Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Reorganizes the Act by adding titles and renumbering provisions. Replaces references to "supervising physicians" with references to "collaborating physicians" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Adds provisions concerning continuing education. In provisions concerning grounds for disciplinary action, provides that the Department of Financial and Professional Regulation may refuse to issue or renew a physician assistant license or discipline a licensee for willfully or negligently violating a patient's confidentiality, except as required by law, or failing to provide copies of medical records as required by law. Amends various Acts to conform references and terminology. Makes other changes. Effective immediately.
AN ACT concerning regulation.

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

Section 5. The Regulatory Sunset Act is amended by changing
Section 4.28 adding Section 4.38 as follows:

(5 ILCS 80/4.28)

Sec. 4.28. Acts repealed on January 1, 2018. The following
Acts are repealed on January 1, 2018:
The Acupuncture Practice Act.
The Illinois Speech-Language Pathology and Audiology
Practice Act.
The Nurse Practice Act.
The Pharmacy Practice Act.
The Home Medical Equipment and Services Provider License
Act.
The Marriage and Family Therapy Licensing Act.
The Nursing Home Administrators Licensing and Disciplinary
Act.
Sec. 4.38. Act repealed on January 1, 2028. The following Act is repealed on January 1, 2028:


Section 10. The School Code is amended by changing Section 22-30 as follows:

Sec. 22-30. Self-administration and self-carry of asthma medication and epinephrine auto-injectors; administration of undesignated epinephrine auto-injectors; administration of an opioid antagonist; asthma episode emergency response protocol.

(a) For the purpose of this Section only, the following terms shall have the meanings set forth below:

"Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through day-to-day management and to serve as a student-specific document to be
referenced in the event of an asthma episode.

"Asthma episode emergency response protocol" means a procedure to provide assistance to a pupil experiencing symptoms of wheezing, coughing, shortness of breath, chest tightness, or breathing difficulty.

"Asthma inhaler" means a quick reliever asthma inhaler.

"Epinephrine auto-injector" means a single-use device used for the automatic injection of a pre-measured dose of epinephrine into the human body.

"Asthma medication" means a medicine, prescribed by (i) a physician licensed to practice medicine in all its branches, (ii) a licensed physician assistant with prescriptive authority, or (iii) a licensed advanced practice nurse with prescriptive authority for a pupil that pertains to the pupil's asthma and that has an individual prescription label.

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

"School nurse" means a registered nurse working in a school with or without licensure endorsed in school nursing.

"Self-administration" means a pupil's discretionary use of his or her prescribed asthma medication or epinephrine auto-injector.

"Self-carry" means a pupil's ability to carry his or her
prescribed asthma medication or epinephrine auto-injector.

"Standing protocol" may be issued by (i) a physician licensed to practice medicine in all its branches, (ii) a licensed physician assistant with prescriptive authority, or (iii) a licensed advanced practice nurse with prescriptive authority.

"Trained personnel" means any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who has completed training under subsection (g) of this Section to recognize and respond to anaphylaxis.

"Undesignated epinephrine auto-injector" means an epinephrine auto-injector prescribed in the name of a school district, public school, or nonpublic school.

(b) A school, whether public or nonpublic, must permit the self-administration and self-carry of asthma medication by a pupil with asthma or the self-administration and self-carry of an epinephrine auto-injector by a pupil, provided that:

(1) the parents or guardians of the pupil provide to the school (i) written authorization from the parents or guardians for (A) the self-administration and self-carry of asthma medication or (B) the self-carry of asthma medication or (ii) for (A) the self-administration and self-carry of an epinephrine auto-injector or (B) the self-carry of an epinephrine auto-injector, written authorization from the pupil's physician, physician
assistant, or advanced practice nurse; and

(2) the parents or guardians of the pupil provide to the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine auto-injector, a written statement from the pupil's physician, physician assistant, or advanced practice nurse containing the following information:

(A) the name and purpose of the epinephrine auto-injector;
(B) the prescribed dosage; and
(C) the time or times at which or the special circumstances under which the epinephrine auto-injector is to be administered.

The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

(b-5) A school district, public school, or nonpublic school may authorize the provision of a student-specific or undesignated epinephrine auto-injector to a student or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer an
epinephrine auto-injector to the student, that meets the student's prescription on file.

(b-10) The school district, public school, or nonpublic school may authorize a school nurse or trained personnel to do the following: (i) provide an undesignated epinephrine auto-injector to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer to the student, that meets the student's prescription on file; (ii) administer an undesignated epinephrine auto-injector that meets the prescription on file to any student who has an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 that authorizes the use of an epinephrine auto-injector; (iii) administer an undesignated epinephrine auto-injector to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; and (iv) administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose.

(c) The school district, public school, or nonpublic school must inform the parents or guardians of the pupil, in writing, that the school district, public school, or nonpublic school
and its employees and agents, including a physician, physician assistant, or advanced practice nurse providing standing protocol or prescription for school epinephrine auto-injectors, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine auto-injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice nurse. The parents or guardians of the pupil must sign a statement acknowledging that the school district, public school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine auto-injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice nurse and that the parents or guardians must indemnify and hold harmless the school district, public school, or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of asthma medication, an epinephrine auto-injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice nurse.
advanced practice nurse.

(c-5) When a school nurse or trained personnel administers an undesignated epinephrine auto-injector to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic reaction or administers an opioid antagonist to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district, public school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice nurse providing standing protocol or prescription for undesignated epinephrine auto-injectors, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of an undesignated epinephrine auto-injector or the use of an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice nurse.

(d) The permission for self-administration and self-carry of asthma medication or the self-administration and self-carry of an epinephrine auto-injector is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of
(e) Provided that the requirements of this Section are fulfilled, a pupil with asthma may self-administer and self-carry his or her asthma medication or a pupil may self-administer and self-carry an epinephrine auto-injector (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus.

(e-5) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated epinephrine auto-injector to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus. A school nurse or trained personnel may carry undesignated epinephrine auto-injectors on his or her person while in school or at a school-sponsored activity.

(e-10) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an opioid antagonist to any person whom the school nurse or
trained personnel in good faith believes to be having an opioid overdose (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property. A school nurse or trained personnel may carry an opioid antagonist on their person while in school or at a school-sponsored activity.

(f) The school district, public school, or nonpublic school may maintain a supply of undesignated epinephrine auto-injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has been delegated prescriptive authority in accordance with Section 10-65.7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice nurse who has been delegated prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine auto-injectors in the name of the school district, public school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine auto-injectors shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, or nonpublic school may maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose. A
health care professional who has been delegated prescriptive
authority for opioid antagonists in accordance with Section
5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
may prescribe opioid antagonists in the name of the school
district, public school, or nonpublic school, to be maintained
for use when necessary. Any supply of opioid antagonists shall
be maintained in accordance with the manufacturer's
instructions.

(f-3) Whichever entity initiates the process of obtaining
undesignated epinephrine auto-injectors and providing training
to personnel for carrying and administering undesignated
epinephrine auto-injectors shall pay for the costs of the
undesignated epinephrine auto-injectors.

(f-5) Upon any administration of an epinephrine
auto-injector, a school district, public school, or nonpublic
school must immediately activate the EMS system and notify the
student's parent, guardian, or emergency contact, if known.

Upon any administration of an opioid antagonist, a school
district, public school, or nonpublic school must immediately
activate the EMS system and notify the student's parent,
guardian, or emergency contact, if known.

(f-10) Within 24 hours of the administration of an
undesignated epinephrine auto-injector, a school district,
public school, or nonpublic school must notify the physician,
physician assistant, or advanced practice nurse who provided
the standing protocol or prescription for the undesignated
Within 24 hours after the administration of an opioid antagonist, a school district, public school, or nonpublic school must notify the health care professional who provided the prescription for the opioid antagonist of its use.

(g) Prior to the administration of an undesignated epinephrine auto-injector, trained personnel must submit to their school's administration proof of completion of a training curriculum to recognize and respond to anaphylaxis that meets the requirements of subsection (h) of this Section. Training must be completed annually. The school district, public school, or nonpublic school must maintain records related to the training curriculum and trained personnel.

Prior to the administration of an opioid antagonist, trained personnel must submit to their school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the requirements of subsection (h-5) of this Section. Training must be completed annually. Trained personnel must also submit to the school's administration proof of cardiopulmonary resuscitation and automated external defibrillator certification. The school district, public school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

(h) A training curriculum to recognize and respond to anaphylaxis, including the administration of an undesignated
epinephrine auto-injector, may be conducted online or in person.

Training shall include, but is not limited to:

(1) how to recognize signs and symptoms of an allergic reaction, including anaphylaxis;

(2) how to administer an epinephrine auto-injector;

and

(3) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine auto-injector.

Training may also include, but is not limited to:

(A) a review of high-risk areas within a school and its related facilities;

(B) steps to take to prevent exposure to allergens;

(C) emergency follow-up procedures;

(D) how to respond to a student with a known allergy, as well as a student with a previously unknown allergy; and

(E) other criteria as determined in rules adopted pursuant to this Section.

In consultation with statewide professional organizations representing physicians licensed to practice medicine in all of its branches, registered nurses, and school nurses, the State Board of Education shall make available resource materials consistent with criteria in this subsection (h) for educating trained personnel to recognize and respond to anaphylaxis. The State Board may take into consideration the curriculum on this
subject developed by other states, as well as any other curricular materials suggested by medical experts and other groups that work on life-threatening allergy issues. The State Board is not required to create new resource materials. The State Board shall make these resource materials available on its Internet website.

(h-5) A training curriculum to recognize and respond to an opioid overdose, including the administration of an opioid antagonist, may be conducted online or in person. The training must comply with any training requirements under Section 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act and the corresponding rules. It must include, but is not limited to:

1. how to recognize symptoms of an opioid overdose;
2. information on drug overdose prevention and recognition;
3. how to perform rescue breathing and resuscitation;
4. how to respond to an emergency involving an opioid overdose;
5. opioid antagonist dosage and administration;
6. the importance of calling 911;
7. care for the overdose victim after administration of the overdose antagonist;
8. a test demonstrating competency of the knowledge required to recognize an opioid overdose and administer a dose of an opioid antagonist; and
other criteria as determined in rules adopted pursuant to this Section.

