

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 Regulatory Sunset Act is amended by changing
5 Section 4.24 as follows:

6 (5 ILCS 80/4.24)

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 ~~Act Acts~~ repealed on December 31 ~~January 1,~~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 The following Act is ~~Acts are~~ repealed on December 31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

10 The Medical Practice Act of 1987.

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

15 (5 ILCS 80/4.23 rep.)

16 Section 7. The Regulatory Sunset Act is amended by
17 repealing Section 4.23.

18 Section 10. The Medical Practice Act of 1987 is amended by
19 by adding Section 9.3 and changing Sections 22 and 23 as
20 follows:

1 (225 ILCS 60/9.3 new)

2 Sec. 9.3. Withdrawal of application. Any applicant
3 applying for a license or permit under this Act may withdraw
4 his or her application at any time. If an applicant withdraws
5 his or her application after receipt of a written Notice of
6 Intent to Deny License or Permit, then the withdrawal shall be
7 reported to the Federation of State Medical Boards.

8 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

9 (Section scheduled to be repealed on December 31, 2013)

10 Sec. 22. Disciplinary action.

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

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

20 (a) a facility licensed pursuant to the Ambulatory
21 Surgical Treatment Center Act;

22 (b) an institution licensed under the Hospital
23 Licensing Act;

24 (c) an ambulatory surgical treatment center or
25 hospitalization or care facility maintained by the

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (12) Disciplinary action of another state or
20 jurisdiction against a license or other authorization to
21 practice as a medical doctor, doctor of osteopathy, doctor
22 of osteopathic medicine or doctor of chiropractic, a
23 certified copy of the record of the action taken by the
24 other state or jurisdiction being prima facie evidence
25 thereof.

26 (13) Violation of any provision of this Act or of the

1 Medical Practice Act prior to the repeal of that Act, or
2 violation of the rules, or a final administrative action of
3 the Secretary, after consideration of the recommendation
4 of the Disciplinary Board.

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

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

12 (16) Abandonment of a patient.

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

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

22 (19) Offering, undertaking or agreeing to cure or treat
23 disease by a secret method, procedure, treatment or
24 medicine, or the treating, operating or prescribing for any
25 human condition by a method, means or procedure which the
26 licensee refuses to divulge upon demand of the Department.

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

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

10 (22) Wilful omission to file or record, or wilfully
11 impeding the filing or recording, or inducing another
12 person to omit to file or record, medical reports as
13 required by law, or wilfully failing to report an instance
14 of suspected abuse or neglect as required by law.

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

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

25 (25) Gross and wilful and continued overcharging for
26 professional services, including filing false statements

1 for collection of fees for which services are not rendered,
2 including, but not limited to, filing such false statements
3 for collection of monies for services not rendered from 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 (26) A pattern of practice or other behavior which
8 demonstrates incapacity or incompetence to practice under
9 this Act.

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

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

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

19 (30) Wilfully or negligently violating the
20 confidentiality between physician and patient except as
21 required by law.

22 (31) The use of any false, fraudulent, or deceptive
23 statement in any document connected with practice under
24 this Act.

25 (32) Aiding and abetting an individual not licensed
26 under this Act in the practice of a profession licensed

1 under this Act.

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

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

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

25 (36) Failure to report to the Department any adverse
26 judgment, settlement, or award arising from a liability

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

4 (37) Failure to provide copies of medical records as
5 required by law.

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

11 (39) Violating the Health Care Worker Self-Referral
12 Act.

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

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

17 (42) Entering into an excessive number of written
18 collaborative agreements with licensed advanced practice
19 nurses resulting in an inability to adequately
20 collaborate.

21 (43) Repeated failure to adequately collaborate with a
22 licensed advanced practice nurse.

23 (44) Violating the Compassionate Use of Medical
24 Cannabis Pilot Program Act.

25 Except for actions involving the ground numbered (26), all
26 proceedings to suspend, revoke, place on probationary status,

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

1 disciplinary action by the Department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Disciplinary Fund.

