



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

HB0281

by Rep. Mary E. Flowers

#### SYNOPSIS AS INTRODUCED:

20 ILCS 535/5

20 ILCS 535/7 new

225 ILCS 60/22

from Ch. 111, par. 4400-22

Amends the Administration of Psychotropic Medications to Children Act. Provides that the Department of Children and Family Services shall adopt rules requiring the Department to distribute treatment guidelines on an annual basis to all persons licensed under the Medical Practice Act of 1987 to practice medicine in all of its branches. Provides that the Department shall prepare and submit an annual report to the General Assembly with specified information concerning the administration of psychotropic medication to persons for whom it is legally responsible. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under the Act upon repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and medical reason.

LRB100 00019 SMS 10020 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

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

4 Section 5. The Administration of Psychotropic Medications  
5 to Children Act is amended by changing Section 5 and by adding  
6 Section 7 as follows:

7 (20 ILCS 535/5)

8 Sec. 5. Administration of psychotropic medications. On or  
9 before October 1, 2011, the Department of Children and Family  
10 Services shall promulgate final rules, amending its current  
11 rules establishing and maintaining standards and procedures to  
12 govern the administration of psychotropic medications. Such  
13 amendments to its rules shall include, but are not limited to,  
14 the following:

15 (a) The role of the Department in the administration of  
16 psychotropic medications to youth for whom it is legally  
17 responsible and who are in facilities operated by the Illinois  
18 Department of Corrections or the Illinois Department of  
19 Juvenile Justice.

20 (b) Provisions regarding the administration of  
21 psychotropic medications for youth for whom the Department is  
22 legally responsible and who are in residential facilities,  
23 group homes, transitional living programs, or foster homes

1 where the youth is under the age of 18 or where the youth is 18  
2 or older and has provided the Department with appropriate  
3 consent.

4 (b-5) Provisions requiring the Department to distribute  
5 treatment guidelines on an annual basis to all persons licensed  
6 under the Medical Practice Act of 1987 to practice medicine in  
7 all of its branches.

8 (c) Provisions regarding the administration of  
9 psychotropic medications for youth for whom the Department is  
10 legally responsible and who are in psychiatric hospitals.

11 (d) Provisions concerning the emergency use of  
12 psychotropic medications, including appropriate and timely  
13 reporting.

14 (e) Provisions prohibiting the administration of  
15 psychotropic medications to persons for whom the Department is  
16 legally responsible as punishment for bad behavior, for the  
17 convenience of staff or caregivers, or as a substitute for  
18 adequate mental health care or other services.

19 (f) The creation of a committee to develop, post on a  
20 website, and periodically review materials listing which  
21 psychotropic medications are approved for use with youth for  
22 whom the Department has legal responsibility. The materials  
23 shall include guidelines for the use of psychotropic  
24 medications and may include the acceptable range of dosages,  
25 contraindications, and time limits, if any, and such other  
26 topics necessary to ensure the safe and appropriate use of

1 psychotropic medications.

2 (g) Provisions regarding the appointment, qualifications,  
3 and training of employees of the Department who are authorized  
4 to consent to the administration of psychotropic medications to  
5 youth for whom the Department has legal responsibility,  
6 including the scope of the authority of such persons.

7 (h) Provisions regarding training and materials for  
8 parents, foster parents, and relative caretakers concerning  
9 the rules governing the use of psychotropic medications with  
10 youth for whom the Department has legal responsibility.

11 (i) With respect to any youth under the age of 18 for whom  
12 the Department has legal responsibility and who does not assent  
13 to the administration of recommended psychotropic medication,  
14 provisions providing standards and procedures for reviewing  
15 the youth's concerns. With respect to any youth over the age of  
16 18 for whom the Department has legal responsibility and who  
17 does not consent to the administration of recommended  
18 psychotropic medication, provisions providing standards and  
19 procedures for reviewing the youth's concerns upon the youth's  
20 request and with the youth's consent. Standards and procedures  
21 developed under this subsection shall not be inconsistent with  
22 the Mental Health and Developmental Disabilities Code.

23 (j) Provisions ensuring that, subject to all relevant  
24 confidentiality laws, service plans for youth for whom the  
25 Department has legal responsibility include the following  
26 information:

1           (1) Identification by name and dosage of the  
2           psychotropic medication known by the Department to have  
3           been administered to the youth since the last service plan.

4           (2) The benefits of the psychotropic medication.

5           (3) The negative side effects of the psychotropic  
6           medication.

7           (Source: P.A. 97-245, eff. 8-4-11.)

8           (20 ILCS 535/7 new)

9           Sec. 7. Annual reports on prescribing patterns.

10          (a) No later than December 31, 2018, and December 31 of  
11          each year thereafter, the Department shall prepare and submit  
12          an annual report, covering the previous fiscal year, to the  
13          General Assembly concerning the administration of psychotropic  
14          medication to persons for whom it is legally responsible. This  
15          report shall include, but is not limited to, pharmacy claims  
16          data for youth the Department is legally responsible for each  
17          of the following:

18                 (1) Who are or have been on 3 or more psychotropic  
19                 medications for 60 days or more.

20                 (2) Who are 5 years of age or younger and have been  
21                 prescribed one or more psychotropic medications.

22                 (3) Who are or have been on 2 or more antipsychotic  
23                 medications for 60 days or more.

24                 Prior to the release of this data, personal identifiers,  
25                 such as name, date of birth, address, and Social Security

1 number, shall be removed and a unique identifier shall be  
2 submitted.

