterioration through the aging process, or loss of motor
11 skill which results in a physician's inability to practice
12 under this Act with reasonable judgment, skill or safety.

13 (29) Cheating on or attempt to subvert the licensing
14 examinations administered under this Act.

15 (30) Wilfully or negligently violating the
16 confidentiality between physician and patient except as
17 required by law.

18 (31) The use of any false, fraudulent, or deceptive
19 statement in any document connected with practice under
20 this Act.

21 (32) Aiding and abetting an individual not licensed
22 under this Act in the practice of a profession licensed
23 under this Act.

24 (33) Violating state or federal laws or regulations
25 relating to controlled substances, legend drugs, or
26 ephedra~~7~~ as defined in the Ephedra Prohibition Act.

1 (34) Failure to report to the Department any adverse
2 final action taken against them by another licensing
3 jurisdiction (any other state or any territory of the
4 United States or any foreign state or country), by any peer
5 review body, by any health care institution, by any
6 professional society or association related to practice
7 under this Act, by any governmental agency, by any law
8 enforcement agency, or by any court for acts or conduct
9 similar to acts or conduct which would constitute grounds
10 for action as defined in this Section.

11 (35) Failure to report to the Department surrender of a
12 license or authorization to practice as a medical doctor, a
13 doctor of osteopathy, a doctor of osteopathic medicine, or
14 doctor of chiropractic in another state or jurisdiction, or
15 surrender of membership on any medical staff or in any
16 medical or professional association or society, while
17 under disciplinary investigation by any of those
18 authorities or bodies, for acts or conduct similar to acts
19 or conduct which would constitute grounds for action as
20 defined in this Section.

21 (36) Failure to report to the Department any adverse
22 judgment, settlement, or award arising from a liability
23 claim related to acts or conduct similar to acts or conduct
24 which would constitute grounds for action as defined in
25 this Section.

26 (37) Failure to provide copies of medical records as

1 required by law.

2 (38) Failure to furnish the Department, its
3 investigators or representatives, relevant information,
4 legally requested by the Department after consultation
5 with the Chief Medical Coordinator or the Deputy Medical
6 Coordinator.

7 (39) Violating the Health Care Worker Self-Referral
8 Act.

9 (40) Willful failure to provide notice when notice is
10 required under the Parental Notice of Abortion Act of 1995.

11 (41) Failure to establish and maintain records of
12 patient care and treatment as required by this law.

13 (42) Entering into an excessive number of written
14 collaborative agreements with licensed advanced practice
15 nurses resulting in an inability to adequately
16 collaborate.

17 (43) Repeated failure to adequately collaborate with a
18 licensed advanced practice nurse.

19 Except for actions involving the ground numbered (26), all
20 proceedings to suspend, revoke, place on probationary status,
21 or take any other disciplinary action as the Department may
22 deem proper, with regard to a license on any of the foregoing
23 grounds, must be commenced within 5 years next after receipt by
24 the Department of a complaint alleging the commission of or
25 notice of the conviction order for any of the acts described
26 herein. Except for the grounds numbered (8), (9), (26), and

1 (29), no action shall be commenced more than 10 years after the
2 date of the incident or act alleged to have violated this
3 Section. For actions involving the ground numbered (26), a
4 pattern of practice or other behavior includes all incidents
5 alleged to be part of the pattern of practice or other behavior
6 that occurred, or a report pursuant to Section 23 of this Act
7 received, within the 10-year period preceding the filing of the
8 complaint. In the event of the settlement of any claim or cause
9 of action in favor of the claimant or the reduction to final
10 judgment of any civil action in favor of the plaintiff, such
11 claim, cause of action or civil action being grounded on the
12 allegation that a person licensed under this Act was negligent
13 in providing care, the Department shall have an additional
14 period of 2 years from the date of notification to the
15 Department under Section 23 of this Act of such settlement or
16 final judgment in which to investigate and commence formal
17 disciplinary proceedings under Section 36 of this Act, except
18 as otherwise provided by law. The time during which the holder
19 of the license was outside the State of Illinois shall not be
20 included within any period of time limiting the commencement of
21 disciplinary action by the Department.

22 The entry of an order or judgment by any circuit court
23 establishing that any person holding a license under this Act
24 is a person in need of mental treatment operates as a
25 suspension of that license. That person may resume their
26 practice only upon the entry of a Departmental order based upon

1 a finding by the ~~Medical~~ Disciplinary Board that they have been
2 determined to be recovered from mental illness by the court and
3 upon the Disciplinary Board's recommendation that they be
4 permitted to resume their practice.

5 The Department may refuse to issue or take disciplinary
6 action concerning the license of any person who fails to file a
7 return, or to pay the tax, penalty or interest shown in a filed
8 return, or to pay any final assessment of tax, penalty or
9 interest, as required by any tax Act administered by the
10 Illinois Department of Revenue, until such time as the
11 requirements of any such tax Act are satisfied as determined by
12 the Illinois Department of Revenue.

13 The Department, upon the recommendation of the
14 Disciplinary Board, shall adopt rules which set forth standards
15 to be used in determining:

16 (a) when a person will be deemed sufficiently
17 rehabilitated to warrant the public trust;

18 (b) what constitutes dishonorable, unethical or
19 unprofessional conduct of a character likely to deceive,
20 defraud, or harm the public;

21 (c) what constitutes immoral conduct in the commission
22 of any act, including, but not limited to, commission of an
23 act of sexual misconduct related to the licensee's
24 practice; and

25 (d) what constitutes gross negligence in the practice
26 of medicine.

1 However, no such rule shall be admissible into evidence in
2 any civil action except for review of a licensing or other
3 disciplinary action under this Act.

4 In enforcing this Section, the ~~Medical~~ Disciplinary Board
5 or the Licensing Board, upon a showing of a possible violation,
6 may compel, in the case of the Disciplinary Board, any
7 individual who is licensed to practice under this Act or holds
8 a permit to practice under this Act, or, in the case of the
9 Licensing Board, any individual who has applied for licensure
10 or a permit pursuant to this Act, to submit to a mental or
11 physical examination and evaluation, or both, which may include
12 a substance abuse or sexual offender evaluation, as required by
13 the Licensing Board or Disciplinary Board and at the expense of
14 the Department. The Disciplinary Board or Licensing Board shall
15 specifically designate the examining physician licensed to
16 practice medicine in all of its branches or, if applicable, the
17 multidisciplinary team involved in providing the mental or
18 physical examination and evaluation, or both. The
19 multidisciplinary team shall be led by a physician licensed to
20 practice medicine in all of its branches and may consist of one
21 or more or a combination of physicians licensed to practice
22 medicine in all of its branches, licensed clinical
23 psychologists, licensed clinical social workers, licensed
24 clinical professional counselors, and other professional and
25 administrative staff. Any examining physician or member of the
26 multidisciplinary team may require any person ordered to submit