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

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

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

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

3 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

5 Sec. 23. Reports relating to professional conduct and
6 capacity.

7 (A) Entities required to report.

8 (1) Health care institutions. The chief administrator
9 or executive officer of any health care institution
10 licensed by the Illinois Department of Public Health shall
11 report to the Disciplinary Board when any person's clinical
12 privileges are terminated or are restricted based on a
13 final determination made in accordance with that
14 institution's by-laws or rules and regulations that a
15 person has either committed an act or acts which may
16 directly threaten patient care or that a person may be
17 mentally or physically disabled in such a manner as to
18 endanger patients under that person's care. Such officer
19 also shall report if a person accepts voluntary termination
20 or restriction of clinical privileges in lieu of formal
21 action based upon conduct related directly to patient care
22 or in lieu of formal action seeking to determine whether a
23 person may be mentally or physically disabled in such a
24 manner as to endanger patients under that person's care.
25 The Disciplinary Board shall, by rule, provide for the

1 reporting to it by health care institutions of all
2 instances in which a person, licensed under this Act, who
3 is impaired by reason of age, drug or alcohol abuse or
4 physical or mental impairment, is under supervision and,
5 where appropriate, is in a program of rehabilitation. Such
6 reports shall be strictly confidential and may be reviewed
7 and considered only by the members of the Disciplinary
8 Board, or by authorized staff as provided by rules of the
9 Disciplinary Board. Provisions shall be made for the
10 periodic report of the status of any such person not less
11 than twice annually in order that the Disciplinary Board
12 shall have current information upon which to determine the
13 status of any such person. Such initial and periodic
14 reports of impaired physicians shall not be considered
15 records within the meaning of The State Records Act and
16 shall be disposed of, following a determination by the
17 Disciplinary Board that such reports are no longer
18 required, in a manner and at such time as the Disciplinary
19 Board shall determine by rule. The filing of such reports
20 shall be construed as the filing of a report for purposes
21 of subsection (C) of this Section.

22 (1.5) Clinical training programs. The program director
23 of any post-graduate clinical training program shall
24 report to the Disciplinary Board if a person engaged in a
25 post-graduate clinical training program at the
26 institution, including, but not limited to, a residency or

1 fellowship, separates from the program for any reason prior
2 to its conclusion. The program director shall provide all
3 documentation relating to the separation if, after review
4 of the report, the Disciplinary Board determines that a
5 review of those documents is necessary to determine whether
6 a violation of this Act occurred.

7 (2) Professional associations. The President or chief
8 executive officer of any association or society, of persons
9 licensed under this Act, operating within this State shall
10 report to the Disciplinary Board when the association or
11 society renders a final determination that a person has
12 committed unprofessional conduct related directly to
13 patient care or that a person may be mentally or physically
14 disabled in such a manner as to endanger patients under
15 that person's care.

16 (3) Professional liability insurers. Every insurance
17 company which offers policies of professional liability
18 insurance to persons licensed under this Act, or any other
19 entity which seeks to indemnify the professional liability
20 of a person licensed under this Act, shall report to the
21 Disciplinary Board the settlement of any claim or cause of
22 action, or final judgment rendered in any cause of action,
23 which alleged negligence in the furnishing of medical care
24 by such licensed person when such settlement or final
25 judgment is in favor of the plaintiff.

26 (4) State's Attorneys. The State's Attorney of each

1 county shall report to the Disciplinary Board, within 5
2 days, any instances in which a person licensed under this
3 Act is convicted of any felony or Class A misdemeanor. The
4 State's Attorney of each county may report to the
5 Disciplinary Board through a verified complaint any
6 instance in which the State's Attorney believes that a
7 physician has willfully violated the notice requirements
8 of the Parental Notice of Abortion Act of 1995.

