



Rep. Michael J. Zalewski

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09800SB1496ham003

LRB098 06227 AMC 49224 a

1 AMENDMENT TO SENATE BILL 1496

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 1496, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The Regulatory Sunset Act is amended by  
6 changing Section 4.24 as follows:

7 (5 ILCS 80/4.24)

8 Sec. 4.24. Act ~~Acts~~ repealed on December 31 ~~January 1,~~  
9 2014. The following Act is ~~Acts are~~ repealed on December 31  
10 ~~January 1,~~ 2014:

11 The Medical Practice Act of 1987.

12 (Source: P.A. 97-1139, eff. 12-28-12; 98-140, eff. 12-31-13;  
13 98-253, eff. 8-9-13; 98-254, eff. 8-9-13; 98-264, eff.  
14 12-31-13; 98-339, eff. 12-31-13; 98-363, eff. 8-16-13; 98-364,  
15 eff. 12-31-13; 98-445, eff. 12-31-13; revised 8-27-13.)

1 (5 ILCS 80/4.23 rep.)

2 Section 7. The Regulatory Sunset Act is amended by  
3 repealing Section 4.23.

4 Section 10. The Medical Practice Act of 1987 is amended by  
5 by adding Section 9.3 and changing Sections 22 and 23 as  
6 follows:

7 (225 ILCS 60/9.3 new)

8 Sec. 9.3. Withdrawal of application. Any applicant  
9 applying for a license or permit under this Act may withdraw  
10 his or her application at any time. If an applicant withdraws  
11 his or her application after receipt of a written Notice of  
12 Intent to Deny License or Permit, then the withdrawal shall be  
13 reported to the Federation of State Medical Boards.

14 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

15 (Section scheduled to be repealed on December 31, 2013)

16 Sec. 22. Disciplinary action.

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

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

3                   (a) a facility licensed pursuant to the Ambulatory  
4                   Surgical Treatment Center Act;

5                   (b) an institution licensed under the Hospital  
6                   Licensing Act;

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

14                  (d) ambulatory surgical treatment centers,  
15                  hospitalization or care facilities maintained by the  
16                  Federal Government; or

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

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

25           (3) A plea of guilty or nolo contendere, finding of  
26           guilt, jury verdict, or entry of judgment or sentencing,

1 including, but not limited to, convictions, preceding  
2 sentences of supervision, conditional discharge, or first  
3 offender probation, under the laws of any jurisdiction of  
4 the United States of any crime that is a felony.

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

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

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

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

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

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

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

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

1           (12) Disciplinary action of another state or  
2 jurisdiction against a license or other authorization to  
3 practice as a medical doctor, doctor of osteopathy, doctor  
4 of osteopathic medicine or doctor of chiropractic, a  
5 certified copy of the record of the action taken by the  
6 other state or jurisdiction being prima facie evidence  
7 thereof.

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

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

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

20           (16) Abandonment of a patient.

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

26           (18) Promotion of the sale of drugs, devices,

1 appliances or goods provided for a patient in such manner  
2 as to exploit the patient for financial gain of the  
3 physician.

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

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

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

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

23 (23) Being named as a perpetrator in an indicated  
24 report by the Department of Children and Family Services  
25 under the Abused and Neglected Child Reporting Act, and  
26 upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or  
2 neglected child as defined in the Abused and Neglected  
3 Child Reporting Act.

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

7 (25) Gross and wilful and continued overcharging for  
8 professional services, including filing false statements  
9 for collection of fees for which services are not rendered,  
10 including, but not limited to, filing such false statements  
11 for collection of monies for services not rendered from 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 (26) A pattern of practice or other behavior which  
16 demonstrates incapacity or incompetence to practice under  
17 this Act.

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

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

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

1           (30) Wilfully or negligently violating the  
2 confidentiality between physician and patient except as  
3 required by law.

4           (31) The use of any false, fraudulent, or deceptive  
5 statement in any document connected with practice under  
6 this Act.

7           (32) Aiding and abetting an individual not licensed  
8 under this Act in the practice of a profession licensed  
9 under this Act.

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

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

23           (35) Failure to report to the Department surrender of a  
24 license or authorization to practice as a medical doctor, a  
25 doctor of osteopathy, a doctor of osteopathic medicine, or  
26 doctor of chiropractic in another state or jurisdiction, or



1           surrender of membership on any medical staff or in any  
2           medical or professional association or society, while  
3           under disciplinary investigation by any of those  
4           authorities or bodies, for acts or conduct similar to acts  
5           or conduct which would constitute grounds for action as  
6           defined in this Section.

