



Rep. John E. Bradley

Filed: 5/29/2014

09800SB2187ham005

LRB098 10555 ZMM 60397 a

1 AMENDMENT TO SENATE BILL 2187

2 AMENDMENT NO. _____. Amend Senate Bill 2187, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Clinical Psychologist Licensing Act is
6 amended by changing Sections 2, 7, and 15 and by adding
7 Sections 4.2, 4.3, and 4.5 as follows:

8 (225 ILCS 15/2) (from Ch. 111, par. 5352)

9 (Section scheduled to be repealed on January 1, 2017)

10 Sec. 2. Definitions. As used in this Act:

11 (1) "Department" means the Department of Financial and
12 Professional Regulation.

13 (2) "Secretary" means the Secretary of Financial and
14 Professional Regulation.

15 (3) "Board" means the Clinical Psychologists Licensing
16 and Disciplinary Board appointed by the Secretary.

1 (4) "Person" means an individual, association,
2 partnership or corporation.

3 (5) "Clinical psychology" means the independent
4 evaluation, classification and treatment of mental,
5 emotional, behavioral or nervous disorders or conditions,
6 developmental disabilities, alcoholism and substance
7 abuse, disorders of habit or conduct, the psychological
8 aspects of physical illness. The practice of clinical
9 psychology includes psychoeducational evaluation, therapy,
10 remediation and consultation, the use of psychological and
11 neuropsychological testing, assessment, psychotherapy,
12 psychoanalysis, hypnosis, biofeedback, and behavioral
13 modification when any of these are used for the purpose of
14 preventing or eliminating psychopathology, or for the
15 amelioration of psychological disorders of individuals or
16 groups. "Clinical psychology" does not include the use of
17 hypnosis by unlicensed persons pursuant to Section 3.

18 (6) A person represents himself to be a "clinical
19 psychologist" or "psychologist" within the meaning of this
20 Act when he or she holds himself out to the public by any
21 title or description of services incorporating the words
22 "psychological", "psychologic", "psychologist",
23 "psychology", or "clinical psychologist" or under such
24 title or description offers to render or renders clinical
25 psychological services as defined in paragraph (7) of this
26 Section to individuals, corporations, or the public for

1 remuneration.

2 (7) "Clinical psychological services" refers to any
3 services under paragraph (5) of this Section if the words
4 "psychological", "psychologic", "psychologist",
5 "psychology" or "clinical psychologist" are used to
6 describe such services by the person or organization
7 offering to render or rendering them.

8 (8) "Collaborating physician" means a physician
9 licensed to practice medicine in all of its branches in
10 Illinois who generally prescribes medications for the
11 treatment of mental health disease or illness to his or her
12 patients in the normal course of his or her clinical
13 medical practice.

14 (9) "Prescribing psychologist" means a licensed,
15 doctoral level psychologist who has undergone specialized
16 training, has passed an examination as determined by rule,
17 and has received a current license granting prescriptive
18 authority under Section 4.2 of this Act that has not been
19 revoked or suspended from the Department.

20 (10) "Prescriptive authority" means the authority to
21 prescribe, administer, discontinue, or distribute drugs or
22 medicines.

23 (11) "Prescription" means an order for a drug,
24 laboratory test, or any medicines, including controlled
25 substances as defined in the Illinois Controlled
26 Substances Act.

1 (12) "Drugs" has the meaning given to that term in the
2 Pharmacy Practice Act.

3 (13) "Medicines" has the meaning given to that term in
4 the Pharmacy Practice Act.

5 This Act shall not apply to persons lawfully carrying on
6 their particular profession or business under any valid
7 existing regulatory Act of the State.

8 (Source: P.A. 94-870, eff. 6-16-06.)

9 (225 ILCS 15/4.2 new)

10 Sec. 4.2. Prescribing psychologist license.

11 (a) A psychologist may apply to the Department for a
12 prescribing psychologist license. The application shall be
13 made on a form approved by the Department, include the payment
14 of any required fees, and be accompanied by evidence
15 satisfactory to the Department that the applicant:

16 (1) holds a current license to practice clinical
17 psychology in Illinois;

18 (2) has successfully completed the following minimum
19 educational and training requirements either during the
20 doctoral program required for licensure under this Section
21 or in an accredited undergraduate or master level program
22 prior to or subsequent to the doctoral program required
23 under this Section:

24 (A) specific minimum undergraduate biomedical
25 prerequisite coursework, including, but not limited

1 to: Medical Terminology (class or proficiency);
2 Chemistry or Biochemistry with lab (2 semesters);
3 Human Physiology (one semester); Human Anatomy (one
4 semester); Anatomy and Physiology; Microbiology with
5 lab (one semester); and General Biology for science
6 majors or Cell and Molecular Biology (one semester);

7 (B) a minimum of 60 credit hours of didactic
8 coursework, including, but not limited to:
9 Pharmacology; Clinical Psychopharmacology; Clinical
10 Anatomy and Integrated Science; Patient Evaluation;
11 Advanced Physical Assessment; Research Methods;
12 Advanced Pathophysiology; Diagnostic Methods; Problem
13 Based Learning; and Clinical and Procedural Skills;
14 and

15 (C) a full-time practicum of 14 months supervised
16 clinical training of at least 36 credit hours,
17 including a research project; during the clinical
18 rotation phase, students complete rotations in
19 Emergency Medicine, Family Medicine, Geriatrics,
20 Internal Medicine, Obstetrics and Gynecology,
21 Pediatrics, Psychiatrics, Surgery, and one elective of
22 the students' choice; program approval standards
23 addressing faculty qualifications, regular competency
24 evaluation and length of clinical rotations, and
25 instructional settings, including hospitals, hospital
26 outpatient clinics, community mental health clinics,

1 and correctional facilities, in accordance with those
2 of the Accreditation Review Commission on Education
3 for the Physician Assistant shall be set by Department
4 by rule;

5 (3) has completed a National Certifying Exam, as
6 determined by rule; and

7 (4) meets all other requirements for obtaining a
8 prescribing psychologist license, as determined by rule.

9 (b) The Department may issue a prescribing psychologist
10 license if it finds that the applicant has met the requirements
11 of subsection (a) of this Section.

12 (c) A prescribing psychologist may only prescribe
13 medication pursuant to the provisions of this Act if the
14 prescribing psychologist:

15 (1) continues to hold a current license to practice
16 psychology in Illinois;

17 (2) satisfies the continuing education requirements
18 for prescribing psychologists, including 10 hours of
19 continuing education annually in pharmacology from
20 accredited providers; and

21 (3) maintains a written collaborative agreement with a
22 collaborating physician pursuant to Section 4.3 of this
23 Act.

24 (225 ILCS 15/4.3 new)

25 Sec. 4.3. Written collaborative agreements.

1 (a) A written collaborative agreement is required for all
2 prescribing psychologists practicing under a prescribing
3 psychologist license issued pursuant to Section 4.2 of this
4 Act.

5 (b) A written delegation of prescriptive authority by a
6 collaborating physician may only include medications for the
7 treatment of mental health disease or illness the collaborating
8 physician generally provides to his or her patients in the
9 normal course of his or her clinical practice with the
10 exception of the following:

11 (1) patients who are less than 17 years of age or over
12 65 years of age;

13 (2) patients during pregnancy;

14 (3) patients with serious medical conditions, such as
15 heart disease, cancer, stroke, or seizures, and with
16 developmental disabilities and intellectual disabilities;
17 and

18 (4) prescriptive authority for benzodiazepine Schedule
19 III controlled substances.

