

1 AN ACT concerning regulation.

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

4 Section 5. The Medical Practice Act of 1987 is amended by  
5 changing Sections 22 and 54.5 as follows:

6 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 22. Disciplinary action.

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

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

17 (a) a facility licensed pursuant to the Ambulatory  
18 Surgical Treatment Center Act;

19 (b) an institution licensed under the Hospital  
20 Licensing Act;

21 (c) an ambulatory surgical treatment center or  
22 hospitalization or care facility maintained by the  
23 State or any agency thereof, where such department or

1           agency has authority under law to establish and enforce  
2           standards for the ambulatory surgical treatment  
3           centers, hospitalization, or care facilities under its  
4           management and control;

5           (d) ambulatory surgical treatment centers,  
6           hospitalization or care facilities maintained by the  
7           Federal Government; or

8           (e) ambulatory surgical treatment centers,  
9           hospitalization or care facilities maintained by any  
10          university or college established under the laws of  
11          this State and supported principally by public funds  
12          raised by taxation.

13          (2) Performance of an abortion procedure in a willful  
14          and wanton manner on a woman who was not pregnant at the  
15          time the abortion procedure was performed.

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

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

23          (5) Engaging in dishonorable, unethical or  
24          unprofessional conduct of a character likely to deceive,  
25          defraud or harm the public.

26          (6) Obtaining any fee by fraud, deceit, or

1           misrepresentation.

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

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

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

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

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

18          (12) Adverse action taken by another state or  
19          jurisdiction against a license or other authorization to  
20          practice as a medical doctor, doctor of osteopathy, doctor  
21          of osteopathic medicine or doctor of chiropractic, a  
22          certified copy of the record of the action taken by the  
23          other state or jurisdiction being prima facie evidence  
24          thereof. This includes any adverse action taken by a State  
25          or federal agency that prohibits a medical doctor, doctor  
26          of osteopathy, doctor of osteopathic medicine, or doctor of

1           chiropractic from providing services to the agency's  
2           participants.

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

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

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

15          (16) Abandonment of a patient.

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

21          (18) Promotion of the sale of drugs, devices,  
22          appliances or goods provided for a patient in such manner  
23          as to exploit the patient for financial gain of the  
24          physician.

25          (19) Offering, undertaking or agreeing to cure or treat  
26          disease by a secret method, procedure, treatment or

1 medicine, or the treating, operating or prescribing for any  
2 human condition by a method, means or procedure which the  
3 licensee refuses to divulge upon demand of the Department.

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

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

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

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

25 (24) Solicitation of professional patronage by any  
26 corporation, agents or persons, or profiting from those

1 representing themselves to be agents of the licensee.

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

10 (26) A pattern of practice or other behavior which  
11 demonstrates incapacity or incompetence to practice under  
12 this Act.

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

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

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

22 (30) Willfully or negligently violating the  
23 confidentiality between physician and patient except as  
24 required by law.

25 (31) The use of any false, fraudulent, or deceptive  
26 statement in any document connected with practice under

1           this Act.

2           (32) Aiding and abetting an individual not licensed  
3           under this Act in the practice of a profession licensed  
4           under this Act.

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

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

18          (35) Failure to report to the Department surrender of a  
19          license or authorization to practice as a medical doctor, a  
20          doctor of osteopathy, a doctor of osteopathic medicine, or  
21          doctor of chiropractic in another state or jurisdiction, or  
22          surrender of membership on any medical staff or in any  
23          medical or professional association or society, while  
24          under disciplinary investigation by any of those  
25          authorities or bodies, for acts or conduct similar to acts  
26          or conduct which would constitute grounds for action as

1 defined in this Section.

2 (36) Failure to report to the Department any adverse  
3 judgment, settlement, or award arising from a liability  
4 claim related to acts or conduct similar to acts or conduct  
5 which would constitute grounds for action as defined in  
6 this Section.

7 (37) Failure to provide copies of medical records as  
8 required by law.

