



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

**SB2474**

Introduced 2/7/2025, by Sen. Andrew S. Chesney

#### SYNOPSIS AS INTRODUCED:

New Act  
225 ILCS 60/22

from Ch. 111, par. 4400-22

Creates the Youth Health Protection Act. Provides that a medical doctor shall not prescribe, provide, administer, or deliver puberty-suppressing drugs or cross-sex hormones and shall not perform surgical orchiectomy or castration, urethroplasty, vaginoplasty, mastectomy, phalloplasty, or metoidioplasty on biologically healthy and anatomically normal persons under the age of 18 for the purpose of treating the subjective, internal psychological condition of gender dysphoria or gender discordance. Provides that any efforts to modify the anatomy, physiology, or biochemistry of a biologically healthy person under the age of 18 who experiences gender dysphoria or gender discordance shall be considered unprofessional conduct and shall be subject to discipline by the licensing entity or disciplinary review board. Provides that no medical doctor or mental health provider shall refer any person under the age of 18 to any medical doctor for chemical or surgical interventions to treat gender dysphoria or gender discordance. Contains definitions, a statement of purpose, and legislative findings. Amends the Medical Practice Act of 1987 to make related changes.

LRB104 12050 BDA 22145 b

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the Youth  
5 Health Protection Act.

6 Section 5. Legislative findings. The General Assembly  
7 finds and declares the following:

8 (1) At birth, doctors identify the sex of babies. They do  
9 not assign them a "gender."

10 (2) Being biologically male or biologically female is not  
11 a disorder, illness, deficiency, shortcoming, or error.  
12 Scientists and other medical professionals have recognized  
13 that biological sex is a neutral, objective, and immutable  
14 fact of human nature.

15 (3) Puberty is not a disease or a disorder.

16 (4) There is no conclusive, research-based evidence  
17 proving that if there is incongruence between one's objective  
18 and immutable biological sex (and its attendant healthy and  
19 normally functioning anatomy and physiology) and one's  
20 subjective, internal sense of being male or female that the  
21 problem resides in the body rather than the mind.

22 (5) The May 19, 2014 issue of the highly respected Hayes  
23 Directory reports that the practice of using hormones and

1 surgery to treat gender dysphoria in adults is based on "very  
2 low quality of evidence" and goes on to discuss the "serious  
3 limitations to the evidence" in great detail. It reports  
4 further that the use of hormones and surgery to treat gender  
5 dysphoria in children and adolescents has no evidence base.

6 (6) Health risks and complications of puberty suppression:  
7 The use of puberty-suppression medications for the treatment  
8 of gender-dysphoric minors is "off-label." The health risks  
9 include the arrest of bone growth, a decrease in bone  
10 accretion, the prevention of sex-steroid-dependent  
11 organization and maturation of the adolescent brain, and the  
12 inhibition of fertility by preventing the development of  
13 gonadal tissue and mature gametes for the duration of  
14 treatment.

15 (7) Self-fulfilling nature of puberty suppression: "There  
16 is an obvious self-fulfilling nature to encouraging a young  
17 boy with [gender dysphoria] to socially impersonate a girl and  
18 then institute pubertal suppression. Given the  
19 well-established phenomenon of neuroplasticity, the repeated  
20 behavior of impersonating a girl alters the structure and  
21 function of the boy's brain in some way-potentially in a way  
22 that will make identity alignment with his biologic sex less  
23 likely. This, together with the suppression of puberty that  
24 prevents further endogenous masculinization of his brain,  
25 causes him to remain a gender non-conforming prepubertal boy  
26 disguised as a prepubertal girl."

1           (8) Cross-sex hormones risks and effects: The use of  
2 cross-sex hormones for the treatment of gender dysphoria in  
3 minors is "off-label," and long-term risks are unknown.

4           Sterility and voice changes are permanent for both men and  
5 women.

6           An interagency statement published by the World Health  
7 Organization states that "sterilization should only be  
8 provided with the full, free and informed consent of the  
9 individual" and that "sterilization refers not just to  
10 interventions where the intention is to limit fertility ...  
11 but also to situations where loss of fertility is a secondary  
12 outcome. ... Sterilization without full, free and informed  
13 consent has been variously described by international,  
14 regional and national human rights bodies as an involuntary,  
15 coercive and/or forced practice, and as a violation of  
16 fundamental human rights, including the right to health, the  
17 right to information, the right to privacy."

18           Since parents or guardians must provide consent for  
19 hormonal interventions, and since parents and guardians are  
20 not being made aware of the experimental nature of the  
21 off-label use of hormones for the treatment of gender  
22 dysphoria or of the fact that most children with gender  
23 dysphoria outgrow it by late adolescence if otherwise  
24 supported through natural puberty, parents and guardians are  
25 unable to provide fully informed consent.

26           Breast tissue growth in men who take estrogen is

1 permanent. "Male"-pattern baldness and body and facial hair  
2 growth in women who take testosterone are permanent.

