

HB2530



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB2530

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides for the licensure of naturopathic physicians. Makes conforming changes in various other Acts. Effective immediately.

LRB100 08990 SMS 19136 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 1. Findings. The General Assembly finds that:

5 (1) naturopathic medicine is not currently regulated
6 in Illinois, and needs to be on the principles of freedom
7 of choice in healthcare and consumer protection;

8 (2) naturopathic physicians are trained alongside and
9 at the same standard as chiropractic physicians in
10 Illinois;

11 (3) naturopathic medicine has a federally recognized
12 accreditation agency, the Council on Naturopathic Medical
13 Education, which makes identification of properly
14 credentialed individuals simple and straightforward;

15 (4) naturopathic medicine has a common licensing
16 examination used across North America, the Naturopathic
17 Physicians Licensing Examinations (NPLEX); and

18 (5) citizens of Illinois are obtaining the credentials
19 for naturopathic physicians but do not currently have a
20 legislative framework that allows them to practice in the
21 State.

22 Section 5. The Geriatric Medicine Assistance Act is amended
23 by changing Section 2 as follows:

1 (20 ILCS 3945/2) (from Ch. 144, par. 2002)

2 Sec. 2. There is created the Geriatric Medicine Assistance
3 Commission. The Commission shall receive and approve
4 applications for grants from schools, recognized by the
5 Department of Professional Regulation as being authorized to
6 confer doctor of medicine, doctor of osteopathy, doctor of
7 chiropractic, doctor of naturopathic medicine, or registered
8 professional nursing degrees in the State, to help finance the
9 establishment of geriatric medicine programs within such
10 schools. In determining eligibility for grants, the Commission
11 shall give preference to those programs which exhibit the
12 greatest potential for directly benefiting the largest number
13 of elderly citizens in the State. The Commission may not
14 approve the application of any institution which is unable to
15 demonstrate its current financial stability and reasonable
16 prospects for future stability. No institution which fails to
17 possess and maintain an open policy with respect to race,
18 creed, color and sex as to admission of students, appointment
19 of faculty and employment of staff shall be eligible for grants
20 under this Act. The Commission shall establish such rules and
21 standards as it deems necessary for the implementation of this
22 Act.

23 The Commission shall be composed of 8 members selected as
24 follows: 2 physicians licensed to practice under the Medical
25 Practice Act of 1987 and specializing in geriatric medicine; a

1 registered professional nurse licensed under the Nurse
2 Practice Act and specializing in geriatric health care; 2
3 representatives of organizations interested in geriatric
4 medicine or the care of the elderly; and 3 individuals 60 or
5 older who are interested in geriatric health care or the care
6 of the elderly. The members of the Commission shall be selected
7 by the Governor from a list of recommendations submitted to him
8 by organizations concerned with geriatric medicine or the care
9 of the elderly.

10 The terms of the members of the Commission shall be 4
11 years, except that of the members initially appointed, 2 shall
12 be designated to serve until January 1, 1986, 3 until January
13 1, 1988, and 2 until January 1, 1990. Members of the Commission
14 shall receive no compensation, but shall be reimbursed for
15 actual expenses incurred in carrying out their duties.

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

17 Section 10. The School Code is amended by changing Sections
18 24-6 and 26-1 as follows:

19 (105 ILCS 5/24-6)

20 Sec. 24-6. Sick leave. The school boards of all school
21 districts, including special charter districts, but not
22 including school districts in municipalities of 500,000 or
23 more, shall grant their full-time teachers, and also shall
24 grant such of their other employees as are eligible to

1 participate in the Illinois Municipal Retirement Fund under the
2 "600-Hour Standard" established, or under such other
3 eligibility participation standard as may from time to time be
4 established, by rules and regulations now or hereafter
5 promulgated by the Board of that Fund under Section 7-198 of
6 the Illinois Pension Code, as now or hereafter amended, sick
7 leave provisions not less in amount than 10 days at full pay in
8 each school year. If any such teacher or employee does not use
9 the full amount of annual leave thus allowed, the unused amount
10 shall be allowed to accumulate to a minimum available leave of
11 180 days at full pay, including the leave of the current year.
12 Sick leave shall be interpreted to mean personal illness,
13 quarantine at home, serious illness or death in the immediate
14 family or household, or birth, adoption, or placement for
15 adoption. The school board may require a certificate from a
16 physician licensed in Illinois to practice medicine and surgery
17 in all its branches, a chiropractic physician or naturopathic
18 physician licensed under the Medical Practice Act of 1987, a
19 licensed advanced practice nurse, a licensed physician
20 assistant, or, if the treatment is by prayer or spiritual
21 means, a spiritual adviser or practitioner of the teacher's or
22 employee's faith as a basis for pay during leave after an
23 absence of 3 days for personal illness or 30 days for birth or
24 as the school board may deem necessary in other cases. If the
25 school board does require a certificate as a basis for pay
26 during leave of less than 3 days for personal illness, the

1 school board shall pay, from school funds, the expenses
2 incurred by the teachers or other employees in obtaining the
3 certificate. For paid leave for adoption or placement for
4 adoption, the school board may require that the teacher or
5 other employee provide evidence that the formal adoption
6 process is underway, and such leave is limited to 30 days
7 unless a longer leave has been negotiated with the exclusive
8 bargaining representative.

9 If, by reason of any change in the boundaries of school
10 districts, or by reason of the creation of a new school
11 district, the employment of a teacher is transferred to a new
12 or different board, the accumulated sick leave of such teacher
13 is not thereby lost, but is transferred to such new or
14 different district.

15 For purposes of this Section, "immediate family" shall
16 include parents, spouse, brothers, sisters, children,
17 grandparents, grandchildren, parents-in-law, brothers-in-law,
18 sisters-in-law, and legal guardians.

19 (Source: P.A. 99-173, eff. 7-29-15.)

20 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

21 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
22 custody or control of any child (i) between the ages of 7 and
23 17 years (unless the child has already graduated from high
24 school) for school years before the 2014-2015 school year or
25 (ii) between the ages of 6 (on or before September 1) and 17

1 years (unless the child has already graduated from high school)
2 beginning with the 2014-2015 school year shall cause such child
3 to attend some public school in the district wherein the child
4 resides the entire time it is in session during the regular
5 school term, except as provided in Section 10-19.1, and during
6 a required summer school program established under Section
7 10-22.33B; provided, that the following children shall not be
8 required to attend the public schools:

9 1. Any child attending a private or a parochial school
10 where children are taught the branches of education taught
11 to children of corresponding age and grade in the public
12 schools, and where the instruction of the child in the
13 branches of education is in the English language;

14 2. Any child who is physically or mentally unable to
15 attend school, such disability being certified to the
16 county or district truant officer by a competent physician
17 licensed in Illinois to practice medicine and surgery in
18 all its branches, a chiropractic physician or naturopathic
19 physician licensed under the Medical Practice Act of 1987,
20 a licensed advanced practice nurse, a licensed physician
21 assistant, or a Christian Science practitioner residing in
22 this State and listed in the Christian Science Journal; or
23 who is excused for temporary absence for cause by the
24 principal or teacher of the school which the child attends;
25 the exemptions in this paragraph (2) do not apply to any
26 female who is pregnant or the mother of one or more

1 children, except where a female is unable to attend school
2 due to a complication arising from her pregnancy and the
3 existence of such complication is certified to the county
4 or district truant officer by a competent physician;

5 3. Any child necessarily and lawfully employed
6 according to the provisions of the law regulating child
7 labor may be excused from attendance at school by the
8 county superintendent of schools or the superintendent of
9 the public school which the child should be attending, on
10 certification of the facts by and the recommendation of the
11 school board of the public school district in which the
12 child resides. In districts having part time continuation
13 schools, children so excused shall attend such schools at
14 least 8 hours each week;

15 4. Any child over 12 and under 14 years of age while in
16 attendance at confirmation classes;

17 5. Any child absent from a public school on a
18 particular day or days or at a particular time of day for
19 the reason that he is unable to attend classes or to
20 participate in any examination, study or work requirements
21 on a particular day or days or at a particular time of day,
22 because the tenets of his religion forbid secular activity
23 on a particular day or days or at a particular time of day.
24 Each school board shall prescribe rules and regulations
25 relative to absences for religious holidays including, but
26 not limited to, a list of religious holidays on which it

1 shall be mandatory to excuse a child; but nothing in this
2 paragraph 5 shall be construed to limit the right of any
3 school board, at its discretion, to excuse an absence on
4 any other day by reason of the observance of a religious
5 holiday. A school board may require the parent or guardian
6 of a child who is to be excused from attending school due
7 to the observance of a religious holiday to give notice,
8 not exceeding 5 days, of the child's absence to the school
9 principal or other school personnel. Any child excused from
10 attending school under this paragraph 5 shall not be
11 required to submit a written excuse for such absence after
12 returning to school;

13 6. Any child 16 years of age or older who (i) submits
14 to a school district evidence of necessary and lawful
15 employment pursuant to paragraph 3 of this Section and (ii)
16 is enrolled in a graduation incentives program pursuant to
17 Section 26-16 of this Code or an alternative learning
18 opportunities program established pursuant to Article 13B
19 of this Code; and

20 7. A child in any of grades 6 through 12 absent from a
21 public school on a particular day or days or at a
22 particular time of day for the purpose of sounding "Taps"
23 at a military honors funeral held in this State for a
24 deceased veteran. In order to be excused under this
25 paragraph 7, the student shall notify the school's
26 administration at least 2 days prior to the date of the

1 absence and shall provide the school's administration with
2 the date, time, and location of the military honors
3 funeral. The school's administration may waive this 2-day
4 notification requirement if the student did not receive at
5 least 2 days advance notice, but the student shall notify
6 the school's administration as soon as possible of the
7 absence. A student whose absence is excused under this
8 paragraph 7 shall be counted as if the student attended
9 school for purposes of calculating the average daily
10 attendance of students in the school district. A student
11 whose absence is excused under this paragraph 7 must be
12 allowed a reasonable time to make up school work missed
13 during the absence. If the student satisfactorily
14 completes the school work, the day of absence shall be
15 counted as a day of compulsory attendance and he or she may
16 not be penalized for that absence.