1 to an examination and evaluation pursuant to this Section to
2 submit to any additional supplemental testing deemed necessary
3 to complete any examination or evaluation process, including,
4 but not limited to, blood testing, urinalysis, psychological
5 testing, or neuropsychological testing. ~~The examining~~
6 ~~physician or physicians shall be those specifically designated~~
7 ~~by the Disciplinary Board.~~ ~~The Medical~~ Disciplinary Board, the
8 Licensing Board, or the Department may order the examining
9 physician or any member of the multidisciplinary team to
10 provide to the Department, the Disciplinary Board, or the
11 Licensing Board any and all records, including business
12 records, that relate to the examination and evaluation,
13 including any supplemental testing performed. The Disciplinary
14 Board, the Licensing Board, or the Department may order the
15 examining physician or any member of the multidisciplinary team
16 to present testimony concerning this ~~mental or physical~~
17 examination and evaluation of the licensee, permit holder, or
18 applicant, including testimony concerning any supplemental
19 testing or documents relating to the examination and
20 evaluation. No information, report, record, or other documents
21 in any way related to the examination and evaluation shall be
22 excluded by reason of any common law or statutory privilege
23 relating to communication between the licensee or applicant and
24 the examining physician or any member of the multidisciplinary
25 team. No authorization is necessary from the licensee, permit
26 holder, or applicant ordered to undergo an evaluation and

1 examination for the examining physician or any member of the
2 multidisciplinary team to provide information, reports,
3 records, or other documents or to provide any testimony
4 regarding the examination and evaluation. The individual to be
5 examined may have, at his or her own expense, another physician
6 of his or her choice present during all aspects of the
7 examination. Failure of any individual to submit to mental or
8 physical examination and evaluation, or both, when directed,
9 shall result in an automatic ~~be grounds for~~ suspension, without
10 hearing, ~~of his or her license~~ until such time as the
11 individual submits to the examination ~~if the Disciplinary Board~~
12 ~~finds, after notice and hearing, that the refusal to submit to~~
13 ~~the examination was without reasonable cause.~~ If the
14 Disciplinary Board finds a physician unable to practice because
15 of the reasons set forth in this Section, the Disciplinary
16 Board shall require such physician to submit to care,
17 counseling, or treatment by physicians approved or designated
18 by the Disciplinary Board, as a condition for continued,
19 reinstated, or renewed licensure to practice. Any physician,
20 whose license was granted pursuant to Sections 9, 17, or 19 of
21 this Act, or, continued, reinstated, renewed, disciplined or
22 supervised, subject to such terms, conditions or restrictions
23 who shall fail to comply with such terms, conditions or
24 restrictions, or to complete a required program of care,
25 counseling, or treatment, as determined by the Chief Medical
26 Coordinator or Deputy Medical Coordinators, shall be referred

1 to the Secretary for a determination as to whether the licensee
2 shall have their license suspended immediately, pending a
3 hearing by the Disciplinary Board. In instances in which the
4 Secretary immediately suspends a license under this Section, a
5 hearing upon such person's license must be convened by the
6 Disciplinary Board within 15 days after such suspension and
7 completed without appreciable delay. The Disciplinary Board
8 shall have the authority to review the subject physician's
9 record of treatment and counseling regarding the impairment, to
10 the extent permitted by applicable federal statutes and
11 regulations safeguarding the confidentiality of medical
12 records.

13 An individual licensed under this Act, affected under this
14 Section, shall be afforded an opportunity to demonstrate to the
15 Disciplinary Board that they can resume practice in compliance
16 with acceptable and prevailing standards under the provisions
17 of their license.

18 The Department may promulgate rules for the imposition of
19 fines in disciplinary cases, not to exceed \$10,000 for each
20 violation of this Act. Fines may be imposed in conjunction with
21 other forms of disciplinary action, but shall not be the
22 exclusive disposition of any disciplinary action arising out of
23 conduct resulting in death or injury to a patient. Any funds
24 collected from such fines shall be deposited in the Medical
25 Disciplinary Fund.

26 (B) The Department shall revoke the license or ~~visiting~~

1 permit ~~of any person~~ issued under this Act to practice medicine
2 or to treat human ailments without the use of drugs and without
3 operative surgery of any person, who has been convicted a
4 second time of committing any felony under the Illinois
5 Controlled Substances Act or the Methamphetamine Control and
6 Community Protection Act, or who has been convicted a second
7 time of committing a Class 1 felony under Sections 8A-3 and
8 8A-6 of the Illinois Public Aid Code. A person whose license or
9 ~~visiting~~ permit is revoked under this subsection B ~~of Section~~
10 ~~22 of this Act~~ shall be prohibited from practicing medicine or
11 treating human ailments without the use of drugs and without
12 operative surgery.

13 (C) The ~~Medical~~ Disciplinary Board shall recommend to the
14 Department civil penalties and any other appropriate
15 discipline in disciplinary cases when the Board finds that a
16 physician willfully performed an abortion with actual
17 knowledge that the person upon whom the abortion has been
18 performed is a minor or an incompetent person without notice as
19 required under the Parental Notice of Abortion Act of 1995.
20 Upon the Board's recommendation, the Department shall impose,
21 for the first violation, a civil penalty of \$1,000 and for a
22 second or subsequent violation, a civil penalty of \$5,000.

23 (D) The Department shall revoke any license or permit
24 issued under this Act to practice medicine or to treat human
25 ailments without the use of drugs and without operative surgery
26 of any person who has been convicted of any of the following:

1 (1) An offense against a patient involving:

2 (a) a violent crime resulting in a misdemeanor or
3 felony conviction of the licensee or permit holder; or

4 (b) a crime that subjects the licensee or permit
5 holder to compliance with the requirements of the Sex
6 Offender Registration Act.

7 (2) An offense against any person involving:

8 (a) a violent crime resulting in a felony
9 conviction of the licensee or permit holder; or

10 (b) a felony that subjects the licensee or permit
11 holder to compliance with the requirements of the Sex
12 Offender Registration Act.

13 For the purposes of this subsection (D), "violent crime"
14 means any crime in which force or threat of force was used
15 against the victim. Any such conviction shall operate as a
16 permanent bar in the State of Illinois to practicing medicine
17 and treating human ailments without the use of drugs and
18 without operative surgery.

19 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;
20 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.
21 7-2-10.)

22 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

23 (Section scheduled to be repealed on November 30, 2011)

24 (Text of Section WITH the changes made by P.A. 94-677,
25 which has been held unconstitutional, and by P.A. 96-1372,

1 which amended language added by P.A. 94-677)

2 Sec. 23. Reports relating to professional conduct and
3 capacity.

4 (A) Entities required to report.