(i) Within 3 days after the administration of an undesignated epinephrine auto-injector by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education in a form and manner prescribed by the State Board the following information:

(1) age and type of person receiving epinephrine (student, staff, visitor);
(2) any previously known diagnosis of a severe allergy;
(3) trigger that precipitated allergic episode;
(4) location where symptoms developed;
(5) number of doses administered;
(6) type of person administering epinephrine (school nurse, trained personnel, student); and
(7) any other information required by the State Board.

If a school district, public school, or nonpublic school maintains or has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine auto-injectors, then the school district, public school, or nonpublic school must report that information to the State Board of Education upon adoption or change of the policy of the school district, public school, nonpublic school, or independent contractor, in a manner as prescribed by the State Board. The report must include the
number of undesignated epinephrine auto-injectors in supply.

(i-5) Within 3 days after the administration of an opioid antagonist by a school nurse or trained personnel, the school must report to the State Board of Education, in a form and manner prescribed by the State Board, the following information:

(1) the age and type of person receiving the opioid antagonist (student, staff, or visitor);
(2) the location where symptoms developed;
(3) the type of person administering the opioid antagonist (school nurse or trained personnel); and
(4) any other information required by the State Board.

(j) By October 1, 2015 and every year thereafter, the State Board of Education shall submit a report to the General Assembly identifying the frequency and circumstances of epinephrine administration during the preceding academic year. Beginning with the 2017 report, the report shall also contain information on which school districts, public schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesignated epinephrine auto-injectors. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(j-5) Annually, each school district, public school, charter school, or nonpublic school shall request an asthma action plan from the parents or guardians of a pupil with
asthma. If provided, the asthma action plan must be kept on file in the office of the school nurse or, in the absence of a school nurse, the school administrator. Copies of the asthma action plan may be distributed to appropriate school staff who interact with the pupil on a regular basis, and, if applicable, may be attached to the pupil's federal Section 504 plan or individualized education program plan.

(j-10) To assist schools with emergency response procedures for asthma, the State Board of Education, in consultation with statewide professional organizations with expertise in asthma management and a statewide organization representing school administrators, shall develop a model asthma episode emergency response protocol before September 1, 2016. Each school district, charter school, and nonpublic school shall adopt an asthma episode emergency response protocol before January 1, 2017 that includes all of the components of the State Board's model protocol.

(j-15) Every 2 years, school personnel who work with pupils shall complete an in-person or online training program on the management of asthma, the prevention of asthma symptoms, and emergency response in the school setting. In consultation with statewide professional organizations with expertise in asthma management, the State Board of Education shall make available resource materials for educating school personnel about asthma and emergency response in the school setting.

(j-20) On or before October 1, 2016 and every year
thereafter, the State Board of Education shall submit a report
to the General Assembly and the Department of Public Health
identifying the frequency and circumstances of opioid
antagonist administration during the preceding academic year.
This report shall be published on the State Board's Internet
website on the date the report is delivered to the General
Assembly.

(k) The State Board of Education may adopt rules necessary
to implement this Section.

(l) Nothing in this Section shall limit the amount of
epinephrine auto-injectors that any type of school or student
may carry or maintain a supply of.

(Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;
99-843, eff. 8-19-16; revised 9-8-16.)

Section 15. The Care of Students with Diabetes Act is
amended by changing Section 10 as follows:

(105 ILCS 145/10)

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

"Delegated care aide" means a school employee who has
agreed to receive training in diabetes care and to assist
students in implementing their diabetes care plan and has
entered into an agreement with a parent or guardian and the
school district or private school.
"Diabetes care plan" means a document that specifies the diabetes-related services needed by a student at school and at school-sponsored activities and identifies the appropriate staff to provide and supervise these services.

"Health care provider" means a physician licensed to practice medicine in all of its branches, advanced practice nurse who has a written agreement with a collaborating physician who authorizes the provision of diabetes care, or a physician assistant who has a written collaborative supervision agreement with a collaborating supervising physician who authorizes the provision of diabetes care.

"Principal" means the principal of the school.

"School" means any primary or secondary public, charter, or private school located in this State.

"School employee" means a person who is employed by a public school district or private school, a person who is employed by a local health department and assigned to a school, or a person who contracts with a school or school district to perform services in connection with a student's diabetes care plan. This definition must not be interpreted as requiring a school district or private school to hire additional personnel for the sole purpose of serving as a designated care aide.

(Source: P.A. 96-1485, eff. 12-1-10.)

Section 20. The Medical Practice Act of 1987 is amended by changing Section 54.5 as follows:
Sec. 54.5. Physician delegation of authority to physician assistants, advanced practice nurses, and prescribing psychologists.

(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 collaborative supervising physician agreements with no more than 5 physician assistants as set forth in subsection (a) of Section 10-60 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 in the same area of practice or specialty as the collaborating physician in his or her 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.

(2) The advance practice nurse provides services based
upon a written collaborative agreement with the
collaborating physician, 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.

(3) 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.

(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 prescribing psychologist, 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
prescribing psychologist, physician assistant, or advanced
practice nurse to perform acts, unless the physician has reason
to believe the prescribing psychologist, 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 collaborative supervision agreement, and the
delegation of prescriptive authority shall conform to the
requirements of Section 10-657.5 of the Physician Assistant

(h) (Blank).

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

(Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;
99-173, eff. 7-29-15.)
Section 25. The Pharmacy Practice Act is amended by changing Section 4 as follows:

(225 ILCS 85/4) (from Ch. 111, par. 4124)

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

Sec. 4. Exemptions. Nothing contained in any Section of this Act shall apply to, or in any manner interfere with:

(a) the lawful practice of any physician licensed to practice medicine in all of its branches, dentist, podiatric physician, veterinarian, or therapeutically or diagnostically certified optometrist within the limits of his or her license, or prevent him or her from supplying to his or her bona fide patients such drugs, medicines, or poisons as may seem to him appropriate;

(b) the sale of compressed gases;

(c) the sale of patent or proprietary medicines and household remedies when sold in original and unbroken packages only, if such patent or proprietary medicines and household remedies be properly and adequately labeled as to content and usage and generally considered and accepted as harmless and nonpoisonous when used according to the directions on the label, and also do not contain opium or coca leaves, or any compound, salt or derivative thereof, or any drug which, according to the latest editions of the following authoritative pharmaceutical treatises and standards, namely, The United States Pharmacopoeia/National Formulary (USP/NF), the United
States Dispensatory, and the Accepted Dental Remedies of the Council of Dental Therapeutics of the American Dental Association or any or either of them, in use on the effective date of this Act, or according to the existing provisions of the Federal Food, Drug, and Cosmetic Act and Regulations of the Department of Health and Human Services, Food and Drug Administration, promulgated thereunder now in effect, is designated, described or considered as a narcotic, hypnotic, habit forming, dangerous, or poisonous drug;

(d) the sale of poultry and livestock remedies in original and unbroken packages only, labeled for poultry and livestock medication;

(e) the sale of poisonous substances or mixture of poisonous substances, in unbroken packages, for nonmedicinal use in the arts or industries or for insecticide purposes; provided, they are properly and adequately labeled as to content and such nonmedicinal usage, in conformity with the provisions of all applicable federal, state and local laws and regulations promulgated thereunder now in effect relating thereto and governing the same, and those which are required under such applicable laws and regulations to be labeled with the word "Poison", are also labeled with the word "Poison" printed thereon in prominent type and the name of a readily obtainable antidote with directions for its administration;

(f) the delegation of limited prescriptive authority by a physician licensed to practice medicine in all its branches to
a physician assistant under Section 10-65 7.5 of the Physician
Assistant Practice Act of 1987. This delegated authority under
Section 10-65 7.5 of the Physician Assistant Practice Act of
1987 may, but is not required to, include prescription of
controlled substances, as defined in Article II of the Illinois
Controlled Substances Act, in accordance with a written
supervision agreement; and
(g) the delegation of prescriptive authority by a physician
licensed to practice medicine in all its branches or a licensed
podiatric physician to an advanced practice nurse in accordance
with a written collaborative agreement under Sections 65-35 and
65-40 of the Nurse Practice Act.
(Source: P.A. 98-214, eff. 8-9-13.)

Section 30. The Physician Assistant Practice Act of 1987 is
amended by changing and renumbering Sections 1, 2, 3, 4, 5, 6,
7, 7.5, 7.7, 9, 9.5, 10, 10.5, 11, 12, 13, 14.1, 15, 16, 17, 19,
20, 21, 21.5, 22, 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7,
22.8, 22.9, 22.10, 22.11, 22.12, 22.13, 22.14, 22.15, 22.16,
23, 24, and 25, by adding the headings of Titles 5, 10, and 15,
and by adding Sections 5-35, 5-40, and 10-75 as follows:

(225 ILCS 95/Tit. 5 heading new)

**TITLE 5. GENERAL PROVISIONS**

(225 ILCS 95/5-1) (was 225 ILCS 95/2)
Sec. 5-1  2. Short title. This Article II shall be known and may be cited as the “Physician Assistant Practice Act of 1987”. References in this Article to "this Act" mean this Article.
(Source: P.A. 85-981.)

Sec. 5-5  1. Legislative purpose. The practice as a physician assistant in the State of Illinois is hereby declared to affect the public health, safety and welfare and to be subject to regulation and control in the public interest. The purpose and legislative intent of this Act is to encourage and promote the more effective utilization of the skills of physicians by enabling them to delegate certain health tasks to physician assistants where such delegation is consistent with the health and welfare of the patient and is conducted at the direction of and under the responsible supervision of the physician.

It is further declared to be a matter of public health and concern that the practice as a physician assistant, as defined in this Act, merit and receive the confidence of the public, that only qualified persons be authorized to practice as a physician assistant in the State of Illinois. This Act shall be liberally construed to best carry out these subjects and purposes.
Sec. 5-10 23. Police powers. It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.

Sec. 5-15 3. Illinois Administrative Procedure Act. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of that Act were included in this Act, except that the provision of subsection (d) of Section 10-65 of the Illinois Administrative Procedure Act that provides that at hearings the licensee has the right to show compliance with all lawful requirements for retention, continuation or renewal of the license is specifically excluded. For the purposes of this Act
the notice required under Section 10-25 of the Administrative
Procedure Act is deemed sufficient when mailed to the last
known address of a party. The Secretary may promulgate rules
for the administration and enforcement of this Act and may
prescribe forms to be issued in connection with this Act.
(Source: P.A. 95-703, eff. 12-31-07.)

