1 AN ACT concerning health.

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

4 Section 1. Short title. This Act may be cited as the Right5 to Try Act.

6 Section 5. Findings. The General Assembly finds that the 7 process of approval for investigational drugs, biological products, and devices in the United States often takes many 8 9 years, and a patient with a terminal illness does not have the luxury of waiting until such drug, product, or device receives 10 United States Food and 11 final approval from the Druq 12 Administration. As a result, the standards of the United States Food and Drug Administration for the use of investigational 13 14 drugs, biological products, and devices may deny the benefits of potentially life-saving treatments to terminally ill 15 16 patients. A patient with a terminal illness has a fundamental 17 right to attempt to preserve his or her own life by accessing investigational drugs, biological products, and devices. 18 19 Whether to use available investigational drugs, biological 20 products, and devices is a decision that rightfully should be 21 made by the patient with a terminal illness in consultation 22 with his or her physician and is not a decision to be made by 23 the government.

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Section 10. Definitions. For the purposes of this Act: 1 "Accident and health insurer" has the meaning given to that 2 3 term in Section 126.2 of the Illinois Insurance Code. "Eligible patient" means a person who: 4 5 (1) has a terminal illness; 6 (2) has considered all other treatment options 7 approved by the United States Food and Drug Administration; 8 (3) has received a prescription or recommendation from 9 his or her physician for an investigational drug, 10 biological product, or device; 11 (4) has given his or her informed consent in writing 12 the use of the investigational drug, biological for 13 product, or device or, if he or she is a minor or lacks the 14 mental capacity to provide informed consent, a parent or 15 legal guardian has given informed consent on his or her 16 behalf; and (5) has documentation from his or her physician 17 18 indicating that he or she has met the requirements of this Act. 19 "Investigational drug, biological product, or device" 20 21 means a drug, biological product, or device that has 22 successfully completed Phase I of a clinical trial, but has not 23 been approved for general use by the United States Food and

24 Drug Administration.

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"Phase I of a clinical trial" means the stage of a clinical

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trial where an investigational drug, biological product, or device has been tested in a small group for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.

5 "Terminal illness" means a disease that, without 6 life-sustaining measures, can reasonably be expected to result 7 in death in 24 months or less.

8 Section 15. Availability of drugs, biological products,9 and devices.

10 (a) A manufacturer of an investigational drug, biological 11 product, or device may make available such drug, product, or 12 device to eligible patients. Nothing in this Act shall be 13 construed to require a manufacturer to make available any drug, 14 product, or device.

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(b) A manufacturer may:

(1) provide an investigational drug, biological
 product, or device to an eligible patient without receiving
 compensation; or

19 (2) require an eligible patient to pay the costs of or
20 associated with the manufacture of the investigational
21 drug, biological product, or device.

22 Section 20. Insurance coverage. An accident and health 23 insurer may choose to provide coverage for the cost of an 24 investigational drug, biological product, or device. Nothing HB1335 Enrolled - 4 - LRB099 08955 JLK 29128 b

in this Act shall be construed to require an accident and
 health insurer to provide coverage for the cost of any
 investigational drug, biological product, or device.

Section 25. Penalty. Any official, employee, or agent of
the State who blocks or attempts to block access by an eligible
patient to an investigational drug, biological product, or
device shall be guilty of a misdemeanor, punishable by a fine
not to exceed \$1,500.

9 Section 80. The Nursing Home Care Act is amended by10 changing Section 2-104 as follows:

11 (210 ILCS 45/2-104) (from Ch. 111 1/2, par. 4152-104)

12 Sec. 2-104. (a) A resident shall be permitted to retain the 13 services of his own personal physician at his own expense or 14 under an individual or group plan of health insurance, or under any public or private assistance program providing such 15 coverage. However, the facility is not liable for 16 the 17 negligence of any such personal physician. Every resident shall be permitted to obtain from his own physician or the physician 18 19 attached to the facility complete and current information 20 concerning his medical diagnosis, treatment and prognosis in terms and language the resident can reasonably be expected to 21 22 understand. Every resident shall be permitted to participate in 23 the planning of his total care and medical treatment to the HB1335 Enrolled - 5 - LRB099 08955 JLK 29128 b

extent that his condition permits. No resident shall be 1 2 subjected to experimental research or treatment without first obtaining his informed, written consent. The conduct of any 3 experimental research or treatment shall be authorized and 4 5 monitored by an institutional review board appointed by the 6 Director. The membership, operating procedures and review 7 criteria for the institutional review board shall be prescribed 8 under rules and regulations of the Department and shall comply 9 with requirements for institutional review boards the 10 established by the federal Food and Drug Administration. No 11 person who has received compensation in the prior 3 years from 12 that manufactures, distributes, entity or sells an 13 pharmaceuticals, biologics, or medical devices may serve on the institutional review board. 14