17 (Source: P.A. 98-544, eff. 7-1-14; 99-173, eff. 7-29-15;
18 99-804, eff. 1-1-17.)

19 Section 15. The Illinois Insurance Code is amended by
20 changing Section 122-1 as follows:

21 (215 ILCS 5/122-1) (from Ch. 73, par. 734-1)

22 Sec. 122-1. The authority and jurisdiction of Insurance
23 Department. Notwithstanding any other provision of law, and
24 except as provided herein, any person or other entity which

1 provides coverage in this State for medical, surgical,
2 chiropractic, naturopathic, naprapathic, physical therapy,
3 speech pathology, audiology, professional mental health,
4 dental, hospital, ophthalmologic, or optometric expenses,
5 whether such coverage is by direct-payment, reimbursement, or
6 otherwise, shall be presumed to be subject to the jurisdiction
7 of the Department unless the person or other entity shows that
8 while providing such coverage it is subject to the jurisdiction
9 of another agency of this State, any subdivision of this State,
10 or the federal government, or is a plan of self-insurance or
11 other employee welfare benefit program of an individual
12 employer or labor union established or maintained under or
13 pursuant to a collective bargaining agreement or other
14 arrangement which provides for health care services solely for
15 its employees or members and their dependents.

16 (Source: P.A. 90-7, eff. 6-10-97.)

17 Section 20. The Medical Practice Act of 1987 is amended by
18 changing Sections 2, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19,
19 22, 24, 33, and 34 as follows:

20 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

22 Sec. 2. Definitions. For purposes of this Act, the
23 following definitions shall have the following meanings,
24 except where the context requires otherwise:

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

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

9 "Approved naturopathic medical program" means a
10 naturopathic medical education program accredited or granted
11 candidacy status by the United States Council on Naturopathic
12 Medical Education, or an equivalent federally recognized
13 accrediting body for the naturopathic medical profession
14 recognized by the Board, that offers graduate-level,
15 full-time, didactic, and supervised clinical training of at
16 least 4,200 hours in length leading to the degree of Doctor of
17 Naturopathy or Doctor of Naturopathic Medicine and is part of
18 an institution of higher education that is either accredited or
19 is a candidate for accreditation by a regional institutional
20 accrediting agency recognized by the United States Secretary of
21 Education or eligible for student loans in Canada.

22 "Chiropractic physician" means a person licensed to treat
23 human ailments without the use of drugs and without operative
24 surgery. Nothing in this Act shall be construed to prohibit a
25 chiropractic physician from providing advice regarding the use
26 of non-prescription products or from administering atmospheric

1 oxygen. Nothing in this Act shall be construed to authorize a
2 chiropractic physician to prescribe drugs.

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

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

9 "Disciplinary Board" means the Medical Disciplinary Board.

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

16 "Fund" means the Medical Disciplinary Fund.

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

24 "Licensing Board" means the Medical Licensing Board.

25 "Naturopathic physician" means a practitioner of
26 naturopathic medicine who has been properly licensed for that

1 purpose by the Department under this Act. "Naturopathic
2 physician" includes all titles and designations associated
3 with the practice of naturopathic medicine, including, "doctor
4 of naturopathic medicine", "doctor of naturopathy",
5 "naturopathic doctor", "naturopath", "naturopathic medical
6 doctor", "N.D.", "ND", "N.M.D.", and "NMD".

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

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

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

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

25 "Restore" means to remove an encumbrance from a license due
26 to probation, suspension, or revocation.

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

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

5 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

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

7 Sec. 7. Medical Disciplinary Board.

8 (A) There is hereby created the Illinois State Medical
9 Disciplinary Board. The Disciplinary Board shall consist of 12
10 ~~11~~ members, to be appointed by the Governor by and with the
11 advice and consent of the Senate. All members shall be
12 residents of the State, not more than 7 ~~6~~ of whom shall be
13 members of the same political party. All members shall be
14 voting members. Five members shall be physicians licensed to
15 practice medicine in all of its branches in Illinois possessing
16 the degree of doctor of medicine. One member shall be a
17 physician licensed to practice medicine in all its branches in
18 Illinois possessing the degree of doctor of osteopathy or
19 osteopathic medicine. One member shall be a chiropractic
20 physician licensed to practice in Illinois and possessing the
21 degree of doctor of chiropractic. One member shall be a
22 naturopathic physician licensed to practice in Illinois and
23 possessing the degree of naturopathic medicine. Four members
24 shall be members of the public, who shall not be engaged in any
25 way, directly or indirectly, as providers of health care.

1 (B) Members of the Disciplinary Board shall be appointed
2 for terms of 4 years. Upon the expiration of the term of any
3 member, their successor shall be appointed for a term of 4
4 years by the Governor by and with the advice and consent of the
5 Senate. The Governor shall fill any vacancy for the remainder
6 of the unexpired term with the advice and consent of the
7 Senate. Upon recommendation of the Board, any member of the
8 Disciplinary Board may be removed by the Governor for
9 misfeasance, malfeasance, or wilful neglect of duty, after
10 notice, and a public hearing, unless such notice and hearing
11 shall be expressly waived in writing. Each member shall serve
12 on the Disciplinary Board until their successor is appointed
13 and qualified. No member of the Disciplinary Board shall serve
14 more than 2 consecutive 4 year terms.

15 In making appointments the Governor shall attempt to insure
16 that the various social and geographic regions of the State of
17 Illinois are properly represented.

18 In making the designation of persons to act for the several
19 professions represented on the Disciplinary Board, the
20 Governor shall give due consideration to recommendations by
21 members of the respective professions and by organizations
22 therein.

23 (C) The Disciplinary Board shall annually elect one of its
24 voting members as chairperson and one as vice chairperson. No
25 officer shall be elected more than twice in succession to the
26 same office. Each officer shall serve until their successor has

1 been elected and qualified.

2 (D) (Blank).

3 (E) Six voting members of the Disciplinary Board, at least
4 of whom are physicians, shall constitute a quorum. A vacancy
5 in the membership of the Disciplinary Board shall not impair
6 the right of a quorum to exercise all the rights and perform
7 all the duties of the Disciplinary Board. Any action taken by
8 the Disciplinary Board under this Act may be authorized by
9 resolution at any regular or special meeting and each such
10 resolution shall take effect immediately. The Disciplinary
11 Board shall meet at least quarterly.

12 (F) Each member, and member-officer, of the Disciplinary
13 Board shall receive a per diem stipend as the Secretary shall
14 determine. Each member shall be paid their necessary expenses
15 while engaged in the performance of their duties.

16 (G) The Secretary shall select a Chief Medical Coordinator
17 and not less than 2 Deputy Medical Coordinators who shall not
18 be members of the Disciplinary Board. Each medical coordinator
19 shall be a physician licensed to practice medicine in all of
20 its branches, and the Secretary shall set their rates of
21 compensation. The Secretary shall assign at least one medical
22 coordinator to a region composed of Cook County and such other
23 counties as the Secretary may deem appropriate, and such
24 medical coordinator or coordinators shall locate their office
25 in Chicago. The Secretary shall assign at least one medical
26 coordinator to a region composed of the balance of counties in

1 the State, and such medical coordinator or coordinators shall
2 locate their office in Springfield. The Chief Medical
3 Coordinator shall be the chief enforcement officer of this Act.
4 None of the functions, powers, or duties of the Department with
5 respect to policies regarding enforcement or discipline under
6 this Act, including the adoption of such rules as may be
7 necessary for the administration of this Act, shall be
8 exercised by the Department except upon review of the
9 Disciplinary Board.

10 The Secretary shall employ, in conformity with the
11 Personnel Code, investigators who are college graduates with at
12 least 2 years of investigative experience or one year of
13 advanced medical education. Upon the written request of the
14 Disciplinary Board, the Secretary shall employ, in conformity
15 with the Personnel Code, such other professional, technical,
16 investigative, and clerical help, either on a full or part-time
17 basis as the Disciplinary Board deems necessary for the proper
18 performance of its duties.

19 (H) Upon the specific request of the Disciplinary Board,
20 signed by either the chairperson, vice chairperson, or a
21 medical coordinator of the Disciplinary Board, the Department
22 of Human Services, the Department of Healthcare and Family
23 Services, the Department of State Police, or any other law
24 enforcement agency located in this State shall make available
25 any and all information that they have in their possession
26 regarding a particular case then under investigation by the

1 Disciplinary Board.

2 (I) Members of the Disciplinary Board shall be immune from
3 suit in any action based upon any disciplinary proceedings or
4 other acts performed in good faith as members of the
5 Disciplinary Board.

6 (J) The Disciplinary Board may compile and establish a
7 statewide roster of physicians and other medical
8 professionals, including the several medical specialties, of
9 such physicians and medical professionals, who have agreed to
10 serve from time to time as advisors to the medical
11 coordinators. Such advisors shall assist the medical
12 coordinators or the Disciplinary Board in their investigations
13 and participation in complaints against physicians. Such
14 advisors shall serve under contract and shall be reimbursed at
15 a reasonable rate for the services provided, plus reasonable
16 expenses incurred. While serving in this capacity, the advisor,
17 for any act undertaken in good faith and in the conduct of his
18 or her duties under this Section, shall be immune from civil
19 suit.

20 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

21 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

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

23 Sec. 8. Medical Licensing Board.

24 (A) There is hereby created a Medical Licensing Board. The
25 Licensing Board shall be composed of 7 members, to be appointed

1 by the Governor by and with the advice and consent of the
2 Senate; 5 of whom shall be reputable physicians licensed to
3 practice medicine in all of its branches in Illinois,
4 possessing the degree of doctor of medicine; one member shall
5 be a reputable physician licensed in Illinois to practice
6 medicine in all of its branches, possessing the degree of
7 doctor of osteopathy or osteopathic medicine; one member shall
8 be a reputable naturopathic physician licensed to practice in
9 Illinois and possessing the degree of doctor of naturopathic
10 medicine; and one member shall be a reputable chiropractic
11 physician licensed to practice in Illinois and possessing the
12 degree of doctor of chiropractic. Of the 5 members holding the
13 degree of doctor of medicine, one shall be a full-time or
14 part-time teacher of professorial rank in the clinical
15 department of an Illinois school of medicine.