3 For biologically healthy men who take estrogen to treat  
4 their subjective, internal feelings about their sex, there is  
5 an "increased risk of liver disease, increased risk of blood  
6 clots, (risk of death or permanent damage), increased risk of  
7 diabetes and of headaches/migraines heart disease, increased  
8 risk of gallstones, may be increased risk of noncancerous  
9 [tumor] of pituitary gland."

10 For biologically healthy women who take testosterone to  
11 treat their subjective, internal feelings about their sex,  
12 there is an increased risk of heart disease, stroke, diabetes,  
13 breast cancer, ovarian cancer, and uterine cancer. Taking  
14 testosterone can have a "destabilizing effect" on "bipolar  
15 disorder, schizoaffective disorder, and schizophrenia."

16 (9) The Christian Medical and Dental Associations  
17 "[believe] that prescribing hormonal treatments to children or  
18 adolescents to disrupt normal sexual development for the  
19 purpose of gender reassignment is ethically impermissible,  
20 whether requested by the child or the parent."

21 (10) The Catholic Medical Association "urges health care  
22 professionals to adhere to genetic science and sexual  
23 complementarity over ideology in the treatment of gender  
24 dysphoria (GD) in children. This includes especially avoiding  
25 puberty suppression and the use of cross-sex hormones in  
26 children with GD. One's sex is not a social construct, but an

1 unchangeable biological reality."

2 (11) Surgery (e.g., mastectomy and orchiectomy) is  
3 irreversible.

4 (12) Teen brain: Neuroscientist, Professor of Neurology at  
5 the University of Pennsylvania, and author of The Teenage  
6 Brain, Dr. Frances Jensen, explains that:

7 Teenagers do have frontal lobes, which are the seat of our  
8 executive, adult-like functioning like impulse control,  
9 judgment and empathy. But the frontal lobes haven't been  
10 connected with fast-acting connections yet. ...

11 But there is another part of the brain that is fully active  
12 in adolescents, and that's the limbic system. And that is the  
13 seat of risk, reward, impulsivity, sexual behavior and  
14 emotion.

15 So they are built to be novelty-seeking at this point in  
16 their lives.

17 (13) Suicide rate: The oft-cited suicide rate of 41% for  
18 those who identify as "trans" is based on an erroneous  
19 understanding of a study by the Williams Institute, an  
20 understanding that ignores the acknowledged and serious  
21 limitations of the study.

22 (14) There is no evidence that surgery or chemical  
23 disruption of normal, natural, and healthy development or  
24 processes reduces the incidence of suicide.

25 (15) Dr. J. Michael Bailey, Professor of Psychology at  
26 Northwestern University, and Dr. Raymond Blanchard, former

1 psychologist in the Adult Gender Identity Clinic of Toronto's  
2 Centre for Addiction and Mental Health (CAMH) from 1980-1995  
3 and the Head of CAMH's Clinical Sexology Services from  
4 1995-2010, have written the following:

5 (a) Children (most commonly, adolescents) who threaten  
6 to commit suicide rarely do so, although they are more  
7 likely to kill themselves than children who do not  
8 threaten suicide.

9 (b) Mental health problems, including suicide, are  
10 associated with some forms of gender dysphoria. But  
11 suicide is rare even among gender dysphoric persons.

12 (c) There is no persuasive evidence that gender  
13 transition reduces gender dysphoric children's likelihood  
14 of suicide.

15 (d) The idea that mental health problems, including  
16 suicidality, are caused by gender dysphoria rather than  
17 the other way around (i.e., mental health and personality  
18 issues cause a vulnerability to experience gender  
19 dysphoria) is currently popular and politically correct.  
20 It is, however, unproven and as likely to be false as true.

21 (16) There is no phenomenon of women trapped in men's  
22 bodies or vice versa, or of men having women's brains or vice  
23 versa: Science has not proven that the brains of transgender  
24 individuals are "wired differently" than others with the same  
25 biological sex. In other words, there is no conclusive  
26 evidence of a "female brain" being contained in a male body or

1 vice versa. In fact, it is impossible for an opposite sexed  
2 brain to be "trapped" in the wrong body. Every brain cell of a  
3 male fetus has a Y chromosome; female fetal brains do not. This  
4 makes their brains forever intrinsically different.  
5 Additionally, at 8 weeks gestation, male fetuses have every  
6 cell of their body, including every brain cell, bathed by a  
7 testosterone surge secreted by their testes. Female fetuses  
8 lack testes; none of their cells, including their brain cells,  
9 experience this endogenous testosterone surge. [Reyes FI,  
10 Winter JS, Faiman C. "Studies on human sexual development  
11 Fetal gonadal and adrenal sex steroids"; J Clin Endocrinol  
12 Metab. 1973 Jul; 37(1):74-8; Lombardo, M. "Fetal Testosterone  
13 Influences Sexually Dimorphic Gray Matter in the Human Brain";  
14 The Journal of Neuroscience, 11 January 2012, 32(2); Campano,  
15 A. [ed]. Geneva Foundation for Medical Education and Research:  
16 human sexual differentiation (2016).]

