



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB1052

by Rep. John E. Bradley

SYNOPSIS AS INTRODUCED:

See Index

Amends the Nurse Practice Act. Removes references to a written collaborative agreement throughout the Act. Provides that an advanced practice nurse's scope of practice includes collaboration and consultation with or referral to a physician or other appropriate health-care professional for patient care needs that exceed the APN's scope of practice, education, or experience. Provides that as part of the professional scope of advanced practice nursing, an advanced practice nurse possesses prescriptive authority appropriate to his or her specialty, scope of practice, education, and experience. Such prescriptive authority shall include the authority to prescribe, select, order, administer, store, accept samples of, and dispense over-the-counter medications, legend drugs, medical gases, certain controlled substances, and other preparations, including botanical and herbal remedies. Amends various other Acts to make related changes. Effective immediately.

LRB098 05035 MGM 35066 b

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Identification Card Act is amended
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois
9 Identification Card to any natural person who is a resident of
10 the State of Illinois who applies for such card, or renewal
11 thereof, or who applies for a standard Illinois Identification
12 Card upon release as a committed person on parole, mandatory
13 supervised release, final discharge, or pardon from the
14 Department of Corrections by submitting an identification card
15 issued by the Department of Corrections under Section 3-14-1 of
16 the Unified Code of Corrections, together with the prescribed
17 fees. No identification card shall be issued to any person who
18 holds a valid foreign state identification card, license, or
19 permit unless the person first surrenders to the Secretary of
20 State the valid foreign state identification card, license, or
21 permit. The card shall be prepared and supplied by the
22 Secretary of State and shall include a photograph and signature
23 or mark of the applicant. However, the Secretary of State may

1 provide by rule for the issuance of Illinois Identification
2 Cards without photographs if the applicant has a bona fide
3 religious objection to being photographed or to the display of
4 his or her photograph. The Illinois Identification Card may be
5 used for identification purposes in any lawful situation only
6 by the person to whom it was issued. As used in this Act,
7 "photograph" means any color photograph or digitally produced
8 and captured image of an applicant for an identification card.
9 As used in this Act, "signature" means the name of a person as
10 written by that person and captured in a manner acceptable to
11 the Secretary of State.

12 (a-5) If an applicant for an identification card has a
13 current driver's license or instruction permit issued by the
14 Secretary of State, the Secretary may require the applicant to
15 utilize the same residence address and name on the
16 identification card, driver's license, and instruction permit
17 records maintained by the Secretary. The Secretary may
18 promulgate rules to implement this provision.

19 (a-10) If the applicant is a judicial officer as defined in
20 Section 1-10 of the Judicial Privacy Act, the applicant may
21 elect to have his or her office or work address listed on the
22 card instead of the applicant's residence or mailing address.
23 The Secretary may promulgate rules to implement this provision.

24 (b) The Secretary of State shall issue a special Illinois
25 Identification Card, which shall be known as an Illinois Person
26 with a Disability Identification Card, to any natural person

1 who is a resident of the State of Illinois, who is a person
2 with a disability as defined in Section 4A of this Act, who
3 applies for such card, or renewal thereof. No Illinois Person
4 with a Disability Identification Card shall be issued to any
5 person who holds a valid foreign state identification card,
6 license, or permit unless the person first surrenders to the
7 Secretary of State the valid foreign state identification card,
8 license, or permit. The Secretary of State shall charge no fee
9 to issue such card. The card shall be prepared and supplied by
10 the Secretary of State, and shall include a photograph and
11 signature or mark of the applicant, a designation indicating
12 that the card is an Illinois Person with a Disability
13 Identification Card, and shall include a comprehensible
14 designation of the type and classification of the applicant's
15 disability as set out in Section 4A of this Act. However, the
16 Secretary of State may provide by rule for the issuance of
17 Illinois ~~Disabled~~ Person with a Disability Identification
18 Cards without photographs if the applicant has a bona fide
19 religious objection to being photographed or to the display of
20 his or her photograph. If the applicant so requests, the card
21 shall include a description of the applicant's disability and
22 any information about the applicant's disability or medical
23 history which the Secretary determines would be helpful to the
24 applicant in securing emergency medical care. If a mark is used
25 in lieu of a signature, such mark shall be affixed to the card
26 in the presence of two witnesses who attest to the authenticity

1 of the mark. The Illinois Person with a Disability
2 Identification Card may be used for identification purposes in
3 any lawful situation by the person to whom it was issued.

4 The Illinois Person with a Disability Identification Card
5 may be used as adequate documentation of disability in lieu of
6 a physician's determination of disability, a determination of
7 disability from a physician assistant who has been delegated
8 the authority to make this determination by his or her
9 supervising physician, a determination of disability from an
10 advanced practice nurse ~~who has a written collaborative~~
11 ~~agreement with a collaborating physician that authorizes the~~
12 ~~advanced practice nurse to make this determination,~~ or any
13 other documentation of disability whenever any State law
14 requires that a disabled person provide such documentation of
15 disability, however an Illinois Person with a Disability
16 Identification Card shall not qualify the cardholder to
17 participate in any program or to receive any benefit which is
18 not available to all persons with like disabilities.
19 Notwithstanding any other provisions of law, an Illinois Person
20 with a Disability Identification Card, or evidence that the
21 Secretary of State has issued an Illinois Person with a
22 Disability Identification Card, shall not be used by any person
23 other than the person named on such card to prove that the
24 person named on such card is a disabled person or for any other
25 purpose unless the card is used for the benefit of the person
26 named on such card, and the person named on such card consents

1 to such use at the time the card is so used.

2 An optometrist's determination of a visual disability
3 under Section 4A of this Act is acceptable as documentation for
4 the purpose of issuing an Illinois Person with a Disability
5 Identification Card.

6 When medical information is contained on an Illinois Person
7 with a Disability Identification Card, the Office of the
8 Secretary of State shall not be liable for any actions taken
9 based upon that medical information.

10 (c) The Secretary of State shall provide that each original
11 or renewal Illinois Identification Card or Illinois Person with
12 a Disability Identification Card issued to a person under the
13 age of 21~~7~~ shall be of a distinct nature from those Illinois
14 Identification Cards or Illinois Person with a Disability
15 Identification Cards issued to individuals 21 years of age or
16 older. The color designated for Illinois Identification Cards
17 or Illinois Person with a Disability Identification Cards for
18 persons under the age of 21 shall be at the discretion of the
19 Secretary of State.

20 (c-1) Each original or renewal Illinois Identification
21 Card or Illinois Person with a Disability Identification Card
22 issued to a person under the age of 21 shall display the date
23 upon which the person becomes 18 years of age and the date upon
24 which the person becomes 21 years of age.

25 (c-3) The General Assembly recognizes the need to identify
26 military veterans living in this State for the purpose of

1 ensuring that they receive all of the services and benefits to
2 which they are legally entitled, including healthcare,
3 education assistance, and job placement. To assist the State in
4 identifying these veterans and delivering these vital services
5 and benefits, the Secretary of State is authorized to issue
6 Illinois Identification Cards and Illinois ~~Disabled~~ Person
7 with a Disability Identification Cards with the word "veteran"
8 appearing on the face of the cards. This authorization is
9 predicated on the unique status of veterans. The Secretary may
10 not issue any other identification card which identifies an
11 occupation, status, affiliation, hobby, or other unique
12 characteristics of the identification card holder which is
13 unrelated to the purpose of the identification card.

14 (c-5) Beginning on or before July 1, 2015, the Secretary of
15 State shall designate a space on each original or renewal
16 identification card where, at the request of the applicant, the
17 word "veteran" shall be placed. The veteran designation shall
18 be available to a person identified as a veteran under
19 subsection (b) of Section 5 of this Act who was discharged or
20 separated under honorable conditions.

21 (d) The Secretary of State may issue a Senior Citizen
22 discount card, to any natural person who is a resident of the
23 State of Illinois who is 60 years of age or older and who
24 applies for such a card or renewal thereof. The Secretary of
25 State shall charge no fee to issue such card. The card shall be
26 issued in every county and applications shall be made available

1 at, but not limited to, nutrition sites, senior citizen centers
2 and Area Agencies on Aging. The applicant, upon receipt of such
3 card and prior to its use for any purpose, shall have affixed
4 thereon in the space provided therefor his signature or mark.

5 (e) The Secretary of State, in his or her discretion, may
6 designate on each Illinois Identification Card or Illinois
7 Person with a Disability Identification Card a space where the
8 card holder may place a sticker or decal, issued by the
9 Secretary of State, of uniform size as the Secretary may
10 specify, that shall indicate in appropriate language that the
11 card holder has renewed his or her Illinois Identification Card
12 or Illinois Person with a Disability Identification Card.

13 (Source: P.A. 96-146, eff. 1-1-10; 96-328, eff. 8-11-09;
14 96-1231, eff. 7-23-10; 97-371, eff. 1-1-12; 97-739, eff.
15 1-1-13; 97-847, eff. 1-1-13; 97-1064, eff. 1-1-13; revised
16 9-5-12.)

17 Section 10. The School Code is amended by changing Sections
18 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

19 (105 ILCS 5/22-30)

20 Sec. 22-30. Self-administration of medication and school
21 nurse administration.

22 (a) In this Section:

23 "Asthma inhaler" means a quick reliever asthma inhaler.

24 "Epinephrine auto-injector" means a medical device for

1 immediate self-administration by a person at risk of
2 anaphylaxis.

3 "Medication" means a medicine, prescribed by (i) a
4 physician licensed to practice medicine in all its branches,
5 (ii) a physician assistant who has been delegated the authority
6 to prescribe asthma medications by his or her supervising
7 physician, or (iii) an advanced practice ~~registered~~ nurse ~~who~~
8 ~~has a written collaborative agreement with a collaborating~~
9 ~~physician that delegates the authority to prescribe asthma~~
10 ~~medications,~~ for a pupil that pertains to the pupil's asthma
11 and that has an individual prescription label.

12 "Self-administration" means a pupil's discretionary use of
13 and ability to carry his or her prescribed asthma medication.

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

17 (1) the parents or guardians of the pupil provide to
18 the school (i) written authorization from the parents or
19 guardians for the self-administration of medication or
20 (ii) for use of an epinephrine auto-injector, written
21 authorization from the pupil's physician, physician
22 assistant, or advanced practice registered nurse; and

23 (2) the parents or guardians of the pupil provide to
24 the school (i) the prescription label, which must contain
25 the name of the medication, the prescribed dosage, and the
26 time at which or circumstances under which the medication

1 is to be administered, or (ii) for use of an epinephrine
2 auto-injector, a written statement from the pupil's
3 physician, physician assistant, or advanced practice
4 registered nurse containing the following information:

5 (A) the name and purpose of the epinephrine
6 auto-injector;

7 (B) the prescribed dosage; and

8 (C) the time or times at which or the special
9 circumstances under which the epinephrine
10 auto-injector is to be administered.

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

14 (b-5) A school district or nonpublic school may authorize
15 the provision of an epinephrine auto-injector to a student or
16 any personnel authorized under a student's Individual Health
17 Care Action Plan, Illinois Food Allergy Emergency Action Plan
18 and Treatment Authorization Form, or plan pursuant to Section
19 504 of the federal Rehabilitation Act of 1973 to administer an
20 epinephrine auto-injector to the student, that meets the
21 prescription on file.

22 (b-10) The school district or nonpublic school may
23 authorize a school nurse do the following: (i) provide an
24 epinephrine auto-injector to a student or any personnel
25 authorized under a student's Individual Health Care Action
26 Plan, Illinois Food Allergy Emergency Action Plan and Treatment

1 Authorization Form, or plan pursuant to Section 504 of the
2 federal Rehabilitation Act of 1973 to administer an epinephrine
3 auto-injector to the student, that meets the prescription on
4 file; (ii) administer an epinephrine auto-injector that meets
5 the prescription on file to any student who has an Individual
6 Health Care Action Plan, Illinois Food Allergy Emergency Action
7 Plan and Treatment Authorization Form, or plan pursuant to
8 Section 504 of the federal Rehabilitation Act of 1973 that
9 authorizes the use of an Epinephrine auto-injector; and (iii)
10 administer an epinephrine auto-injector to any student that the
11 school nurse in good faith professionally believes is having an
12 anaphylactic reaction.

13 (c) The school district or nonpublic school must inform the
14 parents or guardians of the pupil, in writing, that the school
15 district or nonpublic school and its employees and agents,
16 including a physician providing standing protocol or
17 prescription for school epinephrine auto-injectors, are to
18 incur no liability, except for willful and wanton conduct, as a
19 result of any injury arising from the self-administration of
20 medication or use of an epinephrine auto-injector regardless of
21 whether authorization was given by the pupil's parents or
22 guardians or by the pupil's physician, physician's assistant,
23 or advanced practice registered nurse. The parents or guardians
24 of the pupil must sign a statement acknowledging that the
25 school district or nonpublic school and its employees and
26 agents are to incur no liability, except for willful and wanton

1 conduct, as a result of any injury arising from the
2 self-administration of medication or use of an epinephrine
3 auto-injector regardless of whether authorization was given by
4 the pupil's parents or guardians or by the pupil's physician,
5 physician's assistant, or advanced practice registered nurse
6 and that the parents or guardians must indemnify and hold
7 harmless the school district or nonpublic school and its
8 employees and agents against any claims, except a claim based
9 on willful and wanton conduct, arising out of the
10 self-administration of medication or use of an epinephrine
11 auto-injector regardless of whether authorization was given by
12 the pupil's parents or guardians or by the pupil's physician,
13 physician's assistant, or advanced practice registered nurse.
14 When a school nurse administers an epinephrine auto-injector to
15 a student whom the school nurse in good faith professionally
16 believes is having an anaphylactic reaction, notwithstanding
17 the lack of notice to the parents or guardians of the pupil or
18 the absence of the parents or guardians signed statement
19 acknowledging no liability, except for willful and wanton
20 conduct, the school district or nonpublic school and its
21 employees and agents, including a physician providing standing
22 protocol or prescription for school epinephrine
23 auto-injectors, are to incur no liability, except for willful
24 and wanton conduct, as a result of any injury arising from the
25 use of an epinephrine auto-injector regardless of whether
26 authorization was given by the pupil's parents or guardians or

1 by the pupil's physician, physician's assistant, or advanced
2 practice registered nurse.

3 (d) The permission for self-administration of medication
4 or use of an epinephrine auto-injector is effective for the
5 school year for which it is granted and shall be renewed each
6 subsequent school year upon fulfillment of the requirements of
7 this Section.

8 (e) Provided that the requirements of this Section are
9 fulfilled, a pupil with asthma may possess and use his or her
10 medication or a pupil may possess and use an epinephrine
11 auto-injector (i) while in school, (ii) while at a
12 school-sponsored activity, (iii) while under the supervision
13 of school personnel, or (iv) before or after normal school
14 activities, such as while in before-school or after-school care
15 on school-operated property.

16 (f) The school district or nonpublic school may maintain at
17 a school in a locked, secure location a supply of epinephrine
18 auto-injectors. A physician may prescribe epinephrine
19 auto-injectors in the name of the school district or nonpublic
20 school to be maintained for use when necessary. The school
21 district or nonpublic school supply of epinephrine
22 auto-injectors may be provided to and utilized by any student
23 authorized to self-administer that meets the prescription on
24 file or by any personnel authorized under a student's
25 Individual Health Care Action Plan, Illinois Food Allergy
26 Emergency Action Plan and Treatment Authorization Form, or plan

1 pursuant to Section 504 of the federal Rehabilitation Act of
2 1973 to administer an epinephrine auto-injector to the student,
3 that meets the prescription on file. When a student does not
4 have an epinephrine auto-injector or a prescription for an
5 epinephrine auto-injector on file, the school nurse may utilize
6 the school district or nonpublic school supply of epinephrine
7 auto-injectors to respond to anaphylactic reaction, under a
8 standing protocol from a physician licensed to practice
9 medicine in all its branches and the requirements of this
10 Section.

11 (Source: P.A. 96-1460, eff. 8-20-10; 97-361, eff. 8-15-11.)

12 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

13 Sec. 24-5. Physical fitness and professional growth.

14 School boards shall require of new employees evidence of
15 physical fitness to perform duties assigned and freedom from
16 communicable disease, including tuberculosis. Such evidence
17 shall consist of a physical examination and a tuberculin skin
18 test and, if appropriate, an x-ray, made by a physician
19 licensed in Illinois or any other state to practice medicine
20 and surgery in all its branches, an advanced practice nurse ~~who~~
21 ~~has a written collaborative agreement with a collaborating~~
22 ~~physician that authorizes the advanced practice nurse to~~
23 ~~perform health examinations~~, or a physician assistant who has
24 been delegated the authority to perform health examinations by
25 his or her supervising physician not more than 90 days

1 preceding time of presentation to the board and cost of such
2 examination shall rest with the employee. The board may from
3 time to time require an examination of any employee by a
4 physician licensed in Illinois to practice medicine and surgery
5 in all its branches, an advanced practice nurse ~~who has a~~
6 ~~written collaborative agreement with a collaborating physician~~
7 ~~that authorizes the advanced practice nurse to perform health~~
8 ~~examinations~~, or a physician assistant who has been delegated
9 the authority to perform health examinations by his or her
10 supervising physician and shall pay the expenses thereof from
11 school funds. School boards may require teachers in their
12 employ to furnish from time to time evidence of continued
13 professional growth.

14 (Source: P.A. 94-350, eff. 7-28-05.)

15 (105 ILCS 5/24-6)

16 Sec. 24-6. Sick leave. The school boards of all school
17 districts, including special charter districts, but not
18 including school districts in municipalities of 500,000 or
19 more, shall grant their full-time teachers, and also shall
20 grant such of their other employees as are eligible to
21 participate in the Illinois Municipal Retirement Fund under the
22 "600-Hour Standard" established, or under such other
23 eligibility participation standard as may from time to time be
24 established, by rules and regulations now or hereafter
25 promulgated by the Board of that Fund under Section 7-198 of

1 the Illinois Pension Code, as now or hereafter amended, sick
2 leave provisions not less in amount than 10 days at full pay in
3 each school year. If any such teacher or employee does not use
4 the full amount of annual leave thus allowed, the unused amount
5 shall be allowed to accumulate to a minimum available leave of
6 180 days at full pay, including the leave of the current year.
7 Sick leave shall be interpreted to mean personal illness,
8 quarantine at home, serious illness or death in the immediate
9 family or household, or birth, adoption, or placement for
10 adoption. The school board may require a certificate from a
11 physician licensed in Illinois to practice medicine and surgery
12 in all its branches, a chiropractic physician licensed under
13 the Medical Practice Act of 1987, an advanced practice nurse
14 ~~who has a written collaborative agreement with a collaborating~~
15 ~~physician that authorizes the advanced practice nurse to~~
16 ~~perform health examinations,~~ a physician assistant who has been
17 delegated the authority to perform health examinations by his
18 or her supervising physician, or, if the treatment is by prayer
19 or spiritual means, a spiritual adviser or practitioner of the
20 teacher's or employee's faith as a basis for pay during leave
21 after an absence of 3 days for personal illness or 30 days for
22 birth or as the school board may deem necessary in other cases.
23 If the school board does require a certificate as a basis for
24 pay during leave of less than 3 days for personal illness, the
25 school board shall pay, from school funds, the expenses
26 incurred by the teachers or other employees in obtaining the

1 certificate. For paid leave for adoption or placement for
2 adoption, the school board may require that the teacher or
3 other employee provide evidence that the formal adoption
4 process is underway, and such leave is limited to 30 days
5 unless a longer leave has been negotiated with the exclusive
6 bargaining representative.

7 If, by reason of any change in the boundaries of school
8 districts, or by reason of the creation of a new school
9 district, the employment of a teacher is transferred to a new
10 or different board, the accumulated sick leave of such teacher
11 is not thereby lost, but is transferred to such new or
12 different district.

13 For purposes of this Section, "immediate family" shall
14 include parents, spouse, brothers, sisters, children,
15 grandparents, grandchildren, parents-in-law, brothers-in-law,
16 sisters-in-law, and legal guardians.

17 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
18 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

19 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

20 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
21 custody or control of any child between the ages of 7 and 17
22 years (unless the child has already graduated from high school)
23 shall cause such child to attend some public school in the
24 district wherein the child resides the entire time it is in
25 session during the regular school term, except as provided in

1 Section 10-19.1, and during a required summer school program
2 established under Section 10-22.33B; provided, that the
3 following children shall not be required to attend the public
4 schools:

5 1. Any child attending a private or a parochial school
6 where children are taught the branches of education taught
7 to children of corresponding age and grade in the public
8 schools, and where the instruction of the child in the
9 branches of education is in the English language;

10 2. Any child who is physically or mentally unable to
11 attend school, such disability being certified to the
12 county or district truant officer by a competent physician
13 licensed in Illinois to practice medicine and surgery in
14 all its branches, a chiropractic physician licensed under
15 the Medical Practice Act of 1987, an advanced practice
16 nurse ~~who has a written collaborative agreement with a~~
17 ~~collaborating physician that authorizes the advanced~~
18 ~~practice nurse to perform health examinations~~, a physician
19 assistant who has been delegated the authority to perform
20 health examinations by his or her supervising physician, or
21 a Christian Science practitioner residing in this State and
22 listed in the Christian Science Journal; or who is excused
23 for temporary absence for cause by the principal or teacher
24 of the school which the child attends; the exemptions in
25 this paragraph (2) do not apply to any female who is
26 pregnant or the mother of one or more children, except

1 where a female is unable to attend school due to a
2 complication arising from her pregnancy and the existence
3 of such complication is certified to the county or district
4 truant officer by a competent physician;

5 3. Any child necessarily and lawfully employed
6 according to the provisions of the law regulating child
7 labor may be excused from attendance at school by the
8 county superintendent of schools or the superintendent of
9 the public school which the child should be attending, on
10 certification of the facts by and the recommendation of the
11 school board of the public school district in which the
12 child resides. In districts having part time continuation
13 schools, children so excused shall attend such schools at
14 least 8 hours each week;

15 4. Any child over 12 and under 14 years of age while in
16 attendance at confirmation classes;

17 5. Any child absent from a public school on a
18 particular day or days or at a particular time of day for
19 the reason that he is unable to attend classes or to
20 participate in any examination, study or work requirements
21 on a particular day or days or at a particular time of day,
22 because the tenets of his religion forbid secular activity
23 on a particular day or days or at a particular time of day.
24 Each school board shall prescribe rules and regulations
25 relative to absences for religious holidays including, but
26 not limited to, a list of religious holidays on which it

1 shall be mandatory to excuse a child; but nothing in this
2 paragraph 5 shall be construed to limit the right of any
3 school board, at its discretion, to excuse an absence on
4 any other day by reason of the observance of a religious
5 holiday. A school board may require the parent or guardian
6 of a child who is to be excused from attending school due
7 to the observance of a religious holiday to give notice,
8 not exceeding 5 days, of the child's absence to the school
9 principal or other school personnel. Any child excused from
10 attending school under this paragraph 5 shall not be
11 required to submit a written excuse for such absence after
12 returning to school; and

13 6. Any child 16 years of age or older who (i) submits
14 to a school district evidence of necessary and lawful
15 employment pursuant to paragraph 3 of this Section and (ii)
16 is enrolled in a graduation incentives program pursuant to
17 Section 26-16 of this Code or an alternative learning
18 opportunities program established pursuant to Article 13B
19 of this Code.

