

AN ACT concerning regulation.

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

Section 1. The Ambulatory Surgical Treatment Center Act is amended by adding Section 6.6 as follows:

(210 ILCS 5/6.6 new)

Sec. 6.6. Clinical privileges; physician assistants. No ambulatory surgical treatment center (ASTC) licensed under this Act shall adopt any policy, rule, regulation, or practice inconsistent with the provision of adequate supervision in accordance with Section 54.5 of the Medical Practice Act of 1987 and the Physician Assistant Practice Act of 1987.

Section 3. The Hospital Licensing Act is amended by adding Section 10.11 as follows:

(210 ILCS 85/10.11 new)

Sec. 10.11. Clinical privileges; physician assistants. No hospital licensed under this Act shall adopt any policy, rule, regulation, or practice inconsistent with the provision of adequate supervision in accordance with Section 54.5 of the Medical Practice Act of 1987 and the Physician Assistant Practice Act of 1987.

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

(225 ILCS 60/54.5)

(Section scheduled to be repealed on December 31, 2012)

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

(a) Physicians licensed to practice medicine in all its branches may delegate care and treatment responsibilities to a physician assistant under guidelines in accordance with the requirements of the Physician Assistant Practice Act of 1987. A physician licensed to practice medicine in all its branches may enter into supervising physician agreements with no more than 5 ~~2~~ physician assistants as set forth in subsection (a) of Section 7 of the Physician Assistant Practice Act of 1987.

(b) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act. Collaboration is for the purpose of providing medical consultation, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services the collaborating physician generally provides to his or her patients in the normal course of clinical medical practice. A

written collaborative agreement shall be adequate with respect to collaboration with advanced practice nurses if all of the following apply:

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

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

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

(4) The collaborating physician and advanced practice nurse consult at least once a month to provide

collaboration and consultation.

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

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

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

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

(2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia

services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

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

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

(d) (Blank).

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

(f) A collaborating physician may, but is not required to,

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

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

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

Section 10. The Physician Assistant Practice Act of 1987 is amended by changing Sections 4 and 7 and by adding Section 7.7 as follows:

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

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

Sec. 4. In this Act:

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

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

3. "Physician assistant" means any person ~~not a physician~~ who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants or equivalent successor agency and performs procedures under the

supervision of a physician as defined in this Act. A physician assistant may perform such procedures within the specialty of the supervising physician, except that such physician shall exercise such direction, supervision and control over such physician assistants as will assure that patients shall receive quality medical care. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care under the supervision of a physician. Supervision of the physician assistant shall not be construed to necessarily require the personal presence of the supervising physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone or telecommunications within established guidelines as determined by the physician/physician assistant team. The supervising physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written supervision agreement established by the physician or physician/physician assistant team. A physician assistant, acting as an agent of the physician, shall be permitted to transmit the supervising physician's orders as determined by the institution's by-laws, policies, procedures, or job description within which the physician/physician assistant team practices. Physician assistants shall practice

only in accordance with a written supervision agreement.

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

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

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

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

8. "Alternate supervising physician" means, for the purpose of this Act, any physician designated by the supervising physician to provide supervision in the event that he or she is unable to provide that supervision. The Department may further define "alternate supervising physician" by rule.

The alternate supervising physicians shall maintain all the same responsibilities as the supervising physician. Nothing in this Act shall be construed as relieving any physician of the professional or legal responsibility for the care and treatment of persons attended by him or by physician

assistants under his supervision. Nothing in this Act shall be construed as to limit the reasonable number of alternate supervising physicians, provided they are designated by the supervising physician.

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

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

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

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

Sec. 7. Supervision requirements.

(a) A supervising physician shall determine the number of physician assistants under his or her supervision provided the physician is able to provide adequate supervision as outlined in the written supervision agreement required under Section 7.5 of this Act and consideration is given to the nature of the physician's practice, complexity of the patient population, and the experience of each supervised physician assistant. A supervising physician may supervise a maximum of 5 full-time equivalent physician assistants; provided, however, this

number of physician assistants shall be reduced by the number of collaborative agreements the supervising physician maintains. ~~A No more than 2 physician assistants shall be supervised by the supervising physician, although a physician assistant shall be able to hold more than one professional position. A Each supervising physician shall file a notice of supervision of each such physician assistant according to the rules of the Department. However, the alternate supervising physician may supervise more than 2 physician assistants when the supervising physician is unable to provide such supervision consistent with the definition of alternate physician in Section 4.~~ It is the responsibility of the supervising physician to maintain documentation each time he or she has designated an alternative supervising physician. This documentation shall include the date alternate supervisory control began, the date alternate supervisory control ended, and any other changes. A supervising physician shall provide a copy of this documentation to the Department, upon request.

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

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

Nothing in this Act shall be construed to prohibit the

employment of physician assistants by a hospital, nursing home or other health care facility where such physician assistants function under the supervision of a supervising physician.

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

A physician assistant may be employed by a practice group or other entity employing multiple physicians at one or more locations. In that case, one of the physicians practicing at a location shall be designated the supervising physician. The other physicians with that practice group or other entity who practice in the same general type of practice or specialty as the supervising physician may supervise the physician assistant with respect to their patients without being deemed

alternate supervising physicians for the purpose of this Act.

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

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

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

(225 ILCS 95/7.7 new)

Sec. 7.7. Physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers.

(a) A physician assistant may provide services in a hospital or a hospital affiliate as those terms are defined in the Hospital Licensing Act or the University of Illinois Hospital Act or a licensed ambulatory surgical treatment center without a written supervision agreement pursuant to Section 7.5

of this Act. A physician assistant must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of physician assistants granted clinical privileges, including any care provided in a hospital affiliate. Authority may also be granted when recommended by the hospital medical staff and granted by the hospital or recommended by the consulting medical staff committee and ambulatory surgical treatment center to individual physician assistants to select, order, and administer medications, including controlled substances, to provide delineated care. In a hospital, hospital affiliate, or ambulatory surgical treatment center, the attending physician shall determine a physician assistant's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

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

(c) Physician assistants practicing in a hospital, hospital affiliate, or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance

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license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.

(225 ILCS 95/8 rep.)

Section 15. The Physician Assistant Practice Act of 1987 is amended by repealing Section 8.

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