5 (1) Health care institutions. The chief administrator
6 or executive officer of any health care institution
7 licensed by the Illinois Department of Public Health shall
8 report to the Disciplinary Board when any person's clinical
9 privileges are terminated or are restricted based on a
10 final determination made, in accordance with that
11 institution's by-laws or rules and regulations, that a
12 person has either committed an act or acts which may
13 directly threaten patient care, ~~and not of an~~
14 ~~administrative nature,~~ or that a person may be mentally or
15 physically disabled in such a manner as to endanger
16 patients under that person's care. Such officer also shall
17 report if a person accepts voluntary termination or
18 restriction of clinical privileges in lieu of formal action
19 based upon conduct related directly to patient care ~~and not~~
20 ~~of an administrative nature,~~ or in lieu of formal action
21 seeking to determine whether a person may be mentally or
22 physically disabled in such a manner as to endanger
23 patients under that person's care. The ~~Medical~~
24 Disciplinary Board shall, by rule, provide for the
25 reporting to it by health care institutions of all
26 instances in which a person, licensed under this Act, who

1 is impaired by reason of age, drug or alcohol abuse or
2 physical or mental impairment, is under supervision and,
3 where appropriate, is in a program of rehabilitation. Such
4 reports shall be strictly confidential and may be reviewed
5 and considered only by the members of the Disciplinary
6 Board, or by authorized staff as provided by rules of the
7 Disciplinary Board. Provisions shall be made for the
8 periodic report of the status of any such person not less
9 than twice annually in order that the Disciplinary Board
10 shall have current information upon which to determine the
11 status of any such person. Such initial and periodic
12 reports of impaired physicians shall not be considered
13 records within the meaning of The State Records Act and
14 shall be disposed of, following a determination by the
15 Disciplinary Board that such reports are no longer
16 required, in a manner and at such time as the Disciplinary
17 Board shall determine by rule. The filing of such reports
18 shall be construed as the filing of a report for purposes
19 of subsection (C) of this Section.

20 (2) Professional associations. The President or chief
21 executive officer of any association or society, of persons
22 licensed under this Act, operating within this State shall
23 report to the Disciplinary Board when the association or
24 society renders a final determination that a person has
25 committed unprofessional conduct related directly to
26 patient care or that a person may be mentally or physically

1 disabled in such a manner as to endanger patients under
2 that person's care.

3 (3) Professional liability insurers. Every insurance
4 company which offers policies of professional liability
5 insurance to persons licensed under this Act, or any other
6 entity which seeks to indemnify the professional liability
7 of a person licensed under this Act, shall report to the
8 Disciplinary Board the settlement of any claim or cause of
9 action, or final judgment rendered in any cause of action,
10 which alleged negligence in the furnishing of medical care
11 by such licensed person when such settlement or final
12 judgment is in favor of the plaintiff.

13 (4) State's Attorneys. The State's Attorney of each
14 county shall report to the Disciplinary Board, within 5
15 days, any ~~all~~ instances in which a person licensed under
16 this Act is convicted ~~or otherwise found guilty of the~~
17 ~~commission~~ of any felony or Class A misdemeanor. The
18 State's Attorney of each county may report to the
19 Disciplinary Board through a verified complaint any
20 instance in which the State's Attorney believes that a
21 physician has willfully violated the notice requirements
22 of the Parental Notice of Abortion Act of 1995.

23 (5) State agencies. All agencies, boards, commissions,
24 departments, or other instrumentalities of the government
25 of the State of Illinois shall report to the Disciplinary
26 Board any instance arising in connection with the

1 operations of such agency, including the administration of
2 any law by such agency, in which a person licensed under
3 this Act has either committed an act or acts which may be a
4 violation of this Act or which may constitute
5 unprofessional conduct related directly to patient care or
6 which indicates that a person licensed under this Act may
7 be mentally or physically disabled in such a manner as to
8 endanger patients under that person's care.

9 (B) Mandatory reporting. All reports required by items
10 (34), (35), and (36) of subsection (A) of Section 22 and by
11 Section 23 shall be submitted to the Disciplinary Board in a
12 timely fashion. Unless otherwise provided in this Section, the
13 ~~The~~ reports shall be filed in writing within 60 days after a
14 determination that a report is required under this Act. All
15 reports shall contain the following information:

16 (1) The name, address and telephone number of the
17 person making the report.

18 (2) The name, address and telephone number of the
19 person who is the subject of the report.

20 (3) The name and date of birth of any patient or
21 patients whose treatment is a subject of the report, if
22 available, or other means of identification if such
23 information is not available, identification of the
24 hospital or other healthcare facility where the care at
25 issue in the report was rendered, provided, however, no
26 medical records may be revealed.

1 (4) A brief description of the facts which gave rise to
2 the issuance of the report, including the dates of any
3 occurrences deemed to necessitate the filing of the report.

4 (5) If court action is involved, the identity of the
5 court in which the action is filed, along with the docket
6 number and date of filing of the action.

7 (6) Any further pertinent information which the
8 reporting party deems to be an aid in the evaluation of the
9 report.

10 The Disciplinary Board or Department may also exercise the
11 power under Section 38 of this Act to subpoena copies of
12 hospital or medical records in mandatory report cases alleging
13 death or permanent bodily injury. Appropriate rules shall be
14 adopted by the Department with the approval of the Disciplinary
15 Board.

16 When the Department has received written reports
17 concerning incidents required to be reported in items (34),
18 (35), and (36) of subsection (A) of Section 22, the licensee's
19 failure to report the incident to the Department under those
20 items shall not be the sole grounds for disciplinary action.

21 Nothing contained in this Section shall act to in any way,
22 waive or modify the confidentiality of medical reports and
23 committee reports to the extent provided by law. Any
24 information reported or disclosed shall be kept for the
25 confidential use of the Disciplinary Board, the Medical
26 Coordinators, the Disciplinary Board's attorneys, the medical

1 investigative staff, and authorized clerical staff, as
2 provided in this Act, and shall be afforded the same status as
3 is provided information concerning medical studies in Part 21
4 of Article VIII of the Code of Civil Procedure, except that the
5 Department may disclose information and documents to a federal,
6 State, or local law enforcement agency pursuant to a subpoena
7 in an ongoing criminal investigation or to a health care
8 licensing body or medical licensing authority of this State or
9 another state or jurisdiction pursuant to an official request
10 made by that licensing body or medical licensing authority.
11 Furthermore, information and documents disclosed to a federal,
12 State, or local law enforcement agency may be used by that
13 agency only for the investigation and prosecution of a criminal
14 offense, or, in the case of disclosure to a health care
15 licensing body or medical licensing authority, only for
16 investigations and disciplinary action proceedings with regard
17 to a license. Information and documents disclosed to the
18 Department of Public Health may be used by that Department only
19 for investigation and disciplinary action regarding the
20 license of a health care institution licensed by the Department
21 of Public Health.

22 (C) Immunity from prosecution. Any individual or
23 organization acting in good faith, and not in a wilful and
24 wanton manner, in complying with this Act by providing any
25 report or other information to the Disciplinary Board or a peer
26 review committee, or assisting in the investigation or

1 preparation of such information, or by voluntarily reporting to
2 the Disciplinary Board or a peer review committee information
3 regarding alleged errors or negligence by a person licensed
4 under this Act, or by participating in proceedings of the
5 Disciplinary Board or a peer review committee, or by serving as
6 a member of the Disciplinary Board or a peer review committee,
7 shall not, as a result of such actions, be subject to criminal
8 prosecution or civil damages.

9 (D) Indemnification. Members of the Disciplinary Board,
10 the Medical Coordinators, the Disciplinary Board's attorneys,
11 the medical investigative staff, physicians retained under
12 contract to assist and advise the medical coordinators in the
13 investigation, and authorized clerical staff shall be
14 indemnified by the State for any actions occurring within the
15 scope of services on the Disciplinary Board, done in good faith
16 and not wilful and wanton in nature. The Attorney General shall
17 defend all such actions unless he or she determines either that
18 there would be a conflict of interest in such representation or
19 that the actions complained of were not in good faith or were
20 wilful and wanton.

