



Sen. Don Harmon

Filed: 4/15/2016

09900SB0345sam001

LRB099 03283 AMC 47598 a

1 AMENDMENT TO SENATE BILL 345

2 AMENDMENT NO. _____. Amend Senate Bill 345 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. This Act may be referred to as the Treatment
5 Considerations and Rights for Persons Diagnosed with Autism and
6 Co-Occurring Medical Conditions Act.

7 Section 5. Findings. The General Assembly finds the
8 following:

9 (1) The medical consensus is that autism is an
10 ideopathic disease that has complex and multiple
11 etiologies. The development of autism appears to be a
12 complex interaction of multiple genetic and environmental
13 factors. Both the prevalence and incidence of autism has
14 risen in recent decades.

15 (2) The Centers for Disease Control estimates that one
16 in 68 children born in 2002 and one in 42 boys have been

1 identified with autism.

2 (3) A 2012 survey conducted by the Centers for Disease
3 Control of U.S. households estimated one in 50 children
4 ages 6 to 17 has an autism spectrum disorder.

5 (4) Autism spectrum disorders occur among all racial,
6 ethnic, and socioeconomic groups.

7 (5) Autism spectrum disorders are almost 5 times more
8 common among boys than among girls.

9 (6) According to the Centers for Disease Control,
10 autism rates increased 78% between 2002 and 2008. The most
11 recent estimate is roughly 30% higher than the estimate for
12 2008 (one in 88), 60% higher than the estimate for 2006
13 (one in 110), and 120% higher than the estimates for 2000
14 and 2002 (one in 150).

15 (7) While autism spectrum disorders have primarily
16 been diagnosed in measuring deficits in the areas of
17 communication, socialization, and behavior, recent
18 clinical and scientific investigations have determined
19 that co-occurring pathophysiological conditions may occur
20 more commonly in persons also diagnosed with autism, the
21 symptoms of which may be overlooked and mistaken as
22 behavioral. These pathologies include, but are not limited
23 to, allergies, autoimmune conditions, gastrointestinal
24 diseases, immune dysregulation, metabolic disturbances,
25 mitochondrial abnormalities, oxidative stress,
26 neuroinflammation, and seizure disorders.

1 (8) Scientific inquiry is providing evidence of
2 biological markers, including, but not limited to, single
3 nucleotide polymorphisms, indications of cellular
4 inflammation, increased cellular oxidation and damage, and
5 abnormal DNA methylation, that may be clinically
6 significant in the provision of appropriate medical care
7 for persons also diagnosed with an autism spectrum
8 disorder.

9 Therefore, it is the intention of the General Assembly to
10 promote a greater awareness and the detection, diagnosis, and
11 treatment of underlying and co-occurring medical conditions
12 that occur more commonly in persons with autism to further
13 awareness, scientific understanding, and health outcomes for
14 persons living with autism.

15 Public and private partnerships elucidating the discovery
16 of biomarkers and their implications in pathophysiological
17 conditions shall be encouraged and information derived from
18 such discoveries shall be disseminated to medical
19 professionals and made available to the general public through
20 research initiatives that may be promoted by universities,
21 medical clinics, health care providers, consortiums, State
22 agencies, private and public organizations, and any party that
23 may contribute to the scientific understanding of medical
24 conditions associated or occurring more often in persons also
25 diagnosed with an autism spectrum disorder than in the general
26 population.

1 Section 10. The Illinois Insurance Code is amended by
2 changing Section 356z.14 and by adding Section 356z.24 as
3 follows:

4 (215 ILCS 5/356z.14)

5 Sec. 356z.14. Autism spectrum disorders.

6 (a) A group or individual policy of accident and health
7 insurance or managed care plan amended, delivered, issued, or
8 renewed after the effective date of this amendatory Act of the
9 95th General Assembly must provide individuals under 21 years
10 of age coverage for the diagnosis of autism spectrum disorders
11 and for the treatment of autism spectrum disorders to the
12 extent that the diagnosis and treatment of autism spectrum
13 disorders are not already covered by the policy of accident and
14 health insurance or managed care plan.

15 (b) Coverage provided under this Section shall be subject
16 to a maximum benefit of \$36,000 per year, but shall not be
17 subject to any limits on the number of visits to a service
18 provider. After December 30, 2009, the Director of the Division
19 of Insurance shall, on an annual basis, adjust the maximum
20 benefit for inflation using the Medical Care Component of the
21 United States Department of Labor Consumer Price Index for All
22 Urban Consumers. Payments made by an insurer on behalf of a
23 covered individual for any care, treatment, intervention,
24 service, or item, the provision of which was for the treatment

1 of a health condition not diagnosed as an autism spectrum
2 disorder, shall not be applied toward any maximum benefit
3 established under this subsection.

4 (c) Coverage under this Section shall be subject to
5 copayment, deductible, and coinsurance provisions of a policy
6 of accident and health insurance or managed care plan to the
7 extent that other medical services covered by the policy of
8 accident and health insurance or managed care plan are subject
9 to these provisions.

10 (d) This Section shall not be construed as limiting
11 benefits that are otherwise available to an individual under a
12 policy of accident and health insurance or managed care plan
13 and benefits provided under this Section may not be subject to
14 dollar limits, deductibles, copayments, or coinsurance
15 provisions that are less favorable to the insured than the
16 dollar limits, deductibles, or coinsurance provisions that
17 apply to physical illness generally.

18 (e) An insurer may not deny or refuse to provide otherwise
19 covered services, or refuse to renew, refuse to reissue, or
20 otherwise terminate or restrict coverage under an individual
21 contract to provide services to an individual because the
22 individual or their dependent is diagnosed with an autism
23 spectrum disorder or due to the individual utilizing benefits
24 in this Section.

25 (f) Upon request of the reimbursing insurer, a provider of
26 treatment for autism spectrum disorders shall furnish medical

1 records, clinical notes, or other necessary data that
2 substantiate that initial or continued medical treatment is
3 medically necessary and is resulting in improved clinical
4 status. When treatment is anticipated to require continued
5 services to achieve demonstrable progress, the insurer may
6 request a treatment plan consisting of diagnosis, proposed
7 treatment by type, frequency, anticipated duration of
8 treatment, the anticipated outcomes stated as goals, and the
9 frequency by which the treatment plan will be updated.

10 (g) When making a determination of medical necessity for a
11 treatment modality for autism spectrum disorders, an insurer
12 must make the determination in a manner that is consistent with
13 the manner used to make that determination with respect to
14 other diseases or illnesses covered under the policy, including
15 an appeals process. During the appeals process, any challenge
16 to medical necessity must be viewed as reasonable only if the
17 review includes a physician with expertise in the most current
18 and effective treatment modalities for autism spectrum
19 disorders.

20 (h) Coverage for medically necessary early intervention
21 services must be delivered by certified early intervention
22 specialists, as defined in 89 Ill. Admin. Code 500 and any
23 subsequent amendments thereto.

24 (h-5) If an individual has been diagnosed as having an
25 autism spectrum disorder, meeting the diagnostic criteria in
26 place at the time of diagnosis, and treatment is determined

1 medically necessary, then that individual shall remain
2 eligible for coverage under this Section even if subsequent
3 changes to the diagnostic criteria are adopted by the American
4 Psychiatric Association. If no changes to the diagnostic
5 criteria are adopted after April 1, 2012, and before December
6 31, 2014, then this subsection (h-5) shall be of no further
7 force and effect.

8 (h-10) An insurer may not deny or refuse to provide
9 otherwise covered services, or refuse to renew, refuse to
10 reissue, or otherwise terminate or restrict coverage under an
11 individual contract, for a person diagnosed with an autism
12 spectrum disorder because a health care provider has determined
13 that a medication, or any ingredient, allergen, potential
14 toxicant, or agent, may exacerbate clinical symptomatology and
15 is medically contraindicated for the patient. For the purposes
16 of this subsection (h-10), "clinical symptomatology" means any
17 indication of disorder or disease when experienced by an
18 individual as a change from normal function, sensation, or
19 appearance.

20 (i) As used in this Section:

21 "Autism spectrum disorders" means pervasive developmental
22 disorders as defined in the most recent edition of the
23 Diagnostic and Statistical Manual of Mental Disorders,
24 including autism, Asperger's disorder, and pervasive
25 developmental disorder not otherwise specified.