16 (B) Members of the Licensing Board shall be appointed for
17 terms of 4 years, and until their successors are appointed and
18 qualified. Appointments to fill vacancies shall be made in the
19 same manner as original appointments, for the unexpired portion
20 of the vacated term. No more than 4 members of the Licensing
21 Board shall be members of the same political party and all
22 members shall be residents of this State. No member of the
23 Licensing Board may be appointed to more than 2 successive 4
24 year terms.

25 (C) Members of the Licensing Board shall be immune from
26 suit in any action based upon any licensing proceedings or

1 other acts performed in good faith as members of the Licensing
2 Board.

3 (D) (Blank).

4 (E) The Licensing Board shall annually elect one of its
5 members as chairperson and one as vice chairperson. No member
6 shall be elected more than twice in succession to the same
7 office. Each officer shall serve until his or her successor has
8 been elected and qualified.

9 (F) None of the functions, powers or duties of the
10 Department with respect to policies regarding licensure and
11 examination under this Act, including the promulgation of such
12 rules as may be necessary for the administration of this Act,
13 shall be exercised by the Department except upon review of the
14 Licensing Board.

15 (G) The Licensing Board shall receive the same compensation
16 as the members of the Disciplinary Board, which compensation
17 shall be paid out of the Illinois State Medical Disciplinary
18 Fund.

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

20 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

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

22 Sec. 9. Application for license. Each applicant for a
23 license shall:

24 (A) Make application on blank forms prepared and
25 furnished by the Department.

1 (B) Submit evidence satisfactory to the Department
2 that the applicant:

3 (1) is of good moral character. In determining
4 moral character under this Section, the Department may
5 take into consideration whether the applicant has
6 engaged in conduct or activities which would
7 constitute grounds for discipline under this Act. The
8 Department may also request the applicant to submit,
9 and may consider as evidence of moral character,
10 endorsements from 2 or 3 individuals licensed under
11 this Act;

12 (2) has the preliminary and professional education
13 required by this Act;

14 (3) (blank); and

15 (4) is physically, mentally, and professionally
16 capable of practicing medicine with reasonable
17 judgment, skill, and safety. In determining physical
18 and mental capacity under this Section, the Licensing
19 Board may, upon a showing of a possible incapacity or
20 conduct or activities that would constitute grounds
21 for discipline under this Act, compel any applicant to
22 submit to a mental or physical examination and
23 evaluation, or both, as provided for in Section 22 of
24 this Act. The Licensing Board may condition or restrict
25 any license, subject to the same terms and conditions
26 as are provided for the Disciplinary Board under

1 Section 22 of this Act. Any such condition of a
2 restricted license shall provide that the Chief
3 Medical Coordinator or Deputy Medical Coordinator
4 shall have the authority to review the subject
5 physician's compliance with such conditions or
6 restrictions, including, where appropriate, the
7 physician's record of treatment and counseling
8 regarding the impairment, to the extent permitted by
9 applicable federal statutes and regulations
10 safeguarding the confidentiality of medical records of
11 patients.

12 In determining professional capacity under this
13 Section, an individual may be required to complete such
14 additional testing, training, or remedial education as the
15 Licensing Board may deem necessary in order to establish
16 the applicant's present capacity to practice medicine with
17 reasonable judgment, skill, and safety. The Licensing
18 Board may consider the following criteria, as they relate
19 to an applicant, as part of its determination of
20 professional capacity:

21 (1) Medical research in an established research
22 facility, hospital, college or university, or private
23 corporation.

24 (2) Specialized training or education.

25 (3) Publication of original work in learned,
26 medical, or scientific journals.

1 (4) Participation in federal, State, local, or
2 international public health programs or organizations.

3 (5) Professional service in a federal veterans or
4 military institution.

5 (6) Any other professional activities deemed to
6 maintain and enhance the clinical capabilities of the
7 applicant.

8 Any applicant applying for a license to practice
9 medicine in all of its branches, for a license as a
10 naturopathic physician, or for a license as a chiropractic
11 physician who has not been engaged in the active practice
12 of medicine or has not been enrolled in a medical program
13 for 2 years prior to application must submit proof of
14 professional capacity to the Licensing Board.

15 Any applicant applying for a temporary license that has
16 not been engaged in the active practice of medicine or has
17 not been enrolled in a medical program for longer than 5
18 years prior to application must submit proof of
19 professional capacity to the Licensing Board.

20 (C) Designate specifically the name, location, and
21 kind of professional school, college, or institution of
22 which the applicant is a graduate and the category under
23 which the applicant seeks, and will undertake, to practice.

24 (D) Pay to the Department at the time of application
25 the required fees.

26 (E) Pursuant to Department rules, as required, pass an

1 examination authorized by the Department to determine the
2 applicant's fitness to receive a license.

3 (F) Complete the application process within 3 years
4 from the date of application. If the process has not been
5 completed within 3 years, the application shall expire,
6 application fees shall be forfeited, and the applicant must
7 reapply and meet the requirements in effect at the time of
8 reapplication.

9 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

10 (225 ILCS 60/10) (from Ch. 111, par. 4400-10)

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

12 Sec. 10. The Department shall:

13 (A) Make rules for establishing reasonable minimum
14 standards of educational requirements to be observed by
15 medical, osteopathic, naturopathic, and chiropractic
16 colleges;

17 (B) Effectuate the policy of the State of Illinois that
18 the quality of medical training is an appropriate concern
19 in the recruiting, licensing, credentialing and
20 participation in residency programs of physicians.
21 However, it is inappropriate to discriminate against any
22 physician because of national origin or geographic
23 location of medical education;

24 (C) Formulate rules and regulations required for the
25 administration of this Act.

1 (Source: P.A. 86-573.)

2 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

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

4 Sec. 11. Minimum education standards. The minimum
5 standards of professional education to be enforced by the
6 Department in conducting examinations and issuing licenses
7 shall be as follows:

8 (A) Practice of medicine. For the practice of medicine
9 in all of its branches:

10 (1) For applications for licensure under
11 subsection (D) of Section 19 of this Act:

12 (a) that the applicant is a graduate of a
13 medical or osteopathic college in the United
14 States, its territories or Canada, that the
15 applicant has completed a 2 year course of
16 instruction in a college of liberal arts, or its
17 equivalent, and a course of instruction in a
18 medical or osteopathic college approved by the
19 Department or by a private, not for profit
20 accrediting body approved by the Department, and
21 in addition thereto, a course of postgraduate
22 clinical training of not less than 12 months as
23 approved by the Department; or

24 (b) that the applicant is a graduate of a
25 medical or osteopathic college located outside the

1 United States, its territories or Canada, and that
2 the degree conferred is officially recognized by
3 the country for the purposes of licensure, that the
4 applicant has completed a 2 year course of
5 instruction in a college of liberal arts or its
6 equivalent, and a course of instruction in a
7 medical or osteopathic college approved by the
8 Department, which course shall have been not less
9 than 132 weeks in duration and shall have been
10 completed within a period of not less than 35
11 months, and, in addition thereto, has completed a
12 course of postgraduate clinical training of not
13 less than 12 months, as approved by the Department,
14 and has complied with any other standards
15 established by rule.

16 For the purposes of this subparagraph (b) an
17 applicant is considered to be a graduate of a
18 medical college if the degree which is conferred is
19 officially recognized by that country for the
20 purposes of receiving a license to practice
21 medicine in all of its branches or a document is
22 granted by the medical college which certifies the
23 completion of all formal training requirements
24 including any internship and social service; or

25 (c) that the applicant has studied medicine at
26 a medical or osteopathic college located outside

1 the United States, its territories, or Canada,
2 that the applicant has completed a 2 year course of
3 instruction in a college of liberal arts or its
4 equivalent and all of the formal requirements of a
5 foreign medical school except internship and
6 social service, which course shall have been not
7 less than 132 weeks in duration and shall have been
8 completed within a period of not less than 35
9 months; that the applicant has submitted an
10 application to a medical college accredited by the
11 Liaison Committee on Medical Education and
12 submitted to such evaluation procedures, including
13 use of nationally recognized medical student tests
14 or tests devised by the individual medical
15 college, and that the applicant has satisfactorily
16 completed one academic year of supervised clinical
17 training under the direction of such medical
18 college; and, in addition thereto has completed a
19 course of postgraduate clinical training of not
20 less than 12 months, as approved by the Department,
21 and has complied with any other standards
22 established by rule.

23 (d) Any clinical clerkships must have been
24 completed in compliance with Section 10.3 of the
25 Hospital Licensing Act, as amended.

26 (2) Effective January 1, 1988, for applications

1 for licensure made subsequent to January 1, 1988, under
2 Sections 9 or 17 of this Act by individuals not
3 described in paragraph (3) of subsection (A) of Section
4 11 who graduated after December 31, 1984:

5 (a) that the applicant: (i) graduated from a
6 medical or osteopathic college officially
7 recognized by the jurisdiction in which it is
8 located for the purpose of receiving a license to
9 practice medicine in all of its branches, and the
10 applicant has completed, as defined by the
11 Department, a 6 year postsecondary course of study
12 comprising at least 2 academic years of study in
13 the basic medical sciences; and 2 academic years of
14 study in the clinical sciences, while enrolled in
15 the medical college which conferred the degree,
16 the core rotations of which must have been
17 completed in clinical teaching facilities owned,
18 operated or formally affiliated with the medical
19 college which conferred the degree, or under
20 contract in teaching facilities owned, operated or
21 affiliated with another medical college which is
22 officially recognized by the jurisdiction in which
23 the medical school which conferred the degree is
24 located; or (ii) graduated from a medical or
25 osteopathic college accredited by the Liaison
26 Committee on Medical Education, the Committee on

1 Accreditation of Canadian Medical Schools in
2 conjunction with the Liaison Committee on Medical
3 Education, or the Bureau of Professional Education
4 of the American Osteopathic Association; and,
5 (iii) in addition thereto, has completed 24 months
6 of postgraduate clinical training, as approved by
7 the Department; or

8 (b) that the applicant has studied medicine at
9 a medical or osteopathic college located outside
10 the United States, its territories, or Canada,
11 that the applicant, in addition to satisfying the
12 requirements of subparagraph (a), except for the
13 awarding of a degree, has completed all of the
14 formal requirements of a foreign medical school
15 except internship and social service and has
16 submitted an application to a medical college
17 accredited by the Liaison Committee on Medical
18 Education and submitted to such evaluation
19 procedures, including use of nationally recognized
20 medical student tests or tests devised by the
21 individual medical college, and that the applicant
22 has satisfactorily completed one academic year of
23 supervised clinical training under the direction
24 of such medical college; and, in addition thereto,
25 has completed 24 months of postgraduate clinical
26 training, as approved by the Department, and has

1 complied with any other standards established by
2 rule.