20 (Source: P.A. 96-367, eff. 8-13-09.)

21 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

22 Sec. 27-8.1. Health examinations and immunizations.

23 (1) In compliance with rules and regulations which the
24 Department of Public Health shall promulgate, and except as
25 hereinafter provided, all children in Illinois shall have a

1 health examination as follows: within one year prior to
2 entering kindergarten or the first grade of any public,
3 private, or parochial elementary school; upon entering the
4 sixth and ninth grades of any public, private, or parochial
5 school; prior to entrance into any public, private, or
6 parochial nursery school; and, irrespective of grade,
7 immediately prior to or upon entrance into any public, private,
8 or parochial school or nursery school, each child shall present
9 proof of having been examined in accordance with this Section
10 and the rules and regulations promulgated hereunder. Any child
11 who received a health examination within one year prior to
12 entering the fifth grade for the 2007-2008 school year is not
13 required to receive an additional health examination in order
14 to comply with the provisions of Public Act 95-422 when he or
15 she attends school for the 2008-2009 school year, unless the
16 child is attending school for the first time as provided in
17 this paragraph.

18 A tuberculosis skin test screening shall be included as a
19 required part of each health examination included under this
20 Section if the child resides in an area designated by the
21 Department of Public Health as having a high incidence of
22 tuberculosis. Additional health examinations of pupils,
23 including eye examinations, may be required when deemed
24 necessary by school authorities. Parents are encouraged to have
25 their children undergo eye examinations at the same points in
26 time required for health examinations.

1 (1.5) In compliance with rules adopted by the Department of
2 Public Health and except as otherwise provided in this Section,
3 all children in kindergarten and the second and sixth grades of
4 any public, private, or parochial school shall have a dental
5 examination. Each of these children shall present proof of
6 having been examined by a dentist in accordance with this
7 Section and rules adopted under this Section before May 15th of
8 the school year. If a child in the second or sixth grade fails
9 to present proof by May 15th, the school may hold the child's
10 report card until one of the following occurs: (i) the child
11 presents proof of a completed dental examination or (ii) the
12 child presents proof that a dental examination will take place
13 within 60 days after May 15th. The Department of Public Health
14 shall establish, by rule, a waiver for children who show an
15 undue burden or a lack of access to a dentist. Each public,
16 private, and parochial school must give notice of this dental
17 examination requirement to the parents and guardians of
18 students at least 60 days before May 15th of each school year.

19 (1.10) Except as otherwise provided in this Section, all
20 children enrolling in kindergarten in a public, private, or
21 parochial school on or after the effective date of this
22 amendatory Act of the 95th General Assembly and any student
23 enrolling for the first time in a public, private, or parochial
24 school on or after the effective date of this amendatory Act of
25 the 95th General Assembly shall have an eye examination. Each
26 of these children shall present proof of having been examined

1 by a physician licensed to practice medicine in all of its
2 branches or a licensed optometrist within the previous year, in
3 accordance with this Section and rules adopted under this
4 Section, before October 15th of the school year. If the child
5 fails to present proof by October 15th, the school may hold the
6 child's report card until one of the following occurs: (i) the
7 child presents proof of a completed eye examination or (ii) the
8 child presents proof that an eye examination will take place
9 within 60 days after October 15th. The Department of Public
10 Health shall establish, by rule, a waiver for children who show
11 an undue burden or a lack of access to a physician licensed to
12 practice medicine in all of its branches who provides eye
13 examinations or to a licensed optometrist. Each public,
14 private, and parochial school must give notice of this eye
15 examination requirement to the parents and guardians of
16 students in compliance with rules of the Department of Public
17 Health. Nothing in this Section shall be construed to allow a
18 school to exclude a child from attending because of a parent's
19 or guardian's failure to obtain an eye examination for the
20 child.

21 (2) The Department of Public Health shall promulgate rules
22 and regulations specifying the examinations and procedures
23 that constitute a health examination, which shall include the
24 collection of data relating to obesity (including at a minimum,
25 date of birth, gender, height, weight, blood pressure, and date
26 of exam), and a dental examination and may recommend by rule

1 that certain additional examinations be performed. The rules
2 and regulations of the Department of Public Health shall
3 specify that a tuberculosis skin test screening shall be
4 included as a required part of each health examination included
5 under this Section if the child resides in an area designated
6 by the Department of Public Health as having a high incidence
7 of tuberculosis. The Department of Public Health shall specify
8 that a diabetes screening as defined by rule shall be included
9 as a required part of each health examination. Diabetes testing
10 is not required.

11 Physicians licensed to practice medicine in all of its
12 branches, advanced practice nurses who have a written
13 collaborative agreement with a collaborating physician which
14 authorizes them to perform health examinations, or physician
15 assistants ~~who have been delegated the performance of health~~
16 ~~examinations by their supervising physician shall be~~
17 ~~responsible for the performance of the health examinations,~~
18 other than dental examinations, eye examinations, and vision
19 and hearing screening, and shall sign all report forms required
20 by subsection (4) of this Section that pertain to those
21 portions of the health examination for which the physician,
22 advanced practice nurse, or physician assistant is
23 responsible. If a registered nurse performs any part of a
24 health examination, then a physician licensed to practice
25 medicine in all of its branches must review and sign all
26 required report forms. Licensed dentists shall perform all

1 dental examinations and shall sign all report forms required by
2 subsection (4) of this Section that pertain to the dental
3 examinations. Physicians licensed to practice medicine in all
4 its branches or licensed optometrists shall perform all eye
5 examinations required by this Section and shall sign all report
6 forms required by subsection (4) of this Section that pertain
7 to the eye examination. For purposes of this Section, an eye
8 examination shall at a minimum include history, visual acuity,
9 subjective refraction to best visual acuity near and far,
10 internal and external examination, and a glaucoma evaluation,
11 as well as any other tests or observations that in the
12 professional judgment of the doctor are necessary. Vision and
13 hearing screening tests, which shall not be considered
14 examinations as that term is used in this Section, shall be
15 conducted in accordance with rules and regulations of the
16 Department of Public Health, and by individuals whom the
17 Department of Public Health has certified. In these rules and
18 regulations, the Department of Public Health shall require that
19 individuals conducting vision screening tests give a child's
20 parent or guardian written notification, before the vision
21 screening is conducted, that states, "Vision screening is not a
22 substitute for a complete eye and vision evaluation by an eye
23 doctor. Your child is not required to undergo this vision
24 screening if an optometrist or ophthalmologist has completed
25 and signed a report form indicating that an examination has
26 been administered within the previous 12 months."

1 (3) Every child shall, at or about the same time as he or
2 she receives a health examination required by subsection (1) of
3 this Section, present to the local school proof of having
4 received such immunizations against preventable communicable
5 diseases as the Department of Public Health shall require by
6 rules and regulations promulgated pursuant to this Section and
7 the Communicable Disease Prevention Act.

8 (4) The individuals conducting the health examination,
9 dental examination, or eye examination shall record the fact of
10 having conducted the examination, and such additional
11 information as required, including for a health examination
12 data relating to obesity (including at a minimum, date of
13 birth, gender, height, weight, blood pressure, and date of
14 exam), on uniform forms which the Department of Public Health
15 and the State Board of Education shall prescribe for statewide
16 use. The examiner shall summarize on the report form any
17 condition that he or she suspects indicates a need for special
18 services, including for a health examination factors relating
19 to obesity. The individuals confirming the administration of
20 required immunizations shall record as indicated on the form
21 that the immunizations were administered.

22 (5) If a child does not submit proof of having had either
23 the health examination or the immunization as required, then
24 the child shall be examined or receive the immunization, as the
25 case may be, and present proof by October 15 of the current
26 school year, or by an earlier date of the current school year

1 established by a school district. To establish a date before
2 October 15 of the current school year for the health
3 examination or immunization as required, a school district must
4 give notice of the requirements of this Section 60 days prior
5 to the earlier established date. If for medical reasons one or
6 more of the required immunizations must be given after October
7 15 of the current school year, or after an earlier established
8 date of the current school year, then the child shall present,
9 by October 15, or by the earlier established date, a schedule
10 for the administration of the immunizations and a statement of
11 the medical reasons causing the delay, both the schedule and
12 the statement being issued by the physician, advanced practice
13 nurse, physician assistant, registered nurse, or local health
14 department that will be responsible for administration of the
15 remaining required immunizations. If a child does not comply by
16 October 15, or by the earlier established date of the current
17 school year, with the requirements of this subsection, then the
18 local school authority shall exclude that child from school
19 until such time as the child presents proof of having had the
20 health examination as required and presents proof of having
21 received those required immunizations which are medically
22 possible to receive immediately. During a child's exclusion
23 from school for noncompliance with this subsection, the child's
24 parents or legal guardian shall be considered in violation of
25 Section 26-1 and subject to any penalty imposed by Section
26 26-10. This subsection (5) does not apply to dental

1 examinations and eye examinations. Until June 30, 2015, if the
2 student is an out-of-state transfer student and does not have
3 the proof required under this subsection (5) before October 15
4 of the current year or whatever date is set by the school
5 district, then he or she may only attend classes (i) if he or
6 she has proof that an appointment for the required vaccinations
7 has been scheduled with a party authorized to submit proof of
8 the required vaccinations. If the proof of vaccination required
9 under this subsection (5) is not submitted within 30 days after
10 the student is permitted to attend classes, then the student is
11 not to be permitted to attend classes until proof of the
12 vaccinations has been properly submitted. No school district or
13 employee of a school district shall be held liable for any
14 injury or illness to another person that results from admitting
15 an out-of-state transfer student to class that has an
16 appointment scheduled pursuant to this subsection (5).

17 (6) Every school shall report to the State Board of
18 Education by November 15, in the manner which that agency shall
19 require, the number of children who have received the necessary
20 immunizations and the health examination (other than a dental
21 examination or eye examination) as required, indicating, of
22 those who have not received the immunizations and examination
23 as required, the number of children who are exempt from health
24 examination and immunization requirements on religious or
25 medical grounds as provided in subsection (8). On or before
26 December 1 of each year, every public school district and

1 registered nonpublic school shall make publicly available the
2 immunization data they are required to submit to the State
3 Board of Education by November 15. The immunization data made
4 publicly available must be identical to the data the school
5 district or school has reported to the State Board of
6 Education.

7 Every school shall report to the State Board of Education
8 by June 30, in the manner that the State Board requires, the
9 number of children who have received the required dental
10 examination, indicating, of those who have not received the
11 required dental examination, the number of children who are
12 exempt from the dental examination on religious grounds as
13 provided in subsection (8) of this Section and the number of
14 children who have received a waiver under subsection (1.5) of
15 this Section.

16 Every school shall report to the State Board of Education
17 by June 30, in the manner that the State Board requires, the
18 number of children who have received the required eye
19 examination, indicating, of those who have not received the
20 required eye examination, the number of children who are exempt
21 from the eye examination as provided in subsection (8) of this
22 Section, the number of children who have received a waiver
23 under subsection (1.10) of this Section, and the total number
24 of children in noncompliance with the eye examination
25 requirement.

26 The reported information under this subsection (6) shall be

1 provided to the Department of Public Health by the State Board
2 of Education.

3 (7) Upon determining that the number of pupils who are
4 required to be in compliance with subsection (5) of this
5 Section is below 90% of the number of pupils enrolled in the
6 school district, 10% of each State aid payment made pursuant to
7 Section 18-8.05 to the school district for such year may be
8 withheld by the State Board of Education until the number of
9 students in compliance with subsection (5) is the applicable
10 specified percentage or higher.

11 (8) Parents or legal guardians who object to health,
12 dental, or eye examinations or any part thereof, or to
13 immunizations, on religious grounds shall not be required to
14 submit their children or wards to the examinations or
15 immunizations to which they so object if such parents or legal
16 guardians present to the appropriate local school authority a
17 signed statement of objection, detailing the grounds for the
18 objection. If the physical condition of the child is such that
19 any one or more of the immunizing agents should not be
20 administered, the examining physician, advanced practice
21 nurse, or physician assistant responsible for the performance
22 of the health examination shall endorse that fact upon the
23 health examination form. Exempting a child from the health,
24 dental, or eye examination does not exempt the child from
25 participation in the program of physical education training
26 provided in Sections 27-5 through 27-7 of this Code.

1 (9) For the purposes of this Section, "nursery schools"
2 means those nursery schools operated by elementary school
3 systems or secondary level school units or institutions of
4 higher learning.

5 (Source: P.A. 96-953, eff. 6-28-10; 97-216, eff. 1-1-12;
6 97-910, eff. 1-1-13.)

7 Section 15. The Ambulatory Surgical Treatment Center Act is
8 amended by changing Section 6.5 as follows:

9 (210 ILCS 5/6.5)

10 Sec. 6.5. Clinical privileges; advanced practice nurses.
11 All ambulatory surgical treatment centers (ASTC) licensed
12 under this Act shall comply with the following requirements:

13 (1) No ASTC policy, rule, regulation, or practice shall be
14 inconsistent with the provision of adequate collaboration and
15 consultation in accordance with Section 54.5 of the Medical
16 Practice Act of 1987.

17 (2) Operative surgical procedures shall be performed only
18 by a physician licensed to practice medicine in all its
19 branches under the Medical Practice Act of 1987, a dentist
20 licensed under the Illinois Dental Practice Act, or a
21 podiatrist licensed under the Podiatric Medical Practice Act of
22 1987, with medical staff membership and surgical clinical
23 privileges granted by the consulting committee of the ASTC. A
24 licensed physician, dentist, or podiatrist may be assisted by a

1 physician licensed to practice medicine in all its branches,
2 dentist, dental assistant, podiatrist, licensed advanced
3 practice nurse, licensed physician assistant, licensed
4 registered nurse, licensed practical nurse, surgical
5 assistant, surgical technician, or other individuals granted
6 clinical privileges to assist in surgery by the consulting
7 committee of the ASTC. Payment for services rendered by an
8 assistant in surgery who is not an ambulatory surgical
9 treatment center employee shall be paid at the appropriate
10 non-physician modifier rate if the payor would have made
11 payment had the same services been provided by a physician.

12 (2.5) A registered nurse licensed under the Nurse Practice
13 Act and qualified by training and experience in operating room
14 nursing shall be present in the operating room and function as
15 the circulating nurse during all invasive or operative
16 procedures. For purposes of this paragraph (2.5), "circulating
17 nurse" means a registered nurse who is responsible for
18 coordinating all nursing care, patient safety needs, and the
19 needs of the surgical team in the operating room during an
20 invasive or operative procedure.

21 ~~(3) An advanced practice nurse is not required to possess~~
22 ~~prescriptive authority or a written collaborative agreement~~
23 ~~meeting the requirements of the Nurse Practice Act to provide~~
24 ~~advanced practice nursing services in an ambulatory surgical~~
25 ~~treatment center.~~ An advanced practice nurse must possess
26 clinical privileges granted by the consulting medical staff

1 committee and ambulatory surgical treatment center in order to
2 provide services. Individual advanced practice nurses may also
3 be granted clinical privileges to order, select, and administer
4 medications, including controlled substances, to provide
5 delineated care. The attending physician must determine the
6 advance practice nurse's role in providing care for his or her
7 patients, except as otherwise provided in the consulting staff
8 policies. The consulting medical staff committee shall
9 periodically review the services of advanced practice nurses
10 granted privileges.

11 (4) The anesthesia service shall be under the direction of
12 a physician licensed to practice medicine in all its branches
13 who has had specialized preparation or experience in the area
14 or who has completed a residency in anesthesiology. An
15 anesthesiologist, Board certified or Board eligible, is
16 recommended. Anesthesia services may only be administered
17 pursuant to the order of a physician licensed to practice
18 medicine in all its branches, licensed dentist, or licensed
19 podiatrist.

20 (A) The individuals who, with clinical privileges
21 granted by the medical staff and ASTC, may administer
22 anesthesia services are limited to the following:

- 23 (i) an anesthesiologist; or
24 (ii) a physician licensed to practice medicine in
25 all its branches; or
26 (iii) a dentist with authority to administer

1 anesthesia under Section 8.1 of the Illinois Dental
2 Practice Act; or

3 (iv) a licensed certified registered nurse
4 anesthetist; or

5 (v) a podiatrist licensed under the Podiatric
6 Medical Practice Act of 1987.

7 (B) (Blank). ~~For anesthesia services, an~~
8 ~~anesthesiologist shall participate through discussion of~~
9 ~~and agreement with the anesthesia plan and shall remain~~
10 ~~physically present and be available on the premises during~~
11 ~~the delivery of anesthesia services for diagnosis,~~
12 ~~consultation, and treatment of emergency medical~~
13 ~~conditions. In the absence of 24-hour availability of~~
14 ~~anesthesiologists with clinical privileges, an alternate~~
15 ~~policy (requiring participation, presence, and~~
16 ~~availability of a physician licensed to practice medicine~~
17 ~~in all its branches) shall be developed by the medical~~
18 ~~staff consulting committee in consultation with the~~
19 ~~anesthesia service and included in the medical staff~~
20 ~~consulting committee policies.~~

21 (C) ~~A certified registered nurse anesthetist is not~~
22 ~~required to possess prescriptive authority or a written~~
23 ~~collaborative agreement meeting the requirements of~~
24 ~~Section 65-35 of the Nurse Practice Act to provide~~
25 ~~anesthesia services ordered by a licensed physician,~~
26 ~~dentist, or podiatrist. Licensed certified registered~~

1 nurse anesthetists are authorized to select, order, and
2 administer drugs and apply ~~the~~ appropriate medical devices
3 in the provision of anesthesia services. ~~under the~~
4 ~~anesthesia plan agreed with by the anesthesiologist or, in~~
5 ~~the absence of an available anesthesiologist with clinical~~
6 ~~privileges, agreed with by the operating physician,~~
7 ~~operating dentist, or operating podiatrist in accordance~~
8 ~~with the medical staff consulting committee policies of a~~
9 ~~licensed ambulatory surgical treatment center.~~

10 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
11 95-911, eff. 8-26-08.)

12 Section 20. The Illinois Clinical Laboratory and Blood Bank
13 Act is amended by changing Section 7-101 as follows:

14 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

15 Sec. 7-101. Examination of specimens. A clinical
16 laboratory shall examine specimens only at the request of (i) a
17 licensed physician, (ii) a licensed dentist, (iii) a licensed
18 podiatrist, (iv) a therapeutic optometrist for diagnostic or
19 therapeutic purposes related to the use of diagnostic topical
20 or therapeutic ocular pharmaceutical agents, as defined in
21 subsections (c) and (d) of Section 15.1 of the Illinois
22 Optometric Practice Act of 1987, (v) a licensed physician
23 assistant in accordance with the written guidelines required
24 under subdivision (3) of Section 4 and under Section 7.5 of the

1 Physician Assistant Practice Act of 1987, (v-A) an advanced
2 practice nurse ~~in accordance with the written collaborative~~
3 ~~agreement required under Section 65-35 of the Nurse Practice~~
4 ~~Act~~, (vi) an authorized law enforcement agency or, in the case
5 of blood alcohol, at the request of the individual for whom the
6 test is to be performed in compliance with Sections 11-501 and
7 11-501.1 of the Illinois Vehicle Code, or (vii) a genetic
8 counselor with the specific authority from a referral to order
9 a test or tests pursuant to subsection (b) of Section 20 of the
10 Genetic Counselor Licensing Act. If the request to a laboratory
11 is oral, the physician or other authorized person shall submit
12 a written request to the laboratory within 48 hours. If the
13 laboratory does not receive the written request within that
14 period, it shall note that fact in its records. For purposes of
15 this Section, a request made by electronic mail or fax
16 constitutes a written request.

17 (Source: P.A. 96-1313, eff. 7-27-10; 97-333, eff. 8-12-11.)

18 Section 25. The Hospital Licensing Act is amended by
19 changing Section 10.7 as follows:

20 (210 ILCS 85/10.7)

21 Sec. 10.7. Clinical privileges; advanced practice nurses.
22 All hospitals licensed under this Act shall comply with the
23 following requirements:

24 (1) No hospital policy, rule, regulation, or practice shall

1 be inconsistent with the provision of adequate collaboration
2 and consultation in accordance with Section 54.5 of the Medical
3 Practice Act of 1987.

4 (2) Operative surgical procedures shall be performed only
5 by a physician licensed to practice medicine in all its
6 branches under the Medical Practice Act of 1987, a dentist
7 licensed under the Illinois Dental Practice Act, or a
8 podiatrist licensed under the Podiatric Medical Practice Act of
9 1987, with medical staff membership and surgical clinical
10 privileges granted at the hospital. A licensed physician,
11 dentist, or podiatrist may be assisted by a physician licensed
12 to practice medicine in all its branches, dentist, dental
13 assistant, podiatrist, licensed advanced practice nurse,
14 licensed physician assistant, licensed registered nurse,
15 licensed practical nurse, surgical assistant, surgical
16 technician, or other individuals granted clinical privileges
17 to assist in surgery at the hospital. Payment for services
18 rendered by an assistant in surgery who is not a hospital
19 employee shall be paid at the appropriate non-physician
20 modifier rate if the payor would have made payment had the same
21 services been provided by a physician.

