



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

HB2933

by Rep. Cynthia Soto - Randy E. Frese - Brandon W. Phelps -  
Sam Yingling - Jaime M. Andrade, Jr.

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Reorganizes the Act by adding titles and renumbering provisions. Replaces references to "supervising physicians" with references to "collaborating physicians" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Adds provisions concerning continuing education. In provisions concerning grounds for disciplinary action, provides that the Department of Financial and Professional Regulation may refuse to issue or renew a physician assistant license or discipline a licensee for willfully or negligently violating a patient's confidentiality, except as required by law, or failing to provide copies of medical records as required by law. Amends various Acts to conform references and terminology. Makes other changes. Effective immediately.

LRB100 10297 SMS 20484 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 5. The Regulatory Sunset Act is amended by changing  
5 Section 4.28 adding Section 4.38 as follows:

6 (5 ILCS 80/4.28)

7 Sec. 4.28. Acts repealed on January 1, 2018. The following  
8 Acts are repealed on January 1, 2018:

9 The Illinois Petroleum Education and Marketing Act.

10 The Podiatric Medical Practice Act of 1987.

11 The Acupuncture Practice Act.

12 The Illinois Speech-Language Pathology and Audiology  
13 Practice Act.

14 The Interpreter for the Deaf Licensure Act of 2007.

15 The Nurse Practice Act.

16 The Clinical Social Work and Social Work Practice Act.

17 The Pharmacy Practice Act.

18 The Home Medical Equipment and Services Provider License  
19 Act.

20 The Marriage and Family Therapy Licensing Act.

21 The Nursing Home Administrators Licensing and Disciplinary  
22 Act.

23 ~~The Physician Assistant Practice Act of 1987.~~

1 (Source: P.A. 95-187, eff. 8-16-07; 95-235, eff. 8-17-07;  
2 95-450, eff. 8-27-07; 95-465, eff. 8-27-07; 95-617, eff.  
3 9-12-07; 95-639, eff. 10-5-07; 95-687, eff. 10-23-07; 95-689,  
4 eff. 10-29-07; 95-703, eff. 12-31-07; 95-876, eff. 8-21-08;  
5 96-328, eff. 8-11-09.)

6 (5 ILCS 80/4.38 new)

7 Sec. 4.38. Act repealed on January 1, 2028. The following  
8 Act is repealed on January 1, 2028:

9 The Physician Assistant Practice Act of 1987.

10 Section 10. The School Code is amended by changing Section  
11 22-30 as follows:

12 (105 ILCS 5/22-30)

13 Sec. 22-30. Self-administration and self-carry of asthma  
14 medication and epinephrine auto-injectors; administration of  
15 undesignated epinephrine auto-injectors; administration of an  
16 opioid antagonist; asthma episode emergency response protocol.

17 (a) For the purpose of this Section only, the following  
18 terms shall have the meanings set forth below:

19 "Asthma action plan" means a written plan developed with a  
20 pupil's medical provider to help control the pupil's asthma.  
21 The goal of an asthma action plan is to reduce or prevent  
22 flare-ups and emergency department visits through day-to-day  
23 management and to serve as a student-specific document to be

1 referenced in the event of an asthma episode.

2 "Asthma episode emergency response protocol" means a  
3 procedure to provide assistance to a pupil experiencing  
4 symptoms of wheezing, coughing, shortness of breath, chest  
5 tightness, or breathing difficulty.

6 "Asthma inhaler" means a quick reliever asthma inhaler.

7 "Epinephrine auto-injector" means a single-use device used  
8 for the automatic injection of a pre-measured dose of  
9 epinephrine into the human body.

10 "Asthma medication" means a medicine, prescribed by (i) a  
11 physician licensed to practice medicine in all its branches,  
12 (ii) a licensed physician assistant with prescriptive  
13 authority, or (iii) a licensed advanced practice nurse with  
14 prescriptive authority for a pupil that pertains to the pupil's  
15 asthma and that has an individual prescription label.

16 "Opioid antagonist" means a drug that binds to opioid  
17 receptors and blocks or inhibits the effect of opioids acting  
18 on those receptors, including, but not limited to, naloxone  
19 hydrochloride or any other similarly acting drug approved by  
20 the U.S. Food and Drug Administration.

21 "School nurse" means a registered nurse working in a school  
22 with or without licensure endorsed in school nursing.

23 "Self-administration" means a pupil's discretionary use of  
24 his or her prescribed asthma medication or epinephrine  
25 auto-injector.

26 "Self-carry" means a pupil's ability to carry his or her

1 prescribed asthma medication or epinephrine auto-injector.

2 "Standing protocol" may be issued by (i) a physician  
3 licensed to practice medicine in all its branches, (ii) a  
4 licensed physician assistant with prescriptive authority, or  
5 (iii) a licensed advanced practice nurse with prescriptive  
6 authority.

7 "Trained personnel" means any school employee or volunteer  
8 personnel authorized in Sections 10-22.34, 10-22.34a, and  
9 10-22.34b of this Code who has completed training under  
10 subsection (g) of this Section to recognize and respond to  
11 anaphylaxis.

12 "Undesignated epinephrine auto-injector" means an  
13 epinephrine auto-injector prescribed in the name of a school  
14 district, public school, or nonpublic school.

15 (b) A school, whether public or nonpublic, must permit the  
16 self-administration and self-carry of asthma medication by a  
17 pupil with asthma or the self-administration and self-carry of  
18 an epinephrine auto-injector by a pupil, provided that:

19 (1) the parents or guardians of the pupil provide to  
20 the school (i) written authorization from the parents or  
21 guardians for (A) the self-administration and self-carry  
22 of asthma medication or (B) the self-carry of asthma  
23 medication or (ii) for (A) the self-administration and  
24 self-carry of an epinephrine auto-injector or (B) the  
25 self-carry of an epinephrine auto-injector, written  
26 authorization from the pupil's physician, physician

1 assistant, or advanced practice nurse; and

2 (2) the parents or guardians of the pupil provide to  
3 the school (i) the prescription label, which must contain  
4 the name of the asthma medication, the prescribed dosage,  
5 and the time at which or circumstances under which the  
6 asthma medication is to be administered, or (ii) for the  
7 self-administration or self-carry of an epinephrine  
8 auto-injector, a written statement from the pupil's  
9 physician, physician assistant, or advanced practice nurse  
10 containing the following information:

11 (A) the name and purpose of the epinephrine  
12 auto-injector;

13 (B) the prescribed dosage; and

14 (C) the time or times at which or the special  
15 circumstances under which the epinephrine  
16 auto-injector is to be administered.

17 The information provided shall be kept on file in the office of  
18 the school nurse or, in the absence of a school nurse, the  
19 school's administrator.

20 (b-5) A school district, public school, or nonpublic school  
21 may authorize the provision of a student-specific or  
22 undesignated epinephrine auto-injector to a student or any  
23 personnel authorized under a student's Individual Health Care  
24 Action Plan, Illinois Food Allergy Emergency Action Plan and  
25 Treatment Authorization Form, or plan pursuant to Section 504  
26 of the federal Rehabilitation Act of 1973 to administer an

1 epinephrine auto-injector to the student, that meets the  
2 student's prescription on file.

3 (b-10) The school district, public school, or nonpublic  
4 school may authorize a school nurse or trained personnel to do  
5 the following: (i) provide an undesignated epinephrine  
6 auto-injector to a student for self-administration only or any  
7 personnel authorized under a student's Individual Health Care  
8 Action Plan, Illinois Food Allergy Emergency Action Plan and  
9 Treatment Authorization Form, or plan pursuant to Section 504  
10 of the federal Rehabilitation Act of 1973 to administer to the  
11 student, that meets the student's prescription on file; (ii)  
12 administer an undesignated epinephrine auto-injector that  
13 meets the prescription on file to any student who has an  
14 Individual Health Care Action Plan, Illinois Food Allergy  
15 Emergency Action Plan and Treatment Authorization Form, or plan  
16 pursuant to Section 504 of the federal Rehabilitation Act of  
17 1973 that authorizes the use of an epinephrine auto-injector;  
18 (iii) administer an undesignated epinephrine auto-injector to  
19 any person that the school nurse or trained personnel in good  
20 faith believes is having an anaphylactic reaction; and (iv)  
21 administer an opioid antagonist to any person that the school  
22 nurse or trained personnel in good faith believes is having an  
23 opioid overdose.

24 (c) The school district, public school, or nonpublic school  
25 must inform the parents or guardians of the pupil, in writing,  
26 that the school district, public school, or nonpublic school

1 and its employees and agents, including a physician, physician  
2 assistant, or advanced practice nurse providing standing  
3 protocol or prescription for school epinephrine  
4 auto-injectors, are to incur no liability or professional  
5 discipline, except for willful and wanton conduct, as a result  
6 of any injury arising from the administration of asthma  
7 medication, an epinephrine auto-injector, or an opioid  
8 antagonist regardless of whether authorization was given by the  
9 pupil's parents or guardians or by the pupil's physician,  
10 physician assistant, or advanced practice nurse. The parents or  
11 guardians of the pupil must sign a statement acknowledging that  
12 the school district, public school, or nonpublic school and its  
13 employees and agents are to incur no liability, except for  
14 willful and wanton conduct, as a result of any injury arising  
15 from the administration of asthma medication, an epinephrine  
16 auto-injector, or an opioid antagonist regardless of whether  
17 authorization was given by the pupil's parents or guardians or  
18 by the pupil's physician, physician assistant, or advanced  
19 practice nurse and that the parents or guardians must indemnify  
20 and hold harmless the school district, public school, or  
21 nonpublic school and its employees and agents against any  
22 claims, except a claim based on willful and wanton conduct,  
23 arising out of the administration of asthma medication, an  
24 epinephrine auto-injector, or an opioid antagonist regardless  
25 of whether authorization was given by the pupil's parents or  
26 guardians or by the pupil's physician, physician assistant, or



1 advanced practice nurse.

2 (c-5) When a school nurse or trained personnel administers  
3 an undesignated epinephrine auto-injector to a person whom the  
4 school nurse or trained personnel in good faith believes is  
5 having an anaphylactic reaction or administers an opioid  
6 antagonist to a person whom the school nurse or trained  
7 personnel in good faith believes is having an opioid overdose,  
8 notwithstanding the lack of notice to the parents or guardians  
9 of the pupil or the absence of the parents or guardians signed  
10 statement acknowledging no liability, except for willful and  
11 wanton conduct, the school district, public school, or  
12 nonpublic school and its employees and agents, and a physician,  
13 a physician assistant, or an advanced practice nurse providing  
14 standing protocol or prescription for undesignated epinephrine  
15 auto-injectors, are to incur no liability or professional  
16 discipline, except for willful and wanton conduct, as a result  
17 of any injury arising from the use of an undesignated  
18 epinephrine auto-injector or the use of an opioid antagonist  
19 regardless of whether authorization was given by the pupil's  
20 parents or guardians or by the pupil's physician, physician  
21 assistant, or advanced practice nurse.

22 (d) The permission for self-administration and self-carry  
23 of asthma medication or the self-administration and self-carry  
24 of an epinephrine auto-injector is effective for the school  
25 year for which it is granted and shall be renewed each  
26 subsequent school year upon fulfillment of the requirements of

1 this Section.

2 (e) Provided that the requirements of this Section are  
3 fulfilled, a pupil with asthma may self-administer and  
4 self-carry his or her asthma medication or a pupil may  
5 self-administer and self-carry an epinephrine auto-injector  
6 (i) while in school, (ii) while at a school-sponsored activity,  
7 (iii) while under the supervision of school personnel, or (iv)  
8 before or after normal school activities, such as while in  
9 before-school or after-school care on school-operated property  
10 or while being transported on a school bus.

11 (e-5) Provided that the requirements of this Section are  
12 fulfilled, a school nurse or trained personnel may administer  
13 an undesignated epinephrine auto-injector to any person whom  
14 the school nurse or trained personnel in good faith believes to  
15 be having an anaphylactic reaction (i) while in school, (ii)  
16 while at a school-sponsored activity, (iii) while under the  
17 supervision of school personnel, or (iv) before or after normal  
18 school activities, such as while in before-school or  
19 after-school care on school-operated property or while being  
20 transported on a school bus. A school nurse or trained  
21 personnel may carry undesignated epinephrine auto-injectors on  
22 his or her person while in school or at a school-sponsored  
23 activity.

24 (e-10) Provided that the requirements of this Section are  
25 fulfilled, a school nurse or trained personnel may administer  
26 an opioid antagonist to any person whom the school nurse or

1 trained personnel in good faith believes to be having an opioid  
2 overdose (i) while in school, (ii) while at a school-sponsored  
3 activity, (iii) while under the supervision of school  
4 personnel, or (iv) before or after normal school activities,  
5 such as while in before-school or after-school care on  
6 school-operated property. A school nurse or trained personnel  
7 may carry an opioid antagonist on their person while in school  
8 or at a school-sponsored activity.

9 (f) The school district, public school, or nonpublic school  
10 may maintain a supply of undesignated epinephrine  
11 auto-injectors in any secure location that is accessible  
12 before, during, and after school where an allergic person is  
13 most at risk, including, but not limited to, classrooms and  
14 lunchrooms. A physician, a physician assistant who has been  
15 delegated prescriptive authority in accordance with Section  
16 10-65 7.5 of the Physician Assistant Practice Act of 1987, or  
17 an advanced practice nurse who has been delegated prescriptive  
18 authority in accordance with Section 65-40 of the Nurse  
19 Practice Act may prescribe undesignated epinephrine  
20 auto-injectors in the name of the school district, public  
21 school, or nonpublic school to be maintained for use when  
22 necessary. Any supply of epinephrine auto-injectors shall be  
23 maintained in accordance with the manufacturer's instructions.

24 The school district, public school, or nonpublic school may  
25 maintain a supply of an opioid antagonist in any secure  
26 location where an individual may have an opioid overdose. A

1 health care professional who has been delegated prescriptive  
2 authority for opioid antagonists in accordance with Section  
3 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act  
4 may prescribe opioid antagonists in the name of the school  
5 district, public school, or nonpublic school, to be maintained  
6 for use when necessary. Any supply of opioid antagonists shall  
7 be maintained in accordance with the manufacturer's  
8 instructions.

9 (f-3) Whichever entity initiates the process of obtaining  
10 undesignated epinephrine auto-injectors and providing training  
11 to personnel for carrying and administering undesignated  
12 epinephrine auto-injectors shall pay for the costs of the  
13 undesignated epinephrine auto-injectors.

14 (f-5) Upon any administration of an epinephrine  
15 auto-injector, a school district, public school, or nonpublic  
16 school must immediately activate the EMS system and notify the  
17 student's parent, guardian, or emergency contact, if known.

18 Upon any administration of an opioid antagonist, a school  
19 district, public school, or nonpublic school must immediately  
20 activate the EMS system and notify the student's parent,  
21 guardian, or emergency contact, if known.

22 (f-10) Within 24 hours of the administration of an  
23 undesignated epinephrine auto-injector, a school district,  
24 public school, or nonpublic school must notify the physician,  
25 physician assistant, or advanced practice nurse who provided  
26 the standing protocol or prescription for the undesignated

1 epinephrine auto-injector of its use.

2 Within 24 hours after the administration of an opioid  
3 antagonist, a school district, public school, or nonpublic  
4 school must notify the health care professional who provided  
5 the prescription for the opioid antagonist of its use.

6 (g) Prior to the administration of an undesignated  
7 epinephrine auto-injector, trained personnel must submit to  
8 their school's administration proof of completion of a training  
9 curriculum to recognize and respond to anaphylaxis that meets  
10 the requirements of subsection (h) of this Section. Training  
11 must be completed annually. ~~their~~ The school district, public  
12 school, or nonpublic school must maintain records related to  
13 the training curriculum and trained personnel.