17 (17) Brain-sex theories: "[C]urrent studies on  
18 associations between brain structure and transgender identity  
19 are small, methodologically limited, inconclusive, and  
20 sometimes contradictory. Even if they were more  
21 methodologically reliable, they would be insufficient to  
22 demonstrate that brain structure is a cause, rather than an  
23 effect, of the gender-identity behavior. They would likewise  
24 lack predictive power, the real challenge for any theory in  
25 science."

26 (18) Desistance: The best research to date suggests that

1 without social or medical "transition" most (60-90%)  
2 gender-dysphoric children will come to accept their biological  
3 sex after passing naturally through puberty. While "12-27% of  
4 'gender variant' children persist in gender dysphoria; that  
5 percentage rises to 40% amongst those who visit gender  
6 clinics." Research shows that desistance rates rise  
7 significantly among those who are given puberty-blockers and  
8 "gender-affirmative psychotherapy," thus suggesting that such  
9 interventions lead minors "to commit more strongly to sex  
10 reassignment than they might have if they had received a  
11 different diagnosis or a different course of treatment."

12 (19) The American College of Pediatricians confirms what  
13 "detransitioners" assert: There are many possible post-natal,  
14 environmental causes for gender dysphoria:

15 Family and peer relationships, one's school and  
16 neighborhood, the experience of any form of abuse, media  
17 exposure, chronic illness, war, and natural disasters are all  
18 examples of environmental factors that impact an individual's  
19 emotional, social, and psychological development.

20 (20) Autism: "Mounting evidence over the last decade  
21 points to increased rates of autism spectrum disorders (ASD)  
22 and autism traits among children and adults with gender  
23 dysphoria, or incongruence between a person's experienced or  
24 expressed gender and the gender assigned to them at birth. ...  
25 It is possible that some of the psychological characteristics  
26 common in children with ASD—including cognitive deficits,

1 tendencies toward obsessive preoccupations, or difficulties  
2 learning from other people-complicate the formation of gender  
3 identity."

4 (21) A study published in May 2018 "further confirmed a  
5 possible association between ASD and the wish to be of the  
6 opposite gender by establishing increased endorsement of this  
7 wish in adolescents and adults with ASD compared to the  
8 general population controls."

9 (22) "Rapid-onset gender dysphoria" (ROGD): Dr. J. Michael  
10 Bailey, Professor of Psychology at Northwestern University,  
11 and Dr. Raymond Blanchard, former psychologist in the Adult  
12 Gender Identity Clinic of Toronto's Centre for Addiction and  
13 Mental Health (CAMH) from 1980-1995 and the Head of CAMH's  
14 Clinical Sexology Services from 1995-2010, explain the  
15 phenomenon of ROGD:

16 The typical case of ROGD involves an adolescent or young  
17 adult female whose social world outside the family glorifies  
18 transgender phenomena and exaggerates their prevalence.  
19 Furthermore, it likely includes a heavy dose of internet  
20 involvement. The adolescent female acquires the conviction  
21 that she is transgender. (Not uncommonly, others in her peer  
22 group acquire the same conviction.) These peer groups  
23 encouraged each other to believe that all unhappiness,  
24 anxiety, and life problems are likely due to their being  
25 transgender, and that gender transition is the only solution.  
26 Subsequently, there may be a rush towards gender transition.

1 ... We believe that ROGD is a socially contagious phenomenon  
2 in which a young person-typically a natal female-comes to  
3 believe that she has a condition that she does not have. ROGD  
4 is not about discovering gender dysphoria that was there all  
5 along; rather, it is about falsely coming to believe that  
6 one's problems have been due to gender dysphoria previously  
7 hidden (from the self and others). Let us be clear: People with  
8 ROGD do have a kind of gender dysphoria, but it is gender  
9 dysphoria due to persuasion of those especially vulnerable to  
10 a false idea.

11 (23) Brown University Researcher, Dr. Lisa Littman,  
12 conducted a survey of parents whose children developed Rapid  
13 Onset Gender Dysphoria. Littman wrote that the "worsening of  
14 mental well-being and parent-child relationships and behaviors  
15 that isolate [adolescents and young adults] from their  
16 parents, families, non-transgender friends and mainstream  
17 sources of information are particularly concerning. More  
18 research is needed to better understand this phenomenon, its  
19 implications and scope."

20 (24) The number of children "being referred for  
21 transitioning treatment" in England has increased 4,400% for  
22 girls and 1,250% for boys, which has resulted in calls from  
23 members of Parliament for an investigation.