3 (3) (Blank).

4 (4) Any person granted a temporary license
5 pursuant to Section 17 of this Act who shall
6 satisfactorily complete a course of postgraduate
7 clinical training and meet all of the requirements for
8 licensure shall be granted a permanent license
9 pursuant to Section 9.

10 (5) Notwithstanding any other provision of this
11 Section an individual holding a temporary license
12 under Section 17 of this Act shall be required to
13 satisfy the undergraduate medical and post-graduate
14 clinical training educational requirements in effect
15 on the date of their application for a temporary
16 license, provided they apply for a license under
17 Section 9 of this Act and satisfy all other
18 requirements of this Section while their temporary
19 license is in effect.

20 (B) Treating human ailments without drugs and without
21 operative surgery. For the practice of treating human
22 ailments without the use of drugs and without operative
23 surgery:

24 (1) For an applicant who was a resident student and
25 who is a graduate after July 1, 1926, of a chiropractic
26 college or institution, that such school, college or

1 institution, at the time of the applicant's graduation
2 required as a prerequisite to admission thereto a 4
3 year course of instruction in a high school, and, as a
4 prerequisite to graduation therefrom, a course of
5 instruction in the treatment of human ailments, of not
6 less than 132 weeks in duration and which shall have
7 been completed within a period of not less than 35
8 months except that as to students matriculating or
9 entering upon a course of chiropractic study during the
10 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
11 1947, such elapsed time shall be not less than 32
12 months, such high school and such school, college or
13 institution having been reputable and in good standing
14 in the judgment of the Department.

15 (2) For an applicant who is a matriculant in a
16 chiropractic college after September 1, 1969, that
17 such applicant shall be required to complete a 2 year
18 course of instruction in a liberal arts college or its
19 equivalent and a course of instruction in a
20 chiropractic college in the treatment of human
21 ailments, such course, as a prerequisite to graduation
22 therefrom, having been not less than 132 weeks in
23 duration and shall have been completed within a period
24 of not less than 35 months, such college of liberal
25 arts and chiropractic college having been reputable
26 and in good standing in the judgment of the Department.

1 (3) For an applicant who is a graduate of a United
2 States chiropractic college after August 19, 1981, the
3 college of the applicant must be fully accredited by
4 the Commission on Accreditation of the Council on
5 Chiropractic Education or its successor at the time of
6 graduation. Such graduates shall be considered to have
7 met the minimum requirements which shall be in addition
8 to those requirements set forth in the rules and
9 regulations promulgated by the Department.

10 (4) For an applicant who is a graduate of a
11 chiropractic college in another country; that such
12 chiropractic college be equivalent to the standards of
13 education as set forth for chiropractic colleges
14 located in the United States.

15 (C) Practice of naturopathic medicine. For the
16 practice of naturopathic medicine:

17 (1) For an applicant who is a graduate of an
18 approved naturopathic medical program, in accordance
19 with this Act, that he or she has successfully
20 completed a competency-based national naturopathic
21 licensing examination administered by the North
22 American Board of Naturopathic Examiners or an
23 equivalent agency, as recognized by the Department.

24 (2) For an applicant who is a graduate of a
25 degree-granting approved naturopathic medical program
26 prior to 1986, evidence of successful passage of a

1 State competency examination in a licensed state or a
2 Canadian provincial examination in a licensed or
3 regulated province approved by the Department in lieu
4 of passage of a national licensing examination.

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

6 (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

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

8 Sec. 14. Chiropractic students and naturopathic medicine
9 students.

10 (a) Candidates for the degree of doctor of chiropractic
11 enrolled in a chiropractic college, accredited by the Council
12 on Chiropractic Education, may practice under the direct,
13 on-premises supervision of a chiropractic physician who is a
14 member of the faculty of an accredited chiropractic college.

15 (b) Candidates for the degree of doctor of naturopathic
16 medicine enrolled in a naturopathic college, accredited by the
17 United States Council on Naturopathic Medical Education, may
18 practice under the direct, on-premises supervision of a
19 naturopathic physician who is a member of the faculty of an
20 accredited naturopathic college.

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

22 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

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

24 Sec. 15. Chiropractic and naturopathic physician; license

1 for general practice. Any chiropractic or naturopathic
2 physician licensed under this Act shall be permitted to take
3 the examination for licensure as a physician to practice
4 medicine in all its branches and shall receive a license to
5 practice medicine in all of its branches if he or she shall
6 successfully pass such examination, upon proof of having
7 successfully completed in a medical college, osteopathic
8 college, naturopathic college, or chiropractic college
9 reputable and in good standing in the judgment of the
10 Department, courses of instruction in materia medica,
11 therapeutics, surgery, obstetrics, and theory and practice
12 deemed by the Department to be equal to the courses of
13 instruction required in those subjects for admission to the
14 examination for a license to practice medicine in all of its
15 branches, together with proof of having completed (a) the 2
16 year course of instruction in a college of liberal arts, or its
17 equivalent, required under this Act, and (b) a course of
18 postgraduate clinical training of not less than 24 months as
19 approved by the Department.

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

21 (225 ILCS 60/16) (from Ch. 111, par. 4400-16)

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

23 Sec. 16. Ineligibility for examination. Any person who
24 shall fail any examination for licensure as a medical doctor,
25 doctor of osteopathy or osteopathic medicine, doctor of

1 naturopathic medicine, or doctor of chiropractic in this or any
2 other jurisdiction a total of 5 times shall thereafter be
3 ineligible for further examinations until such time as such
4 person shall submit to the Department evidence of further
5 formal professional study, as required by rule of the
6 Department, in an accredited institution.

7 (Source: P.A. 89-702, eff. 7-1-97.)

8 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

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

10 Sec. 17. Temporary license. Persons holding the degree of
11 Doctor of Medicine, persons holding the degree of Doctor of
12 Osteopathy or Doctor of Osteopathic Medicine, persons holding
13 the degree of Doctor of Naturopathic Medicine, and persons
14 holding the degree of Doctor of Chiropractic or persons who
15 have satisfied the requirements therefor and are eligible to
16 receive such degree from a medical, osteopathic, naturopathic,
17 or chiropractic school, who wish to pursue programs of graduate
18 or specialty training in this State, may receive without
19 examination, in the discretion of the Department, a 3-year
20 temporary license. In order to receive a 3-year temporary
21 license hereunder, an applicant shall submit evidence
22 satisfactory to the Department that the applicant:

23 (A) Is of good moral character. In determining moral
24 character under this Section, the Department may take into
25 consideration whether the applicant has engaged in conduct

1 or activities which would constitute grounds for
2 discipline under this Act. The Department may also request
3 the applicant to submit, and may consider as evidence of
4 moral character, endorsements from 2 or 3 individuals
5 licensed under this Act;

6 (B) Has been accepted or appointed for specialty or
7 residency training by a hospital situated in this State or
8 a training program in hospitals or facilities maintained by
9 the State of Illinois or affiliated training facilities
10 which is approved by the Department for the purpose of such
11 training under this Act. The applicant shall indicate the
12 beginning and ending dates of the period for which the
13 applicant has been accepted or appointed;

14 (C) Has or will satisfy the professional education
15 requirements of Section 11 of this Act which are effective
16 at the date of application except for postgraduate clinical
17 training;

18 (D) Is physically, mentally, and professionally
19 capable of practicing medicine or treating human ailments
20 without the use of drugs and without operative surgery with
21 reasonable judgment, skill, and safety. In determining
22 physical, mental and professional capacity under this
23 Section, the Licensing Board may, upon a showing of a
24 possible incapacity, compel an applicant to submit to a
25 mental or physical examination and evaluation, or both, and
26 may condition or restrict any temporary license, subject to

1 the same terms and conditions as are provided for the
2 Disciplinary Board under Section 22 of this Act. Any such
3 condition of restricted temporary license shall provide
4 that the Chief Medical Coordinator or Deputy Medical
5 Coordinator shall have the authority to review the subject
6 physician's compliance with such conditions or
7 restrictions, including, where appropriate, the
8 physician's record of treatment and counseling regarding
9 the impairment, to the extent permitted by applicable
10 federal statutes and regulations safeguarding the
11 confidentiality of medical records of patients.

12 Three-year temporary licenses issued pursuant to this
13 Section shall be valid only for the period of time designated
14 therein, and may be extended or renewed pursuant to the rules
15 of the Department, and if a temporary license is thereafter
16 extended, it shall not extend beyond completion of the
17 residency program. The holder of a valid 3-year temporary
18 license shall be entitled thereby to perform only such acts as
19 may be prescribed by and incidental to his or her program of
20 residency training; he or she shall not be entitled to
21 otherwise engage in the practice of medicine in this State
22 unless fully licensed in this State.

23 A 3-year temporary license may be revoked or suspended by
24 the Department upon proof that the holder thereof has engaged
25 in the practice of medicine in this State outside of the
26 program of his or her residency or specialty training, or if

1 the holder shall fail to supply the Department, within 10 days
2 of its request, with information as to his or her current
3 status and activities in his or her specialty training program.
4 Such a revocation or suspension shall comply with the
5 procedures set forth in subsection (d) of Section 37 of this
6 Act.

7 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

8 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

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

10 Sec. 18. Visiting professor, physician, or resident
11 permits.

12 (A) Visiting professor permit.