9 (5) State agencies. All agencies, boards, commissions,
10 departments, or other instrumentalities of the government
11 of the State of Illinois shall report to the Disciplinary
12 Board any instance arising in connection with the
13 operations of such agency, including the administration of
14 any law by such agency, in which a person licensed under
15 this Act has either committed an act or acts which may be a
16 violation of this Act or which may constitute
17 unprofessional conduct related directly to patient care or
18 which indicates that a person licensed under this Act may
19 be mentally or physically disabled in such a manner as to
20 endanger patients under that person's care.

21 (B) Mandatory reporting. All reports required by items
22 (34), (35), and (36) of subsection (A) of Section 22 and by
23 Section 23 shall be submitted to the Disciplinary Board in a
24 timely fashion. Unless otherwise provided in this Section, the
25 reports shall be filed in writing within 60 days after a
26 determination that a report is required under this Act. All

1 reports shall contain the following information:

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

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

6 (3) The name and date of birth of any patient or
7 patients whose treatment is a subject of the report, if
8 available, or other means of identification if such
9 information is not available, identification of the
10 hospital or other healthcare facility where the care at
11 issue in the report was rendered, provided, however, no
12 medical records may be revealed.

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

16 (5) If court action is involved, the identity of the
17 court in which the action is filed, along with the docket
18 number and date of filing of the action.

19 (6) Any further pertinent information which the
20 reporting party deems to be an aid in the evaluation of the
21 report.

22 The Disciplinary Board or Department may also exercise the
23 power under Section 38 of this Act to subpoena copies of
24 hospital or medical records in mandatory report cases alleging
25 death or permanent bodily injury. Appropriate rules shall be
26 adopted by the Department with the approval of the Disciplinary

1 Board.

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

7 Nothing contained in this Section shall act to in any way,
8 waive or modify the confidentiality of medical reports and
9 committee reports to the extent provided by law. Any
10 information reported or disclosed shall be kept for the
11 confidential use of the Disciplinary Board, the Medical
12 Coordinators, the Disciplinary Board's attorneys, the medical
13 investigative staff, and authorized clerical staff, as
14 provided in this Act, and shall be afforded the same status as
15 is provided information concerning medical studies in Part 21
16 of Article VIII of the Code of Civil Procedure, except that the
17 Department may disclose information and documents to a federal,
18 State, or local law enforcement agency pursuant to a subpoena
19 in an ongoing criminal investigation or to a health care
20 licensing body or medical licensing authority of this State or
21 another state or jurisdiction pursuant to an official request
22 made by that licensing body or medical licensing authority.
23 Furthermore, information and documents disclosed to a federal,
24 State, or local law enforcement agency may be used by that
25 agency only for the investigation and prosecution of a criminal
26 offense, or, in the case of disclosure to a health care

1 licensing body or medical licensing authority, only for
2 investigations and disciplinary action proceedings with regard
3 to a license. Information and documents disclosed to the
4 Department of Public Health may be used by that Department only
5 for investigation and disciplinary action regarding the
6 license of a health care institution licensed by the Department
7 of Public Health.

8 (C) Immunity from prosecution. Any individual or
9 organization acting in good faith, and not in a wilful and
10 wanton manner, in complying with this Act by providing any
11 report or other information to the Disciplinary Board or a peer
12 review committee, or assisting in the investigation or
13 preparation of such information, or by voluntarily reporting to
14 the Disciplinary Board or a peer review committee information
15 regarding alleged errors or negligence by a person licensed
16 under this Act, or by participating in proceedings of the
17 Disciplinary Board or a peer review committee, or by serving as
18 a member of the Disciplinary Board or a peer review committee,
19 shall not, as a result of such actions, be subject to criminal
20 prosecution or civil damages.