26 "Diagnosis of autism spectrum disorders" means one or more

1 tests, evaluations, or assessments to diagnose whether an
2 individual has autism spectrum disorder that is prescribed,
3 performed, or ordered by (A) a physician licensed to practice
4 medicine in all its branches or (B) a licensed clinical
5 psychologist with expertise in diagnosing autism spectrum
6 disorders.

7 "Medically necessary" means any care, treatment,
8 intervention, service or item which will or is reasonably
9 expected to do any of the following: (i) prevent the onset of
10 an illness, condition, injury, disease or disability; (ii)
11 reduce or ameliorate the physical, mental or developmental
12 effects of an illness, condition, injury, disease or
13 disability; or (iii) assist to achieve or maintain maximum
14 functional activity in performing daily activities.

15 "Treatment for autism spectrum disorders" shall include
16 the following care prescribed, provided, or ordered for an
17 individual diagnosed with an autism spectrum disorder by (A) a
18 physician licensed to practice medicine in all its branches or
19 (B) a certified, registered, or licensed health care
20 professional with expertise in treating effects of autism
21 spectrum disorders when the care is determined to be medically
22 necessary and ordered by a physician licensed to practice
23 medicine in all its branches:

24 (1) Psychiatric care, meaning direct, consultative, or
25 diagnostic services provided by a licensed psychiatrist.

26 (2) Psychological care, meaning direct or consultative

1 services provided by a licensed psychologist.

2 (3) Habilitative or rehabilitative care, meaning
3 professional, counseling, and guidance services and
4 treatment programs, including applied behavior analysis,
5 that are intended to develop, maintain, and restore the
6 functioning of an individual. As used in this subsection
7 (i), "applied behavior analysis" means the design,
8 implementation, and evaluation of environmental
9 modifications using behavioral stimuli and consequences to
10 produce socially significant improvement in human
11 behavior, including the use of direct observation,
12 measurement, and functional analysis of the relations
13 between environment and behavior.

14 (4) Therapeutic care, including behavioral, speech,
15 occupational, and physical therapies that provide
16 treatment in the following areas: (i) self care and
17 feeding, (ii) pragmatic, receptive, and expressive
18 language, (iii) cognitive functioning, (iv) applied
19 behavior analysis, intervention, and modification, (v)
20 motor planning, and (vi) sensory processing.

21 (j) Rulemaking authority to implement this amendatory Act
22 of the 95th General Assembly, if any, is conditioned on the
23 rules being adopted in accordance with all provisions of the
24 Illinois Administrative Procedure Act and all rules and
25 procedures of the Joint Committee on Administrative Rules; any
26 purported rule not so adopted, for whatever reason, is

1 unauthorized.

2 (Source: P.A. 96-1000, eff. 7-2-10; 97-972, eff. 1-1-13.)

3 (215 ILCS 5/356z.24 new)

4 Sec. 356z.24. Immune gamma globulin therapy.

5 (a) A group or individual policy of accident and health
6 insurance or managed care plan amended, delivered, issued, or
7 renewed after the effective date of this amendatory Act of the
8 99th General Assembly may not allow for the delay,
9 discontinuation, or interruption of immune gamma globulin
10 therapy for persons who are diagnosed with a primary
11 immunodeficiency when prescribed immune gamma globulin therapy
12 by a physician licensed to practice medicine in all of its
13 branches.

14 Immune gamma globulin therapy is intended for continuous
15 replacement therapy for primary immunodeficiency and may be
16 delivered through intravenous immunoglobulin or subcutaneous
17 immunoglobulin. Immune gamma globulin therapy improves
18 livelihood, preserves organ function, increases life span, and
19 is lifesaving. Administration of immune gamma globulin therapy
20 shall not be delayed or interrupted once a diagnosis is
21 established.

22 For the purposes of this Section, delay, interruption, or
23 discontinuation of therapy means interfering with treatment as
24 prescribed by the licensed physician by altering the prescribed
25 dose, frequency, route, venue, product, or administration,

1 which is determined by the physician based on patient
2 tolerability, individual patient characteristics, needs, and
3 clinical response. Immune gamma globulin is a human plasma
4 product regulated by the United States Food and Drug
5 Administration. No generic immune gamma globulin product
6 exists. Patients diagnosed with primary immunodeficiency may
7 have varying clinical responses to a prescribed drug, including
8 those that may qualify as a medical contraindication.
9 Therefore, product interchangeability not authorized by a
10 prescribing physician is prohibited.

11 (b) Upon the diagnosis of primary immunodeficiency by the
12 prescribing physician, authorization or reauthorization by
13 insurers of immune gamma globulin therapy shall be expedited by
14 insurers. Due to the potential lifesaving necessity of immune
15 gamma globulin, determination of authorization or
16 reauthorization may not take more than 4 weeks and
17 reauthorization may not be required more frequently than every
18 12 months.

19 Since immune gamma globulin therapy is intended for
20 continuous replacement of antibodies, once a diagnosis of
21 primary immunodeficiency is made, the previous diagnosis and
22 current clinical judgment of the prescribing physician shall be
23 sufficient for renewed authorization or authorization for
24 continuation of care if the patient requires new authorization
25 due to change in insurers.

26 (c) Review of a patient's clinical history for meaningful

1 infections and the available laboratory findings, genetic
2 findings, and imaging studies, along with physical evidence of
3 end-organ damage from recurrent infections and the favorable
4 effect of immune gamma globulin replacement on clinical course
5 and the treating physician's clinical judgment is sufficient to
6 validate an antibody deficiency diagnosis. Trough levels of
7 antibodies and normal immune globulin levels shall be used by
8 clinicians to monitor treatment and shall not be used to
9 discontinue or otherwise deny coverage of immune gamma globulin
10 therapy for a patient determined by a physician to have a
11 primary immunodeficiency.

12 (d) Any standards, policies, provisions, or practices by
13 insurers that require a person who is diagnosed with a primary
14 immunodeficiency to delay, discontinue, or interrupt immune
15 gamma globulin therapy and could result in a potentially life
16 threatening situation are prohibited when prescribed by a
17 physician licensed to practice medicine in all its branches.

18 Section 15. The Medical Practice Act of 1987 is amended by
19 changing Sections 2, 20, and 22 and by adding Section 33.5 as
20 follows:

21 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

22 (Section scheduled to be repealed on December 31, 2016)

23 Sec. 2. Definitions. For purposes of this Act, the
24 following definitions shall have the following meanings,

1 except where the context requires otherwise:

2 "Act" means the Medical Practice Act of 1987.

3 "Address of record" means the designated address recorded
4 by the Department in the applicant's or licensee's application
5 file or license file as maintained by the Department's
6 licensure maintenance unit. It is the duty of the applicant or
7 licensee to inform the Department of any change of address and
8 those changes must be made either through the Department's
9 website or by contacting the Department.

10 "Autism spectrum disorder" means a neurobiological
11 disorder, including autism, regressive autism, Asperger
12 Syndrome, and pervasive developmental disorders not otherwise
13 specified (PDD-NOS).

14 "Chiropractic physician" means a person licensed to treat
15 human ailments without the use of drugs and without operative
16 surgery. Nothing in this Act shall be construed to prohibit a
17 chiropractic physician from providing advice regarding the use
18 of non-prescription products or from administering atmospheric
19 oxygen. Nothing in this Act shall be construed to authorize a
20 chiropractic physician to prescribe drugs.

21 "Clinical symptomatology" means any indication of disorder
22 or disease when experienced by an individual as a change from
23 normal function, sensation, or appearance.

24 "Co-occurring or otherwise diagnosed medical condition"
25 means a simultaneous illness, condition, injury, disease,
26 pathology, or disability that is not primarily diagnosed as an

1 autism spectrum disorder.

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

4 "Disciplinary Action" means revocation, suspension,
5 probation, supervision, practice modification, reprimand,
6 required education, fines or any other action taken by the
7 Department against a person holding a license.

8 "Disciplinary Board" means the Medical Disciplinary Board.

9 "Final Determination" means the governing body's final
10 action taken under the procedure followed by a health care
11 institution, or professional association or society, against
12 any person licensed under the Act in accordance with the bylaws
13 or rules and regulations of such health care institution, or
14 professional association or society.

15 "Fund" means the Medical Disciplinary Fund.

16 "Impaired" means the inability to practice medicine with
17 reasonable skill and safety due to physical or mental
18 disabilities as evidenced by a written determination or written
19 consent based on clinical evidence including deterioration
20 through the aging process or loss of motor skill, or abuse of
21 drugs or alcohol, of sufficient degree to diminish a person's
22 ability to deliver competent patient care.