(Section scheduled to be repealed on January 1, 2018)
Sec. 5-20 4. Definitions. In this Act:
"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.
"Board" means the Medical Licensing Board constituted
"Collaborating physician" means the physician who, within
his or her 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
collaborative agreement.
"Department" means the Department of Financial and
Professional Regulation.
"Disciplinary Board" means the Medical Disciplinary Board constituted under the Medical Practice Act of 1987.

"Hospital affiliate" means a corporation, partnership, joint venture, limited liability company, or similar organization, other than a hospital, that is devoted primarily to the provision, management, or support of health care services and that directly or indirectly controls, is controlled by, or is under common control of the hospital. For the purposes of this definition, "control" means having at least an equal or a majority ownership or membership interest. A hospital affiliate shall be 100% owned or controlled by any combination of hospitals, their parent corporations, or physicians licensed to practice medicine in all its branches in Illinois. "Hospital affiliate" does not include a health maintenance organization regulated under the Health Maintenance Organization Act.

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

3. "Physician assistant" means any person 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.


5. "Disciplinary Board" means the Medical Disciplinary

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

"Physician assistant practice" means the performance of procedures within the specialty of the collaborating physician. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care of the collaborating physician. Collaboration with of the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone, telecommunications, or electronic communications. The collaborating 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 collaborative 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 collaborating 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 collaborative agreement, except as provided in Section 10-65 of this Act.

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

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.

10. "Hospital affiliate" means a corporation, partnership, joint venture, limited liability company, or similar organization, other than a hospital, that is devoted primarily to the provision, management, or support of health care services and that directly or indirectly controls, is controlled by, or is under common control of the hospital. For the purposes of this definition, "control" means having at least an equal or a majority ownership or membership interest. A hospital affiliate shall be 100% owned or controlled by any combination of hospitals, their parent corporations, or physicians licensed to practice medicine in all its branches in Illinois. "Hospital affiliate" does not include a health maintenance organization regulated under the Health Maintenance Organization Act.

(Source: P.A. 99-330, eff. 1-1-16.)

(225 ILCS 95/5-25) (was 225 ILCS 95/5)

(Section scheduled to be repealed on January 1, 2018)
Sec. 5-25. Applicability. This Act does not prohibit:

1. Any person licensed in this State under any other Act from engaging in the practice for which he is licensed;

2. The practice as a physician assistant by a person who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of the employee's official duties;

3. The practice as a physician assistant which is included in their program of study by students enrolled in schools or in refresher courses approved by the Department.

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

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

(225 ILCS 95/5-30) (was 225 ILCS 95/6)

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

Sec. 5-30. Physician assistant title Title; advertising billing.
(a) No physician assistant shall use the title of doctor or associate with his or her name or any other term that would indicate to other persons that he or she is qualified to engage in the general practice of medicine.

(b) No person shall use any words, abbreviations, figures, letters, title, sign, card, or device tending to imply that he or she is a physician assistant, including but not limited to, using the titles or initials "Physician Assistant" or "PA", or similar titles or initials, with the intention of indicating practice as a physician assistant without meeting the requirements of this Act. A licensee shall include in every advertisement for services regulated under this Act his or her title as it appears on the license or the initials authorized under this Act.

(c) The employer of a physician assistant may charge for services rendered by the physician assistant. A physician assistant shall not be allowed to bill patients or in any way to charge for services. Nothing in this Act, however, shall be so construed as to prevent the employer of a physician assistant from charging for services rendered by the physician assistant. Payment for services rendered by a physician assistant shall be made to his or her employer if the payor would have made payment had the services been provided by a physician licensed to practice medicine in all its branches.

(d) A physician assistant shall verbally identify himself or herself as a physician assistant, including specialty
(e) Nothing in this Act shall be construed to relieve a physician assistant of the professional or legal responsibility for the care and treatment of persons attended by him or her. The supervising physician shall file with the Department notice of employment, discharge, or supervisory control of a physician assistant at the time of employment, discharge, or assumption of supervisory control of a physician assistant.

(Source: P.A. 90-61, eff. 12-30-97; 90-116, eff. 7-14-97; 90-655, eff. 7-30-98; 91-310, eff. 1-1-00.)

(225 ILCS 95/5-35 new)

Sec. 5-35. Advertising.

(a) As used in this Section, "advertise" means solicitation by the licensee or through another person or entity by means of handbills, posters, circulars, motion pictures, radio, newspapers, or television or any other manner.

(b) A person licensed under this Act as a physician assistant may advertise the availability of professional services in the public media or on the premises where the professional services are rendered. The advertising is limited to the following information:

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

(2) information pertaining to the person's areas of
specialization, including but not limited to, appropriate board certification or limitation of professional practice;

(3) publication of the person's collaborating physician's name, title, and areas of specialization;

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

(5) announcements of the opening of, change of, absence from, or return to business;

(6) announcements of additions to or deletions from professional licensed staff; and

(7) the issuance of business or appointment cards.

(c) It is unlawful for a person licensed under this Act as a physician assistant to use claims of superior quality of care to entice the public. It is unlawful to advertise fee comparisons of available services with those of other licensed persons.

(d) This Act does not authorize the advertising of professional services that the offeror of the services is not licensed or authorized to render. Nor shall the advertiser use statements that contain false, fraudulent, deceptive, or misleading material or guarantees of success, statements that play upon the vanity or fears of the public, or statements that promote or produce unfair competition.
(e) It is unlawful and punishable under the penalty provisions of this Act for a person licensed under this Title to knowingly advertise that the licensee will accept as payment for services rendered by assignment from any third party payor the amount the third party payor covers as payment in full if the effect is to give the impression of eliminating the need of payment by the patient of any required deductible or copayment applicable in the patient's health benefit plan.

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

(225 ILCS 95/5-40 new)

Sec. 5-40. Billing. The employer of a physician assistant may charge for services rendered by the physician assistant.

(225 ILCS 95/5-45) (was 225 ILCS 95/10)

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

Sec. 5-45 10. Identification. No person shall use the title or perform the duties of "Physician assistant" unless he or she is a qualified holder of a license issued by the Department as provided in this Act. A physician assistant shall wear on his or her person a visible identification indicating that he or she is certified as a physician assistant while acting in the course of his or her duties.
Sec. 5-50 10.5. Unlicensed practice; violation; civil penalty.

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

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

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/5-55) (was 225 ILCS 95/22.16)
Sec. 5-55 22.16. Penalty for violations. Any person who is found to have knowingly violated any provision of this Act is guilty of a Class A misdemeanor. On conviction of a second or subsequent offense the violator shall be guilty of a Class 4 felony.

(Source: P.A. 85-981.)

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

Sec. 10-5 9. Application for licensure. Applications for original licenses shall be made to the Department in writing on forms prescribed by the Department and shall be accompanied by the required fee, which shall not be refundable. An application shall require information that in the judgment of the Department will enable the Department to pass on the qualifications of the applicant for a license. An application shall include evidence of successful passage of the national certifying examination of the National Commission on the Certification of Physician Assistants, or its successor agency, and proof that the applicant holds a valid certificate issued by that Commission or successful completion of a physician assistant educational program accredited by the
Accreditation Review Commission on Education for the Physician Assistant or the Commission on Accreditation of Allied Health Education Programs.

Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee shall be forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 90-61, eff. 12-30-97.)

Sec. 10-10 9.5. Social Security Number on license application. In addition to any other information required to be contained in the application, every application for an original license under this Act shall include the applicant's Social Security Number, which shall be retained in the agency's records pertaining to the license. As soon as practical, the Department shall assign a customer's identification number to each applicant for a license.

Every application for a renewal or restored license shall require the applicant's customer identification number.

(Source: P.A. 97-400, eff. 1-1-12.)

(225 ILCS 95/10-10) (was 225 ILCS 95/9.5)
(Section scheduled to be repealed on January 1, 2018)

Sec. 10-10 9.5. Social Security Number on license application. In addition to any other information required to be contained in the application, every application for an original license under this Act shall include the applicant's Social Security Number, which shall be retained in the agency's records pertaining to the license. As soon as practical, the Department shall assign a customer's identification number to each applicant for a license.

Every application for a renewal or restored license shall require the applicant's customer identification number.

(Source: P.A. 97-400, eff. 1-1-12.)

(225 ILCS 95/10-15) (was 225 ILCS 95/11)
(Section scheduled to be repealed on January 1, 2018)
Sec. 10-15. Committee. There is established a physician assistant advisory committee to the Department and the Medical Licensing Board. The physician assistant advisory committee may review and make recommendations to the Department and the Board regarding all matters relating to physician assistants. Such matters may include, but not be limited to:

1. applications for licensure;
2. disciplinary proceedings;
3. renewal requirements; and
4. any other issues pertaining to the regulation and practice of physician assistants in the State.

The physician assistant advisory committee shall be composed of 7 members. Three of the 7 members shall be physicians, 2 of whom shall be members of the Board and appointed to the advisory committee by the chairman. One physician, not a member of the Board, shall be a collaborating physician supervisor of a licensed physician assistant and shall be approved by the Governor from a list of Illinois physicians collaborating with supervising licensed physician assistants. Three members shall be physician assistants, licensed under the law and appointed by the Governor from a list of 10 names recommended by the Board of Directors of the Illinois Academy of Physician Assistants. One member, not employed or having any material interest in any health care field, shall be appointed by the Governor and represent the public. The chairman of the physician assistant advisory
committee shall be a member elected by a majority vote of the physician assistant advisory committee unless already a member of the Board. The physician assistant advisory committee is required to meet and report to the Department and the Board as physician assistant issues arise. The terms of office of each of the original 7 members shall be at staggered intervals. One physician and one physician assistant shall serve for a 2 year term. One physician and one physician assistant shall serve a 3 year term. One physician, one physician assistant and the public member shall serve a 4 year term. Upon the expiration of the term of any member, his successor shall be appointed for a term of 4 years in the same manner as the initial appointment. No member shall serve more than 2 consecutive terms.

Four members of the physician assistant advisory committee shall constitute a quorum. A quorum is required to perform all of the duties of the committee.

Members of the physician assistant advisory committee shall have no liability for any action based upon a disciplinary proceeding or other activity performed in good faith as a member of the committee.