24 (25) Body Integrity Identity Disorder (BIID) shares in  
25 common several features with gender dysphoria. BIID is a  
26 condition in which "[s]ufferers from BIID experience a

1 mismatch between their physically healthy body and the body  
2 with which they identify. They identify as disabled. They  
3 often desire a specific amputation to achieve the disabled  
4 body they want." As with some cases of gender dysphoria,  
5 scientists say there is evidence for neurological involvement  
6 as a cause of the experience of BIID, and yet physicians  
7 largely oppose elective amputations of healthy anatomical  
8 parts:

9       According to the principle of nonmaleficence physicians  
10 must not perform amputations without a medical indication  
11 because amputations bear great risks and often have severe  
12 consequences besides the disability ... for example,  
13 infections [or] thromboses. Even though some physicians  
14 perform harmful surgeries as breast enlargement surgeries,  
15 this cannot justify surgeries that are even more harmful. Even  
16 if amputations would be a possible therapy for BIID, they  
17 would be risky experimental therapies that could be justified  
18 only if they promised lifesaving or the cure of severe  
19 diseases and if an alternative therapy would not be available.  
20 At least the first condition is not fulfilled in the case of  
21 BIID, and probably the second is not fulfilled either. Above  
22 all, an amputation causes an irreversible damage that could  
23 not be healed, even if the patient's body image would be  
24 restored spontaneously or through a new therapy. ... But since  
25 all psychiatrists who have investigated BIID patients found  
26 that the amputation desire is either obsessive or based on a

1 monothematic delusion, and since neurological studies support  
2 the hypothesis of a brain disorder (which is also supported by  
3 the most influential advocates of elective amputations),  
4 elective amputations have to be regarded as severe bodily  
5 injuries of patients.

6 (26) The American College of Pediatricians (ACPeds), "a  
7 national medical association of licensed physicians and  
8 healthcare professionals who specialize in the care of  
9 infants, children, and adolescents" that split from the  
10 American Academy of Pediatrics because of its politicization  
11 of the practice of medicine, describes puberty-suppression,  
12 cross-sex hormone, and surgeries variously referred to as  
13 sex-change, sex reassignment, gender reassignment and gender  
14 confirmation surgeries as child abuse."

15 (27) Dr. Lisa Simons, pediatrician at Robert H. Lurie  
16 Children's Hospital of Chicago, stated in a PBS Frontline  
17 documentary that "'The bottom line is we don't really know how  
18 sex hormones impact any adolescent's brain development.' ...  
19 What's lacking, she said, are specific studies that look at  
20 the neurocognitive effects of puberty blockers."

21 (28) Dr. Kenneth Zucker, one of the world's leading  
22 authorities on gender dysphoria, states that:

23 "Identity is a process. It is complicated. It takes a long  
24 period of time ... to know who a child really is. ... There are  
25 different pathways that can lead to gender dysphoria. ... It's  
26 an intellectual and clinical mistake to think that there's one

1 single cause that explains all gender dysphoria. ... Just  
2 because little kids say something doesn't necessarily mean  
3 that you accept it, or that it's true, or that it's in the best  
4 interest of the child. ... Little kids can present with  
5 extreme gender dysphoria, but that doesn't mean they're all  
6 going to grow up to continue to have gender dysphoria.

7 (29) Dr. Eric Vilain, a geneticist at UCLA who specializes  
8 in sexual development and sex differences in the brain, says  
9 the studies on twins are mixed and that, on the whole, "there  
10 is no evidence of a biological influence on transsexualism  
11 yet."

12 (30) Sheila Jeffreys, lesbian feminist scholar, warns  
13 against the "transgendering" of children: "Those who do not  
14 conform to correct gender stereotypes are being sterilized and  
15 they're being sterilized as children."

16 (31) Heather Brunskell-Evans Heather, social theorist,  
17 philosopher, and Senior Research Fellow at King's College,  
18 London, UK, and Michele Moore, Professor of Inclusive  
19 Education and Editor-in-Chief of the world-leading journal  
20 Disability & Society, critique the "transgender" ideology:

21 [O]ur central contention is that transgender children  
22 don't exist. Although we argue that 'the transgender child' is  
23 a fabrication, we do not disavow that some children and  
24 adolescents experience gender dysphoria and that concerned and  
25 loving parents will do anything to alleviate their children's  
26 distress. It is because of children's bodily discomfort that

1 we argue it is important families and support services are  
2 informed by appropriate models for understanding gender. Our  
3 analysis of transgenderism demonstrates it is a new  
4 phenomenon, since dissatisfaction with assigned gender takes  
5 different forms in different historical contexts. The  
6 'transgender child' is a relatively new historical figure,  
7 brought into being by a coalition of pressure groups,  
8 political activists and knowledge makers. ... Bizarrely, in  
9 transgender theory, biology is said to be a social construct  
10 but gender is regarded as an inherent property located  
11 'somewhere' in the brain or soul or other undefined area of the  
12 body. We reverse these propositions with the concept that it  
13 is gender, not biology, which is a social construct. From our  
14 theoretical perspective, the sexed body is material and  
15 biological, and gender is the externally imposed set of norms  
16 that prescribe and proscribe desirable [behaviors] for  
17 children. Our objection to transgenderism is that it confines  
18 children to traditional views about gender.

19 (32) Stephanie Davies-Arias, writer, communication skills  
20 expert, and pediatric transition critic, writes that "changing  
21 your sex to match your 'gender identity' reinforces the very  
22 stereotypes which [transgender organizations] claim to be  
23 challenging ... as, in increasing numbers, boys who love  
24 princess culture become 'girls' and short-haired  
25 football-loving girls become 'boys'. Promoted as a  
26 'progressive' social justice movement based on 'accepting

1 difference', transgender ideology in fact takes that  
2 difference and stamps it out. It says that the sexist  
3 stereotypes of 'gender' are the true distinction between boys  
4 and girls and biological sex is an illusion."