14 Prior to the administration of an opioid antagonist,  
15 trained personnel must submit to their school's administration  
16 proof of completion of a training curriculum to recognize and  
17 respond to an opioid overdose, which curriculum must meet the  
18 requirements of subsection (h-5) of this Section. Training must  
19 be completed annually. Trained personnel must also submit to  
20 the school's administration proof of cardiopulmonary  
21 resuscitation and automated external defibrillator  
22 certification. The school district, public school, or  
23 nonpublic school must maintain records relating to the training  
24 curriculum and the trained personnel.

25 (h) A training curriculum to recognize and respond to  
26 anaphylaxis, including the administration of an undesignated

1 epinephrine auto-injector, may be conducted online or in  
2 person.

3 Training shall include, but is not limited to:

4 (1) how to recognize signs and symptoms of an allergic  
5 reaction, including anaphylaxis;

6 (2) how to administer an epinephrine auto-injector;  
7 and

8 (3) a test demonstrating competency of the knowledge  
9 required to recognize anaphylaxis and administer an  
10 epinephrine auto-injector.

11 Training may also include, but is not limited to:

12 (A) a review of high-risk areas within a school and its  
13 related facilities;

14 (B) steps to take to prevent exposure to allergens;

15 (C) emergency follow-up procedures;

16 (D) how to respond to a student with a known allergy,  
17 as well as a student with a previously unknown allergy; and

18 (E) other criteria as determined in rules adopted  
19 pursuant to this Section.

20 In consultation with statewide professional organizations  
21 representing physicians licensed to practice medicine in all of  
22 its branches, registered nurses, and school nurses, the State  
23 Board of Education shall make available resource materials  
24 consistent with criteria in this subsection (h) for educating  
25 trained personnel to recognize and respond to anaphylaxis. The  
26 State Board may take into consideration the curriculum on this

1 subject developed by other states, as well as any other  
2 curricular materials suggested by medical experts and other  
3 groups that work on life-threatening allergy issues. The State  
4 Board is not required to create new resource materials. The  
5 State Board shall make these resource materials available on  
6 its Internet website.

7 (h-5) A training curriculum to recognize and respond to an  
8 opioid overdose, including the administration of an opioid  
9 antagonist, may be conducted online or in person. The training  
10 must comply with any training requirements under Section 5-23  
11 of the Alcoholism and Other Drug Abuse and Dependency Act and  
12 the corresponding rules. It must include, but is not limited  
13 to:

- 14 (1) how to recognize symptoms of an opioid overdose;
- 15 (2) information on drug overdose prevention and  
16 recognition;
- 17 (3) how to perform rescue breathing and resuscitation;
- 18 (4) how to respond to an emergency involving an opioid  
19 overdose;
- 20 (5) opioid antagonist dosage and administration;
- 21 (6) the importance of calling 911;
- 22 (7) care for the overdose victim after administration  
23 of the overdose antagonist;
- 24 (8) a test demonstrating competency of the knowledge  
25 required to recognize an opioid overdose and administer a  
26 dose of an opioid antagonist; and

1 (9) other criteria as determined in rules adopted  
2 pursuant to this Section.

3 (i) Within 3 days after the administration of an  
4 undesignated epinephrine auto-injector by a school nurse,  
5 trained personnel, or a student at a school or school-sponsored  
6 activity, the school must report to the State Board of  
7 Education in a form and manner prescribed by the State Board  
8 the following information:

9 (1) age and type of person receiving epinephrine  
10 (student, staff, visitor);

11 (2) any previously known diagnosis of a severe allergy;

12 (3) trigger that precipitated allergic episode;

13 (4) location where symptoms developed;

14 (5) number of doses administered;

15 (6) type of person administering epinephrine (school  
16 nurse, trained personnel, student); and

17 (7) any other information required by the State Board.

18 If a school district, public school, or nonpublic school  
19 maintains or has an independent contractor providing  
20 transportation to students who maintains a supply of  
21 undesignated epinephrine auto-injectors, then the school  
22 district, public school, or nonpublic school must report that  
23 information to the State Board of Education upon adoption or  
24 change of the policy of the school district, public school,  
25 nonpublic school, or independent contractor, in a manner as  
26 prescribed by the State Board. The report must include the



1 number of undesignated epinephrine auto-injectors in supply.

2 (i-5) Within 3 days after the administration of an opioid  
3 antagonist by a school nurse or trained personnel, the school  
4 must report to the State Board of Education, in a form and  
5 manner prescribed by the State Board, the following  
6 information:

7 (1) the age and type of person receiving the opioid  
8 antagonist (student, staff, or visitor);

9 (2) the location where symptoms developed;

10 (3) the type of person administering the opioid  
11 antagonist (school nurse or trained personnel); and

12 (4) any other information required by the State Board.

13 (j) By October 1, 2015 and every year thereafter, the State  
14 Board of Education shall submit a report to the General  
15 Assembly identifying the frequency and circumstances of  
16 epinephrine administration during the preceding academic year.  
17 Beginning with the 2017 report, the report shall also contain  
18 information on which school districts, public schools, and  
19 nonpublic schools maintain or have independent contractors  
20 providing transportation to students who maintain a supply of  
21 undesignated epinephrine auto-injectors. This report shall be  
22 published on the State Board's Internet website on the date the  
23 report is delivered to the General Assembly.

24 (j-5) Annually, each school district, public school,  
25 charter school, or nonpublic school shall request an asthma  
26 action plan from the parents or guardians of a pupil with

1 asthma. If provided, the asthma action plan must be kept on  
2 file in the office of the school nurse or, in the absence of a  
3 school nurse, the school administrator. Copies of the asthma  
4 action plan may be distributed to appropriate school staff who  
5 interact with the pupil on a regular basis, and, if applicable,  
6 may be attached to the pupil's federal Section 504 plan or  
7 individualized education program plan.

8 (j-10) To assist schools with emergency response  
9 procedures for asthma, the State Board of Education, in  
10 consultation with statewide professional organizations with  
11 expertise in asthma management and a statewide organization  
12 representing school administrators, shall develop a model  
13 asthma episode emergency response protocol before September 1,  
14 2016. Each school district, charter school, and nonpublic  
15 school shall adopt an asthma episode emergency response  
16 protocol before January 1, 2017 that includes all of the  
17 components of the State Board's model protocol.

18 (j-15) Every 2 years, school personnel who work with pupils  
19 shall complete an in-person or online training program on the  
20 management of asthma, the prevention of asthma symptoms, and  
21 emergency response in the school setting. In consultation with  
22 statewide professional organizations with expertise in asthma  
23 management, the State Board of Education shall make available  
24 resource materials for educating school personnel about asthma  
25 and emergency response in the school setting.

26 (j-20) On or before October 1, 2016 and every year

1 thereafter, the State Board of Education shall submit a report  
2 to the General Assembly and the Department of Public Health  
3 identifying the frequency and circumstances of opioid  
4 antagonist administration during the preceding academic year.  
5 This report shall be published on the State Board's Internet  
6 website on the date the report is delivered to the General  
7 Assembly.

8 (k) The State Board of Education may adopt rules necessary  
9 to implement this Section.

10 (l) Nothing in this Section shall limit the amount of  
11 epinephrine auto-injectors that any type of school or student  
12 may carry or maintain a supply of.

13 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;  
14 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;  
15 99-843, eff. 8-19-16; revised 9-8-16.)

16 Section 15. The Care of Students with Diabetes Act is  
17 amended by changing Section 10 as follows:

18 (105 ILCS 145/10)

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

20 "Delegated care aide" means a school employee who has  
21 agreed to receive training in diabetes care and to assist  
22 students in implementing their diabetes care plan and has  
23 entered into an agreement with a parent or guardian and the  
24 school district or private school.

1 "Diabetes care plan" means a document that specifies the  
2 diabetes-related services needed by a student at school and at  
3 school-sponsored activities and identifies the appropriate  
4 staff to provide and supervise these services.

5 "Health care provider" means a physician licensed to  
6 practice medicine in all of its branches, advanced practice  
7 nurse who has a written agreement with a collaborating  
8 physician who authorizes the provision of diabetes care, or a  
9 physician assistant who has a written collaborative  
10 ~~supervision~~ agreement with a collaborating ~~supervising~~  
11 physician who authorizes the provision of diabetes care.

12 "Principal" means the principal of the school.

13 "School" means any primary or secondary public, charter, or  
14 private school located in this State.

15 "School employee" means a person who is employed by a  
16 public school district or private school, a person who is  
17 employed by a local health department and assigned to a school,  
18 or a person who contracts with a school or school district to  
19 perform services in connection with a student's diabetes care  
20 plan. This definition must not be interpreted as requiring a  
21 school district or private school to hire additional personnel  
22 for the sole purpose of serving as a designated care aide.

23 (Source: P.A. 96-1485, eff. 12-1-10.)

24 Section 20. The Medical Practice Act of 1987 is amended by  
25 changing Section 54.5 as follows:

1 (225 ILCS 60/54.5)

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

3 Sec. 54.5. Physician delegation of authority to physician  
4 assistants, advanced practice nurses, and prescribing  
5 psychologists.

6 (a) Physicians licensed to practice medicine in all its  
7 branches may delegate care and treatment responsibilities to a  
8 physician assistant under guidelines in accordance with the  
9 requirements of the Physician Assistant Practice Act of 1987. A  
10 physician licensed to practice medicine in all its branches may  
11 enter into collaborative ~~supervising physician~~ agreements with  
12 no more than 5 physician assistants as set forth in subsection  
13 (a) of Section 10-60 ~~7~~ of the Physician Assistant Practice Act  
14 of 1987.

15 (b) A physician licensed to practice medicine in all its  
16 branches in active clinical practice may collaborate with an  
17 advanced practice nurse in accordance with the requirements of  
18 the Nurse Practice Act. Collaboration is for the purpose of  
19 providing medical consultation, and no employment relationship  
20 is required. A written collaborative agreement shall conform to  
21 the requirements of Section 65-35 of the Nurse Practice Act.  
22 The written collaborative agreement shall be for services in  
23 the same area of practice or specialty as the collaborating  
24 physician in his or her clinical medical practice. A written  
25 collaborative agreement shall be adequate with respect to

1 collaboration with advanced practice nurses if all of the  
2 following apply:

3 (1) The agreement is written to promote the exercise of  
4 professional judgment by the advanced practice nurse  
5 commensurate with his or her education and experience.

6 (2) The advance practice nurse provides services based  
7 upon a written collaborative agreement with the  
8 collaborating physician, except as set forth in subsection  
9 (b-5) of this Section. With respect to labor and delivery,  
10 the collaborating physician must provide delivery services  
11 in order to participate with a certified nurse midwife.

12 (3) Methods of communication are available with the  
13 collaborating physician in person or through  
14 telecommunications for consultation, collaboration, and  
15 referral as needed to address patient care needs.

16 (b-5) An anesthesiologist or physician licensed to  
17 practice medicine in all its branches may collaborate with a  
18 certified registered nurse anesthetist in accordance with  
19 Section 65-35 of the Nurse Practice Act for the provision of  
20 anesthesia services. With respect to the provision of  
21 anesthesia services, the collaborating anesthesiologist or  
22 physician shall have training and experience in the delivery of  
23 anesthesia services consistent with Department rules.  
24 Collaboration shall be adequate if:

25 (1) an anesthesiologist or a physician participates in  
26 the joint formulation and joint approval of orders or

1 guidelines and periodically reviews such orders and the  
2 services provided patients under such orders; and

3 (2) for anesthesia services, the anesthesiologist or  
4 physician participates through discussion of and agreement  
5 with the anesthesia plan and is physically present and  
6 available on the premises during the delivery of anesthesia  
7 services for diagnosis, consultation, and treatment of  
8 emergency medical conditions. Anesthesia services in a  
9 hospital shall be conducted in accordance with Section 10.7  
10 of the Hospital Licensing Act and in an ambulatory surgical  
11 treatment center in accordance with Section 6.5 of the  
12 Ambulatory Surgical Treatment Center Act.

13 (b-10) The anesthesiologist or operating physician must  
14 agree with the anesthesia plan prior to the delivery of  
15 services.

16 (c) The supervising physician shall have access to the  
17 medical records of all patients attended by a physician  
18 assistant. The collaborating physician shall have access to the  
19 medical records of all patients attended to by an advanced  
20 practice nurse.

21 (d) (Blank).

22 (e) A physician shall not be liable for the acts or  
23 omissions of a prescribing psychologist, physician assistant,  
24 or advanced practice nurse solely on the basis of having signed  
25 a supervision agreement or guidelines or a collaborative  
26 agreement, an order, a standing medical order, a standing

1 delegation order, or other order or guideline authorizing a  
2 prescribing psychologist, physician assistant, or advanced  
3 practice nurse to perform acts, unless the physician has reason  
4 to believe the prescribing psychologist, physician assistant,  
5 or advanced practice nurse lacked the competency to perform the  
6 act or acts or commits willful and wanton misconduct.

7 (f) A collaborating physician may, but is not required to,  
8 delegate prescriptive authority to an advanced practice nurse  
9 as part of a written collaborative agreement, and the  
10 delegation of prescriptive authority shall conform to the  
11 requirements of Section 65-40 of the Nurse Practice Act.

12 (g) A supervising physician may, but is not required to,  
13 delegate prescriptive authority to a physician assistant as  
14 part of a written collaborative ~~supervision~~ agreement, and the  
15 delegation of prescriptive authority shall conform to the  
16 requirements of Section 10-657.5 of the Physician Assistant  
17 Practice Act of 1987.

18 (h) (Blank).

19 (i) A collaborating physician shall delegate prescriptive  
20 authority to a prescribing psychologist as part of a written  
21 collaborative agreement, and the delegation of prescriptive  
22 authority shall conform to the requirements of Section 4.3 of  
23 the Clinical Psychologist Licensing Act.

24 (Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;  
25 99-173, eff. 7-29-15.)



1           Section 25. The Pharmacy Practice Act is amended by  
2 changing Section 4 as follows:

3           (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

5           Sec. 4. Exemptions. Nothing contained in any Section of  
6 this Act shall apply to, or in any manner interfere with:

7           (a) the lawful practice of any physician licensed to  
8 practice medicine in all of its branches, dentist, podiatric  
9 physician, veterinarian, or therapeutically or diagnostically  
10 certified optometrist within the limits of his or her license,  
11 or prevent him or her from supplying to his or her bona fide  
12 patients such drugs, medicines, or poisons as may seem to him  
13 appropriate;

14           (b) the sale of compressed gases;

15           (c) the sale of patent or proprietary medicines and  
16 household remedies when sold in original and unbroken packages  
17 only, if such patent or proprietary medicines and household  
18 remedies be properly and adequately labeled as to content and  
19 usage and generally considered and accepted as harmless and  
20 nonpoisonous when used according to the directions on the  
21 label, and also do not contain opium or coca leaves, or any  
22 compound, salt or derivative thereof, or any drug which,  
23 according to the latest editions of the following authoritative  
24 pharmaceutical treatises and standards, namely, The United  
25 States Pharmacopoeia/National Formulary (USP/NF), the United

1 States Dispensatory, and the Accepted Dental Remedies of the  
2 Council of Dental Therapeutics of the American Dental  
3 Association or any or either of them, in use on the effective  
4 date of this Act, or according to the existing provisions of  
5 the Federal Food, Drug, and Cosmetic Act and Regulations of the  
6 Department of Health and Human Services, Food and Drug  
7 Administration, promulgated thereunder now in effect, is  
8 designated, described or considered as a narcotic, hypnotic,  
9 habit forming, dangerous, or poisonous drug;

10 (d) the sale of poultry and livestock remedies in original  
11 and unbroken packages only, labeled for poultry and livestock  
12 medication;

13 (e) the sale of poisonous substances or mixture of  
14 poisonous substances, in unbroken packages, for nonmedicinal  
15 use in the arts or industries or for insecticide purposes;  
16 provided, they are properly and adequately labeled as to  
17 content and such nonmedicinal usage, in conformity with the  
18 provisions of all applicable federal, state and local laws and  
19 regulations promulgated thereunder now in effect relating  
20 thereto and governing the same, and those which are required  
21 under such applicable laws and regulations to be labeled with  
22 the word "Poison", are also labeled with the word "Poison"  
23 printed thereon in prominent type and the name of a readily  
24 obtainable antidote with directions for its administration;

25 (f) the delegation of limited prescriptive authority by a  
26 physician licensed to practice medicine in all its branches to

1 a physician assistant under Section 10-65 ~~7.5~~ of the Physician  
2 Assistant Practice Act of 1987. This delegated authority under  
3 Section 10-65 ~~7.5~~ of the Physician Assistant Practice Act of  
4 1987 may, but is not required to, include prescription of  
5 controlled substances, as defined in Article II of the Illinois  
6 Controlled Substances Act, in accordance with a written  
7 supervision agreement; and

8 (g) the delegation of prescriptive authority by a physician  
9 licensed to practice medicine in all its branches or a licensed  
10 podiatric physician to an advanced practice nurse in accordance  
11 with a written collaborative agreement under Sections 65-35 and  
12 65-40 of the Nurse Practice Act.