9 (38) Failure to furnish the Department, its  
10 investigators or representatives, relevant information,  
11 legally requested by the Department after consultation  
12 with the Chief Medical Coordinator or the Deputy Medical  
13 Coordinator.

14 (39) Violating the Health Care Worker Self-Referral  
15 Act.

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

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

20 (42) Entering into an excessive number of written  
21 collaborative agreements with licensed advanced practice  
22 registered nurses resulting in an inability to adequately  
23 collaborate.

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

26 (44) Violating the Compassionate Use of Medical



1 Cannabis Pilot Program Act.

2 (45) Entering into an excessive number of written  
3 collaborative agreements with licensed prescribing  
4 psychologists resulting in an inability to adequately  
5 collaborate.

6 (46) Repeated failure to adequately collaborate with a  
7 licensed prescribing psychologist.

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

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

18 (49) Entering into an excessive number of written  
19 collaborative agreements with licensed physician  
20 assistants resulting in an inability to adequately  
21 collaborate.

22 (50) Repeated failure to adequately collaborate with a  
23 physician assistant.

24 Except for actions involving the ground numbered (26), all  
25 proceedings to suspend, revoke, place on probationary status,  
26 or take any other disciplinary action as the Department may

1 deem proper, with regard to a license on any of the foregoing  
2 grounds, must be commenced within 5 years next after receipt by  
3 the Department of a complaint alleging the commission of or  
4 notice of the conviction order for any of the acts described  
5 herein. Except for the grounds numbered (8), (9), (26), and  
6 (29), no action shall be commenced more than 10 years after the  
7 date of the incident or act alleged to have violated this  
8 Section. For actions involving the ground numbered (26), a  
9 pattern of practice or other behavior includes all incidents  
10 alleged to be part of the pattern of practice or other behavior  
11 that occurred, or a report pursuant to Section 23 of this Act  
12 received, within the 10-year period preceding the filing of the  
13 complaint. In the event of the settlement of any claim or cause  
14 of action in favor of the claimant or the reduction to final  
15 judgment of any civil action in favor of the plaintiff, such  
16 claim, cause of action or civil action being grounded on the  
17 allegation that a person licensed under this Act was negligent  
18 in providing care, the Department shall have an additional  
19 period of 2 years from the date of notification to the  
20 Department under Section 23 of this Act of such settlement or  
21 final judgment in which to investigate and commence formal  
22 disciplinary proceedings under Section 36 of this Act, except  
23 as otherwise provided by law. The time during which the holder  
24 of the license was outside the State of Illinois shall not be  
25 included within any period of time limiting the commencement of  
26 disciplinary action by the Department.

1           The entry of an order or judgment by any circuit court  
2 establishing that any person holding a license under this Act  
3 is a person in need of mental treatment operates as a  
4 suspension of that license. That person may resume their  
5 practice only upon the entry of a Departmental order based upon  
6 a finding by the Disciplinary Board that they have been  
7 determined to be recovered from mental illness by the court and  
8 upon the Disciplinary Board's recommendation that they be  
9 permitted to resume their practice.

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

18           The Department, upon the recommendation of the  
19 Disciplinary Board, shall adopt rules which set forth standards  
20 to be used in determining:

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

23           (b) what constitutes dishonorable, unethical or  
24 unprofessional conduct of a character likely to deceive,  
25 defraud, or harm the public;

26           (c) what constitutes immoral conduct in the commission

1 of any act, including, but not limited to, commission of an  
2 act of sexual misconduct related to the licensee's  
3 practice; and

4 (d) what constitutes gross negligence in the practice  
5 of medicine.

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

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

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

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

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

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

21 The Department may promulgate rules for the imposition of  
22 fines in disciplinary cases, not to exceed \$10,000 for each  
23 violation of this Act. Fines may be imposed in conjunction with  
24 other forms of disciplinary action, but shall not be the  
25 exclusive disposition of any disciplinary action arising out of  
26 conduct resulting in death or injury to a patient. Any funds

1 collected from such fines shall be deposited in the Illinois  
2 State Medical Disciplinary Fund.

