



Sen. Michael Connelly

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1 AMENDMENT TO SENATE BILL 29

2 AMENDMENT NO. _____. Amend Senate Bill 29 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Right
5 to Try Act.

6 Section 5. Findings. The General Assembly finds that the
7 process of approval for investigational drugs, biological
8 products, and devices in the United States often takes many
9 years, and a patient with a terminal illness does not have the
10 luxury of waiting until such drug, product, or device receives
11 final approval from the United States Food and Drug
12 Administration. As a result, the standards of the United States
13 Food and Drug Administration for the use of investigational
14 drugs, biological products, and devices may deny the benefits
15 of potentially life-saving treatments to terminally ill
16 patients. A patient with a terminal illness has a fundamental

1 right to attempt to preserve his or her own life by accessing
2 investigational drugs, biological products, and devices.
3 Whether to use available investigational drugs, biological
4 products, and devices is a decision that rightfully should be
5 made by the patient with a terminal illness in consultation
6 with his or her physician and is not a decision to be made by
7 the government.

8 Section 10. Definitions. For the purposes of this Act:

9 "Accident and health insurer" has the meaning given to that
10 term in Section 126.2 of the Illinois Insurance Code.

11 "Eligible patient" means a person who:

12 (1) has a terminal illness;

13 (2) has considered all other treatment options
14 approved by the United States Food and Drug Administration;

15 (3) has received a prescription or recommendation from
16 his or her physician for an investigational drug,
17 biological product, or device;

18 (4) has given his or her informed consent in writing
19 for the use of the investigational drug, biological
20 product, or device or, if he or she is a minor or lacks the
21 mental capacity to provide informed consent, a parent or
22 legal guardian has given informed consent on his or her
23 behalf; and

24 (5) has documentation from his or her physician
25 indicating that he or she has met the requirements of this

1 Act.

2 "Investigational drug, biological product, or device"
3 means a drug, biological product, or device that has
4 successfully completed Phase I of a clinical trial, but has not
5 been approved for general use by the United States Food and
6 Drug Administration.

7 "Phase I of a clinical trial" means the stage of a clinical
8 trial where an investigational drug, biological product, or
9 device that has been tested in a small group for the first time
10 to evaluate its safety, determine a safe dosage range, and
11 identify side effects.

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

15 Section 15. Availability of drugs, biological products,
16 and devices.

17 (a) A manufacturer of an investigational drug, biological
18 product, or device may make available such drug, product, or
19 device to eligible patients. Nothing in this Act shall be
20 construed to require a manufacturer to make available any drug,
21 product, or device.

22 (b) A manufacturer may:

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

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

4 Section 20. Insurance coverage. An accident and health
5 insurer may choose to provide coverage for the cost of an
6 investigational drug, biological product, or device. Nothing
7 in this Act shall be construed to require an accident and
8 health insurer to provide coverage for the cost of any
9 investigational drug, biological product, or device.

10 Section 80. The Nursing Home Care Act is amended by
11 changing Section 2-104 as follows:

12 (210 ILCS 45/2-104) (from Ch. 111 1/2, par. 4152-104)

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

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

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

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

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

26 The institutional review board may exempt from ongoing

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

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

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

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

1 According to rules adopted by the Department, every woman
2 resident of child-bearing age shall receive routine
3 obstetrical and gynecological evaluations as well as necessary
4 prenatal care.

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

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

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

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

20 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

22 Sec. 22. Disciplinary action.

23 (A) The Department may revoke, suspend, place on probation,
24 reprimand, refuse to issue or renew, or take any other

1 disciplinary or non-disciplinary action as the Department may
2 deem proper with regard to the license or permit of any person
3 issued under this Act, including imposing fines not to exceed
4 \$10,000 for each violation, upon any of the following grounds:

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

7 (a) a facility licensed pursuant to the Ambulatory
8 Surgical Treatment Center Act;

9 (b) an institution licensed under the Hospital
10 Licensing Act;

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

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

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

26 (2) Performance of an abortion procedure in a wilful

1 and wanton manner on a woman who was not pregnant at the
2 time the abortion procedure was performed.