20 (c) The collaborating physician shall file with the
21 Department notice of delegation of prescriptive authority and
22 termination of the delegation, in accordance with rules of the
23 Department. Upon receipt of this notice delegating authority to
24 prescribe any nonnarcotic Schedule III through V controlled
25 substances, the licensed clinical psychologist shall be
26 eligible to register for a mid-level practitioner controlled

1 substance license under Section 303.05 of the Illinois
2 Controlled Substances Act.

3 (d) All of the following shall apply to delegation of
4 prescriptive authority:

5 (1) Any delegation of Schedule III through V controlled
6 substances shall identify the specific controlled
7 substance by brand name or generic name. No controlled
8 substance to be delivered by injection may be delegated. No
9 Schedule II controlled substance shall be delegated.

10 (2) A prescribing psychologist shall not prescribe
11 narcotic drugs, as defined in Section 102 of the Illinois
12 Controlled Substances Act.

13 Any prescribing psychologist who writes a prescription for
14 a controlled substance without having valid and appropriate
15 authority may be fined by the Department not more than \$50 per
16 prescription and the Department may take any other disciplinary
17 action provided for in this Act.

18 (e) The written collaborative agreement shall describe the
19 working relationship of the prescribing psychologist with the
20 collaborating physician and shall delegate prescriptive
21 authority as provided in this Act. Collaboration does not
22 require an employment relationship between the collaborating
23 physician and prescribing psychologist. Absent an employment
24 relationship, an agreement may not restrict third-party
25 payment sources accepted by the prescribing psychologist. For
26 the purposes of this Section, "collaboration" means the

1 relationship between a prescribing psychologist and a
2 collaborating physician with respect to the delivery of
3 prescribing services in accordance with (1) the prescribing
4 psychologist's training, education, and experience and (2)
5 collaboration and consultation as documented in a jointly
6 developed written collaborative agreement.

7 (f) The agreement shall promote the exercise of
8 professional judgment by the prescribing psychologist
9 corresponding to his or her education and experience.

10 (g) The collaborative agreement shall not be construed to
11 require the personal presence of a physician at the place where
12 services are rendered. Methods of communication shall be
13 available for consultation with the collaborating physician in
14 person or by telecommunications in accordance with established
15 written guidelines as set forth in the written agreement.

16 (h) Collaboration and consultation pursuant to all
17 collaboration agreements shall be adequate if a collaborating
18 physician does each of the following:

19 (1) participates in the joint formulation and joint
20 approval of orders or guidelines with the prescribing
21 psychologist and he or she periodically reviews the
22 prescribing psychologist's orders and the services
23 provided patients under the orders in accordance with
24 accepted standards of medical practice and prescribing
25 psychologist practice;

26 (2) provides collaboration and consultation with the

1 prescribing psychologist in person at least once a month
2 for review of safety and quality clinical care or
3 treatment;

4 (3) is available through telecommunications for
5 consultation on medical problems, complications,
6 emergencies, or patient referral; and

7 (4) reviews medication orders of the prescribing
8 psychologist no less than monthly, including review of
9 laboratory tests and other tests as available.

10 (i) The written collaborative agreement shall contain
11 provisions detailing notice for termination or change of status
12 involving a written collaborative agreement, except when the
13 notice is given for just cause.

14 (j) A copy of the signed written collaborative agreement
15 shall be available to the Department upon request to either the
16 prescribing psychologist or the collaborating physician.

17 (k) Nothing in this Section shall be construed to limit the
18 authority of a prescribing psychologist to perform all duties
19 authorized under this Act.

20 (l) A prescribing psychologist shall inform each
21 collaborating physician of all collaborative agreements he or
22 she has signed and provide a copy of these to any collaborating
23 physician.

24 (m) No collaborating physician shall enter into more than 3
25 collaborative agreements with prescribing psychologists.

1 (225 ILCS 15/4.5 new)

2 Sec. 4.5. Endorsement.

3 (a) Individuals who are already licensed as medical or
4 prescribing psychologists in another state may apply for an
5 Illinois prescribing psychologist license by endorsement from
6 that state, or acceptance of that state's examination if they
7 meet the requirements set forth in this Act and its rules,
8 including proof of successful completion of the educational,
9 testing, and experience standards. Applicants from other
10 states may not be required to pass the examination required for
11 licensure as a prescribing psychologist in Illinois if they
12 meet requirements set forth in this Act and its rules, such as
13 proof of education, testing, payment of any fees, and
14 experience.

15 (b) Individuals who graduated from the Department of
16 Defense Psychopharmacology Demonstration Project may apply for
17 an Illinois prescribing psychologist license by endorsement.
18 Applicants from the Department of Defense Psychopharmacology
19 Demonstration Project may not be required to pass the
20 examination required for licensure as a prescribing
21 psychologist in Illinois if they meet requirements set forth in
22 this Act and its rules, such as proof of education, testing,
23 payment of any fees, and experience.

24 (c) Individuals applying for a prescribing psychologist
25 license by endorsement shall be required to first obtain a
26 clinical psychologist license under this Act.

1 (225 ILCS 15/7) (from Ch. 111, par. 5357)

2 (Section scheduled to be repealed on January 1, 2017)

3 Sec. 7. Board. The Secretary shall appoint a Board that
4 shall serve in an advisory capacity to the Secretary.

5 The Board shall consist of 11 ~~7~~ persons; ~~4~~ 4 of whom are
6 licensed clinical psychologists, and actively engaged in the
7 practice of clinical psychology; 2 of whom are licensed
8 prescribing psychologists; 2 of whom are physicians licensed to
9 practice medicine in all its branches in Illinois who generally
10 prescribe medications for the treatment of mental health
11 disease or illness in the normal course of clinical medical
12 practice, one of whom shall be a psychiatrist and the other a
13 primary care or family physician; ~~2~~ 2 of whom are licensed
14 clinical psychologists and are full time faculty members of
15 accredited colleges or universities who are engaged in training
16 clinical psychologists; ~~1~~ and one of whom is a public member who
17 is not a licensed health care provider. In appointing members
18 of the Board, the Secretary shall give due consideration to the
19 adequate representation of the various fields of health care
20 psychology such as clinical psychology, school psychology and
21 counseling psychology. In appointing members of the Board, the
22 Secretary shall give due consideration to recommendations by
23 members of the profession of clinical psychology and by the
24 State-wide organizations representing the interests of
25 clinical psychologists and organizations representing the

1 interests of academic programs as well as recommendations by
2 approved doctoral level psychology programs in the State of
3 Illinois, and, with respect to the 2 physician members of the
4 Board, the Secretary shall give due consideration to
5 recommendations by the Statewide professional associations or
6 societies representing physicians licensed to practice
7 medicine in all its branches in Illinois. The members shall be
8 appointed for a term of 4 years. No member shall be eligible to
9 serve for more than 2 full terms. Any appointment to fill a
10 vacancy shall be for the unexpired portion of the term. A
11 member appointed to fill a vacancy for an unexpired term for a
12 duration of 2 years or more may be reappointed for a maximum of
13 one term and a member appointed to fill a vacancy for an
14 unexpired term for a duration of less than 2 years may be
15 reappointed for a maximum of 2 terms. The Secretary may remove
16 any member for cause at any time prior to the expiration of his
17 or her term.

18 The 2 initial appointees to the Board who are licensed
19 prescribing psychologists may hold a medical or prescription
20 license issued by another state so long as the license is
21 deemed by the Secretary to be substantially equivalent to a
22 prescribing psychologist license under this Act and so long as
23 the appointees also maintain an Illinois clinical psychologist
24 license. Such initial appointees shall serve on the Board until
25 the Department adopts rules necessary too implement licensure
26 under Section 4.2 of this Act.

1 The Board shall annually elect one of its members as
2 chairperson and vice chairperson.

3 The members of the Board shall be reimbursed for all
4 authorized legitimate and necessary expenses incurred in
5 attending the meetings of the Board.