15 The institutional review board may approve only research or 16 treatment that meets the standards of the federal Food and Drug 17 Administration with respect to (i) the protection of human disclosure (ii) financial 18 subjects and by clinical 19 investigators. The Office of State Long Term Care Ombudsman and 20 the State Protection and Advocacy organization shall be given an opportunity to comment on any request for approval before 21 22 the board makes a decision. Those entities shall not be 23 provided information that would allow a potential human subject to be individually identified, unless the board asks the 24 25 Ombudsman for help in securing information from or about the 26 resident. The board shall require frequent reporting of the HB1335 Enrolled - 6 - LRB099 08955 JLK 29128 b

progress of the approved research or treatment and its impact 1 on residents, including immediate reporting of any adverse 2 impact to the resident, the resident's representative, the 3 Office of the State Long Term Care Ombudsman, and the State 4 5 Protection and Advocacy organization. The board may not approve any retrospective study of the records of any resident about 6 the safety or efficacy of any care or treatment if the resident 7 8 was under the care of the proposed researcher or a business 9 associate when the care or treatment was given, unless the 10 study is under the control of a researcher without any business 11 relationship to any person or entity who could benefit from the 12 findings of the study.

13 permit experimental No facility shall research or 14 treatment to be conducted on a resident, or give access to any 15 person or person's records for a retrospective study about the 16 safety or efficacy of any care or treatment, without the prior 17 written approval of the institutional review board. No nursing home administrator, or person licensed by the State to provide 18 19 medical care or treatment to any person, may assist or 20 participate in any experimental research on or treatment of a 21 resident, including a retrospective study, that does not have 22 the prior written approval of the board. Such conduct shall be 23 grounds for professional discipline by the Department of Financial and Professional Regulation. 24

The institutional review board may exempt from ongoing review research or treatment initiated on a resident before the HB1335 Enrolled - 7 - LRB099 08955 JLK 29128 b

individual's admission to a facility and for which the board 1 2 determines there is adequate ongoing oversight by another 3 institutional review board. Nothing in this Section shall prevent a facility, any facility employee, or any other person 4 5 from assisting or participating in any experimental research on or treatment of a resident, if the research or treatment began 6 7 before the person's admission to a facility, until the board has reviewed the research or treatment and decided to grant or 8 9 deny approval or to exempt the research or treatment from 10 ongoing review.

11 The institutional review board requirements of this 12 subsection (a) do not apply to investigational drugs, 13 biological products, or devices used by a resident with a 14 terminal illness as set forth in the Right to Try Act.

(b) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.

All physician's orders and plans of treatment shall have the authentication of the physician. For the purposes of this subsection (b), "authentication" means an original written signature or an electronic signature system that allows for the verification of a signer's credentials. A stamp signature, with or without initials, is not sufficient.

According to rules adopted by the Department, every woman

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resident of child-bearing age shall receive routine
 obstetrical and gynecological evaluations as well as necessary
 prenatal care.

4 (c) Every resident shall be permitted to refuse medical 5 treatment and to know the consequences of such action, unless 6 such refusal would be harmful to the health and safety of 7 others and such harm is documented by a physician in the 8 resident's clinical record. The resident's refusal shall free 9 the facility from the obligation to provide the treatment.

10 (d) Every resident, resident's guardian, or parent if the 11 resident is a minor shall be permitted to inspect and copy all 12 his clinical and other records concerning his care and 13 maintenance kept by the facility or by his physician. The 14 facility may charge a reasonable fee for duplication of a 15 record.

16 (Source: P.A. 96-1372, eff. 7-29-10; 97-179, eff. 1-1-12.)

Section 90. The Medical Practice Act of 1987 is amended by changing Section 22 as follows:

19 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

20 (Section scheduled to be repealed on December 31, 2015)

21 Sec. 22. Disciplinary action.

(A) The Department may revoke, suspend, place on probation,
 reprimand, refuse to issue or renew, or take any other
 disciplinary or non-disciplinary action as the Department may

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deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

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

(a) a facility licensed pursuant to the AmbulatorySurgical Treatment Center Act;

8 (b) an institution licensed under the Hospital9 Licensing Act;

10 (c) an ambulatory surgical treatment center or 11 hospitalization or care facility maintained by the 12 State or any agency thereof, where such department or 13 agency has authority under law to establish and enforce 14 standards for the ambulatory surgical treatment 15 centers, hospitalization, or care facilities under its 16 management and control;

17 (d) ambulatory surgical treatment centers,
18 hospitalization or care facilities maintained by the
19 Federal Government; or

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

25 (2) Performance of an abortion procedure in a wilful26 and wanton manner on a woman who was not pregnant at the

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time the abortion procedure was performed.