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

12          (37) Failure to provide copies of medical records as  
13          required by law.

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

19          (39) Violating the Health Care Worker Self-Referral  
20          Act.

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

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

25          (42) Entering into an excessive number of written  
26          collaborative agreements with licensed advanced practice

1 nurses resulting in an inability to adequately  
2 collaborate.

3 (43) Repeated failure to adequately collaborate with a  
4 licensed advanced practice nurse.

5 (44) Violating the Compassionate Use of Medical  
6 Cannabis Pilot Program Act.

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

1 in providing care, the Department shall have an additional  
2 period of 2 years from the date of notification to the  
3 Department under Section 23 of this Act of such settlement or  
4 final judgment in which to investigate and commence formal  
5 disciplinary proceedings under Section 36 of this Act, except  
6 as otherwise provided by law. The time during which the holder  
7 of the license was outside the State of Illinois shall not be  
8 included within any period of time limiting the commencement of  
9 disciplinary action by the Department.

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

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

1           The Department, upon the recommendation of the  
2 Disciplinary Board, shall adopt rules which set forth standards  
3 to be used in determining:

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

6           (b) what constitutes dishonorable, unethical or  
7 unprofessional conduct of a character likely to deceive,  
8 defraud, or harm the public;

9           (c) what constitutes immoral conduct in the commission  
10 of any act, including, but not limited to, commission of an  
11 act of sexual misconduct related to the licensee's  
12 practice; and

13           (d) what constitutes gross negligence in the practice  
14 of medicine.

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

18           In enforcing this Section, the Disciplinary Board or the  
19 Licensing Board, upon a showing of a possible violation, may  
20 compel, in the case of the Disciplinary Board, any individual  
21 who is licensed to practice under this Act or holds a permit to  
22 practice under this Act, or, in the case of the Licensing  
23 Board, any individual who has applied for licensure or a permit  
24 pursuant to this Act, to submit to a mental or physical  
25 examination and evaluation, or both, which may include a  
26 substance abuse or sexual offender evaluation, as required by

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

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

1 counseling, or treatment by physicians approved or designated  
2 by the Disciplinary Board, as a condition for continued,  
3 reinstated, or renewed licensure to practice. Any physician,  
4 whose license was granted pursuant to Sections 9, 17, or 19 of  
5 this Act, or, continued, reinstated, renewed, disciplined or  
6 supervised, subject to such terms, conditions or restrictions  
7 who shall fail to comply with such terms, conditions or  
8 restrictions, or to complete a required program of care,  
9 counseling, or treatment, as determined by the Chief Medical  
10 Coordinator or Deputy Medical Coordinators, shall be referred  
11 to the Secretary for a determination as to whether the licensee  
12 shall have their license suspended immediately, pending a  
13 hearing by the Disciplinary Board. In instances in which the  
14 Secretary immediately suspends a license under this Section, a  
15 hearing upon such person's license must be convened by the  
16 Disciplinary Board within 15 days after such suspension and  
17 completed without appreciable delay. The Disciplinary Board  
18 shall have the authority to review the subject physician's  
19 record of treatment and counseling regarding the impairment, to  
20 the extent permitted by applicable federal statutes and  
21 regulations safeguarding the confidentiality of medical  
22 records.

23 An individual licensed under this Act, affected under this  
24 Section, shall be afforded an opportunity to demonstrate to the  
25 Disciplinary Board that they can resume practice in compliance  
26 with acceptable and prevailing standards under the provisions

1 of their license.

2 The Department may promulgate rules for the imposition of  
3 fines in disciplinary cases, not to exceed \$10,000 for each  
4 violation of this Act. Fines may be imposed in conjunction with  
5 other forms of disciplinary action, but shall not be the  
6 exclusive disposition of any disciplinary action arising out of  
7 conduct resulting in death or injury to a patient. Any funds  
8 collected from such fines shall be deposited in the Medical  
9 Disciplinary Fund.

10 All fines imposed under this Section shall be paid within  
11 60 days after the effective date of the order imposing the fine  
12 or in accordance with the terms set forth in the order imposing  
13 the fine.

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

25 (C) The Disciplinary Board shall recommend to the  
26 Department civil penalties and any other appropriate



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

9 (Source: P.A. 96-608, eff. 8-24-09; 96-1000, eff. 7-2-10;  
10 97-622, eff. 11-23-11.)

11 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

13 Sec. 23. Reports relating to professional conduct and  
14 capacity.

15 (A) Entities required to report.