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

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

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

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

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

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

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

24 (10) Making a false or misleading statement regarding
25 their skill or the efficacy or value of the medicine,
26 treatment, or remedy prescribed by them at their direction

1 in the treatment of any disease or other condition of the
2 body or mind.

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

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

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

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

23 (15) A finding by the Disciplinary Board that the
24 registrant after having his or her license placed on
25 probationary status or subjected to conditions or
26 restrictions violated the terms of the probation or failed

1 to comply with such terms or conditions.

2 (16) Abandonment of a patient.

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

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

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

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

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

26 (22) Wilful omission to file or record, or wilfully

1 impeding the filing or recording, or inducing another
2 person to omit to file or record, medical reports as
3 required by law, or wilfully failing to report an instance
4 of suspected abuse or neglect as required by law.

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

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

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

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

26 (27) Mental illness or disability which results in the

1 inability to practice under this Act with reasonable
2 judgment, skill or safety.

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

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

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

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

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

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

21 (34) Failure to report to the Department any adverse
22 final action taken against them by another licensing
23 jurisdiction (any other state or any territory of the
24 United States or any foreign state or country), by any peer
25 review body, by any health care institution, by any
26 professional society or association related to practice

1 under this Act, by any governmental agency, by any law
2 enforcement agency, or by any court for acts or conduct
3 similar to acts or conduct which would constitute grounds
4 for action as defined in this Section.

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

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

20 (37) Failure to provide copies of medical records as
21 required by law.

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

1 (39) Violating the Health Care Worker Self-Referral
2 Act.

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

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

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

11 (43) Repeated failure to adequately collaborate with a
12 licensed advanced practice nurse.

13 (44) Violating the Compassionate Use of Medical
14 Cannabis Pilot Program Act.

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

19 (46) Repeated failure to adequately collaborate with a
20 licensed prescribing psychologist.

21 Except for actions involving the ground numbered (26), all
22 proceedings to suspend, revoke, place on probationary status,
23 or take any other disciplinary action as the Department may
24 deem proper, with regard to a license on any of the foregoing
25 grounds, must be commenced within 5 years next after receipt by
26 the Department of a complaint alleging the commission of or

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

24 The entry of an order or judgment by any circuit court
25 establishing that any person holding a license under this Act
26 is a person in need of mental treatment operates as a

1 suspension of that license. That person may resume their
2 practice only upon the entry of a Departmental order based upon
3 a finding by the Disciplinary Board that they have been
4 determined to be recovered from mental illness by the court and
5 upon the Disciplinary Board's recommendation that they be
6 permitted to resume their practice.

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

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

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

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

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

1 (d) what constitutes gross negligence in the practice
2 of medicine.

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

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

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

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

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

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

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

26 All fines imposed under this Section shall be paid within

1 60 days after the effective date of the order imposing the fine
2 or in accordance with the terms set forth in the order imposing
3 the fine.

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

15 (C) The Department shall not revoke, suspend, place on
16 probation, reprimand, refuse to issue or renew, or take any
17 other disciplinary or non-disciplinary action against the
18 license or permit issued under this Act to practice medicine to
19 a physician based solely upon the recommendation of the
20 physician to an eligible patient, as defined under Section 10
21 of the Right to Try Act, regarding, or prescription for, or
22 treatment with, an investigational drug, biological product,
23 or device.

24 (D) ~~(C)~~ The Disciplinary Board shall recommend to the
25 Department civil penalties and any other appropriate
26 discipline in disciplinary cases when the Board finds that a

1 physician willfully performed an abortion with actual
2 knowledge that the person upon whom the abortion has been
3 performed is a minor or an incompetent person without notice as
4 required under the Parental Notice of Abortion Act of 1995.
5 Upon the Board's recommendation, the Department shall impose,
6 for the first violation, a civil penalty of \$1,000 and for a
7 second or subsequent violation, a civil penalty of \$5,000.
8 (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13;
9 98-668, eff. 6-25-14; 98-1140, eff. 12-30-14.)".