3 All fines imposed under this Section shall be paid within  
4 60 days after the effective date of the order imposing the fine  
5 or in accordance with the terms set forth in the order imposing  
6 the fine.

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

18 (C) The Department shall not revoke, suspend, place on  
19 probation, reprimand, refuse to issue or renew, or take any  
20 other disciplinary or non-disciplinary action against the  
21 license or permit issued under this Act to practice medicine to  
22 a physician based solely upon the recommendation of the  
23 physician to an eligible patient regarding, or prescription  
24 for, or treatment with, an investigational drug, biological  
25 product, or device.

26 (D) The Disciplinary Board shall recommend to the



1 Department civil penalties and any other appropriate  
2 discipline in disciplinary cases when the Board finds that a  
3 physician willfully performed an abortion with actual  
4 knowledge that the person upon whom the abortion has been  
5 performed is a minor or an incompetent person without notice as  
6 required under the Parental Notice of Abortion Act of 1995.  
7 Upon the Board's recommendation, the Department shall impose,  
8 for the first violation, a civil penalty of \$1,000 and for a  
9 second or subsequent violation, a civil penalty of \$5,000.

10 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;  
11 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; revised 9-29-17.)

12 (225 ILCS 60/54.5)

13 (Section scheduled to be repealed on December 31, 2019)

14 Sec. 54.5. Physician delegation of authority to physician  
15 assistants, advanced practice registered nurses without full  
16 practice authority, and prescribing psychologists.

17 (a) Physicians licensed to practice medicine in all its  
18 branches may delegate care and treatment responsibilities to a  
19 physician assistant under guidelines in accordance with the  
20 requirements of the Physician Assistant Practice Act of 1987. A  
21 physician licensed to practice medicine in all its branches may  
22 enter into collaborative agreements with no more than 7 ~~5~~  
23 full-time equivalent physician assistants, except in a  
24 hospital, hospital affiliate, or ambulatory surgical treatment  
25 center as set forth by Section 7.7 of the Physician Assistant

1 Practice Act of 1987 and as provided in subsection (a-5).

2 (a-5) A physician licensed to practice medicine in all its  
3 branches may collaborate with more than 7 physician assistants  
4 when the services are provided in a federal primary care health  
5 professional shortage area with a Health Professional Shortage  
6 Area score greater than or equal to 12, as determined by the  
7 United States Department of Health and Human Services.

8 The collaborating physician must keep appropriate  
9 documentation of meeting this exemption and make it available  
10 to the Department upon request.

11 (b) A physician licensed to practice medicine in all its  
12 branches in active clinical practice may collaborate with an  
13 advanced practice registered nurse in accordance with the  
14 requirements of the Nurse Practice Act. Collaboration is for  
15 the purpose of providing medical consultation, and no  
16 employment relationship is required. A written collaborative  
17 agreement shall conform to the requirements of Section 65-35 of  
18 the Nurse Practice Act. The written collaborative agreement  
19 shall be for services in the same area of practice or specialty  
20 as the collaborating physician in his or her clinical medical  
21 practice. A written collaborative agreement shall be adequate  
22 with respect to collaboration with advanced practice  
23 registered nurses if all of the following apply:

24 (1) The agreement is written to promote the exercise of  
25 professional judgment by the advanced practice registered  
26 nurse commensurate with his or her education and

1 experience.

2 (2) The advanced practice registered nurse provides  
3 services based upon a written collaborative agreement with  
4 the collaborating physician, except as set forth in  
5 subsection (b-5) of this Section. With respect to labor and  
6 delivery, the collaborating physician must provide  
7 delivery services in order to participate with a certified  
8 nurse midwife.

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

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

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

26 (2) for anesthesia services, the anesthesiologist or

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

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

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

18 (d) (Blank).