21 Should the Attorney General decline representation, the
22 member shall have the right to employ counsel of his or her
23 choice, whose fees shall be provided by the State, after
24 approval by the Attorney General, unless there is a
25 determination by a court that the member's actions were not in
26 good faith or were wilful and wanton.

1 The member must notify the Attorney General within 7 days
2 of receipt of notice of the initiation of any action involving
3 services of the Disciplinary Board. Failure to so notify the
4 Attorney General shall constitute an absolute waiver of the
5 right to a defense and indemnification.

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

9 (E) Deliberations of Disciplinary Board. Upon the receipt
10 of any report called for by this Act, other than those reports
11 of impaired persons licensed under this Act required pursuant
12 to the rules of the Disciplinary Board, the Disciplinary Board
13 shall notify in writing, by certified mail, the person who is
14 the subject of the report. Such notification shall be made
15 within 30 days of receipt by the Disciplinary Board of the
16 report.

17 The notification shall include a written notice setting
18 forth the person's right to examine the report. Included in
19 such notification shall be the address at which the file is
20 maintained, the name of the custodian of the reports, and the
21 telephone number at which the custodian may be reached. The
22 person who is the subject of the report shall submit a written
23 statement responding, clarifying, adding to, or proposing the
24 amending of the report previously filed. The person who is the
25 subject of the report shall also submit with the written
26 statement any medical records related to the report. The

1 statement and accompanying medical records shall become a
2 permanent part of the file and must be received by the
3 Disciplinary Board no more than 30 days after the date on which
4 the person was notified by the Disciplinary Board of the
5 existence of the original report.

6 The Disciplinary Board shall review all reports received by
7 it, together with any supporting information and responding
8 statements submitted by persons who are the subject of reports.
9 The review by the Disciplinary Board shall be in a timely
10 manner but in no event, shall the Disciplinary Board's initial
11 review of the material contained in each disciplinary file be
12 less than 61 days nor more than 180 days after the receipt of
13 the initial report by the Disciplinary Board.

14 When the Disciplinary Board makes its initial review of the
15 materials contained within its disciplinary files, the
16 Disciplinary Board shall, in writing, make a determination as
17 to whether there are sufficient facts to warrant further
18 investigation or action. Failure to make such determination
19 within the time provided shall be deemed to be a determination
20 that there are not sufficient facts to warrant further
21 investigation or action.

22 Should the Disciplinary Board find that there are not
23 sufficient facts to warrant further investigation, or action,
24 the report shall be accepted for filing and the matter shall be
25 deemed closed and so reported to the Secretary. The Secretary
26 shall then have 30 days to accept the ~~Medical~~ Disciplinary

1 Board's decision or request further investigation. The
2 Secretary shall inform the Board ~~in writing~~ of the decision to
3 request further investigation, including the specific reasons
4 for the decision. The individual or entity filing the original
5 report or complaint and the person who is the subject of the
6 report or complaint shall be notified in writing by the
7 Secretary of any final action on their report or complaint.

8 (F) Summary reports. The Disciplinary Board shall prepare,
9 on a timely basis, but in no event less than once every other
10 month, a summary report of final disciplinary actions taken
11 upon disciplinary files maintained by the Disciplinary Board.
12 The summary reports shall be made available to the public upon
13 request and payment of the fees set by the Department. This
14 publication may be made available to the public on the
15 Department's ~~Internet~~ website. Information or documentation
16 relating to any disciplinary file that is closed without
17 disciplinary action taken shall not be disclosed and shall be
18 afforded the same status as is provided by Part 21 of Article
19 VIII of the Code of Civil Procedure.

20 (G) Any violation of this Section shall be a Class A
21 misdemeanor.

22 (H) If any such person violates the provisions of this
23 Section an action may be brought in the name of the People of
24 the State of Illinois, through the Attorney General of the
25 State of Illinois, for an order enjoining such violation or for
26 an order enforcing compliance with this Section. Upon filing of

1 a verified petition in such court, the court may issue a
2 temporary restraining order without notice or bond and may
3 preliminarily or permanently enjoin such violation, and if it
4 is established that such person has violated or is violating
5 the injunction, the court may punish the offender for contempt
6 of court. Proceedings under this paragraph shall be in addition
7 to, and not in lieu of, all other remedies and penalties
8 provided for by this Section.

9 (Source: P.A. 94-677, eff. 8-25-05; 95-639, eff. 10-5-07;
10 96-1372, eff. 7-29-10.)

11 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

12 (Section scheduled to be repealed on November 30, 2011)

13 (Text of Section WITH the changes made by P.A. 94-677,
14 which has been held unconstitutional)

15 Sec. 24. Report of violations; medical associations. Any
16 physician licensed under this Act, the Illinois State Medical
17 Society, the Illinois Association of Osteopathic Physicians
18 and Surgeons, the Illinois Chiropractic Society, the Illinois
19 Prairie State Chiropractic Association, or any component
20 societies of any of these 4 groups, and any other person, may
21 report to the Disciplinary Board any information the physician,
22 association, society, or person may have that appears to show
23 that a physician is or may be in violation of any of the
24 provisions of Section 22 of this Act.

25 The Department may enter into agreements with the Illinois

1 State Medical Society, the Illinois Association of Osteopathic
2 Physicians and Surgeons, the Illinois Prairie State
3 Chiropractic Association, or the Illinois Chiropractic Society
4 to allow these organizations to assist the Disciplinary Board
5 in the review of alleged violations of this Act. Subject to the
6 approval of the Department, any organization party to such an
7 agreement may subcontract with other individuals or
8 organizations to assist in review.

9 Any physician, association, society, or person
10 participating in good faith in the making of a report under
11 this Act or participating in or assisting with an investigation
12 or review under this Act shall have immunity from any civil,
13 criminal, or other liability that might result by reason of
14 those actions.

15 The medical information in the custody of an entity under
16 contract with the Department participating in an investigation
17 or review shall be privileged and confidential to the same
18 extent as are information and reports under the provisions of
19 Part 21 of Article VIII of the Code of Civil Procedure.

20 Upon request by the Department after a mandatory report has
21 been filed with the Department, an attorney for any party
22 seeking to recover damages for injuries or death by reason of
23 medical, hospital, or other healing art malpractice shall
24 provide patient records related to the physician involved in
25 the disciplinary proceeding to the Department within 30 days of
26 the Department's request for use by the Department in any

1 disciplinary matter under this Act. An attorney who provides
2 patient records to the Department in accordance with this
3 requirement shall not be deemed to have violated any
4 attorney-client privilege. Notwithstanding any other provision
5 of law, consent by a patient shall not be required for the
6 provision of patient records in accordance with this
7 requirement.

8 For the purpose of any civil or criminal proceedings, the
9 good faith of any physician, association, society or person
10 shall be presumed. The Disciplinary Board may request the
11 Illinois State Medical Society, the Illinois Association of
12 Osteopathic Physicians and Surgeons, the Illinois Prairie
13 State Chiropractic Association, or the Illinois Chiropractic
14 Society to assist the Disciplinary Board in preparing for or
15 conducting any medical competency examination as the Board may
16 deem appropriate.

17 (Source: P.A. 94-677, eff. 8-25-05.)