5 (33) Sex-change regret/De-transitioning: Increasing  
6 numbers of young men and women experience "sex-change regret"  
7 and are "detransitioning." Unfortunately, some effects of  
8 "medical transitions" are irreversible. A BBC documentary  
9 titled "Luke" includes a young biological woman who regrets  
10 taking cross-sex hormones and having a double mastectomy at  
11 age 20 and shares her experience.

12 Section 10. Purpose. The purpose of this Act is to protect  
13 gender-dysphoric, gender-discordant, and  
14 gender-non-conforming minors or minors who experience rapid  
15 onset gender dysphoria from medical procedures or the  
16 off-label use of chemicals that have not been studied for  
17 these purposes and that permanently alter anatomy,  
18 biochemistry, or physiology.

19 The State has a moral duty and legal right to step in and  
20 regulate medical practices that are found in violation of the  
21 principles that inhere in the Nuremberg Code, including the  
22 principle that experiments should be based on previous  
23 knowledge (e.g., an expectation derived from animal  
24 experiments) that justifies the experiment.

1 Section 15. Definitions. As used in this Act:

2 "Biological sex" means a person's objective, immutable  
3 biological sex, which may be understood according to the  
4 following: In biology, an organism is male or female if it is  
5 structured to perform one of the respective roles in  
6 reproduction. This definition does not require any arbitrary  
7 measurable or quantifiable physical characteristics or  
8 behaviors; it requires understanding the reproductive system  
9 and the reproduction process. Different animals have different  
10 reproductive systems, but sexual reproduction occurs when the  
11 sex cells from the male and female of the species come together  
12 to form newly fertilized embryos. It is these reproductive  
13 roles that provide the conceptual basis for the  
14 differentiation of animals into the biological categories of  
15 male and female. There is no other widely accepted biological  
16 classification for the sexes.

17 "Desistance" means the tendency for gender dysphoria to  
18 resolve itself as a child gets older and older.

19 "Detransition" means the process by which someone who has  
20 been identifying as the opposite sex, presenting himself or  
21 herself as the opposite sex, taking cross-sex hormones, and  
22 may or may not have had surgery rejects his or her "trans"  
23 identity and accepts his or her objective, immutable  
24 biological sex.

25 "Gender" means the psychological, behavioral, social, and  
26 cultural aspects of being male or female.

1 "Gender dysphoria" means one's persistent discomfort with  
2 his or her sex or sense of inappropriateness in the gender role  
3 of that sex.

4 "Gender identity" means one's sense of oneself as male,  
5 female, or transgender. "Gender identity" also means one's  
6 innermost concept of self as male, female, a blend of both male  
7 and female, or neither male nor female.

8 Section 20. Prohibition on treatment of persons under the  
9 age of 18 for gender dysphoria or gender discordance.

10 (a) A medical doctor shall not prescribe, provide,  
11 administer, or deliver puberty-suppressing drugs or cross-sex  
12 hormones and shall not perform surgical orchiectomy or  
13 castration, urethroplasty, vaginoplasty, mastectomy,  
14 phalloplasty, or metoidioplasty on biologically healthy and  
15 anatomically normal persons under the age of 18 for the  
16 purpose of treating the subjective, internal psychological  
17 condition of gender dysphoria or gender discordance.

18 (b) Any efforts to modify the anatomy, physiology, or  
19 biochemistry of a biologically healthy person under the age of  
20 18 who experiences gender dysphoria or gender discordance  
21 shall be considered unprofessional conduct and shall be  
22 subject to discipline by the licensing entity or disciplinary  
23 review board with competent jurisdiction.

24 (c) No medical doctor or mental health provider shall  
25 refer any person under the age of 18 to any medical doctor for

1 chemical or surgical interventions to treat gender dysphoria  
2 or gender discordance.

3 Section 90. The Medical Practice Act of 1987 is amended by  
4 changing Section 22 as follows:

5 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

6 (Section scheduled to be repealed on January 1, 2027)

7 Sec. 22. Disciplinary action.

8 (A) The Department may revoke, suspend, place on  
9 probation, reprimand, refuse to issue or renew, or take any  
10 other disciplinary or non-disciplinary action as the  
11 Department may deem proper with regard to the license or  
12 permit of any person issued under this Act, including imposing  
13 fines not to exceed \$10,000 for each violation, upon any of the  
14 following grounds:

15 (1) (Blank).

16 (2) (Blank).

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

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

24 (5) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,  
2 defraud, or harm the public.

3 (6) Obtaining any fee by fraud, deceit, or  
4 misrepresentation.

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

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

11 (9) Fraud or misrepresentation in applying for, or  
12 procuring, a license under this Act or in connection with  
13 applying for renewal of a license under this Act.

14 (10) Making a false or misleading statement regarding  
15 their skill or the efficacy or value of the medicine,  
16 treatment, or remedy prescribed by them at their direction  
17 in the treatment of any disease or other condition of the  
18 body or mind.

