



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

HB5105

Introduced 2/8/2012, by Rep. Angelo Saviano

#### SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5  
225 ILCS 95/7

from Ch. 111, par. 4607

Amends Physician Assistant Practice Act of 1987. Provides that a supervising physician shall determine the number of physician assistants under his or her supervision provided the physician is able to provide adequate supervision as outlined in the written supervision agreement and consideration is given to the nature of the physician's practice, complexity of the patient population, and the experience of each supervised physician assistant. Amends the Medical Practice Act of 1987 to make corresponding changes.

LRB097 18807 CEL 64044 b

1 AN ACT concerning regulation.

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

4 Section 5. The Medical Practice Act of 1987 is amended by  
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on December 31, 2012)

8 Sec. 54.5. Physician delegation of authority to physician  
9 assistants and advanced practice nurses.

10 (a) Physicians licensed to practice medicine in all its  
11 branches may delegate care and treatment responsibilities to a  
12 physician assistant under guidelines in accordance with the  
13 requirements of the Physician Assistant Practice Act of 1987. ~~A~~  
14 ~~physician licensed to practice medicine in all its branches may~~  
15 ~~enter into supervising physician agreements with no more than 2~~  
16 ~~physician assistants.~~

17 (b) A physician licensed to practice medicine in all its  
18 branches in active clinical practice may collaborate with an  
19 advanced practice nurse in accordance with the requirements of  
20 the Nurse Practice Act. Collaboration is for the purpose of  
21 providing medical consultation, and no employment relationship  
22 is required. A written collaborative agreement shall conform to  
23 the requirements of Section 65-35 of the Nurse Practice Act.

1 The written collaborative agreement shall be for services the  
2 collaborating physician generally provides to his or her  
3 patients in the normal course of clinical medical practice. A  
4 written collaborative agreement shall be adequate with respect  
5 to collaboration with advanced practice nurses if all of the  
6 following apply:

7 (1) The agreement is written to promote the exercise of  
8 professional judgment by the advanced practice nurse  
9 commensurate with his or her education and experience. The  
10 agreement need not describe the exact steps that an  
11 advanced practice nurse must take with respect to each  
12 specific condition, disease, or symptom, but must specify  
13 those procedures that require a physician's presence as the  
14 procedures are being performed.

15 (2) Practice guidelines and orders are developed and  
16 approved jointly by the advanced practice nurse and  
17 collaborating physician, as needed, based on the practice  
18 of the practitioners. Such guidelines and orders and the  
19 patient services provided thereunder are periodically  
20 reviewed by the collaborating physician.

21 (3) The advance practice nurse provides services the  
22 collaborating physician generally provides to his or her  
23 patients in the normal course of clinical practice, except  
24 as set forth in subsection (b-5) of this Section. With  
25 respect to labor and delivery, the collaborating physician  
26 must provide delivery services in order to participate with

1 a certified nurse midwife.

2 (4) The collaborating physician and advanced practice  
3 nurse consult at least once a month to provide  
4 collaboration and consultation.

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

9 (6) The agreement contains provisions detailing notice  
10 for termination or change of status involving a written  
11 collaborative agreement, except when such notice is given  
12 for just cause.

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

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

26 (2) for anesthesia services, the anesthesiologist or

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

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

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

18 (d) (Blank).

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

1 lacked the competency to perform the act or acts or commits  
2 willful and wanton misconduct.

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

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

13 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11.)

14 Section 10. The Physician Assistant Practice Act of 1987 is  
15 amended by changing Section 7 as follows:

16 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

18 Sec. 7. Supervision requirements.

19 (a) A supervising physician shall determine the number of  
20 physician assistants under his or her supervision provided the  
21 physician is able to provide adequate supervision as outlined  
22 in the written supervision agreement required under Section 7.5  
23 of this Act and consideration is given to the nature of the  
24 physician's practice, complexity of the patient population,

1 and the experience of each supervised physician assistant. A ~~No~~  
2 ~~more than 2 physician assistants shall be supervised by the~~  
3 ~~supervising physician, although a physician assistant shall be~~  
4 able to hold more than one professional position. A ~~Each~~  
5 supervising physician shall file a notice of supervision of  
6 each ~~such~~ physician assistant according to the rules of the  
7 Department. ~~However, the alternate supervising physician may~~  
8 ~~supervise more than 2 physician assistants when the supervising~~  
9 ~~physician is unable to provide such supervision consistent with~~  
10 ~~the definition of alternate physician in Section 4.~~ It is the  
11 responsibility of the supervising physician to maintain  
12 documentation each time he or she has designated an alternative  
13 supervising physician. This documentation shall include the  
14 date alternate supervisory control began, the date alternate  
15 supervisory control ended, and any other changes. A supervising  
16 physician shall provide a copy of this documentation to the  
17 Department, upon request.

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

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

25 Nothing in this Act shall be construed to prohibit the  
26 employment of physician assistants by a hospital, nursing home

1 or other health care facility where such physician assistants  
2 function under the supervision of a supervising physician.

3 Physician assistants may be employed by the Department of  
4 Corrections or the Department of Human Services (as successor  
5 to the Department of Mental Health and Developmental  
6 Disabilities) for service in facilities maintained by such  
7 Departments and affiliated training facilities in programs  
8 conducted under the authority of the Director of Corrections or  
9 the Secretary of Human Services. Each physician assistant  
10 employed by the Department of Corrections or the Department of  
11 Human Services (as successor to the Department of Mental Health  
12 and Developmental Disabilities) shall be under the supervision  
13 of a physician engaged in clinical practice and direct patient  
14 care. Duties of each physician assistant employed by such  
15 Departments are limited to those within the scope of practice  
16 of the supervising physician who is fully responsible for all  
17 physician assistant activities.

18 A physician assistant may be employed by a practice group  
19 or other entity employing multiple physicians at one or more  
20 locations. In that case, one of the physicians practicing at a  
21 location shall be designated the supervising physician. The  
22 other physicians with that practice group or other entity who  
23 practice in the same general type of practice or specialty as  
24 the supervising physician may supervise the physician  
25 assistant with respect to their patients without being deemed  
26 alternate supervising physicians for the purpose of this Act.



1           (b) A physician assistant licensed in this State, or  
2 licensed or authorized to practice in any other U.S.  
3 jurisdiction or credentialed by his or her federal employer as  
4 a physician assistant, who is responding to a need for medical  
5 care created by an emergency or by a state or local disaster  
6 may render such care that the physician assistant is able to  
7 provide without supervision as it is defined in this Section or  
8 with such supervision as is available. For purposes of this  
9 Section, an "emergency situation" shall not include one that  
10 occurs in the place of one's employment.

11           Any physician who supervises a physician assistant  
12 providing medical care in response to such an emergency or  
13 state or local disaster shall not be required to meet the  
14 requirements set forth in this Section for a supervising  
15 physician.

16           (Source: P.A. 95-703, eff. 12-31-07; 96-70, eff. 7-23-09.)