(Source: P.A. 95-703, eff. 12-31-07; 96-720, eff. 8-25-09.)

(225 ILCS 95/10-20) (was 225 ILCS 95/12)

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

Sec. 10-20. Qualifications. A person shall be qualified for licensure as a physician assistant and the Department may
issue a physician assistant license to a person who:

  (1) has applied in writing in form and substance satisfactory to the Department and has not violated any of the provisions of Section 15-5 21 of this Act or the rules promulgated hereunder. The Department may take into consideration any felony conviction of the applicant but such conviction shall not operate as an absolute bar to licensure;

  (2) has successfully completed the examination provided by the National Commission on the Certification of Physician Assistants or its successor agency;

  (3) holds a certificate issued by the National Commission on the Certification of Physician Assistants or an equivalent successor agency; and

  (4) complies with all applicable rules of the Department.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/10-25) (was 225 ILCS 95/13)

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

Sec. 10-25. Department duties. Subject to the provisions of this Act, the Department shall:

  (1) Promulgate rules approved by the Board setting forth standards to be met by a school or institution offering a course of training for physician assistants
prior to approval of such school or institution.

(2) Promulgate rules approved by the Board setting forth uniform and reasonable standards of instruction to be met prior to approval of such course of institution for physician assistants.

(3) Determine the reputability and good standing of such schools or institutions and their course of instruction for physician assistants by reference to compliance with such rules, provided that no school of physician assistants that refuses admittance to applicants solely on account of race, color, sex, or creed shall be considered reputable and in good standing.

No rule shall be adopted under this Act which allows a physician assistant to perform any act, task, or function primarily performed in the lawful practice of optometry under the Illinois Optometric Practice Act of 1987.

(Source: P.A. 85-1440.)

(225 ILCS 95/10-30) (was 225 ILCS 95/14.1)

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

Sec. 10-30 14.1. Fees.

(a) Fees collected for the administration of this Act shall be set by the Department by rule. All fees are not refundable.

(b) (Blank).

(c) All moneys collected under this Act by the Department shall be deposited into the Illinois State Medical
Disciplinary Fund in the State Treasury and used:

(1) in the exercise of its powers and performance of its duties under this Act, as such use is made by the Department;

(2) for costs directly related to license renewal of persons licensed under this Act; and

(3) for costs related to the public purposes of the Department.

All earnings received from investment of moneys in the Illinois State Medical Disciplinary Fund shall be deposited into the Illinois State Medical Disciplinary Fund and shall be used for the same purposes as fees deposited in the Fund.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/10-35) (was 225 ILCS 95/15)

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

Sec. 10-35. Endorsement. Upon payment of the required fee, the Department may, in its discretion, license as a physician assistant, an applicant who is a physician assistant licensed in another jurisdiction, if the requirements for licensure in that jurisdiction were, at the time of licensure, substantially equivalent to the requirements in force in this State on that date or equivalent to the requirements of this Act.

(Source: P.A. 95-703, eff. 12-31-07.)
Sec. 10-40 16. Expiration; renewal. The expiration date and renewal period for each license issued under this Act shall be set by rule. Renewal shall be conditioned on paying the required fee and by meeting such other requirements as may be established by rule.

Any physician assistant who has permitted his or her license to expire or who has had his or her license on inactive status may have the license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have the license restored, and by paying the required fees. Proof of fitness may include sworn evidence certifying to active lawful practice in another jurisdiction.

If the physician assistant has not maintained an active practice in another jurisdiction satisfactory to the Department, the Department shall determine, by an evaluation program established by rule, his or her fitness for restoration of the license and shall establish procedures and requirements for such restoration.

However, any physician assistant whose license expired while he or she was (1) in federal service on active duty with the Armed Forces of the United States, or the State Militia called into service or training, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have
the license restored without paying any lapsed renewal fees if
within 2 years after honorable termination of such service,
training, or education he or she furnishes the Department with
satisfactory evidence to the effect that he or she has been so
engaged and that his or her service, training, or education has
been so terminated.
(Source: P.A. 90-61, eff. 12-30-97.)

(225 ILCS 95/10-45) (was 225 ILCS 95/17)
(Section scheduled to be repealed on January 1, 2018)

Sec. 10-45 17. Inactive status. Any physician assistant who
notified the Department in writing on forms prescribed by the
Department, may elect to place his or her license on an
inactive status and shall, subject to rules of the Department,
be excused from payment of renewal fees until he or she
notifies the Department in writing of his or her intention to
restore the license.

Any physician assistant requesting restoration from
inactive status shall be required to pay the current renewal
fee and shall be required to restore his or her license, as
provided in Section 10-40 16 of this Act.

Any physician assistant whose license is in an inactive
status shall not practice in the State of Illinois.

Any licensee who shall engage in practice while his or her
license is lapsed or on inactive status shall be considered to
be practicing without a license, which shall be grounds for
Sec. 10-50 19. Roster. The Department shall maintain a roster of the names and addresses of all licensees and of all persons whose licenses have been suspended or revoked. This roster shall be available upon written request and payment of the required fee.

(Source: P.A. 85-981.)

Sec. 10-55 20. Prohibition on corporate licensure. No corporation, whose stated purpose includes, or which practices, or which holds itself out as available to practice as a physician assistant or to practice any of the functions described in Section 5-20 of this Act, shall be issued a license by the Department, nor shall the Secretary of State approve or accept articles of incorporation for such a corporation.

(Source: P.A. 85-981.)
Sec. 10-60 7. Collaboration Supervision requirements.

(a) A collaborating supervising physician shall determine the number of physician assistants to collaborate with under his or her supervision provided the physician is able to provide adequate collaboration supervision as outlined in the written collaborative supervision agreement required under Section 10-65 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. Five persons may exceed 200 hours per week. 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 physician assistant shall be able to hold more than one professional position. A supervising physician shall file a notice of supervision of each physician assistant according to the rules of the Department. 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 collaborate be supervised only
with 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 a collaborating the supervision of a supervising physician.

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 collaborating 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 collaborating supervising physician may collaborate with 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 collaboration 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 collaborates with 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 collaborating supervising physician.

(Source: P.A. 96-70, eff. 7-23-09; 97-1071, eff. 8-24-12.)

(225 ILCS 95/10-65) (was 225 ILCS 95/7.5

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

Sec. 10-65 7.5. Written collaborative Prescriptions; written supervision agreements; prescriptive authority.

(a) A written collaborative supervision agreement is required for all physician assistants to practice in the State,

except as provided in Section 10-70 of this Act.

(1) A written collaborative supervision agreement shall describe the working relationship of the physician assistant with the collaborating supervising physician and shall describe authorize the categories of care, treatment, or procedures to be provided performed by the physician assistant. The written collaborative supervision agreement shall promote the exercise of professional
judgment by the physician assistant commensurate with his or her education and experience. The services to be provided by the physician assistant shall be services that the collaborating supervising physician is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice. The written collaborative supervision agreement need not describe the exact steps that a physician assistant must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the presence of the collaborating supervising physician as the procedures are being performed. The supervision relationship under a written collaborative supervision agreement shall not be construed to require the personal presence of a physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating supervising physician in person or by telecommunications or electronic communication in accordance with established written guidelines as set forth in the written collaborative supervision agreement. For the purposes of this Act, "generally provides to his or her patients in the normal course of his or her clinical medical practice" means services, not specific tasks or duties, the collaborating supervising physician routinely provides individually or through delegation to other persons so that the physician
has the experience and ability to provide collaboration supervision and consultation.

(2) The written collaborative supervision agreement shall be adequate if a physician does each of the following:

(A) Participates in the joint formulation and joint approval of orders or guidelines with the physician assistant and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and physician assistant practice.

(B) Provides supervision and consultation at least once a month.

(3) A copy of the signed, written collaborative supervision agreement must be available to the Department upon request from both the physician assistant and the collaborating supervising physician.

(4) A physician assistant shall inform each collaborating supervising physician of all written collaborative supervision agreements he or she has signed and provide a copy of these to any collaborating supervising physician upon request.

(b) A collaborating supervising physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written collaborative supervision agreement. This authority may, but is not required to, include
prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating supervising physician must have a valid, current Illinois controlled substance license and federal registration with the Drug Enforcement Agency to delegate the authority to prescribe controlled substances.

(1) To prescribe Schedule III, IV, or V controlled substances under this Section, a physician assistant must obtain a mid-level practitioner controlled substances license. Medication orders issued by a physician assistant shall be reviewed periodically by the collaborating supervising physician.

(2) The collaborating supervising physician shall file with the Department notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated. Upon receipt of this notice delegating authority to prescribe Schedule III, IV, or V controlled substances, the physician assistant shall be eligible to register for a mid-level practitioner controlled substances license under Section 303.05 of the Illinois
Controlled Substances Act. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the collaborating supervising physician to a nurse or other appropriately trained persons in accordance with Section 54.2 of the Medical Practice Act of 1987.

(3) In addition to the requirements of subsection (b) of this Section, a collaborating supervising physician may, but is not required to, delegate authority to a physician assistant to prescribe Schedule II controlled substances, if all of the following conditions apply:

(A) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating supervising physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated.

(B) Any delegation must be controlled substances that the collaborating supervising physician prescribes.

(C) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.
supervising physician.

(D) The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the collaborating supervising physician.

(E) The physician assistant meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

(c) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders. Nothing in this Act shall be construed to authorize a physician assistant to provide health care services required by law or rule to be performed by a physician.

(c-5) Nothing in this Section shall be construed to apply to any medication authority, including Schedule II controlled substances of a licensed physician assistant for care provided in a hospital, hospital affiliate, or ambulatory surgical treatment center pursuant to Section 10-70.

(d) Any physician assistant who writes a prescription for a controlled substance without having a valid appropriate authority may be fined by the Department not more than $50 per
prescription, and the Department may take any other
disciplinary action provided for in this Act.

(e) Nothing in this Section shall be construed to prohibit
generic substitution.
(Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;
96-1000, eff. 7-2-10; 97-358, eff. 8-12-11.)

(225 ILCS 95/10-70) (was 225 ILCS 95/7.7
(Section scheduled to be repealed on January 1, 2018)
Sec. 10-70 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 collaborative supervision agreement pursuant
to Section 10-65 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.