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

14 Section 30. The Physician Assistant Practice Act of 1987 is  
15 amended by changing and renumbering Sections 1, 2, 3, 4, 5, 6,  
16 7, 7.5, 7.7, 9, 9.5, 10, 10.5, 11, 12, 13, 14.1, 15, 16, 17, 19,  
17 20, 21, 21.5, 22, 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7,  
18 22.8, 22.9, 22.10, 22.11, 22.12, 22.13, 22.14, 22.15, 22.16,  
19 23, 24, and 25, by adding the headings of Titles 5, 10, and 15,  
20 and by adding Sections 5-35, 5-40, and 10-75 as follows:

21 (225 ILCS 95/Tit. 5 heading new)

22 TITLE 5. GENERAL PROVISIONS

23 (225 ILCS 95/5-1) (was 225 ILCS 95/2)

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

2 Sec. 5-1 ~~2~~. Short title. This Article II ~~shall be known and~~  
3 may be cited as the "Physician Assistant Practice Act of 1987".  
4 References in this Article to "this Act" mean this Article.

5 (Source: P.A. 85-981.)

6 (225 ILCS 95/5-5) (was 225 ILCS 95/1)

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

8 Sec. 5-5 ~~4~~. Legislative purpose. The practice as a  
9 physician assistant in the State of Illinois is hereby declared  
10 to affect the public health, safety and welfare and to be  
11 subject to regulation and control in the public interest. The  
12 purpose and legislative intent of this Act is to encourage and  
13 promote the more effective utilization of the skills of  
14 physicians by enabling them to delegate certain health tasks to  
15 physician assistants where such delegation is consistent with  
16 the health and welfare of the patient and is conducted at the  
17 direction of and under the responsible supervision of the  
18 physician.

19 It is further declared to be a matter of public health and  
20 concern that the practice as a physician assistant, as defined  
21 in this Act, merit and receive the confidence of the public,  
22 that only qualified persons be authorized to practice as a  
23 physician assistant in the State of Illinois. This Act shall be  
24 liberally construed to best carry out these subjects and  
25 purposes.

1 (Source: P.A. 85-981.)

2 (225 ILCS 95/5-10) (was 225 ILCS 95/23)

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

4 Sec. 5-10 ~~23~~. Police powers. It is declared to be the  
5 public policy of this State, pursuant to paragraphs (h) and (i)  
6 of Section 6 of Article VII of the Illinois Constitution of  
7 1970, that any power or function set forth in this Act to be  
8 exercised by the State is an exclusive State power or function.  
9 Such power or function shall not be exercised concurrently,  
10 either directly or indirectly, by any unit of local government,  
11 including home rule units, except as otherwise provided in this  
12 Act.

13 (Source: P.A. 85-981.)

14 (225 ILCS 95/5-15) (was 225 ILCS 95/3)

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

16 Sec. 5-15 ~~3~~. Illinois Administrative Procedure Act. The  
17 Illinois Administrative Procedure Act is hereby expressly  
18 adopted and incorporated herein as if all of the provisions of  
19 that Act were included in this Act, except that the provision  
20 of subsection (d) of Section 10-65 of the Illinois  
21 Administrative Procedure Act that provides that at hearings the  
22 licensee has the right to show compliance with all lawful  
23 requirements for retention, continuation or renewal of the  
24 license is specifically excluded. For the purposes of this Act

1 the notice required under Section 10-25 of the Administrative  
2 Procedure Act is deemed sufficient when mailed to the last  
3 known address of a party. The Secretary may promulgate rules  
4 for the administration and enforcement of this Act and may  
5 prescribe forms to be issued in connection with this Act.

6 (Source: P.A. 95-703, eff. 12-31-07.)

7 (225 ILCS 95/5-20) (was Ch. 225 ILCS 95/4)

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

9 Sec. 5-20 4. Definitions. In this Act:

10 "Address of record" means the designated address recorded  
11 by the Department in the applicant's or licensee's application  
12 file or license file maintained by the Department's licensure  
13 maintenance unit. It is the duty of the applicant or licensee  
14 to inform the Department of any change of address, and such  
15 changes must be made either through the Department's website or  
16 by contacting the Department's licensure maintenance unit.

17 "Board" means the Medical Licensing Board constituted  
18 under the Medical Practice Act of 1987.

19 "Collaborating physician" means the physician who, within  
20 his or her specialty and expertise, may delegate a variety of  
21 tasks and procedures to the physician assistant. Such tasks and  
22 procedures shall be delegated in accordance with a written  
23 collaborative agreement.

24 ~~1.~~ "Department" means the Department of Financial and  
25 Professional Regulation.

1       "Disciplinary Board" means the Medical Disciplinary Board  
2 constituted under the Medical Practice Act of 1987.

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

17       ~~2. "Secretary" means the Secretary of Financial and~~  
18 ~~Professional Regulation.~~

19       ~~3. "Physician assistant" means any person who has been~~  
20 ~~certified as a physician assistant by the National Commission~~  
21 ~~on the Certification of Physician Assistants or equivalent~~  
22 ~~successor agency and performs procedures under the supervision~~  
23 ~~of a physician as defined in this Act. A physician assistant~~  
24 ~~may perform such procedures within the specialty of the~~  
25 ~~supervising physician, except that such physician shall~~  
26 ~~exercise such direction, supervision and control over such~~

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

24 ~~4. "Board" means the Medical Licensing Board constituted~~  
25 ~~under the Medical Practice Act of 1987.~~

26 ~~5. "Disciplinary Board" means the Medical Disciplinary~~



1 ~~Board constituted under the Medical Practice Act of 1987.~~

2 ~~6. "Physician" means, for purposes of this Act,~~ a person  
3 licensed to practice medicine in all its branches under the  
4 Medical Practice Act of 1987.

5 "Physician assistant practice" means the performance of  
6 procedures within the specialty of the collaborating  
7 physician. Physician assistants shall be capable of performing  
8 a variety of tasks within the specialty of medical care of the  
9 collaborating physician. Collaboration with of the physician  
10 assistant shall not be construed to necessarily require the  
11 personal presence of the collaborating physician at all times  
12 at the place where services are rendered, as long as there is  
13 communication available for consultation by radio, telephone,  
14 telecommunications, or electronic communications. The  
15 collaborating physician may delegate tasks and duties to the  
16 physician assistant. Delegated tasks or duties shall be  
17 consistent with physician assistant education, training, and  
18 experience. The delegated tasks or duties shall be specific to  
19 the practice setting and shall be implemented and reviewed  
20 under a written collaborative agreement established by the  
21 physician or physician/physician assistant team. A physician  
22 assistant, acting as an agent of the physician, shall be  
23 permitted to transmit the collaborating physician's orders as  
24 determined by the institution's by-laws, policies, procedures,  
25 or job description within which the physician/physician  
26 assistant team practices. Physician assistants shall practice

1 only in accordance with a written collaborative agreement,  
2 except as provided in Section 10-65 of this Act.

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

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

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

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

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

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

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

24       (225 ILCS 95/5-25) (was 225 ILCS 95/5)

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

1           Sec. ~~5-25~~ 5. Applicability. This Act does not prohibit:

2           (1) any ~~1. Any~~ person licensed in this State under any  
3 other Act from engaging in the practice for which he is  
4 licensed;

5           (2) the ~~2. The~~ practice as a physician assistant by a  
6 person who is employed by the United States government or  
7 any bureau, division, or agency thereof while in the  
8 discharge of the employee's official duties;

9           (3) the ~~3. The~~ practice as a physician assistant which  
10 is included in their program of study by students enrolled  
11 in schools or in refresher courses approved by the  
12 Department.

13           ~~4. The practice, services, or activities of persons~~  
14 ~~practicing the specified occupations set forth in subsection~~  
15 ~~(a) of, and pursuant to a licensing exemption granted in~~  
16 ~~subsection (b) or (d) of, Section 2105-350 of the Department of~~  
17 ~~Professional Regulation Law of the Civil Administrative Code of~~  
18 ~~Illinois, but only for so long as the 2016 Olympic and~~  
19 ~~Paralympic Games Professional Licensure Exemption Law is~~  
20 ~~operable.~~

21           (Source: P.A. 96-7, eff. 4-3-09.)

22           (225 ILCS 95/5-30) (was 225 ILCS 95/6)

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

24           Sec. 5-30 ~~6. Physician assistant title~~ Title; advertising  
25 billing.

1 (a) No physician assistant shall use the title of doctor or  
2 associate with his or her name or any other term that would  
3 indicate to other persons that he or she is qualified to engage  
4 in the general practice of medicine.

5 (b) No person shall use any words, abbreviations, figures,  
6 letters, title, sign, card, or device tending to imply that he  
7 or she is a physician assistant, including but not limited to,  
8 using the titles or initials "Physician Assistant" or "PA", or  
9 similar titles or initials, with the intention of indicating  
10 practice as a physician assistant without meeting the  
11 requirements of this Act ~~A licensee shall include in every~~  
12 ~~advertisement for services regulated under this Act his or her~~  
13 ~~title as it appears on the license or the initials authorized~~  
14 ~~under this Act.~~

15 (c) The employer of a physician assistant may charge for  
16 services rendered by the physician assistant. ~~A physician~~  
17 ~~assistant shall not be allowed to bill patients or in any way~~  
18 ~~to charge for services. Nothing in this Act, however, shall be~~  
19 ~~so construed as to prevent the employer of a physician~~  
20 ~~assistant from charging for services rendered by the physician~~  
21 ~~assistant. Payment for services rendered by a physician~~  
22 ~~assistant shall be made to his or her employer if the payor~~  
23 ~~would have made payment had the services been provided by a~~  
24 ~~physician licensed to practice medicine in all its branches.~~

25 (d) A physician assistant shall verbally identify himself  
26 or herself as a physician assistant, including specialty

1 certification, to each patient.

2 (e) Nothing in this Act shall be construed to relieve a  
3 physician assistant of the professional or legal  
4 responsibility for the care and treatment of persons attended  
5 by him or her ~~The supervising physician shall file with the~~  
6 ~~Department notice of employment, discharge, or supervisory~~  
7 ~~control of a physician assistant at the time of employment,~~  
8 ~~discharge, or assumption of supervisory control of a physician~~  
9 ~~assistant.~~

10 (Source: P.A. 90-61, eff. 12-30-97; 90-116, eff. 7-14-97;  
11 90-655, eff. 7-30-98; 91-310, eff. 1-1-00.)

12 (225 ILCS 95/5-35 new)

13 Sec. 5-35. Advertising.

14 (a) As used in this Section, "advertise" means solicitation  
15 by the licensee or through another person or entity by means of  
16 handbills, posters, circulars, motion pictures, radio,  
17 newspapers, or television or any other manner.

18 (b) A person licensed under this Act as a physician  
19 assistant may advertise the availability of professional  
20 services in the public media or on the premises where the  
21 professional services are rendered. The advertising is limited  
22 to the following information:

23 (1) publication of the person's name, title, office  
24 hours, address, and telephone number;

25 (2) information pertaining to the person's areas of

1 specialization, including but not limited to, appropriate  
2 board certification or limitation of professional  
3 practice;

4 (3) publication of the person's collaborating  
5 physician's name, title, and areas of specialization;

6 (4) information on usual and customary fees for routine  
7 professional services offered, which shall include  
8 notification that fees may be adjusted due to complications  
9 or unforeseen circumstances;

10 (5) announcements of the opening of, change of, absence  
11 from, or return to business;

12 (6) announcements of additions to or deletions from  
13 professional licensed staff; and

14 (7) the issuance of business or appointment cards.

15 (c) It is unlawful for a person licensed under this Act as  
16 a physician assistant to use claims of superior quality of care  
17 to entice the public. It is unlawful to advertise fee  
18 comparisons of available services with those of other licensed  
19 persons.

20 (d) This Act does not authorize the advertising of  
21 professional services that the offeror of the services is not  
22 licensed or authorized to render. Nor shall the advertiser use  
23 statements that contain false, fraudulent, deceptive, or  
24 misleading material or guarantees of success, statements that  
25 play upon the vanity or fears of the public, or statements that  
26 promote or produce unfair competition.

1       (e) It is unlawful and punishable under the penalty  
2 provisions of this Act for a person licensed under this Title  
3 to knowingly advertise that the licensee will accept as payment  
4 for services rendered by assignment from any third party payor  
5 the amount the third party payor covers as payment in full if  
6 the effect is to give the impression of eliminating the need of  
7 payment by the patient of any required deductible or copayment  
8 applicable in the patient's health benefit plan.

9       (f) A licensee shall include in every advertisement for  
10 services regulated under this Act his or her title as it  
11 appears on the license or the initials authorized under this  
12 Act.

13       (225 ILCS 95/5-40 new)

14       Sec. 5-40. Billing. The employer of a physician assistant  
15 may charge for services rendered by the physician assistant.

16       (225 ILCS 95/5-45) (was 225 ILCS 95/10)

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

18       Sec. 5-45 10. Identification. No person shall use the title  
19 or perform the duties of "Physician assistant" unless he or she  
20 is a qualified holder of a license issued by the Department as  
21 provided in this Act. A physician assistant shall wear on his  
22 or her person a visible identification indicating that he or  
23 she is certified as a physician assistant while acting in the  
24 course of his or her duties.



1 (Source: P.A. 90-61, eff. 12-30-97.)

2 (225 ILCS 95/5-50) (was 225 ILCS 95/10.5)

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

4 Sec. 5-50 ~~10.5~~. Unlicensed practice; violation; civil  
5 penalty.

6 (a) Any person who practices, offers to practice, attempts  
7 to practice, or holds oneself out to practice as a physician's  
8 assistant without being licensed under this Act shall, in  
9 addition to any other penalty provided by law, pay a civil  
10 penalty to the Department in an amount not to exceed \$10,000  
11 for each offense as determined by the Department. The civil  
12 penalty shall be assessed by the Department after a hearing is  
13 held in accordance with the provisions set forth in this Act  
14 regarding the provision of a hearing for the discipline of a  
15 licensee.

16 (b) The Department has the authority and power to  
17 investigate any and all unlicensed activity.

18 (c) The civil penalty shall be paid within 60 days after  
19 the effective date of the order imposing the civil penalty. The  
20 order shall constitute a judgment and may be filed and  
21 execution had thereon in the same manner as any judgment from  
22 any court of record.

23 (Source: P.A. 95-703, eff. 12-31-07.)

24 (225 ILCS 95/5-55) (was 225 ILCS 95/22.16)

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

2 Sec. ~~5-55 22-16~~. Penalty for violations. Any person who is  
3 found to have knowingly violated any provision of this Act is  
4 guilty of a Class A misdemeanor. On conviction of a second or  
5 subsequent offense the violator shall be guilty of a Class 4  
6 felony.