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

21 (12) Adverse action taken by another state or  
22 jurisdiction against a license or other authorization to  
23 practice as a medical doctor, doctor of osteopathy, doctor  
24 of osteopathic medicine, or doctor of chiropractic, a  
25 certified copy of the record of the action taken by the  
26 other state or jurisdiction being prima facie evidence

1           thereof. This includes any adverse action taken by a State  
2           or federal agency that prohibits a medical doctor, doctor  
3           of osteopathy, doctor of osteopathic medicine, or doctor  
4           of chiropractic from providing services to the agency's  
5           participants.

6           (13) Violation of any provision of this Act or of the  
7           Medical Practice Act prior to the repeal of that Act, or  
8           violation of the rules, or a final administrative action  
9           of the Secretary, after consideration of the  
10          recommendation of the Medical Board.

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

13          (15) A finding by the Medical Board that the  
14          registrant after having his or her license placed on  
15          probationary status or subjected to conditions or  
16          restrictions violated the terms of the probation or failed  
17          to comply with such terms or conditions.

18          (16) Abandonment of a patient.

19          (17) Prescribing, selling, administering,  
20          distributing, giving, or self-administering any drug  
21          classified as a controlled substance (designated product)  
22          or narcotic for other than medically accepted therapeutic  
23          purposes.

24          (18) Promotion of the sale of drugs, devices,  
25          appliances, or goods provided for a patient in such manner  
26          as to exploit the patient for financial gain of the

1 physician.

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

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

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

17 (22) Willful omission to file or record, or willfully  
18 impeding the filing or recording, or inducing another  
19 person to omit to file or record, medical reports as  
20 required by law, or willfully failing to report an  
21 instance of suspected abuse or neglect as required by law.

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

1 neglected child as defined in the Abused and Neglected  
2 Child Reporting Act.

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

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

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

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

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

25 (29) Cheating on or attempting to subvert the  
26 licensing examinations administered under this Act.

1           (30) Willfully or negligently violating the  
2 confidentiality between physician and patient except as  
3 required by law.

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

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

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

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

23          (35) Failure to report to the Department surrender of  
24 a license or authorization to practice as a medical  
25 doctor, a doctor of osteopathy, a doctor of osteopathic  
26 medicine, or doctor of chiropractic in another state or

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

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

12 (37) Failure to provide copies of medical records as  
13 required by law.

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

19 (39) Violating the Health Care Worker Self-Referral  
20 Act.

21 (40) (Blank).

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

24 (42) Entering into an excessive number of written  
25 collaborative agreements with licensed advanced practice  
26 registered nurses resulting in an inability to adequately

1 collaborate.

2 (43) Repeated failure to adequately collaborate with a  
3 licensed advanced practice registered nurse.

4 (44) Violating the Compassionate Use of Medical  
5 Cannabis Program Act.

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

10 (46) Repeated failure to adequately collaborate with a  
11 licensed prescribing psychologist.

12 (47) Willfully failing to report an instance of  
13 suspected abuse, neglect, financial exploitation, or  
14 self-neglect of an eligible adult as defined in and  
15 required by the Adult Protective Services Act.

16 (48) Being named as an abuser in a verified report by  
17 the Department on Aging under the Adult Protective  
18 Services Act, and upon proof by clear and convincing  
19 evidence that the licensee abused, neglected, or  
20 financially exploited an eligible adult as defined in the  
21 Adult Protective Services Act.

22 (49) Entering into an excessive number of written  
23 collaborative agreements with licensed physician  
24 assistants resulting in an inability to adequately  
25 collaborate.

26 (50) Repeated failure to adequately collaborate with a

1 physician assistant.

2 (51) Violating the Youth Health Protection Act.

3 Except for actions involving the ground numbered (26), all  
4 proceedings to suspend, revoke, place on probationary status,  
5 or take any other disciplinary action as the Department may  
6 deem proper, with regard to a license on any of the foregoing  
7 grounds, must be commenced within 5 years next after receipt  
8 by the Department of a complaint alleging the commission of or  
9 notice of the conviction order for any of the acts described  
10 herein. Except for the grounds numbered (8), (9), (26), and  
11 (29), no action shall be commenced more than 10 years after the  
12 date of the incident or act alleged to have violated this  
13 Section. For actions involving the ground numbered (26), a  
14 pattern of practice or other behavior includes all incidents  
15 alleged to be part of the pattern of practice or other behavior  
16 that occurred, or a report pursuant to Section 23 of this Act  
17 received, within the 10-year period preceding the filing of  
18 the complaint. In the event of the settlement of any claim or  
19 cause of action in favor of the claimant or the reduction to  
20 final judgment of any civil action in favor of the plaintiff,  
21 such claim, cause of action, or civil action being grounded on  
22 the allegation that a person licensed under this Act was  
23 negligent in providing care, the Department shall have an  
24 additional period of 2 years from the date of notification to  
25 the Department under Section 23 of this Act of such settlement  
26 or final judgment in which to investigate and commence formal

1 disciplinary proceedings under Section 36 of this Act, except  
2 as otherwise provided by law. The time during which the holder  
3 of the license was outside the State of Illinois shall not be  
4 included within any period of time limiting the commencement  
5 of disciplinary action by the Department.