13 (1) A visiting professor permit shall entitle a person
14 to practice medicine in all of its branches or to practice
15 the treatment of human ailments without the use of drugs
16 and without operative surgery provided:

17 (a) the person maintains an equivalent
18 authorization to practice medicine in all of its
19 branches or to practice the treatment of human ailments
20 without the use of drugs and without operative surgery
21 in good standing in his or her native licensing
22 jurisdiction during the period of the visiting
23 professor permit;

24 (b) the person has received a faculty appointment
25 to teach in a medical, osteopathic, naturopathic, or

1 chiropractic school in Illinois; and

2 (c) the Department may prescribe the information
3 necessary to establish an applicant's eligibility for
4 a permit. This information shall include without
5 limitation (i) a statement from the dean of the medical
6 school at which the applicant will be employed
7 describing the applicant's qualifications and (ii) a
8 statement from the dean of the medical school listing
9 every affiliated institution in which the applicant
10 will be providing instruction as part of the medical
11 school's education program and justifying any clinical
12 activities at each of the institutions listed by the
13 dean.

14 (2) Application for visiting professor permits shall
15 be made to the Department, in writing, on forms prescribed
16 by the Department and shall be accompanied by the required
17 fee established by rule, which shall not be refundable. Any
18 application shall require the information as, in the
19 judgment of the Department, will enable the Department to
20 pass on the qualifications of the applicant.

21 (3) A visiting professor permit shall be valid for no
22 longer than 2 years from the date of issuance or until the
23 time the faculty appointment is terminated, whichever
24 occurs first, and may be renewed only in accordance with
25 subdivision (A) (6) of this Section.

26 (4) The applicant may be required to appear before the

1 Licensing Board for an interview prior to, and as a
2 requirement for, the issuance of the original permit and
3 the renewal.

4 (5) Persons holding a permit under this Section shall
5 only practice medicine in all of its branches or practice
6 the treatment of human ailments without the use of drugs
7 and without operative surgery in the State of Illinois in
8 their official capacity under their contract within the
9 medical school itself and any affiliated institution in
10 which the permit holder is providing instruction as part of
11 the medical school's educational program and for which the
12 medical school has assumed direct responsibility.

13 (6) After the initial renewal of a visiting professor
14 permit, a visiting professor permit shall be valid until
15 the last day of the next physician license renewal period,
16 as set by rule, and may only be renewed for applicants who
17 meet the following requirements:

18 (i) have obtained the required continuing
19 education hours as set by rule; and

20 (ii) have paid the fee prescribed for a license
21 under Section 21 of this Act.

22 For initial renewal, the visiting professor must
23 successfully pass a general competency examination authorized
24 by the Department by rule, unless he or she was issued an
25 initial visiting professor permit on or after January 1, 2007,
26 but prior to July 1, 2007.

1 (B) Visiting physician permit.

2 (1) The Department may, in its discretion, issue a
3 temporary visiting physician permit, without examination,
4 provided:

5 (a) (blank);

6 (b) that the person maintains an equivalent
7 authorization to practice medicine in all of its
8 branches or to practice the treatment of human ailments
9 without the use of drugs and without operative surgery
10 in good standing in his or her native licensing
11 jurisdiction during the period of the temporary
12 visiting physician permit;

13 (c) that the person has received an invitation or
14 appointment to study, demonstrate, or perform a
15 specific medical, osteopathic, naturopathic,
16 chiropractic, or clinical subject or technique in a
17 medical, osteopathic, naturopathic, or chiropractic
18 school, a state or national medical, osteopathic,
19 naturopathic, or chiropractic professional association
20 or society conference or meeting, a hospital licensed
21 under the Hospital Licensing Act, a hospital organized
22 under the University of Illinois Hospital Act, or a
23 facility operated pursuant to the Ambulatory Surgical
24 Treatment Center Act; and

25 (d) that the temporary visiting physician permit

1 shall only permit the holder to practice medicine in
2 all of its branches or practice the treatment of human
3 ailments without the use of drugs and without operative
4 surgery within the scope of the medical, osteopathic,
5 naturopathic, chiropractic, or clinical studies, or in
6 conjunction with the state or national medical,
7 osteopathic, naturopathic, or chiropractic
8 professional association or society conference or
9 meeting, for which the holder was invited or appointed.

10 (2) The application for the temporary visiting
11 physician permit shall be made to the Department, in
12 writing, on forms prescribed by the Department, and shall
13 be accompanied by the required fee established by rule,
14 which shall not be refundable. The application shall
15 require information that, in the judgment of the
16 Department, will enable the Department to pass on the
17 qualification of the applicant, and the necessity for the
18 granting of a temporary visiting physician permit.

19 (3) A temporary visiting physician permit shall be
20 valid for no longer than (i) 180 days from the date of
21 issuance or (ii) until the time the medical, osteopathic,
22 chiropractic, naturopathic, or clinical studies are
23 completed, or the state or national medical, osteopathic,
24 naturopathic, or chiropractic professional association or
25 society conference or meeting has concluded, whichever
26 occurs first. The temporary visiting physician permit may

1 be issued multiple times to a visiting physician under this
2 paragraph (3) as long as the total number of days it is
3 active do not exceed 180 days within a 365-day period.

4 (4) The applicant for a temporary visiting physician
5 permit may be required to appear before the Licensing Board
6 for an interview prior to, and as a requirement for, the
7 issuance of a temporary visiting physician permit.

8 (5) A limited temporary visiting physician permit
9 shall be issued to a physician licensed in another state
10 who has been requested to perform emergency procedures in
11 Illinois if he or she meets the requirements as established
12 by rule.

13 (C) Visiting resident permit.

14 (1) The Department may, in its discretion, issue a
15 temporary visiting resident permit, without examination,
16 provided:

17 (a) (blank);

18 (b) that the person maintains an equivalent
19 authorization to practice medicine in all of its
20 branches or to practice the treatment of human ailments
21 without the use of drugs and without operative surgery
22 in good standing in his or her native licensing
23 jurisdiction during the period of the temporary
24 visiting resident permit;

25 (c) that the applicant is enrolled in a

1 postgraduate clinical training program outside the
2 State of Illinois that is approved by the Department;

3 (d) that the individual has been invited or
4 appointed for a specific period of time to perform a
5 portion of that post graduate clinical training
6 program under the supervision of an Illinois licensed
7 physician in an Illinois patient care clinic or
8 facility that is affiliated with the out-of-State post
9 graduate training program; and

10 (e) that the temporary visiting resident permit
11 shall only permit the holder to practice medicine in
12 all of its branches or practice the treatment of human
13 ailments without the use of drugs and without operative
14 surgery within the scope of the medical, osteopathic,
15 naturopathic, chiropractic, or clinical studies for
16 which the holder was invited or appointed.

17 (2) The application for the temporary visiting
18 resident permit shall be made to the Department, in
19 writing, on forms prescribed by the Department, and shall
20 be accompanied by the required fee established by rule. The
21 application shall require information that, in the
22 judgment of the Department, will enable the Department to
23 pass on the qualifications of the applicant.

24 (3) A temporary visiting resident permit shall be valid
25 for 180 days from the date of issuance or until the time
26 the medical, osteopathic, naturopathic, chiropractic, or

1 clinical studies are completed, whichever occurs first.

2 (4) The applicant for a temporary visiting resident
3 permit may be required to appear before the Licensing Board
4 for an interview prior to, and as a requirement for, the
5 issuance of a temporary visiting resident permit.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

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

9 Sec. 19. Licensure by endorsement. The Department may, in
10 its discretion, issue a license by endorsement to any person
11 who is currently licensed to practice medicine in all of its
12 branches, a naturopathic physician, or a chiropractic
13 physician, in any other state, territory, country or province,
14 upon the following conditions and submitting evidence
15 satisfactory to the Department of the following:

16 (A) (Blank);

17 (B) That the applicant is of good moral character. In
18 determining moral character under this Section, the
19 Department may take into consideration whether the
20 applicant has engaged in conduct or activities which would
21 constitute grounds for discipline under this Act. The
22 Department may also request the applicant to submit, and
23 may consider as evidence of moral character, endorsements
24 from 2 or 3 individuals licensed under this Act;

25 (C) That the applicant is physically, mentally and

1 professionally capable of practicing medicine with
2 reasonable judgment, skill and safety. In determining
3 physical, mental and professional capacity under this
4 Section the Licensing Board may, upon a showing of a
5 possible incapacity, compel an applicant to submit to a
6 mental or physical examination and evaluation, or both, in
7 the same manner as provided in Section 22 and may condition
8 or restrict any license, subject to the same terms and
9 conditions as are provided for the Disciplinary Board under
10 Section 22 of this Act.

11 (D) That if the applicant seeks to practice medicine in
12 all of its branches:

13 (1) if the applicant was licensed in another
14 jurisdiction prior to January 1, 1988, that the
15 applicant has satisfied the educational requirements
16 of paragraph (1) of subsection (A) or paragraph (2) of
17 subsection (A) of Section 11 of this Act; or

18 (2) if the applicant was licensed in another
19 jurisdiction after December 31, 1987, that the
20 applicant has satisfied the educational requirements
21 of paragraph (A) (2) of Section 11 of this Act; and

22 (3) the requirements for a license to practice
23 medicine in all of its branches in the particular
24 state, territory, country or province in which the
25 applicant is licensed are deemed by the Department to
26 have been substantially equivalent to the requirements

1 for a license to practice medicine in all of its
2 branches in force in this State at the date of the
3 applicant's license;

4 (E) That if the applicant seeks to treat human ailments
5 without the use of drugs and without operative surgery:

6 (1) the applicant is a graduate of a chiropractic
7 or naturopathic school or college approved by the
8 Department at the time of their graduation;

9 (2) the requirements for the applicant's license
10 to practice the treatment of human ailments without the
11 use of drugs are deemed by the Department to have been
12 substantially equivalent to the requirements for a
13 license to practice in this State at the date of the
14 applicant's license;

15 (E-5) That if the applicant seeks to practice
16 naturopathic medicine:

17 (1) the applicant is a graduate of a naturopathic
18 school or college approved by the Department at the
19 time of their graduation; and

20 (2) the requirements for the applicant's license
21 to practice naturopathic medicine are deemed by the
22 Department to have been substantially equivalent to
23 the requirements for a license to practice in this
24 State at the date of the applicant's license;

25 (F) That the Department may, in its discretion, issue a
26 license by endorsement to any graduate of a medical or

1 osteopathic college, reputable and in good standing in the
2 judgment of the Department, who has passed an examination
3 for admission to the United States Public Health Service,
4 or who has passed any other examination deemed by the
5 Department to have been at least equal in all substantial
6 respects to the examination required for admission to any
7 such medical corps;

8 (G) That applications for licenses by endorsement
9 shall be filed with the Department, under oath, on forms
10 prepared and furnished by the Department, and shall set
11 forth, and applicants therefor shall supply such
12 information respecting the life, education, professional
13 practice, and moral character of applicants as the
14 Department may require to be filed for its use;

15 (H) That the applicant undergo the criminal background
16 check established under Section 9.7 of this Act.