23 "Licensing Board" means the Medical Licensing Board.

24 "Medically necessary treatment" means any care, treatment,
25 intervention, service, or item that will or is reasonably
26 expected to do any of the following: (i) prevent the onset of

1 an illness, condition, injury, disease, or disability; (ii)
2 reduce or ameliorate the physical, mental, or developmental
3 effects of an illness, condition, injury, disease, or
4 disability; or (iii) assist to achieve or maintain maximum
5 functional activity in performing daily activities.

6 "Pathophysiological" means the functional alterations in
7 the body related to a disease or syndrome.

8 "Physician" means a person licensed under the Medical
9 Practice Act to practice medicine in all of its branches or a
10 chiropractic physician.

11 "Professional Association" means an association or society
12 of persons licensed under this Act, and operating within the
13 State of Illinois, including but not limited to, medical
14 societies, osteopathic organizations, and chiropractic
15 organizations, but this term shall not be deemed to include
16 hospital medical staffs.

17 "Program of Care, Counseling, or Treatment" means a written
18 schedule of organized treatment, care, counseling, activities,
19 or education, satisfactory to the Disciplinary Board, designed
20 for the purpose of restoring an impaired person to a condition
21 whereby the impaired person can practice medicine with
22 reasonable skill and safety of a sufficient degree to deliver
23 competent patient care.

24 "Reinstate" means to change the status of a license from
25 inactive or nonrenewed status to active status.

26 "Restore" means to remove an encumbrance from a license due

1 to probation, suspension, or revocation.

2 "Secretary" means the Secretary of the Department of
3 Financial and Professional Regulation.

4 (Source: P.A. 97-462, eff. 8-19-11; 97-622, eff. 11-23-11;
5 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/20) (from Ch. 111, par. 4400-20)

7 (Section scheduled to be repealed on December 31, 2016)

8 Sec. 20. Continuing education. The Department shall
9 promulgate rules of continuing education for persons licensed
10 under this Act that require an average of 50 hours of
11 continuing education per license year. These rules shall be
12 consistent with requirements of relevant professional
13 associations, specialty societies, or boards. The rules shall
14 also address variances in part or in whole for good cause,
15 including, but not limited to, temporary illness or hardship.
16 In establishing these rules, the Department shall consider
17 educational requirements for medical staffs, requirements for
18 specialty society board certification or for continuing
19 education requirements as a condition of membership in
20 societies representing the 2 categories of licensee under this
21 Act. These rules shall assure that licensees are given the
22 opportunity to participate in those programs sponsored by or
23 through their professional associations or hospitals which are
24 relevant to their practice. Each licensee is responsible for
25 maintaining records of completion of continuing education and

1 shall be prepared to produce the records when requested by the
2 Department.

3 Physicians who treat persons with autism spectrum
4 disorders are encouraged to obtain continuing education
5 credits that address training in evaluation, diagnosis, and
6 treatments for co-occurring and otherwise diagnosed
7 pathophysiological conditions in autism spectrum disorders to
8 promote and align standard of care practices to reflect
9 emerging clinical findings and promising practices derived
10 from improved patient outcomes.

11 (Source: P.A. 97-622, eff. 11-23-11.)

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

13 (Section scheduled to be repealed on December 31, 2016)

14 Sec. 22. Disciplinary action.

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

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

23 (a) a facility licensed pursuant to the Ambulatory
24 Surgical Treatment Center Act;

25 (b) an institution licensed under the Hospital

1 Licensing Act;

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (12) Adverse action taken by another state or
23 jurisdiction against a license or other authorization to
24 practice as a medical doctor, doctor of osteopathy, doctor
25 of osteopathic medicine or doctor of chiropractic, a
26 certified copy of the record of the action taken by the

1 other state or jurisdiction being prima facie evidence
2 thereof. This includes any adverse action taken by a State
3 or federal agency that prohibits a medical doctor, doctor
4 of osteopathy, doctor of osteopathic medicine, or doctor of
5 chiropractic from providing services to the agency's
6 participants.

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

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

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

19 (16) Abandonment of a patient.

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

25 (18) Promotion of the sale of drugs, devices,
26 appliances or goods provided for a patient in such manner

1 as to exploit the patient for financial gain of the
2 physician.

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

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

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

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

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

1 neglected child as defined in the Abused and Neglected
2 Child Reporting Act.

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

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

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

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

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

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

26 (30) Wilfully or negligently violating the

1 confidentiality between physician and patient except as
2 required by law.

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

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

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

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

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

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

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

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

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

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

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

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

24 (42) Entering into an excessive number of written
25 collaborative agreements with licensed advanced practice
26 nurses resulting in an inability to adequately

1 collaborate.

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

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

6 (45) Entering into an excessive number of written
7 collaborative agreements with licensed prescribing
8 psychologists resulting in an inability to adequately
9 collaborate.

10 (46) Repeated failure to adequately collaborate with a
11 licensed prescribing psychologist.

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

1 complaint. In the event of the settlement of any claim or cause
2 of action in favor of the claimant or the reduction to final
3 judgment of any civil action in favor of the plaintiff, such
4 claim, cause of action or civil action being grounded on the
5 allegation that a person licensed under this Act was negligent
6 in providing care, the Department shall have an additional
7 period of 2 years from the date of notification to the
8 Department under Section 23 of this Act of such settlement or
9 final judgment in which to investigate and commence formal
10 disciplinary proceedings under Section 36 of this Act, except
11 as otherwise provided by law. The time during which the holder
12 of the license was outside the State of Illinois shall not be
13 included within any period of time limiting the commencement of
14 disciplinary action by the Department.

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

24 The Department may refuse to issue or take disciplinary
25 action concerning the license of any person who fails to file a
26 return, or to pay the tax, penalty or interest shown in a filed

1 return, or to pay any final assessment of tax, penalty or
2 interest, as required by any tax Act administered by the
3 Illinois Department of Revenue, until such time as the
4 requirements of any such tax Act are satisfied as determined by
5 the Illinois Department of Revenue.

6 The Department, upon the recommendation of the
7 Disciplinary Board, shall adopt rules which set forth standards
8 to be used in determining:

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

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

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

18 (d) what constitutes gross negligence in the practice
19 of medicine.

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

23 In enforcing this Section, the Disciplinary Board or the
24 Licensing Board, upon a showing of a possible violation, may
25 compel, in the case of the Disciplinary Board, any individual
26 who is licensed to practice under this Act or holds a permit to

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

1 physician or any member of the multidisciplinary team to
2 provide to the Department, the Disciplinary Board, or the
3 Licensing Board any and all records, including business
4 records, that relate to the examination and evaluation,
5 including any supplemental testing performed. The Disciplinary
6 Board, the Licensing Board, or the Department may order the
7 examining physician or any member of the multidisciplinary team
8 to present testimony concerning this examination and
9 evaluation of the licensee, permit holder, or applicant,
10 including testimony concerning any supplemental testing or
11 documents relating to the examination and evaluation. No
12 information, report, record, or other documents in any way
13 related to the examination and evaluation shall be excluded by
14 reason of any common law or statutory privilege relating to
15 communication between the licensee, permit holder, or
16 applicant and the examining physician or any member of the
17 multidisciplinary team. No authorization is necessary from the
18 licensee, permit holder, or applicant ordered to undergo an
19 evaluation and examination for the examining physician or any
20 member of the multidisciplinary team to provide information,
21 reports, records, or other documents or to provide any
22 testimony regarding the examination and evaluation. The
23 individual to be examined may have, at his or her own expense,
24 another physician of his or her choice present during all
25 aspects of the examination. Failure of any individual to submit
26 to mental or physical examination and evaluation, or both, when

1 directed, shall result in an automatic suspension, without
2 hearing, until such time as the individual submits to the
3 examination. If the Disciplinary Board or Licensing Board finds
4 a physician unable to practice following an examination and
5 evaluation because of the reasons set forth in this Section,
6 the Disciplinary Board or Licensing Board shall require such
7 physician to submit to care, counseling, or treatment by
8 physicians, or other health care professionals, approved or
9 designated by the Disciplinary Board, as a condition for
10 issued, continued, reinstated, or renewed licensure to
11 practice. Any physician, whose license was granted pursuant to
12 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
13 renewed, disciplined or supervised, subject to such terms,
14 conditions or restrictions who shall fail to comply with such
15 terms, conditions or restrictions, or to complete a required
16 program of care, counseling, or treatment, as determined by the
17 Chief Medical Coordinator or Deputy Medical Coordinators,
18 shall be referred to the Secretary for a determination as to
19 whether the licensee shall have their license suspended
20 immediately, pending a hearing by the Disciplinary Board. In
21 instances in which the Secretary immediately suspends a license
22 under this Section, a hearing upon such person's license must
23 be convened by the Disciplinary Board within 15 days after such
24 suspension and completed without appreciable delay. The
25 Disciplinary Board shall have the authority to review the
26 subject physician's record of treatment and counseling

1 regarding the impairment, to the extent permitted by applicable
2 federal statutes and regulations safeguarding the
3 confidentiality of medical records.