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

1 the physician has reason to believe the prescribing  
2 psychologist, physician assistant, or advanced practice  
3 registered nurse lacked the competency to perform the act or  
4 acts or commits willful and wanton misconduct.

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

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

15 (h) (Blank).

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

21 (j) As set forth in Section 22.2 of this Act, a licensee  
22 under this Act may not directly or indirectly divide, share, or  
23 split any professional fee or other form of compensation for  
24 professional services with anyone in exchange for a referral or  
25 otherwise, other than as provided in Section 22.2.

26 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;

1 100-513, eff. 1-1-18; revised 9-29-17.)

2 Section 10. The Physician Assistant Practice Act of 1987 is  
3 amended by changing Sections 7 and 21 as follows:

4 (225 ILCS 95/7) (from Ch. 111, par. 4607)

5 (Section scheduled to be repealed on January 1, 2028)

6 Sec. 7. Collaboration requirements.

7 (a) A collaborating physician shall determine the number of  
8 physician assistants to collaborate with, provided the  
9 physician is able to provide adequate collaboration as outlined  
10 in the written collaborative agreement required under Section  
11 7.5 of this Act and consideration is given to the nature of the  
12 physician's practice, complexity of the patient population,  
13 and the experience of each physician assistant. A collaborating  
14 physician may collaborate with a maximum of 7 ~~5~~ full-time  
15 equivalent physician assistants as described in Section 54.5 of  
16 the Medical Practice Act of 1987. As used in this Section,  
17 "full-time equivalent" means the equivalent of 40 hours per  
18 week per individual. Physicians and physician assistants who  
19 work in a hospital, hospital affiliate, or ambulatory surgical  
20 treatment center as defined by Section 7.7 of this Act are  
21 exempt from the collaborative ratio restriction requirements  
22 of this Section. A physician assistant shall be able to hold  
23 more than one professional position. A collaborating physician  
24 shall file a notice of collaboration of each physician

1 assistant according to the rules of the Department.

2 Physician assistants shall collaborate only with  
3 physicians as defined in this Act who are engaged in clinical  
4 practice, or in clinical practice in public health or other  
5 community health facilities.

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

9 Nothing in this Act shall be construed to prohibit the  
10 employment of physician assistants by a hospital, nursing home  
11 or other health care facility where such physician assistants  
12 function under a collaborating physician.

13 A physician assistant may be employed by a practice group  
14 or other entity employing multiple physicians at one or more  
15 locations. In that case, one of the physicians practicing at a  
16 location shall be designated the collaborating physician. The  
17 other physicians with that practice group or other entity who  
18 practice in the same general type of practice or specialty as  
19 the collaborating physician may collaborate with the physician  
20 assistant with respect to their patients.

21 (b) A physician assistant licensed in this State, or  
22 licensed or authorized to practice in any other U.S.  
23 jurisdiction or credentialed by his or her federal employer as  
24 a physician assistant, who is responding to a need for medical  
25 care created by an emergency or by a state or local disaster  
26 may render such care that the physician assistant is able to

1 provide without collaboration as it is defined in this Section  
2 or with such collaboration as is available.

3 Any physician who collaborates with a physician assistant  
4 providing medical care in response to such an emergency or  
5 state or local disaster shall not be required to meet the  
6 requirements set forth in this Section for a collaborating  
7 physician.

8 (Source: P.A. 100-453, eff. 8-25-17.)

9 (225 ILCS 95/21) (from Ch. 111, par. 4621)

10 (Section scheduled to be repealed on January 1, 2028)

11 Sec. 21. Grounds for disciplinary action.

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

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

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

23 (3) Conviction by plea of guilty or nolo contendere,  
24 finding of guilt, jury verdict, or entry of judgment or  
25 sentencing, including, but not limited to, convictions,



1 preceding sentences of supervision, conditional discharge,  
2 or first offender probation, under the laws of any  
3 jurisdiction of the United States that is: (i) a felony; or  
4 (ii) a misdemeanor, an essential element of which is  
5 dishonesty, or that is directly related to the practice of  
6 the profession.