3 (b) For each person who falls into one of the categories  
4 described in subsection (a), the Department shall submit the  
5 following information to the General Assembly:

6 (1) a list of the psychotropic medications prescribed;

7 (2) the start and stop dates, if any, for each  
8 psychotropic medication prescribed;

9 (3) the prescriber's name and contact information;

10 (4) the person's year of birth;

11 (5) the diagnoses received on non-pharmacy claims,  
12 including all associated dates of claim and service and the  
13 associated CPT code for the claim or service;

14 (6) the unit and quantity of the medication and the  
15 number of days' supply of the medication; and

16 (7) the person's weight.

17 (c) The Department shall contract for consulting services  
18 from, if available, a psychiatrist who has expertise and  
19 specializes in pediatric care for the purpose of reviewing the  
20 data provided to the General Assembly in subsection (a).

21 (d) Using information gathered from subsection (a), the  
22 Department shall analyze prescribing patterns by population  
23 for youth for whom it is legally responsible and who are in  
24 facilities operated by the Department of Corrections or the  
25 Department of Juvenile Justice.

26

1 Section 10. The Medical Practice Act of 1987 is amended by  
2 changing Section 22 as follows:

3 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

4 (Section scheduled to be repealed on December 31, 2017)

5 Sec. 22. Disciplinary action.

6 (A) The Department may revoke, suspend, place on probation,  
7 reprimand, refuse to issue or renew, or take any other  
8 disciplinary or non-disciplinary action as the Department may  
9 deem proper with regard to the license or permit of any person  
10 issued under this Act, including imposing fines not to exceed  
11 \$10,000 for each violation, upon any of the following grounds:

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

14 (a) a facility licensed pursuant to the Ambulatory  
15 Surgical Treatment Center Act;

16 (b) an institution licensed under the Hospital  
17 Licensing Act;

18 (c) an ambulatory surgical treatment center or  
19 hospitalization or care facility maintained by the  
20 State or any agency thereof, where such department or  
21 agency has authority under law to establish and enforce  
22 standards for the ambulatory surgical treatment  
23 centers, hospitalization, or care facilities under its  
24 management and control;

1 (d) ambulatory surgical treatment centers,  
2 hospitalization or care facilities maintained by the  
3 Federal Government; or

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

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

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

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

19 (5) Engaging in dishonorable, unethical or  
20 unprofessional conduct of a character likely to deceive,  
21 defraud or harm the public.

22 (6) Obtaining any fee by fraud, deceit, or  
23 misrepresentation.

24 (7) Habitual or excessive use or abuse of drugs defined  
25 in law as controlled substances, of alcohol, or of any  
26 other substances which results in the inability to practice



1 with reasonable judgment, skill or safety.

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

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

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

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

14 (12) Adverse action taken by another state or  
15 jurisdiction against a license or other authorization to  
16 practice as a medical doctor, doctor of osteopathy, doctor  
17 of osteopathic medicine or doctor of chiropractic, a  
18 certified copy of the record of the action taken by the  
19 other state or jurisdiction being prima facie evidence  
20 thereof. This includes any adverse action taken by a State  
21 or federal agency that prohibits a medical doctor, doctor  
22 of osteopathy, doctor of osteopathic medicine, or doctor of  
23 chiropractic from providing services to the agency's  
24 participants.

25 (13) Violation of any provision of this Act or of the  
26 Medical Practice Act prior to the repeal of that Act, or

1 violation of the rules, or a final administrative action of  
2 the Secretary, after consideration of the recommendation  
3 of the Disciplinary Board.

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

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

11 (16) Abandonment of a patient.

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

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

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

26 (20) Immoral conduct in the commission of any act

1 including, but not limited to, commission of an act of  
2 sexual misconduct related to the licensee's practice.

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

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

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

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

24 (25) Gross and wilful and continued overcharging for  
25 professional services, including filing false statements  
26 for collection of fees for which services are not rendered,

1 including, but not limited to, filing such false statements  
2 for collection of monies for services not rendered from the  
3 medical assistance program of the Department of Healthcare  
4 and Family Services (formerly Department of Public Aid)  
5 under the Illinois Public Aid Code.

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

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

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

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

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

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

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

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

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

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

24           (36) Failure to report to the Department any adverse  
25 judgment, settlement, or award arising from a liability  
26 claim related to acts or conduct similar to acts or conduct

1           which would constitute grounds for action as defined in  
2           this Section.

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

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

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

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

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

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

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

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

24          (45) Entering into an excessive number of written  
25          collaborative agreements with licensed prescribing  
26          psychologists resulting in an inability to adequately

1 collaborate.

2 (46) Repeated failure to adequately collaborate with a  
3 licensed prescribing psychologist.

4 (47) Repeated acts of clearly excessive prescribing,  
5 furnishing, or administering psychotropic medications to a  
6 minor without a good faith prior examination of the patient  
7 and medical reason therefor.

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

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

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

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



1 the Illinois Department of Revenue.

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

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

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

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

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

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

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

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

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

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

26 An individual licensed under this Act, affected under this

1 Section, shall be afforded an opportunity to demonstrate to the  
2 Disciplinary Board that they can resume practice in compliance  
3 with acceptable and prevailing standards under the provisions  
4 of their license.

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

13 All fines imposed under this Section shall be paid within  
14 60 days after the effective date of the order imposing the fine  
15 or in accordance with the terms set forth in the order imposing  
16 the fine.

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

1 surgery.

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

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

20 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;  
21 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16.)