4 An individual licensed under this Act, affected under this
5 Section, shall be afforded an opportunity to demonstrate to the
6 Disciplinary Board that they can resume practice in compliance
7 with acceptable and prevailing standards under the provisions
8 of their license.

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

17 All fines imposed under this Section shall be paid within
18 60 days after the effective date of the order imposing the fine
19 or in accordance with the terms set forth in the order imposing
20 the fine.

21 (B) The Department shall revoke the license or permit
22 issued under this Act to practice medicine or a chiropractic
23 physician who has been convicted a second time of committing
24 any felony under the Illinois Controlled Substances Act or the
25 Methamphetamine Control and Community Protection Act, or who
26 has been convicted a second time of committing a Class 1 felony

1 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
2 person whose license or permit is revoked under this subsection
3 B shall be prohibited from practicing medicine or treating
4 human ailments without the use of drugs and without operative
5 surgery.

6 (C) The Department shall not revoke, suspend, place on
7 probation, reprimand, refuse to issue or renew, or take any
8 other disciplinary or non-disciplinary action against the
9 license or permit issued under this Act to practice medicine to
10 a physician based solely upon the recommendation of the
11 physician to an eligible patient regarding, or prescription
12 for, or treatment with, an investigational drug, biological
13 product, or device.

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

24 (E) A physician may not be disciplined by the Department
25 under this Act solely for the evaluation or provision of
26 appropriate medically necessary treatment for co-occurring or

1 otherwise diagnosed medical conditions for a patient because
2 the patient is also diagnosed with an autism spectrum disorder
3 when clinical symptomatology is suspected or present or
4 clinical investigation, examination, or testing is warranted.
5 A physician may refer the patient as necessary for additional
6 evaluation, diagnosis, and treatment to achieve appropriate
7 clinical and medically necessary treatment objectives.

8 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;
9 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16.)

10 (225 ILCS 60/33.5 new)

11 Sec. 33.5. Treatment of persons with an autism spectrum
12 disorder.

13 (a) A physician shall evaluate persons diagnosed with an
14 autism spectrum disorder for co-occurring or otherwise
15 diagnosed medical conditions when clinical symptomatology is
16 present or suspected and prescribe appropriate medically
17 necessary treatments in alignment with care practices for the
18 condition, illness, injury, disease, or disability.

19 A physician may consider, without limitation, whether or
20 not a medication or any ingredient, allergen, potential
21 toxicant, or artificial agent may exacerbate clinical
22 symptomatology of autism spectrum disorder or a related or
23 co-occurring or otherwise diagnosed medical condition and, if
24 so, may consider adopting measures that would result in the
25 reduction or elimination of risk to the patient.

1 (b) Persons diagnosed with an autism spectrum disorder or a
2 related disorder shall not be discriminated against in
3 receiving an accurate medical assessment, laboratory or
4 clinical testing, a diagnosis, or treatment of co-occurring or
5 otherwise diagnosed medical conditions because they are also
6 diagnosed with an autism spectrum disorder. Any person
7 discriminated against in receiving an accurate medical
8 assessment, evaluation, diagnosis, or treatment from a
9 physician because he or she is also diagnosed with an autism
10 spectrum disorder may report the incident to the Department.
11 The Department may adopt rules to redress discriminatory
12 practices if warranted.

13 (c) A person with an autism spectrum disorder, or the
14 person's parent or legal guardian on his or her behalf, shall
15 not be deprived of the right to seek further medical opinions
16 if the physician is not providing adequate medical care to meet
17 the needs of the patient. A parent or legal guardian shall not
18 be threatened with loss of parental or legal guardianship
19 rights for a person with autism spectrum disorder for pursuing
20 additional medical expertise, especially in the case of trying
21 to ascertain appropriate identification and diagnosis of
22 underlying or co-occurring medical conditions that may or may
23 not be exacerbating symptoms primarily associated with an
24 autism spectrum disorder.

25 An individual diagnosed as having an autism spectrum
26 disorder or his or her parent or legal guardian shall not be

1 denied the right to pursue medical interventions or treatments
2 that may help to ameliorate or improve the symptoms primarily
3 associated with an autism spectrum disorder or co-occurring or
4 otherwise diagnosed medical condition.

5 An individual diagnosed as having an autism spectrum
6 disorder or his or her parent or legal guardian shall not be
7 denied the right to decline a medical treatment or intervention
8 that may exacerbate or worsen any debilitating symptoms
9 associated with an autism spectrum disorder or an underlying or
10 co-occurring or otherwise diagnosed medical condition.

11 Section 20. The Nurse Practice Act is amended by changing
12 Sections 50-10, 65-60, and 70-5 and by adding Section 65-47 as
13 follows:

14 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

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

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

23 "Advanced practice nurse" or "APN" means a person who has
24 met the qualifications for a (i) certified nurse midwife (CNM);

1 (ii) certified nurse practitioner (CNP); (iii) certified
2 registered nurse anesthetist (CRNA); or (iv) clinical nurse
3 specialist (CNS) and has been licensed by the Department. All
4 advanced practice nurses licensed and practicing in the State
5 of Illinois shall use the title APN and may use specialty
6 credentials CNM, CNP, CRNA, or CNS after their name. All
7 advanced practice nurses may only practice in accordance with
8 national certification and this Act.

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

13 "Autism spectrum disorder" means a neurobiological
14 disorder, including autism, regressive autism, Asperger
15 Syndrome, and pervasive developmental disorders not otherwise
16 specified (PDD-NOS).

17 "Board" means the Board of Nursing appointed by the
18 Secretary.

19 "Clinical symptomatology" means any indication of disorder
20 or disease when experienced by an individual as a change from
21 normal function, sensation, or appearance.

22 "Collaboration" means a process involving 2 or more health
23 care professionals working together, each contributing one's
24 respective area of expertise to provide more comprehensive
25 patient care.

26 "Consultation" means the process whereby an advanced

1 practice nurse seeks the advice or opinion of another health
2 care professional.

3 "Co-occurring or otherwise diagnosed medical condition"
4 means a simultaneous illness, condition, injury, disease,
5 pathology, or disability that is not primarily diagnosed as an
6 autism spectrum disorder.

7 "Credentialed" means the process of assessing and
8 validating the qualifications of a health care professional.

9 "Current nursing practice update course" means a planned
10 nursing education curriculum approved by the Department
11 consisting of activities that have educational objectives,
12 instructional methods, content or subject matter, clinical
13 practice, and evaluation methods, related to basic review and
14 updating content and specifically planned for those nurses
15 previously licensed in the United States or its territories and
16 preparing for reentry into nursing practice.

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

19 "Department" means the Department of Financial and
20 Professional Regulation.

21 "Hospital affiliate" means a corporation, partnership,
22 joint venture, limited liability company, or similar
23 organization, other than a hospital, that is devoted primarily
24 to the provision, management, or support of health care
25 services and that directly or indirectly controls, is
26 controlled by, or is under common control of the hospital. For

1 the purposes of this definition, "control" means having at
2 least an equal or a majority ownership or membership interest.
3 A hospital affiliate shall be 100% owned or controlled by any
4 combination of hospitals, their parent corporations, or
5 physicians licensed to practice medicine in all its branches in
6 Illinois. "Hospital affiliate" does not include a health
7 maintenance organization regulated under the Health
8 Maintenance Organization Act.

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

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

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

1 "Medically necessary treatment" means any care, treatment,
2 intervention, service, or item that will or is reasonably
3 expected to do any of the following: (i) prevent the onset of
4 an illness, condition, injury, disease, or disability; (ii)
5 reduce or ameliorate the physical, mental, or developmental
6 effects of an illness, condition, injury, disease, or
7 disability; or (iii) assist to achieve or maintain maximum
8 functional activity in performing daily activities.