17 In the exercise of its discretion under this Section, the
18 Department is empowered to consider and evaluate each applicant
19 on an individual basis. It may take into account, among other
20 things: the extent to which the applicant will bring unique
21 experience and skills to the State of Illinois or the extent to
22 which there is or is not available to the Department authentic
23 and definitive information concerning the quality of medical
24 education and clinical training which the applicant has had.
25 Under no circumstances shall a license be issued under the
26 provisions of this Section to any person who has previously

1 taken and failed the written examination conducted by the
2 Department for such license. In the exercise of its discretion
3 under this Section, the Department may require an applicant to
4 successfully complete an examination as recommended by the
5 Licensing Board. The Department may also request the applicant
6 to submit, and may consider as evidence of moral character,
7 evidence from 2 or 3 individuals licensed under this Act.
8 Applicants have 3 years from the date of application to
9 complete the application process. If the process has not been
10 completed within 3 years, the application shall be denied, the
11 fees shall be forfeited, and the applicant must reapply and
12 meet the requirements in effect at the time of reapplication.

13 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

14 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

16 Sec. 22. Disciplinary action.

17 (A) The Department may revoke, suspend, place on probation,
18 reprimand, refuse to issue or renew, or take any other
19 disciplinary or non-disciplinary action as the Department may
20 deem proper with regard to the license or permit of any person
21 issued under this Act, including imposing fines not to exceed
22 \$10,000 for each violation, upon any of the following grounds:

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

25 (a) a facility licensed pursuant to the Ambulatory

1 Surgical Treatment Center Act;

2 (b) an institution licensed under the Hospital
3 Licensing Act;

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

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

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

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

22 (3) A plea of guilty or nolo contendere, finding of
23 guilt, jury verdict, or entry of judgment or sentencing,
24 including, but not limited to, convictions, preceding
25 sentences of supervision, conditional discharge, or first
26 offender probation, under the laws of any jurisdiction of

1 the United States of any crime that is a felony.

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

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

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

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

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

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

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

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

24 (12) Adverse action taken by another state or
25 jurisdiction against a license or other authorization to
26 practice as a medical doctor, doctor of osteopathy, doctor

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

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

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

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

21 (16) Abandonment of a patient.

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

1 (18) Promotion of the sale of drugs, devices,
2 appliances or goods provided for a patient in such manner
3 as to exploit the patient for financial gain of the
4 physician.

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

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

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

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

24 (23) Being named as a perpetrator in an indicated
25 report by the Department of Children and Family Services
26 under the Abused and Neglected Child Reporting Act, and

1 upon proof by clear and convincing evidence that the
2 licensee has caused a child to be an abused child or
3 neglected child as defined in the Abused and Neglected
4 Child Reporting Act.

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

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

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

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

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

26 (29) Cheating on or attempt to subvert the licensing

1 examinations administered under this Act.

2 (30) Wilfully or negligently violating the
3 confidentiality between physician and patient except as
4 required by law.

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

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

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

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

24 (35) Failure to report to the Department surrender of a
25 license or authorization to practice as a medical doctor, a
26 doctor of osteopathy, a doctor of osteopathic medicine, a

1 doctor of naturopathic medicine, or doctor of chiropractic
2 in another state or jurisdiction, or surrender of
3 membership on any medical staff or in any medical or
4 professional association or society, while under
5 disciplinary investigation by any of those authorities or
6 bodies, for acts or conduct similar to acts or conduct
7 which would constitute grounds for action as defined in
8 this Section.

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

14 (37) Failure to provide copies of medical records as
15 required by law.

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

21 (39) Violating the Health Care Worker Self-Referral
22 Act.

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

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

1 (42) Entering into an excessive number of written
2 collaborative agreements with licensed advanced practice
3 nurses resulting in an inability to adequately
4 collaborate.

5 (43) Repeated failure to adequately collaborate with a
6 licensed advanced practice nurse.

7 (44) Violating the Compassionate Use of Medical
8 Cannabis Pilot Program Act.

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

13 (46) Repeated failure to adequately collaborate with a
14 licensed prescribing psychologist.

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

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

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

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

9 The Department, upon the recommendation of the
10 Disciplinary Board, shall adopt rules which set forth standards
11 to be used in determining:

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

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

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

21 (d) what constitutes gross negligence in the practice
22 of medicine.

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

26 In enforcing this Section, the Disciplinary Board or the

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

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

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

1 suspension and completed without appreciable delay. The
2 Disciplinary Board shall have the authority to review the
3 subject physician's record of treatment and counseling
4 regarding the impairment, to the extent permitted by applicable
5 federal statutes and regulations safeguarding the
6 confidentiality of medical records.

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

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

20 All fines imposed under this Section shall be paid within
21 60 days after the effective date of the order imposing the fine
22 or in accordance with the terms set forth in the order imposing
23 the fine.

24 (B) The Department shall revoke the license or permit
25 issued under this Act to practice medicine, a naturopathic
26 physician, or a chiropractic physician who has been convicted a

1 second time of committing any felony under the Illinois
2 Controlled Substances Act or the Methamphetamine Control and
3 Community Protection Act, or who has been convicted a second
4 time of committing a Class 1 felony under Sections 8A-3 and
5 8A-6 of the Illinois Public Aid Code. A person whose license or
6 permit is revoked under this subsection B shall be prohibited
7 from practicing medicine or treating human ailments without the
8 use of drugs and without operative surgery.

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

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

1 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;
2 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16.)

3 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

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

5 Sec. 24. Report of violations; medical associations.

6 (a) Any physician licensed under this Act, the Illinois
7 State Medical Society, the Illinois Association of Osteopathic
8 Physicians and Surgeons, the Illinois Chiropractic Society,
9 the Illinois Prairie State Chiropractic Association, the
10 Illinois Association of Naturopathic Physicians, or any
11 component societies of any of these 4 groups, and any other
12 person, may report to the Disciplinary Board any information
13 the physician, association, society, or person may have that
14 appears to show that a physician is or may be in violation of
15 any of the provisions of Section 22 of this Act.

16 (b) The Department may enter into agreements with the
17 Illinois State Medical Society, the Illinois Association of
18 Osteopathic Physicians and Surgeons, the Illinois Prairie
19 State Chiropractic Association, ~~or~~ the Illinois Chiropractic
20 Society, or the Illinois Association of Naturopathic
21 Physicians to allow these organizations to assist the
22 Disciplinary Board in the review of alleged violations of this
23 Act. Subject to the approval of the Department, any
24 organization party to such an agreement may subcontract with
25 other individuals or organizations to assist in review.

1 (c) Any physician, association, society, or person
2 participating in good faith in the making of a report under
3 this Act or participating in or assisting with an investigation
4 or review under this Act shall have immunity from any civil,
5 criminal, or other liability that might result by reason of
6 those actions.

7 (d) The medical information in the custody of an entity
8 under contract with the Department participating in an
9 investigation or review shall be privileged and confidential to
10 the same extent as are information and reports under the
11 provisions of Part 21 of Article VIII of the Code of Civil
12 Procedure.

13 (e) Upon request by the Department after a mandatory report
14 has been filed with the Department, an attorney for any party
15 seeking to recover damages for injuries or death by reason of
16 medical, hospital, or other healing art malpractice shall
17 provide patient records related to the physician involved in
18 the disciplinary proceeding to the Department within 30 days of
19 the Department's request for use by the Department in any
20 disciplinary matter under this Act. An attorney who provides
21 patient records to the Department in accordance with this
22 requirement shall not be deemed to have violated any
23 attorney-client privilege. Notwithstanding any other provision
24 of law, consent by a patient shall not be required for the
25 provision of patient records in accordance with this
26 requirement.

1 (f) For the purpose of any civil or criminal proceedings,
2 the good faith of any physician, association, society or person
3 shall be presumed.

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

5 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

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

7 Sec. 33. Legend drugs.

8 (a) Any person licensed under this Act to practice medicine
9 in all of its branches shall be authorized to purchase legend
10 drugs requiring an order of a person authorized to prescribe
11 drugs, and to dispense such legend drugs in the regular course
12 of practicing medicine. The dispensing of such legend drugs
13 shall be the personal act of the person licensed under this Act
14 and may not be delegated to any other person not licensed under
15 this Act or the Pharmacy Practice Act unless such delegated
16 dispensing functions are under the direct supervision of the
17 physician authorized to dispense legend drugs. Except when
18 dispensing manufacturers' samples or other legend drugs in a
19 maximum 72 hour supply, persons licensed under this Act shall
20 maintain a book or file of prescriptions as required in the
21 Pharmacy Practice Act. Any person licensed under this Act who
22 dispenses any drug or medicine shall dispense such drug or
23 medicine in good faith and shall affix to the box, bottle,
24 vessel or package containing the same a label indicating (1)
25 the date on which such drug or medicine is dispensed; (2) the

1 name of the patient; (3) the last name of the person dispensing
2 such drug or medicine; (4) the directions for use thereof; and
3 (5) the proprietary name or names or, if there are none, the
4 established name or names of the drug or medicine, the dosage
5 and quantity, except as otherwise authorized by regulation of
6 the Department.