7 (Source: P.A. 85-981.)

8 (225 ILCS 95/Tit. 10 heading new)

9 TITLE 10. LICENSURE AND PRACTICE

10 (225 ILCS 95/10-5) (was 225 ILCS 95/9)

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

12 Sec. 10-5 ~~9~~. Application for licensure. Applications for  
13 original licenses shall be made to the Department in writing on  
14 forms prescribed by the Department and shall be accompanied by  
15 the required fee, which shall not be refundable. An application  
16 shall require information that in the judgment of the  
17 Department will enable the Department to pass on the  
18 qualifications of the applicant for a license. An application  
19 shall include evidence of successful passage of the national  
20 certifying examination of the National Commission on the  
21 Certification of Physician Assistants, or its successor  
22 agency, and proof that the applicant holds a valid certificate  
23 issued by that Commission or successful completion of a  
24 physician assistant educational program accredited by the

1 Accreditation Review Commission on Education for the Physician  
2 Assistant or the Commission on Accreditation of Allied Health  
3 Education Programs.

4 Applicants have 3 years from the date of application to  
5 complete the application process. If the process has not been  
6 completed in 3 years, the application shall be denied, the fee  
7 shall be forfeited, and the applicant must reapply and meet the  
8 requirements in effect at the time of reapplication.

9 (Source: P.A. 90-61, eff. 12-30-97.)

10 (225 ILCS 95/10-10) (was 225 ILCS 95/9.5)

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

12 Sec. 10-10 ~~9.5~~. Social Security Number on license  
13 application. In addition to any other information required to  
14 be contained in the application, every application for an  
15 original license under this Act shall include the applicant's  
16 Social Security Number, which shall be retained in the agency's  
17 records pertaining to the license. As soon as practical, the  
18 Department shall assign a customer's identification number to  
19 each applicant for a license.

20 Every application for a renewal or restored license shall  
21 require the applicant's customer identification number.

22 (Source: P.A. 97-400, eff. 1-1-12.)

23 (225 ILCS 95/10-15) (was 225 ILCS 95/11)

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

1           Sec. 10-15 ~~11~~. Committee. There is established a physician  
2 assistant advisory committee to the Department and the Medical  
3 Licensing Board. The physician assistant advisory committee  
4 may review and make recommendations to the Department and the  
5 Board regarding all matters relating to physician assistants.  
6 Such matters may include, but not be limited to:

7           (1) applications for licensure;

8           (2) disciplinary proceedings;

9           (3) renewal requirements; and

10           (4) any other issues pertaining to the regulation and  
11 practice of physician assistants in the State.

12           The physician assistant advisory committee shall be  
13 composed of 7 members. Three of the 7 members shall be  
14 physicians, 2 of whom shall be members of the Board and  
15 appointed to the advisory committee by the chairman. One  
16 physician, not a member of the Board, shall be a collaborating  
17 physician ~~supervisor of a licensed physician assistant~~ and  
18 shall be approved by the Governor from a list of Illinois  
19 physicians collaborating with ~~supervising~~ licensed physician  
20 assistants. Three members shall be physician assistants,  
21 licensed under the law and appointed by the Governor from a  
22 list of 10 names recommended by the Board of Directors of the  
23 Illinois Academy of Physician Assistants. One member, not  
24 employed or having any material interest in any health care  
25 field, shall be appointed by the Governor and represent the  
26 public. The chairman of the physician assistant advisory

1 committee shall be a member elected by a majority vote of the  
2 physician assistant advisory committee unless already a member  
3 of the Board. The physician assistant advisory committee is  
4 required to meet and report to the Department and the Board as  
5 physician assistant issues arise. The terms of office of each  
6 of the original 7 members shall be at staggered intervals. One  
7 physician and one physician assistant shall serve for a 2 year  
8 term. One physician and one physician assistant shall serve a 3  
9 year term. One physician, one physician assistant and the  
10 public member shall serve a 4 year term. Upon the expiration of  
11 the term of any member, his successor shall be appointed for a  
12 term of 4 years in the same manner as the initial appointment.  
13 No member shall serve more than 2 consecutive terms.

14 Four members of the physician assistant advisory committee  
15 shall constitute a quorum. A quorum is required to perform all  
16 of the duties of the committee.

17 Members of the physician assistant advisory committee  
18 shall have no liability for any action based upon a  
19 disciplinary proceeding or other activity performed in good  
20 faith as a member of the committee.

21 (Source: P.A. 95-703, eff. 12-31-07; 96-720, eff. 8-25-09.)

22 (225 ILCS 95/10-20) (was 225 ILCS 95/12)

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

24 Sec. 10-20 ~~42~~. Qualifications. A person shall be qualified  
25 for licensure as a physician assistant and the Department may

1 issue a physician assistant license to a person who:

2 (1) has ~~1. Has~~ applied in writing in form and substance  
3 satisfactory to the Department and has not violated any of  
4 the provisions of Section 15-5 ~~21~~ of this Act or the rules  
5 promulgated hereunder. The Department may take into  
6 consideration any felony conviction of the applicant but  
7 such conviction shall not operate as an absolute bar to  
8 licensure;

9 (2) has ~~2. Has~~ successfully completed the examination  
10 provided by the National Commission on the Certification of  
11 Physician Assistants ~~Physician's Assistant~~ or its  
12 successor agency;

13 (3) holds ~~3. Holds~~ a certificate issued by the National  
14 Commission on the Certification of Physician Assistants or  
15 an equivalent successor agency; and

16 (4) complies ~~4. Complies~~ with all applicable rules of  
17 the Department.

18 (Source: P.A. 95-703, eff. 12-31-07.)

19 (225 ILCS 95/10-25) (was 225 ILCS 95/13)

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

21 Sec. 10-25 ~~13~~. Department duties. Subject to the provisions  
22 of this Act, the Department shall:

23 (1) ~~1.~~ Promulgate rules approved by the Board setting  
24 forth standards to be met by a school or institution  
25 offering a course of training for physician assistants

1 prior to approval of such school or institution.

2 (2) ~~2.~~ Promulgate rules approved by the Board setting  
3 forth uniform and reasonable standards of instruction to be  
4 met prior to approval of such course of instruction for  
5 physician assistants.

6 (3) ~~3.~~ Determine the reputability and good standing of  
7 such schools or institutions and their course of  
8 instruction for physician assistants by reference to  
9 compliance with such rules, provided that no school of  
10 physician assistants that refuses admittance to applicants  
11 solely on account of race, color, sex, or creed shall be  
12 considered reputable and in good standing.

13 No rule shall be adopted under this Act which allows a  
14 physician assistant to perform any act, task, or function  
15 primarily performed in the lawful practice of optometry under  
16 the Illinois Optometric Practice Act of 1987.

17 (Source: P.A. 85-1440.)

18 (225 ILCS 95/10-30) (was 225 ILCS 95/14.1)

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

20 Sec. 10-30 ~~14.1~~. Fees.

21 (a) Fees collected for the administration of this Act shall  
22 be set by the Department by rule. All fees are not refundable.

23 (b) (Blank).

24 (c) All moneys collected under this Act by the Department  
25 shall be deposited into ~~in~~ the Illinois State Medical

1 Disciplinary Fund in the State Treasury and used:

2 (1) in the exercise of its powers and performance of  
3 its duties under this Act, as such use is made by the  
4 Department;

5 (2) for costs directly related to license renewal of  
6 persons licensed under this Act; and

7 (3) for costs related to the public purposes of the  
8 Department.

9 All earnings received from investment of moneys in the  
10 Illinois State Medical Disciplinary Fund shall be deposited  
11 into the Illinois State Medical Disciplinary Fund and shall be  
12 used for the same purposes as fees deposited in the Fund.

13 (Source: P.A. 95-703, eff. 12-31-07.)

14 (225 ILCS 95/10-35) (was 225 ILCS 95/15)

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

16 Sec. 10-35 ~~15~~. Endorsement. Upon payment of the required  
17 fee, the Department may, in its discretion, license as a  
18 physician assistant, an applicant who is a physician assistant  
19 licensed in another jurisdiction, if the requirements for  
20 licensure in that jurisdiction were, at the time of licensure,  
21 substantially equivalent to the requirements in force in this  
22 State on that date or equivalent to the requirements of this  
23 Act.

24 (Source: P.A. 95-703, eff. 12-31-07.)



1 (225 ILCS 95/10-40) (was 225 ILCS 95/16)

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

3 Sec. 10-40 ~~16~~. Expiration; renewal. The expiration date and  
4 renewal period for each license issued under this Act shall be  
5 set by rule. Renewal shall be conditioned on paying the  
6 required fee and by meeting such other requirements as may be  
7 established by rule.

8 Any physician assistant who has permitted his or her  
9 license to expire or who has had his or her license on inactive  
10 status may have the license restored by making application to  
11 the Department and filing proof acceptable to the Department of  
12 his or her fitness to have the license restored, and by paying  
13 the required fees. Proof of fitness may include sworn evidence  
14 certifying to active lawful practice in another jurisdiction.

15 If the physician assistant has not maintained an active  
16 practice in another jurisdiction satisfactory to the  
17 Department, the Department shall determine, by an evaluation  
18 program established by rule, his or her fitness for restoration  
19 of the license and shall establish procedures and requirements  
20 for such restoration.

21 However, any physician assistant whose license expired  
22 while he or she was (1) in federal service on active duty with  
23 the Armed Forces of the United States, or the State Militia  
24 called into service or training, or (2) in training or  
25 education under the supervision of the United States  
26 preliminary to induction into the military service, may have

1 the license restored without paying any lapsed renewal fees if  
2 within 2 years after honorable termination of such service,  
3 training, or education he or she furnishes the Department with  
4 satisfactory evidence to the effect that he or she has been so  
5 engaged and that his or her service, training, or education has  
6 been so terminated.

7 (Source: P.A. 90-61, eff. 12-30-97.)

8 (225 ILCS 95/10-45) (was 225 ILCS 95/17)

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

10 Sec. 10-45 ~~17~~. Inactive status. Any physician assistant who  
11 notified the Department in writing on forms prescribed by the  
12 Department, may elect to place his or her license on an  
13 inactive status and shall, subject to rules of the Department,  
14 be excused from payment of renewal fees until he or she  
15 notifies the Department in writing of his or her intention to  
16 restore the license.

17 Any physician assistant requesting restoration from  
18 inactive status shall be required to pay the current renewal  
19 fee and shall be required to restore his or her license, as  
20 provided in Section 10-40 ~~16~~ of this Act.

21 Any physician assistant whose license is in an inactive  
22 status shall not practice in the State of Illinois.

23 Any licensee who shall engage in practice while his or her  
24 license is lapsed or on inactive status shall be considered to  
25 be practicing without a license, which shall be grounds for

1 discipline under Section 15-5 ~~21~~ of this Act.

2 (Source: P.A. 90-61, eff. 12-30-97.)

3 (225 ILCS 95/10-50) (was 225 ILCS 95/19)

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

5 Sec. 10-50 ~~19~~. Roster. The Department shall maintain a  
6 roster of the names and addresses of all licensees and of all  
7 persons whose licenses have been suspended or revoked. This  
8 roster shall be available upon written request and payment of  
9 the required fee.

10 (Source: P.A. 85-981.)

11 (225 ILCS 95/10-55) (was 225 ILCS 95/20)

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

13 Sec. 10-55 ~~20~~. Prohibition on corporate licensure. No  
14 corporation, whose ~~which~~ stated purpose includes, or which  
15 practices, or which holds itself out as available to practice  
16 as a physician assistant or to practice any of the functions  
17 described in Section 5-20 ~~4~~ of this Act, shall be issued a  
18 license by the Department, nor shall the Secretary of State  
19 approve or accept articles of incorporation for such a  
20 corporation.

21 (Source: P.A. 85-981.)

22 (225 ILCS 95/10-60) (was 225 ILCS 95/7)

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

1           Sec. 10-60 7. Collaboration ~~Supervision~~ requirements.

2           (a) A collaborating ~~supervising~~ physician shall determine  
3 the number of physician assistants to collaborate with ~~under~~  
4 ~~his or her supervision~~ provided the physician is able to  
5 provide adequate collaboration ~~supervision~~ as outlined in the  
6 written collaborative ~~supervision~~ agreement required under  
7 Section 10-65 ~~7.5~~ of this Act and consideration is given to the  
8 nature of the physician's practice, complexity of the patient  
9 population, and the experience of each ~~supervised~~ physician  
10 assistant. Five persons may exceed 200 hours per week. ~~A~~  
11 ~~supervising physician may supervise a maximum of 5 full-time~~  
12 ~~equivalent physician assistants; provided, however, this~~  
13 ~~number of physician assistants shall be reduced by the number~~  
14 ~~of collaborative agreements the supervising physician~~  
15 ~~maintains.~~ A physician assistant shall be able to hold more  
16 than one professional position. ~~A supervising physician shall~~  
17 ~~file a notice of supervision of each physician assistant~~  
18 ~~according to the rules of the Department. It is the~~  
19 ~~responsibility of the supervising physician to maintain~~  
20 ~~documentation each time he or she has designated an alternative~~  
21 ~~supervising physician. This documentation shall include the~~  
22 ~~date alternate supervisory control began, the date alternate~~  
23 ~~supervisory control ended, and any other changes. A supervising~~  
24 ~~physician shall provide a copy of this documentation to the~~  
25 ~~Department, upon request.~~

26           Physician assistants shall collaborate ~~be supervised~~ only

1 ~~with~~ ~~by~~ physicians as defined in this Act who are engaged in  
2 clinical practice, or in clinical practice in public health or  
3 other community health facilities.

4 Nothing in this Act shall be construed to limit the  
5 delegation of tasks or duties by a physician to a nurse or  
6 other appropriately trained personnel.

7 Nothing in this Act shall be construed to prohibit the  
8 employment of physician assistants by a hospital, nursing home  
9 or other health care facility where such physician assistants  
10 function under a collaborating ~~the supervision of a supervising~~  
11 physician.

12 A physician assistant may be employed by a practice group  
13 or other entity employing multiple physicians at one or more  
14 locations. In that case, one of the physicians practicing at a  
15 location shall be designated the collaborating ~~supervising~~  
16 physician. The other physicians with that practice group or  
17 other entity who practice in the same general type of practice  
18 or specialty as the collaborating ~~supervising~~ physician may  
19 collaborate with ~~supervise~~ the physician assistant with  
20 respect to their patients ~~without being deemed alternate~~  
21 ~~supervising physicians for the purpose of this Act.~~

22 (b) A physician assistant licensed in this State, or  
23 licensed or authorized to practice in any other U.S.  
24 jurisdiction or credentialed by his or her federal employer as  
25 a physician assistant, who is responding to a need for medical  
26 care created by an emergency or by a state or local disaster

1 may render such care that the physician assistant is able to  
2 provide without collaboration ~~supervision~~ as it is defined in  
3 this Section or with such supervision as is available. ~~For~~  
4 ~~purposes of this Section, an "emergency situation" shall not~~  
5 ~~include one that occurs in the place of one's employment.~~

6 Any physician who collaborates with ~~supervises~~ a physician  
7 assistant providing medical care in response to such an  
8 emergency or state or local disaster shall not be required to  
9 meet the requirements set forth in this Section for a  
10 collaborating ~~supervising~~ physician.

11 (Source: P.A. 96-70, eff. 7-23-09; 97-1071, eff. 8-24-12.)

12 (225 ILCS 95/10-65) (was 225 ILCS 95/7.5

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

14 Sec. 10-65 ~~7.5~~. Written collaborative Prescriptions,  
15 ~~written supervision~~ agreements; prescriptive authority.

16 (a) A written collaborative ~~supervision~~ agreement is  
17 required for all physician assistants to practice in the State,  
18 except as provided in Section 10-70 of this Act.