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

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(4) Gross negligence in practice under this Act.

9 (5) Engaging in dishonorable, unethical or 10 unprofessional conduct of a character likely to deceive, 11 defraud or harm the public.

12 (6) Obtaining any fee by fraud, deceit, or 13 misrepresentation.

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

18 (8) Practicing under a false or, except as provided by19 law, an assumed name.

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

(10) Making a false or misleading statement regarding
their skill or the efficacy or value of the medicine,
treatment, or remedy prescribed by them at their direction
in the treatment of any disease or other condition of the

1 body or mind.

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

Adverse action taken by another state 4 (12)or 5 jurisdiction against a license or other authorization to 6 practice as a medical doctor, doctor of osteopathy, doctor 7 osteopathic medicine or doctor of chiropractic, a of 8 certified copy of the record of the action taken by the 9 other state or jurisdiction being prima facie evidence 10 thereof. This includes any adverse action taken by a State 11 or federal agency that prohibits a medical doctor, doctor 12 of osteopathy, doctor of osteopathic medicine, or doctor of chiropractic from providing services to the agency's 13 14 participants.

15 (13) Violation of any provision of this Act or of the 16 Medical Practice Act prior to the repeal of that Act, or 17 violation of the rules, or a final administrative action of 18 the Secretary, after consideration of the recommendation 19 of the Disciplinary Board.

20 (14) Violation of the prohibition against fee21 splitting in Section 22.2 of this Act.

(15) A finding by the Disciplinary Board that the registrant after having his or her license placed on probationary status or subjected to conditions or restrictions violated the terms of the probation or failed to comply with such terms or conditions. HB1335 Enrolled

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(16) Abandonment of a patient.

2 (17)Prescribing, selling, administering, 3 distributing, giving or self-administering any druq classified as a controlled substance (designated product) 4 5 or narcotic for other than medically accepted therapeutic 6 purposes.

7 (18)Promotion of the sale of drugs, devices, 8 appliances or goods provided for a patient in such manner 9 as to exploit the patient for financial gain of the 10 physician.

11 (19) Offering, undertaking or agreeing to cure or treat 12 disease by a secret method, procedure, treatment or medicine, or the treating, operating or prescribing for any 13 14 human condition by a method, means or procedure which the 15 licensee refuses to divulge upon demand of the Department.

16 (20) Immoral conduct in the commission of any act 17 including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice. 18

19 (21) Wilfully making or filing false records or reports 20 in his or her practice as a physician, including, but not 21 limited to, false records to support claims against the 22 medical assistance program of the Department of Healthcare 23 and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code. 24

25 (22) Wilful omission to file or record, or wilfully 26 impeding the filing or recording, or inducing another HB1335 Enrolled - 13 - LRB099 08955 JLK 29128 b

person to omit to file or record, medical reports as
 required by law, or wilfully failing to report an instance
 of suspected abuse or neglect as required by law.

4 (23) Being named as a perpetrator in an indicated 5 report by the Department of Children and Family Services 6 under the Abused and Neglected Child Reporting Act, and 7 upon proof by clear and convincing evidence that the 8 licensee has caused a child to be an abused child or 9 neglected child as defined in the Abused and Neglected 10 Child Reporting Act.

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

14 (25) Gross and wilful and continued overcharging for 15 professional services, including filing false statements 16 for collection of fees for which services are not rendered, 17 including, but not limited to, filing such false statements for collection of monies for services not rendered from the 18 19 medical assistance program of the Department of Healthcare 20 and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code. 21

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

(27) Mental illness or disability which results in the
 inability to practice under this Act with reasonable

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1 judgment, skill or safety.

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

6 (29) Cheating on or attempt to subvert the licensing 7 examinations administered under this Act.

8 (30) Wilfully or negligently violating the 9 confidentiality between physician and patient except as 10 required by law.

11 (31) The use of any false, fraudulent, or deceptive 12 statement in any document connected with practice under 13 this Act.