22 (2.5) A registered nurse licensed under the Nurse Practice
23 Act and qualified by training and experience in operating room
24 nursing shall be present in the operating room and function as
25 the circulating nurse during all invasive or operative
26 procedures. For purposes of this paragraph (2.5), "circulating

1 nurse" means a registered nurse who is responsible for
2 coordinating all nursing care, patient safety needs, and the
3 needs of the surgical team in the operating room during an
4 invasive or operative procedure.

5 (3) ~~An advanced practice nurse is not required to possess~~
6 ~~prescriptive authority or a written collaborative agreement~~
7 ~~meeting the requirements of the Nurse Practice Act to provide~~
8 ~~advanced practice nursing services in a hospital.~~ An advanced
9 practice nurse must possess clinical privileges recommended by
10 the medical staff and granted by the hospital in order to
11 provide services. Individual advanced practice nurses may also
12 be granted clinical privileges to order, select, and administer
13 medications, including controlled substances, to provide
14 delineated care. ~~The attending physician must determine the~~
15 ~~advance practice nurse's role in providing care for his or her~~
16 ~~patients, except as otherwise provided in medical staff bylaws.~~
17 The medical staff shall periodically review the services of
18 advanced practice nurses granted privileges. This review shall
19 be conducted in accordance with item (2) of subsection (a) of
20 Section 10.8 of this Act for advanced practice nurses employed
21 by the hospital.

22 (4) The anesthesia service shall be under the direction of
23 a physician licensed to practice medicine in all its branches
24 who has had specialized preparation or experience in the area
25 or who has completed a residency in anesthesiology. An
26 anesthesiologist, Board certified or Board eligible, is

1 recommended. Anesthesia services may only be administered
2 pursuant to the order of a physician licensed to practice
3 medicine in all its branches, licensed dentist, or licensed
4 podiatrist.

5 (A) The individuals who, with clinical privileges
6 granted at the hospital, may administer anesthesia
7 services are limited to the following:

8 (i) an anesthesiologist; or

9 (ii) a physician licensed to practice medicine in
10 all its branches; or

11 (iii) a dentist with authority to administer
12 anesthesia under Section 8.1 of the Illinois Dental
13 Practice Act; or

14 (iv) a licensed certified registered nurse
15 anesthetist; or

16 (v) a podiatrist licensed under the Podiatric
17 Medical Practice Act of 1987.

18 (B) (Blank). ~~For anesthesia services, an~~
19 ~~anesthesiologist shall participate through discussion of~~
20 ~~and agreement with the anesthesia plan and shall remain~~
21 ~~physically present and be available on the premises during~~
22 ~~the delivery of anesthesia services for diagnosis,~~
23 ~~consultation, and treatment of emergency medical~~
24 ~~conditions. In the absence of 24-hour availability of~~
25 ~~anesthesiologists with medical staff privileges, an~~
26 ~~alternate policy (requiring participation, presence, and~~

1 ~~availability of a physician licensed to practice medicine~~
2 ~~in all its branches) shall be developed by the medical~~
3 ~~staff and licensed hospital in consultation with the~~
4 ~~anesthesia service.~~

5 (C) ~~A certified registered nurse anesthetist is not~~
6 ~~required to possess prescriptive authority or a written~~
7 ~~collaborative agreement meeting the requirements of~~
8 ~~Section 65-35 of the Nurse Practice Act to provide~~
9 ~~anesthesia services ordered by a licensed physician,~~
10 ~~dentist, or podiatrist.~~ Licensed certified registered
11 nurse anesthetists are authorized to select, order, and
12 administer drugs and apply ~~the~~ appropriate medical devices
13 in the provision of anesthesia services. ~~under the~~
14 ~~anesthesia plan agreed with by the anesthesiologist or, in~~
15 ~~the absence of an available anesthesiologist with clinical~~
16 ~~privileges, agreed with by the operating physician,~~
17 ~~operating dentist, or operating podiatrist in accordance~~
18 ~~with the hospital's alternative policy.~~

19 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
20 95-911, eff. 8-26-08.)

21 Section 30. The Illinois Insurance Code is amended by
22 changing Sections 356g.5 and 356z.1 as follows:

23 (215 ILCS 5/356g.5)

24 Sec. 356g.5. Clinical breast exam.

1 (a) The General Assembly finds that clinical breast
2 examinations are a critical tool in the early detection of
3 breast cancer, while the disease is in its earlier and
4 potentially more treatable stages. Insurer reimbursement of
5 clinical breast examinations is essential to the effort to
6 reduce breast cancer deaths in Illinois.

7 (b) Every insurer shall provide, in each group or
8 individual policy, contract, or certificate of accident or
9 health insurance issued or renewed for persons who are
10 residents of Illinois, coverage for complete and thorough
11 clinical breast examinations as indicated by guidelines of
12 practice, performed by a physician licensed to practice
13 medicine in all its branches, an advanced practice nurse ~~who~~
14 ~~has a collaborative agreement with a collaborating physician~~
15 ~~that authorizes breast examinations~~, or a physician assistant
16 who has been delegated authority to provide breast
17 examinations, to check for lumps and other changes for the
18 purpose of early detection and prevention of breast cancer as
19 follows:

20 (1) at least every 3 years for women at least 20 years
21 of age but less than 40 years of age; and

22 (2) annually for women 40 years of age or older.

23 (c) Upon approval of a nationally recognized separate and
24 distinct clinical breast exam code that is compliant with all
25 State and federal laws, rules, and regulations, public and
26 private insurance plans shall take action to cover clinical

1 breast exams on a separate and distinct basis.

2 (Source: P.A. 95-189, eff. 8-16-07.)

3 (215 ILCS 5/356z.1)

4 Sec. 356z.1. Prenatal HIV testing. An individual or group
5 policy of accident and health insurance that provides maternity
6 coverage and is amended, delivered, issued, or renewed after
7 the effective date of this amendatory Act of the 92nd General
8 Assembly must provide coverage for prenatal HIV testing ordered
9 by an attending physician licensed to practice medicine in all
10 its branches, or by a physician assistant or advanced practice
11 registered nurse ~~who has a written collaborative agreement with~~
12 ~~a collaborating physician that authorizes these services,~~
13 including but not limited to orders consistent with the
14 recommendations of the American College of Obstetricians and
15 Gynecologists or the American Academy of Pediatrics.

16 (Source: P.A. 92-130, eff. 7-20-01.)

17 Section 35. The Illinois Dental Practice Act is amended by
18 changing Section 8.1 as follows:

19 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

20 (Section scheduled to be repealed on January 1, 2016)

21 Sec. 8.1. Permit for the administration of anesthesia and
22 sedation.

23 (a) No licensed dentist shall administer general

1 anesthesia, deep sedation, or conscious sedation without first
2 applying for and obtaining a permit for such purpose from the
3 Department. The Department shall issue such permit only after
4 ascertaining that the applicant possesses the minimum
5 qualifications necessary to protect public safety. A person
6 with a dental degree who administers anesthesia, deep sedation,
7 or conscious sedation in an approved hospital training program
8 under the supervision of either a licensed dentist holding such
9 permit or a physician licensed to practice medicine in all its
10 branches shall not be required to obtain such permit.

11 (b) In determining the minimum permit qualifications that
12 are necessary to protect public safety, the Department, by
13 rule, shall:

14 (1) establish the minimum educational and training
15 requirements necessary for a dentist to be issued an
16 appropriate permit;

17 (2) establish the standards for properly equipped
18 dental facilities (other than licensed hospitals and
19 ambulatory surgical treatment centers) in which general
20 anesthesia, deep sedation, or conscious sedation is
21 administered, as necessary to protect public safety;

22 (3) establish minimum requirements for all persons who
23 assist the dentist in the administration of general
24 anesthesia, deep sedation, or conscious sedation,
25 including minimum training requirements for each member of
26 the dental team, monitoring requirements, recordkeeping

1 requirements, and emergency procedures; and

2 (4) ensure that the dentist and all persons assisting
3 the dentist or monitoring the administration of general
4 anesthesia, deep sedation, or conscious sedation maintain
5 current certification in Basic Life Support (BLS).

6 (5) establish continuing education requirements in
7 sedation techniques for dentists who possess a permit under
8 this Section.

9 When establishing requirements under this Section, the
10 Department shall consider the current American Dental
11 Association guidelines on sedation and general anesthesia, the
12 current "Guidelines for Monitoring and Management of Pediatric
13 Patients During and After Sedation for Diagnostic and
14 Therapeutic Procedures" established by the American Academy of
15 Pediatrics and the American Academy of Pediatric Dentistry, and
16 the current parameters of care and Office Anesthesia Evaluation
17 (OAE) Manual established by the American Association of Oral
18 and Maxillofacial Surgeons.

19 (c) (Blank). ~~A licensed dentist must hold an appropriate~~
20 ~~permit issued under this Section in order to perform dentistry~~
21 ~~while a nurse anesthetist administers conscious sedation, and a~~
22 ~~valid written collaborative agreement must exist between the~~
23 ~~dentist and the nurse anesthetist, in accordance with the Nurse~~
24 ~~Practice Act.~~

25 ~~A licensed dentist must hold an appropriate permit issued~~
26 ~~under this Section in order to perform dentistry while a nurse~~

1 ~~anesthetist administers deep sedation or general anesthesia,~~
2 ~~and a valid written collaborative agreement must exist between~~
3 ~~the dentist and the nurse anesthetist, in accordance with the~~
4 ~~Nurse Practice Act.~~

5 ~~For the purposes of this subsection (c), "nurse~~
6 ~~anesthetist" means a licensed certified registered nurse~~
7 ~~anesthetist who holds a license as an advanced practice nurse.~~

8 (Source: P.A. 95-399, eff. 1-1-08; 95-639, eff. 1-1-08; 96-328,
9 eff. 8-11-09.)

10 Section 37. The Medical Practice Act of 1987 is amended by
11 changing Sections 22 and 54.5 as follows:

12 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

13 (Section scheduled to be repealed on December 31, 2013)

14 Sec. 22. Disciplinary action.

15 (A) The Department may revoke, suspend, place on probation,
16 reprimand, refuse to issue or renew, or take any other
17 disciplinary or non-disciplinary action as the Department may
18 deem proper with regard to the license or permit of any person
19 issued under this Act to practice medicine, or a chiropractic
20 physician, including imposing fines not to exceed \$10,000 for
21 each violation, upon any of the following grounds:

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

24 (a) a facility licensed pursuant to the Ambulatory

1 Surgical Treatment Center Act;

2 (b) an institution licensed under the Hospital
3 Licensing Act;

4 (c) an ambulatory surgical treatment center or
5 hospitalization or care facility maintained by the
6 State or any agency thereof, where such department or
7 agency has authority under law to establish and enforce
8 standards for the ambulatory surgical treatment
9 centers, hospitalization, or care facilities under its
10 management and control;

11 (d) ambulatory surgical treatment centers,
12 hospitalization or care facilities maintained by the
13 Federal Government; or

14 (e) ambulatory surgical treatment centers,
15 hospitalization or care facilities maintained by any
16 university or college established under the laws of
17 this State and supported principally by public funds
18 raised by taxation.

19 (2) Performance of an abortion procedure in a wilful
20 and wanton manner on a woman who was not pregnant at the
21 time the abortion procedure was performed.

22 (3) A plea of guilty or nolo contendere, finding of
23 guilt, jury verdict, or entry of judgment or sentencing,
24 including, but not limited to, convictions, preceding
25 sentences of supervision, conditional discharge, or first
26 offender probation, under the laws of any jurisdiction of

1 the United States of any crime that is a felony.

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

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

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

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

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

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

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

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

24 (12) Disciplinary action of another state or
25 jurisdiction against a license or other authorization to
26 practice as a medical doctor, doctor of osteopathy, doctor

1 of osteopathic medicine or doctor of chiropractic, a
2 certified copy of the record of the action taken by the
3 other state or jurisdiction being prima facie evidence
4 thereof.

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

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

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

17 (16) Abandonment of a patient.

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (30) Wilfully or negligently violating the
25 confidentiality between physician and patient except as
26 required by law.

1 (31) The use of any false, fraudulent, or deceptive
2 statement in any document connected with practice under
3 this Act.

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

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

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

20 (35) Failure to report to the Department surrender of a
21 license or authorization to practice as a medical doctor, a
22 doctor of osteopathy, a doctor of osteopathic medicine, or
23 doctor of chiropractic in another state or jurisdiction, or
24 surrender of membership on any medical staff or in any
25 medical or professional association or society, while
26 under disciplinary investigation by any of those

1 authorities or bodies, for acts or conduct similar to acts
2 or conduct which would constitute grounds for action as
3 defined in this Section.

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

9 (37) Failure to provide copies of medical records as
10 required by law.

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

16 (39) Violating the Health Care Worker Self-Referral
17 Act.

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

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

22 (42) (Blank). ~~Entering into an excessive number of~~
23 ~~written collaborative agreements with licensed advanced~~
24 ~~practice nurses resulting in an inability to adequately~~
25 ~~collaborate.~~

26 (43) Repeated failure to adequately collaborate with a

1 licensed advanced practice nurse.

2 Except for actions involving the ground numbered (26), all
3 proceedings to suspend, revoke, place on probationary status,
4 or take any other disciplinary action as the Department may
5 deem proper, with regard to a license on any of the foregoing
6 grounds, must be commenced within 5 years next after receipt by
7 the Department of a complaint alleging the commission of or
8 notice of the conviction order for any of the acts described
9 herein. Except for the grounds numbered (8), (9), (26), and
10 (29), no action shall be commenced more than 10 years after the
11 date of the incident or act alleged to have violated this
12 Section. For actions involving the ground numbered (26), a
13 pattern of practice or other behavior includes all incidents
14 alleged to be part of the pattern of practice or other behavior
15 that occurred, or a report pursuant to Section 23 of this Act
16 received, within the 10-year period preceding the filing of the
17 complaint. In the event of the settlement of any claim or cause
18 of action in favor of the claimant or the reduction to final
19 judgment of any civil action in favor of the plaintiff, such
20 claim, cause of action or civil action being grounded on the
21 allegation that a person licensed under this Act was negligent
22 in providing care, the Department shall have an additional
23 period of 2 years from the date of notification to the
24 Department under Section 23 of this Act of such settlement or
25 final judgment in which to investigate and commence formal
26 disciplinary proceedings under Section 36 of this Act, except

1 as otherwise provided by law. The time during which the holder
2 of the license was outside the State of Illinois shall not be
3 included within any period of time limiting the commencement of
4 disciplinary action by the Department.

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

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

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

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

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

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

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

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

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

1 physical examination and evaluation, or both. The
2 multidisciplinary team shall be led by a physician licensed to
3 practice medicine in all of its branches and may consist of one
4 or more or a combination of physicians licensed to practice
5 medicine in all of its branches, licensed chiropractic
6 physicians, licensed clinical psychologists, licensed clinical
7 social workers, licensed clinical professional counselors, and
8 other professional and administrative staff. Any examining
9 physician or member of the multidisciplinary team may require
10 any person ordered to submit to an examination and evaluation
11 pursuant to this Section to submit to any additional
12 supplemental testing deemed necessary to complete any
13 examination or evaluation process, including, but not limited
14 to, blood testing, urinalysis, psychological testing, or
15 neuropsychological testing. The Disciplinary Board, the
16 Licensing Board, or the Department may order the examining
17 physician or any member of the multidisciplinary team to
18 provide to the Department, the Disciplinary Board, or the
19 Licensing Board any and all records, including business
20 records, that relate to the examination and evaluation,
21 including any supplemental testing performed. The Disciplinary
22 Board, the Licensing Board, or the Department may order the
23 examining physician or any member of the multidisciplinary team
24 to present testimony concerning this examination and
25 evaluation of the licensee, permit holder, or applicant,
26 including testimony concerning any supplemental testing or

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

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

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

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

1 exclusive disposition of any disciplinary action arising out of
2 conduct resulting in death or injury to a patient. Any funds
3 collected from such fines shall be deposited in the Medical
4 Disciplinary Fund.

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

16 (C) The Disciplinary Board shall recommend to the
17 Department civil penalties and any other appropriate
18 discipline in disciplinary cases when the Board finds that a
19 physician willfully performed an abortion with actual
20 knowledge that the person upon whom the abortion has been
21 performed is a minor or an incompetent person without notice as
22 required under the Parental Notice of Abortion Act of 1995.
23 Upon the Board's recommendation, the Department shall impose,
24 for the first violation, a civil penalty of \$1,000 and for a
25 second or subsequent violation, a civil penalty of \$5,000.

26 (Source: P.A. 96-608, eff. 8-24-09; 96-1000, eff. 7-2-10;

1 97-622, eff. 11-23-11.)

2 (225 ILCS 60/54.5)

3 (Section scheduled to be repealed on December 31, 2013)

4 Sec. 54.5. Physician delegation of authority to physician
5 assistants and advanced practice nurses.

6 (a) Physicians licensed to practice medicine in all its
7 branches may delegate care and treatment responsibilities to a
8 physician assistant under guidelines in accordance with the
9 requirements of the Physician Assistant Practice Act of 1987. A
10 physician licensed to practice medicine in all its branches may
11 enter into supervising physician agreements with no more than 5
12 physician assistants as set forth in subsection (a) of Section
13 7 of the Physician Assistant Practice Act of 1987.

14 (b) A physician licensed to practice medicine in all its
15 branches in active clinical practice may collaborate and
16 consult with an advanced practice nurse in accordance with the
17 requirements of the Nurse Practice Act. Collaboration is for
18 the purpose of providing medical consultation, and no
19 employment relationship is required. ~~A written collaborative~~
20 ~~agreement shall conform to the requirements of Section 65-35 of~~
21 ~~the Nurse Practice Act. The written collaborative agreement~~
22 ~~shall be for services the collaborating physician generally~~
23 ~~provides to his or her patients in the normal course of~~
24 ~~clinical medical practice. A written collaborative agreement~~
25 ~~shall be adequate with respect to collaboration with advanced~~

1 ~~practice nurses if all of the following apply:~~

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

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

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

23 ~~(4) The collaborating physician and advanced practice~~
24 ~~nurse consult at least once a month to provide~~
25 ~~collaboration and consultation.~~

26 ~~(5) Methods of communication are available with the~~

1 ~~collaborating physician in person or through~~
2 ~~telecommunications for consultation, collaboration, and~~
3 ~~referral as needed to address patient care needs.~~

4 ~~(6) The agreement contains provisions detailing notice~~
5 ~~for termination or change of status involving a written~~
6 ~~collaborative agreement, except when such notice is given~~
7 ~~for just cause.~~

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

17 ~~(1) an anesthesiologist or a physician participates in~~
18 ~~the joint formulation and joint approval of orders or~~
19 ~~guidelines and periodically reviews such orders and the~~
20 ~~services provided patients under such orders; and~~

21 ~~(2) for anesthesia services, the anesthesiologist or~~
22 ~~physician participates through discussion of and agreement~~
23 ~~with the anesthesia plan and is physically present and~~
24 ~~available on the premises during the delivery of anesthesia~~
25 ~~services for diagnosis, consultation, and treatment of~~
26 ~~emergency medical conditions. Anesthesia services in a~~

1 ~~hospital shall be conducted in accordance with Section 10.7~~
2 ~~of the Hospital Licensing Act and in an ambulatory surgical~~
3 ~~treatment center in accordance with Section 6.5 of the~~
4 ~~Ambulatory Surgical Treatment Center Act.~~

5 (b-10) (Blank). ~~The anesthesiologist or operating~~
6 ~~physician must agree with the anesthesia plan prior to the~~
7 ~~delivery of services.~~

8 (c) The supervising physician shall have access to the
9 medical records of all patients attended by a physician
10 assistant. ~~The collaborating physician shall have access to the~~
11 ~~medical records of all patients attended to by an advanced~~
12 ~~practice nurse.~~

13 (d) (Blank).

14 (e) A physician shall not be liable for the acts or
15 omissions of a physician assistant or advanced practice nurse
16 solely on the basis of having signed a supervision agreement or
17 guidelines for a physician assistant or providing consultation
18 and collaboration with an advanced practice nurse, issuing or a
19 ~~collaborative agreement,~~ an order, a standing medical order, a
20 standing delegation order, or other order or guideline
21 authorizing a physician assistant or advanced practice nurse to
22 perform acts, unless the physician has reason to believe the
23 physician assistant or advanced practice nurse lacked the
24 competency to perform the act or acts or commits willful and
25 wanton misconduct.

26 (f) A collaborating physician may, but is not required to,

1 delegate prescriptive authority to an advanced practice nurse
2 as part of a written collaborative agreement, and the
3 delegation of prescriptive authority shall conform to the
4 requirements of Section 65-40 of the Nurse Practice Act.

5 (g) A supervising physician may, but is not required to,
6 delegate prescriptive authority to a physician assistant as
7 part of a written supervision agreement, and the delegation of
8 prescriptive authority shall conform to the requirements of
9 Section 7.5 of the Physician Assistant Practice Act of 1987.

10 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11;
11 97-1071, eff. 8-24-12.)

12 Section 40. The Nurse Practice Act is amended by changing
13 Sections 50-10, 65-30, 65-40, 65-45, 65-55, and 70-5 as
14 follows:

15 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

17 Sec. 50-10. Definitions. Each of the following terms, when
18 used in this Act, shall have the meaning ascribed to it in this
19 Section, except where the context clearly indicates otherwise:

20 "Academic year" means the customary annual schedule of
21 courses at a college, university, or approved school,
22 customarily regarded as the school year as distinguished from
23 the calendar year.

24 "Advanced practice nurse" or "APN" means a person who has

1 met the qualifications for a (i) certified nurse midwife (CNM);
2 (ii) certified nurse practitioner (CNP); (iii) certified
3 registered nurse anesthetist (CRNA); or (iv) clinical nurse
4 specialist (CNS) and has been licensed by the Department. All
5 advanced practice nurses licensed and practicing in the State
6 of Illinois shall use the title APN and may use specialty
7 credentials after their name.

8 "Approved program of professional nursing education" and
9 "approved program of practical nursing education" are programs
10 of professional or practical nursing, respectively, approved
11 by the Department under the provisions of this Act.

12 "Board" means the Board of Nursing appointed by the
13 Secretary.

14 "Collaboration" means a process involving 2 or more health
15 care professionals working together, each contributing one's
16 respective area of expertise to provide more comprehensive
17 patient care.

18 "Consultation" means the process whereby an advanced
19 practice nurse seeks the advice or opinion of another health
20 care professional.

21 "Credentialed" means the process of assessing and
22 validating the qualifications of a health care professional.