6 The entry of an order or judgment by any circuit court  
7 establishing that any person holding a license under this Act  
8 is a person in need of mental treatment operates as a  
9 suspension of that license. That person may resume his or her  
10 practice only upon the entry of a Departmental order based  
11 upon a finding by the Medical Board that the person has been  
12 determined to be recovered from mental illness by the court  
13 and upon the Medical Board's recommendation that the person be  
14 permitted to resume his or her practice.

15 The Department may refuse to issue or take disciplinary  
16 action concerning the license of any person who fails to file a  
17 return, or to pay the tax, penalty, or interest shown in a  
18 filed return, or to pay any final assessment of tax, penalty,  
19 or interest, as required by any tax Act administered by the  
20 Illinois Department of Revenue, until such time as the  
21 requirements of any such tax Act are satisfied as determined  
22 by the Illinois Department of Revenue.

23 The Department, upon the recommendation of the Medical  
24 Board, shall adopt rules which set forth standards to be used  
25 in determining:

26 (a) when a person will be deemed sufficiently

1 rehabilitated to warrant the public trust;

2 (b) what constitutes dishonorable, unethical, or  
3 unprofessional conduct of a character likely to deceive,  
4 defraud, or harm the public;

5 (c) what constitutes immoral conduct in the commission  
6 of any act, including, but not limited to, commission of  
7 an act of sexual misconduct related to the licensee's  
8 practice; and

9 (d) what constitutes gross negligence in the practice  
10 of medicine.

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

14 In enforcing this Section, the Medical Board, upon a  
15 showing of a possible violation, may compel any individual who  
16 is licensed to practice under this Act or holds a permit to  
17 practice under this Act, or any individual who has applied for  
18 licensure or a permit pursuant to this Act, to submit to a  
19 mental or physical examination and evaluation, or both, which  
20 may include a substance abuse or sexual offender evaluation,  
21 as required by the Medical Board and at the expense of the  
22 Department. The Medical Board shall specifically designate the  
23 examining physician licensed to practice medicine in all of  
24 its branches or, if applicable, the multidisciplinary team  
25 involved in providing the mental or physical examination and  
26 evaluation, or both. The multidisciplinary team shall be led

1 by a physician licensed to practice medicine in all of its  
2 branches and may consist of one or more or a combination of  
3 physicians licensed to practice medicine in all of its  
4 branches, licensed chiropractic physicians, licensed clinical  
5 psychologists, licensed clinical social workers, licensed  
6 clinical professional counselors, and other professional and  
7 administrative staff. Any examining physician or member of the  
8 multidisciplinary team may require any person ordered to  
9 submit to an examination and evaluation pursuant to this  
10 Section to submit to any additional supplemental testing  
11 deemed necessary to complete any examination or evaluation  
12 process, including, but not limited to, blood testing,  
13 urinalysis, psychological testing, or neuropsychological  
14 testing. The Medical Board or the Department may order the  
15 examining physician or any member of the multidisciplinary  
16 team to provide to the Department or the Medical Board any and  
17 all records, including business records, that relate to the  
18 examination and evaluation, including any supplemental testing  
19 performed. The Medical Board or the Department may order the  
20 examining physician or any member of the multidisciplinary  
21 team to present testimony concerning this examination and  
22 evaluation of the licensee, permit holder, or applicant,  
23 including testimony concerning any supplemental testing or  
24 documents relating to the examination and evaluation. No  
25 information, report, record, or other documents in any way  
26 related to the examination and evaluation shall be excluded by

1 reason of any common law or statutory privilege relating to  
2 communication between the licensee, permit holder, or  
3 applicant and the examining physician or any member of the  
4 multidisciplinary team. No authorization is necessary from the  
5 licensee, permit holder, or applicant ordered to undergo an  
6 evaluation and examination for the examining physician or any  
7 member of the multidisciplinary team to provide information,  
8 reports, records, or other documents or to provide any  
9 testimony regarding the examination and evaluation. The  
10 individual to be examined may have, at his or her own expense,  
11 another physician of his or her choice present during all  
12 aspects of the examination. Failure of any individual to  
13 submit to mental or physical examination and evaluation, or  
14 both, when directed, shall result in an automatic suspension,  
15 without hearing, until such time as the individual submits to  
16 the examination. If the Medical Board finds a physician unable  
17 to practice following an examination and evaluation because of  
18 the reasons set forth in this Section, the Medical Board shall  
19 require such physician to submit to care, counseling, or  
20 treatment by physicians, or other health care professionals,  
21 approved or designated by the Medical Board, as a condition  
22 for issued, continued, reinstated, or renewed licensure to  
23 practice. Any physician, whose license was granted pursuant to  
24 Section 9, 17, or 19 of this Act, or, continued, reinstated,  
25 renewed, disciplined, or supervised, subject to such terms,  
26 conditions, or restrictions who shall fail to comply with such