6 The Secretary shall give due consideration to all
7 recommendations of the Board. In the event the Secretary
8 disagrees with or takes action contrary to the recommendation
9 of the Board, he or she shall provide the Board with a written
10 and specific explanation of his or her actions.

11 The Board may make recommendations on all matters relating
12 to continuing education including the number of hours necessary
13 for license renewal, waivers for those unable to meet such
14 requirements and acceptable course content. Such
15 recommendations shall not impose an undue burden on the
16 Department or an unreasonable restriction on those seeking
17 license renewal.

18 The 2 licensed prescribing psychologist members of the
19 Board and the 2 physician members of the Board shall only
20 deliberate and make recommendations related to the licensure
21 and discipline of prescribing psychologists. Four members
22 shall constitute a quorum, except that all deliberations and
23 recommendations related to the licensure and discipline of
24 prescribing psychologists shall require a quorum of 6 members.

25 A quorum is required for all Board decisions.

26 Members of the Board shall have no liability in any action

1 based upon any disciplinary proceeding or other activity
2 performed in good faith as a member of the Board.

3 The Secretary may terminate the appointment of any member
4 for cause which in the opinion of the Secretary reasonably
5 justifies such termination.

6 (Source: P.A. 96-1050, eff. 1-1-11.)

7 (225 ILCS 15/15) (from Ch. 111, par. 5365)

8 (Section scheduled to be repealed on January 1, 2017)

9 Sec. 15. Disciplinary action; grounds. The Department may
10 refuse to issue, refuse to renew, suspend, or revoke any
11 license, or may place on probation, censure, reprimand, or take
12 other disciplinary action deemed appropriate by the
13 Department, including the imposition of fines not to exceed
14 \$10,000 for each violation, with regard to any license issued
15 under the provisions of this Act for any one or a combination
16 of the following reasons:

17 (1) Conviction of, or entry of a plea of guilty or nolo
18 contendere to, any crime that is a felony under the laws of
19 the United States or any state or territory thereof or that
20 is a misdemeanor of which an essential element is
21 dishonesty, or any crime that is directly related to the
22 practice of the profession.

23 (2) Gross negligence in the rendering of clinical
24 psychological services.

25 (3) Using fraud or making any misrepresentation in

1 applying for a license or in passing the examination
2 provided for in this Act.

3 (4) Aiding or abetting or conspiring to aid or abet a
4 person, not a clinical psychologist licensed under this
5 Act, in representing himself or herself as so licensed or
6 in applying for a license under this Act.

7 (5) Violation of any provision of this Act or the rules
8 promulgated thereunder.

9 (6) Professional connection or association with any
10 person, firm, association, partnership or corporation
11 holding himself, herself, themselves, or itself out in any
12 manner contrary to this Act.

13 (7) Unethical, unauthorized or unprofessional conduct
14 as defined by rule. In establishing those rules, the
15 Department shall consider, though is not bound by, the
16 ethical standards for psychologists promulgated by
17 recognized national psychology associations.

18 (8) Aiding or assisting another person in violating any
19 provisions of this Act or the rules promulgated thereunder.

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

22 (10) Habitual or excessive use or addiction to alcohol,
23 narcotics, stimulants, or any other chemical agent or drug
24 that results in a clinical psychologist's inability to
25 practice with reasonable judgment, skill or safety.

26 (11) Discipline by another state, territory, the

1 District of Columbia or foreign country, if at least one of
2 the grounds for the discipline is the same or substantially
3 equivalent to those set forth herein.

4 (12) Directly or indirectly giving or receiving from
5 any person, firm, corporation, association or partnership
6 any fee, commission, rebate, or other form of compensation
7 for any professional service not actually or personally
8 rendered. Nothing in this paragraph (12) affects any bona
9 fide independent contractor or employment arrangements
10 among health care professionals, health facilities, health
11 care providers, or other entities, except as otherwise
12 prohibited by law. Any employment arrangements may include
13 provisions for compensation, health insurance, pension, or
14 other employment benefits for the provision of services
15 within the scope of the licensee's practice under this Act.
16 Nothing in this paragraph (12) shall be construed to
17 require an employment arrangement to receive professional
18 fees for services rendered.

19 (13) A finding by the Board that the licensee, after
20 having his or her license placed on probationary status has
21 violated the terms of probation.

22 (14) Willfully making or filing false records or
23 reports, including but not limited to, false records or
24 reports filed with State agencies or departments.

25 (15) Physical illness, including but not limited to,
26 deterioration through the aging process, mental illness or

1 disability that results in the inability to practice the
2 profession with reasonable judgment, skill and safety.

3 (16) Willfully failing to report an instance of
4 suspected child abuse or neglect as required by the Abused
5 and Neglected Child Reporting Act.

6 (17) Being named as a perpetrator in an indicated
7 report by the Department of Children and Family Services
8 pursuant to the Abused and Neglected Child Reporting Act,
9 and upon proof by clear and convincing evidence that the
10 licensee has caused a child to be an abused child or
11 neglected child as defined in the Abused and Neglected
12 Child Reporting Act.

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

15 (19) Making a material misstatement in furnishing
16 information to the Department, any other State or federal
17 agency, or any other entity.

18 (20) Failing to report to the Department any adverse
19 judgment, settlement, or award arising from a liability
20 claim related to an act or conduct similar to an act or
21 conduct that would constitute grounds for action as set
22 forth in this Section.

23 (21) Failing to report to the Department any adverse
24 final action taken against a licensee or applicant by
25 another licensing jurisdiction, including any other state
26 or territory of the United States or any foreign state or

1 country, or any peer review body, health care institution,
2 professional society or association related to the
3 profession, governmental agency, law enforcement agency,
4 or court for an act or conduct similar to an act or conduct
5 that would constitute grounds for disciplinary action as
6 set forth in this Section.

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

12 (23) Violating state or federal laws or regulations
13 relating to controlled substances, legend drugs, or
14 ephedra as defined in the Ephedra Prohibition Act.

15 (24) Exceeding the terms of a collaborative agreement
16 or the prescriptive authority delegated to a licensee by
17 his or her collaborating physician or established under a
18 written collaborative agreement.

19 The entry of an order by any circuit court establishing
20 that any person holding a license under this Act is subject to
21 involuntary admission or judicial admission as provided for in
22 the Mental Health and Developmental Disabilities Code,
23 operates as an automatic suspension of that license. That
24 person may have his or her license restored only upon the
25 determination by a circuit court that the patient is no longer
26 subject to involuntary admission or judicial admission and the

1 issuance of an order so finding and discharging the patient and
2 upon the Board's recommendation to the Department that the
3 license be restored. Where the circumstances so indicate, the
4 Board may recommend to the Department that it require an
5 examination prior to restoring any license so automatically
6 suspended.

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

14 In enforcing this Section, the Board upon a showing of a
15 possible violation may compel any person licensed to practice
16 under this Act, or who has applied for licensure or
17 certification pursuant to this Act, to submit to a mental or
18 physical examination, or both, as required by and at the
19 expense of the Department. The examining physicians or clinical
20 psychologists shall be those specifically designated by the
21 Board. The Board or the Department may order the examining
22 physician or clinical psychologist to present testimony
23 concerning this mental or physical examination of the licensee
24 or applicant. No information shall be excluded by reason of any
25 common law or statutory privilege relating to communications
26 between the licensee or applicant and the examining physician

1 or clinical psychologist. The person to be examined may have,
2 at his or her own expense, another physician or clinical
3 psychologist of his or her choice present during all aspects of
4 the examination. Failure of any person to submit to a mental or
5 physical examination, when directed, shall be grounds for
6 suspension of a license until the person submits to the
7 examination if the Board finds, after notice and hearing, that
8 the refusal to submit to the examination was without reasonable
9 cause.

