

Rep. Angelo Saviano

## Filed: 3/17/2009

|    | 09600HB0064ham002 LRB096 03184 ASK 23476 a                    |
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| 1  | AMENDMENT TO HOUSE BILL 64                                    |
| 2  | AMENDMENT NO Amend House Bill 64 by replacing                 |
| 3  | everything after the enacting clause with the following:      |
| 4  | "Section 5. The Medical Practice Act of 1987 is amended by    |
| 5  | changing Section 54.5 and by adding Section 54.2 as follows:  |
| 6  | (225 ILCS 60/54.2 new)  |
| 7  | (Section scheduled to be repealed on December 31, 2010)       |
| 8  | Sec. 54.2. Physician delegation of authority.                 |
| 9  | (a) Nothing in this Act shall be construed to limit the       |
| 10 | delegation of tasks or duties by a physician licensed to      |
| 11 | practice medicine in all its branches to a licensed practical |
| 12 | nurse, a registered professional nurse, or other licensed     |
| 13 | person practicing within the scope of his or her individual   |
| 14 | licensing Act.  |
| 15 | (b) A physician licensed to practice medicine in all its      |
| 16 | branches may delegate tasks and duties to an appropriately    |

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| 1  | trained licensed or unlicensed person. Any such task or duty    |
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| 2  | delegated to a licensed or unlicensed person must be within the |
| 3  | education, training, or experience of the delegating physician  |
| 4  | and within the context of a physician-patient relationship.     |
| 5  | (c) A chiropractic physician may delegate tasks and duties      |
| 6  | to an appropriately trained licensed or unlicensed person. Any  |
| 7  | task or duty delegated to a licensed or unlicensed person by    |
| 8  | the chiropractic physician:                                     |
| 9  | (1) must fall within the scope of practice of the               |
| 10 | chiropractic physician as defined by this Act;                  |
| 11 | (2) must be within the education, training, or                  |
| 12 | experience of the delegating chiropractic physician; and        |
| 13 | (3) can only be delegated within the context of a               |
| 14 | physician-patient relationship.                                 |
|    |   |
| 15 | (225 ILCS 60/54.5)  |
| 16 | (Section scheduled to be repealed on December 31, 2010)         |
| 17 | Sec. 54.5. Physician delegation of authority to physician       |
| 18 | assistants and advanced practice nurses.                        |
| 19 | (a) Physicians licensed to practice medicine in all its         |
| 20 | branches may delegate care and treatment responsibilities to a  |
| 21 | physician assistant under guidelines in accordance with the     |
| 22 | requirements of the Physician Assistant Practice Act of 1987. A |
| 23 | physician licensed to practice medicine in all its branches may |
| 24 | enter into supervising physician agreements with no more than 2 |
| 25 | physician assistants.   |
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1 (b) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an 2 advanced practice nurse in accordance with the requirements of 3 4 the Nurse Practice Act. Collaboration is for the purpose of 5 providing medical consultation, and no employment relationship is required. A written collaborative agreement shall conform to 6 the requirements of Section 65-35 of the Nurse Practice Act. 7 8 The written collaborative agreement shall be for services the collaborating physician generally provides to his or her 9 10 patients in the normal course of clinical medical practice. A 11 written collaborative agreement shall be adequate with respect to collaboration with advanced practice nurses if all of the 12 13 following apply:

14 (1) The agreement is written to promote the exercise of 15 professional judgment by the advanced practice nurse 16 commensurate with his or her education and experience. The agreement need not describe the exact steps that an 17 18 advanced practice nurse must take with respect to each 19 specific condition, disease, or symptom, but must specify 20 those procedures that require a physician's presence as the 21 procedures are being performed.

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

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reviewed by the collaborating physician.

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

9 (4) The collaborating physician and advanced practice 10 nurse meet in person at least once a month to provide 11 collaboration and consultation.

12 (5) Methods of communication are available with the 13 collaborating physician in person or through 14 telecommunications for consultation, collaboration, and 15 referral as needed to address patient care needs.

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

20 anesthesiologist or physician licensed (b-5)An to 21 practice medicine in all its branches may collaborate with a 22 certified registered nurse anesthetist in accordance with 23 Section 65-35 of the Nurse Practice Act for the provision of 24 anesthesia services. With respect to the provision of 25 anesthesia services, the collaborating anesthesiologist or 26 physician shall have training and experience in the delivery of 09600HB0064ham002

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1 anesthesia services consistent with Department rules. 2 Collaboration shall be adequate if:

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(1) an anesthesiologist or a physician participates in the joint formulation and joint approval of orders or 4 5 guidelines and periodically reviews such orders and the services provided patients under such orders; and 6

7 (2) for anesthesia services, the anesthesiologist or 8 physician participates through discussion of and agreement 9 with the anesthesia plan and is physically present and 10 available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of 11 emergency medical conditions. Anesthesia services in a 12 13 hospital shall be conducted in accordance with Section 10.7 14 of the Hospital Licensing Act and in an ambulatory surgical 15 treatment center in accordance with Section 6.5 of the 16 Ambulatory Surgical Treatment Center Act.

(b-10) The anesthesiologist or operating physician must 17 agree with the anesthesia plan prior to the delivery of 18 services. 19

20 (c) The supervising physician shall have access to the medical records of all patients attended by a physician 21 22 assistant. The collaborating physician shall have access to the 23 medical records of all patients attended to by an advanced 24 practice nurse.

25 (d) Nothing in this Act shall be construed to limit the 26 delegation of tasks or duties by a physician licensed to 09600HB0064ham002 -6- LRB096 03184 ASK 23476 a

practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other persons <u>in</u> accordance with Section 54.2.

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

14 (Source: P.A. 95-639, eff. 10-5-07.)

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