21 (D) Indemnification. Members of the Disciplinary Board,
22 the Licensing Board, the Medical Coordinators, the
23 Disciplinary Board's attorneys, the medical investigative
24 staff, physicians retained under contract to assist and advise
25 the medical coordinators in the investigation, and authorized
26 clerical staff shall be indemnified by the State for any

1 actions occurring within the scope of services on the
2 Disciplinary Board or Licensing Board, done in good faith and
3 not wilful and wanton in nature. The Attorney General shall
4 defend all such actions unless he or she determines either that
5 there would be a conflict of interest in such representation or
6 that the actions complained of were not in good faith or were
7 wilful and wanton.

8 Should the Attorney General decline representation, the
9 member shall have the right to employ counsel of his or her
10 choice, whose fees shall be provided by the State, after
11 approval by the Attorney General, unless there is a
12 determination by a court that the member's actions were not in
13 good faith or were wilful and wanton.

14 The member must notify the Attorney General within 7 days
15 of receipt of notice of the initiation of any action involving
16 services of the Disciplinary Board. Failure to so notify the
17 Attorney General shall constitute an absolute waiver of the
18 right to a defense and indemnification.

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

22 (E) Deliberations of Disciplinary Board. Upon the receipt
23 of any report called for by this Act, other than those reports
24 of impaired persons licensed under this Act required pursuant
25 to the rules of the Disciplinary Board, the Disciplinary Board
26 shall notify in writing, by certified mail, the person who is

1 the subject of the report. Such notification shall be made
2 within 30 days of receipt by the Disciplinary Board of the
3 report.

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

19 The Disciplinary Board shall review all reports received by
20 it, together with any supporting information and responding
21 statements submitted by persons who are the subject of reports.
22 The review by the Disciplinary Board shall be in a timely
23 manner but in no event, shall the Disciplinary Board's initial
24 review of the material contained in each disciplinary file be
25 less than 61 days nor more than 180 days after the receipt of
26 the initial report by the Disciplinary Board.

1 When the Disciplinary Board makes its initial review of the
2 materials contained within its disciplinary files, the
3 Disciplinary Board shall, in writing, make a determination as
4 to whether there are sufficient facts to warrant further
5 investigation or action. Failure to make such determination
6 within the time provided shall be deemed to be a determination
7 that there are not sufficient facts to warrant further
8 investigation or action.

9 Should the Disciplinary Board find that there are not
10 sufficient facts to warrant further investigation, or action,
11 the report shall be accepted for filing and the matter shall be
12 deemed closed and so reported to the Secretary. The Secretary
13 shall then have 30 days to accept the Disciplinary Board's
14 decision or request further investigation. The Secretary shall
15 inform the Board of the decision to request further
16 investigation, including the specific reasons for the
17 decision. The individual or entity filing the original report
18 or complaint and the person who is the subject of the report or
19 complaint shall be notified in writing by the Secretary of any
20 final action on their report or complaint. The Department shall
21 disclose to the individual or entity who filed the original
22 report or complaint, on request, the status of the Disciplinary
23 Board's review of a specific report or complaint. Such request
24 may be made at any time, including prior to the Disciplinary
25 Board's determination as to whether there are sufficient facts
26 to warrant further investigation or action.

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

13 (G) Any violation of this Section shall be a Class A
14 misdemeanor.

15 (H) If any such person violates the provisions of this
16 Section an action may be brought in the name of the People of
17 the State of Illinois, through the Attorney General of the
18 State of Illinois, for an order enjoining such violation or for
19 an order enforcing compliance with this Section. Upon filing of
20 a verified petition in such court, the court may issue a
21 temporary restraining order without notice or bond and may
22 preliminarily or permanently enjoin such violation, and if it
23 is established that such person has violated or is violating
24 the injunction, the court may punish the offender for contempt
25 of court. Proceedings under this paragraph shall be in addition
26 to, and not in lieu of, all other remedies and penalties

1 provided for by this Section.

2 (Source: P.A. 96-1372, eff. 7-29-10; P.A. 97-449, eff. 1-1-12;

3 97-622, eff. 11-23-11.)

4 Section 99. Effective date. This Act takes effect December

5 30, 2013.