18 (225 ILCS 60/24.1)

19 (Section scheduled to be repealed on November 30, 2011)

20 (This Section was added by P.A. 94-677, which has been held
21 unconstitutional)

22 Sec. 24.1. Physician profile.

23 (a) This Section may be cited as the Patients' Right to
24 Know Law.

25 (b) The Department shall make available to the public a

1 profile of each physician. The Department shall make this
2 information available through an Internet web site and, if
3 requested, in writing. The physician profile shall contain the
4 following information:

5 (1) the full name of the physician;

6 (2) a description of any criminal convictions for
7 felonies and Class A misdemeanors, as determined by the
8 Department, within the most recent 5 years. For the
9 purposes of this Section, a person shall be deemed to be
10 convicted of a crime if he or she pleaded guilty or if he
11 was found or adjudged guilty by a court of competent
12 jurisdiction;

13 (3) a description of any final Department disciplinary
14 actions within the most recent 5 years;

15 (4) a description of any final disciplinary actions by
16 licensing boards in other states within the most recent 5
17 years;

18 (5) a description of revocation or involuntary
19 restriction of hospital privileges for reasons related to
20 competence or character that have been taken by the
21 hospital's governing body or any other official of the
22 hospital after procedural due process has been afforded, or
23 the resignation from or nonrenewal of medical staff
24 membership or the restriction of privileges at a hospital
25 taken in lieu of or in settlement of a pending disciplinary
26 case related to competence or character in that hospital.

1 Only cases which have occurred within the most recent 5
2 years shall be disclosed by the Department to the public;

3 (6) all medical malpractice court judgments and all
4 medical malpractice arbitration awards in which a payment
5 was awarded to a complaining party during the most recent 5
6 years and all settlements of medical malpractice claims in
7 which a payment was made to a complaining party within the
8 most recent 5 years. A medical malpractice judgment or
9 award that has been appealed shall be identified
10 prominently as "Under Appeal" on the profile within 20 days
11 of formal written notice to the Department. Information
12 concerning all settlements shall be accompanied by the
13 following statement: "Settlement of a claim may occur for a
14 variety of reasons which do not necessarily reflect
15 negatively on the professional competence or conduct of the
16 physician. A payment in settlement of a medical malpractice
17 action or claim should not be construed as creating a
18 presumption that medical malpractice has occurred."
19 Nothing in this subdivision (6) shall be construed to limit
20 or prevent the Disciplinary Board from providing further
21 explanatory information regarding the significance of
22 categories in which settlements are reported. Pending
23 malpractice claims shall not be disclosed by the Department
24 to the public. Nothing in this subdivision (6) shall be
25 construed to prevent the Disciplinary Board from
26 investigating and the Department from disciplining a

1 physician on the basis of medical malpractice claims that
2 are pending;

3 (7) names of medical schools attended, dates of
4 attendance, and date of graduation;

5 (8) graduate medical education;

6 (9) specialty board certification. The toll-free
7 number of the American Board of Medical Specialties shall
8 be included to verify current board certification status;

9 (10) number of years in practice and locations;

10 (11) names of the hospitals where the physician has
11 privileges;

12 (12) appointments to medical school faculties and
13 indication as to whether a physician has a responsibility
14 for graduate medical education within the most recent 5
15 years;

16 (13) information regarding publications in
17 peer-reviewed medical literature within the most recent 5
18 years;

19 (14) information regarding professional or community
20 service activities and awards;

21 (15) the location of the physician's primary practice
22 setting;

23 (16) identification of any translating services that
24 may be available at the physician's primary practice
25 location;

26 (17) an indication of whether the physician

1 participates in the Medicaid program.

2 (c) The Disciplinary Board shall provide individual
3 physicians with a copy of their profiles prior to release to
4 the public. A physician shall be provided 60 days to correct
5 factual inaccuracies that appear in such profile.

6 (d) A physician may elect to have his or her profile omit
7 certain information provided pursuant to subdivisions (12)
8 through (14) of subsection (b) concerning academic
9 appointments and teaching responsibilities, publication in
10 peer-reviewed journals and professional and community service
11 awards. In collecting information for such profiles and in
12 disseminating the same, the Disciplinary Board shall inform
13 physicians that they may choose not to provide such information
14 required pursuant to subdivisions (12) through (14) of
15 subsection (b).

16 (e) The Department shall promulgate such rules as it deems
17 necessary to accomplish the requirements of this Section.

18 (Source: P.A. 94-677, eff. 8-25-05.)

19 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

20 (Section scheduled to be repealed on November 30, 2011)

21 Sec. 25. The Secretary ~~Director~~ of the Department may, upon
22 receipt of a written communication from the Secretary of Human
23 Services, the Director of Healthcare and Family Services
24 (formerly Director of Public Aid), or the Director of Public
25 Health that continuation of practice of a person licensed under

1 this Act constitutes an immediate danger to the public, and
2 after consultation with the Chief Medical Coordinator or Deputy
3 Medical Coordinator, immediately suspend the license of such
4 person without a hearing. In instances in which the Secretary
5 ~~Director~~ immediately suspends a license under this Section, a
6 hearing upon such person's license must be convened by the
7 Disciplinary Board within 15 days after such suspension and
8 completed without appreciable delay. Such hearing is to be held
9 to determine whether to recommend to the Secretary ~~Director~~
10 that the person's license be revoked, suspended, placed on
11 probationary status or reinstated, or whether such person
12 should be subject to other disciplinary action. In the hearing,
13 the written communication and any other evidence submitted
14 therewith may be introduced as evidence against such person;
15 provided however, the person, or their counsel, shall have the
16 opportunity to discredit, impeach and submit evidence
17 rebutting such evidence.

18 (Source: P.A. 95-331, eff. 8-21-07.)

19 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

20 (Section scheduled to be repealed on November 30, 2011)

21 Sec. 26. Advertising.

22 (1) Any person licensed under this Act may advertise the
23 availability of professional services in the public media or on
24 the premises where such professional services are rendered.
25 Such advertising shall be limited to the following information:

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

3 (b) Information pertaining to the person's areas of
4 specialization, including appropriate board certification
5 or limitation of professional practice;

6 (c) Information on usual and customary fees for routine
7 professional services offered, which information shall
8 include, notification that fees may be adjusted due to
9 complications or unforeseen circumstances;

10 (d) Announcement of the opening of, change of, absence
11 from, or return to business;

12 (e) Announcement of additions to or deletions from
13 professional licensed staff;

14 (f) The issuance of business or appointment cards.

15 (2) It is unlawful for any person licensed under this Act
16 to use ~~testimonials or~~ claims of superior quality of care to
17 entice the public. It shall be unlawful to advertise fee
18 comparisons of available services with those of other persons
19 licensed under this Act.

20 (3) This Act does not authorize the advertising of
21 professional services which the offeror of such services is not
22 licensed to render. Nor shall the advertiser use statements
23 which contain false, fraudulent, deceptive or misleading
24 material or guarantees of success, statements which play upon
25 the vanity or fears of the public, or statements which promote
26 or produce unfair competition.

1 (4) A licensee shall include in every advertisement for
2 services regulated under this Act his or her title as it
3 appears on the license or the initials authorized under this
4 Act.

5 (Source: P.A. 91-310, eff. 1-1-00.)