9 "Pathophysiological" means the functional alterations in
10 the body related to a disease or syndrome.

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

13 "Podiatric physician" means a person licensed to practice
14 podiatry under the Podiatric Medical Practice Act of 1987.

15 "Practical nurse" or "licensed practical nurse" means a
16 person who is licensed as a practical nurse under this Act and
17 practices practical nursing as defined in this Act. Only a
18 practical nurse licensed under this Act is entitled to use the
19 title "licensed practical nurse" and the abbreviation
20 "L.P.N.".

21 "Practical nursing" means the performance of nursing acts
22 requiring the basic nursing knowledge, judgment, and skill
23 acquired by means of completion of an approved practical
24 nursing education program. Practical nursing includes
25 assisting in the nursing process as delegated by a registered
26 professional nurse or an advanced practice nurse. The practical

1 nurse may work under the direction of a licensed physician,
2 dentist, podiatric physician, or other health care
3 professional determined by the Department.

4 "Privileged" means the authorization granted by the
5 governing body of a healthcare facility, agency, or
6 organization to provide specific patient care services within
7 well-defined limits, based on qualifications reviewed in the
8 credentialing process.

9 "Registered Nurse" or "Registered Professional Nurse"
10 means a person who is licensed as a professional nurse under
11 this Act and practices nursing as defined in this Act. Only a
12 registered nurse licensed under this Act is entitled to use the
13 titles "registered nurse" and "registered professional nurse"
14 and the abbreviation, "R.N.".

15 "Registered professional nursing practice" is a scientific
16 process founded on a professional body of knowledge; it is a
17 learned profession based on the understanding of the human
18 condition across the life span and environment and includes all
19 nursing specialties and means the performance of any nursing
20 act based upon professional knowledge, judgment, and skills
21 acquired by means of completion of an approved professional
22 nursing education program. A registered professional nurse
23 provides holistic nursing care through the nursing process to
24 individuals, groups, families, or communities, that includes
25 but is not limited to: (1) the assessment of healthcare needs,
26 nursing diagnosis, planning, implementation, and nursing

1 evaluation; (2) the promotion, maintenance, and restoration of
2 health; (3) counseling, patient education, health education,
3 and patient advocacy; (4) the administration of medications and
4 treatments as prescribed by a physician licensed to practice
5 medicine in all of its branches, a licensed dentist, a licensed
6 podiatric physician, or a licensed optometrist or as prescribed
7 by a physician assistant or by an advanced practice nurse; (5)
8 the coordination and management of the nursing plan of care;
9 (6) the delegation to and supervision of individuals who assist
10 the registered professional nurse implementing the plan of
11 care; and (7) teaching nursing students. The foregoing shall
12 not be deemed to include those acts of medical diagnosis or
13 prescription of therapeutic or corrective measures.

14 "Professional assistance program for nurses" means a
15 professional assistance program that meets criteria
16 established by the Board of Nursing and approved by the
17 Secretary, which provides a non-disciplinary treatment
18 approach for nurses licensed under this Act whose ability to
19 practice is compromised by alcohol or chemical substance
20 addiction.

21 "Secretary" means the Secretary of Financial and
22 Professional Regulation.

23 "Unencumbered license" means a license issued in good
24 standing.

25 "Written collaborative agreement" means a written
26 agreement between an advanced practice nurse and a

1 collaborating physician, dentist, or podiatric physician
2 pursuant to Section 65-35.

3 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
4 99-330, eff. 1-1-16; revised 10-20-15.)

5 (225 ILCS 65/65-47 new)

6 Sec. 65-47. Treatment of persons with an autism spectrum
7 disorder.

8 (a) An advanced practice nurse shall evaluate persons
9 diagnosed with an autism spectrum disorder for co-occurring or
10 otherwise diagnosed medical conditions when clinical
11 symptomatology is present or suspected and prescribe
12 appropriate medically necessary treatments in alignment with
13 care practices for the condition, illness, injury, disease, or
14 disability.

15 An advanced practice nurse may consider, without
16 limitation, whether or not a medication or any ingredient,
17 allergen, potential toxicant, or artificial agent may
18 exacerbate clinical symptomatology of autism spectrum disorder
19 or a related or co-occurring or otherwise diagnosed medical
20 condition and, if so, may consider adopting measures that would
21 result in the reduction or elimination of risk to the patient.

22 (b) Persons diagnosed with an autism spectrum disorder or a
23 related disorder shall not be discriminated against in
24 receiving an accurate medical assessment, laboratory or
25 clinical testing, a diagnosis, or treatment of co-occurring or

1 otherwise diagnosed medical conditions because he or she is
2 also diagnosed with an autism spectrum disorder. Any person
3 discriminated against in receiving an accurate medical
4 assessment, evaluation, diagnosis, or treatment from an
5 advanced practice nurse because he or she is also diagnosed
6 with an autism spectrum disorder may report the incident to the
7 Department. The Department may adopt rules to redress
8 discriminatory practices if warranted.

9 (c) A person with an autism spectrum disorder, or the
10 person's parent or legal guardian on his or her behalf, shall
11 not be deprived of the right to seek further medical opinions
12 if the advanced practice nurse is not providing adequate
13 medical care to meet the needs of the patient. A parent or
14 legal guardian shall not be threatened with loss of parental or
15 legal guardianship rights for a person with autism spectrum
16 disorder for pursuing additional medical expertise, especially
17 in the case of trying to ascertain appropriate identification
18 and diagnosis of underlying or co-occurring medical conditions
19 that may or may not be exacerbating symptoms primarily
20 associated with an autism spectrum disorder.

21 An individual diagnosed as having an autism spectrum
22 disorder or his or her parent or legal guardian shall not be
23 denied the right to pursue medical interventions or treatments
24 that may help to ameliorate or improve the symptoms primarily
25 associated with an autism spectrum disorder or co-occurring or
26 otherwise diagnosed medical condition.

1 An individual diagnosed as having an autism spectrum
2 disorder or his or her parent or legal guardian shall not be
3 denied the right to decline a medical treatment or intervention
4 that may exacerbate or worsen any debilitating symptoms
5 associated with an autism spectrum disorder or an underlying or
6 co-occurring or otherwise diagnosed medical condition.

7 (225 ILCS 65/65-60) (was 225 ILCS 65/15-45)

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

9 Sec. 65-60. Continuing education. The Department shall
10 adopt rules of continuing education for persons licensed under
11 this Article that require 50 hours of continuing education per
12 2-year license renewal cycle. Completion of the 50 hours of
13 continuing education shall be deemed to satisfy the continuing
14 education requirements for renewal of a registered
15 professional nurse license as required by this Act. The rules
16 shall not be inconsistent with requirements of relevant
17 national certifying bodies or State or national professional
18 associations. The rules shall also address variances in part or
19 in whole for good cause, including but not limited to illness
20 or hardship. The continuing education rules shall assure that
21 licensees are given the opportunity to participate in programs
22 sponsored by or through their State or national professional
23 associations, hospitals, or other providers of continuing
24 education. Each licensee is responsible for maintaining
25 records of completion of continuing education and shall be

1 prepared to produce the records when requested by the
2 Department.

3 Advanced practice nurses who treat persons with autism
4 spectrum disorders are encouraged to obtain continuing
5 education credits that address training in evaluation,
6 diagnosis, and treatments for co-occurring and otherwise
7 diagnosed pathophysiological conditions in autism spectrum
8 disorders to promote and align standard of care practices to
9 reflect emerging clinical findings and promising practices
10 derived from improved patient outcomes.

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

12 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

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

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

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

24 (1) Material deception in furnishing information to
25 the Department.

1 (2) Material violations of any provision of this Act or
2 violation of the rules of or final administrative action of
3 the Secretary, after consideration of the recommendation
4 of the Board.

5 (3) Conviction by plea of guilty or nolo contendere,
6 finding of guilt, jury verdict, or entry of judgment or by
7 sentencing of any crime, including, but not limited to,
8 convictions, preceding sentences of supervision,
9 conditional discharge, or first offender probation, under
10 the laws of any jurisdiction of the United States: (i) that
11 is a felony; or (ii) that is a misdemeanor, an essential
12 element of which is dishonesty, or that is directly related
13 to the practice of the profession.