19 (1) A written collaborative ~~supervision~~ agreement  
20 shall describe the working relationship of the physician  
21 assistant with the collaborating ~~supervising~~ physician and  
22 shall describe ~~authorize~~ the categories of care,  
23 treatment, or procedures to be provided ~~performed~~ by the  
24 physician assistant. The written collaborative ~~supervision~~  
25 agreement shall promote the exercise of professional

1 judgment by the physician assistant commensurate with his  
2 or her education and experience. The services to be  
3 provided by the physician assistant shall be services that  
4 the collaborating ~~supervising~~ physician is authorized to  
5 and generally provides to his or her patients in the normal  
6 course of his or her clinical medical practice. The written  
7 collaborative ~~supervision~~ agreement need not describe the  
8 exact steps that a physician assistant must take with  
9 respect to each specific condition, disease, or symptom but  
10 must specify which authorized procedures require the  
11 presence of the collaborating ~~supervising~~ physician as the  
12 procedures are being performed. The ~~supervision~~  
13 relationship under a written collaborative ~~supervision~~  
14 agreement shall not be construed to require the personal  
15 presence of a physician at the place where services are  
16 rendered. Methods of communication shall be available for  
17 consultation with the collaborating ~~supervising~~ physician  
18 in person or by telecommunications or electronic  
19 communication ~~in accordance with established written~~  
20 ~~guidelines~~ as set forth in the written collaborative  
21 ~~supervision~~ agreement. For the purposes of this Act,  
22 "generally provides to his or her patients in the normal  
23 course of his or her clinical medical practice" means  
24 services, not specific tasks or duties, the collaborating  
25 ~~supervising~~ physician routinely provides individually or  
26 through delegation to other persons so that the physician

1 has the experience and ability to provide collaboration  
2 ~~supervision~~ and consultation.

3 (2) The written collaborative ~~supervision~~ agreement  
4 shall be adequate if a physician does each of the  
5 following:

6 (A) Participates in the joint formulation and  
7 joint approval of orders or guidelines with the  
8 physician assistant and he or she periodically reviews  
9 such orders and the services provided patients under  
10 such orders in accordance with accepted standards of  
11 medical practice and physician assistant practice.

12 (B) Provides ~~supervision and~~ consultation at least  
13 once a month.

14 (3) A copy of the signed, written collaborative  
15 ~~supervision~~ agreement must be available to the Department  
16 upon request from both the physician assistant and the  
17 collaborating ~~supervising~~ physician.

18 (4) A physician assistant shall inform each  
19 collaborating ~~supervising~~ physician of all written  
20 collaborative ~~supervision~~ agreements he or she has signed  
21 and provide a copy of these to any collaborating  
22 ~~supervising~~ physician upon request.

23 (b) A collaborating ~~supervising~~ physician may, but is not  
24 required to, delegate prescriptive authority to a physician  
25 assistant as part of a written collaborative ~~supervision~~  
26 agreement. This authority may, but is not required to, include



1 prescription of, selection of, orders for, administration of,  
2 storage of, acceptance of samples of, and dispensing over the  
3 counter medications, legend drugs, medical gases, and  
4 controlled substances categorized as Schedule II ~~III~~ through V  
5 controlled substances, as defined in Article II of the Illinois  
6 Controlled Substances Act, and other preparations, including,  
7 but not limited to, botanical and herbal remedies. The  
8 collaborating ~~supervising~~ physician must have a valid, current  
9 Illinois controlled substance license and federal registration  
10 with the Drug Enforcement Agency to delegate the authority to  
11 prescribe controlled substances.

12 (1) To prescribe Schedule III, IV, or V controlled  
13 substances under this Section, a physician assistant must  
14 obtain a mid-level practitioner controlled substances  
15 license. Medication orders issued by a physician assistant  
16 shall be reviewed periodically by the collaborating  
17 ~~supervising~~ physician.

18 (2) The collaborating ~~supervising~~ physician shall file  
19 with the Department notice of delegation of prescriptive  
20 authority to a physician assistant and termination of  
21 delegation, specifying the authority delegated or  
22 terminated. Upon receipt of this notice delegating  
23 authority to prescribe ~~Schedule III, IV, or V~~ controlled  
24 substances, the physician assistant shall be eligible to  
25 register for a mid-level practitioner controlled  
26 substances license under Section 303.05 of the Illinois

1 Controlled Substances Act. Nothing in this Act shall be  
2 construed to limit the delegation of tasks or duties by the  
3 collaborating ~~supervising~~ physician to a nurse or other  
4 appropriately trained persons in accordance with Section  
5 54.2 of the Medical Practice Act of 1987.

6 (3) In addition to the requirements of subsection (b)  
7 of this Section, a collaborating ~~supervising~~ physician  
8 may, but is not required to, delegate authority to a  
9 physician assistant to prescribe Schedule II controlled  
10 substances, if all of the following conditions apply:

11 (A) Specific Schedule II controlled substances by  
12 oral dosage or topical or transdermal application may  
13 be delegated, provided that the delegated Schedule II  
14 controlled substances are routinely prescribed by the  
15 collaborating ~~supervising~~ physician. This delegation  
16 must identify the specific Schedule II controlled  
17 substances by either brand name or generic name.  
18 Schedule II controlled substances to be delivered by  
19 injection or other route of administration may not be  
20 delegated.

21 (B) Any delegation must be controlled substances  
22 that the collaborating ~~supervising~~ physician  
23 prescribes.

24 (C) Any prescription must be limited to no more  
25 than a 30-day supply, with any continuation authorized  
26 only after prior approval of the collaborating

1 ~~supervising~~ physician.

2 (D) The physician assistant must discuss the  
3 condition of any patients for whom a controlled  
4 substance is prescribed monthly with the collaborating  
5 ~~supervising~~ physician.

6 (E) The physician assistant meets the education  
7 requirements of Section 303.05 of the Illinois  
8 Controlled Substances Act.

9 (c) Nothing in this Act shall be construed to limit the  
10 delegation of tasks or duties by a physician to a licensed  
11 practical nurse, a registered professional nurse, or other  
12 persons. Nothing in this Act shall be construed to limit the  
13 method of delegation that may be authorized by any means,  
14 including, but not limited to, oral, written, electronic,  
15 standing orders, protocols, guidelines, or verbal orders.  
16 Nothing in this Act shall be construed to authorize a physician  
17 assistant to provide health care services required by law or  
18 rule to be performed by a physician.

19 (c-5) Nothing in this Section shall be construed to apply  
20 to any medication authority, including Schedule II controlled  
21 substances of a licensed physician assistant for care provided  
22 in a hospital, hospital affiliate, or ambulatory surgical  
23 treatment center pursuant to Section 10-70.

24 (d) Any physician assistant who writes a prescription for a  
25 controlled substance without having a valid appropriate  
26 authority may be fined by the Department not more than \$50 per

1 prescription, and the Department may take any other  
2 disciplinary action provided for in this Act.

3 (e) Nothing in this Section shall be construed to prohibit  
4 generic substitution.

5 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;  
6 96-1000, eff. 7-2-10; 97-358, eff. 8-12-11.)

7 (225 ILCS 95/10-70) (was 225 ILCS 95/7.7

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

9 Sec. 10-70 ~~7.7~~. Physician assistants in hospitals,  
10 hospital affiliates, or ambulatory surgical treatment centers.

11 (a) A physician assistant may provide services in a  
12 hospital or a hospital affiliate as those terms are defined in  
13 the Hospital Licensing Act or the University of Illinois  
14 Hospital Act or a licensed ambulatory surgical treatment center  
15 without a written collaborative supervision ~~supervision~~ agreement pursuant  
16 to Section 10-65 ~~7.5~~ of this Act. A physician assistant must  
17 possess clinical privileges recommended by the hospital  
18 medical staff and granted by the hospital or the consulting  
19 medical staff committee and ambulatory surgical treatment  
20 center in order to provide services. The medical staff or  
21 consulting medical staff committee shall periodically review  
22 the services of physician assistants granted clinical  
23 privileges, including any care provided in a hospital  
24 affiliate. Authority may also be granted when recommended by  
25 the hospital medical staff and granted by the hospital or

1 recommended by the consulting medical staff committee and  
2 ambulatory surgical treatment center to individual physician  
3 assistants to select, order, and administer medications,  
4 including controlled substances, to provide delineated care.  
5 In a hospital, hospital affiliate, or ambulatory surgical  
6 treatment center, the attending physician shall determine a  
7 physician assistant's role in providing care for his or her  
8 patients, except as otherwise provided in the medical staff  
9 bylaws or consulting committee policies.

10 (a-5) Physician assistants practicing in a hospital  
11 affiliate may be, but are not required to be, granted authority  
12 to prescribe Schedule II through V controlled substances when  
13 such authority is recommended by the appropriate physician  
14 committee of the hospital affiliate and granted by the hospital  
15 affiliate. This authority may, but is not required to, include  
16 prescription of, selection of, orders for, administration of,  
17 storage of, acceptance of samples of, and dispensing  
18 over-the-counter medications, legend drugs, medical gases, and  
19 controlled substances categorized as Schedule II through V  
20 controlled substances, as defined in Article II of the Illinois  
21 Controlled Substances Act, and other preparations, including,  
22 but not limited to, botanical and herbal remedies.

23 To prescribe controlled substances under this subsection  
24 (a-5), a physician assistant must obtain a mid-level  
25 practitioner controlled substance license. Medication orders  
26 shall be reviewed periodically by the appropriate hospital

1 affiliate physicians committee or its physician designee.

2 The hospital affiliate shall file with the Department  
3 notice of a grant of prescriptive authority consistent with  
4 this subsection (a-5) and termination of such a grant of  
5 authority, in accordance with rules of the Department. Upon  
6 receipt of this notice of grant of authority to prescribe any  
7 Schedule II through V controlled substances, the licensed  
8 physician assistant may register for a mid-level practitioner  
9 controlled substance license under Section 303.05 of the  
10 Illinois Controlled Substances Act.

11 In addition, a hospital affiliate may, but is not required  
12 to, grant authority to a physician assistant to prescribe any  
13 Schedule II controlled substances if all of the following  
14 conditions apply:

15 (1) specific Schedule II controlled substances by oral  
16 dosage or topical or transdermal application may be  
17 designated, provided that the designated Schedule II  
18 controlled substances are routinely prescribed by  
19 physician assistants in their area of certification; this  
20 grant of authority must identify the specific Schedule II  
21 controlled substances by either brand name or generic name;  
22 authority to prescribe or dispense Schedule II controlled  
23 substances to be delivered by injection or other route of  
24 administration may not be granted;

25 (2) any grant of authority must be controlled  
26 substances limited to the practice of the physician

1           assistant;

2           (3) any prescription must be limited to no more than a  
3           30-day supply;

4           (4) the physician assistant must discuss the condition  
5           of any patients for whom a controlled substance is  
6           prescribed monthly with the appropriate physician  
7           committee of the hospital affiliate or its physician  
8           designee; and

9           (5) the physician assistant must meet the education  
10           requirements of Section 303.05 of the Illinois Controlled  
11           Substances Act.

12           (b) A physician assistant granted authority to order  
13           medications including controlled substances may complete  
14           discharge prescriptions provided the prescription is in the  
15           name of the physician assistant and the attending or  
16           discharging physician.

17           (c) Physician assistants practicing in a hospital,  
18           hospital affiliate, or an ambulatory surgical treatment center  
19           are not required to obtain a mid-level controlled substance  
20           license to order controlled substances under Section 303.05 of  
21           the Illinois Controlled Substances Act.

22           (Source: P.A. 97-1071, eff. 8-24-12.)

23           (225 ILCS 95/10-75 new)

24           Sec. 10-75. Continuing education. The Department shall  
25           adopt rules of continuing education for persons licensed under

1 this Title that require 50 hours of continuing education per  
2 2-year license renewal cycle. Completion of the 50 hours of  
3 continuing education shall be deemed to satisfy the continuing  
4 education requirements for renewal of a physician assistant  
5 license as required by this Act. The rules shall not be  
6 inconsistent with requirements of relevant national certifying  
7 bodies or State or national professional associations. The  
8 rules shall also address variances in part or in whole for good  
9 cause, including, but not limited to, illness or hardship. The  
10 continuing education rules shall ensure that licensees are  
11 given the opportunity to participate in programs sponsored by  
12 or through their State or national professional associations,  
13 hospitals, or other providers of continuing education. Each  
14 licensee is responsible for maintaining records of completion  
15 of continuing education and shall be prepared to produce the  
16 records when requested by the Department.

17 (225 ILCS 95/Tit. 15 heading new)

18 TITLE 15. ADMINISTRATION AND ENFORCEMENT

19 (225 ILCS 95/15-5) (was 225 ILCS 95/21)

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

21 Sec. 15-5 ~~21~~. Grounds for disciplinary action.

22 (a) The Department may refuse to issue or to renew, or may  
23 revoke, suspend, place on probation, censure or reprimand, or  
24 take other disciplinary or non-disciplinary action with regard



1 to any license issued under this Act as the Department may deem  
2 proper, including the issuance of fines not to exceed \$10,000  
3 for each violation, for any one or combination of the following  
4 causes:

5 (1) Material misstatement in furnishing information to  
6 the Department.

7 (2) Violations of this Act, or the rules adopted under  
8 this Act.

9 (3) Conviction of or entry of a plea of guilty or nolo  
10 contendere to any crime that is a felony under the laws of  
11 the United States or any state or territory thereof or that  
12 is a misdemeanor of which an essential element is  
13 dishonesty or that is directly related to the practice of  
14 the profession.

15 (4) Making any misrepresentation for the purpose of  
16 obtaining licenses.

17 (5) Professional incompetence.

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

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

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

25 (9) Habitual or excessive use or addiction to alcohol,  
26 narcotics, stimulants, or any other chemical agent or drug

1           that results in a physician assistant's inability to  
2           practice with reasonable judgment, skill, or safety.

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

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

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

21          (13) Abandonment of a patient.

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

25          (15) Willfully failing to report an instance of  
26          suspected child abuse or neglect as required by the Abused

1 and Neglected Child Reporting Act.

2 (16) Physical illness<sup>7</sup> or mental illness or impairment  
3 that results in the inability to practice the profession  
4 with reasonable judgment, skill, or safety, including, but  
5 not limited to, deterioration through the aging process or  
6 loss of motor skill.

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

14 (18) (Blank).

15 (19) Gross negligence resulting in permanent injury or  
16 death of a patient.

17 (20) Employment of fraud, deception,l or any unlawful  
18 means in applying for or securing a license as a physician  
19 assistant.

20 (21) Exceeding the authority delegated to him or her by  
21 his or her collaborating ~~supervising~~ physician in a written  
22 collaborative ~~supervision~~ agreement.

23 (22) Immoral conduct in the commission of any act, such  
24 as sexual abuse, sexual misconduct,l or sexual exploitation  
25 related to the licensee's practice.

26 (23) Violation of the Health Care Worker Self-Referral

1 Act.

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

4 (25) Making a false or misleading statement regarding  
5 his or her skill or the efficacy or value of the medicine,  
6 treatment, or remedy prescribed by him or her in the course  
7 of treatment.

8 (26) Allowing another person to use his or her license  
9 to practice.

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

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

18 (29) A pattern of practice or other behavior that  
19 demonstrates incapacity or incompetence to practice under  
20 this Act.

21 (30) Violating State or federal laws or regulations  
22 relating to controlled substances or other legend drugs or  
23 ephedra as defined in the Ephedra Prohibition Act.

24 (31) Exceeding the prescriptive authority delegated by  
25 the collaborating ~~supervising~~ physician or violating the  
26 written collaborative ~~supervision~~ agreement delegating

1           that authority.

2           (32) Practicing without providing to the Department a  
3 notice of supervision or delegation of prescriptive  
4 authority.

5           (33) Willfully or negligently violating the  
6 confidentiality of a patient, except as required by law.

7           (34) Failing to provide copies of medical records as  
8 required by law.