(a-5) Physician assistants practicing in a hospital
affiliate may be, but are not required to be, granted authority
to prescribe Schedule II through V controlled substances when
such authority is recommended by the appropriate physician
committee of the hospital affiliate and granted by the hospital
affiliate. This authority may, but is not required to, include
prescription of, selection of, orders for, administration of,
storage of, acceptance of samples of, and dispensing
over-the-counter medications, legend drugs, medical gases, and
controlled substances categorized as Schedule II through V
controlled substances, as defined in Article II of the Illinois
Controlled Substances Act, and other preparations, including,
but not limited to, botanical and herbal remedies.

To prescribe controlled substances under this subsection
(a-5), a physician assistant must obtain a mid-level
practitioner controlled substance license. Medication orders
shall be reviewed periodically by the appropriate hospital
affiliate physicians committee or its physician designee.

The hospital affiliate shall file with the Department notice of a grant of prescriptive authority consistent with this subsection (a-5) and termination of such a grant of authority, in accordance with rules of the Department. Upon receipt of this notice of grant of authority to prescribe any Schedule II through V controlled substances, the licensed physician assistant may register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

In addition, a hospital affiliate may, but is not required to, grant authority to a physician assistant to prescribe any Schedule II controlled substances if all of the following conditions apply:

1. specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by physician assistants in their area of certification; this grant of authority must identify the specific Schedule II controlled substances by either brand name or generic name; authority to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;

2. any grant of authority must be controlled substances limited to the practice of the physician
(3) any prescription must be limited to no more than a 30-day supply;

(4) the physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee; and

(5) the physician assistant must meet the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

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

(Source: P.A. 97-1071, eff. 8-24-12.)

(225 ILCS 95/10-75 new)

Sec. 10-75. Continuing education. The Department shall adopt rules of continuing education for persons licensed under
this Title that require 50 hours of continuing education per 2-year license renewal cycle. Completion of the 50 hours of continuing education shall be deemed to satisfy the continuing education requirements for renewal of a physician assistant license as required by this Act. The rules shall not be inconsistent with requirements of relevant national certifying bodies or State or national professional associations. The rules shall also address variances in part or in whole for good cause, including, but not limited to, illness or hardship. The continuing education rules shall ensure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(225 ILCS 95/Tit. 15 heading new)

TITLE 15. ADMINISTRATION AND ENFORCEMENT

(225 ILCS 95/15-5) (was 225 ILCS 95/21)

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


(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, censure or reprimand, or take other disciplinary or non-disciplinary action with regard
to any license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed $10,000 for each violation, for any one or combination of the following causes:

(1) Material misstatement in furnishing information to the Department.

(2) Violations of this Act, or the rules adopted under this Act.

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

(4) Making any misrepresentation for the purpose of obtaining licenses.

(5) Professional incompetence.

(6) Aiding or assisting another person in violating any provision of this Act or its rules.

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

(8) Engaging in dishonorable, unethical, or unprofessional conduct, as defined by rule, of a character likely to deceive, defraud, or harm the public.

(9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug
that results in a physician assistant's inability to practice with reasonable judgment, skill, or safety.

(10) Discipline by another U.S. jurisdiction or foreign nation, if at least one of the grounds for discipline is the same or substantially equivalent to those set forth in this Section.

(11) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this paragraph (11) affects any bona fide independent contractor or employment arrangements, which may include provisions for compensation, health insurance, pension, or other employment benefits, with persons or entities authorized under this Act for the provision of services within the scope of the licensee's practice under this Act.

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

(13) Abandonment of a patient.

(14) Willfully making or filing false records or reports in his or her practice, including but not limited to false records filed with state agencies or departments.

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

(16) Physical illness or mental illness or impairment that results in the inability to practice the profession with reasonable judgment, skill, or safety, including, but not limited to, deterioration through the aging process or loss of motor skill.

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

(18) (Blank).

(19) Gross negligence resulting in permanent injury or death of a patient.

(20) Employment of fraud, deception, or any unlawful means in applying for or securing a license as a physician assistant.

(21) Exceeding the authority delegated to him or her by his or her collaborating supervising physician in a written collaborative supervision agreement.

(22) Immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice.

(23) Violation of the Health Care Worker Self-Referral
(24) Practicing under a false or assumed name, except as provided by law.

(25) Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.

(26) Allowing another person to use his or her license to practice.

(27) Prescribing, selling, administering, distributing, giving, or self-administering a drug classified as a controlled substance (designated product) or narcotic for other than medically-accepted therapeutic purposes.

(28) Promotion of the sale of drugs, devices, appliances, or goods provided for a patient in a manner to exploit the patient for financial gain.

(29) A pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under this Act.

(30) Violating State or federal laws or regulations relating to controlled substances or other legend drugs or ephedra as defined in the Ephedra Prohibition Act.

(31) Exceeding the prescriptive authority delegated by the collaborating supervising physician or violating the written collaborative supervision agreement delegating
that authority.

(32) Practicing without providing to the Department a notice of supervision or delegation of prescriptive authority.

(33) Willfully or negligently violating the confidentiality of a patient, except as required by law.

(34) Failing to provide copies of medical records as required by law.

(b) The Department may, without a hearing, refuse to issue or renew or may suspend the license of any person who fails to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient, and upon the recommendation of the Disciplinary Board to the Secretary that the licensee be allowed to resume his or her practice.

(d) In enforcing this Section, the Department upon a
showing of a possible violation may compel an individual
licensed to practice under this Act, or who has applied for
licensure under this Act, to submit to a mental or physical
examination, or both, as required by and at the expense of the
Department. The Department may order the examining physician to
present testimony concerning the mental or physical
examination of the licensee or applicant. No information shall
be excluded by reason of any common law or statutory privilege
relating to communications between the licensee or applicant
and the examining physician. The examining physicians shall be
specifically designated by the Department. The individual to be
examined may have, at his or her own expense, another physician
of his or her choice present during all aspects of this
examination. Failure of an individual to submit to a mental or
physical examination, when directed, shall be grounds for
suspension of his or her license until the individual submits
to the examination if the Department finds, after notice and
hearing, that the refusal to submit to the examination was
without reasonable cause.

If the Department finds an individual unable to practice
because of the reasons set forth in this Section, the
Department may require that individual to submit to care,
counseling, or treatment by physicians approved or designated
by the Department, as a condition, term, or restriction for
continued, reinstated, or renewed licensure to practice; or, in
lieu of care, counseling, or treatment, the Department may file
a complaint to immediately suspend, revoke, or otherwise
discipline the license of the individual. An individual whose
license was granted, continued, reinstated, renewed,
disciplined, or supervised subject to such terms, conditions,
or restrictions, and who fails to comply with such terms,
conditions, or restrictions, shall be referred to the Secretary
for a determination as to whether the individual shall have his
or her license suspended immediately, pending a hearing by the
Department.

In instances in which the Secretary immediately suspends a
person's license under this Section, a hearing on that person's
license must be convened by the Department within 30 days after
the suspension and completed without appreciable delay. The
Department shall have the authority to review the subject
individual's record of treatment and counseling regarding the
impairment to the extent permitted by applicable federal
statutes and regulations safeguarding the confidentiality of
medical records.

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

(Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09;
96-1482, eff. 11-29-10.)
Sec. 15-10 21.5. Suspension of license for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or the Criminal Code of 2012. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

Sec. 15-15 22.1. Injunction.

(a) If any person violates the provision of this Act, the Secretary may, in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, or the State's Attorney of any county in which the action is brought, petition for an order enjoining the violation or for an order enforcing compliance with this Act. Upon the filing of a verified petition in court, the court may issue a temporary restraining order, without notice or bond,
and may preliminarily and permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

(b) If any person shall practice as a physician assistant or hold himself or herself out as a physician assistant without being licensed under the provisions of this Act, then any licensed physician assistant, any interested party, or any person injured thereby may, in addition to the Secretary, petition for relief as provided in subsection (a) of this Section.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-20) (was 225 ILCS 95/22.2)

(Section scheduled to be repealed on January 1, 2018)
Sec. 15-20 22.2. Investigation; notice; hearing. The
Department may investigate the actions of any applicant or of
any person or persons holding or claiming to hold a license.
The Department shall, before suspending, revoking, placing on
probationary status, or taking any other disciplinary action as
the Department may deem proper with regard to any license, at
least 30 days prior to the date set for the hearing, notify the
applicant or licensee in writing of any charges made and the
time and place for a hearing of the charges before the
Disciplinary Board, direct him or her to file his or her
written answer thereto to the Disciplinary Board under oath
within 20 days after the service on him or her of such notice,
and inform him or her that if he or she fails to file such
answer, default will be taken against him or her and his or her
license may be suspended, revoked, placed on probationary
status, or have other disciplinary action, including limiting
the scope, nature, or extent of his or her practice, as the
Department may deem proper taken with regard thereto. Written
notice may be served by personal delivery or certified or
registered mail to the applicant or licensee at his or her last
address of record with the Department. At the time and place
fixed in the notice, the Department shall proceed to hear the
charges and the parties or their counsel shall be accorded
ample opportunity to present such statements, testimony,
evidence, and argument as may be pertinent to the charges or to
the defense thereto. The Department may continue such hearing
from time to time. In case the applicant or licensee, after receiving notice, fails to file an answer, his or her license may in the discretion of the Secretary, having received first the recommendation of the Disciplinary Board, be suspended, revoked, placed on probationary status, or the Secretary may take whatever disciplinary action as he or she may deem proper, including limiting the scope, nature, or extent of such person's practice, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-25) (was 225 ILCS 95/22)

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

Sec. 15-25. Returned checks; fines. Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of $50. The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to
submit the necessary remittance, the Department shall automatically terminate the license or certificate or deny the application, without hearing. If, after termination or denial, the person seeks a license or certificate, he or she shall apply to the Department for restoration or issuance of the license or certificate and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license or certificate to pay all expenses of processing this application. The Secretary may waive the fines due under this Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-30) (was 225 ILCS 95/22.3)

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

Sec. 15-30 22.3. Record. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case involving the refusal to issue, renew, or discipline of a license. The notice of hearing, complaint, and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Disciplinary Board or hearing officer, and orders of the Department shall be the record of such proceeding.