16 (1) Health care institutions. The chief administrator  
17 or executive officer of any health care institution  
18 licensed by the Illinois Department of Public Health shall  
19 report to the Disciplinary Board when any person's clinical  
20 privileges are terminated or are restricted based on a  
21 final determination made in accordance with that  
22 institution's by-laws or rules and regulations that a  
23 person has either committed an act or acts which may  
24 directly threaten patient care or that a person may be  
25 mentally or physically disabled in such a manner as to

1       endanger patients under that person's care. Such officer  
2       also shall report if a person accepts voluntary termination  
3       or restriction of clinical privileges in lieu of formal  
4       action based upon conduct related directly to patient care  
5       or in lieu of formal action seeking to determine whether a  
6       person may be mentally or physically disabled in such a  
7       manner as to endanger patients under that person's care.  
8       The Disciplinary Board shall, by rule, provide for the  
9       reporting to it by health care institutions of all  
10      instances in which a person, licensed under this Act, who  
11      is impaired by reason of age, drug or alcohol abuse or  
12      physical or mental impairment, is under supervision and,  
13      where appropriate, is in a program of rehabilitation. Such  
14      reports shall be strictly confidential and may be reviewed  
15      and considered only by the members of the Disciplinary  
16      Board, or by authorized staff as provided by rules of the  
17      Disciplinary Board. Provisions shall be made for the  
18      periodic report of the status of any such person not less  
19      than twice annually in order that the Disciplinary Board  
20      shall have current information upon which to determine the  
21      status of any such person. Such initial and periodic  
22      reports of impaired physicians shall not be considered  
23      records within the meaning of The State Records Act and  
24      shall be disposed of, following a determination by the  
25      Disciplinary Board that such reports are no longer  
26      required, in a manner and at such time as the Disciplinary

1 Board shall determine by rule. The filing of such reports  
2 shall be construed as the filing of a report for purposes  
3 of subsection (C) of this Section.

4 (1.5) Clinical training programs. The program director  
5 of any post-graduate clinical training program shall  
6 report to the Disciplinary Board if a person engaged in a  
7 post-graduate clinical training program at the  
8 institution, including, but not limited to, a residency or  
9 fellowship, separates from the program for any reason prior  
10 to its conclusion. The program director shall provide all  
11 documentation relating to the separation if, after review  
12 of the report, the Disciplinary Board determines that a  
13 review of those documents is necessary to determine whether  
14 a violation of this Act occurred.

15 (2) Professional associations. The President or chief  
16 executive officer of any association or society, of persons  
17 licensed under this Act, operating within this State shall  
18 report to the Disciplinary Board when the association or  
19 society renders a final determination that a person has  
20 committed unprofessional conduct related directly to  
21 patient care or that a person may be mentally or physically  
22 disabled in such a manner as to endanger patients under  
23 that person's care.

24 (3) Professional liability insurers. Every insurance  
25 company which offers policies of professional liability  
26 insurance to persons licensed under this Act, or any other

1       entity which seeks to indemnify the professional liability  
2       of a person licensed under this Act, shall report to the  
3       Disciplinary Board the settlement of any claim or cause of  
4       action, or final judgment rendered in any cause of action,  
5       which alleged negligence in the furnishing of medical care  
6       by such licensed person when such settlement or final  
7       judgment is in favor of the plaintiff.

8       (4) State's Attorneys. The State's Attorney of each  
9       county shall report to the Disciplinary Board, within 5  
10      days, any instances in which a person licensed under this  
11      Act is convicted of any felony or Class A misdemeanor. The  
12      State's Attorney of each county may report to the  
13      Disciplinary Board through a verified complaint any  
14      instance in which the State's Attorney believes that a  
15      physician has willfully violated the notice requirements  
16      of the Parental Notice of Abortion Act of 1995.

17      (5) State agencies. All agencies, boards, commissions,  
18      departments, or other instrumentalities of the government  
19      of the State of Illinois shall report to the Disciplinary  
20      Board any instance arising in connection with the  
21      operations of such agency, including the administration of  
22      any law by such agency, in which a person licensed under  
23      this Act has either committed an act or acts which may be a  
24      violation of this Act or which may constitute  
25      unprofessional conduct related directly to patient care or  
26      which indicates that a person licensed under this Act may

1 be mentally or physically disabled in such a manner as to  
2 endanger patients under that person's care.

3 (B) Mandatory reporting. All reports required by items  
4 (34), (35), and (36) of subsection (A) of Section 22 and by  
5 Section 23 shall be submitted to the Disciplinary Board in a  
6 timely fashion. Unless otherwise provided in this Section, the  
7 reports shall be filed in writing within 60 days after a  
8 determination that a report is required under this Act. All  
9 reports shall contain the following information:

10 (1) The name, address and telephone number of the  
11 person making the report.