23 "Current nursing practice update course" means a planned
24 nursing education curriculum approved by the Department
25 consisting of activities that have educational objectives,
26 instructional methods, content or subject matter, clinical

1 practice, and evaluation methods, related to basic review and
2 updating content and specifically planned for those nurses
3 previously licensed in the United States or its territories and
4 preparing for reentry into nursing practice.

5 "Dentist" means a person licensed to practice dentistry
6 under the Illinois Dental Practice Act.

7 "Department" means the Department of Financial and
8 Professional Regulation.

9 "Impaired nurse" means a nurse licensed under this Act who
10 is unable to practice with reasonable skill and safety because
11 of a physical or mental disability as evidenced by a written
12 determination or written consent based on clinical evidence,
13 including loss of motor skills, abuse of drugs or alcohol, or a
14 psychiatric disorder, of sufficient degree to diminish his or
15 her ability to deliver competent patient care.

16 "License-pending advanced practice nurse" means a
17 registered professional nurse who has completed all
18 requirements for licensure as an advanced practice nurse except
19 the certification examination and has applied to take the next
20 available certification exam and received a temporary license
21 from the Department.

22 "License-pending registered nurse" means a person who has
23 passed the Department-approved registered nurse licensure exam
24 and has applied for a license from the Department. A
25 license-pending registered nurse shall use the title "RN lic
26 pend" on all documentation related to nursing practice.

1 "Physician" means a person licensed to practice medicine in
2 all its branches under the Medical Practice Act of 1987.

3 "Podiatrist" means a person licensed to practice podiatry
4 under the Podiatric Medical Practice Act of 1987.

5 "Practical nurse" or "licensed practical nurse" means a
6 person who is licensed as a practical nurse under this Act and
7 practices practical nursing as defined in this Act. Only a
8 practical nurse licensed under this Act is entitled to use the
9 title "licensed practical nurse" and the abbreviation
10 "L.P.N.".

11 "Practical nursing" means the performance of nursing acts
12 requiring the basic nursing knowledge, judgment ~~judgement~~, and
13 skill acquired by means of completion of an approved practical
14 nursing education program. Practical nursing includes
15 assisting in the nursing process as delegated by a registered
16 professional nurse or an advanced practice nurse. The practical
17 nurse may work under the direction of a licensed physician,
18 dentist, podiatrist, or other health care professional
19 determined by the Department.

20 "Privileged" means the authorization granted by the
21 governing body of a healthcare facility, agency, or
22 organization to provide specific patient care services within
23 well-defined limits, based on qualifications reviewed in the
24 credentialing process.

25 "Registered Nurse" or "Registered Professional Nurse"
26 means a person who is licensed as a professional nurse under

1 this Act and practices nursing as defined in this Act. Only a
2 registered nurse licensed under this Act is entitled to use the
3 titles "registered nurse" and "registered professional nurse"
4 and the abbreviation, "R.N."

5 "Registered professional nursing practice" is a scientific
6 process founded on a professional body of knowledge; it is a
7 learned profession based on the understanding of the human
8 condition across the life span and environment and includes all
9 nursing specialties and means the performance of any nursing
10 act based upon professional knowledge, judgment, and skills
11 acquired by means of completion of an approved professional
12 nursing education program. A registered professional nurse
13 provides holistic nursing care through the nursing process to
14 individuals, groups, families, or communities, that includes
15 but is not limited to: (1) the assessment of healthcare needs,
16 nursing diagnosis, planning, implementation, and nursing
17 evaluation; (2) the promotion, maintenance, and restoration of
18 health; (3) counseling, patient education, health education,
19 and patient advocacy; (4) the administration of medications and
20 treatments as prescribed by a physician licensed to practice
21 medicine in all of its branches, a licensed dentist, a licensed
22 podiatrist, or a licensed optometrist or as prescribed by a
23 physician assistant in accordance with written guidelines
24 required under the Physician Assistant Practice Act of 1987 or
25 by an advanced practice nurse in accordance with Article 65 of
26 this Act; (5) the coordination and management of the nursing

1 plan of care; (6) the delegation to and supervision of
2 individuals who assist the registered professional nurse
3 implementing the plan of care; and (7) teaching nursing
4 students. The foregoing shall not be deemed to include those
5 acts of medical diagnosis or prescription of therapeutic or
6 corrective measures.

7 "Professional assistance program for nurses" means a
8 professional assistance program that meets criteria
9 established by the Board of Nursing and approved by the
10 Secretary, which provides a non-disciplinary treatment
11 approach for nurses licensed under this Act whose ability to
12 practice is compromised by alcohol or chemical substance
13 addiction.

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

16 "Unencumbered license" means a license issued in good
17 standing.

18 ~~"Written collaborative agreement" means a written~~
19 ~~agreement between an advanced practice nurse and a~~
20 ~~collaborating physician, dentist, or podiatrist pursuant to~~
21 ~~Section 65-35.~~

22 (Source: P.A. 97-813, eff. 7-13-12.)

23 (225 ILCS 65/65-30)

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

25 Sec. 65-30. APN scope of practice.

1 (a) Advanced practice nursing by certified nurse
2 practitioners, certified nurse anesthetists, certified nurse
3 midwives, or clinical nurse specialists is based on knowledge
4 and skills acquired throughout an advanced practice nurse's
5 nursing education, training, and experience.

6 (b) Practice as an advanced practice nurse means a scope of
7 nursing practice, with or without compensation, and includes
8 the registered nurse scope of practice.

9 (c) The scope of practice of an advanced practice nurse
10 includes, but is not limited to, each of the following:

11 (1) Advanced nursing patient assessment and diagnosis.

12 (2) Ordering diagnostic and therapeutic tests and
13 procedures, performing those tests and procedures when
14 using health care equipment, and interpreting and using the
15 results of diagnostic and therapeutic tests and procedures
16 ordered by the advanced practice nurse or another health
17 care professional.

18 (3) Ordering treatments, ordering or applying
19 appropriate medical devices, and using nursing medical,
20 therapeutic, and corrective measures to treat illness and
21 improve health status.

22 (4) Providing palliative and end-of-life care.

23 (5) Providing advanced counseling, patient education,
24 health education, and patient advocacy.

25 (6) Prescriptive authority as defined in Section 65-40
26 of this Act.

1 (7) Delegating selected nursing activities or tasks to
2 a licensed practical nurse, a registered professional
3 nurse, or other personnel.

4 (8) Collaboration and consultation with or referral to
5 a physician or other appropriate health-care professional
6 for patient care needs that exceed the APN's scope of
7 practice, education, or experience.

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

9 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

11 Sec. 65-40. Written collaborative agreement; prescriptive
12 authority.

13 (a) As part of the professional scope of advanced practice
14 nursing, an APN possesses prescriptive authority appropriate
15 to his or her specialty, scope of practice, education, and
16 experience. Such prescriptive authority shall ~~A collaborating~~
17 ~~physician or podiatrist may, but is not required to, delegate~~
18 ~~prescriptive authority to an advanced practice nurse as part of~~
19 ~~a written collaborative agreement. This authority may, but is~~
20 ~~not required to,~~ include prescription of, selection of, orders
21 for, administration of, storage of, acceptance of samples of,
22 and dispensing over the counter medications, legend drugs,
23 medical gases, and controlled substances categorized as any
24 Schedule III through V controlled substances, as defined in
25 Article II of the Illinois Controlled Substances Act, and other

1 preparations, including, but not limited to, botanical and
2 herbal remedies. ~~The collaborating physician or podiatrist~~
3 ~~must have a valid current Illinois controlled substance license~~
4 ~~and federal registration to delegate authority to prescribe~~
5 ~~delegated controlled substances.~~

6 (b) (Blank). ~~To prescribe controlled substances under this~~
7 ~~Section, an advanced practice nurse must obtain a mid level~~
8 ~~practitioner controlled substance license. Medication orders~~
9 ~~shall be reviewed periodically by the collaborating physician~~
10 ~~or podiatrist.~~

11 (c) (Blank). ~~The collaborating physician or podiatrist~~
12 ~~shall file with the Department notice of delegation of~~
13 ~~prescriptive authority and termination of such delegation, in~~
14 ~~accordance with rules of the Department. Upon receipt of this~~
15 ~~notice delegating authority to prescribe any Schedule III~~
16 ~~through V controlled substances, the licensed advanced~~
17 ~~practice nurse shall be eligible to register for a mid level~~
18 ~~practitioner controlled substance license under Section 303.05~~
19 ~~of the Illinois Controlled Substances Act.~~

20 (d) (Blank). ~~In addition to the requirements of subsections~~
21 ~~(a), (b), and (c) of this Section, a collaborating physician or~~
22 ~~podiatrist may, but is not required to, delegate authority to~~
23 ~~an advanced practice nurse to prescribe any Schedule II~~
24 ~~controlled substances, if all of the following conditions~~
25 ~~apply:~~

26 ~~(1) Specific Schedule II controlled substances by oral~~

1 ~~dosage or topical or transdermal application may be~~
2 ~~delegated, provided that the delegated Schedule II~~
3 ~~controlled substances are routinely prescribed by the~~
4 ~~collaborating physician or podiatrist. This delegation~~
5 ~~must identify the specific Schedule II controlled~~
6 ~~substances by either brand name or generic name. Schedule~~
7 ~~II controlled substances to be delivered by injection or~~
8 ~~other route of administration may not be delegated.~~

9 ~~(2) Any delegation must be controlled substances that~~
10 ~~the collaborating physician or podiatrist prescribes.~~

11 ~~(3) Any prescription must be limited to no more than a~~
12 ~~30-day supply, with any continuation authorized only after~~
13 ~~prior approval of the collaborating physician or~~
14 ~~podiatrist.~~

15 ~~(4) The advanced practice nurse must discuss the~~
16 ~~condition of any patients for whom a controlled substance~~
17 ~~is prescribed monthly with the delegating physician.~~

18 ~~(5) The advanced practice nurse meets the education~~
19 ~~requirements of Section 303.05 of the Illinois Controlled~~
20 ~~Substances Act.~~

21 (e) (Blank). ~~Nothing in this Act shall be construed to~~
22 ~~limit the delegation of tasks or duties by a physician to a~~
23 ~~licensed practical nurse, a registered professional nurse, or~~
24 ~~other persons. Nothing in this Act shall be construed to limit~~
25 ~~the method of delegation that may be authorized by any means,~~
26 ~~including, but not limited to, oral, written, electronic,~~

1 ~~standing orders, protocols, guidelines, or verbal orders.~~

2 (f) Nothing in this Section shall be construed to apply to
3 any medication authority including Schedule II controlled
4 substances of an advanced practice nurse for care provided in a
5 hospital, hospital affiliate, or ambulatory surgical treatment
6 center pursuant to Section 65-45.

7 (g) Any advanced practice nurse who writes a prescription
8 for a controlled substance without having a valid appropriate
9 authority may be fined by the Department not more than \$50 per
10 prescription, and the Department may take any other
11 disciplinary action provided for in this Act.

12 (h) Nothing in this Section shall be construed to prohibit
13 generic substitution.

14 (Source: P.A. 96-189, eff. 8-10-09; 97-358, eff. 8-12-11.)

15 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

17 Sec. 65-45. Advanced practice nursing in hospitals,
18 hospital affiliates, or ambulatory surgical treatment centers.

19 ~~(a) An advanced practice nurse may provide services in a~~
20 ~~hospital or a hospital affiliate as those terms are defined in~~
21 ~~the Hospital Licensing Act or the University of Illinois~~
22 ~~Hospital Act or a licensed ambulatory surgical treatment center~~
23 ~~without a written collaborative agreement pursuant to Section~~
24 ~~65-35 of this Act.~~ An advanced practice nurse must possess
25 clinical privileges recommended by the hospital medical staff

1 and granted by the hospital or the consulting medical staff
2 committee and ambulatory surgical treatment center in order to
3 provide services in a licensed hospital or a licensed
4 ambulatory surgical treatment center. The medical staff or
5 consulting medical staff committee shall periodically review
6 the services of advanced practice nurses granted clinical
7 privileges, including any care provided in a hospital
8 affiliate. ~~Authority may also be granted when recommended by~~
9 ~~the hospital medical staff and granted by the hospital or~~
10 ~~recommended by the consulting medical staff committee and~~
11 ~~ambulatory surgical treatment center to individual advanced~~
12 ~~practice nurses to select, order, and administer medications,~~
13 ~~including controlled substances, to provide delineated care.~~
14 In a hospital, hospital affiliate, or ambulatory surgical
15 treatment center, the attending physician shall determine an
16 advanced practice nurse's role in providing care for his or her
17 patients, except as otherwise provided in the medical staff
18 bylaws or consulting committee policies.

19 (a-2) An advanced practice nurse granted authority to order
20 medications including controlled substances may complete
21 discharge prescriptions provided the prescription is in the
22 name of the advanced practice nurse and the attending or
23 discharging physician.

24 (a-3) Advanced practice nurses practicing in a hospital or
25 an ambulatory surgical treatment center are not required to
26 obtain a mid-level controlled substance license to order

1 controlled substances under Section 303.05 of the Illinois
2 Controlled Substances Act.

3 (a-5) (Blank). ~~For anesthesia services provided by a~~
4 ~~certified registered nurse anesthetist, an anesthesiologist,~~
5 ~~physician, dentist, or podiatrist shall participate through~~
6 ~~discussion of and agreement with the anesthesia plan and shall~~
7 ~~remain physically present and be available on the premises~~
8 ~~during the delivery of anesthesia services for diagnosis,~~
9 ~~consultation, and treatment of emergency medical conditions,~~
10 ~~unless hospital policy adopted pursuant to clause (B) of~~
11 ~~subdivision (3) of Section 10.7 of the Hospital Licensing Act~~
12 ~~or ambulatory surgical treatment center policy adopted~~
13 ~~pursuant to clause (B) of subdivision (3) of Section 6.5 of the~~
14 ~~Ambulatory Surgical Treatment Center Act provides otherwise. A~~
15 ~~certified registered nurse anesthetist may select, order, and~~
16 ~~administer medication for anesthesia services under the~~
17 ~~anesthesia plan agreed to by the anesthesiologist or the~~
18 ~~physician, in accordance with hospital alternative policy or~~
19 ~~the medical staff consulting committee policies of a licensed~~
20 ~~ambulatory surgical treatment center.~~

21 (b) An advanced practice nurse who provides services in a
22 hospital shall do so in accordance with Section 10.7 of the
23 Hospital Licensing Act and, in an ambulatory surgical treatment
24 center, in accordance with Section 6.5 of the Ambulatory
25 Surgical Treatment Center Act.

26 (Source: P.A. 97-358, eff. 8-12-11.)

1 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 65-55. Advertising as an APN.

4 (a) A person licensed under this Act as an advanced
5 practice nurse may advertise the availability of professional
6 services in the public media or on the premises where the
7 professional services are rendered. The advertising shall be
8 limited to the following information:

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

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

15 (3) (blank); ~~publication of the person's collaborating~~
16 ~~physician's, dentist's, or podiatrist's name, title, and~~
17 ~~areas of specialization;~~

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

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

24 (6) announcement of additions to or deletions from
25 professional licensed staff; and

1 (7) the issuance of business or appointment cards.

2 (b) It is unlawful for a person licensed under this Act as
3 an advanced practice nurse to use testimonials or claims of
4 superior quality of care to entice the public. It shall be
5 unlawful to advertise fee comparisons of available services
6 with those of other licensed persons.

7 (c) This Article does not authorize the advertising of
8 professional services that the offeror of the services is not
9 licensed or authorized to render. Nor shall the advertiser use
10 statements that contain false, fraudulent, deceptive, or
11 misleading material or guarantees of success, statements that
12 play upon the vanity or fears of the public, or statements that
13 promote or produce unfair competition.

14 (d) It is unlawful and punishable under the penalty
15 provisions of this Act for a person licensed under this Article
16 to knowingly advertise that the licensee will accept as payment
17 for services rendered by assignment from any third party payor
18 the amount the third party payor covers as payment in full, if
19 the effect is to give the impression of eliminating the need of
20 payment by the patient of any required deductible or copayment
21 applicable in the patient's health benefit plan.

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

26 (f) As used in this Section, "advertise" means solicitation

1 by the licensee or through another person or entity by means of
2 handbills, posters, circulars, motion pictures, radio,
3 newspapers, or television or any other manner.

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

5 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

7 Sec. 70-5. Grounds for disciplinary action.

8 (a) The Department may refuse to issue or to renew, or may
9 revoke, suspend, place on probation, reprimand, or take other
10 disciplinary or non-disciplinary action as the Department may
11 deem appropriate, including fines not to exceed \$10,000 per
12 violation, with regard to a license for any one or combination
13 of the causes set forth in subsection (b) below. All fines
14 collected under this Section shall be deposited in the Nursing
15 Dedicated and Professional Fund.

16 (b) Grounds for disciplinary action include the following:

17 (1) Material deception in furnishing information to
18 the Department.

19 (2) Material violations of any provision of this Act or
20 violation of the rules of or final administrative action of
21 the Secretary, after consideration of the recommendation
22 of the Board.

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

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

7 (4) A pattern of practice or other behavior which
8 demonstrates incapacity or incompetency to practice under
9 this Act.

10 (5) Knowingly aiding or assisting another person in
11 violating any provision of this Act or rules.

12 (6) Failing, within 90 days, to provide a response to a
13 request for information in response to a written request
14 made by the Department by certified mail.

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

18 (8) Unlawful taking, theft, selling, distributing, or
19 manufacturing of any drug, narcotic, or prescription
20 device.

21 (9) Habitual or excessive use or addiction to alcohol,
22 narcotics, stimulants, or any other chemical agent or drug
23 that could result in a licensee's inability to practice
24 with reasonable judgment, skill or safety.

25 (10) Discipline by another U.S. jurisdiction or
26 foreign nation, if at least one of the grounds for the

1 discipline is the same or substantially equivalent to those
2 set forth in this Section.

3 (11) A finding that the licensee, after having her or
4 his license placed on probationary status or subject to
5 conditions or restrictions, has violated the terms of
6 probation or failed to comply with such terms or
7 conditions.

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

15 (13) Willful omission to file or record, or willfully
16 impeding the filing or recording or inducing another person
17 to omit to file or record medical reports as required by
18 law or willfully failing to report an instance of suspected
19 child abuse or neglect as required by the Abused and
20 Neglected Child Reporting Act.

21 (14) Gross negligence in the practice of practical,
22 professional, or advanced practice nursing.

23 (15) Holding oneself out to be practicing nursing under
24 any name other than one's own.

25 (16) Failure of a licensee to report to the Department
26 any adverse final action taken against him or her by

1 another licensing jurisdiction of the United States or any
2 foreign state or country, any peer review body, any health
3 care institution, any professional or nursing society or
4 association, any governmental agency, any law enforcement
5 agency, or any court or a nursing liability claim related
6 to acts or conduct similar to acts or conduct that would
7 constitute grounds for action as defined in this Section.

8 (17) Failure of a licensee to report to the Department
9 surrender by the licensee of a license or authorization to
10 practice nursing or advanced practice nursing in another
11 state or jurisdiction or current surrender by the licensee
12 of membership on any nursing staff or in any nursing or
13 advanced practice nursing or professional association or
14 society while under disciplinary investigation by any of
15 those authorities or bodies for acts or conduct similar to
16 acts or conduct that would constitute grounds for action as
17 defined by this Section.

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

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

22 (20) Fraud, deceit or misrepresentation in applying
23 for or procuring a license under this Act or in connection
24 with applying for renewal of a license under this Act.

25 (21) Allowing another person or organization to use the
26 licensees' license to deceive the public.

1 (22) Willfully making or filing false records or
2 reports in the licensee's practice, including but not
3 limited to false records to support claims against the
4 medical assistance program of the Department of Healthcare
5 and Family Services (formerly Department of Public Aid)
6 under the Illinois Public Aid Code.

7 (23) Attempting to subvert or cheat on a licensing
8 examination administered under this Act.

9 (24) Immoral conduct in the commission of an act,
10 including, but not limited to, sexual abuse, sexual
11 misconduct, or sexual exploitation, related to the
12 licensee's practice.

13 (25) Willfully or negligently violating the
14 confidentiality between nurse and patient except as
15 required by law.

16 (26) Practicing under a false or assumed name, except
17 as provided by law.

18 (27) The use of any false, fraudulent, or deceptive
19 statement in any document connected with the licensee's
20 practice.

21 (28) Directly or indirectly giving to or receiving from
22 a person, firm, corporation, partnership, or association a
23 fee, commission, rebate, or other form of compensation for
24 professional services not actually or personally rendered.
25 Nothing in this paragraph (28) affects any bona fide
26 independent contractor or employment arrangements among

1 health care professionals, health facilities, health care
2 providers, or other entities, except as otherwise
3 prohibited by law. Any employment arrangements may include
4 provisions for compensation, health insurance, pension, or
5 other employment benefits for the provision of services
6 within the scope of the licensee's practice under this Act.
7 Nothing in this paragraph (28) shall be construed to
8 require an employment arrangement to receive professional
9 fees for services rendered.

10 (29) A violation of the Health Care Worker
11 Self-Referral Act.

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

17 (31) (Blank). ~~Exceeding the terms of a collaborative~~
18 ~~agreement or the prescriptive authority delegated to a~~
19 ~~licensee by his or her collaborating physician or~~
20 ~~podiatrist in guidelines established under a written~~
21 ~~collaborative agreement.~~

22 (32) Making a false or misleading statement regarding a
23 licensee's 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 (33) Prescribing, selling, administering,

1 distributing, giving, or self-administering a drug
2 classified as a controlled substance (designated product)
3 or narcotic for other than medically accepted therapeutic
4 purposes.

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

8 (35) Violating State or federal laws, rules, or
9 regulations relating to controlled substances.

10 (36) Willfully or negligently violating the
11 confidentiality between an advanced practice nurse,
12 collaborating physician, dentist, or podiatrist and a
13 patient, except as required by law.

14 (37) A violation of any provision of this Act or any
15 rules promulgated under this Act.

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

26 (d) The Department may refuse to issue or may suspend or

1 otherwise discipline the license of any person who fails to
2 file a return, or to pay the tax, penalty or interest shown in
3 a filed return, or to pay any final assessment of the tax,
4 penalty, or interest as required by any tax Act administered by
5 the Department of Revenue, until such time as the requirements
6 of any such tax Act are satisfied.