14 (4) A pattern of practice or other behavior which
15 demonstrates incapacity or incompetency to practice under
16 this Act.

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

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

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

25 (8) Unlawful taking, theft, selling, distributing, or
26 manufacturing of any drug, narcotic, or prescription

1 device.

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

6 (10) Discipline by another U.S. jurisdiction or
7 foreign nation, if at least one of the grounds for the
8 discipline is the same or substantially equivalent to those
9 set forth in this Section.

10 (11) A finding that the licensee, after having her or
11 his license placed on probationary status or subject to
12 conditions or restrictions, has violated the terms of
13 probation or failed to comply with such terms or
14 conditions.

15 (12) Being named as a perpetrator in an indicated
16 report by the Department of Children and Family Services
17 and 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 (13) Willful omission to file or record, or willfully
23 impeding the filing or recording or inducing another person
24 to omit to file or record medical reports as required by
25 law or willfully failing to report an instance of suspected
26 child abuse or neglect as required by the Abused and

1 Neglected Child Reporting Act.

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

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

6 (16) Failure of a licensee to report to the Department
7 any adverse final action taken against him or her by
8 another licensing jurisdiction of the United States or any
9 foreign state or country, any peer review body, any health
10 care institution, any professional or nursing society or
11 association, any governmental agency, any law enforcement
12 agency, or any court or a nursing liability claim related
13 to acts or conduct similar to acts or conduct that would
14 constitute grounds for action as defined in this Section.

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

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

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

3 (20) Fraud, deceit or misrepresentation in applying
4 for or procuring a license under this Act or in connection
5 with applying for renewal of a license under this Act.

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

8 (22) Willfully making or filing false records or
9 reports in the licensee's practice, including but not
10 limited to false records to support claims against the
11 medical assistance program of the Department of Healthcare
12 and Family Services (formerly Department of Public Aid)
13 under the Illinois Public Aid Code.

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

16 (24) Immoral conduct in the commission of an act,
17 including, but not limited to, sexual abuse, sexual
18 misconduct, or sexual exploitation, related to the
19 licensee's practice.

20 (25) Willfully or negligently violating the
21 confidentiality between nurse and patient except as
22 required by law.

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

25 (27) The use of any false, fraudulent, or deceptive
26 statement in any document connected with the licensee's

1 practice.

2 (28) Directly or indirectly giving to or receiving from
3 a person, firm, corporation, partnership, or association a
4 fee, commission, rebate, or other form of compensation for
5 professional services not actually or personally rendered.
6 Nothing in this paragraph (28) affects any bona fide
7 independent contractor or employment arrangements among
8 health care professionals, health facilities, health care
9 providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the licensee's practice under this Act.
14 Nothing in this paragraph (28) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered.

17 (29) A violation of the Health Care Worker
18 Self-Referral Act.

19 (30) Physical illness, including but not limited to
20 deterioration through the aging process or loss of motor
21 skill, mental illness, or disability that results in the
22 inability to practice the profession with reasonable
23 judgment, skill, or safety.

24 (31) Exceeding the terms of a collaborative agreement
25 or the prescriptive authority delegated to a licensee by
26 his or her collaborating physician or podiatric physician

1 in guidelines established under a written collaborative
2 agreement.

3 (32) Making a false or misleading statement regarding a
4 licensee's skill or the efficacy or value of the medicine,
5 treatment, or remedy prescribed by him or her in the course
6 of treatment.

7 (33) Prescribing, selling, administering,
8 distributing, giving, or self-administering a drug
9 classified as a controlled substance (designated product)
10 or narcotic for other than medically accepted therapeutic
11 purposes.

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

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

17 (36) Willfully or negligently violating the
18 confidentiality between an advanced practice nurse,
19 collaborating physician, dentist, or podiatric physician
20 and a patient, except as required by law.

21 (37) A violation of any provision of this Act or any
22 rules promulgated under this Act.

23 (c) The determination by a circuit court that a licensee is
24 subject to involuntary admission or judicial admission as
25 provided in the Mental Health and Developmental Disabilities
26 Code, as amended, operates as an automatic suspension. The

1 suspension will end only upon a finding by a court that the
2 patient is no longer subject to involuntary admission or
3 judicial admission and issues an order so finding and
4 discharging the patient; and upon the recommendation of the
5 Board to the Secretary that the licensee be allowed to resume
6 his or her practice.

7 (d) The Department may refuse to issue or may suspend or
8 otherwise discipline the license of any person who fails to
9 file a return, or to pay the tax, penalty or interest shown in
10 a filed return, or to pay any final assessment of the tax,
11 penalty, or interest as required by any tax Act administered by
12 the Department of Revenue, until such time as the requirements
13 of any such tax Act are satisfied.

14 (e) In enforcing this Act, the Department or Board, upon a
15 showing of a possible violation, may compel an individual
16 licensed to practice under this Act or who has applied for
17 licensure under this Act, to submit to a mental or physical
18 examination, or both, as required by and at the expense of the
19 Department. The Department or Board may order the examining
20 physician to present testimony concerning the mental or
21 physical examination of the licensee or applicant. No
22 information shall be excluded by reason of any common law or
23 statutory privilege relating to communications between the
24 licensee or applicant and the examining physician. The
25 examining physicians shall be specifically designated by the
26 Board or Department. The individual to be examined may have, at

1 his or her own expense, another physician of his or her choice
2 present during all aspects of this examination. Failure of an
3 individual to submit to a mental or physical examination, when
4 directed, shall result in an automatic suspension without
5 hearing.

6 All substance-related violations shall mandate an
7 automatic substance abuse assessment. Failure to submit to an
8 assessment by a licensed physician who is certified as an
9 addictionist or an advanced practice nurse with specialty
10 certification in addictions may be grounds for an automatic
11 suspension, as defined by rule.

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

1 for a determination as to whether the individual shall have his
2 or her license suspended immediately, pending a hearing by the
3 Department.

4 In instances in which the Secretary immediately suspends a
5 person's license under this Section, a hearing on that person's
6 license must be convened by the Department within 15 days after
7 the suspension and completed without appreciable delay. The
8 Department and Board shall have the authority to review the
9 subject individual'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 and affected under
14 this Section shall be afforded an opportunity to demonstrate to
15 the Department that he or she can resume practice in compliance
16 with nursing standards under the provisions of his or her
17 license.

18 (f) An advanced practice nurse may not be disciplined by
19 the Department under this Act solely for the evaluation or
20 provision of appropriate medically necessary treatment for
21 co-occurring or otherwise diagnosed medical conditions for a
22 patient because the patient is also diagnosed with an autism
23 spectrum disorder when clinical symptomatology is suspected or
24 present or clinical investigation, examination, or testing is
25 warranted. An advanced practice nurse may refer the patient as
26 necessary for additional evaluation, diagnosis, and treatment

1 to achieve appropriate clinical and medically necessary
2 treatment objectives.

3 (Source: P.A. 98-214, eff. 8-9-13.)

4 Section 25. The Physician Assistant Practice Act of 1987 is
5 amended by changing Sections 4 and 21 and by adding Section 7.8
6 as follows:

7 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

9 Sec. 4. In this Act:

10 1. "Department" means the Department of Financial and
11 Professional Regulation.

12 2. "Secretary" means the Secretary of Financial and
13 Professional Regulation.

14 3. "Physician assistant" means any person who has been
15 certified as a physician assistant by the National Commission
16 on the Certification of Physician Assistants or equivalent
17 successor agency and performs procedures under the supervision
18 of a physician as defined in this Act. A physician assistant
19 may perform such procedures within the specialty of the
20 supervising physician, except that such physician shall
21 exercise such direction, supervision and control over such
22 physician assistants as will assure that patients shall receive
23 quality medical care. Physician assistants shall be capable of
24 performing a variety of tasks within the specialty of medical

1 care under the supervision of a physician. Supervision of the
2 physician assistant shall not be construed to necessarily
3 require the personal presence of the supervising physician at
4 all times at the place where services are rendered, as long as
5 there is communication available for consultation by radio,
6 telephone or telecommunications within established guidelines
7 as determined by the physician/physician assistant team. The
8 supervising physician may delegate tasks and duties to the
9 physician assistant. Delegated tasks or duties shall be
10 consistent with physician assistant education, training, and
11 experience. The delegated tasks or duties shall be specific to
12 the practice setting and shall be implemented and reviewed
13 under a written supervision agreement established by the
14 physician or physician/physician assistant team. A physician
15 assistant, acting as an agent of the physician, shall be
16 permitted to transmit the supervising physician's orders as
17 determined by the institution's by-laws, policies, procedures,
18 or job description within which the physician/physician
19 assistant team practices. Physician assistants shall practice
20 only in accordance with a written supervision agreement.