6 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

7 (Section scheduled to be repealed on November 30, 2011)

8 Sec. 33. Any person licensed under this Act to practice
9 medicine in all of its branches shall be authorized to purchase
10 legend drugs requiring an order of a person authorized to
11 prescribe drugs, and to dispense such legend drugs in the
12 regular course of practicing medicine. The dispensing of such
13 legend drugs shall be the personal act of the person licensed
14 under this Act and may not be delegated to any other person not
15 licensed under this Act or the Pharmacy Practice Act unless
16 such delegated dispensing functions are under the direct
17 supervision of the physician authorized to dispense legend
18 drugs. Except when dispensing manufacturers' samples or other
19 legend drugs in a maximum 72 hour supply, persons licensed
20 under this Act shall maintain a book or file of prescriptions
21 as required in the Pharmacy Practice Act. Any person licensed
22 under this Act who dispenses any drug or medicine shall
23 dispense such drug or medicine in good faith and shall affix to
24 the box, bottle, vessel or package containing the same a label
25 indicating (a) the date on which such drug or medicine is

1 dispensed; (b) the name of the patient; (c) the last name of
2 the person dispensing such drug or medicine; (d) the directions
3 for use thereof; and (e) the proprietary name or names or, if
4 there are none, the established name or names of the drug or
5 medicine, the dosage and quantity, except as otherwise
6 authorized by regulation of the Department ~~of Professional~~
7 ~~Regulation~~. The foregoing labeling requirements shall not
8 apply to drugs or medicines in a package which bears a label of
9 the manufacturer containing information describing its
10 contents which is in compliance with requirements of the
11 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
12 Drug, and Cosmetic Act. "Drug" and "medicine" have the meaning
13 ascribed to them in the Pharmacy Practice Act, as now or
14 hereafter amended; "good faith" has the meaning ascribed to it
15 in subsection (v) of Section 102 of the "Illinois Controlled
16 Substances Act", approved August 16, 1971, as amended.

17 Prior to dispensing a prescription to a patient, the
18 physician shall offer a written prescription to the patient
19 which the patient may elect to have filled by the physician or
20 any licensed pharmacy.

21 A violation of any provision of this Section shall
22 constitute a violation of this Act and shall be grounds for
23 disciplinary action provided for in this Act.

24 (Source: P.A. 95-689, eff. 10-29-07.)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 35. The Secretary ~~Director~~ shall have the authority to
3 appoint an attorney duly licensed to practice law in the State
4 of Illinois to serve as the hearing officer in any action to
5 suspend, revoke, place on probationary status, or take any
6 other disciplinary action with regard to a license. The hearing
7 officer shall have full authority to conduct the hearing. The
8 hearing officer shall report his findings and recommendations
9 to the Disciplinary Board within 30 days of the receipt of the
10 record. The Disciplinary Board shall have 60 days from receipt
11 of the report to review the report of the hearing officer and
12 present their findings of fact, conclusions of law and
13 recommendations to the Secretary ~~Director~~.

14 (Source: P.A. 85-4.)

15 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

16 (Section scheduled to be repealed on November 30, 2011)

17 (Text of Section WITH the changes made by P.A. 94-677,
18 which has been held unconstitutional, and by P.A. 96-1372,
19 which amended language added by P.A. 94-677)

20 Sec. 36. Upon the motion of either the Department or the
21 Disciplinary Board or upon the verified complaint in writing of
22 any person setting forth facts which, if proven, would
23 constitute grounds for suspension or revocation under Section
24 22 of this Act, the Department shall investigate the actions of
25 any person, so accused, who holds or represents that they hold

1 a license. Such person is hereinafter called the accused.

2 The Department shall, before suspending, revoking, placing
3 on probationary status, or taking any other disciplinary action
4 as the Department may deem proper with regard to any license at
5 least 30 days prior to the date set for the hearing, notify the
6 accused in writing of any charges made and the time and place
7 for a hearing of the charges before the Disciplinary Board,
8 direct them to file their written answer thereto to the
9 Disciplinary Board under oath within 20 days after the service
10 on them of such notice and inform them that if they fail to
11 file such answer default will be taken against them and their
12 license may be suspended, revoked, placed on probationary
13 status, or have other disciplinary action, including limiting
14 the scope, nature or extent of their practice, as the
15 Department may deem proper taken with regard thereto.

16 Where a physician has been found, upon complaint and
17 investigation of the Department, and after hearing, to have
18 performed an abortion procedure in a wilful and wanton manner
19 upon a woman who was not pregnant at the time such abortion
20 procedure was performed, the Department shall automatically
21 revoke the license of such physician to practice medicine in
22 Illinois.

23 Such written notice and any notice in such proceedings
24 thereafter may be served by delivery of the same, personally,
25 to the accused person, or by mailing the same by registered or
26 certified mail to the accused person's address of record ~~the~~

1 ~~address last theretofore specified by the accused in their last~~
2 ~~notification to the Department.~~

3 All information gathered by the Department during its
4 investigation including information subpoenaed under Section
5 23 or 38 of this Act and the investigative file shall be kept
6 for the confidential use of the Secretary, Disciplinary Board,
7 the Medical Coordinators, persons employed by contract to
8 advise the Medical Coordinator or the Department, the
9 Disciplinary Board's attorneys, the medical investigative
10 staff, and authorized clerical staff, as provided in this Act
11 and shall be afforded the same status as is provided
12 information concerning medical studies in Part 21 of Article
13 VIII of the Code of Civil Procedure, except that the Department
14 may disclose information and documents to a federal, State, or
15 local law enforcement agency pursuant to a subpoena in an
16 ongoing criminal investigation to a health care licensing body
17 of this State or another state or jurisdiction pursuant to an
18 official request made by that licensing body. Furthermore,
19 information and documents disclosed to a federal, State, or
20 local law enforcement agency may be used by that agency only
21 for the investigation and prosecution of a criminal offense or,
22 in the case of disclosure to a health care licensing body, only
23 for investigations and disciplinary action proceedings with
24 regard to a license issued by that licensing body.

25 (Source: P.A. 94-677, eff. 8-25-05; 96-1372, eff. 7-29-10.)

1 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

2 (Section scheduled to be repealed on November 30, 2011)

3 Sec. 37. At the time and place fixed in the notice, the
4 Disciplinary Board provided for in this Act shall proceed to
5 hear the charges, and ~~both~~ the accused person ~~and the~~
6 ~~complainant~~ shall be accorded ample opportunity to present in
7 person, or by counsel, such statements, testimony, evidence and
8 argument as may be pertinent to the charges or to any defense
9 thereto. The Disciplinary Board may continue such hearing from
10 time to time. If the Disciplinary Board is not sitting at the
11 time and place fixed in the notice or at the time and place to
12 which the hearing has been continued, the Department shall
13 continue such hearing for a period not to exceed 30 days.

14 In case the accused person, after receiving notice, fails
15 to file an answer, their license may, in the discretion of the
16 Secretary ~~Director~~, having received first the recommendation
17 of the Disciplinary Board, be suspended, revoked or placed on
18 probationary status, or the Secretary ~~Director~~ may take
19 whatever disciplinary action as he or she may deem proper,
20 including limiting the scope, nature, or extent of said
21 person's practice, without a hearing, if the act or acts
22 charged constitute sufficient grounds for such action under
23 this Act.