14 (32) Aiding and abetting an individual not licensed
15 under this Act in the practice of a profession licensed
16 under this Act.

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

20 (34) Failure to report to the Department any adverse 21 final action taken against them by another licensing 22 jurisdiction (any other state or any territory of the 23 United States or any foreign state or country), by any peer 24 review body, by any health care institution, by any 25 professional society or association related to practice 26 under this Act, by any governmental agency, by any law HB1335 Enrolled - 15 - LRB099 08955 JLK 29128 b

enforcement agency, or by any court for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

(35) Failure to report to the Department surrender of a 4 5 license or authorization to practice as a medical doctor, a 6 doctor of osteopathy, a doctor of osteopathic medicine, or 7 doctor of chiropractic in another state or jurisdiction, or 8 surrender of membership on any medical staff or in any 9 medical or professional association or society, while 10 under disciplinary investigation by any of those 11 authorities or bodies, for acts or conduct similar to acts 12 or conduct which would constitute grounds for action as defined in this Section. 13

14 (36) Failure to report to the Department any adverse 15 judgment, settlement, or award arising from a liability 16 claim related to acts or conduct similar to acts or conduct 17 which would constitute grounds for action as defined in 18 this Section.

19 (37) Failure to provide copies of medical records as20 required by law.

21 (38) Failure to furnish the Department, its 22 investigators or representatives, relevant information, legally requested by the Department after consultation 23 with the Chief Medical Coordinator or the Deputy Medical 24 25 Coordinator.

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(39) Violating the Health Care Worker Self-Referral

1 Act.

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

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

6 (42) Entering into an excessive number of written 7 collaborative agreements with licensed advanced practice 8 nurses resulting in an inability to adequately 9 collaborate.

10 (43) Repeated failure to adequately collaborate with a11 licensed advanced practice nurse.

12 (44) Violating the Compassionate Use of Medical13 Cannabis Pilot Program Act.

14 (45) Entering into an excessive number of written 15 collaborative agreements with licensed prescribing 16 psychologists resulting in an inability to adequately 17 collaborate.

18 (46) Repeated failure to adequately collaborate with a19 licensed prescribing psychologist.

Except for actions involving the ground numbered (26), all proceedings to suspend, revoke, place on probationary status, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the foregoing grounds, must be commenced within 5 years next after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described HB1335 Enrolled - 17 - LRB099 08955 JLK 29128 b

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

The entry of an order or judgment by any circuit court establishing that any person holding a license under this Act is a person in need of mental treatment operates as a suspension of that license. That person may resume their HB1335 Enrolled - 18 - LRB099 08955 JLK 29128 b

practice only upon the entry of a Departmental order based upon a finding by the Disciplinary Board that they have been determined to be recovered from mental illness by the court and upon the Disciplinary Board's recommendation that they be permitted to resume their practice.

6 The Department may refuse to issue or take disciplinary 7 action concerning the license of any person who fails to file a 8 return, or to pay the tax, penalty or interest shown in a filed 9 return, or to pay any final assessment of tax, penalty or 10 interest, as required by any tax Act administered by the 11 Illinois Department of Revenue, until such time as the 12 requirements of any such tax Act are satisfied as determined by 13 the Illinois Department of Revenue.

14 The Department, upon the recommendation of the 15 Disciplinary Board, shall adopt rules which set forth standards 16 to be used in determining:

17 (a) when a person will be deemed sufficiently18 rehabilitated to warrant the public trust;

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

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

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(d) what constitutes gross negligence in the practice

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1 of medicine.

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

5 In enforcing this Section, the Disciplinary Board or the Licensing Board, upon a showing of a possible violation, may 6 7 compel, in the case of the Disciplinary Board, any individual 8 who is licensed to practice under this Act or holds a permit to 9 practice under this Act, or, in the case of the Licensing 10 Board, any individual who has applied for licensure or a permit pursuant to this Act, to submit to a mental or physical 11 12 examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation, as required by 13 14 the Licensing Board or Disciplinary Board and at the expense of 15 the Department. The Disciplinary Board or Licensing Board shall 16 specifically designate the examining physician licensed to 17 practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or 18 19 physical examination and evaluation. both. The or 20 multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one 21 22 or more or a combination of physicians licensed to practice medicine 23 in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical 24 25 social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining 26