21 4. "Board" means the Medical Licensing Board constituted
22 under the Medical Practice Act of 1987.

23 5. "Disciplinary Board" means the Medical Disciplinary
24 Board constituted under the Medical Practice Act of 1987.

25 6. "Physician" means, for purposes of this Act, a person
26 licensed to practice medicine in all its branches under the

1 Medical Practice Act of 1987.

2 7. "Supervising Physician" means, for the purposes of this
3 Act, the primary supervising physician of a physician
4 assistant, who, within his specialty and expertise may delegate
5 a variety of tasks and procedures to the physician assistant.
6 Such tasks and procedures shall be delegated in accordance with
7 a written supervision agreement. The supervising physician
8 maintains the final responsibility for the care of the patient
9 and the performance of the physician assistant.

10 8. "Alternate supervising physician" means, for the
11 purpose of this Act, any physician designated by the
12 supervising physician to provide supervision in the event that
13 he or she is unable to provide that supervision. The Department
14 may further define "alternate supervising physician" by rule.

15 The alternate supervising physicians shall maintain all
16 the same responsibilities as the supervising physician.
17 Nothing in this Act shall be construed as relieving any
18 physician of the professional or legal responsibility for the
19 care and treatment of persons attended by him or by physician
20 assistants under his supervision. Nothing in this Act shall be
21 construed as to limit the reasonable number of alternate
22 supervising physicians, provided they are designated by the
23 supervising physician.

24 9. "Address of record" means the designated address
25 recorded by the Department in the applicant's or licensee's
26 application file or license file maintained by the Department's

1 licensure maintenance unit. It is the duty of the applicant or
2 licensee to inform the Department of any change of address, and
3 such changes must be made either through the Department's
4 website or by contacting the Department's licensure
5 maintenance unit.

6 10. "Hospital affiliate" means a corporation, partnership,
7 joint venture, limited liability company, or similar
8 organization, other than a hospital, that is devoted primarily
9 to the provision, management, or support of health care
10 services and that directly or indirectly controls, is
11 controlled by, or is under common control of the hospital. For
12 the purposes of this definition, "control" means having at
13 least an equal or a majority ownership or membership interest.
14 A hospital affiliate shall be 100% owned or controlled by any
15 combination of hospitals, their parent corporations, or
16 physicians licensed to practice medicine in all its branches in
17 Illinois. "Hospital affiliate" does not include a health
18 maintenance organization regulated under the Health
19 Maintenance Organization Act.

20 11. "Autism spectrum disorder" means a neurobiological
21 disorder, including autism, regressive autism, Asperger
22 Syndrome, and pervasive developmental disorders not otherwise
23 specified (PDD-NOS).

24 12. "Clinical symptomatology" means any indication of
25 disorder or disease when experienced by an individual as a
26 change from normal function, sensation, or appearance.

1 13. "Co-occurring or otherwise diagnosed medical
2 condition" means a simultaneous illness, condition, injury,
3 disease, pathology, or disability that is not primarily
4 diagnosed as an autism spectrum disorder.

5 14. "Medically necessary treatment" means any care,
6 treatment, intervention, service, or item that will or is
7 reasonably expected to do any of the following: (i) prevent the
8 onset of an illness, condition, injury, disease, or disability;
9 (ii) reduce or ameliorate the physical, mental, or
10 developmental effects of an illness, condition, injury,
11 disease, or disability; or (iii) assist to achieve or maintain
12 maximum functional activity in performing daily activities.

13 15. "Pathophysiological" means the functional alterations
14 in the body related to a disease or syndrome.

15 (Source: P.A. 99-330, eff. 1-1-16.)

16 (225 ILCS 95/7.8 new)

17 Sec. 7.8. Treatment of persons with an autism spectrum
18 disorder.

19 (a) A physician assistant shall evaluate persons diagnosed
20 with an autism spectrum disorder for co-occurring or otherwise
21 diagnosed medical conditions when clinical symptomatology is
22 present or suspected and prescribe appropriate medically
23 necessary treatments in alignment with care practices for the
24 condition, illness, injury, disease, or disability.

25 A physician assistant may consider, without limitation,

1 whether or not a medication or any ingredient, allergen,
2 potential toxicant, or artificial agent may exacerbate
3 clinical symptomatology of autism spectrum disorder or a
4 related or co-occurring or otherwise diagnosed medical
5 condition and, if so, may consider adopting measures that would
6 result in the reduction or elimination of risk to the patient.

7 (b) Persons diagnosed with an autism spectrum disorder or a
8 related disorder shall not be discriminated against in
9 receiving an accurate medical assessment, laboratory or
10 clinical testing, a diagnosis, or treatment of co-occurring or
11 otherwise diagnosed medical conditions because he or she is
12 also diagnosed with an autism spectrum disorder. Any person
13 discriminated against in receiving an accurate medical
14 assessment, evaluation, a diagnosis, or treatment from a
15 physician assistant because he or she is also diagnosed with an
16 autism spectrum disorder may report the incident to the
17 Department. The Department may adopt rules to redress
18 discriminatory practices if warranted.

19 (c) A person with an autism spectrum disorder, or the
20 person's parent or legal guardian on his or her behalf, shall
21 not be deprived of the right to seek further medical opinions
22 if the physician assistant is not providing adequate medical
23 care to meet the needs of the patient. A parent or legal
24 guardian shall not be threatened with loss of parental or legal
25 guardianship rights for a person with autism spectrum disorder
26 for pursuing additional medical expertise, especially in the

1 case of trying to ascertain appropriate identification and
2 diagnosis of underlying or co-occurring medical conditions
3 that may or may not be exacerbating symptoms primarily
4 associated with an autism spectrum disorder.

5 An individual diagnosed as having an autism spectrum
6 disorder or his or her parent or legal guardian shall not be
7 denied the right to pursue medical interventions or treatments
8 that may help to ameliorate or improve the symptoms primarily
9 associated with an autism spectrum disorder or co-occurring or
10 otherwise diagnosed medical condition.

11 An individual diagnosed as having an autism spectrum
12 disorder or his or her parent or legal guardian shall not be
13 denied the right to decline a medical treatment or intervention
14 that may exacerbate or worsen any debilitating symptoms
15 associated with an autism spectrum disorder or an underlying or
16 co-occurring or otherwise diagnosed medical condition.

17 (d) Physician assistants who treat persons with autism
18 spectrum disorders are encouraged to obtain continuing
19 education credits that address training in evaluation,
20 diagnosis, and treatments for co-occurring and otherwise
21 diagnosed pathophysiological conditions in autism spectrum
22 disorders to promote and align standard of care practices to
23 reflect emerging clinical findings and promising practices
24 derived from improved patient outcomes.

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

2 Sec. 21. Grounds for disciplinary action.

3 (a) The Department may refuse to issue or to renew, or may
4 revoke, suspend, place on probation, censure or reprimand, or
5 take other disciplinary or non-disciplinary action with regard
6 to any license issued under this Act as the Department may deem
7 proper, including the issuance of fines not to exceed \$10,000
8 for each violation, for any one or combination of the following
9 causes:

10 (1) Material misstatement in furnishing information to
11 the Department.

12 (2) Violations of this Act, or the rules adopted under
13 this Act.

14 (3) Conviction of or entry of a plea of guilty or nolo
15 contendere to any crime that is a felony under the laws of
16 the United States or any state or territory thereof or that
17 is a misdemeanor of which an essential element is
18 dishonesty or that is directly related to the practice of
19 the profession.

20 (4) Making any misrepresentation for the purpose of
21 obtaining licenses.

22 (5) Professional incompetence.

23 (6) Aiding or assisting another person in violating any
24 provision of this Act or its rules.

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

1 (8) Engaging in dishonorable, unethical, or
2 unprofessional conduct, as defined by rule, of a character
3 likely to deceive, defraud, or harm the public.

4 (9) Habitual or excessive use or addiction to alcohol,
5 narcotics, stimulants, or any other chemical agent or drug
6 that results in a physician assistant's inability to
7 practice with reasonable judgment, skill, or safety.