7 (e) In enforcing this Act, the Department or Board, upon a
8 showing of a possible violation, may compel an individual
9 licensed to practice under this Act or who has applied for
10 licensure under this Act, to submit to a mental or physical
11 examination, or both, as required by and at the expense of the
12 Department. The Department or Board may order the examining
13 physician to present testimony concerning the mental or
14 physical examination of the licensee or applicant. No
15 information shall be excluded by reason of any common law or
16 statutory privilege relating to communications between the
17 licensee or applicant and the examining physician. The
18 examining physicians shall be specifically designated by the
19 Board or Department. The individual to be examined may have, at
20 his or her own expense, another physician of his or her choice
21 present during all aspects of this examination. Failure of an
22 individual to submit to a mental or physical examination, when
23 directed, shall result in an automatic suspension without
24 hearing.

25 All substance-related violations shall mandate an
26 automatic substance abuse assessment. Failure to submit to an

1 assessment by a licensed physician who is certified as an
2 addictionist or an advanced practice nurse with specialty
3 certification in addictions may be grounds for an automatic
4 suspension, as defined by rule.

5 If the Department or Board finds an individual unable to
6 practice or unfit for duty because of the reasons set forth in
7 this Section, the Department or Board may require that
8 individual to submit to a substance abuse evaluation or
9 treatment by individuals or programs approved or designated by
10 the Department or Board, as a condition, term, or restriction
11 for continued, reinstated, or renewed licensure to practice;
12 or, in lieu of evaluation or treatment, the Department may
13 file, or the Board may recommend to the Department to file, a
14 complaint to immediately suspend, revoke, or otherwise
15 discipline the license of the individual. An individual whose
16 license was granted, continued, reinstated, renewed,
17 disciplined or supervised subject to such terms, conditions, or
18 restrictions, and who fails to comply with such terms,
19 conditions, or restrictions, shall be referred to the Secretary
20 for a determination as to whether the individual shall have his
21 or her license suspended immediately, pending a hearing by the
22 Department.

23 In instances in which the Secretary immediately suspends a
24 person's license under this Section, a hearing on that person's
25 license must be convened by the Department within 15 days after
26 the suspension and completed without appreciable delay. The

1 Department and Board shall have the authority to review the
2 subject individual's record of treatment and counseling
3 regarding the impairment to the extent permitted by applicable
4 federal statutes and regulations safeguarding the
5 confidentiality of medical records.

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

11 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;
12 96-1482, eff. 11-29-10.)

13 Section 45. The Illinois Occupational Therapy Practice Act
14 is amended by changing Section 3.1 as follows:

15 (225 ILCS 75/3.1)

16 (Section scheduled to be repealed on January 1, 2014)

17 Sec. 3.1. Referrals. A licensed occupational therapist or
18 licensed occupational therapy assistant may consult with,
19 educate, evaluate, and monitor services for clients concerning
20 non-medical occupational therapy needs. Implementation of
21 direct occupational therapy to individuals for their specific
22 health care conditions shall be based upon a referral from a
23 licensed physician, dentist, podiatrist, advanced practice
24 nurse ~~who has a written collaborative agreement with a~~

1 ~~collaborating physician to provide or accept referrals from~~
2 ~~licensed occupational therapists,~~ physician assistant who has
3 been delegated authority to provide or accept referrals from or
4 to licensed occupational therapists, or optometrist.

5 An occupational therapist shall refer to a licensed
6 physician, dentist, optometrist, advanced practice nurse,
7 physician assistant, or podiatrist any patient whose medical
8 condition should, at the time of evaluation or treatment, be
9 determined to be beyond the scope of practice of the
10 occupational therapist.

11 (Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03; 93-962,
12 eff. 8-20-04.)

13 Section 50. The Pharmacy Practice Act is amended by
14 changing Section 4 as follows:

15 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

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

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

1 (b) the sale of compressed gases;

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

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

25 (e) the sale of poisonous substances or mixture of
26 poisonous substances, in unbroken packages, for nonmedicinal

1 use in the arts or industries or for insecticide purposes;
2 provided, they are properly and adequately labeled as to
3 content and such nonmedicinal usage, in conformity with the
4 provisions of all applicable federal, state and local laws and
5 regulations promulgated thereunder now in effect relating
6 thereto and governing the same, and those which are required
7 under such applicable laws and regulations to be labeled with
8 the word "Poison", are also labeled with the word "Poison"
9 printed thereon in prominent type and the name of a readily
10 obtainable antidote with directions for its administration;

11 (f) the delegation of limited prescriptive authority by a
12 physician licensed to practice medicine in all its branches to
13 a physician assistant under Section 7.5 of the Physician
14 Assistant Practice Act of 1987. This delegated authority under
15 Section 7.5 of the Physician Assistant Practice Act of 1987
16 may, but is not required to, include prescription of controlled
17 substances, as defined in Article II of the Illinois Controlled
18 Substances Act, in accordance with a written supervision
19 agreement; and

20 (g) (Blank). ~~the delegation of prescriptive authority by a~~
21 ~~physician licensed to practice medicine in all its branches or~~
22 ~~a licensed podiatrist to an advanced practice nurse in~~
23 ~~accordance with a written collaborative agreement under~~
24 ~~Sections 65-35 and 65-40 of the Nurse Practice Act.~~

25 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;
26 96-268, eff. 8-11-09.)

1 Section 55. The Illinois Physical Therapy Act is amended by
2 changing Section 1 as follows:

3 (225 ILCS 90/1) (from Ch. 111, par. 4251)

4 (Section scheduled to be repealed on January 1, 2016)

5 Sec. 1. Definitions. As used in this Act:

6 (1) "Physical therapy" means all of the following:

7 (A) Examining, evaluating, and testing individuals who
8 may have mechanical, physiological, or developmental
9 impairments, functional limitations, disabilities, or
10 other health and movement-related conditions, classifying
11 these disorders, determining a rehabilitation prognosis
12 and plan of therapeutic intervention, and assessing the
13 on-going effects of the interventions.

14 (B) Alleviating impairments, functional limitations,
15 or disabilities by designing, implementing, and modifying
16 therapeutic interventions that may include, but are not
17 limited to, the evaluation or treatment of a person through
18 the use of the effective properties of physical measures
19 and heat, cold, light, water, radiant energy, electricity,
20 sound, and air and use of therapeutic massage, therapeutic
21 exercise, mobilization, and rehabilitative procedures,
22 with or without assistive devices, for the purposes of
23 preventing, correcting, or alleviating a physical or
24 mental impairment, functional limitation, or disability.

1 (C) Reducing the risk of injury, impairment,
2 functional limitation, or disability, including the
3 promotion and maintenance of fitness, health, and
4 wellness.

5 (D) Engaging in administration, consultation,
6 education, and research.

7 Physical therapy includes, but is not limited to: (a)
8 performance of specialized tests and measurements, (b)
9 administration of specialized treatment procedures, (c)
10 interpretation of referrals from physicians, dentists,
11 advanced practice nurses, physician assistants, and
12 podiatrists, (d) establishment, and modification of physical
13 therapy treatment programs, (e) administration of topical
14 medication used in generally accepted physical therapy
15 procedures when such medication is prescribed by the patient's
16 physician, licensed to practice medicine in all its branches,
17 the patient's physician licensed to practice podiatric
18 medicine, the patient's advanced practice nurse, the patient's
19 physician assistant, or the patient's dentist, and (f)
20 supervision or teaching of physical therapy. Physical therapy
21 does not include radiology, electrosurgery, chiropractic
22 technique or determination of a differential diagnosis;
23 provided, however, the limitation on determining a
24 differential diagnosis shall not in any manner limit a physical
25 therapist licensed under this Act from performing an evaluation
26 pursuant to such license. Nothing in this Section shall limit a

1 physical therapist from employing appropriate physical therapy
2 techniques that he or she is educated and licensed to perform.
3 A physical therapist shall refer to a licensed physician,
4 advanced practice nurse, physician assistant, dentist, or
5 podiatrist any patient whose medical condition should, at the
6 time of evaluation or treatment, be determined to be beyond the
7 scope of practice of the physical therapist.

8 (2) "Physical therapist" means a person who practices
9 physical therapy and who has met all requirements as provided
10 in this Act.

11 (3) "Department" means the Department of Professional
12 Regulation.

13 (4) "Director" means the Director of Professional
14 Regulation.

15 (5) "Board" means the Physical Therapy Licensing and
16 Disciplinary Board approved by the Director.

17 (6) "Referral" means a written or oral authorization for
18 physical therapy services for a patient by a physician,
19 dentist, advanced practice nurse, physician assistant, or
20 podiatrist who maintains medical supervision of the patient and
21 makes a diagnosis or verifies that the patient's condition is
22 such that it may be treated by a physical therapist.

23 (7) "Documented current and relevant diagnosis" for the
24 purpose of this Act means a diagnosis, substantiated by
25 signature or oral verification of a physician, dentist,
26 advanced practice nurse, physician assistant, or podiatrist,

1 that a patient's condition is such that it may be treated by
2 physical therapy as defined in this Act, which diagnosis shall
3 remain in effect until changed by the physician, dentist,
4 advanced practice nurse, physician assistant, or podiatrist.

5 (8) "State" includes:

6 (a) the states of the United States of America;

7 (b) the District of Columbia; and

8 (c) the Commonwealth of Puerto Rico.

9 (9) "Physical therapist assistant" means a person licensed
10 to assist a physical therapist and who has met all requirements
11 as provided in this Act and who works under the supervision of
12 a licensed physical therapist to assist in implementing the
13 physical therapy treatment program as established by the
14 licensed physical therapist. The patient care activities
15 provided by the physical therapist assistant shall not include
16 the interpretation of referrals, evaluation procedures, or the
17 planning or major modification of patient programs.

18 (10) "Physical therapy aide" means a person who has
19 received on the job training, specific to the facility in which
20 he is employed, but who has not completed an approved physical
21 therapist assistant program.

22 (11) "Advanced practice nurse" means a person licensed as
23 an advanced practice nurse under the Nurse Practice Act ~~who has~~
24 ~~a collaborative agreement with a collaborating physician that~~
25 ~~authorizes referrals to physical therapists.~~

26 (12) "Physician assistant" means a person licensed under

1 the Physician Assistant Practice Act of 1987 who has been
2 delegated authority to make referrals to physical therapists.
3 (Source: P.A. 94-651, eff. 1-1-06; 95-639, eff. 10-5-07.)

4 Section 60. The Respiratory Care Practice Act is amended by
5 changing Section 10 as follows:

6 (225 ILCS 106/10)

7 (Section scheduled to be repealed on January 1, 2016)

8 Sec. 10. Definitions. In this Act:

9 "Advanced practice nurse" means an advanced practice nurse
10 licensed under the Nurse Practice Act.

11 "Board" means the Respiratory Care Board appointed by the
12 Director.

13 "Basic respiratory care activities" means and includes all
14 of the following activities:

15 (1) Cleaning, disinfecting, and sterilizing equipment
16 used in the practice of respiratory care as delegated by a
17 licensed health care professional or other authorized
18 licensed personnel.

19 (2) Assembling equipment used in the practice of
20 respiratory care as delegated by a licensed health care
21 professional or other authorized licensed personnel.

22 (3) Collecting and reviewing patient data through
23 non-invasive means, provided that the collection and
24 review does not include the individual's interpretation of

1 the clinical significance of the data. Collecting and
2 reviewing patient data includes the performance of pulse
3 oximetry and non-invasive monitoring procedures in order
4 to obtain vital signs and notification to licensed health
5 care professionals and other authorized licensed personnel
6 in a timely manner.

7 (4) Maintaining a nasal cannula or face mask for oxygen
8 therapy in the proper position on the patient's face.

9 (5) Assembling a nasal cannula or face mask for oxygen
10 therapy at patient bedside in preparation for use.

11 (6) Maintaining a patient's natural airway by
12 physically manipulating the jaw and neck, suctioning the
13 oral cavity, or suctioning the mouth or nose with a bulb
14 syringe.

15 (7) Performing assisted ventilation during emergency
16 resuscitation using a manual resuscitator.

17 (8) Using a manual resuscitator at the direction of a
18 licensed health care professional or other authorized
19 licensed personnel who is present and performing routine
20 airway suctioning. These activities do not include care of
21 a patient's artificial airway or the adjustment of
22 mechanical ventilator settings while a patient is
23 connected to the ventilator.

24 "Basic respiratory care activities" does not mean activities
25 that involve any of the following:

26 (1) Specialized knowledge that results from a course of

1 education or training in respiratory care.

2 (2) An unreasonable risk of a negative outcome for the
3 patient.

4 (3) The assessment or making of a decision concerning
5 patient care.

6 (4) The administration of aerosol medication or
7 oxygen.

8 (5) The insertion and maintenance of an artificial
9 airway.

10 (6) Mechanical ventilatory support.

11 (7) Patient assessment.

12 (8) Patient education.

13 "Department" means the Department of Professional
14 Regulation.

15 "Director" means the Director of Professional Regulation.

16 "Licensed" means that which is required to hold oneself out
17 as a respiratory care practitioner as defined in this Act.

18 "Licensed health care professional" means a physician
19 licensed to practice medicine in all its branches, an advanced
20 practice nurse ~~who has a written collaborative agreement with a~~
21 ~~collaborating physician that authorizes the advanced practice~~
22 ~~nurse to transmit orders to a respiratory care practitioner,~~ or
23 a physician assistant who has been delegated the authority to
24 transmit orders to a respiratory care practitioner by his or
25 her supervising physician.

26 "Order" means a written, oral, or telecommunicated

1 authorization for respiratory care services for a patient by
2 (i) a licensed health care professional who maintains medical
3 supervision of the patient and makes a diagnosis or verifies
4 that the patient's condition is such that it may be treated by
5 a respiratory care practitioner or (ii) a certified registered
6 nurse anesthetist in a licensed hospital or ambulatory surgical
7 treatment center.

8 "Other authorized licensed personnel" means a licensed
9 respiratory care practitioner, a licensed registered nurse, or
10 a licensed practical nurse whose scope of practice authorizes
11 the professional to supervise an individual who is not
12 licensed, certified, or registered as a health professional.

13 "Proximate supervision" means a situation in which an
14 individual is responsible for directing the actions of another
15 individual in the facility and is physically close enough to be
16 readily available, if needed, by the supervised individual.

17 "Respiratory care" and "cardiorespiratory care" mean
18 preventative services, evaluation and assessment services,
19 therapeutic services, and rehabilitative services under the
20 order of a licensed health care professional or a certified
21 registered nurse anesthetist in a licensed hospital for an
22 individual with a disorder, disease, or abnormality of the
23 cardiopulmonary system. These terms include, but are not
24 limited to, measuring, observing, assessing, and monitoring
25 signs and symptoms, reactions, general behavior, and general
26 physical response of individuals to respiratory care services,

1 including the determination of whether those signs, symptoms,
2 reactions, behaviors, or general physical responses exhibit
3 abnormal characteristics; the administration of
4 pharmacological and therapeutic agents related to respiratory
5 care services; the collection of blood specimens and other
6 bodily fluids and tissues for, and the performance of,
7 cardiopulmonary diagnostic testing procedures, including, but
8 not limited to, blood gas analysis; development,
9 implementation, and modification of respiratory care treatment
10 plans based on assessed abnormalities of the cardiopulmonary
11 system, respiratory care guidelines, referrals, and orders of a
12 licensed health care professional; application, operation, and
13 management of mechanical ventilatory support and other means of
14 life support; and the initiation of emergency procedures under
15 the rules promulgated by the Department. A respiratory care
16 practitioner shall refer to a physician licensed to practice
17 medicine in all its branches any patient whose condition, at
18 the time of evaluation or treatment, is determined to be beyond
19 the scope of practice of the respiratory care practitioner.

20 "Respiratory care education program" means a course of
21 academic study leading to eligibility for registry or
22 certification in respiratory care. The training is to be
23 approved by an accrediting agency recognized by the Board and
24 shall include an evaluation of competence through a
25 standardized testing mechanism that is determined by the Board
26 to be both valid and reliable.

1 "Respiratory care practitioner" means a person who is
2 licensed by the Department of Professional Regulation and meets
3 all of the following criteria:

4 (1) The person is engaged in the practice of
5 cardiorespiratory care and has the knowledge and skill
6 necessary to administer respiratory care.

7 (2) The person is capable of serving as a resource to
8 the licensed health care professional in relation to the
9 technical aspects of cardiorespiratory care and the safe
10 and effective methods for administering cardiorespiratory
11 care modalities.

12 (3) The person is able to function in situations of
13 unsupervised patient contact requiring great individual
14 judgment.

15 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

16 Section 65. The Genetic Counselor Licensing Act is amended
17 by changing Sections 10, 20, and 95 as follows:

18 (225 ILCS 135/10)

19 (Section scheduled to be repealed on January 1, 2015)

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

21 "ABGC" means the American Board of Genetic Counseling.

22 "ABMG" means the American Board of Medical Genetics.

23 "Active candidate status" is awarded to applicants who have
24 received approval from the ABGC or ABMG to sit for their

1 respective certification examinations.

2 "Department" means the Department of Professional
3 Regulation.

4 "Director" means the Director of Professional Regulation.

5 "Genetic anomaly" means a variation in an individual's DNA
6 that has been shown to confer a genetically influenced disease
7 or predisposition to a genetically influenced disease or makes
8 a person a carrier of such variation. A "carrier" of a genetic
9 anomaly means a person who may or may not have a predisposition
10 or risk of incurring a genetically influenced condition and who
11 is at risk of having offspring with a genetically influenced
12 condition.

13 "Genetic counseling" means the provision of services,
14 which may include the ordering of genetic tests, pursuant to a
15 referral, to individuals, couples, groups, families, and
16 organizations by one or more appropriately trained individuals
17 to address the physical and psychological issues associated
18 with the occurrence or risk of occurrence or recurrence of a
19 genetic disorder, birth defect, disease, or potentially
20 inherited or genetically influenced condition in an individual
21 or a family. "Genetic counseling" consists of the following:

22 (A) Estimating the likelihood of occurrence or
23 recurrence of a birth defect or of any potentially
24 inherited or genetically influenced condition. This
25 assessment may involve:

26 (i) obtaining and analyzing a complete health

1 history of the person and his or her family;

2 (ii) reviewing pertinent medical records;

3 (iii) evaluating the risks from exposure to

4 possible mutagens or teratogens;

5 (iv) recommending genetic testing or other

6 evaluations to diagnose a condition or determine the

7 carrier status of one or more family members;

8 (B) Helping the individual, family, health care

9 provider, or health care professional (i) appreciate the

10 medical, psychological and social implications of a

11 disorder, including its features, variability, usual

12 course and management options, (ii) learn how genetic

13 factors contribute to the disorder and affect the chance

14 for recurrence of the condition in other family members,

15 and (iii) understand available options for coping with,

16 preventing, or reducing the chance of occurrence or

17 recurrence of a condition.

18 (C) Facilitating an individual's or family's (i)

19 exploration of the perception of risk and burden associated

20 with the disorder and (ii) adjustment and adaptation to the

21 condition or their genetic risk by addressing needs for

22 psychological, social, and medical support.

23 "Genetic counselor" means a person licensed under this Act

24 to engage in the practice of genetic counseling.

25 "Genetic testing" and "genetic test" mean a test or

26 analysis of human genes, gene products, DNA, RNA, chromosomes,

1 proteins, or metabolites that detects genotypes, mutations,
2 chromosomal changes, abnormalities, or deficiencies, including
3 carrier status, that (i) are linked to physical or mental
4 disorders or impairments, (ii) indicate a susceptibility to
5 illness, disease, impairment, or other disorders, whether
6 physical or mental, or (iii) demonstrate genetic or chromosomal
7 damage due to environmental factors. "Genetic testing" and
8 "genetic tests" do not include routine physical measurements;
9 chemical, blood and urine analyses that are widely accepted and
10 in use in clinical practice; tests for use of drugs; tests for
11 the presence of the human immunodeficiency virus; analyses of
12 proteins or metabolites that do not detect genotypes,
13 mutations, chromosomal changes, abnormalities, or
14 deficiencies; or analyses of proteins or metabolites that are
15 directly related to a manifested disease, disorder, or
16 pathological condition that could reasonably be detected by a
17 health care professional with appropriate training and
18 expertise in the field of medicine involved.

19 "Person" means an individual, association, partnership, or
20 corporation.

21 "Qualified supervisor" means any person who is a licensed
22 genetic counselor, as defined by rule, or a physician licensed
23 to practice medicine in all its branches. A qualified
24 supervisor may be provided at the applicant's place of work, or
25 may be contracted by the applicant to provide supervision. The
26 qualified supervisor shall file written documentation with the

1 Department of employment, discharge, or supervisory control of
2 a genetic counselor at the time of employment, discharge, or
3 assumption of supervision of a genetic counselor.

4 "Referral" means a written or telecommunicated
5 authorization for genetic counseling services from a physician
6 licensed to practice medicine in all its branches, an advanced
7 practice nurse ~~who has a collaborative agreement with a~~
8 ~~collaborating physician that authorizes referrals to a genetic~~
9 ~~counselor~~, or a physician assistant who has a supervision
10 agreement with a supervising physician that authorizes
11 referrals to a genetic counselor.

12 "Supervision" means review of aspects of genetic
13 counseling and case management in a bimonthly meeting with the
14 person under supervision.

15 (Source: P.A. 96-1313, eff. 7-27-10.)

16 (225 ILCS 135/20)

17 (Section scheduled to be repealed on January 1, 2015)

18 Sec. 20. Restrictions and limitations.

19 (a) Beginning 12 months after the adoption of the final
20 administrative rules, except as provided in Section 15, no
21 person shall, without a valid license as a genetic counselor
22 issued by the Department (i) in any manner hold himself or
23 herself out to the public as a genetic counselor under this
24 Act; (ii) use in connection with his or her name or place of
25 business the title "genetic counselor", "licensed genetic

1 counselor", "gene counselor", "genetic consultant", or
2 "genetic associate" or any words, letters, abbreviations, or
3 insignia indicating or implying a person has met the
4 qualifications for or has the license issued under this Act; or
5 (iii) offer to render or render to individuals, corporations,
6 or the public genetic counseling services if the words "genetic
7 counselor" or "licensed genetic counselor" are used to describe
8 the person offering to render or rendering them, or "genetic
9 counseling" is used to describe the services rendered or
10 offered to be rendered.