10 If the Board finds a person unable to practice because of
11 the reasons set forth in this Section, the Board may require
12 that person to submit to care, counseling or treatment by
13 physicians or clinical psychologists approved or designated by
14 the Board, as a condition, term, or restriction for continued,
15 reinstated, or renewed licensure to practice; or, in lieu of
16 care, counseling or treatment, the Board may recommend to the
17 Department to file a complaint to immediately suspend, revoke
18 or otherwise discipline the license of the person. Any person
19 whose license was granted, continued, reinstated, renewed,
20 disciplined or supervised subject to such terms, conditions or
21 restrictions, and who fails to comply with such terms,
22 conditions or restrictions, shall be referred to the Secretary
23 for a determination as to whether the person shall have his or
24 her license suspended immediately, pending a hearing by the
25 Board.

26 In instances in which the Secretary immediately suspends a

1 person's license under this Section, a hearing on that person's
2 license must be convened by the Board within 15 days after the
3 suspension and completed without appreciable delay. The Board
4 shall have the authority to review the subject person's record
5 of treatment and counseling regarding the impairment, to the
6 extent permitted by applicable federal statutes and
7 regulations safeguarding the confidentiality of medical
8 records.

9 A person licensed under this Act and affected under this
10 Section shall be afforded an opportunity to demonstrate to the
11 Board that he or she can resume practice in compliance with
12 acceptable and prevailing standards under the provisions of his
13 or her license.

14 (Source: P.A. 96-1482, eff. 11-29-10.)

15 Section 10. The Medical Practice Act of 1987 is amended by
16 changing Sections 22 and 54.5 as follows:

17 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

18 (Section scheduled to be repealed on December 31, 2014)

19 Sec. 22. Disciplinary action.

20 (A) The Department may revoke, suspend, place on probation,
21 reprimand, refuse to issue or renew, or take any other
22 disciplinary or non-disciplinary action as the Department may
23 deem proper with regard to the license or permit of any person
24 issued under this Act to practice medicine, or a chiropractic

1 physician, including imposing fines not to exceed \$10,000 for
2 each violation, upon any of the following grounds:

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

5 (a) a facility licensed pursuant to the Ambulatory
6 Surgical Treatment Center Act;

7 (b) an institution licensed under the Hospital
8 Licensing Act;

9 (c) an ambulatory surgical treatment center or
10 hospitalization or care facility maintained by the
11 State or any agency thereof, where such department or
12 agency has authority under law to establish and enforce
13 standards for the ambulatory surgical treatment
14 centers, hospitalization, or care facilities under its
15 management and control;

16 (d) ambulatory surgical treatment centers,
17 hospitalization or care facilities maintained by the
18 Federal Government; or

19 (e) ambulatory surgical treatment centers,
20 hospitalization or care facilities maintained by any
21 university or college established under the laws of
22 this State and supported principally by public funds
23 raised by taxation.

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

1 (3) A plea of guilty or nolo contendere, finding of
2 guilt, jury verdict, or entry of judgment or sentencing,
3 including, but not limited to, convictions, preceding
4 sentences of supervision, conditional discharge, or first
5 offender probation, under the laws of any jurisdiction of
6 the United States of any crime that is a felony.

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

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

11 (6) Obtaining any fee by fraud, deceit, or
12 misrepresentation.

13 (7) Habitual or excessive use or abuse of drugs defined
14 in law as controlled substances, of alcohol, or of any
15 other substances which results in the inability to practice
16 with reasonable judgment, skill or safety.

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

19 (9) Fraud or misrepresentation in applying for, or
20 procuring, a license under this Act or in connection with
21 applying for renewal of a license under this Act.

22 (10) Making a false or misleading statement regarding
23 their skill or the efficacy or value of the medicine,
24 treatment, or remedy prescribed by them at their direction
25 in the treatment of any disease or other condition of the
26 body or mind.

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

3 (12) Disciplinary action of another state or
4 jurisdiction against a license or other authorization to
5 practice as a medical doctor, doctor of osteopathy, doctor
6 of osteopathic medicine or doctor of chiropractic, a
7 certified copy of the record of the action taken by the
8 other state or jurisdiction being prima facie evidence
9 thereof.

10 (13) Violation of any provision of this Act or of the
11 Medical Practice Act prior to the repeal of that Act, or
12 violation of the rules, or a final administrative action of
13 the Secretary, after consideration of the recommendation
14 of the Disciplinary Board.

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

17 (15) A finding by the Disciplinary Board that the
18 registrant after having his or her license placed on
19 probationary status or subjected to conditions or
20 restrictions violated the terms of the probation or failed
21 to comply with such terms or conditions.

22 (16) Abandonment of a patient.

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

1 purposes.

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

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

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

14 (21) Wilfully making or filing false records or reports
15 in his or her practice as a physician, including, but not
16 limited to, false records to support claims against the
17 medical assistance program of the Department of Healthcare
18 and Family Services (formerly Department of Public Aid)
19 under the Illinois Public Aid Code.

20 (22) Wilful omission to file or record, or wilfully
21 impeding the filing or recording, or inducing another
22 person to omit to file or record, medical reports as
23 required by law, or wilfully failing to report an instance
24 of suspected abuse or neglect as required by law.

25 (23) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

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

9 (25) Gross and wilful and continued overcharging for
10 professional services, including filing false statements
11 for collection of fees for which services are not rendered,
12 including, but not limited to, filing such false statements
13 for collection of monies for services not rendered from the
14 medical assistance program of the Department of Healthcare
15 and Family Services (formerly Department of Public Aid)
16 under the Illinois Public Aid Code.

17 (26) A pattern of practice or other behavior which
18 demonstrates incapacity or incompetence to practice under
19 this Act.

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

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

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

3 (30) Wilfully or negligently violating the
4 confidentiality between physician and patient except as
5 required by law.

6 (31) The use of any false, fraudulent, or deceptive
7 statement in any document connected with practice under
8 this Act.

9 (32) Aiding and abetting an individual not licensed
10 under this Act in the practice of a profession licensed
11 under this Act.

12 (33) Violating state or federal laws or regulations
13 relating to controlled substances, legend drugs, or
14 ephedra as defined in the Ephedra Prohibition Act.

15 (34) Failure to report to the Department any adverse
16 final action taken against them by another licensing
17 jurisdiction (any other state or any territory of the
18 United States or any foreign state or country), by any peer
19 review body, by any health care institution, by any
20 professional society or association related to practice
21 under this Act, by any governmental agency, by any law
22 enforcement agency, or by any court for acts or conduct
23 similar to acts or conduct which would constitute grounds
24 for action as defined in this Section.

25 (35) Failure to report to the Department surrender of a
26 license or authorization to practice as a medical doctor, a

1 doctor of osteopathy, a doctor of osteopathic medicine, or
2 doctor of chiropractic in another state or jurisdiction, or
3 surrender of membership on any medical staff or in any
4 medical or professional association or society, while
5 under disciplinary investigation by any of those
6 authorities or bodies, for acts or conduct similar to acts
7 or conduct which would constitute grounds for action as
8 defined in this Section.

9 (36) Failure to report to the Department any adverse
10 judgment, settlement, or award arising from a liability
11 claim related to acts or conduct similar to acts or conduct
12 which would constitute grounds for action as defined in
13 this Section.

14 (37) Failure to provide copies of medical records as
15 required by law.

16 (38) Failure to furnish the Department, its
17 investigators or representatives, relevant information,
18 legally requested by the Department after consultation
19 with the Chief Medical Coordinator or the Deputy Medical
20 Coordinator.

21 (39) Violating the Health Care Worker Self-Referral
22 Act.

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

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

1 (42) Entering into an excessive number of written
2 collaborative agreements with licensed advanced practice
3 nurses resulting in an inability to adequately
4 collaborate.