7 (b) The labeling requirements set forth in subsection (a)
8 shall not apply to drugs or medicines in a package which bears
9 a label of the manufacturer containing information describing
10 its contents which is in compliance with requirements of the
11 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
12 Drug, and Cosmetic Act. "Drug" and "medicine" have the meanings
13 ascribed to them in the Pharmacy Practice Act, as now or
14 hereafter amended; "good faith" has the meaning ascribed to it
15 in subsection (u) of Section 102 of the Illinois Controlled
16 Substances Act.

17 (c) Prior to dispensing a prescription to a patient, the
18 physician shall offer a written prescription to the patient
19 which the patient may elect to have filled by the physician or
20 any licensed pharmacy.

21 (d) A violation of any provision of this Section shall
22 constitute a violation of this Act and shall be grounds for
23 disciplinary action provided for in this Act.

24 (e) Nothing in this Section shall be construed to authorize
25 a chiropractic physician or naturopathic physician to
26 prescribe drugs.

1 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

2 (225 ILCS 60/34) (from Ch. 111, par. 4400-34)

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

4 Sec. 34. The provisions of this Act shall not be so
5 construed nor shall they be so administered as to discriminate
6 against any type or category of physician or against any
7 medical, osteopathic, naturopathic, or chiropractic college.

8 (Source: P.A. 85-4.)

9 Section 25. The Patients' Right to Know Act is amended by
10 changing Section 5 as follows:

11 (225 ILCS 61/5)

12 Sec. 5. Definitions. For purposes of this Act, the
13 following definitions shall have the following meanings,
14 except where the context requires otherwise:

15 "Department" means the Department of Financial and
16 Professional Regulation.

17 "Disciplinary Board" means the Medical Disciplinary Board.

18 "Physician" means a person licensed under the Medical
19 Practice Act of 1987 to practice medicine in all of its
20 branches, a naturopathic physician, or a chiropractic
21 physician licensed to treat human ailments without the use of
22 drugs and without operative surgery.

23 "Secretary" means the Secretary of the Department of

1 Financial and Professional Regulation.

2 (Source: P.A. 99-642, eff. 7-28-16.)

3 Section 30. The Naprapathic Practice Act is amended by
4 changing Sections 25 and 110 as follows:

5 (225 ILCS 63/25)

6 (Section scheduled to be repealed on January 1, 2023)

7 Sec. 25. Title and designation of licensed naprapaths.
8 Every person to whom a valid existing license as a naprapath
9 has been issued under this Act shall be designated
10 professionally a "naprapath", and not otherwise, and any
11 licensed naprapath may, in connection with the practice of his
12 profession, use the title or designation of "naprapath", and,
13 if entitled by degree from a college or university recognized
14 by the Department, may use the title of "Doctor of Naprapathy"
15 or the abbreviation "D.N.". When the name of the licensed
16 naprapath is used professionally in oral, written, or printed
17 announcements, professional cards, or publications for the
18 information of the public and is preceded by the title "Doctor"
19 or the abbreviation "Dr.", the explanatory designation of
20 "naprapath", "naprapathy", "Doctor of Naprapathy", or the
21 designation "D.N." shall be added immediately following title
22 and name. When the announcement, professional cards, or
23 publication is in writing or in print, the explanatory addition
24 shall be in writing, type, or print not less than 1/2 the size

1 of that used in the name and title. No person other than the
2 holder of a valid existing license under this Act shall use the
3 title and designation of "Doctor of Naprapathy", "D.N.", or
4 "naprapath", either directly or indirectly, in connection with
5 his or her profession or business.

6 A naprapath licensed under this Act shall not hold himself
7 or herself out as a Doctor of Chiropractic or a Doctor of
8 Naturopathic Medicine unless he or she is licensed as a Doctor
9 of Chiropractic or Doctor of Naturopathic Medicine under the
10 Medical Practice Act of 1987 or any successor Act.

11 (Source: P.A. 97-778, eff. 7-13-12.)

12 (225 ILCS 63/110)

13 (Section scheduled to be repealed on January 1, 2023)

14 Sec. 110. Grounds for disciplinary action; refusal,
15 revocation, suspension.

16 (a) The Department may refuse to issue or to renew, or may
17 revoke, suspend, place on probation, reprimand or take other
18 disciplinary or non-disciplinary action as the Department may
19 deem appropriate, including imposing fines not to exceed
20 \$10,000 for each violation, with regard to any licensee or
21 license for any one or combination of the following causes:

22 (1) Violations of this Act or of rules adopted under
23 this Act.

24 (2) Material misstatement in furnishing information to
25 the Department.

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

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

13 (5) Professional incompetence or gross negligence.

14 (6) Malpractice.

15 (7) Aiding or assisting another person in violating any
16 provision of this Act or its rules.

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

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

22 (10) Habitual or excessive use or abuse of drugs
23 defined in law as controlled substances, alcohol, or any
24 other substance which results in the inability to practice
25 with reasonable judgment, skill, or safety.

26 (11) Discipline by another U.S. jurisdiction or

1 foreign nation if at least one of the grounds for the
2 discipline is the same or substantially equivalent to those
3 set forth in this Act.

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

24 (13) Using the title "Doctor" or its abbreviation
25 without further clarifying that title or abbreviation with
26 the word "naprapath" or "naprapathy" or the designation

1 "D.N."

2 (14) A finding by the Department that the licensee,
3 after having his or her license placed on probationary
4 status, has violated the terms of probation.

5 (15) Abandonment of a patient without cause.

6 (16) Willfully making or filing false records or
7 reports relating to a licensee's practice, including but
8 not limited to, false records filed with State agencies or
9 departments.

10 (17) Willfully failing to report an instance of
11 suspected child abuse or neglect as required by the Abused
12 and Neglected Child Reporting Act.

13 (18) Physical or mental illness or disability,
14 including, but not limited to, deterioration through the
15 aging process or loss of motor skill that results in the
16 inability to practice the profession with reasonable
17 judgment, skill, or safety.

18 (19) Solicitation of professional services by means
19 other than permitted advertising.

20 (20) Failure to provide a patient with a copy of his or
21 her record upon the written request of the patient.

22 (21) Cheating on or attempting to subvert the licensing
23 examination administered under this Act.

24 (22) Allowing one's license under this Act to be used
25 by an unlicensed person in violation of this Act.

26 (23) (Blank).

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

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

10 (26) Immoral conduct in the commission of any act, such
11 as sexual abuse, sexual misconduct, or sexual
12 exploitation, related to the licensee's practice.

13 (27) Maintaining a professional relationship with any
14 person, firm, or corporation when the naprapath knows, or
15 should know, that the person, firm, or corporation is
16 violating this Act.

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

21 (29) Having treated ailments of human beings other than
22 by the practice of naprapathy as defined in this Act, or
23 having treated ailments of human beings as a licensed
24 naprapath independent of a documented referral or
25 documented current and relevant diagnosis from a
26 physician, dentist, or podiatric physician, or having

1 failed to notify the physician, dentist, or podiatric
2 physician who established a documented current and
3 relevant diagnosis that the patient is receiving
4 naprapathic treatment pursuant to that diagnosis.

5 (30) Use by a registered naprapath of the word
6 "infirmery", "hospital", "school", "university", in
7 English or any other language, in connection with the place
8 where naprapathy may be practiced or demonstrated.

9 (31) Continuance of a naprapath in the employ of any
10 person, firm, or corporation, or as an assistant to any
11 naprapath or naprapaths, directly or indirectly, after his
12 or her employer or superior has been found guilty of
13 violating or has been enjoined from violating the laws of
14 the State of Illinois relating to the practice of
15 naprapathy when the employer or superior persists in that
16 violation.

17 (32) The performance of naprapathic service in
18 conjunction with a scheme or plan with another person,
19 firm, or corporation known to be advertising in a manner
20 contrary to this Act or otherwise violating the laws of the
21 State of Illinois concerning the practice of naprapathy.

22 (33) Failure to provide satisfactory proof of having
23 participated in approved continuing education programs as
24 determined by and approved by the Secretary. Exceptions for
25 extreme hardships are to be defined by the rules of the
26 Department.

1 (34) (Blank).

2 (35) Gross or willful overcharging for professional
3 services.

4 (36) (Blank).

5 All fines imposed under this Section shall be paid within
6 60 days after the effective date of the order imposing the
7 fine.

8 (b) The Department may refuse to issue or may suspend
9 without hearing, as provided for in the Department of
10 Professional Regulation Law of the Civil Administrative Code,
11 the license of any person who fails to file a return, or pay
12 the tax, penalty, or interest shown in a filed return, or pay
13 any final assessment of the tax, penalty, or interest as
14 required by any tax Act administered by the Illinois Department
15 of Revenue, until such time as the requirements of any such tax
16 Act are satisfied in accordance with subsection (g) of Section
17 2105-15 of the Department of Professional Regulation Law of the
18 Civil Administrative Code of Illinois.

19 (c) The Department shall deny a license or renewal
20 authorized by this Act to a person who has defaulted on an
21 educational loan or scholarship provided or guaranteed by the
22 Illinois Student Assistance Commission or any governmental
23 agency of this State in accordance with item (5) of subsection
24 (a) of Section 2105-15 of the Department of Professional
25 Regulation Law of the Civil Administrative Code of Illinois.

26 (d) In cases where the Department of Healthcare and Family

1 Services has previously determined a licensee or a potential
2 licensee is more than 30 days delinquent in the payment of
3 child support and has subsequently certified the delinquency to
4 the Department, the Department may refuse to issue or renew or
5 may revoke or suspend that person's license or may take other
6 disciplinary action against that person based solely upon the
7 certification of delinquency made by the Department of
8 Healthcare and Family Services in accordance with item (5) of
9 subsection (a) of Section 2105-15 of the Department of
10 Professional Regulation Law of the Civil Administrative Code of
11 Illinois.

12 (e) The determination by a circuit court that a licensee is
13 subject to involuntary admission or judicial admission, as
14 provided in the Mental Health and Developmental Disabilities
15 Code, operates as an automatic suspension. The suspension shall
16 end only upon a finding by a court that the patient is no
17 longer subject to involuntary admission or judicial admission
18 and the issuance of an order so finding and discharging the
19 patient.