24 The Disciplinary Board has the authority to recommend to
25 the Secretary ~~Director~~ that probation be granted or that other
26 disciplinary or non-disciplinary action, including the

1 limitation of the scope, nature or extent of a person's
2 practice, be taken as it deems proper. If disciplinary or
3 non-disciplinary action, other than suspension or revocation,
4 is taken the Disciplinary Board may recommend that the
5 Secretary ~~Director~~ impose reasonable limitations and
6 requirements upon the accused registrant to insure compliance
7 with the terms of the probation or other disciplinary action
8 including, but not limited to, regular reporting by the accused
9 to the Department of their actions, placing themselves under
10 the care of a qualified physician for treatment, or limiting
11 their practice in such manner as the Secretary ~~Director~~ may
12 require.

13 The Secretary ~~Director~~, after consultation with the Chief
14 Medical Coordinator or Deputy Medical Coordinator, may
15 temporarily suspend the license of a physician without a
16 hearing, simultaneously with the institution of proceedings
17 for a hearing provided under this Section if the Secretary
18 ~~Director~~ finds that evidence in his or her possession indicates
19 that a physician's continuation in practice would constitute an
20 immediate danger to the public. In the event that the Secretary
21 ~~Director~~ suspends, temporarily, the license of a physician
22 without a hearing, a hearing by the Disciplinary Board shall be
23 held within 15 days after such suspension has occurred and
24 shall be concluded without appreciable delay.

25 (Source: P.A. 85-4.)

1 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

2 (Section scheduled to be repealed on November 30, 2011)

3 Sec. 38. The Disciplinary Board or Department has power to
4 subpoena and bring before it any person in this State and to
5 take testimony either orally or by deposition, or both, with
6 the same fees and mileage and in the same manner as is
7 prescribed by law for judicial procedure in civil cases.

8 The Disciplinary Board, upon a determination that probable
9 cause exists that a violation of one or more of the grounds for
10 discipline listed in Section 22 has occurred or is occurring,
11 may subpoena the medical and hospital records of individual
12 patients of physicians licensed under this Act, provided, that
13 prior to the submission of such records to the Disciplinary
14 Board, all information indicating the identity of the patient
15 shall be removed and deleted. Notwithstanding the foregoing,
16 the Disciplinary Board and Department shall possess the power
17 to subpoena copies of hospital or medical records in mandatory
18 report cases under Section 23 alleging death or permanent
19 bodily injury when consent to obtain records is not provided by
20 a patient or legal representative. Prior to submission of the
21 records to the Disciplinary Board, all information indicating
22 the identity of the patient shall be removed and deleted. All
23 medical records and other information received pursuant to
24 subpoena shall be confidential and shall be afforded the same
25 status as is proved information concerning medical studies in
26 Part 21 of Article VIII of the Code of Civil Procedure. The use

1 of such records shall be restricted to members of the
2 Disciplinary Board, the medical coordinators, and appropriate
3 staff of the Department ~~of Professional Regulation~~ designated
4 by the Disciplinary Board for the purpose of determining the
5 existence of one or more grounds for discipline of the
6 physician as provided for by Section 22 of this Act. Any such
7 review of individual patients' records shall be conducted by
8 the Disciplinary Board in strict confidentiality, provided
9 that such patient records shall be admissible in a disciplinary
10 hearing, before the Disciplinary Board, when necessary to
11 substantiate the grounds for discipline alleged against the
12 physician licensed under this Act, and provided further, that
13 nothing herein shall be deemed to supersede the provisions of
14 Part 21 of Article VIII of the "Code of Civil Procedure", as
15 now or hereafter amended, to the extent applicable.

16 The Secretary ~~Director~~, and any member of the Disciplinary
17 Board each have power to administer oaths at any hearing which
18 the Disciplinary Board or Department is authorized by law to
19 conduct.

20 The Disciplinary Board, upon a determination that probable
21 cause exists that a violation of one or more of the grounds for
22 discipline listed in Section 22 has occurred or is occurring on
23 the business premises of a physician licensed under this Act,
24 may issue an order authorizing an appropriately qualified
25 investigator employed by the Department to enter upon the
26 business premises with due consideration for patient care of

1 the subject of the investigation so as to inspect the physical
2 premises and equipment and furnishings therein. No such order
3 shall include the right of inspection of business, medical, or
4 personnel records located on the premises. For purposes of this
5 Section, "business premises" is defined as the office or
6 offices where the physician conducts the practice of medicine.
7 Any such order shall expire and become void five business days
8 after its issuance by the Disciplinary Board. The execution of
9 any such order shall be valid only during the normal business
10 hours of the facility or office to be inspected.

11 (Source: P.A. 90-699, eff. 1-1-99.)

12 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 40. The Disciplinary Board shall present to the
15 Secretary ~~Director~~ a written report of its findings and
16 recommendations. A copy of such report shall be served upon the
17 accused person, either personally or by registered or certified
18 mail. Within 20 days after such service, the accused person may
19 present to the Department their motion, in writing, for a
20 rehearing, which written motion shall specify the particular
21 ground therefor. If the accused person orders and pays for a
22 transcript of the record as provided in Section 39, the time
23 elapsing thereafter and before such transcript is ready for
24 delivery to them shall not be counted as part of such 20 days.

25 At the expiration of the time allowed for filing a motion

1 for rehearing, the Secretary ~~Director~~ may take the action
2 recommended by the Disciplinary Board. Upon the suspension,
3 revocation, placement on probationary status, or the taking of
4 any other disciplinary action, including the limiting of the
5 scope, nature, or extent of one's practice, deemed proper by
6 the Department, with regard to the license, certificate or
7 visiting professor permit, the accused shall surrender their
8 license to the Department, if ordered to do so by the
9 Department, and upon their failure or refusal so to do, the
10 Department may seize the same.

11 Each certificate of order of revocation, suspension, or
12 other disciplinary action shall contain a brief, concise
13 statement of the ground or grounds upon which the Department's
14 action is based, as well as the specific terms and conditions
15 of such action. This document shall be retained as a permanent
16 record by the Disciplinary Board and the Secretary ~~Director~~.

17 The Department shall at least annually publish a list of
18 the names of all persons disciplined under this Act in the
19 preceding 12 months. Such lists shall be available ~~mailed~~ by
20 the Department on its Internet website ~~to any person in the~~
21 ~~State upon request~~.

22 In those instances where an order of revocation,
23 suspension, or other disciplinary action has been rendered by
24 virtue of a physician's physical illness, including, but not
25 limited to, deterioration through the aging process, or loss of
26 motor skill which results in a physician's inability to

1 practice medicine with reasonable judgment, skill, or safety,
2 the Department shall only permit this document, and the record
3 of the hearing incident thereto, to be observed, inspected,
4 viewed, or copied pursuant to court order.

5 (Source: P.A. 85-4.)

6 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

7 (Section scheduled to be repealed on November 30, 2011)

8 Sec. 41. Administrative review; certification of record.

9 All final administrative decisions of the Department are
10 subject to judicial review pursuant to the Administrative
11 Review Law and its rules. The term "administrative decision" is
12 defined as in Section 3-101 of the Code of Civil Procedure.