5 (43) Repeated failure to adequately collaborate with a
6 licensed advanced practice nurse.

7 (44) Violating the Compassionate Use of Medical
8 Cannabis Pilot Program Act.

9 (45) Entering into an excessive number of written
10 collaborative agreements with licensed prescribing
11 psychologists resulting in an inability to adequately
12 collaborate.

13 (46) Repeated failure to adequately collaborate with a
14 licensed prescribing psychologist.

15 Except for actions involving the ground numbered (26), all
16 proceedings to suspend, revoke, place on probationary status,
17 or take any other disciplinary action as the Department may
18 deem proper, with regard to a license on any of the foregoing
19 grounds, must be commenced within 5 years next after receipt by
20 the Department of a complaint alleging the commission of or
21 notice of the conviction order for any of the acts described
22 herein. Except for the grounds numbered (8), (9), (26), and
23 (29), no action shall be commenced more than 10 years after the
24 date of the incident or act alleged to have violated this
25 Section. For actions involving the ground numbered (26), a
26 pattern of practice or other behavior includes all incidents

1 alleged to be part of the pattern of practice or other behavior
2 that occurred, or a report pursuant to Section 23 of this Act
3 received, within the 10-year period preceding the filing of the
4 complaint. In the event of the settlement of any claim or cause
5 of action in favor of the claimant or the reduction to final
6 judgment of any civil action in favor of the plaintiff, such
7 claim, cause of action or civil action being grounded on the
8 allegation that a person licensed under this Act was negligent
9 in providing care, the Department shall have an additional
10 period of 2 years from the date of notification to the
11 Department under Section 23 of this Act of such settlement or
12 final judgment in which to investigate and commence formal
13 disciplinary proceedings under Section 36 of this Act, except
14 as otherwise provided by law. The time during which the holder
15 of the license was outside the State of Illinois shall not be
16 included within any period of time limiting the commencement of
17 disciplinary action by the Department.

18 The entry of an order or judgment by any circuit court
19 establishing that any person holding a license under this Act
20 is a person in need of mental treatment operates as a
21 suspension of that license. That person may resume their
22 practice only upon the entry of a Departmental order based upon
23 a finding by the Disciplinary Board that they have been
24 determined to be recovered from mental illness by the court and
25 upon the Disciplinary Board's recommendation that they be
26 permitted to resume their practice.

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

9 The Department, upon the recommendation of the
10 Disciplinary Board, shall adopt rules which set forth standards
11 to be used in determining:

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

14 (b) what constitutes dishonorable, unethical or
15 unprofessional conduct of a character likely to deceive,
16 defraud, or harm the public;

17 (c) what constitutes immoral conduct in the commission
18 of any act, including, but not limited to, commission of an
19 act of sexual misconduct related to the licensee's
20 practice; and

21 (d) what constitutes gross negligence in the practice
22 of medicine.

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

26 In enforcing this Section, the Disciplinary Board or the

1 Licensing Board, upon a showing of a possible violation, may
2 compel, in the case of the Disciplinary Board, any individual
3 who is licensed to practice under this Act or holds a permit to
4 practice under this Act, or, in the case of the Licensing
5 Board, any individual who has applied for licensure or a permit
6 pursuant to this Act, to submit to a mental or physical
7 examination and evaluation, or both, which may include a
8 substance abuse or sexual offender evaluation, as required by
9 the Licensing Board or Disciplinary Board and at the expense of
10 the Department. The Disciplinary Board or Licensing Board shall
11 specifically designate the examining physician licensed to
12 practice medicine in all of its branches or, if applicable, the
13 multidisciplinary team involved in providing the mental or
14 physical examination and evaluation, or both. The
15 multidisciplinary team shall be led by a physician licensed to
16 practice medicine in all of its branches and may consist of one
17 or more or a combination of physicians licensed to practice
18 medicine in all of its branches, licensed chiropractic
19 physicians, licensed clinical psychologists, licensed clinical
20 social workers, licensed clinical professional counselors, and
21 other professional and administrative staff. Any examining
22 physician or member of the multidisciplinary team may require
23 any person ordered to submit to an examination and evaluation
24 pursuant to this Section to submit to any additional
25 supplemental testing deemed necessary to complete any
26 examination or evaluation process, including, but not limited

1 to, blood testing, urinalysis, psychological testing, or
2 neuropsychological testing. The Disciplinary Board, the
3 Licensing Board, or the Department may order the examining
4 physician or any member of the multidisciplinary team to
5 provide to the Department, the Disciplinary Board, or the
6 Licensing Board any and all records, including business
7 records, that relate to the examination and evaluation,
8 including any supplemental testing performed. The Disciplinary
9 Board, the Licensing Board, or the Department may order the
10 examining physician or any member of the multidisciplinary team
11 to present testimony concerning this examination and
12 evaluation of the licensee, permit holder, or applicant,
13 including testimony concerning any supplemental testing or
14 documents relating to the examination and evaluation. No
15 information, report, record, or other documents in any way
16 related to the examination and evaluation shall be excluded by
17 reason of any common law or statutory privilege relating to
18 communication between the licensee or applicant and the
19 examining physician or any member of the multidisciplinary
20 team. No authorization is necessary from the licensee, permit
21 holder, or applicant ordered to undergo an evaluation and
22 examination for the examining physician or any member of the
23 multidisciplinary team to provide information, reports,
24 records, or other documents or to provide any testimony
25 regarding the examination and evaluation. The individual to be
26 examined may have, at his or her own expense, another physician

1 of his or her choice present during all aspects of the
2 examination. Failure of any individual to submit to mental or
3 physical examination and evaluation, or both, when directed,
4 shall result in an automatic suspension, without hearing, until
5 such time as the individual submits to the examination. If the
6 Disciplinary Board finds a physician unable to practice because
7 of the reasons set forth in this Section, the Disciplinary
8 Board shall require such physician to submit to care,
9 counseling, or treatment by physicians approved or designated
10 by the Disciplinary Board, as a condition for continued,
11 reinstated, or renewed licensure to practice. Any physician,
12 whose license was granted pursuant to Sections 9, 17, or 19 of
13 this Act, or, continued, reinstated, renewed, disciplined or
14 supervised, subject to such terms, conditions or restrictions
15 who shall fail to comply with such terms, conditions or
16 restrictions, or to complete a required program of care,
17 counseling, or treatment, as determined by the Chief Medical
18 Coordinator or Deputy Medical Coordinators, shall be referred
19 to the Secretary for a determination as to whether the licensee
20 shall have their license suspended immediately, pending a
21 hearing by the Disciplinary Board. In instances in which the
22 Secretary immediately suspends a license under this Section, a
23 hearing upon such person's license must be convened by the
24 Disciplinary Board within 15 days after such suspension and
25 completed without appreciable delay. The Disciplinary Board
26 shall have the authority to review the subject physician's

1 record of treatment and counseling regarding the impairment, to
2 the extent permitted by applicable federal statutes and
3 regulations safeguarding the confidentiality of medical
4 records.

5 An individual licensed under this Act, affected under this
6 Section, shall be afforded an opportunity to demonstrate to the
7 Disciplinary Board that they can resume practice in compliance
8 with acceptable and prevailing standards under the provisions
9 of their license.

10 The Department may promulgate rules for the imposition of
11 fines in disciplinary cases, not to exceed \$10,000 for each
12 violation of this Act. Fines may be imposed in conjunction with
13 other forms of disciplinary action, but shall not be the
14 exclusive disposition of any disciplinary action arising out of
15 conduct resulting in death or injury to a patient. Any funds
16 collected from such fines shall be deposited in the Medical
17 Disciplinary Fund.

18 All fines imposed under this Section shall be paid within
19 60 days after the effective date of the order imposing the fine
20 or in accordance with the terms set forth in the order imposing
21 the fine.