1 terms, conditions, or restrictions, or to complete a required  
2 program of care, counseling, or treatment, as determined by  
3 the Chief Medical Coordinator or Deputy Medical Coordinators,  
4 shall be referred to the Secretary for a determination as to  
5 whether the licensee shall have his or her license suspended  
6 immediately, pending a hearing by the Medical Board. In  
7 instances in which the Secretary immediately suspends a  
8 license under this Section, a hearing upon such person's  
9 license must be convened by the Medical Board within 15 days  
10 after such suspension and completed without appreciable delay.  
11 The Medical Board shall have the authority to review the  
12 subject physician's record of treatment and counseling  
13 regarding the impairment, to the extent permitted by  
14 applicable federal statutes and regulations safeguarding the  
15 confidentiality of medical records.

16 An individual licensed under this Act, affected under this  
17 Section, shall be afforded an opportunity to demonstrate to  
18 the Medical Board that he or she can resume practice in  
19 compliance with acceptable and prevailing standards under the  
20 provisions of his or her license.

21 The Medical Board, in determining mental capacity of an  
22 individual licensed under this Act, shall consider the latest  
23 recommendations of the Federation of State Medical Boards.

24 The Department may promulgate rules for the imposition of  
25 fines in disciplinary cases, not to exceed \$10,000 for each  
26 violation of this Act. Fines may be imposed in conjunction

1 with other forms of disciplinary action, but shall not be the  
2 exclusive disposition of any disciplinary action arising out  
3 of conduct resulting in death or injury to a patient. Any funds  
4 collected from such fines shall be deposited in the Illinois  
5 State Medical Disciplinary Fund.

6 All fines imposed under this Section shall be paid within  
7 60 days after the effective date of the order imposing the fine  
8 or in accordance with the terms set forth in the order imposing  
9 the fine.

10 (B) The Department shall revoke the license or permit  
11 issued under this Act to practice medicine of ~~or~~ a  
12 chiropractic physician who has been convicted a second time of  
13 committing any felony under the Illinois Controlled Substances  
14 Act or the Methamphetamine Control and Community Protection  
15 Act, or who has been convicted a second time of committing a  
16 Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois  
17 Public Aid Code. A person whose license or permit is revoked  
18 under this subsection (B) ~~B~~ shall be prohibited from  
19 practicing medicine or treating human ailments without the use  
20 of drugs and without operative surgery.

21 (C) The Department shall not revoke, suspend, place on  
22 probation, reprimand, refuse to issue or renew, or take any  
23 other disciplinary or non-disciplinary action against the  
24 license or permit issued under this Act to practice medicine  
25 to a physician:

26 (1) based solely upon the recommendation of the

1 physician to an eligible patient regarding, or  
2 prescription for, or treatment with, an investigational  
3 drug, biological product, or device;

4 (2) for experimental treatment for Lyme disease or  
5 other tick-borne diseases, including, but not limited to,  
6 the prescription of or treatment with long-term  
7 antibiotics;

8 (3) based solely upon the physician providing,  
9 authorizing, recommending, aiding, assisting, referring  
10 for, or otherwise participating in any health care  
11 service, so long as the care was not unlawful under the  
12 laws of this State, regardless of whether the patient was  
13 a resident of this State or another state; or

14 (4) based upon the physician's license being revoked  
15 or suspended, or the physician being otherwise disciplined  
16 by any other state, if that revocation, suspension, or  
17 other form of discipline was based solely on the physician  
18 violating another state's laws prohibiting the provision  
19 of, authorization of, recommendation of, aiding or  
20 assisting in, referring for, or participation in any  
21 health care service if that health care service as  
22 provided would not have been unlawful under the laws of  
23 this State and is consistent with the standards of conduct  
24 for the physician if it occurred in Illinois.

25 (D) (Blank).

26 (E) The conduct specified in subsection (C) shall not

1 trigger reporting requirements under Section 23, constitute  
2 grounds for suspension under Section 25, or be included on the  
3 physician's profile required under Section 10 of the Patients'  
4 Right to Know Act.

5 (F) An applicant seeking licensure, certification, or  
6 authorization pursuant to this Act and who has been subject to  
7 disciplinary action by a duly authorized professional  
8 disciplinary agency of another jurisdiction solely on the  
9 basis of having provided, authorized, recommended, aided,  
10 assisted, referred for, or otherwise participated in health  
11 care shall not be denied such licensure, certification, or  
12 authorization, unless the Department determines that the  
13 action would have constituted professional misconduct in this  
14 State; however, nothing in this Section shall be construed as  
15 prohibiting the Department from evaluating the conduct of the  
16 applicant and making a determination regarding the licensure,  
17 certification, or authorization to practice a profession under  
18 this Act.

19 (G) The Department may adopt rules to implement the  
20 changes made by Public Act 102-1117 ~~this amendatory Act of the~~  
21 ~~102nd General Assembly.~~

22 (Source: P.A. 102-20, eff. 1-1-22; 102-558, eff. 8-20-21;  
23 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23; 103-442, eff.  
24 1-1-24; revised 10-22-24.)