(Source: P.A. 85-981.)
Sec. 15-35 22.4. Compelled testimony. Any circuit court may, upon application of the Department or its designee or of the applicant or licensee against whom proceedings pursuant to Section 15-20 22.2 of this Act are pending, enter an order requiring the attendance of witnesses and their testimony and the production of documents, papers, files, books, and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

(Source: P.A. 85-981.)
Sec. 15-45 22.6. Written report. At the conclusion of the hearing the Disciplinary Board shall present to the Secretary a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding whether or not the accused person violated this Act or failed to comply with the conditions required in this Act. The Disciplinary Board shall specify the nature of the violation or failure to comply and shall make its recommendations to the Secretary.

The report of findings of fact, conclusions of law, and recommendation of the Disciplinary Board shall be the basis for the Department's order or refusal or for the granting of a license or permit. If the Secretary disagrees in any regard with the report of the Disciplinary Board, the Secretary may issue an order in contravention thereof. The Secretary shall provide a written report to the Disciplinary Board on any deviation and shall specify with particularity the reasons for such action in the final order. The finding is not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and finding are not a bar to a criminal prosecution brought for the violation of this Act.
(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-50) (was 225 ILCS 95/22.7)

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

Sec. 15-50 22.7. Hearing officer. Notwithstanding the provisions of Section 15-20 22.2 of this Act, the Secretary shall have the authority to appoint any attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any action for refusal to issue or renew, or for discipline of, a license. The Secretary shall notify the Disciplinary Board of any such appointment. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendations to the Disciplinary Board and the Secretary. The Disciplinary Board shall have 60 days from receipt of the report to review the report of the hearing officer and present its findings of fact, conclusions of law, and recommendations to the Secretary. If the Disciplinary Board fails to present its report within the 60 day period, the respondent may request in writing a direct appeal to the Secretary, in which case the Secretary shall, within 7 calendar days after the request, issue an order directing the Disciplinary Board to issue its findings of fact, conclusions of law, and recommendations to the Secretary within 30 calendar days after such order. If the Disciplinary Board fails to issue its findings of fact, conclusions of law, and recommendations
within that time frame to the Secretary after the entry of such
order, the Secretary shall, within 30 calendar days thereafter,
issue an order based upon the report of the hearing officer and
the record of the proceedings or issue an order remanding the
matter back to the hearing officer for additional proceedings
in accordance with the order. If (i) a direct appeal is
requested, (ii) the Disciplinary Board fails to issue its
findings of fact, conclusions of law, and recommendations
within the 30-day mandate from the Secretary or the Secretary
fails to order the Disciplinary Board to do so, and (iii) the
Secretary fails to issue an order within 30 calendar days
thereafter, then the hearing officer's report is deemed
accepted and a final decision of the Secretary. Notwithstanding
any other provision of this Section, if the Secretary, upon
review, determines that substantial justice has not been done
in the revocation, suspension, or refusal to issue or renew a
license or other disciplinary action taken as the result of the
entry of the hearing officer's report, the Secretary may order
a rehearing by the same or other examiners. If the Secretary
disagrees in any regard with the report of the Disciplinary
Board or hearing officer, he or she may issue an order in
contravention thereof. The Secretary shall provide a written
explanation to the Disciplinary Board on any such deviation,
and shall specify with particularity the reasons for such
action in the final order.
(Source: P.A. 95-703, eff. 12-31-07.)
Sec. 15-55 22.8. Service. In any case involving the refusal to issue, renew or discipline of a license, a copy of the Disciplinary Board's report shall be served upon the respondent by the Department, either personally or as provided in this Act for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds therefor. If no motion for rehearing is filed, then upon the expiration of the time specified for filing such a motion, or if a motion for rehearing is denied, then upon such denial the Secretary may enter an order in accordance with recommendations of the Disciplinary Board, except as provided in Section 15-45 22.6 or 15-50 22.7 of this Act. If the respondent shall order from the reporting service and pay for a transcript of the record within the time for filing a motion for rehearing, the 20 day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent.

(Source: P.A. 95-703, eff. 12-31-07.)

Sec. 15-60 22.9. Rehearing. Whenever the Secretary is
satisfied that substantial justice has not been done in the revocation, suspension, or refusal to issue or renew a license, the Secretary may order a rehearing by the same or another hearing officer or Disciplinary Board. 

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-65) (was 225 ILCS 95/22.10)
(Section scheduled to be repealed on January 1, 2018)
Sec. 15-65 22.10. Order or certified copy; prima facie proof. An order or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary, shall be prima facie proof that:

(1) (a) the signature is the genuine signature of the Secretary;

(2) (b) the Secretary is duly appointed and qualified; and

(3) (c) the Disciplinary Board and the members thereof are qualified to act.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-70) (was 225 ILCS 95/22.11)
(Section scheduled to be repealed on January 1, 2018)
Sec. 15-70 22.11. Restoration of license. At any time after the suspension or revocation of any license, the Department may restore it to the licensee, unless after an investigation and a hearing, the Department determines that restoration is not in
the public interest. Where circumstances of suspension or
revocation so indicate, the Department may require an
examination of the licensee prior to restoring his or her
license.
(Source: P.A. 90-61, eff. 12-30-97.)

(225 ILCS 95/15-75) (was 225 ILCS 95/22.12)
(Section scheduled to be repealed on January 1, 2018)
Sec. 15-75 22.12. Surrender of license. Upon the revocation
or suspension of any license, the licensee shall immediately
surrender the license to the Department. If the licensee fails
to do so, the Department shall have the right to seize the
license.
(Source: P.A. 90-61, eff. 12-30-97.)

(225 ILCS 95/15-80) (was 225 ILCS 95/22.13)
(Section scheduled to be repealed on January 1, 2018)
Sec. 15-80 22.13. Temporary suspension. The Secretary may
temporarily suspend the license of a physician assistant
without a hearing, simultaneously with the institution of
proceedings for a hearing provided for in Section 15-20 22.2 of
this Act, if the Secretary finds that evidence in his
possession indicates that continuation in practice would
constitute an imminent danger to the public. In the event that
the Secretary suspends, temporarily, this license without a
hearing, a hearing by the Department must be held within 30
days after such suspension has occurred, and concluded without
appreciable delay.
(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/15-85) (was 225 ILCS 95/22.14)
(Source scheduled to be repealed on January 1, 2018)

Sec. 15-85 22.14. Administrative review. All final
administrative decisions of the Department are subject to
judicial review pursuant to the provisions of the
"Administrative Review Law", and all rules adopted pursuant
thereto. The term "administrative decision" is defined as in
Section 3-101 of the "Code of Civil Procedure".

Proceedings for judicial review shall be commenced in the
circuit court of the county in which the party applying for
review resides; but if the party is not a resident of this
State, venue shall be in Sangamon County.
(Source: P.A. 86-596.)

(225 ILCS 95/15-90) (was 225 ILCS 95/22.15)
(Source scheduled to be repealed on January 1, 2018)

Sec. 15-90 22.15. Certificate of record. The Department
shall not be required to certify any record to the court or file any answer in court or otherwise appear in any court in
a judicial review proceeding, unless there is filed in the
court, with the complaint, a receipt from the Department
acknowledging payment of the costs of furnishing and certifying
the record. Failure on the part of the plaintiff to file a receipt in court shall be grounds for dismissal of the action. (Source: P.A. 87-1031.)

(225 ILCS 95/15-95) (was 225 ILCS 95/24) (Section scheduled to be repealed on January 1, 2018)

Sec. 15-95 24. Pending actions. All disciplinary actions taken or pending pursuant to the Physician's Assistants Practice Act, approved September 11, 1975, as amended, shall, for the actions taken, remain in effect, and for the actions pending, shall be continued, on the effective date of this Act without having separate actions. (Source: P.A. 90-61, eff. 12-30-97.)

(225 ILCS 95/15-100) (was 225 ILCS 95/25) (Section scheduled to be repealed on January 1, 2018)

Sec. 15-100 25. Illinois Sexually Transmissible Disease Control Act. No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act. (Source: P.A. 96-613, eff. 1-1-10.)

Section 35. The Illinois Public Aid Code is amended by changing Section 5-8 as follows:
Sec. 5-8. Practitioners. In supplying medical assistance, the Illinois Department may provide for the legally authorized services of (i) persons licensed under the Medical Practice Act of 1987, as amended, except as hereafter in this Section stated, whether under a general or limited license, (ii) persons licensed under the Nurse Practice Act as advanced practice nurses, regardless of whether or not the persons have written collaborative agreements, (iii) persons licensed or registered under other laws of this State to provide dental, medical, pharmaceutical, optometric, podiatric, or nursing services, or other remedial care recognized under State law, and (iv) persons licensed under other laws of this State as a clinical social worker, and (v) persons licensed under other laws of this State as a physician assistant. The Department shall adopt rules, no later than 90 days after the effective date of this amendatory Act of the 99th General Assembly, for the legally authorized services of persons licensed under other laws of this State as a clinical social worker. The Department may not provide for legally authorized services of any physician who has been convicted of having performed an abortion procedure in a wilful and wanton manner on a woman who was not pregnant at the time such abortion procedure was performed. The utilization of the services of persons engaged in the treatment or care of the sick, which persons are not required to be licensed or registered under the laws of this State.
Section 40. The Illinois Abortion Law of 1975 is amended by changing Section 11 as follows:

(720 ILCS 510/11) (from Ch. 38, par. 81-31)

Sec. 11. (1) Any person who intentionally violates any provision of this Law commits a Class A misdemeanor unless a specific penalty is otherwise provided. Any person who intentionally falsifies any writing required by this Law commits a Class A misdemeanor.

Intentional, knowing, reckless, or negligent violations of this Law shall constitute unprofessional conduct which causes public harm under Section 22 of the Medical Practice Act of 1987, as amended; Section 70-5 of the Nurse Practice Act, and Section 15-5 24 of the Physician Assistant Practice Act of 1987, as amended.

Intentional, knowing, reckless or negligent violations of this Law will constitute grounds for refusal, denial, revocation, suspension, or withdrawal of license, certificate, or permit under Section 30 of the Pharmacy Practice Act, as amended; Section 7 of the Ambulatory Surgical Treatment Center Act, effective July 19, 1973, as amended; and Section 7 of the Hospital Licensing Act.