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

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

26           (d) In enforcing this Section, the Department upon a

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

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

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

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

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

24 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09;  
25 96-1482, eff. 11-29-10.)

1 (225 ILCS 95/15-10) (was 225 ILCS 95/21.5)

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

3 Sec. 15-10 ~~21.5~~. Suspension of license for failure to pay  
4 restitution. The Department, without further process or  
5 hearing, shall suspend the license or other authorization to  
6 practice of any person issued under this Act who has been  
7 certified by court order as not having paid restitution to a  
8 person under Section 8A-3.5 of the Illinois Public Aid Code or  
9 under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or  
10 the Criminal Code of 2012. A person whose license or other  
11 authorization to practice is suspended under this Section is  
12 prohibited from practicing until the restitution is made in  
13 full.

14 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

15 (225 ILCS 95/15-15) (was 225 ILCS 95/22.1)

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

17 Sec. 15-15 ~~22.1~~. Injunction.

18 (a) If any person violates the provision of this Act, the  
19 Secretary may, in the name of the People of the State of  
20 Illinois, through the Attorney General of the State of  
21 Illinois, or the State's Attorney of any county in which the  
22 action is brought, petition for an order enjoining the  
23 violation or for an order enforcing compliance with this Act.  
24 Upon the filing of a verified petition in court, the court may  
25 issue a temporary restraining order, without notice or bond,



1 and may preliminarily and permanently enjoin such violation,  
2 and if it is established that such person has violated or is  
3 violating the injunction, the court ~~Court~~ may punish the  
4 offender for contempt of court. Proceedings under this Section  
5 shall be in addition to, and not in lieu of, all other remedies  
6 and penalties provided by this Act.

7 (b) If any person shall practice as a physician assistant  
8 or hold himself or herself out as a physician assistant without  
9 being licensed under the provisions of this Act, then any  
10 licensed physician assistant, any interested party, or any  
11 person injured thereby may, in addition to the Secretary,  
12 petition for relief as provided in subsection (a) of this  
13 Section.

14 (c) Whenever in the opinion of the Department any person  
15 violates any provision of this Act, the Department may issue a  
16 rule to show cause why an order to cease and desist should not  
17 be entered against him. The rule shall clearly set forth the  
18 grounds relied upon by the Department and shall provide a  
19 period of 7 days from the date of the rule to file an answer to  
20 the satisfaction of the Department. Failure to answer to the  
21 satisfaction of the Department shall cause an order to cease  
22 and desist to be issued forthwith.

23 (Source: P.A. 95-703, eff. 12-31-07.)

24 (225 ILCS 95/15-20) (was 225 ILCS 95/22.2)

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

1           Sec. 15-20 ~~22.2~~. Investigation; notice; hearing. The  
2 Department may investigate the actions of any applicant or of  
3 any person or persons holding or claiming to hold a license.  
4 The Department shall, before suspending, revoking, placing on  
5 probationary status, or taking any other disciplinary action as  
6 the Department may deem proper with regard to any license, at  
7 least 30 days prior to the date set for the hearing, notify the  
8 applicant or licensee in writing of any charges made and the  
9 time and place for a hearing of the charges before the  
10 Disciplinary Board, direct him or her to file his or her  
11 written answer thereto to the Disciplinary Board under oath  
12 within 20 days after the service on him or her of such notice,  
13 and inform him or her that if he or she fails to file such  
14 answer, default will be taken against him or her and his or her  
15 license may be suspended, revoked, placed on probationary  
16 status, or have other disciplinary action, including limiting  
17 the scope, nature, or extent of his or her practice, as the  
18 Department may deem proper taken with regard thereto. Written  
19 notice may be served by personal delivery or certified or  
20 registered mail to the applicant or licensee at his or her last  
21 address of record with the Department. At the time and place  
22 fixed in the notice, the Department shall proceed to hear the  
23 charges and the parties or their counsel shall be accorded  
24 ample opportunity to present such statements, testimony,  
25 evidence, and argument as may be pertinent to the charges or to  
26 the defense thereto. The Department may continue such hearing

1 from time to time. In case the applicant or licensee, after  
2 receiving notice, fails to file an answer, his or her license  
3 may in the discretion of the Secretary, having received first  
4 the recommendation of the Disciplinary Board, be suspended,  
5 revoked, placed on probationary status, or the Secretary may  
6 take whatever disciplinary action as he or she may deem proper,  
7 including limiting the scope, nature, or extent of such  
8 person's practice, without a hearing, if the act or acts  
9 charged constitute sufficient grounds for such action under  
10 this Act.

11 (Source: P.A. 95-703, eff. 12-31-07.)

12 (225 ILCS 95/15-25) (was 225 ILCS 95/22)

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

14 Sec. 15-25 ~~22~~. Returned checks; fines. Any person who  
15 delivers a check or other payment to the Department that is  
16 returned to the Department unpaid by the financial institution  
17 upon which it is drawn shall pay to the Department, in addition  
18 to the amount already owed to the Department, a fine of \$50.  
19 The fines imposed by this Section are in addition to any other  
20 discipline provided under this Act for unlicensed practice or  
21 practice on a nonrenewed license. The Department shall notify  
22 the person that payment of fees and fines shall be paid to the  
23 Department by certified check or money order within 30 calendar  
24 days of the notification. If, after the expiration of 30 days  
25 from the date of the notification, the person has failed to

1 submit the necessary remittance, the Department shall  
2 automatically terminate the license or certificate or deny the  
3 application, without hearing. If, after termination or denial,  
4 the person seeks a license or certificate, he or she shall  
5 apply to the Department for restoration or issuance of the  
6 license or certificate and pay all fees and fines due to the  
7 Department. The Department may establish a fee for the  
8 processing of an application for restoration of a license or  
9 certificate to pay all expenses of processing this application.  
10 The Secretary may waive the fines due under this Section in  
11 individual cases where the Secretary finds that the fines would  
12 be unreasonable or unnecessarily burdensome.

13 (Source: P.A. 95-703, eff. 12-31-07.)

14 (225 ILCS 95/15-30) (was 225 ILCS 95/22.3)

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

16 Sec. 15-30 ~~22.3~~. Record. The Department, at its expense,  
17 shall preserve a record of all proceedings at the formal  
18 hearing of any case involving the refusal to issue, renew, or  
19 discipline of a license. The notice of hearing, complaint, and  
20 all other documents in the nature of pleadings and written  
21 motions filed in the proceedings, the transcript of testimony,  
22 the report of the Disciplinary Board or hearing officer, and  
23 orders of the Department shall be the record of such  
24 proceeding.

25 (Source: P.A. 85-981.)

1 (225 ILCS 95/15-35) (was 225 ILCS 95/22.4)

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

3 Sec. 15-35 ~~22.4~~. Compelled testimony. Any circuit court  
4 may, upon application of the Department or its designee or of  
5 the applicant or licensee against whom proceedings pursuant to  
6 Section 15-20 ~~22.2~~ of this Act are pending, enter an order  
7 requiring the attendance of witnesses and their testimony~~7~~ and  
8 the production of documents, papers, files, books~~7~~ and records  
9 in connection with any hearing or investigation. The court may  
10 compel obedience to its order by proceedings for contempt.

11 (Source: P.A. 85-981.)

12 (225 ILCS 95/15-40) (was 225 ILCS 95/22.5)

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

14 Sec. 15-40 ~~22.5~~. Subpoena power; oaths. The Department  
15 shall have power to subpoena and bring before it any person and  
16 to take testimony either orally or by deposition or both~~7~~ with  
17 the same fees and mileage and in the same manner as prescribed  
18 by law in judicial proceedings in civil cases in circuit courts  
19 of this State.

20 The Secretary, the designated hearing officer, and any  
21 member of the Disciplinary Board designated by the Secretary  
22 shall each have power to administer oaths to witnesses at any  
23 hearing which the Department is authorized to conduct under  
24 this Act and any other oaths required or authorized to be

1 administered by the Department under this Act.

2 (Source: P.A. 95-703, eff. 12-31-07.)

3 (225 ILCS 95/15-45) (was 225 ILCS 95/22.6)

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

5 Sec. 15-45 ~~22.6~~. Written report. At the conclusion of the  
6 hearing the Disciplinary Board shall present to the Secretary a  
7 written report of its findings of fact, conclusions of law<sub>L</sub> and  
8 recommendations. The report shall contain a finding whether or  
9 not the accused person violated this Act or failed to comply  
10 with the conditions required in this Act. The Disciplinary  
11 Board shall specify the nature of the violation or failure to  
12 comply<sub>T</sub> and shall make its recommendations to the Secretary.

13 The report of findings of fact, conclusions of law<sub>L</sub> and  
14 recommendation of the Disciplinary Board shall be the basis for  
15 the Department's order or refusal or for the granting of a  
16 license or permit. If the Secretary disagrees in any regard  
17 with the report of the Disciplinary Board, the Secretary may  
18 issue an order in contravention thereof. The Secretary shall  
19 provide a written report to the Disciplinary Board on any  
20 deviation<sub>T</sub> and shall specify with particularity the reasons for  
21 such action in the final order. The finding is not admissible  
22 in evidence against the person in a criminal prosecution  
23 brought for the violation of this Act, but the hearing and  
24 finding are not a bar to a criminal prosecution brought for the  
25 violation of this Act.

1 (Source: P.A. 95-703, eff. 12-31-07.)

2 (225 ILCS 95/15-50) (was 225 ILCS 95/22.7)

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

4 Sec. 15-50 ~~22.7~~. Hearing officer. Notwithstanding the  
5 provisions of Section 15-20 ~~22.2~~ of this Act, the Secretary  
6 shall have the authority to appoint any attorney duly licensed  
7 to practice law in the State of Illinois to serve as the  
8 hearing officer in any action for refusal to issue or renew, or  
9 for discipline of, a license. The Secretary shall notify the  
10 Disciplinary Board of any such appointment. The hearing officer  
11 shall have full authority to conduct the hearing. The hearing  
12 officer shall report his or her findings of fact, conclusions  
13 of law, and recommendations to the Disciplinary Board and the  
14 Secretary . The Disciplinary Board shall have 60 days from  
15 receipt of the report to review the report of the hearing  
16 officer and present its ~~their~~ findings of fact, conclusions of  
17 law, and recommendations to the Secretary. If the Disciplinary  
18 Board fails to present its report within the 60 day period, the  
19 respondent may request in writing a direct appeal to the  
20 Secretary, in which case the Secretary shall, within 7 calendar  
21 days after the request, issue an order directing the  
22 Disciplinary Board to issue its findings of fact, conclusions  
23 of law, and recommendations to the Secretary within 30 calendar  
24 days after such order. If the Disciplinary Board fails to issue  
25 its findings of fact, conclusions of law, and recommendations

1 within that time frame to the Secretary after the entry of such  
2 order, the Secretary shall, within 30 calendar days thereafter,  
3 issue an order based upon the report of the hearing officer and  
4 the record of the proceedings or issue an order remanding the  
5 matter back to the hearing officer for additional proceedings  
6 in accordance with the order. If (i) a direct appeal is  
7 requested, (ii) the Disciplinary Board fails to issue its  
8 findings of fact, conclusions of law, and recommendations  
9 within the 30-day mandate from the Secretary or the Secretary  
10 fails to order the Disciplinary Board to do so, and (iii) the  
11 Secretary fails to issue an order within 30 calendar days  
12 thereafter, then the hearing officer's report is deemed  
13 accepted and a final decision of the Secretary. Notwithstanding  
14 any other provision of this Section, if the Secretary, upon  
15 review, determines that substantial justice has not been done  
16 in the revocation, suspension, or refusal to issue or renew a  
17 license or other disciplinary action taken as the result of the  
18 entry of the hearing officer's report, the Secretary may order  
19 a rehearing by the same or other examiners. If the Secretary  
20 disagrees in any regard with the report of the Disciplinary  
21 Board or hearing officer, he or she may issue an order in  
22 contravention thereof. The Secretary shall provide a written  
23 explanation to the Disciplinary Board on any such deviation,  
24 and shall specify with particularity the reasons for such  
25 action in the final order.

26 (Source: P.A. 95-703, eff. 12-31-07.)



1 (225 ILCS 95/15-55) (was 225 ILCS 95/22.8)

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

3 Sec. 15-55 ~~22.8~~. Service. In any case involving the refusal  
4 to issue, renew, or discipline of a license, a copy of the  
5 Disciplinary Board's report shall be served upon the respondent  
6 by the Department, either personally or as provided in this Act  
7 for the service of the notice of hearing. Within 20 days after  
8 such service, the respondent may present to the Department a  
9 motion in writing for a rehearing, which motion shall specify  
10 the particular grounds therefor. If no motion for rehearing is  
11 filed, then upon the expiration of the time specified for  
12 filing such a motion, or if a motion for rehearing is denied,  
13 then upon such denial the Secretary may enter an order in  
14 accordance with recommendations of the Disciplinary Board,  
15 except as provided in Section 15-45 ~~22.6~~ or 15-50 ~~22.7~~ of this  
16 Act. If the respondent shall order from the reporting service,  
17 and pay for a transcript of the record within the time for  
18 filing a motion for rehearing, the 20 day period within which  
19 such a motion may be filed shall commence upon the delivery of  
20 the transcript to the respondent.

21 (Source: P.A. 95-703, eff. 12-31-07.)

22 (225 ILCS 95/15-60) (was 225 ILCS 95/22.9)

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

24 Sec. 15-60 ~~22.9~~. Rehearing. Whenever the Secretary is

1 satisfied that substantial justice has not been done in the  
2 revocation, suspension, or refusal to issue or renew a license,  
3 the Secretary may order a rehearing by the same or another  
4 hearing officer or Disciplinary Board.

5 (Source: P.A. 95-703, eff. 12-31-07.)

6 (225 ILCS 95/15-65) (was 225 ILCS 95/22.10)

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

8 Sec. 15-65 ~~22.10~~. Order or certified copy; prima facie  
9 proof. An order or a certified copy thereof, over the seal of  
10 the Department and purporting to be signed by the Secretary,  
11 shall be prima facie proof that:

12 (1) ~~(a)~~ the signature is the genuine signature of the  
13 Secretary;

14 (2) ~~(b)~~ the Secretary is duly appointed and qualified;  
15 and

16 (3) ~~(c)~~ the Disciplinary Board and the members thereof  
17 are qualified to act.

18 (Source: P.A. 95-703, eff. 12-31-07.)

19 (225 ILCS 95/15-70) (was 225 ILCS 95/22.11)

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

21 Sec. 15-70 ~~22.11~~. Restoration of license. At any time after  
22 the suspension or revocation of any license, the Department may  
23 restore it to the licensee, unless after an investigation and a  
24 hearing, the Department determines that restoration is not in

1 the public interest. Where circumstances of suspension or  
2 revocation so indicate, the Department may require an  
3 examination of the licensee prior to restoring his or her  
4 license.

5 (Source: P.A. 90-61, eff. 12-30-97.)

6 (225 ILCS 95/15-75) (was 225 ILCS 95/22.12)

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

8 Sec. 15-75 ~~22.12~~. Surrender of license. Upon the revocation  
9 or suspension of any license, the licensee shall immediately  
10 surrender the license to the Department. If the licensee fails  
11 to do so, the Department shall have the right to seize the  
12 license.

13 (Source: P.A. 90-61, eff. 12-30-97.)

14 (225 ILCS 95/15-80) (was 225 ILCS 95/22.13)

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

16 Sec. 15-80 ~~22.13~~. Temporary suspension. The Secretary may  
17 temporarily suspend the license of a physician assistant  
18 without a hearing, simultaneously with the institution of  
19 proceedings for a hearing provided for in Section 15-20 ~~22.2~~ of  
20 this Act, if the Secretary finds that evidence in his  
21 possession indicates that continuation in practice would  
22 constitute an imminent danger to the public. In the event that  
23 the Secretary suspends, temporarily, this license without a  
24 hearing, a hearing by the Department must be held within 30

1 days after such suspension has occurred~~7~~ and concluded without  
2 appreciable delay.