22 (B) The Department shall revoke the license or permit
23 issued under this Act to practice medicine or a chiropractic
24 physician who has been convicted a second time of committing
25 any felony under the Illinois Controlled Substances Act or the
26 Methamphetamine Control and Community Protection Act, or who

1 has been convicted a second time of committing a Class 1 felony
2 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
3 person whose license or permit is revoked under this subsection
4 B shall be prohibited from practicing medicine or treating
5 human ailments without the use of drugs and without operative
6 surgery.

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

17 (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13.)

18 (225 ILCS 60/54.5)

19 (Section scheduled to be repealed on December 31, 2014)

20 Sec. 54.5. Physician delegation of authority to physician
21 assistants, ~~and~~ advanced practice nurses, and prescribing
22 psychologists.

23 (a) Physicians licensed to practice medicine in all its
24 branches may delegate care and treatment responsibilities to a
25 physician assistant under guidelines in accordance with the

1 requirements of the Physician Assistant Practice Act of 1987. A
2 physician licensed to practice medicine in all its branches may
3 enter into supervising physician agreements with no more than 5
4 physician assistants as set forth in subsection (a) of Section
5 7 of the Physician Assistant Practice Act of 1987.

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

18 (1) The agreement is written to promote the exercise of
19 professional judgment by the advanced practice nurse
20 commensurate with his or her education and experience. The
21 agreement need not describe the exact steps that an
22 advanced practice nurse must take with respect to each
23 specific condition, disease, or symptom, but must specify
24 those procedures that require a physician's presence as the
25 procedures are being performed.

26 (2) Practice guidelines and orders are developed and

1 approved jointly by the advanced practice nurse and
2 collaborating physician, as needed, based on the practice
3 of the practitioners. Such guidelines and orders and the
4 patient services provided thereunder are periodically
5 reviewed by the collaborating physician.

6 (3) The advance practice nurse provides services the
7 collaborating physician generally provides or may provide
8 in his or her clinical medical practice, except as set
9 forth in subsection (b-5) of this Section. With respect to
10 labor and delivery, the collaborating physician must
11 provide delivery services in order to participate with a
12 certified nurse midwife.

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

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

20 (6) The agreement contains provisions detailing notice
21 for termination or change of status involving a written
22 collaborative agreement, except when such notice is given
23 for just cause.

24 (b-5) An anesthesiologist or physician licensed to
25 practice medicine in all its branches may collaborate with a
26 certified registered nurse anesthetist in accordance with

1 Section 65-35 of the Nurse Practice Act for the provision of
2 anesthesia services. With respect to the provision of
3 anesthesia services, the collaborating anesthesiologist or
4 physician shall have training and experience in the delivery of
5 anesthesia services consistent with Department rules.
6 Collaboration shall be adequate if:

7 (1) an anesthesiologist or a physician participates in
8 the joint formulation and joint approval of orders or
9 guidelines and periodically reviews such orders and the
10 services provided patients under such orders; and

11 (2) for anesthesia services, the anesthesiologist or
12 physician participates through discussion of and agreement
13 with the anesthesia plan and is physically present and
14 available on the premises during the delivery of anesthesia
15 services for diagnosis, consultation, and treatment of
16 emergency medical conditions. Anesthesia services in a
17 hospital shall be conducted in accordance with Section 10.7
18 of the Hospital Licensing Act and in an ambulatory surgical
19 treatment center in accordance with Section 6.5 of the
20 Ambulatory Surgical Treatment Center Act.

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

24 (c) The supervising physician shall have access to the
25 medical records of all patients attended by a physician
26 assistant. The collaborating physician shall have access to the

1 medical records of all patients attended to by an advanced
2 practice nurse.

3 (d) (Blank).

4 (e) A physician shall not be liable for the acts or
5 omissions of a prescribing psychologist, physician assistant,
6 or advanced practice nurse solely on the basis of having signed
7 a supervision agreement or guidelines or a collaborative
8 agreement, an order, a standing medical order, a standing
9 delegation order, or other order or guideline authorizing a
10 prescribing psychologist, physician assistant, or advanced
11 practice nurse to perform acts, unless the physician has reason
12 to believe the prescribing psychologist, physician assistant,
13 or advanced practice nurse lacked the competency to perform the
14 act or acts or commits willful and wanton misconduct.

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

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

25 (h) For the purposes of this Section, "generally provides
26 or may provide in his or her clinical medical practice" means

1 categories of care or treatment, not specific tasks or duties,
2 that the physician provides individually or through delegation
3 to other persons so that the physician has the experience and
4 ability to provide collaboration and consultation. This
5 definition shall not be construed to prohibit an advanced
6 practice nurse from providing primary health treatment or care
7 within the scope of his or her training and experience,
8 including, but not limited to, health screenings, patient
9 histories, physical examinations, women's health examinations,
10 or school physicals that may be provided as part of the routine
11 practice of an advanced practice nurse or on a volunteer basis.

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

17 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;
18 98-192, eff. 1-1-14.)

19 Section 15. The Illinois Controlled Substances Act is
20 amended by changing Sections 102 and 303.05 as follows:

21 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

22 Sec. 102. Definitions. As used in this Act, unless the
23 context otherwise requires:

24 (a) "Addict" means any person who habitually uses any drug,

1 chemical, substance or dangerous drug other than alcohol so as
2 to endanger the public morals, health, safety or welfare or who
3 is so far addicted to the use of a dangerous drug or controlled
4 substance other than alcohol as to have lost the power of self
5 control with reference to his or her addiction.

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

11 (1) a practitioner (or, in his or her presence, by his
12 or her authorized agent),

13 (2) the patient or research subject pursuant to an
14 order, or

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

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

22 (c-1) "Anabolic Steroids" means any drug or hormonal
23 substance, chemically and pharmacologically related to
24 testosterone (other than estrogens, progestins,
25 corticosteroids, and dehydroepiandrosterone), and includes:

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

- 1 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
2 (iii) 5[alpha] -androstan-3,17-dione,
3 (iv) 1-androstenediol (3[beta] ,
4 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
5 (v) 1-androstenediol (3[alpha] ,
6 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
7 (vi) 4-androstenediol
8 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
9 (vii) 5-androstenediol
10 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
11 (viii) 1-androstenedione
12 ([5alpha] -androst-1-en-3,17-dione),
13 (ix) 4-androstenedione
14 (androst-4-en-3,17-dione),
15 (x) 5-androstenedione
16 (androst-5-en-3,17-dione),
17 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
18 hydroxyandrost-4-en-3-one),
19 (xii) boldenone (17[beta] -hydroxyandrost-
20 1,4,-diene-3-one),
21 (xiii) boldione (androsta-1,4-
22 diene-3,17-dione),
23 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
24 [beta] -hydroxyandrost-4-en-3-one),
25 (xv) clostebol (4-chloro-17[beta] -
26 hydroxyandrost-4-en-3-one),

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

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

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

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

22 Any person who is otherwise lawfully in possession of an
23 anabolic steroid, or who otherwise lawfully manufactures,
24 distributes, dispenses, delivers, or possesses with intent to
25 deliver an anabolic steroid, which anabolic steroid is
26 expressly intended for and lawfully allowed to be administered

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

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

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

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

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

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

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

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

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

23 (2) which has a stimulant, depressant, or
24 hallucinogenic effect on the central nervous system that is
25 substantially similar to or greater than the stimulant,
26 depressant, or hallucinogenic effect on the central

1 nervous system of a controlled substance in Schedule I or
2 II; or

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

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

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

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

24 (j) (Blank).

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

1 (1) "Department of Financial and Professional Regulation"
2 means the Department of Financial and Professional Regulation
3 of the State of Illinois or its successor agency.