8 (10) Discipline by another U.S. jurisdiction or
9 foreign nation, if at least one of the grounds for
10 discipline is the same or substantially equivalent to those
11 set forth in this Section.

12 (11) Directly or indirectly giving to or receiving from
13 any person, firm, corporation, partnership, or association
14 any fee, commission, rebate or other form of compensation
15 for any professional services not actually or personally
16 rendered. Nothing in this paragraph (11) affects any bona
17 fide independent contractor or employment arrangements,
18 which may include provisions for compensation, health
19 insurance, pension, or other employment benefits, with
20 persons or entities authorized under this Act for the
21 provision of services within the scope of the licensee's
22 practice under this Act.

23 (12) A finding by the Disciplinary Board that the
24 licensee, after having his or her license placed on
25 probationary status has violated the terms of probation.

26 (13) Abandonment of a patient.

1 (14) Willfully making or filing false records or
2 reports in his or her practice, including but not limited
3 to false records filed with state agencies or departments.

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

7 (16) Physical illness, or mental illness or impairment
8 that results in the inability to practice the profession
9 with reasonable judgment, skill, or safety, including, but
10 not limited to, deterioration through the aging process or
11 loss of motor skill.

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

19 (18) (Blank).

20 (19) Gross negligence resulting in permanent injury or
21 death of a patient.

22 (20) Employment of fraud, deception or any unlawful
23 means in applying for or securing a license as a physician
24 assistant.

25 (21) Exceeding the authority delegated to him or her by
26 his or her supervising physician in a written supervision

1 agreement.

2 (22) Immoral conduct in the commission of any act, such
3 as sexual abuse, sexual misconduct or sexual exploitation
4 related to the licensee's practice.

5 (23) Violation of the Health Care Worker Self-Referral
6 Act.

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

9 (25) Making a false or misleading statement regarding
10 his or her skill or the efficacy or value of the medicine,
11 treatment, or remedy prescribed by him or her in the course
12 of treatment.

13 (26) Allowing another person to use his or her license
14 to practice.

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

20 (28) Promotion of the sale of drugs, devices,
21 appliances, or goods provided for a patient in a manner to
22 exploit the patient for financial gain.

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

26 (30) Violating State or federal laws or regulations

1 relating to controlled substances or other legend drugs.

2 (31) Exceeding the prescriptive authority delegated by
3 the supervising physician or violating the written
4 supervision agreement delegating that authority.

5 (32) Practicing without providing to the Department a
6 notice of supervision or delegation of prescriptive
7 authority.

8 (b) The Department may, without a hearing, refuse to issue
9 or renew or may suspend the license of any person who fails to
10 file a return, or to pay the tax, penalty or interest shown in
11 a filed return, or to pay any final assessment of the tax,
12 penalty, or interest as required by any tax Act administered by
13 the Illinois Department of Revenue, until such time as the
14 requirements of any such tax Act are satisfied.

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

25 (d) In enforcing this Section, the Department upon a
26 showing of a possible violation may compel an individual

1 licensed to practice under this Act, or who has applied for
2 licensure under this Act, to submit to a mental or physical
3 examination, or both, as required by and at the expense of the
4 Department. The Department may order the examining physician to
5 present testimony concerning the mental or physical
6 examination of the licensee or applicant. No information shall
7 be excluded by reason of any common law or statutory privilege
8 relating to communications between the licensee or applicant
9 and the examining physician. The examining physicians shall be
10 specifically designated by the Department. The individual to be
11 examined may have, at his or her own expense, another physician
12 of his or her choice present during all aspects of this
13 examination. Failure of an individual to submit to a mental or
14 physical examination, when directed, shall be grounds for
15 suspension of his or her license until the individual submits
16 to the examination if the Department finds, after notice and
17 hearing, that the refusal to submit to the examination was
18 without reasonable cause.

19 If the Department finds an individual unable to practice
20 because of the reasons set forth in this Section, the
21 Department may require that individual to submit to care,
22 counseling, or treatment by physicians approved or designated
23 by the Department, as a condition, term, or restriction for
24 continued, reinstated, or renewed licensure to practice; or, in
25 lieu of care, counseling, or treatment, the Department may file
26 a complaint to immediately suspend, revoke, or otherwise

1 discipline the license of the individual. An individual whose
2 license was granted, continued, reinstated, renewed,
3 disciplined, or supervised subject to such terms, conditions,
4 or restrictions, and who fails to comply with such terms,
5 conditions, or restrictions, shall be referred to the Secretary
6 for a determination as to whether the individual shall have his
7 or her license suspended immediately, pending a hearing by the
8 Department.

9 In instances in which the Secretary immediately suspends a
10 person's license under this Section, a hearing on that person's
11 license must be convened by the Department within 30 days after
12 the suspension and completed without appreciable delay. The
13 Department shall have the authority to review the subject
14 individual's record of treatment and counseling regarding the
15 impairment to the extent permitted by applicable federal
16 statutes and regulations safeguarding the confidentiality of
17 medical records.

18 An individual licensed under this Act and affected under
19 this Section shall be afforded an opportunity to demonstrate to
20 the Department that he or she can resume practice in compliance
21 with acceptable and prevailing standards under the provisions
22 of his or her license.

23 (e) A physician assistant may not be disciplined by the
24 Department under this Act solely for the evaluation or
25 provision of appropriate medically necessary treatment for
26 co-occurring or otherwise diagnosed medical conditions for a

1 patient because the patient is also diagnosed with an autism
2 spectrum disorder when clinical symptomatology is suspected or
3 present or clinical investigation, examination, or testing is
4 warranted. A physician assistant may refer the patient as
5 necessary for additional evaluation, diagnosis, and treatment
6 to achieve appropriate clinical and medically necessary
7 treatment objectives.

8 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09;
9 96-1482, eff. 11-29-10.)

10 Section 30. The Medical Patient Rights Act is amended by
11 adding Section 5.3 as follows:

12 (410 ILCS 50/5.3 new)

13 Sec. 5.3. Autism spectrum disorder; discrimination.

14 (a) As used in this Section:

15 "Autism spectrum disorder" means a neurobiological
16 disorder, including autism, regressive autism, Asperger
17 Syndrome, and pervasive developmental disorders not otherwise
18 specified (PDD-NOS).

19 "Clinical symptomatology" means any indication of disorder
20 or disease when experienced by an individual as a change from
21 normal function, sensation, or appearance.

22 "Co-occurring or otherwise diagnosed medical condition"
23 means a simultaneous illness, condition, injury, disease,
24 pathology, or disability that is not primarily diagnosed as an

1 autism spectrum disorder.

2 (b) A person diagnosed with an autism spectrum disorder
3 shall not be discriminated against in receiving accurate
4 medical assessment, laboratory or clinical testing, diagnosis,
5 and treatment of co-occurring or otherwise diagnosed medical
6 conditions because they are also diagnosed with an autism
7 spectrum disorder.

8 (c) Any person discriminated against in receiving an
9 accurate medical assessment, evaluation, diagnosis, or
10 treatment from a health care provider because he or she is also
11 diagnosed with an autism spectrum disorder may report the
12 incident to the Department of Public Health. The Department may
13 adopt rules to redress discriminatory practices if warranted.

14 (d) A person with autism spectrum disorder, or the person's
15 parent or legal guardian on his or her behalf, shall not be
16 deprived of the right to seek further medical consultation if
17 he or she believes the health care provider is not providing
18 adequate medical care to meet the needs of the patient. A
19 parent or legal guardian shall not be threatened with loss of
20 parental or legal guardianship rights for a person with autism
21 spectrum disorder for pursuing additional medical expertise,
22 especially in the case of trying to ascertain appropriate
23 identification and diagnosis of underlying or co-occurring or
24 otherwise diagnosed medical conditions that may or may not be
25 exacerbating symptoms primarily associated with an autism
26 spectrum disorder.

1 (e) An individual diagnosed as having an autism spectrum
2 disorder, or his or her parent or legal guardian, shall not be
3 denied the right to pursue medical interventions that may help
4 to ameliorate or improve any adverse symptoms primarily
5 associated with an autism spectrum disorder or co-occurring or
6 otherwise diagnosed medical condition.

7 (f) An individual diagnosed as having an autism spectrum
8 disorder, or his or her parent or legal guardian, shall not be
9 denied the right to choose or decline medical treatment that
10 may help to ameliorate or improve the symptoms primarily
11 associated with an autism spectrum disorder or co-occurring or
12 otherwise diagnosed medical condition."