12 (2) The name, address and telephone number of the  
13 person who is the subject of the report.

14 (3) The name and date of birth of any patient or  
15 patients whose treatment is a subject of the report, if  
16 available, or other means of identification if such  
17 information is not available, identification of the  
18 hospital or other healthcare facility where the care at  
19 issue in the report was rendered, provided, however, no  
20 medical records may be revealed.

21 (4) A brief description of the facts which gave rise to  
22 the issuance of the report, including the dates of any  
23 occurrences deemed to necessitate the filing of the report.

24 (5) If court action is involved, the identity of the  
25 court in which the action is filed, along with the docket  
26 number and date of filing of the action.

1           (6) Any further pertinent information which the  
2           reporting party deems to be an aid in the evaluation of the  
3           report.

4           The Disciplinary Board or Department may also exercise the  
5           power under Section 38 of this Act to subpoena copies of  
6           hospital or medical records in mandatory report cases alleging  
7           death or permanent bodily injury. Appropriate rules shall be  
8           adopted by the Department with the approval of the Disciplinary  
9           Board.

10          When the Department has received written reports  
11          concerning incidents required to be reported in items (34),  
12          (35), and (36) of subsection (A) of Section 22, the licensee's  
13          failure to report the incident to the Department under those  
14          items shall not be the sole grounds for disciplinary action.

15          Nothing contained in this Section shall act to in any way,  
16          waive or modify the confidentiality of medical reports and  
17          committee reports to the extent provided by law. Any  
18          information reported or disclosed shall be kept for the  
19          confidential use of the Disciplinary Board, the Medical  
20          Coordinators, the Disciplinary Board's attorneys, the medical  
21          investigative staff, and authorized clerical staff, as  
22          provided in this Act, and shall be afforded the same status as  
23          is provided information concerning medical studies in Part 21  
24          of Article VIII of the Code of Civil Procedure, except that the  
25          Department may disclose information and documents to a federal,  
26          State, or local law enforcement agency pursuant to a subpoena

1 in an ongoing criminal investigation or to a health care  
2 licensing body or medical licensing authority of this State or  
3 another state or jurisdiction pursuant to an official request  
4 made by that licensing body or medical licensing authority.  
5 Furthermore, information and documents disclosed to a federal,  
6 State, or local law enforcement agency may be used by that  
7 agency only for the investigation and prosecution of a criminal  
8 offense, or, in the case of disclosure to a health care  
9 licensing body or medical licensing authority, only for  
10 investigations and disciplinary action proceedings with regard  
11 to a license. Information and documents disclosed to the  
12 Department of Public Health may be used by that Department only  
13 for investigation and disciplinary action regarding the  
14 license of a health care institution licensed by the Department  
15 of Public Health.

16 (C) Immunity from prosecution. Any individual or  
17 organization acting in good faith, and not in a wilful and  
18 wanton manner, in complying with this Act by providing any  
19 report or other information to the Disciplinary Board or a peer  
20 review committee, or assisting in the investigation or  
21 preparation of such information, or by voluntarily reporting to  
22 the Disciplinary Board or a peer review committee information  
23 regarding alleged errors or negligence by a person licensed  
24 under this Act, or by participating in proceedings of the  
25 Disciplinary Board or a peer review committee, or by serving as  
26 a member of the Disciplinary Board or a peer review committee,

1 shall not, as a result of such actions, be subject to criminal  
2 prosecution or civil damages.

3 (D) Indemnification. Members of the Disciplinary Board,  
4 the Licensing Board, the Medical Coordinators, the  
5 Disciplinary Board's attorneys, the medical investigative  
6 staff, physicians retained under contract to assist and advise  
7 the medical coordinators in the investigation, and authorized  
8 clerical staff shall be indemnified by the State for any  
9 actions occurring within the scope of services on the  
10 Disciplinary Board or Licensing Board, done in good faith and  
11 not wilful and wanton in nature. The Attorney General shall  
12 defend all such actions unless he or she determines either that  
13 there would be a conflict of interest in such representation or  
14 that the actions complained of were not in good faith or were  
15 wilful and wanton.

16 Should the Attorney General decline representation, the  
17 member shall have the right to employ counsel of his or her  
18 choice, whose fees shall be provided by the State, after  
19 approval by the Attorney General, unless there is a  
20 determination by a court that the member's actions were not in  
21 good faith or were wilful and wanton.