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

13 (n) (Blank).

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

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

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

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

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

25 (t) "Drug" means (1) substances recognized as drugs in the
26 official United States Pharmacopoeia, Official Homeopathic

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

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

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

21 (u) "Good faith" means the prescribing or dispensing of a
22 controlled substance by a practitioner in the regular course of
23 professional treatment to or for any person who is under his or
24 her treatment for a pathology or condition other than that
25 individual's physical or psychological dependence upon or
26 addiction to a controlled substance, except as provided herein:

1 and application of the term to a pharmacist shall mean the
2 dispensing of a controlled substance pursuant to the
3 prescriber's order which in the professional judgment of the
4 pharmacist is lawful. The pharmacist shall be guided by
5 accepted professional standards including, but not limited to
6 the following, in making the judgment:

7 (1) lack of consistency of prescriber-patient
8 relationship,

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

11 (3) quantities beyond those normally prescribed,

12 (4) unusual dosages (recognizing that there may be
13 clinical circumstances where more or less than the usual
14 dose may be used legitimately),

15 (5) unusual geographic distances between patient,
16 pharmacist and prescriber,

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

18 (u-0.5) "Hallucinogen" means a drug that causes markedly
19 altered sensory perception leading to hallucinations of any
20 type.

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

26 (u-5) "Illinois State Police" means the State Police of the

1 State of Illinois, or its successor agency.

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

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

7 (2) which is an immediate chemical intermediary used or
8 likely to be used in the manufacture of such controlled
9 substance; and

10 (3) the control of which is necessary to prevent,
11 curtail or limit the manufacture of such controlled
12 substance.

13 (w) "Instructional activities" means the acts of teaching,
14 educating or instructing by practitioners using controlled
15 substances within educational facilities approved by the State
16 Board of Education or its successor agency.

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

19 (y) "Look-alike substance" means a substance, other than a
20 controlled substance which (1) by overall dosage unit
21 appearance, including shape, color, size, markings or lack
22 thereof, taste, consistency, or any other identifying physical
23 characteristic of the substance, would lead a reasonable person
24 to believe that the substance is a controlled substance, or (2)
25 is expressly or impliedly represented to be a controlled
26 substance or is distributed under circumstances which would

1 lead a reasonable person to believe that the substance is a
2 controlled substance. For the purpose of determining whether
3 the representations made or the circumstances of the
4 distribution would lead a reasonable person to believe the
5 substance to be a controlled substance under this clause (2) of
6 subsection (y), the court or other authority may consider the
7 following factors in addition to any other factor that may be
8 relevant:

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

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

13 (c) whether the substance is packaged in a manner
14 normally used for the illegal distribution of controlled
15 substances;

16 (d) whether the distribution or attempted distribution
17 included an exchange of or demand for money or other
18 property as consideration, and whether the amount of the
19 consideration was substantially greater than the
20 reasonable retail market value of the substance.

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

26 Nothing in this subsection (y) prohibits the dispensing or

1 distributing of noncontrolled substances by persons authorized
2 to dispense and distribute controlled substances under this
3 Act, provided that such action would be deemed to be carried
4 out in good faith under subsection (u) if the substances
5 involved were controlled substances.

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

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

16 (z) "Manufacture" means the production, preparation,
17 propagation, compounding, conversion or processing of a
18 controlled substance other than methamphetamine, either
19 directly or indirectly, by extraction from substances of
20 natural origin, or independently by means of chemical
21 synthesis, or by a combination of extraction and chemical
22 synthesis, and includes any packaging or repackaging of the
23 substance or labeling of its container, except that this term
24 does not include:

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

1 (2) by a practitioner, or his or her authorized agent
2 under his or her supervision, the preparation,
3 compounding, packaging, or labeling of a controlled
4 substance:

5 (a) as an incident to his or her administering or
6 dispensing of a controlled substance in the course of
7 his or her professional practice; or

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

10 (z-1) (Blank).

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

13 (z-10) "Mid-level practitioner" means (i) a physician
14 assistant who has been delegated authority to prescribe through
15 a written delegation of authority by a physician licensed to
16 practice medicine in all of its branches, in accordance with
17 Section 7.5 of the Physician Assistant Practice Act of 1987,
18 (ii) an advanced practice nurse who has been delegated
19 authority to prescribe through a written delegation of
20 authority by a physician licensed to practice medicine in all
21 of its branches or by a podiatric physician, in accordance with
22 Section 65-40 of the Nurse Practice Act, ~~or~~ (iii) an animal
23 euthanasia agency, or (iv) a prescribing psychologist.

24 (aa) "Narcotic drug" means any of the following, whether
25 produced directly or indirectly by extraction from substances
26 of vegetable origin, or independently by means of chemical

1 synthesis, or by a combination of extraction and chemical
2 synthesis:

3 (1) opium, opiates, derivatives of opium and opiates,
4 including their isomers, esters, ethers, salts, and salts
5 of isomers, esters, and ethers, whenever the existence of
6 such isomers, esters, ethers, and salts is possible within
7 the specific chemical designation; however the term
8 "narcotic drug" does not include the isoquinoline
9 alkaloids of opium;

10 (2) (blank);

11 (3) opium poppy and poppy straw;

12 (4) coca leaves, except coca leaves and extracts of
13 coca leaves from which substantially all of the cocaine and
14 ecgonine, and their isomers, derivatives and salts, have
15 been removed;

16 (5) cocaine, its salts, optical and geometric isomers,
17 and salts of isomers;

18 (6) ecgonine, its derivatives, their salts, isomers,
19 and salts of isomers;

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

23 (bb) "Nurse" means a registered nurse licensed under the
24 Nurse Practice Act.

25 (cc) (Blank).

26 (dd) "Opiate" means any substance having an addiction

1 forming or addiction sustaining liability similar to morphine
2 or being capable of conversion into a drug having addiction
3 forming or addiction sustaining liability.

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

6 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
7 solution or other liquid form of medication intended for
8 administration by mouth, but the term does not include a form
9 of medication intended for buccal, sublingual, or transmucosal
10 administration.

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

13 (gg) "Person" means any individual, corporation,
14 mail-order pharmacy, government or governmental subdivision or
15 agency, business trust, estate, trust, partnership or
16 association, or any other entity.

17 (hh) "Pharmacist" means any person who holds a license or
18 certificate of registration as a registered pharmacist, a local
19 registered pharmacist or a registered assistant pharmacist
20 under the Pharmacy Practice Act.

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

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

26 (ii-10) "Physician" (except when the context otherwise

1 requires) means a person licensed to practice medicine in all
2 of its branches.

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

5 (kk) "Practitioner" means a physician licensed to practice
6 medicine in all its branches, dentist, optometrist, podiatric
7 physician, veterinarian, scientific investigator, pharmacist,
8 physician assistant, advanced practice nurse, licensed
9 practical nurse, registered nurse, hospital, laboratory, or
10 pharmacy, or other person licensed, registered, or otherwise
11 lawfully permitted by the United States or this State to
12 distribute, dispense, conduct research with respect to,
13 administer or use in teaching or chemical analysis, a
14 controlled substance in the course of professional practice or
15 research.

16 (ll) "Pre-printed prescription" means a written
17 prescription upon which the designated drug has been indicated
18 prior to the time of issuance; the term does not mean a written
19 prescription that is individually generated by machine or
20 computer in the prescriber's office.