(2) Any hospital or licensed facility which, or any
physician who intentionally, knowingly, or recklessly fails to submit a complete report to the Department in accordance with the provisions of Section 10 of this Law and any person who intentionally, knowingly, recklessly or negligently fails to maintain the confidentiality of any reports required under this Law or reports required by Sections 10.1 or 12 of this Law commits a Class B misdemeanor.

(3) Any person who sells any drug, medicine, instrument or other substance which he knows to be an abortifacient and which is in fact an abortifacient, unless upon prescription of a physician, is guilty of a Class B misdemeanor. Any person who prescribes or administers any instrument, medicine, drug or other substance or device, which he knows to be an abortifacient, and which is in fact an abortifacient, and intentionally, knowingly or recklessly fails to inform the person for whom it is prescribed or upon whom it is administered that it is an abortifacient commits a Class C misdemeanor.

(4) Any person who intentionally, knowingly or recklessly performs upon a woman what he represents to that woman to be an abortion when he knows or should know that she is not pregnant commits a Class 2 felony and shall be answerable in civil damages equal to 3 times the amount of proved damages.

(Source: P.A. 95-639, eff. 10-5-07; 95-689, eff. 10-29-07; 95-876, eff. 8-21-08.)
Section 45. The Illinois Controlled Substances Act is amended by changing Sections 102 and 303.05 as follows:

(720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)
Sec. 102. Definitions. As used in this Act, unless the context otherwise requires:

(a) "Addict" means any person who habitually uses any drug, chemical, substance or dangerous drug other than alcohol so as to endanger the public morals, health, safety or welfare or who is so far addicted to the use of a dangerous drug or controlled substance other than alcohol as to have lost the power of self control with reference to his or her addiction.

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

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

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

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

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

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

(i) 3[beta],17-dihydroxy-5a-androstane,
(ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,
(iii) 5[alpha]-androstan-3,17-dione,
(iv) 1-androstenediol (3[beta],
17[beta]-dihydroxy-5[alpha]-androst-1-ene),
(v) 1-androstenediol (3[alpha],
17[beta]-dihydroxy-5[alpha]-androst-1-ene),
(vi) 4-androstenediol
(3[beta],17[beta]-dihydroxy-androst-4-ene),
(vii) 5-androstenediol
(3[beta],17[beta]-dihydroxy-androst-5-ene),
(viii) 1-androstenedione
([5alpha]-androst-1-en-3,17-dione),
(ix) 4-androstenedione
(androst-4-en-3,17-dione),
(x) 5-androstenedione
(androst-5-en-3,17-dione),
(xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-
hydroxyandrost-4-en-3-one),
(xii) boldenone (17[beta]-hydroxyandrost-
1,4,-diene-3-one),
(xiii) boldione (androsta-1,4-
diene-3,17-dione),
(xiv) calusterone (7[beta],17[alpha]-dimethyl-17
[beta]-hydroxyandrost-4-en-3-one),
(xv) clostebol (4-chloro-17[beta]-
hydroxyandrost-4-en-3-one),
(xvi) dehydrochloromethyltestosterone (4-chloro-
17[beta]-hydroxy-17[alpha]-methyl-
androst-1,4-dien-3-one),
(xvii) desoxymethyltestosterone
(17[alpha]-methyl-5[alpha]
-androst-2-en-17[beta]-ol) (a.k.a., madol),
(xviii) [delta]1-dihydrotestosterone (a.k.a.
'1-testosterone') (17[beta]-hydroxy-
5[alpha]-androst-1-en-3-one),
(xix) 4-dihydrotestosterone (17[beta]-hydroxy-
androstan-3-one),
(xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-
5[alpha]-androstan-3-one),
(xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-
hydroxyestr-4-ene),
(xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-
1[beta],17[beta]-dihydroxyandrost-4-en-3-one),
(xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],
17[beta]-dihydroxyandrost-1,4-dien-3-one),
(xxiv) furazabol (17[alpha]-methyl-17[beta]-hydroxyandrostano[2,3-c]-furazan),
(xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)
(xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxyandrost-4-en-3-one),
(xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-dihydroxy-estr-4-en-3-one),
(xxviii) mestanolone (17[alpha]-methyl-17[beta]-hydroxy-5-androst-4-en-3-one),
(xxix) mesterolone (17[alpha]-methyl-17[beta]-hydroxy-[5a]-androst-4-en-3-one),
(XXX) methandienone (17[alpha]-methyl-17[beta]-hydroxyandrost-1,4-dien-3-one),
(XXXI) methandriol (17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-5-ene),
(XXXII) methenolone (1-methyl-17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),
(XXXIII) 17[alpha]-methyl-3[beta], 17[beta]-dihydroxy-5a-androstane),
(XXXIV) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy-5a-androstan-3-one),
(XXXV) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),
(XXXVI) methylldienolone (17[alpha]-methyl-17[beta]-
hydroxyestra-4,9(10)-dien-3-one),

(xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-
hydroxyestra-4,9-11-trien-3-one),

(xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-
hydroxyandrost-4-en-3-one),

(xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-
hydroxyestr-4-en-3-one),

(xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone
(17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-
androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-
1-testosterone'),

(xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),

(xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-
dihydroxyestr-4-ene),

(xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-
dihydroxyestr-4-ene),

(xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-
dihydroxyestr-5-ene),

(xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-
dihydroxyestr-5-ene),

(xlvii) 19-nor-4,9(10)-androstadenedione
(estra-4,9(10)-diene-3,17-dione),

(xlviii) 19-nor-4-androstenedione (estr-4-
en-3,17-dione),

(xlix) 19-nor-5-androstenedione (estr-5-
en-3,17-dione),
(l) norbolethone (13[beta], 17a-diethyl-17[beta]-hydroxygon-4-en-3-one),
(l) norclostebol (4-chloro-17[beta]-hydroxyestr-4-en-3-one),
(lii) norethandrolone (17[alpha]-ethyl-17[beta]-hydroxyestr-4-en-3-one),
(liii) normethandrolone (17[alpha]-methyl-17[beta]-hydroxyestr-4-en-3-one),
(liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-2-oxa-5[alpha]-androstan-3-one),
(lv) oxymesterone (17[alpha]-methyl-4,17[beta]-dihydroxyandrostan-4-en-3-one),
(lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-17[beta]-hydroxy-(5[alpha]-androstan-3-one),
(lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-(5[alpha]-androstan-2-eno[3,2-c]-pyrazole),
(lviii) stenbolone (17[beta]-hydroxy-2-methyl-(5[alpha]-androstan-1-en-3-one),
(lix) testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone),
(lx) testosterone (17[beta]-hydroxyandrost-4-en-3-one),
(lxi) tetrahydrogestrinone (13[beta], 17[alpha]-diethyl-17[beta]-hydroxygon-4,9,11-trien-3-one),
(lxii) trenbolone (17[beta]-hydroxyestr-4,9,11-trien-3-one).

Any person who is otherwise lawfully in possession of an anabolic steroid, or who otherwise lawfully manufactures, distributes, dispenses, delivers, or possesses with intent to deliver an anabolic steroid, which anabolic steroid is expressly intended for and lawfully allowed to be administered through implants to livestock or other nonhuman species, and which is approved by the Secretary of Health and Human Services for such administration, and which the person intends to administer or have administered through such implants, shall not be considered to be in unauthorized possession or to unlawfully manufacture, distribute, dispense, deliver, or possess with intent to deliver such anabolic steroid for purposes of this Act.

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

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

(d-10) "Compounding" means the preparation and mixing of components, excluding flavorings, (1) as the result of a
prescriber's prescription drug order or initiative based on the prescriber-patient-pharmacist relationship in the course of professional practice or (2) for the purpose of, or incident to, research, teaching, or chemical analysis and not for sale or dispensing. "Compounding" includes the preparation of drugs or devices in anticipation of receiving prescription drug orders based on routine, regularly observed dispensing patterns. Commercially available products may be compounded for dispensing to individual patients only if both of the following conditions are met: (i) the commercial product is not reasonably available from normal distribution channels in a timely manner to meet the patient's needs and (ii) the prescribing practitioner has requested that the drug be compounded.

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

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

(f-5) "Controlled substance analog" means a substance:
(1) the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II;

(2) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II; or

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

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

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

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

(j) (Blank).

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

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

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

(n) (Blank).

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

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

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

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

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

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

(t-3) "Electronic health record" or "EHR" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

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

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

(u) "Good faith" means the prescribing or dispensing of a controlled substance by a practitioner in the regular course of professional treatment to or for any person who is under his or her treatment for a pathology or condition other than that individual's physical or psychological dependence upon or addiction to a controlled substance, except as provided herein: and application of the term to a pharmacist shall mean the dispensing of a controlled substance pursuant to the prescriber's order which in the professional judgment of the pharmacist is lawful. The pharmacist shall be guided by accepted professional standards including, but not limited to the following, in making the judgment:

(1) lack of consistency of prescriber-patient relationship,
(2) frequency of prescriptions for same drug by one prescriber for large numbers of patients,
(3) quantities beyond those normally prescribed,
(4) unusual dosages (recognizing that there may be clinical circumstances where more or less than the usual dose may be used legitimately),
(5) unusual geographic distances between patient,
pharmacist and prescriber,

(6) consistent prescribing of habit-forming drugs.

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

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

(u-5) "Illinois State Police" means the State Police of the State of Illinois, or its successor agency.

(v) "Immediate precursor" means a substance:

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

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

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

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

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

(y) "Look-alike substance" means a substance, other than a controlled substance which (1) by overall dosage unit appearance, including shape, color, size, markings or lack thereof, taste, consistency, or any other identifying physical characteristic of the substance, would lead a reasonable person to believe that the substance is a controlled substance, or (2) is expressly or impliedly represented to be a controlled substance or is distributed under circumstances which would lead a reasonable person to believe that the substance is a controlled substance. For the purpose of determining whether the representations made or the circumstances of the distribution would lead a reasonable person to believe the substance to be a controlled substance under this clause (2) of subsection (y), the court or other authority may consider the following factors in addition to any other factor that may be relevant:

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

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

(c) whether the substance is packaged in a manner normally used for the illegal distribution of controlled substances;
(d) whether the distribution or attempted distribution included an exchange of or demand for money or other property as consideration, and whether the amount of the consideration was substantially greater than the reasonable retail market value of the substance.