3 (Source: P.A. 95-703, eff. 12-31-07.)

4 (225 ILCS 95/15-85) (was 225 ILCS 95/22.14)

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

6 Sec. 15-85 ~~22.14~~. Administrative review. All final  
7 administrative decisions of the Department are subject to  
8 judicial review pursuant to the provisions of the  
9 "Administrative Review Law", and all rules adopted pursuant  
10 thereto. The term "administrative decision" is defined as in  
11 Section 3-101 of the "Code of Civil Procedure".

12 Proceedings for judicial review shall be commenced in the  
13 circuit court of the county in which the party applying for  
14 review resides; but if the party is not a resident of this  
15 State, venue shall be in Sangamon County.

16 (Source: P.A. 86-596.)

17 (225 ILCS 95/15-90) (was 225 ILCS 95/22.15)

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

19 Sec. 15-90 ~~22.15~~. Certificate of record. The Department  
20 shall not be required to certify any record to the court ~~Court~~  
21 or file any answer in court or otherwise appear in any court in  
22 a judicial review proceeding, unless there is filed in the  
23 court, with the complaint, a receipt from the Department  
24 acknowledging payment of the costs of furnishing and certifying

1 the record. Failure on the part of the plaintiff to file a  
2 receipt in court shall be grounds for dismissal of the action.

3 (Source: P.A. 87-1031.)

4 (225 ILCS 95/15-95) (was 225 ILCS 95/24)

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

6 Sec. 15-95 ~~24~~. Pending actions. All disciplinary actions  
7 taken or pending pursuant to the Physician's Assistants  
8 Practice Act, approved September 11, 1975, as amended, shall,  
9 for the actions taken, remain in effect, and for the actions  
10 pending, shall be continued, on the effective date of this Act  
11 without having separate actions.

12 (Source: P.A. 90-61, eff. 12-30-97.)

13 (225 ILCS 95/15-100) (was 225 ILCS 95/25)

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

15 Sec. 15-100 ~~25~~. Illinois Sexually Transmissible Disease  
16 Control Act. No licensee under this Act may be disciplined for  
17 providing expedited partner therapy in accordance with the  
18 provisions of the Illinois Sexually Transmissible Disease  
19 Control Act.

20 (Source: P.A. 96-613, eff. 1-1-10.)

21 Section 35. The Illinois Public Aid Code is amended by  
22 changing Section 5-8 as follows:

1 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

2 Sec. 5-8. Practitioners. In supplying medical assistance,  
3 the Illinois Department may provide for the legally authorized  
4 services of (i) persons licensed under the Medical Practice Act  
5 of 1987, as amended, except as hereafter in this Section  
6 stated, whether under a general or limited license, (ii)  
7 persons licensed under the Nurse Practice Act as advanced  
8 practice nurses, regardless of whether or not the persons have  
9 written collaborative agreements, (iii) persons licensed or  
10 registered under other laws of this State to provide dental,  
11 medical, pharmaceutical, optometric, podiatric, or nursing  
12 services, or other remedial care recognized under State law,  
13 ~~and~~ (iv) persons licensed under other laws of this State as a  
14 clinical social worker, and (v) persons licensed under other  
15 laws of this State as a physician assistant. The Department  
16 shall adopt rules, no later than 90 days after the effective  
17 date of this amendatory Act of the 99th General Assembly, for  
18 the legally authorized services of persons licensed under other  
19 laws of this State as a clinical social worker. The Department  
20 may not provide for legally authorized services of any  
21 physician who has been convicted of having performed an  
22 abortion procedure in a wilful and wanton manner on a woman who  
23 was not pregnant at the time such abortion procedure was  
24 performed. The utilization of the services of persons engaged  
25 in the treatment or care of the sick, which persons are not  
26 required to be licensed or registered under the laws of this

1 State, is not prohibited by this Section.

2 (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17.)

3 Section 40. The Illinois Abortion Law of 1975 is amended by  
4 changing Section 11 as follows:

5 (720 ILCS 510/11) (from Ch. 38, par. 81-31)

6 Sec. 11. (1) Any person who intentionally violates any  
7 provision of this Law commits a Class A misdemeanor unless a  
8 specific penalty is otherwise provided. Any person who  
9 intentionally falsifies any writing required by this Law  
10 commits a Class A misdemeanor.

11 Intentional, knowing, reckless, or negligent violations of  
12 this Law shall constitute unprofessional conduct which causes  
13 public harm under Section 22 of the Medical Practice Act of  
14 1987, as amended; Section 70-5 of the Nurse Practice Act, and  
15 Section 15-5 ~~21~~ of the Physician Assistant Practice Act of  
16 1987, as amended.

17 Intentional, knowing, reckless or negligent violations of  
18 this Law will constitute grounds for refusal, denial,  
19 revocation, suspension, or withdrawal of license, certificate,  
20 or permit under Section 30 of the Pharmacy Practice Act, as  
21 amended; Section 7 of the Ambulatory Surgical Treatment Center  
22 Act, effective July 19, 1973, as amended; and Section 7 of the  
23 Hospital Licensing Act.

24 (2) Any hospital or licensed facility which, or any

1 physician who intentionally, knowingly, or recklessly fails to  
2 submit a complete report to the Department in accordance with  
3 the provisions of Section 10 of this Law and any person who  
4 intentionally, knowingly, recklessly or negligently fails to  
5 maintain the confidentiality of any reports required under this  
6 Law or reports required by Sections 10.1 or 12 of this Law  
7 commits a Class B misdemeanor.

8 (3) Any person who sells any drug, medicine, instrument or  
9 other substance which he knows to be an abortifacient and which  
10 is in fact an abortifacient, unless upon prescription of a  
11 physician, is guilty of a Class B misdemeanor. Any person who  
12 prescribes or administers any instrument, medicine, drug or  
13 other substance or device, which he knows to be an  
14 abortifacient, and which is in fact an abortifacient, and  
15 intentionally, knowingly or recklessly fails to inform the  
16 person for whom it is prescribed or upon whom it is  
17 administered that it is an abortifacient commits a Class C  
18 misdemeanor.

19 (4) Any person who intentionally, knowingly or recklessly  
20 performs upon a woman what he represents to that woman to be an  
21 abortion when he knows or should know that she is not pregnant  
22 commits a Class 2 felony and shall be answerable in civil  
23 damages equal to 3 times the amount of proved damages.

24 (Source: P.A. 95-639, eff. 10-5-07; 95-689, eff. 10-29-07;  
25 95-876, eff. 8-21-08.)



1 Section 45. The Illinois Controlled Substances Act is  
2 amended by changing Sections 102 and 303.05 as follows:

3 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

4 Sec. 102. Definitions. As used in this Act, unless the  
5 context otherwise requires:

6 (a) "Addict" means any person who habitually uses any drug,  
7 chemical, substance or dangerous drug other than alcohol so as  
8 to endanger the public morals, health, safety or welfare or who  
9 is so far addicted to the use of a dangerous drug or controlled  
10 substance other than alcohol as to have lost the power of self  
11 control with reference to his or her addiction.

12 (b) "Administer" means the direct application of a  
13 controlled substance, whether by injection, inhalation,  
14 ingestion, or any other means, to the body of a patient,  
15 research subject, or animal (as defined by the Humane  
16 Euthanasia in Animal Shelters Act) by:

17 (1) a practitioner (or, in his or her presence, by his  
18 or her authorized agent),

19 (2) the patient or research subject pursuant to an  
20 order, or

21 (3) a euthanasia technician as defined by the Humane  
22 Euthanasia in Animal Shelters Act.

23 (c) "Agent" means an authorized person who acts on behalf  
24 of or at the direction of a manufacturer, distributor,  
25 dispenser, prescriber, or practitioner. It does not include a

1 common or contract carrier, public warehouseman or employee of  
2 the carrier or warehouseman.

3 (c-1) "Anabolic Steroids" means any drug or hormonal  
4 substance, chemically and pharmacologically related to  
5 testosterone (other than estrogens, progestins,  
6 corticosteroids, and dehydroepiandrosterone), and includes:

- 7 (i) 3[beta],17-dihydroxy-5a-androstane,  
8 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,  
9 (iii) 5[alpha]-androstan-3,17-dione,  
10 (iv) 1-androstenediol (3[beta],  
11 17[beta]-dihydroxy-5[alpha]-androst-1-ene),  
12 (v) 1-androstenediol (3[alpha],  
13 17[beta]-dihydroxy-5[alpha]-androst-1-ene),  
14 (vi) 4-androstenediol  
15 (3[beta],17[beta]-dihydroxy-androst-4-ene),  
16 (vii) 5-androstenediol  
17 (3[beta],17[beta]-dihydroxy-androst-5-ene),  
18 (viii) 1-androstenedione  
19 ([5alpha]-androst-1-en-3,17-dione),  
20 (ix) 4-androstenedione  
21 (androst-4-en-3,17-dione),  
22 (x) 5-androstenedione  
23 (androst-5-en-3,17-dione),  
24 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-  
25 hydroxyandrost-4-en-3-one),  
26 (xii) boldenone (17[beta]-hydroxyandrost-

1           1,4,-diene-3-one),  
2           (xiii) boldione (androsta-1,4-  
3           diene-3,17-dione),  
4           (xiv) calusterone (7[beta],17[alpha]-dimethyl-17  
5           [beta]-hydroxyandrost-4-en-3-one),  
6           (xv) clostebol (4-chloro-17[beta]-  
7           hydroxyandrost-4-en-3-one),  
8           (xvi) dehydrochloromethyltestosterone (4-chloro-  
9           17[beta]-hydroxy-17[alpha]-methyl-  
10          androst-1,4-dien-3-one),  
11          (xvii) desoxymethyltestosterone  
12          (17[alpha]-methyl-5[alpha]  
13          -androst-2-en-17[beta]-ol) (a.k.a., madol),  
14          (xviii) [delta]1-dihydrotestosterone (a.k.a.  
15          '1-testosterone') (17[beta]-hydroxy-  
16          5[alpha]-androst-1-en-3-one),  
17          (xix) 4-dihydrotestosterone (17[beta]-hydroxy-  
18          androstan-3-one),  
19          (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-  
20          5[alpha]-androstan-3-one),  
21          (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-  
22          hydroxyestr-4-ene),  
23          (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-  
24          1[beta],17[beta]-dihydroxyandrost-4-en-3-one),  
25          (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],  
26          17[beta]-dihydroxyandrost-1,4-dien-3-one),

- 1 (xxiv) furazabol (17[alpha]-methyl-17[beta]-  
2 hydroxyandrostando[2,3-c]-furazan),  
3 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)  
4 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-  
5 androst-4-en-3-one),  
6 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-  
7 dihydroxy-estr-4-en-3-one),  
8 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-  
9 hydroxy-5-androstan-3-one),  
10 (xxix) mesterolone (1-methyl-17[beta]-hydroxy-  
11 [5a]-androstan-3-one),  
12 (xxx) methandienone (17[alpha]-methyl-17[beta]-  
13 hydroxyandrost-1,4-dien-3-one),  
14 (xxxii) methandriol (17[alpha]-methyl-3[beta],17[beta]-  
15 dihydroxyandrost-5-ene),  
16 (xxxiii) methenolone (1-methyl-17[beta]-hydroxy-  
17 5[alpha]-androst-1-en-3-one),  
18 (xxxiiii) 17[alpha]-methyl-3[beta], 17[beta]-  
19 dihydroxy-5a-androstane),  
20 (xxxv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy  
21 -5a-androstane),  
22 (xxxvi) 17[alpha]-methyl-3[beta],17[beta]-  
23 dihydroxyandrost-4-ene),  
24 (xxxvii) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-  
25 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),  
26 (xxxviii) methyldienolone (17[alpha]-methyl-17[beta]-

1 hydroxyestra-4,9(10)-dien-3-one),  
2 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-  
3 hydroxyestra-4,9-11-trien-3-one),  
4 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-  
5 hydroxyandrost-4-en-3-one),  
6 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-  
7 hydroxyestr-4-en-3-one),  
8 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone  
9 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-  
10 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-  
11 1-testosterone'),  
12 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),  
13 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-  
14 dihydroxyestr-4-ene),  
15 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-  
16 dihydroxyestr-4-ene),  
17 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-  
18 dihydroxyestr-5-ene),  
19 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-  
20 dihydroxyestr-5-ene),  
21 (xlvii) 19-nor-4,9(10)-androstadienedione  
22 (estra-4,9(10)-diene-3,17-dione),  
23 (xlviii) 19-nor-4-androstenedione (estr-4-  
24 en-3,17-dione),  
25 (xlix) 19-nor-5-androstenedione (estr-5-  
26 en-3,17-dione),

- 1 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-  
2 hydroxygon-4-en-3-one),  
3 (li) norclostebol (4-chloro-17[beta]-  
4 hydroxyestr-4-en-3-one),  
5 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-  
6 hydroxyestr-4-en-3-one),  
7 (liii) normethandrolone (17[alpha]-methyl-17[beta]-  
8 hydroxyestr-4-en-3-one),  
9 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-  
10 2-oxa-5[alpha]-androstan-3-one),  
11 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-  
12 dihydroxyandrost-4-en-3-one),  
13 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-  
14 17[beta]-hydroxy-(5[alpha]-androstan-3-one),  
15 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-  
16 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),  
17 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-  
18 (5[alpha]-androst-1-en-3-one),  
19 (lix) testolactone (13-hydroxy-3-oxo-13,17-  
20 secoandrosta-1,4-dien-17-oic  
21 acid lactone),  
22 (lx) testosterone (17[beta]-hydroxyandrost-  
23 4-en-3-one),  
24 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-  
25 diethyl-17[beta]-hydroxygon-  
26 4,9,11-trien-3-one),

1           (lxii) trenbolone (17[beta]-hydroxyestr-4,9,  
2           11-trien-3-one).

3           Any person who is otherwise lawfully in possession of an  
4           anabolic steroid, or who otherwise lawfully manufactures,  
5           distributes, dispenses, delivers, or possesses with intent to  
6           deliver an anabolic steroid, which anabolic steroid is  
7           expressly intended for and lawfully allowed to be administered  
8           through implants to livestock or other nonhuman species, and  
9           which is approved by the Secretary of Health and Human Services  
10          for such administration, and which the person intends to  
11          administer or have administered through such implants, shall  
12          not be considered to be in unauthorized possession or to  
13          unlawfully manufacture, distribute, dispense, deliver, or  
14          possess with intent to deliver such anabolic steroid for  
15          purposes of this Act.

16          (d) "Administration" means the Drug Enforcement  
17          Administration, United States Department of Justice, or its  
18          successor agency.

19          (d-5) "Clinical Director, Prescription Monitoring Program"  
20          means a Department of Human Services administrative employee  
21          licensed to either prescribe or dispense controlled substances  
22          who shall run the clinical aspects of the Department of Human  
23          Services Prescription Monitoring Program and its Prescription  
24          Information Library.

25          (d-10) "Compounding" means the preparation and mixing of  
26          components, excluding flavorings, (1) as the result of a

1 prescriber's prescription drug order or initiative based on the  
2 prescriber-patient-pharmacist relationship in the course of  
3 professional practice or (2) for the purpose of, or incident  
4 to, research, teaching, or chemical analysis and not for sale  
5 or dispensing. "Compounding" includes the preparation of drugs  
6 or devices in anticipation of receiving prescription drug  
7 orders based on routine, regularly observed dispensing  
8 patterns. Commercially available products may be compounded  
9 for dispensing to individual patients only if both of the  
10 following conditions are met: (i) the commercial product is not  
11 reasonably available from normal distribution channels in a  
12 timely manner to meet the patient's needs and (ii) the  
13 prescribing practitioner has requested that the drug be  
14 compounded.

15 (e) "Control" means to add a drug or other substance, or  
16 immediate precursor, to a Schedule whether by transfer from  
17 another Schedule or otherwise.