21 (mm) "Prescriber" means a physician licensed to practice
22 medicine in all its branches, dentist, optometrist,
23 prescribing psychologist licensed under Section 4.2 of the
24 Clinical Psychologist Licensing Act with prescriptive
25 authority delegated under Section 4.3 of the Clinical
26 Psychologist Licensing Act, podiatric physician, or

1 veterinarian who issues a prescription, a physician assistant
2 who issues a prescription for a controlled substance in
3 accordance with Section 303.05, a written delegation, and a
4 written supervision agreement required under Section 7.5 of the
5 Physician Assistant Practice Act of 1987, or an advanced
6 practice nurse with prescriptive authority delegated under
7 Section 65-40 of the Nurse Practice Act and in accordance with
8 Section 303.05, a written delegation, and a written
9 collaborative agreement under Section 65-35 of the Nurse
10 Practice Act.

11 (nn) "Prescription" means a written, facsimile, or oral
12 order, or an electronic order that complies with applicable
13 federal requirements, of a physician licensed to practice
14 medicine in all its branches, dentist, podiatric physician or
15 veterinarian for any controlled substance, of an optometrist
16 for a Schedule III, IV, or V controlled substance in accordance
17 with Section 15.1 of the Illinois Optometric Practice Act of
18 1987, of a prescribing psychologist licensed under Section 4.2
19 of the Clinical Psychologist Licensing Act with prescriptive
20 authority delegated under Section 4.3 of the Clinical
21 Psychologist Licensing Act, of a physician assistant for a
22 controlled substance in accordance with Section 303.05, a
23 written delegation, and a written supervision agreement
24 required under Section 7.5 of the Physician Assistant Practice
25 Act of 1987, or of an advanced practice nurse with prescriptive
26 authority delegated under Section 65-40 of the Nurse Practice

1 Act who issues a prescription for a controlled substance in
2 accordance with Section 303.05, a written delegation, and a
3 written collaborative agreement under Section 65-35 of the
4 Nurse Practice Act when required by law.

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

8 (nn-10) "Prescription Monitoring Program" (PMP) means the
9 entity that collects, tracks, and stores reported data on
10 controlled substances and select drugs pursuant to Section 316.

11 (oo) "Production" or "produce" means manufacture,
12 planting, cultivating, growing, or harvesting of a controlled
13 substance other than methamphetamine.

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

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

19 (qq-5) "Secretary" means, as the context requires, either
20 the Secretary of the Department or the Secretary of the
21 Department of Financial and Professional Regulation, and the
22 Secretary's designated agents.

23 (rr) "State" includes the State of Illinois and any state,
24 district, commonwealth, territory, insular possession thereof,
25 and any area subject to the legal authority of the United
26 States of America.

1 (rr-5) "Stimulant" means any drug that (i) causes an
2 overall excitation of central nervous system functions, (ii)
3 causes impaired consciousness and awareness, and (iii) can be
4 habit-forming or lead to a substance abuse problem, including
5 but not limited to amphetamines and their analogs,
6 methylphenidate and its analogs, cocaine, and phencyclidine
7 and its analogs.

8 (ss) "Ultimate user" means a person who lawfully possesses
9 a controlled substance for his or her own use or for the use of
10 a member of his or her household or for administering to an
11 animal owned by him or her or by a member of his or her
12 household.

13 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; revised
14 11-12-13.)

15 (720 ILCS 570/303.05)

16 Sec. 303.05. Mid-level practitioner registration.

17 (a) The Department of Financial and Professional
18 Regulation shall register licensed physician assistants, ~~and~~
19 licensed advanced practice nurses, and prescribing
20 psychologists licensed under Section 4.2 of the Clinical
21 Psychologist Licensing Act to prescribe and dispense
22 controlled substances under Section 303 and euthanasia
23 agencies to purchase, store, or administer animal euthanasia
24 drugs under the following circumstances:

25 (1) with respect to physician assistants,

1 (A) the physician assistant has been delegated
2 written authority to prescribe any Schedule III
3 through V controlled substances by a physician
4 licensed to practice medicine in all its branches in
5 accordance with Section 7.5 of the Physician Assistant
6 Practice Act of 1987; and the physician assistant has
7 completed the appropriate application forms and has
8 paid the required fees as set by rule; or

9 (B) the physician assistant has been delegated
10 authority by a supervising physician licensed to
11 practice medicine in all its branches to prescribe or
12 dispense Schedule II controlled substances through a
13 written delegation of authority and under the
14 following conditions:

15 (i) Specific Schedule II controlled substances
16 by oral dosage or topical or transdermal
17 application may be delegated, provided that the
18 delegated Schedule II controlled substances are
19 routinely prescribed by the supervising physician.
20 This delegation must identify the specific
21 Schedule II controlled substances by either brand
22 name or generic name. Schedule II controlled
23 substances to be delivered by injection or other
24 route of administration may not be delegated;

25 (ii) any delegation must be of controlled
26 substances prescribed by the supervising

1 physician;

2 (iii) all prescriptions must be limited to no
3 more than a 30-day supply, with any continuation
4 authorized only after prior approval of the
5 supervising physician;

6 (iv) the physician assistant must discuss the
7 condition of any patients for whom a controlled
8 substance is prescribed monthly with the
9 delegating physician;

10 (v) the physician assistant must have
11 completed the appropriate application forms and
12 paid the required fees as set by rule;

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

22 (vii) the physician assistant must annually
23 complete at least 5 hours of continuing education
24 in pharmacology;

25 (2) with respect to advanced practice nurses,

26 (A) the advanced practice nurse has been delegated

1 authority to prescribe any Schedule III through V
2 controlled substances by a collaborating physician
3 licensed to practice medicine in all its branches or a
4 collaborating podiatric physician in accordance with
5 Section 65-40 of the Nurse Practice Act. The advanced
6 practice nurse has completed the appropriate
7 application forms and has paid the required fees as set
8 by rule; or

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

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

26 (ii) any delegation must be of controlled

1 substances prescribed by the collaborating
2 physician or podiatric physician;

3 (iii) all prescriptions must be limited to no
4 more than a 30-day supply, with any continuation
5 authorized only after prior approval of the
6 collaborating physician or podiatric physician;

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

13 (v) the advanced practice nurse must have
14 completed the appropriate application forms and
15 paid the required fees as set by rule;

16 (vi) the advanced practice nurse must provide
17 evidence of satisfactory completion of at least 45
18 graduate contact hours in pharmacology for any new
19 license issued with Schedule II authority after
20 the effective date of this amendatory Act of the
21 97th General Assembly; and

22 (vii) the advanced practice nurse must
23 annually complete 5 hours of continuing education
24 in pharmacology; ~~or~~

25 (3) with respect to animal euthanasia agencies, the
26 euthanasia agency has obtained a license from the

1 Department of Financial and Professional Regulation and
2 obtained a registration number from the Department; ~~or-~~

3 (4) with respect to prescribing psychologists, the
4 prescribing psychologist has been delegated authority to
5 prescribe any nonnarcotic Schedule III through V
6 controlled substances by a collaborating physician
7 licensed to practice medicine in all its branches in
8 accordance with Section 4.3 of the Clinical Psychologist
9 Licensing Act, and the prescribing psychologist has
10 completed the appropriate application forms and has paid
11 the required fees as set by rule.

12 (b) The mid-level practitioner shall only be licensed to
13 prescribe those schedules of controlled substances for which a
14 licensed physician or licensed podiatric physician has
15 delegated prescriptive authority, except that an animal
16 euthanasia agency does not have any prescriptive authority. A
17 physician assistant and an advanced practice nurse are
18 prohibited from prescribing medications and controlled
19 substances not set forth in the required written delegation of
20 authority.

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

25 (d) A collaborating physician or podiatric physician may,
26 but is not required to, delegate prescriptive authority to an

1 advanced practice nurse as part of a written collaborative
2 agreement, and the delegation of prescriptive authority shall
3 conform to the requirements of Section 65-40 of the Nurse
4 Practice Act.

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

10 (f) Nothing in this Section shall be construed to prohibit
11 generic substitution.

12 (Source: P.A. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;
13 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law."