22 The member must notify the Attorney General within 7 days  
23 of receipt of notice of the initiation of any action involving  
24 services of the Disciplinary Board. Failure to so notify the  
25 Attorney General shall constitute an absolute waiver of the  
26 right to a defense and indemnification.



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

4           (E) Deliberations of Disciplinary Board. Upon the receipt  
5 of any report called for by this Act, other than those reports  
6 of impaired persons licensed under this Act required pursuant  
7 to the rules of the Disciplinary Board, the Disciplinary Board  
8 shall notify in writing, by certified mail, the person who is  
9 the subject of the report. Such notification shall be made  
10 within 30 days of receipt by the Disciplinary Board of the  
11 report.

12           The notification shall include a written notice setting  
13 forth the person's right to examine the report. Included in  
14 such notification shall be the address at which the file is  
15 maintained, the name of the custodian of the reports, and the  
16 telephone number at which the custodian may be reached. The  
17 person who is the subject of the report shall submit a written  
18 statement responding, clarifying, adding to, or proposing the  
19 amending of the report previously filed. The person who is the  
20 subject of the report shall also submit with the written  
21 statement any medical records related to the report. The  
22 statement and accompanying medical records shall become a  
23 permanent part of the file and must be received by the  
24 Disciplinary Board no more than 30 days after the date on which  
25 the person was notified by the Disciplinary Board of the  
26 existence of the original report.

1           The Disciplinary Board shall review all reports received by  
2 it, together with any supporting information and responding  
3 statements submitted by persons who are the subject of reports.  
4 The review by the Disciplinary Board shall be in a timely  
5 manner but in no event, shall the Disciplinary Board's initial  
6 review of the material contained in each disciplinary file be  
7 less than 61 days nor more than 180 days after the receipt of  
8 the initial report by the Disciplinary Board.

9           When the Disciplinary Board makes its initial review of the  
10 materials contained within its disciplinary files, the  
11 Disciplinary Board shall, in writing, make a determination as  
12 to whether there are sufficient facts to warrant further  
13 investigation or action. Failure to make such determination  
14 within the time provided shall be deemed to be a determination  
15 that there are not sufficient facts to warrant further  
16 investigation or action.

17           Should the Disciplinary Board find that there are not  
18 sufficient facts to warrant further investigation, or action,  
19 the report shall be accepted for filing and the matter shall be  
20 deemed closed and so reported to the Secretary. The Secretary  
21 shall then have 30 days to accept the Disciplinary Board's  
22 decision or request further investigation. The Secretary shall  
23 inform the Board of the decision to request further  
24 investigation, including the specific reasons for the  
25 decision. The individual or entity filing the original report  
26 or complaint and the person who is the subject of the report or

1 complaint shall be notified in writing by the Secretary of any  
2 final action on their report or complaint. The Department shall  
3 disclose to the individual or entity who filed the original  
4 report or complaint, on request, the status of the Disciplinary  
5 Board's review of a specific report or complaint. Such request  
6 may be made at any time, including prior to the Disciplinary  
7 Board's determination as to whether there are sufficient facts  
8 to warrant further investigation or action.

9 (F) Summary reports. The Disciplinary Board shall prepare,  
10 on a timely basis, but in no event less than once every other  
11 month, a summary report of final disciplinary actions taken  
12 upon disciplinary files maintained by the Disciplinary Board.  
13 The summary reports shall be made available to the public upon  
14 request and payment of the fees set by the Department. This  
15 publication may be made available to the public on the  
16 Department's website. Information or documentation relating to  
17 any disciplinary file that is closed without disciplinary  
18 action taken shall not be disclosed and shall be afforded the  
19 same status as is provided by Part 21 of Article VIII of the  
20 Code of Civil Procedure.

21 (G) Any violation of this Section shall be a Class A  
22 misdemeanor.

23 (H) If any such person violates the provisions of this  
24 Section an action may be brought in the name of the People of  
25 the State of Illinois, through the Attorney General of the  
26 State of Illinois, for an order enjoining such violation or for

1 an order enforcing compliance with this Section. Upon filing of  
2 a verified petition in such court, the court may issue a  
3 temporary restraining order without notice or bond and may  
4 preliminarily or permanently enjoin such violation, and if it  
5 is established that such person has violated or is violating  
6 the injunction, the court may punish the offender for contempt  
7 of court. Proceedings under this paragraph shall be in addition  
8 to, and not in lieu of, all other remedies and penalties  
9 provided for by this Section.

10 (Source: P.A. 96-1372, eff. 7-29-10; P.A. 97-449, eff. 1-1-12;  
11 97-622, eff. 11-23-11.)

12 Section 99. Effective date. This Act takes effect December  
13 30, 2013."