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

17 The Department shall not be required to certify any record
18 to the court, to ~~or~~ file an ~~any~~ answer in court, or ~~to~~
19 otherwise appear in any court in a judicial review proceeding,
20 unless and until ~~there is filed in the court, with the~~
21 ~~complaint, a receipt from~~ the Department has received from the
22 plaintiff acknowledging payment of the costs of furnishing and
23 certifying the record, which costs shall be determined by the
24 Department ~~computed at the rate of 20 cents per page of the~~
25 ~~record~~. Exhibits shall be certified without cost. Failure on

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

11 (Source: P.A. 87-1031; 88-184.)

12 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 42. An order of revocation, suspension, placing the
15 license on probationary status, or other formal disciplinary
16 action as the Department may deem proper, or a certified copy
17 thereof, over the seal of the Department and purporting to be
18 signed by the Secretary ~~Director~~, is prima facie proof that:

19 (a) Such signature is the genuine signature of the
20 Secretary ~~Director~~;

21 (b) The Secretary ~~Director~~ is duly appointed and qualified;
22 and

23 (c) The Disciplinary Board and the members thereof are
24 qualified.

25 Such proof may be rebutted.

1 (Source: P.A. 85-4.)

2 (225 ILCS 60/43) (from Ch. 111, par. 4400-43)

3 (Section scheduled to be repealed on November 30, 2011)

4 Sec. 43. Restoration of license from discipline. At any
5 time after the successful completion of a term of indefinite
6 probation, suspension, or revocation of a license, the
7 Department may restore the license to the licensee, unless
8 after an investigation and a hearing, the Secretary determines
9 that restoration is not in the public interest. No person or
10 entity whose license, certificate, or authority has been
11 revoked as authorized in this Act may apply for restoration of
12 that license, certificate, or authority until such time as
13 provided for in the Civil Administrative Code of Illinois. At
14 any time after the suspension, revocation, placing on
15 probationary status, or taking disciplinary action with regard
16 to any license, the Department may restore it to the accused
17 person, or take any other action to reinstate the license to
18 good standing, without examination, upon the written
19 recommendation of the Disciplinary Board.

20 (Source: P.A. 85-4.)

21 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

22 (Section scheduled to be repealed on November 30, 2011)

23 Sec. 44. None of the disciplinary functions, powers and
24 duties enumerated in this Act shall be exercised by the

1 Department except upon the action and report in writing of the
2 Disciplinary Board.

3 In all instances, under this Act, in which the Disciplinary
4 Board has rendered a recommendation to the Secretary ~~Director~~
5 with respect to a particular physician, the Secretary ~~Director~~
6 shall, in the event that he or she disagrees with or takes
7 action contrary to the recommendation of the Disciplinary
8 Board, file with the Disciplinary Board ~~and the Secretary of~~
9 ~~State~~ his or her specific written reasons of disagreement with
10 the Disciplinary Board. Such reasons shall be filed within 30
11 days of the occurrence of the Secretary's ~~Director's~~ contrary
12 position having been taken.

13 The action and report in writing of a majority of the
14 Disciplinary Board designated is sufficient authority upon
15 which the Secretary ~~Director~~ may act.

16 Whenever the Secretary ~~Director~~ is satisfied that
17 substantial justice has not been done either in an examination,
18 or in a formal disciplinary action, or refusal to restore a
19 license, he or she may order a reexamination or rehearing by
20 the same or other examiners.

21 (Source: P.A. 85-4.)

22 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

23 (Section scheduled to be repealed on November 30, 2011)

24 Sec. 47. Administrative Procedure Act. The Illinois
25 Administrative Procedure Act is hereby expressly adopted and

1 incorporated herein as if all of the provisions of that Act
2 were included in this Act, except that the provision of
3 subsection (d) of Section 10-65 of the Illinois Administrative
4 Procedure Act that provides that at hearings the licensee has
5 the right to show compliance with all lawful requirements for
6 retention, continuation or renewal of the license is
7 specifically excluded. For the purposes of this Act the notice
8 required under Section 10-25 of the Illinois Administrative
9 Procedure Act is deemed sufficient when mailed to the ~~last~~
10 ~~known~~ address of record of a party.

11 (Source: P.A. 88-45.)

12 (225 ILCS 60/59) (from Ch. 111, par. 4400-59)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 59. Any person who violates for the first time Section
15 49, 50, 51, 52, 53, 54, 55, or 56 of this Act is guilty of a
16 Class 4 felony. Any person who violates for the first time
17 Section 27 of this Act is guilty of a Class A misdemeanor.

18 Any person who has been previously convicted under Section
19 49, 50, 51, 52, 53, 54, 55, or 56 of this Act and who
20 subsequently violates any of the Sections is guilty of a Class
21 3 felony. Any person who has been previously convicted under
22 Section 27 of this Act and who subsequently violates Section 27
23 is guilty of a Class 4 felony. In addition, whenever any person
24 is punished as a repeat offender under this Section, the
25 Secretary ~~Director~~ of the Department shall proceed to obtain a

1 permanent injunction against such person under Section 61 of
2 this Act.

3 (Source: P.A. 85-4.)

4 (225 ILCS 60/61) (from Ch. 111, par. 4400-61)

5 (Section scheduled to be repealed on November 30, 2011)

6 Sec. 61. The practice of medicine in all of its branches or
7 the treatment of human ailments without the use of drugs and
8 without operative surgery by any person not at that time
9 holding a valid and current license under this Act to do so is
10 hereby declared to be inimical to the public welfare and to
11 constitute a public nuisance. The Secretary ~~Director~~ of the
12 Department, the Attorney General of the State of Illinois, the
13 State's Attorney of any County in the State, or any resident
14 citizen may maintain an action in the name of the people of the
15 State of Illinois, may apply for an injunction in the circuit
16 court to enjoin any such person from engaging in such practice;
17 and, upon the filing of a verified petition in such court, the
18 court or any judge thereof, if satisfied by affidavit, or
19 otherwise, that such person has been engaged in such practice
20 without a valid and current license to do so, may issue a
21 temporary restraining order or preliminary injunction without
22 notice or bond, enjoining the defendant from any such further
23 practice. A copy of the verified complaint shall be served upon
24 the defendant and the proceedings shall thereafter be conducted
25 as in other civil cases. If it be established that the

1 defendant has been, or is engaged in any such unlawful
2 practice, the court, or any judge thereof, may enter an order
3 or judgment perpetually enjoining the defendant from further
4 engaging in such practice. In all proceedings hereunder the
5 court, in its discretion, may apportion the costs among the
6 parties interested in the suit, including cost of filing
7 complaint, service of process, witness fees and expenses, court
8 reporter charges and reasonable attorneys fees. In case of
9 violation of any injunction entered under the provisions of
10 this Section, the court, or any judge thereof, may summarily
11 try and punish the offender for contempt of court. Such
12 injunction proceedings shall be in addition to, and not in lieu
13 of, all penalties and other remedies in this Act provided.

14 (Source: P.A. 85-4.)

15 (225 ILCS 60/32 rep.)

16 Section 15. The Medical Practice Act of 1987 is amended by
17 repealing Section 32.

18 Section 97. Severability. The provisions of this Act are
19 severable under Section 1.31 of the Statute on Statutes.

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

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