11 (b) Beginning 12 months after the adoption of the final
12 administrative rules, no licensed genetic counselor may
13 provide genetic counseling to individuals, couples, groups, or
14 families without a referral from a physician licensed to
15 practice medicine in all its branches, an advanced practice
16 nurse ~~who has a collaborative agreement with a collaborating~~
17 ~~physician that authorizes referrals to a genetic counselor,~~ or
18 a physician assistant who has been delegated authority to make
19 referrals to genetic counselors. The physician, advanced
20 practice nurse, or physician assistant shall maintain
21 supervision of the patient and be provided timely written
22 reports on the services, including genetic testing results,
23 provided by the licensed genetic counselor. Genetic testing
24 shall be ordered by a physician licensed to practice medicine
25 in all its branches or a genetic counselor pursuant to a
26 referral that gives the specific authority to order genetic

1 tests. Genetic test results and reports shall be provided to
2 the referring physician, advanced practice nurse, or physician
3 assistant. General seminars or talks to groups or organizations
4 on genetic counseling that do not include individual, couple,
5 or family specific counseling may be conducted without a
6 referral. In clinical settings, genetic counselors who serve as
7 a liaison between family members of a patient and a genetic
8 research project, may, with the consent of the patient, provide
9 information to family members for the purpose of gathering
10 additional information, as it relates to the patient, without a
11 referral. In non-clinical settings where no patient is being
12 treated, genetic counselors who serve as a liaison between a
13 genetic research project and participants in that genetic
14 research project may provide information to the participants,
15 without a referral.

16 (c) Beginning 12 months after the adoption of the final
17 administrative rules, no association or partnership shall
18 practice genetic counseling unless every member, partner, and
19 employee of the association or partnership who practices
20 genetic counseling or who renders genetic counseling services
21 holds a valid license issued under this Act. No license shall
22 be issued to a corporation, the stated purpose of which
23 includes or which practices or which holds itself out as
24 available to practice genetic counseling, unless it is
25 organized under the Professional Service Corporation Act.

26 (d) Nothing in this Act shall be construed as permitting

1 persons licensed as genetic counselors to engage in any manner
2 in the practice of medicine in all its branches as defined by
3 law in this State.

4 (e) Nothing in this Act shall be construed to authorize a
5 licensed genetic counselor to diagnose, test (unless
6 authorized in a referral), or treat any genetic or other
7 disease or condition.

8 (f) When, in the course of providing genetic counseling
9 services to any person, a genetic counselor licensed under this
10 Act finds any indication of a disease or condition that in his
11 or her professional judgment requires professional service
12 outside the scope of practice as defined in this Act, he or she
13 shall refer that person to a physician licensed to practice
14 medicine in all of its branches.

15 (Source: P.A. 96-1313, eff. 7-27-10.)

16 (225 ILCS 135/95)

17 (Section scheduled to be repealed on January 1, 2015)

18 Sec. 95. Grounds for discipline.

19 (a) The Department may refuse to issue, renew, or may
20 revoke, suspend, place on probation, reprimand, or take other
21 disciplinary action as the Department deems appropriate,
22 including the issuance of fines not to exceed \$1,000 for each
23 violation, with regard to any license for any one or more of
24 the following:

25 (1) Material misstatement in furnishing information to

1 the Department or to any other State agency.

2 (2) Violations or negligent or intentional disregard
3 of this Act, or any of its rules.

4 (3) Conviction of any crime under the laws of the
5 United States or any state or territory thereof that is a
6 felony, a misdemeanor, an essential element of which is
7 dishonesty, or a crime that is directly related to the
8 practice of the profession.

9 (4) Making any misrepresentation for the purpose of
10 obtaining a license, or violating any provision of this Act
11 or its rules.

12 (5) Gross negligence in the rendering of genetic
13 counseling services.

14 (6) Failure to provide genetic testing results and any
15 requested information to a referring physician licensed to
16 practice medicine in all its branches, advanced practice
17 nurse, or physician assistant.

18 (7) Aiding or assisting another person in violating any
19 provision of this Act or any rules.

20 (8) Failing to provide information within 60 days in
21 response to a written request made by the Department.

22 (9) Engaging in dishonorable, unethical, or
23 unprofessional conduct of a character likely to deceive,
24 defraud, or harm the public and violating the rules of
25 professional conduct adopted by the Department.

26 (10) Failing to maintain the confidentiality of any

1 information received from a client, unless otherwise
2 authorized or required by law.

3 (10.5) Failure to maintain client records of services
4 provided and provide copies to clients upon request.

5 (11) Exploiting a client for personal advantage,
6 profit, or interest.

7 (12) Habitual or excessive use or addiction to alcohol,
8 narcotics, stimulants, or any other chemical agent or drug
9 which results in inability to practice with reasonable
10 skill, judgment, or safety.

11 (13) Discipline by another jurisdiction, if at least
12 one of the grounds for the discipline is the same or
13 substantially equivalent to those set forth in this
14 Section.

15 (14) Directly or indirectly giving to or receiving from
16 any person, firm, corporation, partnership, or association
17 any fee, commission, rebate, or other form of compensation
18 for any professional service not actually rendered.
19 Nothing in this paragraph (14) affects any bona fide
20 independent contractor or employment arrangements among
21 health care professionals, health facilities, health care
22 providers, or other entities, except as otherwise
23 prohibited by law. Any employment arrangements may include
24 provisions for compensation, health insurance, pension, or
25 other employment benefits for the provision of services
26 within the scope of the licensee's practice under this Act.

1 Nothing in this paragraph (14) shall be construed to
2 require an employment arrangement to receive professional
3 fees for services rendered.

4 (15) A finding by the Department that the licensee,
5 after having the license placed on probationary status has
6 violated the terms of probation.

7 (16) Failing to refer a client to other health care
8 professionals when the licensee is unable or unwilling to
9 adequately support or serve the client.

10 (17) Willfully filing false reports relating to a
11 licensee's practice, including but not limited to false
12 records filed with federal or State agencies or
13 departments.

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

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

24 (20) Physical or mental disability, including
25 deterioration through the aging process or loss of
26 abilities and skills which results in the inability to

1 practice the profession with reasonable judgment, skill,
2 or safety.

3 (21) Solicitation of professional services by using
4 false or misleading advertising.

5 (22) Failure to file a return, or to pay the tax,
6 penalty of interest shown in a filed return, or to pay any
7 final assessment of tax, penalty or interest, as required
8 by any tax Act administered by the Illinois Department of
9 Revenue or any successor agency or the Internal Revenue
10 Service or any successor agency.

11 (23) A finding that licensure has been applied for or
12 obtained by fraudulent means.

13 (24) Practicing or attempting to practice under a name
14 other than the full name as shown on the license or any
15 other legally authorized name.

16 (25) Gross overcharging for professional services,
17 including filing statements for collection of fees or
18 monies for which services are not rendered.

19 (26) Providing genetic counseling services to
20 individuals, couples, groups, or families without a
21 referral from either a physician licensed to practice
22 medicine in all its branches, an advanced practice nurse
23 ~~who has a collaborative agreement with a collaborating~~
24 ~~physician that authorizes the advanced practice nurse to~~
25 ~~make referrals to a genetic counselor,~~ or a physician
26 assistant who has been delegated authority to make

1 referrals to genetic counselors.

2 (b) The Department shall deny, without hearing, any
3 application or renewal for a license under this Act to any
4 person who has defaulted on an educational loan guaranteed by
5 the Illinois State Assistance Commission; however, the
6 Department may issue a license or renewal if the person in
7 default has established a satisfactory repayment record as
8 determined by the Illinois Student Assistance Commission.

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

18 (Source: P.A. 96-1313, eff. 7-27-10; 96-1482, eff. 11-29-10;
19 97-813, eff. 7-13-12.)

20 Section 70. The Perinatal Mental Health Disorders
21 Prevention and Treatment Act is amended by changing Section 10
22 as follows:

23 (405 ILCS 95/10)

24 Sec. 10. Definitions. In this Act:

1 "Hospital" has the meaning given to that term in the
2 Hospital Licensing Act.

3 "Licensed health care professional" means a physician
4 licensed to practice medicine in all its branches, an advanced
5 practice nurse ~~who has a collaborative agreement with a~~
6 ~~collaborating physician that authorizes care,~~ or a physician's
7 assistant who has been delegated authority to provide care.

8 "Postnatal care" means an office visit to a licensed health
9 care professional occurring after birth, with reference to the
10 infant or mother.

11 "Prenatal care" means an office visit to a licensed health
12 care professional for pregnancy-related care occurring before
13 birth.

14 "Questionnaire" means an assessment tool administered by a
15 licensed health care professional to detect perinatal mental
16 health disorders, such as the Edinburgh Postnatal Depression
17 Scale, the Postpartum Depression Screening Scale, the Beck
18 Depression Inventory, the Patient Health Questionnaire, or
19 other validated assessment methods.

20 (Source: P.A. 95-469, eff. 1-1-08.)

21 Section 75. The Lead Poisoning Prevention Act is amended by
22 changing Section 6.2 as follows:

23 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

24 Sec. 6.2. Physicians to screen children.

1 (a) Every physician licensed to practice medicine in all
2 its branches or health care provider shall screen children 6
3 months through 6 years of age for lead poisoning who are
4 determined to reside in an area defined as high risk by the
5 Department. Children residing in areas defined as low risk by
6 the Department shall be assessed for risk by a risk assessment
7 procedure developed by the Department. Children shall be
8 screened, in accordance with guidelines and criteria set forth
9 by the American Academy of Pediatrics, at the priority
10 intervals and using the methods specified in the guidelines.

11 (b) Each licensed, registered, or approved health care
12 facility serving children from 6 months through 6 years of age,
13 including but not limited to, health departments, hospitals,
14 clinics, and health maintenance organizations approved,
15 registered, or licensed by the Department, shall take the
16 appropriate steps to ensure that the patients receive lead
17 poisoning screening, where medically indicated or appropriate.

18 (c) Children 6 years and older may also be screened by
19 physicians or health care providers, in accordance with
20 guidelines and criteria set forth by the American Academy of
21 Pediatrics, according to the priority intervals specified in
22 the guidelines. Physicians and health care providers shall also
23 screen children for lead poisoning in conjunction with the
24 school health examination, as required under the School Code,
25 when, in the medical judgment ~~judgement~~ of the physician,
26 advanced practice nurse ~~who has a written collaborative~~

1 ~~agreement with a collaborating physician that authorizes the~~
2 ~~advance practice nurse to perform health examinations, or~~
3 physician assistant who has been delegated to perform health
4 examinations by the supervising physician, the child is
5 potentially at high risk of lead poisoning.

6 (d) Nothing in this Section shall be construed to require
7 any child to undergo a lead blood level screening or test whose
8 parent or guardian objects on the grounds that the screening or
9 test conflicts with his or her religious beliefs.

10 (Source: P.A. 93-104, eff. 1-1-04.)

11 Section 80. The Sexual Assault Survivors Emergency
12 Treatment Act is amended by changing Sections 2.2, 5, and 5.5
13 as follows:

14 (410 ILCS 70/2.2)

15 Sec. 2.2. Emergency contraception.

16 (a) The General Assembly finds:

17 (1) Crimes of sexual assault and sexual abuse cause
18 significant physical, emotional, and psychological trauma
19 to the victims. This trauma is compounded by a victim's
20 fear of becoming pregnant and bearing a child as a result
21 of the sexual assault.

22 (2) Each year over 32,000 women become pregnant in the
23 United States as the result of rape and approximately 50%
24 of these pregnancies end in abortion.

1 (3) As approved for use by the Federal Food and Drug
2 Administration (FDA), emergency contraception can
3 significantly reduce the risk of pregnancy if taken within
4 72 hours after the sexual assault.

5 (4) By providing emergency contraception to rape
6 victims in a timely manner, the trauma of rape can be
7 significantly reduced.

8 (b) Within 120 days after the effective date of this
9 amendatory Act of the 92nd General Assembly, every hospital
10 providing services to sexual assault survivors in accordance
11 with a plan approved under Section 2 must develop a protocol
12 that ensures that each survivor of sexual assault will receive
13 medically and factually accurate and written and oral
14 information about emergency contraception; the indications and
15 counter-indications and risks associated with the use of
16 emergency contraception; and a description of how and when
17 victims may be provided emergency contraception upon the
18 written order of a physician licensed to practice medicine in
19 all its branches, an advanced practice nurse ~~who has a written~~
20 ~~collaborative agreement with a collaborating physician that~~
21 ~~authorizes prescription of emergency contraception,~~ or a
22 physician assistant who has been delegated authority to
23 prescribe emergency contraception. The Department shall
24 approve the protocol if it finds that the implementation of the
25 protocol would provide sufficient protection for survivors of
26 sexual assault.

1 The hospital shall implement the protocol upon approval by
2 the Department. The Department shall adopt rules and
3 regulations establishing one or more safe harbor protocols and
4 setting minimum acceptable protocol standards that hospitals
5 may develop and implement. The Department shall approve any
6 protocol that meets those standards. The Department may provide
7 a sample acceptable protocol upon request.

8 (Source: P.A. 95-432, eff. 1-1-08.)

9 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

10 Sec. 5. Minimum requirements for hospitals providing
11 hospital emergency services and forensic services to sexual
12 assault survivors.

13 (a) Every hospital providing hospital emergency services
14 and forensic services to sexual assault survivors under this
15 Act shall, as minimum requirements for such services, provide,
16 with the consent of the sexual assault survivor, and as ordered
17 by the attending physician, an advanced practice nurse ~~who has~~
18 ~~a written collaborative agreement with a collaborating~~
19 ~~physician that authorizes provision of emergency services,~~ or a
20 physician assistant who has been delegated authority to provide
21 hospital emergency services and forensic services, the
22 following:

23 (1) appropriate medical examinations and laboratory
24 tests required to ensure the health, safety, and welfare of
25 a sexual assault survivor or which may be used as evidence

1 in a criminal proceeding against a person accused of the
2 sexual assault, or both; and records of the results of such
3 examinations and tests shall be maintained by the hospital
4 and made available to law enforcement officials upon the
5 request of the sexual assault survivor;

6 (2) appropriate oral and written information
7 concerning the possibility of infection, sexually
8 transmitted disease and pregnancy resulting from sexual
9 assault;

10 (3) appropriate oral and written information
11 concerning accepted medical procedures, medication, and
12 possible contraindications of such medication available
13 for the prevention or treatment of infection or disease
14 resulting from sexual assault;

15 (4) an amount of medication for treatment at the
16 hospital and after discharge as is deemed appropriate by
17 the attending physician, an advanced practice nurse, or a
18 physician assistant and consistent with the hospital's
19 current approved protocol for sexual assault survivors;

20 (5) an evaluation of the sexual assault survivor's risk
21 of contracting human immunodeficiency virus (HIV) from the
22 sexual assault;

23 (6) written and oral instructions indicating the need
24 for follow-up examinations and laboratory tests after the
25 sexual assault to determine the presence or absence of
26 sexually transmitted disease;

1 (7) referral by hospital personnel for appropriate
2 counseling; and

3 (8) when HIV prophylaxis is deemed appropriate, an
4 initial dose or doses of HIV prophylaxis, along with
5 written and oral instructions indicating the importance of
6 timely follow-up healthcare.

7 (b) Any person who is a sexual assault survivor who seeks
8 emergency hospital services and forensic services or follow-up
9 healthcare under this Act shall be provided such services
10 without the consent of any parent, guardian, custodian,
11 surrogate, or agent.

12 (c) Nothing in this Section creates a physician-patient
13 relationship that extends beyond discharge from the hospital
14 emergency department.

15 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

16 (410 ILCS 70/5.5)

17 Sec. 5.5. Minimum reimbursement requirements for follow-up
18 healthcare.

19 (a) Every hospital, health care professional, laboratory,
20 or pharmacy that provides follow-up healthcare to a sexual
21 assault survivor, with the consent of the sexual assault
22 survivor and as ordered by the attending physician, an advanced
23 practice nurse ~~who has a written collaborative agreement with a~~
24 ~~collaborating physician,~~ or physician assistant who has been
25 delegated authority by a supervising physician shall be

1 reimbursed for the follow-up healthcare services provided.
2 Follow-up healthcare services include, but are not limited to,
3 the following:

4 (1) a physical examination;

5 (2) laboratory tests to determine the presence or
6 absence of sexually transmitted disease; and

7 (3) appropriate medications, including HIV
8 prophylaxis.

9 (b) Reimbursable follow-up healthcare is limited to office
10 visits with a physician, advanced practice nurse, or physician
11 assistant within 90 days after an initial visit for hospital
12 emergency services.

13 (c) Nothing in this Section requires a hospital, health
14 care professional, laboratory, or pharmacy to provide
15 follow-up healthcare to a sexual assault survivor.

16 (Source: P.A. 95-432, eff. 1-1-08.)

17 Section 85. The Consent by Minors to Medical Procedures Act
18 is amended by changing Sections 1, 2, and 3 as follows:

19 (410 ILCS 210/1) (from Ch. 111, par. 4501)

20 Sec. 1. Consent by minor. The consent to the performance of
21 a medical or surgical procedure by a physician licensed to
22 practice medicine and surgery, an advanced practice nurse ~~who~~
23 ~~has a written collaborative agreement with a collaborating~~
24 ~~physician that authorizes provision of services for minors, or~~

1 a physician assistant who has been delegated authority to
2 provide services for minors executed by a married person who is
3 a minor, by a parent who is a minor, by a pregnant woman who is
4 a minor, or by any person 18 years of age or older, is not
5 voidable because of such minority, and, for such purpose, a
6 married person who is a minor, a parent who is a minor, a
7 pregnant woman who is a minor, or any person 18 years of age or
8 older, is deemed to have the same legal capacity to act and has
9 the same powers and obligations as has a person of legal age.

10 (Source: P.A. 93-962, eff. 8-20-04.)

11 (410 ILCS 210/2) (from Ch. 111, par. 4502)

12 Sec. 2. Any parent, including a parent who is a minor, may
13 consent to the performance upon his or her child of a medical
14 or surgical procedure by a physician licensed to practice
15 medicine and surgery, an advanced practice nurse ~~who has a~~
16 ~~written collaborative agreement with a collaborating physician~~
17 ~~that authorizes provision of services for minors,~~ or a
18 physician assistant who has been delegated authority to provide
19 services for minors or a dental procedure by a licensed
20 dentist. The consent of a parent who is a minor shall not be
21 voidable because of such minority, but, for such purpose, a
22 parent who is a minor shall be deemed to have the same legal
23 capacity to act and shall have the same powers and obligations
24 as has a person of legal age.

25 (Source: P.A. 93-962, eff. 8-20-04.)

1 (410 ILCS 210/3) (from Ch. 111, par. 4503)

2 Sec. 3. (a) Where a hospital, a physician licensed to
3 practice medicine or surgery, an advanced practice nurse ~~who~~
4 ~~has a written collaborative agreement with a collaborating~~
5 ~~physician that authorizes provision of services for minors,~~ or
6 a physician assistant who has been delegated authority to
7 provide services for minors renders emergency treatment or
8 first aid or a licensed dentist renders emergency dental
9 treatment to a minor, consent of the minor's parent or legal
10 guardian need not be obtained if, in the sole opinion of the
11 physician, advanced practice nurse, physician assistant,
12 dentist, or hospital, the obtaining of consent is not
13 reasonably feasible under the circumstances without adversely
14 affecting the condition of such minor's health.

15 (b) Where a minor is the victim of a predatory criminal
16 sexual assault of a child, aggravated criminal sexual assault,
17 criminal sexual assault, aggravated criminal sexual abuse or
18 criminal sexual abuse, as provided in Sections 11-1.20 through
19 11-1.60 of the Criminal Code of 1961, as now or hereafter
20 amended, the consent of the minor's parent or legal guardian
21 need not be obtained to authorize a hospital, physician,
22 advanced practice nurse, physician assistant, or other medical
23 personnel to furnish medical care or counseling related to the
24 diagnosis or treatment of any disease or injury arising from
25 such offense. The minor may consent to such counseling,

1 diagnosis or treatment as if the minor had reached his or her
2 age of majority. Such consent shall not be voidable, nor
3 subject to later disaffirmance, because of minority.

4 (Source: P.A. 96-1551, eff. 7-1-11.)

5 Section 90. The Prenatal and Newborn Care Act is amended by
6 changing Section 2 as follows:

7 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

8 Sec. 2. Definitions. As used in this Act, unless the
9 context otherwise requires:

10 "Advanced practice nurse" or "APN" means an advanced
11 practice nurse licensed under the Nurse Practice Act ~~who has a~~
12 ~~written collaborative agreement with a collaborating physician~~
13 ~~that authorizes the provision of prenatal and newborn care.~~

14 "Department" means the Illinois Department of Human
15 Services.

16 "Early and Periodic Screening, Diagnosis and Treatment
17 (EPSDT)" means the provision of preventative health care under
18 42 C.F.R. 441.50 et seq., including medical and dental
19 services, needed to assess growth and development and detect
20 and treat health problems.

21 "Hospital" means a hospital as defined under the Hospital
22 Licensing Act.

23 "Local health authority" means the full-time official
24 health department or board of health, as recognized by the

1 Illinois Department of Public Health, having jurisdiction over
2 a particular area.

3 "Nurse" means a nurse licensed under the Nurse Practice
4 Act.

5 "Physician" means a physician licensed to practice
6 medicine in all of its branches.

7 "Physician assistant" means a physician assistant licensed
8 under the Physician Assistant Practice Act of 1987 who has been
9 delegated authority to provide prenatal and newborn care.

10 "Postnatal visit" means a visit occurring after birth, with
11 reference to the newborn.

12 "Prenatal visit" means a visit occurring before birth.

13 "Program" means the Prenatal and Newborn Care Program
14 established pursuant to this Act.

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

16 Section 95. The AIDS Confidentiality Act is amended by
17 changing Section 3 as follows:

18 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

19 Sec. 3. When used in this Act:

20 (a) "Department" means the Illinois Department of Public
21 Health.

22 (b) "AIDS" means acquired immunodeficiency syndrome.

23 (c) "HIV" means the Human Immunodeficiency Virus or any
24 other identified causative agent of AIDS.