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physician or member of the multidisciplinary team may require 1 2 any person ordered to submit to an examination and evaluation Section to submit to any additional 3 pursuant to this supplemental testing deemed necessary to 4 complete anv 5 examination or evaluation process, including, but not limited 6 to, blood testing, urinalysis, psychological testing, or 7 neuropsychological testing. The Disciplinary Board, the 8 Licensing Board, or the Department may order the examining 9 physician or any member of the multidisciplinary team to 10 provide to the Department, the Disciplinary Board, or the 11 Licensing Board any and all records, including business 12 records, that relate to the examination and evaluation, 13 including any supplemental testing performed. The Disciplinary 14 Board, the Licensing Board, or the Department may order the 15 examining physician or any member of the multidisciplinary team 16 present testimony concerning this examination and to 17 evaluation of the licensee, permit holder, or applicant, including testimony concerning any supplemental testing or 18 documents relating to the examination and evaluation. 19 No 20 information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by 21 22 reason of any common law or statutory privilege relating to 23 communication between the licensee, permit holder, or applicant and the examining physician or any member of the 24 25 multidisciplinary team. No authorization is necessary from the 26 licensee, permit holder, or applicant ordered to undergo an

evaluation and examination for the examining physician or any 1 2 member of the multidisciplinary team to provide information, 3 reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The 4 5 individual to be examined may have, at his or her own expense, another physician of his or her choice present during all 6 7 aspects of the examination. Failure of any individual to submit 8 to mental or physical examination and evaluation, or both, when 9 directed, shall result in an automatic suspension, without 10 hearing, until such time as the individual submits to the 11 examination. If the Disciplinary Board or Licensing Board finds 12 a physician unable to practice following an examination and 13 evaluation because of the reasons set forth in this Section, the Disciplinary Board or Licensing Board shall require such 14 15 physician to submit to care, counseling, or treatment by 16 physicians, or other health care professionals, approved or 17 designated by the Disciplinary Board, as a condition for issued, continued, reinstated, or renewed licensure 18 to 19 practice. Any physician, whose license was granted pursuant to 20 Sections 9, 17, or 19 of this Act, or, continued, reinstated, renewed, disciplined or supervised, subject to such terms, 21 22 conditions or restrictions who shall fail to comply with such 23 terms, conditions or restrictions, or to complete a required 24 program of care, counseling, or treatment, as determined by the Chief Medical Coordinator or Deputy Medical Coordinators, 25 26 shall be referred to the Secretary for a determination as to

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

12 An individual licensed under this Act, affected under this 13 Section, shall be afforded an opportunity to demonstrate to the 14 Disciplinary Board that they can resume practice in compliance 15 with acceptable and prevailing standards under the provisions 16 of their license.

17 The Department may promulgate rules for the imposition of fines in disciplinary cases, not to exceed \$10,000 for each 18 19 violation of this Act. Fines may be imposed in conjunction with 20 other forms of disciplinary action, but shall not be the exclusive disposition of any disciplinary action arising out of 21 22 conduct resulting in death or injury to a patient. Any funds 23 collected from such fines shall be deposited in the Medical Disciplinary Fund. 24

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine HB1335 Enrolled - 23 - LRB099 08955 JLK 29128 b

or in accordance with the terms set forth in the order imposing
 the fine.

(B) The Department shall revoke the license or permit 3 issued under this Act to practice medicine or a chiropractic 4 5 physician who has been convicted a second time of committing 6 any felony under the Illinois Controlled Substances Act or the Methamphetamine Control and Community Protection Act, or who 7 8 has been convicted a second time of committing a Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A 9 10 person whose license or permit is revoked under this subsection 11 B shall be prohibited from practicing medicine or treating 12 human ailments without the use of drugs and without operative 13 surgery.

14 (C) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any 15 16 other disciplinary or non-disciplinary action against the 17 license or permit issued under this Act to practice medicine to a physician based solely upon the recommendation of the 18 19 physician to an eligible patient regarding, or prescription 20 for, or treatment with, an investigational drug, biological 21 product, or device.

22 (D) (C) The Disciplinary Board shall recommend to the 23 Department civil penalties and any other appropriate discipline in disciplinary cases when the Board finds that a 24 25 physician willfully performed an abortion with actual 26 knowledge that the person upon whom the abortion has been HB1335 Enrolled - 24 - LRB099 08955 JLK 29128 b

performed is a minor or an incompetent person without notice as required under the Parental Notice of Abortion Act of 1995. Upon the Board's recommendation, the Department shall impose, for the first violation, a civil penalty of \$1,000 and for a second or subsequent violation, a civil penalty of \$5,000. (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13;

7 98-668, eff. 6-25-14; 98-1140, eff. 12-30-14.)