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

9 (5) Professional incompetence.

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

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

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

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

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

25 (11) Directly or indirectly giving to or receiving from  
26 any person, firm, corporation, partnership, or association

1 any fee, commission, rebate or other form of compensation  
2 for any professional services not actually or personally  
3 rendered. Nothing in this paragraph (11) affects any bona  
4 fide independent contractor or employment arrangements,  
5 which may include provisions for compensation, health  
6 insurance, pension, or other employment benefits, with  
7 persons or entities authorized under this Act for the  
8 provision of services within the scope of the licensee's  
9 practice under this Act.

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

13 (13) Abandonment of a patient.

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

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

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

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

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

6 (18) (Blank).

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

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

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

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

18 (23) Violation of the Health Care Worker Self-Referral  
19 Act.

20 (24) Practicing under a false or assumed name, except  
21 as provided by law.

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

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

1 to practice.

2 (27) Prescribing, selling, administering,  
3 distributing, giving, or self-administering a drug  
4 classified as a controlled substance for other than  
5 medically-accepted therapeutic purposes.

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

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

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

15 (31) Exceeding the prescriptive authority delegated by  
16 the collaborating physician or violating the written  
17 collaborative agreement delegating that authority.

18 (32) Practicing without providing to the Department a  
19 notice of collaboration or delegation of prescriptive  
20 authority.

21 (33) Failure to establish and maintain records of  
22 patient care and treatment as required by law.

23 (34) Attempting to subvert or cheat on the examination  
24 of the National Commission on Certification of Physician  
25 Assistants or its successor agency.

26 (35) Willfully or negligently violating the

1 confidentiality between physician assistant and patient,  
2 except as required by law.

3 (36) Willfully failing to report an instance of  
4 suspected abuse, neglect, financial exploitation, or  
5 self-neglect of an eligible adult as defined in and  
6 required by the Adult Protective Services Act.

7 (37) Being named as an abuser in a verified report by  
8 the Department on Aging under the Adult Protective Services  
9 Act and upon proof by clear and convincing evidence that  
10 the licensee abused, neglected, or financially exploited  
11 an eligible adult as defined in the Adult Protective  
12 Services Act.

13 (38) Failure to report to the Department an adverse  
14 final action taken against him or her by another licensing  
15 jurisdiction of the United States or a foreign state or  
16 country, a peer review body, a health care institution, a  
17 professional society or association, a governmental  
18 agency, a law enforcement agency, or a court acts or  
19 conduct similar to acts or conduct that would constitute  
20 grounds for action under this Section.

21 (39) Failure to provide copies of records of patient  
22 care or treatment, except as required by law.

23 (40) Entering into an excessive number of written  
24 collaborative agreements with licensed physicians  
25 resulting in an inability to adequately collaborate.

26 (41) Repeated failure to adequately collaborate with a

1           collaborating physician.

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

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

19           (d) In enforcing this Section, the Department upon a  
20 showing of a possible violation may compel an individual  
21 licensed to practice under this Act, or who has applied for  
22 licensure under this Act, to submit to a mental or physical  
23 examination, or both, which may include a substance abuse or  
24 sexual offender evaluation, as required by and at the expense  
25 of the Department.

26           The Department shall specifically designate the examining

1 physician licensed to practice medicine in all of its branches  
2 or, if applicable, the multidisciplinary team involved in  
3 providing the mental or physical examination or both. The  
4 multidisciplinary team shall be led by a physician licensed to  
5 practice medicine in all of its branches and may consist of one  
6 or more or a combination of physicians licensed to practice  
7 medicine in all of its branches, licensed clinical  
8 psychologists, licensed clinical social workers, licensed  
9 clinical professional counselors, and other professional and  
10 administrative staff. Any examining physician or member of the  
11 multidisciplinary team may require any person ordered to submit  
12 to an examination pursuant to this Section to submit to any  
13 additional supplemental testing deemed necessary to complete  
14 any examination or evaluation process, including, but not  
15 limited to, blood testing, urinalysis, psychological testing,  
16 or neuropsychological testing.