1 (d) "Informed consent" means a written or verbal agreement
2 by the subject of a test or the subject's legally authorized
3 representative without undue inducement or any element of
4 force, fraud, deceit, duress or other form of constraint or
5 coercion, which entails at least the following pre-test
6 information:

7 (1) a fair explanation of the test, including its purpose,
8 potential uses, limitations and the meaning of its results; and

9 (2) a fair explanation of the procedures to be followed,
10 including the voluntary nature of the test, the right to
11 withdraw consent to the testing process at any time, the right
12 to anonymity to the extent provided by law with respect to
13 participation in the test and disclosure of test results, and
14 the right to confidential treatment of information identifying
15 the subject of the test and the results of the test, to the
16 extent provided by law.

17 Pre-test information may be provided in writing, verbally,
18 or by video, electronic, or other means. The subject must be
19 offered an opportunity to ask questions about the HIV test and
20 decline testing. Nothing in this Act shall prohibit a health
21 care provider from combining a form used to obtain informed
22 consent for HIV testing with forms used to obtain written
23 consent for general medical care or any other medical test or
24 procedure provided that the forms make it clear that the
25 subject may consent to general medical care, tests, or medical
26 procedures without being required to consent to HIV testing and

1 clearly explain how the subject may opt-out of HIV testing.

2 (e) "Health facility" means a hospital, nursing home, blood
3 bank, blood center, sperm bank, or other health care
4 institution, including any "health facility" as that term is
5 defined in the Illinois Finance Authority Act.

6 (f) "Health care provider" means any health care
7 professional, nurse, paramedic, psychologist or other person
8 providing medical, nursing, psychological, or other health
9 care services of any kind.

10 (f-5) "Health care professional" means (i) a licensed
11 physician, (ii) a physician assistant to whom the physician
12 assistant's supervising physician has delegated the provision
13 of AIDS and HIV-related health services, (iii) an advanced
14 practice registered nurse ~~who has a written collaborative~~
15 ~~agreement with a collaborating physician which authorizes the~~
16 ~~provision of AIDS and HIV related health services,~~ (iv) a
17 licensed dentist, (v) a licensed podiatrist, or (vi) an
18 individual certified to provide HIV testing and counseling by a
19 state or local public health department.

20 (g) "Test" or "HIV test" means a test to determine the
21 presence of the antibody or antigen to HIV, or of HIV
22 infection.

23 (h) "Person" includes any natural person, partnership,
24 association, joint venture, trust, governmental entity, public
25 or private corporation, health facility or other legal entity.

26 (Source: P.A. 95-7, eff. 6-1-08; 95-331, eff. 8-21-07.)

1 Section 100. The Illinois Sexually Transmissible Disease
2 Control Act is amended by changing Section 4 as follows:

3 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

4 Sec. 4. Reporting required.

5 (a) A physician licensed under the provisions of the
6 Medical Practice Act of 1987, an advanced practice nurse
7 licensed under the provisions of the Nurse Practice Act ~~who has~~
8 ~~a written collaborative agreement with a collaborating~~
9 ~~physician that authorizes the provision of services for a~~
10 ~~sexually transmissible disease,~~ or a physician assistant
11 licensed under the provisions of the Physician Assistant
12 Practice Act of 1987 who has been delegated authority to
13 provide services for a sexually transmissible disease who makes
14 a diagnosis of or treats a person with a sexually transmissible
15 disease and each laboratory that performs a test for a sexually
16 transmissible disease which concludes with a positive result
17 shall report such facts as may be required by the Department by
18 rule, within such time period as the Department may require by
19 rule, but in no case to exceed 2 weeks.

20 (b) The Department shall adopt rules specifying the
21 information required in reporting a sexually transmissible
22 disease, the method of reporting and specifying a minimum time
23 period for reporting. In adopting such rules, the Department
24 shall consider the need for information, protections for the

1 privacy and confidentiality of the patient, and the practical
2 abilities of persons and laboratories to report in a reasonable
3 fashion.

4 (c) Any person who knowingly or maliciously disseminates
5 any false information or report concerning the existence of any
6 sexually transmissible disease under this Section is guilty of
7 a Class A misdemeanor.

8 (d) Any person who violates the provisions of this Section
9 or the rules adopted hereunder may be fined by the Department
10 up to \$500 for each violation. The Department shall report each
11 violation of this Section to the regulatory agency responsible
12 for licensing a health care professional or a laboratory to
13 which these provisions apply.

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

15 Section 105. The Perinatal HIV Prevention Act is amended by
16 changing Section 5 as follows:

17 (410 ILCS 335/5)

18 Sec. 5. Definitions. In this Act:

19 "Department" means the Department of Public Health.

20 "Health care professional" means a physician licensed to
21 practice medicine in all its branches, a physician assistant
22 who has been delegated the provision of health services by his
23 or her supervising physician, or an advanced practice
24 ~~registered nurse who has a written collaborative agreement with~~

1 ~~a collaborating physician that authorizes the provision of~~
2 ~~health services.~~

3 "Health care facility" or "facility" means any hospital or
4 other institution that is licensed or otherwise authorized to
5 deliver health care services.

6 "Health care services" means any prenatal medical care or
7 labor or delivery services to a pregnant woman and her newborn
8 infant, including hospitalization.

9 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

10 Section 110. The Home Health and Hospice Drug Dispensation
11 and Administration Act is amended by changing Section 10 as
12 follows:

13 (410 ILCS 642/10)

14 Sec. 10. Definitions. In this Act:

15 "Authorized nursing employee" means a registered nurse or
16 advanced practice nurse, as defined in the Nurse Practice Act,
17 who is employed by a home health agency or hospice licensed in
18 this State.

19 "Health care professional" means a physician licensed to
20 practice medicine in all its branches, an advanced practice
21 nurse ~~who has a written collaborative agreement with a~~
22 ~~collaborating physician that authorizes services under this~~
23 ~~Act~~, or a physician assistant who has been delegated the
24 authority to perform services under this Act by his or her

1 supervising physician.

2 "Home health agency" has the meaning ascribed to it in
3 Section 2.04 of the Home Health, Home Services, and Home
4 Nursing Agency Licensing Act.

5 "Hospice" means a full hospice, as defined in Section 3 of
6 the Hospice Program Licensing Act.

7 "Physician" means a physician licensed under the Medical
8 Practice Act of 1987 to practice medicine in all its branches.

9 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
10 95-639, eff. 10-5-07.)

11 Section 115. The Illinois Vehicle Code is amended by
12 changing Sections 1-159.1, 3-616, and 6-106.1 as follows:

13 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

14 Sec. 1-159.1. Person with disabilities. A natural person
15 who, as determined by a licensed physician, by a physician
16 assistant who has been delegated the authority to make this
17 determination by his or her supervising physician, or by an
18 advanced practice nurse ~~who has a written collaborative~~
19 ~~agreement with a collaborating physician that authorizes the~~
20 ~~advanced practice nurse to make this determination:~~ (1) cannot
21 walk without the use of, or assistance from, a brace, cane,
22 crutch, another person, prosthetic device, wheelchair, or
23 other assistive device; (2) is restricted by lung disease to
24 such an extent that his or her forced (respiratory) expiratory

1 volume for one second, when measured by spirometry, is less
2 than one liter, or the arterial oxygen tension is less than 60
3 mm/hg on room air at rest; (3) uses portable oxygen; (4) has a
4 cardiac condition to the extent that the person's functional
5 limitations are classified in severity as Class III or Class
6 IV, according to standards set by the American Heart
7 Association; (5) is severely limited in the person's ability to
8 walk due to an arthritic, neurological, or orthopedic
9 condition; (6) cannot walk 200 feet without stopping to rest
10 because of one of the above 5 conditions; or (7) is missing a
11 hand or arm or has permanently lost the use of a hand or arm.
12 (Source: P.A. 95-186, eff. 8-16-07.)

13 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

14 Sec. 3-616. Disability license plates.

15 (a) Upon receiving an application for a certificate of
16 registration for a motor vehicle of the first division or for a
17 motor vehicle of the second division weighing no more than
18 8,000 pounds, accompanied with payment of the registration fees
19 required under this Code from a person with disabilities or a
20 person who is deaf or hard of hearing, the Secretary of State,
21 if so requested, shall issue to such person registration plates
22 as provided for in Section 3-611, provided that the person with
23 disabilities or person who is deaf or hard of hearing must not
24 be disqualified from obtaining a driver's license under
25 subsection 8 of Section 6-103 of this Code, and further

1 provided that any person making such a request must submit a
2 statement, certified by a licensed physician, by a physician
3 assistant who has been delegated the authority to make this
4 certification by his or her supervising physician, or by an
5 advanced practice nurse ~~who has a written collaborative~~
6 ~~agreement with a collaborating physician that authorizes the~~
7 ~~advanced practice nurse to make this certification,~~ to the
8 effect that such person is a person with disabilities as
9 defined by Section 1-159.1 of this Code, or alternatively
10 provide adequate documentation that such person has a Class 1A,
11 Class 2A or Type Four disability under the provisions of
12 Section 4A of the Illinois Identification Card Act. For
13 purposes of this Section, an Illinois Person with a Disability
14 Identification Card issued pursuant to the Illinois
15 Identification Card Act indicating that the person thereon
16 named has a disability shall be adequate documentation of such
17 a disability.

18 (b) The Secretary shall issue plates under this Section to
19 a parent or legal guardian of a person with disabilities if the
20 person with disabilities has a Class 1A or Class 2A disability
21 as defined in Section 4A of the Illinois Identification Card
22 Act or is a person with disabilities as defined by Section
23 1-159.1 of this Code, and does not possess a vehicle registered
24 in his or her name, provided that the person with disabilities
25 relies frequently on the parent or legal guardian for
26 transportation. Only one vehicle per family may be registered

1 under this subsection, unless the applicant can justify in
2 writing the need for one additional set of plates. Any person
3 requesting special plates under this subsection shall submit
4 such documentation or such physician's, physician assistant's,
5 or advanced practice nurse's statement as is required in
6 subsection (a) and a statement describing the circumstances
7 qualifying for issuance of special plates under this
8 subsection. An optometrist may certify a Class 2A Visual
9 Disability, as defined in Section 4A of the Illinois
10 Identification Card Act, for the purpose of qualifying a person
11 with disabilities for special plates under this subsection.

12 (c) The Secretary may issue a parking decal or device to a
13 person with disabilities as defined by Section 1-159.1 without
14 regard to qualification of such person with disabilities for a
15 driver's license or registration of a vehicle by such person
16 with disabilities or such person's immediate family, provided
17 such person with disabilities making such a request has been
18 issued an Illinois Person with a Disability Identification Card
19 indicating that the person named thereon has a Class 1A or
20 Class 2A disability, or alternatively, submits a statement
21 certified by a licensed physician, or by a physician assistant
22 or an advanced practice nurse as provided in subsection (a), to
23 the effect that such person is a person with disabilities as
24 defined by Section 1-159.1. An optometrist may certify a Class
25 2A Visual Disability as defined in Section 4A of the Illinois
26 Identification Card Act for the purpose of qualifying a person

1 with disabilities for a parking decal or device under this
2 subsection.

3 (d) The Secretary shall prescribe by rules and regulations
4 procedures to certify or re-certify as necessary the
5 eligibility of persons whose disabilities are other than
6 permanent for special plates or parking decals or devices
7 issued under subsections (a), (b) and (c). Except as provided
8 under subsection (f) of this Section, no such special plates,
9 decals or devices shall be issued by the Secretary of State to
10 or on behalf of any person with disabilities unless such person
11 is certified as meeting the definition of a person with
12 disabilities pursuant to Section 1-159.1 or meeting the
13 requirement of a Type Four disability as provided under Section
14 4A of the Illinois Identification Card Act for the period of
15 time that the physician, or the physician assistant or advanced
16 practice nurse as provided in subsection (a), determines the
17 applicant will have the disability, but not to exceed 6 months
18 from the date of certification or recertification.

19 (e) Any person requesting special plates under this Section
20 may also apply to have the special plates personalized, as
21 provided under Section 3-405.1.

22 (f) The Secretary of State, upon application, shall issue
23 disability registration plates or a parking decal to
24 corporations, school districts, State or municipal agencies,
25 limited liability companies, nursing homes, convalescent
26 homes, or special education cooperatives which will transport

1 persons with disabilities. The Secretary shall prescribe by
2 rule a means to certify or re-certify the eligibility of
3 organizations to receive disability plates or decals and to
4 designate which of the 2 person with disabilities emblems shall
5 be placed on qualifying vehicles.

6 (g) The Secretary of State, or his designee, may enter into
7 agreements with other jurisdictions, including foreign
8 jurisdictions, on behalf of this State relating to the
9 extension of parking privileges by such jurisdictions to
10 permanently disabled residents of this State who display a
11 special license plate or parking device that contains the
12 International symbol of access on his or her motor vehicle, and
13 to recognize such plates or devices issued by such other
14 jurisdictions. This State shall grant the same parking
15 privileges which are granted to disabled residents of this
16 State to any non-resident whose motor vehicle is licensed in
17 another state, district, territory or foreign country if such
18 vehicle displays the international symbol of access or a
19 distinguishing insignia on license plates or parking device
20 issued in accordance with the laws of the non-resident's state,
21 district, territory or foreign country.

22 (Source: P.A. 97-1064, eff. 1-1-13.)

23 (625 ILCS 5/6-106.1)

24 Sec. 6-106.1. School bus driver permit.

25 (a) The Secretary of State shall issue a school bus driver

1 permit to those applicants who have met all the requirements of
2 the application and screening process under this Section to
3 insure the welfare and safety of children who are transported
4 on school buses throughout the State of Illinois. Applicants
5 shall obtain the proper application required by the Secretary
6 of State from their prospective or current employer and submit
7 the completed application to the prospective or current
8 employer along with the necessary fingerprint submission as
9 required by the Department of State Police to conduct
10 fingerprint based criminal background checks on current and
11 future information available in the state system and current
12 information available through the Federal Bureau of
13 Investigation's system. Applicants who have completed the
14 fingerprinting requirements shall not be subjected to the
15 fingerprinting process when applying for subsequent permits or
16 submitting proof of successful completion of the annual
17 refresher course. Individuals who on the effective date of this
18 Act possess a valid school bus driver permit that has been
19 previously issued by the appropriate Regional School
20 Superintendent are not subject to the fingerprinting
21 provisions of this Section as long as the permit remains valid
22 and does not lapse. The applicant shall be required to pay all
23 related application and fingerprinting fees as established by
24 rule including, but not limited to, the amounts established by
25 the Department of State Police and the Federal Bureau of
26 Investigation to process fingerprint based criminal background

1 investigations. All fees paid for fingerprint processing
2 services under this Section shall be deposited into the State
3 Police Services Fund for the cost incurred in processing the
4 fingerprint based criminal background investigations. All
5 other fees paid under this Section shall be deposited into the
6 Road Fund for the purpose of defraying the costs of the
7 Secretary of State in administering this Section. All
8 applicants must:

9 1. be 21 years of age or older;

10 2. possess a valid and properly classified driver's
11 license issued by the Secretary of State;

12 3. possess a valid driver's license, which has not been
13 revoked, suspended, or canceled for 3 years immediately
14 prior to the date of application, or have not had his or
15 her commercial motor vehicle driving privileges
16 disqualified within the 3 years immediately prior to the
17 date of application;

18 4. successfully pass a written test, administered by
19 the Secretary of State, on school bus operation, school bus
20 safety, and special traffic laws relating to school buses
21 and submit to a review of the applicant's driving habits by
22 the Secretary of State at the time the written test is
23 given;

24 5. demonstrate ability to exercise reasonable care in
25 the operation of school buses in accordance with rules
26 promulgated by the Secretary of State;

1 6. demonstrate physical fitness to operate school
2 buses by submitting the results of a medical examination,
3 including tests for drug use for each applicant not subject
4 to such testing pursuant to federal law, conducted by a
5 licensed physician, an advanced practice nurse ~~who has a~~
6 ~~written collaborative agreement with a collaborating~~
7 ~~physician which authorizes him or her to perform medical~~
8 ~~examinations~~, or a physician assistant who has been
9 delegated the performance of medical examinations by his or
10 her supervising physician within 90 days of the date of
11 application according to standards promulgated by the
12 Secretary of State;

13 7. affirm under penalties of perjury that he or she has
14 not made a false statement or knowingly concealed a
15 material fact in any application for permit;

16 8. have completed an initial classroom course,
17 including first aid procedures, in school bus driver safety
18 as promulgated by the Secretary of State; and after
19 satisfactory completion of said initial course an annual
20 refresher course; such courses and the agency or
21 organization conducting such courses shall be approved by
22 the Secretary of State; failure to complete the annual
23 refresher course, shall result in cancellation of the
24 permit until such course is completed;

25 9. not have been under an order of court supervision
26 for or convicted of 2 or more serious traffic offenses, as

1 defined by rule, within one year prior to the date of
2 application that may endanger the life or safety of any of
3 the driver's passengers within the duration of the permit
4 period;

5 10. not have been under an order of court supervision
6 for or convicted of reckless driving, aggravated reckless
7 driving, driving while under the influence of alcohol,
8 other drug or drugs, intoxicating compound or compounds or
9 any combination thereof, or reckless homicide resulting
10 from the operation of a motor vehicle within 3 years of the
11 date of application;

12 11. not have been convicted of committing or attempting
13 to commit any one or more of the following offenses: (i)
14 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
15 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
16 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,
17 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,
18 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,
19 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
20 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
21 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
22 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
23 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
24 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
25 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
26 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,

1 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
2 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
3 24-1.7, 24-2.1, 24-3.3, 24-3.5, 31A-1, 31A-1.1, 33A-2, and
4 33D-1, and in subsection (b) of Section 8-1, and in
5 subdivisions (a)(1), (a)(2), (b)(1), (e)(1), (e)(2),
6 (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and in
7 subsection (a) and subsection (b), clause (1), of Section
8 12-4, and in subsection (A), clauses (a) and (b), of
9 Section 24-3, and those offenses contained in Article 29D
10 of the Criminal Code of 1961; (ii) those offenses defined
11 in the Cannabis Control Act except those offenses defined
12 in subsections (a) and (b) of Section 4, and subsection (a)
13 of Section 5 of the Cannabis Control Act; (iii) those
14 offenses defined in the Illinois Controlled Substances
15 Act; (iv) those offenses defined in the Methamphetamine
16 Control and Community Protection Act; (v) any offense
17 committed or attempted in any other state or against the
18 laws of the United States, which if committed or attempted
19 in this State would be punishable as one or more of the
20 foregoing offenses; (vi) the offenses defined in Section
21 4.1 and 5.1 of the Wrongs to Children Act or Section
22 11-9.1A of the Criminal Code of 1961; (vii) those offenses
23 defined in Section 6-16 of the Liquor Control Act of 1934;
24 and (viii) those offenses defined in the Methamphetamine
25 Precursor Control Act;

26 12. not have been repeatedly involved as a driver in

1 motor vehicle collisions or been repeatedly convicted of
2 offenses against laws and ordinances regulating the
3 movement of traffic, to a degree which indicates lack of
4 ability to exercise ordinary and reasonable care in the
5 safe operation of a motor vehicle or disrespect for the
6 traffic laws and the safety of other persons upon the
7 highway;

8 13. not have, through the unlawful operation of a motor
9 vehicle, caused an accident resulting in the death of any
10 person;

11 14. not have, within the last 5 years, been adjudged to
12 be afflicted with or suffering from any mental disability
13 or disease; and

14 15. consent, in writing, to the release of results of
15 reasonable suspicion drug and alcohol testing under
16 Section 6-106.1c of this Code by the employer of the
17 applicant to the Secretary of State.

18 (b) A school bus driver permit shall be valid for a period
19 specified by the Secretary of State as set forth by rule. It
20 shall be renewable upon compliance with subsection (a) of this
21 Section.

22 (c) A school bus driver permit shall contain the holder's
23 driver's license number, legal name, residence address, zip
24 code, and date of birth, a brief description of the holder and
25 a space for signature. The Secretary of State may require a
26 suitable photograph of the holder.

1 (d) The employer shall be responsible for conducting a
2 pre-employment interview with prospective school bus driver
3 candidates, distributing school bus driver applications and
4 medical forms to be completed by the applicant, and submitting
5 the applicant's fingerprint cards to the Department of State
6 Police that are required for the criminal background
7 investigations. The employer shall certify in writing to the
8 Secretary of State that all pre-employment conditions have been
9 successfully completed including the successful completion of
10 an Illinois specific criminal background investigation through
11 the Department of State Police and the submission of necessary
12 fingerprints to the Federal Bureau of Investigation for
13 criminal history information available through the Federal
14 Bureau of Investigation system. The applicant shall present the
15 certification to the Secretary of State at the time of
16 submitting the school bus driver permit application.

17 (e) Permits shall initially be provisional upon receiving
18 certification from the employer that all pre-employment
19 conditions have been successfully completed, and upon
20 successful completion of all training and examination
21 requirements for the classification of the vehicle to be
22 operated, the Secretary of State shall provisionally issue a
23 School Bus Driver Permit. The permit shall remain in a
24 provisional status pending the completion of the Federal Bureau
25 of Investigation's criminal background investigation based
26 upon fingerprinting specimens submitted to the Federal Bureau

1 of Investigation by the Department of State Police. The Federal
2 Bureau of Investigation shall report the findings directly to
3 the Secretary of State. The Secretary of State shall remove the
4 bus driver permit from provisional status upon the applicant's
5 successful completion of the Federal Bureau of Investigation's
6 criminal background investigation.

7 (f) A school bus driver permit holder shall notify the
8 employer and the Secretary of State if he or she is issued an
9 order of court supervision for or convicted in another state of
10 an offense that would make him or her ineligible for a permit
11 under subsection (a) of this Section. The written notification
12 shall be made within 5 days of the entry of the order of court
13 supervision or conviction. Failure of the permit holder to
14 provide the notification is punishable as a petty offense for a
15 first violation and a Class B misdemeanor for a second or
16 subsequent violation.

17 (g) Cancellation; suspension; notice and procedure.

18 (1) The Secretary of State shall cancel a school bus
19 driver permit of an applicant whose criminal background
20 investigation discloses that he or she is not in compliance
21 with the provisions of subsection (a) of this Section.

22 (2) The Secretary of State shall cancel a school bus
23 driver permit when he or she receives notice that the
24 permit holder fails to comply with any provision of this
25 Section or any rule promulgated for the administration of
26 this Section.