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

Nothing in this subsection (y) prohibits the dispensing or distributing of noncontrolled substances by persons authorized to dispense and distribute controlled substances under this Act, provided that such action would be deemed to be carried out in good faith under subsection (u) if the substances involved were controlled substances.

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

(y-1) "Mail-order pharmacy" means a pharmacy that is located in a state of the United States that delivers, dispenses or distributes, through the United States Postal Service or other common carrier, to Illinois residents, any substance which requires a prescription.
(z) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance other than methamphetamine, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling of its container, except that this term does not include:

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

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

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

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

(z-1) (Blank).

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

(z-10) "Mid-level practitioner" means (i) a physician assistant who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to
practice medicine in all of its branches, in accordance with Section 10-65 2.5 of the Physician Assistant Practice Act of 1987, (ii) an advanced practice nurse who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches or by a podiatric physician, in accordance with Section 65-40 of the Nurse Practice Act, (iii) an advanced practice nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act, (iv) an animal euthanasia agency, or (v) a prescribing psychologist.

(aa) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

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

(2) (blank);

(3) opium poppy and poppy straw;
(4) coca leaves, except coca leaves and extracts of
coca leaves from which substantially all of the cocaine and
ecgonine, and their isomers, derivatives and salts, have
been removed;

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

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

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

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

(cc) (Blank).

(dd) "Opiate" means any substance having an addiction
forming or addiction sustaining liability similar to morphine
or being capable of conversion into a drug having addiction
forming or addiction sustaining liability.

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

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

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

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

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

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

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

(ii-10) "Physician" (except when the context otherwise requires) means a person licensed to practice medicine in all of its branches.

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

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

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

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, optometrist, prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, podiatric physician, or veterinarian who issues a prescription, a physician assistant who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative supervision agreement required under Section 10-65 7.5 of the Physician Assistant Practice Act of 1987, an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, or an advanced practice nurse certified as a nurse practitioner, nurse midwife, or clinical nurse
specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05.

(nn) "Prescription" means a written, facsimile, or oral order, or an electronic order that complies with applicable federal requirements, of a physician licensed to practice medicine in all its branches, dentist, podiatric physician or veterinarian for any controlled substance, of an optometrist in accordance with Section 15.1 of the Illinois Optometric Practice Act of 1987, of a prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, of a physician assistant for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative supervision agreement required under Section 10-65.5 of the Physician Assistant Practice Act of 1987, of an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, or of an advanced practice nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in
accordance with Section 303.05 when required by law.

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

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

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

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

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

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

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

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

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

(Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff. 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480, eff. 9-9-15; 99-642, eff. 7-28-16.)

(720 ILCS 570/303.05)

Sec. 303.05. Mid-level practitioner registration.

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

(1) with respect to physician assistants,

(A) the physician assistant has been delegated
written authority to prescribe any Schedule III through V controlled substances by a physician licensed to practice medicine in all its branches in accordance with Section 10-65 7.5 of the Physician Assistant Practice Act of 1987; and the physician assistant has completed the appropriate application forms and has paid the required fees as set by rule; or

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

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

(ii) any delegation must be of controlled substances prescribed by the supervising physician;
(iii) all prescriptions must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the supervising physician;

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

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

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

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

(2) with respect to advanced practice nurses,

(A) the advanced practice nurse has been delegated authority to prescribe any Schedule III through V
controlled substances by a collaborating physician licensed to practice medicine in all its branches or a collaborating podiatric physician in accordance with Section 65-40 of the Nurse Practice Act. The advanced practice nurse has completed the appropriate application forms and has paid the required fees as set by rule; or

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

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

   (ii) any delegation must be of controlled substances prescribed by the collaborating
physician or podiatric physician;

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

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

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

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

(vii) the advanced practice nurse must annually complete 5 hours of continuing education in pharmacology;

(2.5) with respect to advanced practice nurses certified as nurse practitioners, nurse midwives, or clinical nurse specialists practicing in a hospital
(A) the advanced practice nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist has been granted authority to prescribe any Schedule II through V controlled substances by the hospital affiliate upon the recommendation of the appropriate physician committee of the hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act, has completed the appropriate application forms, and has paid the required fees as set by rule; and

(B) an advanced practice nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist has been granted authority to prescribe any Schedule II controlled substances by the hospital affiliate upon the recommendation of the appropriate physician committee of the hospital affiliate, then the following conditions must be met:

(i) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by advanced practice nurses in their area of certification; this grant of authority must identify the specific Schedule II controlled substances by either brand name or
generic name; authority to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;

(ii) any grant of authority must be controlled substances limited to the practice of the advanced practice nurse;

(iii) any prescription must be limited to no more than a 30-day supply;

(iv) the advanced practice nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee; and

(v) the advanced practice nurse must meet the education requirements of this Section;

(3) with respect to animal euthanasia agencies, the euthanasia agency has obtained a license from the Department of Financial and Professional Regulation and obtained a registration number from the Department; or

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

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

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

(d) A collaborating physician or podiatric 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.

(e) A collaborating supervising physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written collaborative supervision agreement, and the delegation of prescriptive authority shall
conform to the requirements of Section 10-65 7.5 of the Physician Assistant Practice Act of 1987.

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

(Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14; 99-173, eff. 7-29-15.)

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

Statutes amended in order of appearance

5 ILCS 80/4.28
5 ILCS 80/4.38 new
105 ILCS 5/22-30
105 ILCS 145/10
225 ILCS 60/54.5
225 ILCS 85/4 from Ch. 111, par. 4124
225 ILCS 95/Tit. 5 heading new
225 ILCS 95/5-1 was 225 ILCS 95/2
225 ILCS 95/5-5 was 225 ILCS 95/1
225 ILCS 95/5-10 was 225 ILCS 95/23
225 ILCS 95/5-15 was 225 ILCS 95/3
225 ILCS 95/5-20 was Ch. 225 ILCS 95/4
225 ILCS 95/5-25 was 225 ILCS 95/5
225 ILCS 95/5-30 was 225 ILCS 95/6
225 ILCS 95/5-35 new
225 ILCS 95/5-40 new
225 ILCS 95/5-45 was 225 ILCS 95/10
225 ILCS 95/5-50 was 225 ILCS 95/10.5
225 ILCS 95/5-55 was 225 ILCS 95/22.16
225 ILCS 95/Tit. 10 heading new
225 ILCS 95/10-5 was 225 ILCS 95/9
<p>|   | 225 ILCS 95/10-10 was 225 ILCS 95/9.5 |
|   | 225 ILCS 95/10-15 was 225 ILCS 95/11 |
|   | 225 ILCS 95/10-20 was 225 ILCS 95/12 |
|   | 225 ILCS 95/10-25 was 225 ILCS 95/13 |
|   | 225 ILCS 95/10-30 was 225 ILCS 95/14.1 |
|   | 225 ILCS 95/10-35 was 225 ILCS 95/15 |
|   | 225 ILCS 95/10-40 was 225 ILCS 95/16 |
|   | 225 ILCS 95/10-45 was 225 ILCS 95/17 |
|   | 225 ILCS 95/10-50 was 225 ILCS 95/19 |
|   | 225 ILCS 95/10-55 was 225 ILCS 95/20 |
|   | 225 ILCS 95/10-60 was 225 ILCS 95/7 |
|   | 225 ILCS 95/10-65 was 225 ILCS 95/7.5 |
|   | 225 ILCS 95/10-70 was 225 ILCS 95/7.7 |
|   | 225 ILCS 95/10-75 new |
|   | 225 ILCS 95/Tit. 15 |
|   | heading new |
|   | 225 ILCS 95/15-5 was 225 ILCS 95/21 |
|   | 225 ILCS 95/15-10 was 225 ILCS 95/21.5 |
|   | 225 ILCS 95/15-15 was 225 ILCS 95/22.1 |
|   | 225 ILCS 95/15-20 was 225 ILCS 95/22.2 |
|   | 225 ILCS 95/15-25 was 225 ILCS 95/22 |
|   | 225 ILCS 95/15-30 was 225 ILCS 95/22.3 |
|   | 225 ILCS 95/15-35 was 225 ILCS 95/22.4 |
|   | 225 ILCS 95/15-40 was 225 ILCS 95/22.5 |
|   | 225 ILCS 95/15-45 was 225 ILCS 95/22.6 |
|   | 225 ILCS 95/15-50 was 225 ILCS 95/22.7 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Section Reference</th>
<th>Previous Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>225 ILCS 95/15-55</td>
<td>was 225 ILCS 95/22.8</td>
</tr>
<tr>
<td>2</td>
<td>225 ILCS 95/15-60</td>
<td>was 225 ILCS 95/22.9</td>
</tr>
<tr>
<td>3</td>
<td>225 ILCS 95/15-65</td>
<td>was 225 ILCS 95/22.10</td>
</tr>
<tr>
<td>4</td>
<td>225 ILCS 95/15-70</td>
<td>was 225 ILCS 95/22.11</td>
</tr>
<tr>
<td>5</td>
<td>225 ILCS 95/15-75</td>
<td>was 225 ILCS 95/22.12</td>
</tr>
<tr>
<td>6</td>
<td>225 ILCS 95/15-80</td>
<td>was 225 ILCS 95/22.13</td>
</tr>
<tr>
<td>7</td>
<td>225 ILCS 95/15-85</td>
<td>was 225 ILCS 95/22.14</td>
</tr>
<tr>
<td>8</td>
<td>225 ILCS 95/15-90</td>
<td>was 225 ILCS 95/22.15</td>
</tr>
<tr>
<td>9</td>
<td>225 ILCS 95/15-95</td>
<td>was 225 ILCS 95/24</td>
</tr>
<tr>
<td>10</td>
<td>225 ILCS 95/15-100</td>
<td>was 225 ILCS 95/25</td>
</tr>
<tr>
<td>11</td>
<td>305 ILCS 5/5-8</td>
<td>from Ch. 23, par. 5-8</td>
</tr>
<tr>
<td>12</td>
<td>720 ILCS 510/11</td>
<td>from Ch. 38, par. 81-31</td>
</tr>
<tr>
<td>13</td>
<td>720 ILCS 570/102</td>
<td>from Ch. 56 1/2, par. 1102</td>
</tr>
<tr>
<td>14</td>
<td>720 ILCS 570/303.05</td>
<td></td>
</tr>
</tbody>
</table>