17 The Department may order the examining physician or any  
18 member of the multidisciplinary team to provide to the  
19 Department any and all records, including business records,  
20 that relate to the examination and evaluation, including any  
21 supplemental testing performed.

22 The Department may order the examining physician or any  
23 member of the multidisciplinary team to present testimony  
24 concerning the mental or physical examination of the licensee  
25 or applicant. No information, report, record, or other  
26 documents in any way related to the examination shall be

1 excluded by reason of any common law or statutory privilege  
2 relating to communications between the licensee or applicant  
3 and the examining physician or any member of the  
4 multidisciplinary team. No authorization is necessary from the  
5 licensee or applicant ordered to undergo an examination for the  
6 examining physician or any member of the multidisciplinary team  
7 to provide information, reports, records, or other documents or  
8 to provide any testimony regarding the examination and  
9 evaluation.

10 The individual to be examined may have, at his or her own  
11 expense, another physician of his or her choice present during  
12 all aspects of this examination. However, that physician shall  
13 be present only to observe and may not interfere in any way  
14 with the examination.

15 Failure of an individual to submit to a mental or physical  
16 examination, when ordered, shall result in an automatic  
17 suspension of his or her license until the individual submits  
18 to the examination.

19 If the Department finds an individual unable to practice  
20 because of the reasons set forth in this Section, the  
21 Department may require that individual to submit to care,  
22 counseling, or treatment by physicians approved or designated  
23 by the Department, as a condition, term, or restriction for  
24 continued, reinstated, or renewed licensure to practice; or, in  
25 lieu of care, counseling, or treatment, the Department may file  
26 a complaint to immediately suspend, revoke, or otherwise



1 discipline the license of the individual. An individual whose  
2 license was granted, continued, reinstated, renewed,  
3 disciplined, or supervised subject to such terms, conditions,  
4 or restrictions, and who fails to comply with such terms,  
5 conditions, or restrictions, shall be referred to the Secretary  
6 for a determination as to whether the individual shall have his  
7 or her license suspended immediately, pending a hearing by the  
8 Department.

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

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

23 (e) An individual or organization acting in good faith, and  
24 not in a willful and wanton manner, in complying with this  
25 Section by providing a report or other information to the  
26 Board, by assisting in the investigation or preparation of a

1 report or information, by participating in proceedings of the  
2 Board, or by serving as a member of the Board, shall not be  
3 subject to criminal prosecution or civil damages as a result of  
4 such actions.

5 (f) Members of the Board and the Disciplinary Board shall  
6 be indemnified by the State for any actions occurring within  
7 the scope of services on the Disciplinary Board or Board, done  
8 in good faith and not willful and wanton in nature. The  
9 Attorney General shall defend all such actions unless he or she  
10 determines either that there would be a conflict of interest in  
11 such representation or that the actions complained of were not  
12 in good faith or were willful and wanton.

13 If the Attorney General declines representation, the  
14 member has the right to employ counsel of his or her choice,  
15 whose fees shall be provided by the State, after approval by  
16 the Attorney General, unless there is a determination by a  
17 court that the member's actions were not in good faith or were  
18 willful and wanton.

19 The member must notify the Attorney General within 7 days  
20 after receipt of notice of the initiation of any action  
21 involving services of the Disciplinary Board. Failure to so  
22 notify the Attorney General constitutes an absolute waiver of  
23 the right to a defense and indemnification.

24 The Attorney General shall determine, within 7 days after  
25 receiving such notice, whether he or she will undertake to  
26 represent the member.

1 (Source: P.A. 100-453, eff. 8-25-17.)

2 Section 99. Effective date. This Act takes effect January  
3 1, 2019.