1 (3) The Secretary of State shall cancel a school bus
2 driver permit if the permit holder's restricted commercial
3 or commercial driving privileges are withdrawn or
4 otherwise invalidated.

5 (4) The Secretary of State may not issue a school bus
6 driver permit for a period of 3 years to an applicant who
7 fails to obtain a negative result on a drug test as
8 required in item 6 of subsection (a) of this Section or
9 under federal law.

10 (5) The Secretary of State shall forthwith suspend a
11 school bus driver permit for a period of 3 years upon
12 receiving notice that the holder has failed to obtain a
13 negative result on a drug test as required in item 6 of
14 subsection (a) of this Section or under federal law.

15 (6) The Secretary of State shall suspend a school bus
16 driver permit for a period of 3 years upon receiving notice
17 from the employer that the holder failed to perform the
18 inspection procedure set forth in subsection (a) or (b) of
19 Section 12-816 of this Code.

20 (7) The Secretary of State shall suspend a school bus
21 driver permit for a period of 3 years upon receiving notice
22 from the employer that the holder refused to submit to an
23 alcohol or drug test as required by Section 6-106.1c or has
24 submitted to a test required by that Section which
25 disclosed an alcohol concentration of more than 0.00 or
26 disclosed a positive result on a National Institute on Drug

1 Abuse five-drug panel, utilizing federal standards set
2 forth in 49 CFR 40.87.

3 The Secretary of State shall notify the State
4 Superintendent of Education and the permit holder's
5 prospective or current employer that the applicant has (1) has
6 failed a criminal background investigation or (2) is no longer
7 eligible for a school bus driver permit; and of the related
8 cancellation of the applicant's provisional school bus driver
9 permit. The cancellation shall remain in effect pending the
10 outcome of a hearing pursuant to Section 2-118 of this Code.
11 The scope of the hearing shall be limited to the issuance
12 criteria contained in subsection (a) of this Section. A
13 petition requesting a hearing shall be submitted to the
14 Secretary of State and shall contain the reason the individual
15 feels he or she is entitled to a school bus driver permit. The
16 permit holder's employer shall notify in writing to the
17 Secretary of State that the employer has certified the removal
18 of the offending school bus driver from service prior to the
19 start of that school bus driver's next workshift. An employing
20 school board that fails to remove the offending school bus
21 driver from service is subject to the penalties defined in
22 Section 3-14.23 of the School Code. A school bus contractor who
23 violates a provision of this Section is subject to the
24 penalties defined in Section 6-106.11.

25 All valid school bus driver permits issued under this
26 Section prior to January 1, 1995, shall remain effective until

1 their expiration date unless otherwise invalidated.

2 (h) When a school bus driver permit holder who is a service
3 member is called to active duty, the employer of the permit
4 holder shall notify the Secretary of State, within 30 days of
5 notification from the permit holder, that the permit holder has
6 been called to active duty. Upon notification pursuant to this
7 subsection, (i) the Secretary of State shall characterize the
8 permit as inactive until a permit holder renews the permit as
9 provided in subsection (i) of this Section, and (ii) if a
10 permit holder fails to comply with the requirements of this
11 Section while called to active duty, the Secretary of State
12 shall not characterize the permit as invalid.

13 (i) A school bus driver permit holder who is a service
14 member returning from active duty must, within 90 days, renew a
15 permit characterized as inactive pursuant to subsection (h) of
16 this Section by complying with the renewal requirements of
17 subsection (b) of this Section.

18 (j) For purposes of subsections (h) and (i) of this
19 Section:

20 "Active duty" means active duty pursuant to an executive
21 order of the President of the United States, an act of the
22 Congress of the United States, or an order of the Governor.

23 "Service member" means a member of the Armed Services or
24 reserve forces of the United States or a member of the Illinois
25 National Guard.

26 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;

1 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.
2 7-22-10; 96-1551, Article 1, Section 950, eff. 7-1-11; 96-1551,
3 Article 2, Section 1025, eff. 7-1-11; 97-224, eff. 7-28-11;
4 97-229, eff. 7-28-11; 97-333, eff. 8-12-11; 97-466, eff.
5 1-1-12; 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; revised
6 9-20-12.)

7 Section 120. The Illinois Controlled Substances Act is
8 amended by changing Sections 102 and 303.05 as follows:

9 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

10 Sec. 102. Definitions. As used in this Act, unless the
11 context otherwise requires:

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

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

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

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

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

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

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

- 14 (i) 3[beta] ,17-dihydroxy-5a-androstane,
15 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
16 (iii) 5[alpha] -androstane-3,17-dione,
17 (iv) 1-androstenediol (3[beta] ,
18 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
19 (v) 1-androstenediol (3[alpha] ,
20 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
21 (vi) 4-androstenediol
22 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
23 (vii) 5-androstenediol
24 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
25 (viii) 1-androstenedione
26 ([5alpha] -androst-1-en-3,17-dione),

- 1 (ix) 4-androstenedione
2 (androst-4-en-3,17-dione),
3 (x) 5-androstenedione
4 (androst-5-en-3,17-dione),
5 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
6 hydroxyandrost-4-en-3-one),
7 (xii) boldenone (17[beta] -hydroxyandrost-
8 1,4,-diene-3-one),
9 (xiii) boldione (androsta-1,4-
10 diene-3,17-dione),
11 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
12 [beta] -hydroxyandrost-4-en-3-one),
13 (xv) clostebol (4-chloro-17[beta] -
14 hydroxyandrost-4-en-3-one),
15 (xvi) dehydrochloromethyltestosterone (4-chloro-
16 17[beta] -hydroxy-17[alpha] -methyl-
17 androst-1,4-dien-3-one),
18 (xvii) desoxymethyltestosterone
19 (17[alpha] -methyl-5[alpha]
20 -androst-2-en-17[beta] -ol) (a.k.a., madol),
21 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
22 '1-testosterone') (17[beta] -hydroxy-
23 5[alpha] -androst-1-en-3-one),
24 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
25 androstan-3-one),
26 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-

1 5[alpha] -androst-3-one),
2 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -
3 hydroxyestr-4-ene),
4 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
5 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one),
6 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
7 17[beta] -dihydroxyandrost-1,4-dien-3-one),
8 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
9 hydroxyandrostan[2,3-c] -furan),
10 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
11 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
12 androst-4-en-3-one),
13 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
14 dihydroxy-estr-4-en-3-one),
15 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
16 hydroxy-5-androst-3-one),
17 (xxix) mesterolone (1-methyl-17[beta] -hydroxy-
18 [5a] -androst-3-one),
19 (xxx) methandienone (17[alpha] -methyl-17[beta] -
20 hydroxyandrost-1,4-dien-3-one),
21 (xxxi) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
22 dihydroxyandrost-5-ene),
23 (xxxii) methenolone (1-methyl-17[beta] -hydroxy-
24 5[alpha] -androst-1-en-3-one),
25 (xxxiii) 17[alpha] -methyl-3[beta] , 17[beta] -
26 dihydroxy-5a-androstane),

- 1 (xxxiv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
2 -5a-androstane),
- 3 (xxxv) 17[alpha] -methyl-3[beta] ,17[beta] -
4 dihydroxyandrost-4-ene),
- 5 (xxxvi) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
6 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one),
- 7 (xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
8 hydroxyestra-4,9(10)-dien-3-one),
- 9 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
10 hydroxyestra-4,9-11-trien-3-one),
- 11 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
12 hydroxyandrost-4-en-3-one),
- 13 (xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
14 hydroxyestr-4-en-3-one),
- 15 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
16 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
17 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
18 1-testosterone'),
- 19 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one),
- 20 (xliii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
21 dihydroxyestr-4-ene),
- 22 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
23 dihydroxyestr-4-ene),
- 24 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
25 dihydroxyestr-5-ene),
- 26 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -

- 1 dihydroxyestr-5-ene),
2 (xlvi) 19-nor-4,9(10)-androstadienedione
3 (estra-4,9(10)-diene-3,17-dione),
4 (xlviii) 19-nor-4-androstenedione (estr-4-
5 en-3,17-dione),
6 (xlix) 19-nor-5-androstenedione (estr-5-
7 en-3,17-dione),
8 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
9 hydroxygon-4-en-3-one),
10 (li) norclostebol (4-chloro-17[beta] -
11 hydroxyestr-4-en-3-one),
12 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
13 hydroxyestr-4-en-3-one),
14 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
15 hydroxyestr-4-en-3-one),
16 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
17 2-oxa-5[alpha] -androstan-3-one),
18 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
19 dihydroxyandrost-4-en-3-one),
20 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
21 17[beta] -hydroxy-(5[alpha] -androstan-3-one),
22 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
23 (5[alpha] -androst-2-en[3,2-c] -pyrazole),
24 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
25 (5[alpha] -androst-1-en-3-one),
26 (lix) testolactone (13-hydroxy-3-oxo-13,17-

1 secoandrosta-1,4-dien-17-oic
2 acid lactone),
3 (lx) testosterone (17[beta] -hydroxyandrost-
4 4-en-3-one),
5 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
6 diethyl-17[beta] -hydroxygon-
7 4,9,11-trien-3-one),
8 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
9 11-trien-3-one).

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

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

26 (d-5) "Clinical Director, Prescription Monitoring Program"

1 means a Department of Human Services administrative employee
2 licensed to either prescribe or dispense controlled substances
3 who shall run the clinical aspects of the Department of Human
4 Services Prescription Monitoring Program and its Prescription
5 Information Library.

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

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

25 (f) "Controlled Substance" means (i) a drug, substance, or
26 immediate precursor in the Schedules of Article II of this Act

1 or (ii) a drug or other substance, or immediate precursor,
2 designated as a controlled substance by the Department through
3 administrative rule. The term does not include distilled
4 spirits, wine, malt beverages, or tobacco, as those terms are
5 defined or used in the Liquor Control Act and the Tobacco
6 Products Tax Act.

7 (f-5) "Controlled substance analog" means a substance:

8 (1) the chemical structure of which is substantially
9 similar to the chemical structure of a controlled substance
10 in Schedule I or II;

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

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

24 (g) "Counterfeit substance" means a controlled substance,
25 which, or the container or labeling of which, without
26 authorization bears the trademark, trade name, or other

1 identifying mark, imprint, number or device, or any likeness
2 thereof, of a manufacturer, distributor, or dispenser other
3 than the person who in fact manufactured, distributed, or
4 dispensed the substance.

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

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

12 (j) (Blank).

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

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

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

1 (n) (Blank).

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

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

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

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

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

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

24 (t-5) "Euthanasia agency" means an entity certified by the
25 Department of Financial and Professional Regulation for the
26 purpose of animal euthanasia that holds an animal control

1 facility license or animal shelter license under the Animal
2 Welfare Act. A euthanasia agency is authorized to purchase,
3 store, possess, and utilize Schedule II nonnarcotic and
4 Schedule III nonnarcotic drugs for the sole purpose of animal
5 euthanasia.

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

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

21 (1) lack of consistency of prescriber-patient
22 relationship,

23 (2) frequency of prescriptions for same drug by one
24 prescriber for large numbers of patients,

25 (3) quantities beyond those normally prescribed,

26 (4) unusual dosages (recognizing that there may be

1 clinical circumstances where more or less than the usual
2 dose may be used legitimately),

3 (5) unusual geographic distances between patient,
4 pharmacist and prescriber,

5 (6) consistent prescribing of habit-forming drugs.

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

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

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

16 (v) "Immediate precursor" means a substance:

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

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

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

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

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

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

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

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

1 (c) whether the substance is packaged in a manner
2 normally used for the illegal distribution of controlled
3 substances;

4 (d) whether the distribution or attempted distribution
5 included an exchange of or demand for money or other
6 property as consideration, and whether the amount of the
7 consideration was substantially greater than the
8 reasonable retail market value of the substance.

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

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

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

25 (y-1) "Mail-order pharmacy" means a pharmacy that is
26 located in a state of the United States that delivers,

1 dispenses or distributes, through the United States Postal
2 Service or other common carrier, to Illinois residents, any
3 substance which requires a prescription.

4 (z) "Manufacture" means the production, preparation,
5 propagation, compounding, conversion or processing of a
6 controlled substance other than methamphetamine, either
7 directly or indirectly, by extraction from substances of
8 natural origin, or independently by means of chemical
9 synthesis, or by a combination of extraction and chemical
10 synthesis, and includes any packaging or repackaging of the
11 substance or labeling of its container, except that this term
12 does not include:

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

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

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

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

24 (z-1) (Blank).

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

1 (z-10) "Mid-level practitioner" means (i) a physician
2 assistant who has been delegated authority to prescribe through
3 a written delegation of authority by a physician licensed to
4 practice medicine in all of its branches, in accordance with
5 Section 7.5 of the Physician Assistant Practice Act of 1987,
6 (ii) an advanced practice nurse who has been delegated
7 authority to prescribe through a written delegation of
8 authority by a physician licensed to practice medicine in all
9 of its branches or by a podiatrist, in accordance with Section
10 65-40 of the Nurse Practice Act, or (iii) an animal euthanasia
11 agency.

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

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

24 (2) (blank);

25 (3) opium poppy and poppy straw;

26 (4) coca leaves, except coca leaves and extracts of

1 coca leaves from which substantially all of the cocaine and
2 ecgonine, and their isomers, derivatives and salts, have
3 been removed;

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

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

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

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

13 (cc) (Blank).

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

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

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

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

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

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

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

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

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

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

19 (kk) "Practitioner" means a physician licensed to practice
20 medicine in all its branches, dentist, optometrist,
21 podiatrist, veterinarian, scientific investigator, pharmacist,
22 physician assistant, advanced practice nurse, licensed
23 practical nurse, registered nurse, hospital, laboratory, or
24 pharmacy, or other person licensed, registered, or otherwise
25 lawfully permitted by the United States or this State to
26 distribute, dispense, conduct research with respect to,

1 administer or use in teaching or chemical analysis, a
2 controlled substance in the course of professional practice or
3 research.

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

9 (mm) "Prescriber" means a physician licensed to practice
10 medicine in all its branches, dentist, optometrist, podiatrist
11 or veterinarian who issues a prescription, a physician
12 assistant who issues a prescription for a controlled substance
13 in accordance with Section 303.05, a written delegation, and a
14 written supervision agreement required under Section 7.5 of the
15 Physician Assistant Practice Act of 1987, or an advanced
16 practice nurse with prescriptive authority ~~delegated~~ under
17 Section 65-40 of the Nurse Practice Act and in accordance with
18 Section 303.05, ~~a written delegation, and a written~~
19 ~~collaborative agreement under Section 65 35 of the Nurse~~
20 ~~Practice Act.~~

21 (nn) "Prescription" means a written, facsimile, or oral
22 order, or an electronic order that complies with applicable
23 federal requirements, of a physician licensed to practice
24 medicine in all its branches, dentist, podiatrist or
25 veterinarian for any controlled substance, of an optometrist
26 for a Schedule III, IV, or V controlled substance in accordance

1 with Section 15.1 of the Illinois Optometric Practice Act of
2 1987, of a physician assistant for a controlled substance in
3 accordance with Section 303.05, a written delegation, and a
4 written supervision agreement required under Section 7.5 of the
5 Physician Assistant Practice Act of 1987, or of an advanced
6 practice nurse with prescriptive authority ~~delegated~~ under
7 Section 65-40 of the Nurse Practice Act who issues a
8 prescription for a controlled substance in accordance with
9 Section 303.05, ~~a written delegation, and a written~~
10 ~~collaborative agreement under Section 65-35 of the Nurse~~
11 ~~Practice Act when required by law.~~

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

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

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

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

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

26 (qq-5) "Secretary" means, as the context requires, either

1 the Secretary of the Department or the Secretary of the
2 Department of Financial and Professional Regulation, and the
3 Secretary's designated agents.

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

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

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

20 (Source: P.A. 96-189, eff. 8-10-09; 96-268, eff. 8-11-09;
21 97-334, eff. 1-1-12.)

22 (720 ILCS 570/303.05)

23 Sec. 303.05. Mid-level practitioner registration.

24 (a) The Department of Financial and Professional
25 Regulation shall register licensed physician assistants and

1 licensed advanced practice nurses to prescribe and dispense
2 controlled substances under Section 303 and animal euthanasia
3 agencies to purchase, store, or administer animal euthanasia
4 drugs under the following circumstances:

5 (1) with respect to physician assistants,

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

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

20 (i) Specific Schedule II controlled substances
21 by oral dosage or topical or transdermal
22 application may be delegated, provided that the
23 delegated Schedule II controlled substances are
24 routinely prescribed by the supervising physician.
25 This delegation must identify the specific
26 Schedule II controlled substances by either brand

1 name or generic name. Schedule II controlled
2 substances to be delivered by injection or other
3 route of administration may not be delegated;

4 (ii) any delegation must be of controlled
5 substances prescribed by the supervising
6 physician;

7 (iii) all prescriptions must be limited to no
8 more than a 30-day supply, with any continuation
9 authorized only after prior approval of the
10 supervising physician;

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

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

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

1 (vii) the physician assistant must annually
2 complete at least 5 hours of continuing education
3 in pharmacology.

4 (2) with respect to advanced practice nurses,

5 (A) the advanced practice nurse has been delegated
6 authority to prescribe any Schedule II ~~III~~ through V
7 controlled substances by a collaborating physician
8 licensed to practice medicine in all its branches or a
9 collaborating podiatrist in accordance with Section
10 65-40 of the Nurse Practice Act. The advanced practice
11 nurse has completed the appropriate application forms
12 and has paid the required fees as set by rule; or

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

19 (i) specific Schedule II controlled substances
20 by oral dosage or topical or transdermal
21 application may be delegated, provided that the
22 delegated Schedule II controlled substances are
23 routinely prescribed by the collaborating
24 physician or podiatrist. This delegation must
25 identify the specific Schedule II controlled
26 substances by either brand name or generic name.

1 Schedule II controlled substances to be delivered
2 by injection or other route of administration may
3 not be delegated;

4 (ii) any delegation must be of controlled
5 substances prescribed by the collaborating
6 physician or podiatrist;

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

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

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

20 (vi) the advanced practice nurse must provide
21 evidence of satisfactory completion of at least 45
22 graduate contact hours in pharmacology for any new
23 license issued with Schedule II authority after
24 the effective date of this amendatory Act of the
25 97th General Assembly; and

26 (vii) the advanced practice nurse must

1 annually complete 5 hours of continuing education
2 in pharmacology; or

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

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

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

20 (d) A collaborating physician or podiatrist may, but is not
21 required to, delegate prescriptive authority to an advanced
22 practice nurse as part of a written collaborative agreement,
23 and the delegation of prescriptive authority shall conform to
24 the requirements of Section 65-40 of the Nurse Practice Act.

25 (e) A supervising physician may, but is not required to,
26 delegate prescriptive authority to a physician assistant as

1 part of a written supervision agreement, and the delegation of
2 prescriptive authority shall conform to the requirements of
3 Section 7.5 of the Physician Assistant Practice Act of 1987.

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

6 (Source: P.A. 96-189, eff. 8-10-09; 96-268, eff. 8-11-09;
7 96-1000, eff. 7-2-10; 97-334, eff. 1-1-12; 97-358, eff.
8 8-12-11; 97-813, eff. 7-13-12.)

9 (225 ILCS 65/65-35 rep.)

10 Section 125. The Nurse Practice Act is amended by repealing
11 Section 65-35.

12 (225 ILCS 100/20.5 rep.)

13 Section 130. The Podiatric Medical Practice Act of 1987 is
14 amended by repealing Section 20.5.

15 Section 999. Effective date. This Act takes effect upon
16 becoming law.

1 INDEX
2 Statutes amended in order of appearance

3	15 ILCS 335/4	from Ch. 124, par. 24
4	105 ILCS 5/22-30	
5	105 ILCS 5/24-5	from Ch. 122, par. 24-5
6	105 ILCS 5/24-6	
7	105 ILCS 5/26-1	from Ch. 122, par. 26-1
8	105 ILCS 5/27-8.1	from Ch. 122, par. 27-8.1
9	210 ILCS 5/6.5	
10	210 ILCS 25/7-101	from Ch. 111 1/2, par. 627-101
11	210 ILCS 85/10.7	
12	215 ILCS 5/356g.5	
13	215 ILCS 5/356z.1	
14	225 ILCS 25/8.1	from Ch. 111, par. 2308.1
15	225 ILCS 60/22	from Ch. 111, par. 4400-22
16	225 ILCS 60/54.5	
17	225 ILCS 65/50-10	was 225 ILCS 65/5-10
18	225 ILCS 65/65-30	
19	225 ILCS 65/65-40	was 225 ILCS 65/15-20
20	225 ILCS 65/65-45	was 225 ILCS 65/15-25
21	225 ILCS 65/65-55	was 225 ILCS 65/15-40
22	225 ILCS 65/70-5	was 225 ILCS 65/10-45
23	225 ILCS 75/3.1	
24	225 ILCS 85/4	from Ch. 111, par. 4124
25	225 ILCS 90/1	from Ch. 111, par. 4251

1	225 ILCS 106/10	
2	225 ILCS 135/10	
3	225 ILCS 135/20	
4	225 ILCS 135/95	
5	405 ILCS 95/10	
6	410 ILCS 45/6.2	from Ch. 111 1/2, par. 1306.2
7	410 ILCS 70/2.2	
8	410 ILCS 70/5	from Ch. 111 1/2, par. 87-5
9	410 ILCS 70/5.5	
10	410 ILCS 210/1	from Ch. 111, par. 4501
11	410 ILCS 210/2	from Ch. 111, par. 4502
12	410 ILCS 210/3	from Ch. 111, par. 4503
13	410 ILCS 225/2	from Ch. 111 1/2, par. 7022
14	410 ILCS 305/3	from Ch. 111 1/2, par. 7303
15	410 ILCS 325/4	from Ch. 111 1/2, par. 7404
16	410 ILCS 335/5	
17	410 ILCS 642/10	
18	625 ILCS 5/1-159.1	from Ch. 95 1/2, par. 1-159.1
19	625 ILCS 5/3-616	from Ch. 95 1/2, par. 3-616
20	625 ILCS 5/6-106.1	
21	720 ILCS 570/102	from Ch. 56 1/2, par. 1102
22	720 ILCS 570/303.05	
23	225 ILCS 65/65-35 rep.	
24	225 ILCS 100/20.5 rep.	