

HB3734



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB3734

Introduced 2/25/2009, by Rep. Angelo Saviano

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5

225 ILCS 110/3

from Ch. 111, par. 7903

Amends the Medical Practice Act of 1987 to allow a physician licensed to practice medicine in all its branches to delegate the use of a rigid and flexible endoscope to a speech-language pathologist that is licensed under the Illinois Speech-Language Pathology and Audiology Practice Act. Amends the Illinois Speech-Language Pathology and Audiology Practice Act to include the use of rigid and flexible endoscopes within the definition of "the practice of speech-language pathology". Effective immediately.

LRB096 03126 ASK 13142 b

A BILL FOR

1 AN ACT concerning professional 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 Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on December 31, 2010)

8 Sec. 54.5. Physician delegation of authority.

9 (a) Physicians licensed to practice medicine in all its
10 branches may delegate care and treatment responsibilities to a
11 physician assistant under guidelines in accordance with the
12 requirements of the Physician Assistant Practice Act of 1987. A
13 physician licensed to practice medicine in all its branches may
14 enter into supervising physician agreements with no more than 2
15 physician assistants.

16 (b) A physician licensed to practice medicine in all its
17 branches in active clinical practice may collaborate with an
18 advanced practice nurse in accordance with the requirements of
19 the Nurse Practice Act. Collaboration is for the purpose of
20 providing medical consultation, and no employment relationship
21 is required. A written collaborative agreement shall conform to
22 the requirements of Section 65-35 of the Nurse Practice Act.
23 The written collaborative agreement shall be for services the

1 collaborating physician generally provides to his or her
2 patients in the normal course of clinical medical practice. A
3 written collaborative agreement shall be adequate with respect
4 to collaboration with advanced practice nurses if all of the
5 following apply:

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

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

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

1 (4) The collaborating physician and advanced practice
2 nurse meet in person at least once a month to provide
3 collaboration and consultation.

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

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

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

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

25 (2) for anesthesia services, the anesthesiologist or
26 physician participates through discussion of and agreement

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

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

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

17 (d) Nothing in this Act shall be construed to limit the
18 delegation of tasks or duties by a physician licensed to
19 practice medicine in all its branches to a licensed practical
20 nurse, a registered professional nurse, or other persons.

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

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

5 (f) Physicians licensed to practice medicine in all its
6 branches may delegate the use of rigid and flexible endoscopes
7 to a speech-language pathologist licensed under the Illinois
8 Speech-Language Pathology and Audiology Practice Act.

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

10 Section 10. The Illinois Speech-Language Pathology and
11 Audiology Practice Act is amended by changing Section 3 as
12 follows:

13 (225 ILCS 110/3) (from Ch. 111, par. 7903)

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

15 Sec. 3. Definitions. The following words and phrases shall
16 have the meaning ascribed to them in this Section unless the
17 context clearly indicates otherwise:

18 (a) "Department" means the Department of Financial and
19 Professional Regulation.

20 (b) "Secretary" means the Secretary of Financial and
21 Professional Regulation.

22 (c) "Board" means the Board of Speech-Language Pathology
23 and Audiology established under Section 5 of this Act.

24 (d) "Speech-Language Pathologist" means a person who has

1 received a license pursuant to this Act and who engages in the
2 practice of speech-language pathology.

3 (e) "Audiologist" means a person who has received a license
4 pursuant to this Act and who engages in the practice of
5 audiology.

6 (f) "Public member" means a person who is not a health
7 professional. For purposes of board membership, any person with
8 a significant financial interest in a health service or
9 profession is not a public member.

10 (g) "The practice of audiology" is the application of
11 nonmedical methods and procedures for the identification,
12 measurement, testing, appraisal, prediction, habilitation,
13 rehabilitation, or instruction related to hearing and
14 disorders of hearing. These procedures are for the purpose of
15 counseling, consulting and rendering or offering to render
16 services or for participating in the planning, directing or
17 conducting of programs that are designed to modify
18 communicative disorders involving speech, language or auditory
19 function related to hearing loss. The practice of audiology may
20 include, but shall not be limited to, the following:

21 (1) any task, procedure, act, or practice that is
22 necessary for the evaluation of hearing or vestibular
23 function;

24 (2) training in the use of amplification devices;

25 (3) the fitting, dispensing, or servicing of hearing
26 instruments; and

1 (4) performing basic speech and language screening
2 tests and procedures consistent with audiology training.

3 (h) "The practice of speech-language pathology" is the
4 application of nonmedical methods and procedures for the
5 identification, measurement, testing, appraisal, prediction,
6 habilitation, rehabilitation, and modification related to
7 communication development, and disorders or disabilities of
8 speech, language, voice, swallowing, and other speech,
9 language and voice related disorders. These procedures are for
10 the purpose of counseling, consulting and rendering or offering
11 to render services, or for participating in the planning,
12 directing or conducting of programs that are designed to modify
13 communicative disorders and conditions in individuals or
14 groups of individuals involving speech, language, voice and
15 swallowing function.

16 "The practice of speech-language pathology" shall include,
17 but shall not be limited to, the following:

18 (1) hearing screening tests and aural rehabilitation
19 procedures consistent with speech-language pathology
20 training;

21 (2) tasks, procedures, acts or practices that are
22 necessary for the evaluation of, and training in the use
23 of, augmentative communication systems, communication
24 variation, cognitive rehabilitation, non-spoken language
25 production and comprehension; and -

26 (3) the use of rigid and flexible endoscopes pursuant

1 to the provisions of Section 54.5(f) of the Medical
2 Practice Act of 1987.

3 (i) "Speech-language pathology assistant" means a person
4 who has received a license pursuant to this Act to assist a
5 speech-language pathologist in the manner provided in this Act.
6 (Source: P.A. 94-528, eff. 8-10-05; 95-465, eff. 8-27-07.)

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