20 (f) In enforcing this Act, the Department, upon a showing
21 of a possible violation, may compel an individual licensed to
22 practice under this Act, or who has applied for licensure under
23 this Act, to submit to a mental or physical examination and
24 evaluation, or both, which may include a substance abuse or
25 sexual offender evaluation, as required by and at the expense
26 of the Department. The Department shall specifically designate

1 the examining physician licensed to practice medicine in all of
2 its branches or, if applicable, the multidisciplinary team
3 involved in providing the mental or physical examination and
4 evaluation, or both. The multidisciplinary team shall be led by
5 a physician licensed to practice medicine in all of its
6 branches and may consist of one or more or a combination of
7 physicians licensed to practice medicine in all of its
8 branches, licensed chiropractic physicians, licensed
9 naturopathic physicians, licensed clinical psychologists,
10 licensed clinical social workers, licensed clinical
11 professional counselors, and other professional and
12 administrative staff. Any examining physician or member of the
13 multidisciplinary team may require any person ordered to submit
14 to an examination and evaluation pursuant to this Section to
15 submit to any additional supplemental testing deemed necessary
16 to complete any examination or evaluation process, including,
17 but not limited to, blood testing, urinalysis, psychological
18 testing, or neuropsychological testing.

19 The Department may order the examining physician or any
20 member of the multidisciplinary team to provide to the
21 Department any and all records including business records that
22 relate to the examination and evaluation, including any
23 supplemental testing performed. The Department may order the
24 examining physician or any member of the multidisciplinary team
25 to present testimony concerning the examination and evaluation
26 of the licensee or applicant, including testimony concerning

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

19 A person holding a license under this Act or who has
20 applied for a license under this Act who, because of a physical
21 or mental illness or disability, including, but not limited to,
22 deterioration through the aging process or loss of motor skill,
23 is unable to practice the profession with reasonable judgment,
24 skill, or safety, may be required by the Department to submit
25 to care, counseling, or treatment by physicians approved or
26 designated by the Department as a condition, term, or

1 restriction for continued, reinstated, or renewed licensure to
2 practice. Submission to care, counseling, or treatment as
3 required by the Department shall not be considered discipline
4 of a license. If the licensee refuses to enter into a care,
5 counseling, or treatment agreement or fails to abide by the
6 terms of the agreement, the Department may file a complaint to
7 revoke, suspend, or otherwise discipline the license of the
8 individual. The Secretary may order the license suspended
9 immediately, pending a hearing by the Department. Fines shall
10 not be assessed in disciplinary actions involving physical or
11 mental illness or impairment.

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

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

26 (Source: P.A. 97-778, eff. 7-13-12; 98-214, eff. 8-9-13;

1 98-463, eff. 8-16-13.)

2 Section 35. The Illinois Physical Therapy Act is amended by
3 changing Section 1 as follows:

4 (225 ILCS 90/1) (from Ch. 111, par. 4251)

5 (Section scheduled to be repealed on January 1, 2026)

6 Sec. 1. Definitions. As used in this Act:

7 (1) "Physical therapy" means all of the following:

8 (A) Examining, evaluating, and testing individuals who
9 may have mechanical, physiological, or developmental
10 impairments, functional limitations, disabilities, or
11 other health and movement-related conditions, classifying
12 these disorders, determining a rehabilitation prognosis
13 and plan of therapeutic intervention, and assessing the
14 on-going effects of the interventions.

15 (B) Alleviating impairments, functional limitations,
16 or disabilities by designing, implementing, and modifying
17 therapeutic interventions that may include, but are not
18 limited to, the evaluation or treatment of a person through
19 the use of the effective properties of physical measures
20 and heat, cold, light, water, radiant energy, electricity,
21 sound, and air and use of therapeutic massage, therapeutic
22 exercise, mobilization, and rehabilitative procedures,
23 with or without assistive devices, for the purposes of
24 preventing, correcting, or alleviating a physical or

1 mental impairment, functional limitation, or disability.

2 (C) Reducing the risk of injury, impairment,
3 functional limitation, or disability, including the
4 promotion and maintenance of fitness, health, and
5 wellness.

6 (D) Engaging in administration, consultation,
7 education, and research.

8 "Physical therapy" includes, but is not limited to: (a)
9 performance of specialized tests and measurements, (b)
10 administration of specialized treatment procedures, (c)
11 interpretation of referrals from physicians, dentists,
12 advanced practice nurses, physician assistants, and podiatric
13 physicians, (d) establishment, and modification of physical
14 therapy treatment programs, (e) administration of topical
15 medication used in generally accepted physical therapy
16 procedures when such medication is either prescribed by the
17 patient's physician, licensed to practice medicine in all its
18 branches, the patient's physician licensed to practice
19 podiatric medicine, the patient's advanced practice nurse, the
20 patient's physician assistant, or the patient's dentist or used
21 following the physician's orders or written instructions, and
22 (f) supervision or teaching of physical therapy. Physical
23 therapy does not include radiology, electrosurgery,
24 chiropractic technique, naturopathic technique, or
25 determination of a differential diagnosis; provided, however,
26 the limitation on determining a differential diagnosis shall

1 not in any manner limit a physical therapist licensed under
2 this Act from performing an evaluation pursuant to such
3 license. Nothing in this Section shall limit a physical
4 therapist from employing appropriate physical therapy
5 techniques that he or she is educated and licensed to perform.
6 A physical therapist shall refer to a licensed physician,
7 advanced practice nurse, physician assistant, dentist,
8 podiatric physician, other physical therapist, or other health
9 care provider any patient whose medical condition should, at
10 the time of evaluation or treatment, be determined to be beyond
11 the scope of practice of the physical therapist.

12 (2) "Physical therapist" means a person who practices
13 physical therapy and who has met all requirements as provided
14 in this Act.

15 (3) "Department" means the Department of Professional
16 Regulation.

17 (4) "Director" means the Director of Professional
18 Regulation.

19 (5) "Board" means the Physical Therapy Licensing and
20 Disciplinary Board approved by the Director.

21 (6) "Referral" means a written or oral authorization for
22 physical therapy services for a patient by a physician,
23 dentist, advanced practice nurse, physician assistant, or
24 podiatric physician who maintains medical supervision of the
25 patient and makes a diagnosis or verifies that the patient's
26 condition is such that it may be treated by a physical

1 therapist.

2 (7) "Documented current and relevant diagnosis" for the
3 purpose of this Act means a diagnosis, substantiated by
4 signature or oral verification of a physician, dentist,
5 advanced practice nurse, physician assistant, or podiatric
6 physician, that a patient's condition is such that it may be
7 treated by physical therapy as defined in this Act, which
8 diagnosis shall remain in effect until changed by the
9 physician, dentist, advanced practice nurse, physician
10 assistant, or podiatric physician.

11 (8) "State" includes:

12 (a) the states of the United States of America;

13 (b) the District of Columbia; and

14 (c) the Commonwealth of Puerto Rico.

15 (9) "Physical therapist assistant" means a person licensed
16 to assist a physical therapist and who has met all requirements
17 as provided in this Act and who works under the supervision of
18 a licensed physical therapist to assist in implementing the
19 physical therapy treatment program as established by the
20 licensed physical therapist. The patient care activities
21 provided by the physical therapist assistant shall not include
22 the interpretation of referrals, evaluation procedures, or the
23 planning or major modification of patient programs.

24 (10) "Physical therapy aide" means a person who has
25 received on the job training, specific to the facility in which
26 he is employed.

1 (11) "Advanced practice nurse" means a person licensed as
2 an advanced practice nurse under the Nurse Practice Act.

3 (12) "Physician assistant" means a person licensed under
4 the Physician Assistant Practice Act of 1987.

5 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
6 99-229, eff. 8-3-15; 99-642, eff. 7-28-16; revised 10-27-16.)

7 Section 40. The Health Care Arbitration Act is amended by
8 changing Section 2 as follows:

9 (710 ILCS 15/2) (from Ch. 10, par. 202)

10 Sec. 2. Definitions. As used in this Act:

11 (a) "Health care provider" means a person, partnership,
12 corporation, or other entity lawfully engaged in the practice
13 of medicine, surgery, chiropractic, naturopathy, dentistry,
14 podiatry, optometry, physical therapy or nursing.

15 (b) "Hospital" means a person, partnership, corporation or
16 other entity lawfully engaged in the operation or
17 administration of a hospital, clinic, nursing home or
18 sanitarium.

19 (c) "Supplier" means a person, corporation, partnership or
20 other entity that has manufactured, designed, distributed,
21 sold, or otherwise provided any medication, device, equipment,
22 service, or other product used in the diagnosis or treatment of
23 a patient.

24 (d) "Health care arbitration agreement" or "agreement"

1 means a written agreement between a patient and a hospital or
2 health care provider to submit to binding arbitration a claim
3 for damages arising out of (1) injuries alleged to have been
4 received by a patient or (2) death of a patient, due to
5 hospital or health care provider negligence or other wrongful
6 act, but not including intentional torts.

7 (Source: P.A. 90-655, eff. 7-30-98.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.

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2		Statutes amended in order of appearance
3	20 ILCS 3945/2	from Ch. 144, par. 2002
4	105 ILCS 5/24-6	
5	105 ILCS 5/26-1	from Ch. 122, par. 26-1
6	215 ILCS 5/122-1	from Ch. 73, par. 734-1
7	225 ILCS 60/2	from Ch. 111, par. 4400-2
8	225 ILCS 60/7	from Ch. 111, par. 4400-7
9	225 ILCS 60/8	from Ch. 111, par. 4400-8
10	225 ILCS 60/9	from Ch. 111, par. 4400-9
11	225 ILCS 60/10	from Ch. 111, par. 4400-10
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17	225 ILCS 60/18	from Ch. 111, par. 4400-18
18	225 ILCS 60/19	from Ch. 111, par. 4400-19
19	225 ILCS 60/22	from Ch. 111, par. 4400-22
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- 1 225 ILCS 90/1 from Ch. 111, par. 4251
- 2 710 ILCS 15/2 from Ch. 10, par. 202