18 (f) "Controlled Substance" means (i) a drug, substance,  
19 immediate precursor, or synthetic drug in the Schedules of  
20 Article II of this Act or (ii) a drug or other substance, or  
21 immediate precursor, designated as a controlled substance by  
22 the Department through administrative rule. The term does not  
23 include distilled spirits, wine, malt beverages, or tobacco, as  
24 those terms are defined or used in the Liquor Control Act of  
25 1934 and the Tobacco Products Tax Act of 1995.

26 (f-5) "Controlled substance analog" means a substance:



1           (1) the chemical structure of which is substantially  
2 similar to the chemical structure of a controlled substance  
3 in Schedule I or II;

4           (2) which has a stimulant, depressant, or  
5 hallucinogenic effect on the central nervous system that is  
6 substantially similar to or greater than the stimulant,  
7 depressant, or hallucinogenic effect on the central  
8 nervous system of a controlled substance in Schedule I or  
9 II; or

10          (3) with respect to a particular person, which such  
11 person represents or intends to have a stimulant,  
12 depressant, or hallucinogenic effect on the central  
13 nervous system that is substantially similar to or greater  
14 than the stimulant, depressant, or hallucinogenic effect  
15 on the central nervous system of a controlled substance in  
16 Schedule I or II.

17          (g) "Counterfeit substance" means a controlled substance,  
18 which, or the container or labeling of which, without  
19 authorization bears the trademark, trade name, or other  
20 identifying mark, imprint, number or device, or any likeness  
21 thereof, of a manufacturer, distributor, or dispenser other  
22 than the person who in fact manufactured, distributed, or  
23 dispensed the substance.

24          (h) "Deliver" or "delivery" means the actual, constructive  
25 or attempted transfer of possession of a controlled substance,  
26 with or without consideration, whether or not there is an

1 agency relationship.

2 (i) "Department" means the Illinois Department of Human  
3 Services (as successor to the Department of Alcoholism and  
4 Substance Abuse) or its successor agency.

5 (j) (Blank).

6 (k) "Department of Corrections" means the Department of  
7 Corrections of the State of Illinois or its successor agency.

8 (l) "Department of Financial and Professional Regulation"  
9 means the Department of Financial and Professional Regulation  
10 of the State of Illinois or its successor agency.

11 (m) "Depressant" means any drug that (i) causes an overall  
12 depression of central nervous system functions, (ii) causes  
13 impaired consciousness and awareness, and (iii) can be  
14 habit-forming or lead to a substance abuse problem, including  
15 but not limited to alcohol, cannabis and its active principles  
16 and their analogs, benzodiazepines and their analogs,  
17 barbiturates and their analogs, opioids (natural and  
18 synthetic) and their analogs, and chloral hydrate and similar  
19 sedative hypnotics.

20 (n) (Blank).

21 (o) "Director" means the Director of the Illinois State  
22 Police or his or her designated agents.

23 (p) "Dispense" means to deliver a controlled substance to  
24 an ultimate user or research subject by or pursuant to the  
25 lawful order of a prescriber, including the prescribing,  
26 administering, packaging, labeling, or compounding necessary

1 to prepare the substance for that delivery.

2 (q) "Dispenser" means a practitioner who dispenses.

3 (r) "Distribute" means to deliver, other than by  
4 administering or dispensing, a controlled substance.

5 (s) "Distributor" means a person who distributes.

6 (t) "Drug" means (1) substances recognized as drugs in the  
7 official United States Pharmacopoeia, Official Homeopathic  
8 Pharmacopoeia of the United States, or official National  
9 Formulary, or any supplement to any of them; (2) substances  
10 intended for use in diagnosis, cure, mitigation, treatment, or  
11 prevention of disease in man or animals; (3) substances (other  
12 than food) intended to affect the structure of any function of  
13 the body of man or animals and (4) substances intended for use  
14 as a component of any article specified in clause (1), (2), or  
15 (3) of this subsection. It does not include devices or their  
16 components, parts, or accessories.

17 (t-3) "Electronic health record" or "EHR" means an  
18 electronic record of health-related information on an  
19 individual that is created, gathered, managed, and consulted by  
20 authorized health care clinicians and staff.

21 (t-5) "Euthanasia agency" means an entity certified by the  
22 Department of Financial and Professional Regulation for the  
23 purpose of animal euthanasia that holds an animal control  
24 facility license or animal shelter license under the Animal  
25 Welfare Act. A euthanasia agency is authorized to purchase,  
26 store, possess, and utilize Schedule II nonnarcotic and

1 Schedule III nonnarcotic drugs for the sole purpose of animal  
2 euthanasia.

3 (t-10) "Euthanasia drugs" means Schedule II or Schedule III  
4 substances (nonnarcotic controlled substances) that are used  
5 by a euthanasia agency for the purpose of animal euthanasia.

6 (u) "Good faith" means the prescribing or dispensing of a  
7 controlled substance by a practitioner in the regular course of  
8 professional treatment to or for any person who is under his or  
9 her treatment for a pathology or condition other than that  
10 individual's physical or psychological dependence upon or  
11 addiction to a controlled substance, except as provided herein:  
12 and application of the term to a pharmacist shall mean the  
13 dispensing of a controlled substance pursuant to the  
14 prescriber's order which in the professional judgment of the  
15 pharmacist is lawful. The pharmacist shall be guided by  
16 accepted professional standards including, but not limited to  
17 the following, in making the judgment:

18 (1) lack of consistency of prescriber-patient  
19 relationship,

20 (2) frequency of prescriptions for same drug by one  
21 prescriber for large numbers of patients,

22 (3) quantities beyond those normally prescribed,

23 (4) unusual dosages (recognizing that there may be  
24 clinical circumstances where more or less than the usual  
25 dose may be used legitimately),

26 (5) unusual geographic distances between patient,

1 pharmacist and prescriber,

2 (6) consistent prescribing of habit-forming drugs.

3 (u-0.5) "Hallucinogen" means a drug that causes markedly  
4 altered sensory perception leading to hallucinations of any  
5 type.

6 (u-1) "Home infusion services" means services provided by a  
7 pharmacy in compounding solutions for direct administration to  
8 a patient in a private residence, long-term care facility, or  
9 hospice setting by means of parenteral, intravenous,  
10 intramuscular, subcutaneous, or intraspinal infusion.

11 (u-5) "Illinois State Police" means the State Police of the  
12 State of Illinois, or its successor agency.

13 (v) "Immediate precursor" means a substance:

14 (1) which the Department has found to be and by rule  
15 designated as being a principal compound used, or produced  
16 primarily for use, in the manufacture of a controlled  
17 substance;

18 (2) which is an immediate chemical intermediary used or  
19 likely to be used in the manufacture of such controlled  
20 substance; and

21 (3) the control of which is necessary to prevent,  
22 curtail or limit the manufacture of such controlled  
23 substance.

24 (w) "Instructional activities" means the acts of teaching,  
25 educating or instructing by practitioners using controlled  
26 substances within educational facilities approved by the State

1 Board of Education or its successor agency.

2 (x) "Local authorities" means a duly organized State,  
3 County or Municipal peace unit or police force.

4 (y) "Look-alike substance" means a substance, other than a  
5 controlled substance which (1) by overall dosage unit  
6 appearance, including shape, color, size, markings or lack  
7 thereof, taste, consistency, or any other identifying physical  
8 characteristic of the substance, would lead a reasonable person  
9 to believe that the substance is a controlled substance, or (2)  
10 is expressly or impliedly represented to be a controlled  
11 substance or is distributed under circumstances which would  
12 lead a reasonable person to believe that the substance is a  
13 controlled substance. For the purpose of determining whether  
14 the representations made or the circumstances of the  
15 distribution would lead a reasonable person to believe the  
16 substance to be a controlled substance under this clause (2) of  
17 subsection (y), the court or other authority may consider the  
18 following factors in addition to any other factor that may be  
19 relevant:

20 (a) statements made by the owner or person in control  
21 of the substance concerning its nature, use or effect;

22 (b) statements made to the buyer or recipient that the  
23 substance may be resold for profit;

24 (c) whether the substance is packaged in a manner  
25 normally used for the illegal distribution of controlled  
26 substances;

1           (d) whether the distribution or attempted distribution  
2           included an exchange of or demand for money or other  
3           property as consideration, and whether the amount of the  
4           consideration was substantially greater than the  
5           reasonable retail market value of the substance.

6           Clause (1) of this subsection (y) shall not apply to a  
7           noncontrolled substance in its finished dosage form that was  
8           initially introduced into commerce prior to the initial  
9           introduction into commerce of a controlled substance in its  
10          finished dosage form which it may substantially resemble.

11          Nothing in this subsection (y) prohibits the dispensing or  
12          distributing of noncontrolled substances by persons authorized  
13          to dispense and distribute controlled substances under this  
14          Act, provided that such action would be deemed to be carried  
15          out in good faith under subsection (u) if the substances  
16          involved were controlled substances.

17          Nothing in this subsection (y) or in this Act prohibits the  
18          manufacture, preparation, propagation, compounding,  
19          processing, packaging, advertising or distribution of a drug or  
20          drugs by any person registered pursuant to Section 510 of the  
21          Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

22          (y-1) "Mail-order pharmacy" means a pharmacy that is  
23          located in a state of the United States that delivers,  
24          dispenses or distributes, through the United States Postal  
25          Service or other common carrier, to Illinois residents, any  
26          substance which requires a prescription.

1           (z) "Manufacture" means the production, preparation,  
2 propagation, compounding, conversion or processing of a  
3 controlled substance other than methamphetamine, either  
4 directly or indirectly, by extraction from substances of  
5 natural origin, or independently by means of chemical  
6 synthesis, or by a combination of extraction and chemical  
7 synthesis, and includes any packaging or repackaging of the  
8 substance or labeling of its container, except that this term  
9 does not include:

10           (1) by an ultimate user, the preparation or compounding  
11 of a controlled substance for his or her own use; or

12           (2) by a practitioner, or his or her authorized agent  
13 under his or her supervision, the preparation,  
14 compounding, packaging, or labeling of a controlled  
15 substance:

16           (a) as an incident to his or her administering or  
17 dispensing of a controlled substance in the course of  
18 his or her professional practice; or

19           (b) as an incident to lawful research, teaching or  
20 chemical analysis and not for sale.

21           (z-1) (Blank).

22           (z-5) "Medication shopping" means the conduct prohibited  
23 under subsection (a) of Section 314.5 of this Act.

24           (z-10) "Mid-level practitioner" means (i) a physician  
25 assistant who has been delegated authority to prescribe through  
26 a written delegation of authority by a physician licensed to



1 practice medicine in all of its branches, in accordance with  
2 Section 10-65 ~~7.5~~ of the Physician Assistant Practice Act of  
3 1987, (ii) an advanced practice nurse who has been delegated  
4 authority to prescribe through a written delegation of  
5 authority by a physician licensed to practice medicine in all  
6 of its branches or by a podiatric physician, in accordance with  
7 Section 65-40 of the Nurse Practice Act, (iii) an advanced  
8 practice nurse certified as a nurse practitioner, nurse  
9 midwife, or clinical nurse specialist who has been granted  
10 authority to prescribe by a hospital affiliate in accordance  
11 with Section 65-45 of the Nurse Practice Act, (iv) an animal  
12 euthanasia agency, or (v) a prescribing psychologist.

13 (aa) "Narcotic drug" means any of the following, whether  
14 produced directly or indirectly by extraction from substances  
15 of vegetable origin, or independently by means of chemical  
16 synthesis, or by a combination of extraction and chemical  
17 synthesis:

18 (1) opium, opiates, derivatives of opium and opiates,  
19 including their isomers, esters, ethers, salts, and salts  
20 of isomers, esters, and ethers, whenever the existence of  
21 such isomers, esters, ethers, and salts is possible within  
22 the specific chemical designation; however the term  
23 "narcotic drug" does not include the isoquinoline  
24 alkaloids of opium;

25 (2) (blank);

26 (3) opium poppy and poppy straw;

1           (4) coca leaves, except coca leaves and extracts of  
2           coca leaves from which substantially all of the cocaine and  
3           ecgonine, and their isomers, derivatives and salts, have  
4           been removed;

5           (5) cocaine, its salts, optical and geometric isomers,  
6           and salts of isomers;

7           (6) ecgonine, its derivatives, their salts, isomers,  
8           and salts of isomers;

9           (7) any compound, mixture, or preparation which  
10          contains any quantity of any of the substances referred to  
11          in subparagraphs (1) through (6).

12          (bb) "Nurse" means a registered nurse licensed under the  
13          Nurse Practice Act.

14          (cc) (Blank).

15          (dd) "Opiate" means any substance having an addiction  
16          forming or addiction sustaining liability similar to morphine  
17          or being capable of conversion into a drug having addiction  
18          forming or addiction sustaining liability.

19          (ee) "Opium poppy" means the plant of the species *Papaver*  
20          *somniferum* L., except its seeds.

21          (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
22          solution or other liquid form of medication intended for  
23          administration by mouth, but the term does not include a form  
24          of medication intended for buccal, sublingual, or transmucosal  
25          administration.

26          (ff) "Parole and Pardon Board" means the Parole and Pardon

1 Board of the State of Illinois or its successor agency.

2 (gg) "Person" means any individual, corporation,  
3 mail-order pharmacy, government or governmental subdivision or  
4 agency, business trust, estate, trust, partnership or  
5 association, or any other entity.

6 (hh) "Pharmacist" means any person who holds a license or  
7 certificate of registration as a registered pharmacist, a local  
8 registered pharmacist or a registered assistant pharmacist  
9 under the Pharmacy Practice Act.

10 (ii) "Pharmacy" means any store, ship or other place in  
11 which pharmacy is authorized to be practiced under the Pharmacy  
12 Practice Act.

13 (ii-5) "Pharmacy shopping" means the conduct prohibited  
14 under subsection (b) of Section 314.5 of this Act.

15 (ii-10) "Physician" (except when the context otherwise  
16 requires) means a person licensed to practice medicine in all  
17 of its branches.

18 (jj) "Poppy straw" means all parts, except the seeds, of  
19 the opium poppy, after mowing.

20 (kk) "Practitioner" means a physician licensed to practice  
21 medicine in all its branches, dentist, optometrist, podiatric  
22 physician, veterinarian, scientific investigator, pharmacist,  
23 physician assistant, advanced practice nurse, licensed  
24 practical nurse, registered nurse, hospital, laboratory, or  
25 pharmacy, or other person licensed, registered, or otherwise  
26 lawfully permitted by the United States or this State to

1 distribute, dispense, conduct research with respect to,  
2 administer or use in teaching or chemical analysis, a  
3 controlled substance in the course of professional practice or  
4 research.

5 (ll) "Pre-printed prescription" means a written  
6 prescription upon which the designated drug has been indicated  
7 prior to the time of issuance; the term does not mean a written  
8 prescription that is individually generated by machine or  
9 computer in the prescriber's office.

10 (mm) "Prescriber" means a physician licensed to practice  
11 medicine in all its branches, dentist, optometrist,  
12 prescribing psychologist licensed under Section 4.2 of the  
13 Clinical Psychologist Licensing Act with prescriptive  
14 authority delegated under Section 4.3 of the Clinical  
15 Psychologist Licensing Act, podiatric physician, or  
16 veterinarian who issues a prescription, a physician assistant  
17 who issues a prescription for a controlled substance in  
18 accordance with Section 303.05, a written delegation, and a  
19 written collaborative ~~supervision~~ agreement required under  
20 Section 10-65 7.5 of the Physician Assistant Practice Act of  
21 1987, an advanced practice nurse with prescriptive authority  
22 delegated under Section 65-40 of the Nurse Practice Act and in  
23 accordance with Section 303.05, a written delegation, and a  
24 written collaborative agreement under Section 65-35 of the  
25 Nurse Practice Act, or an advanced practice nurse certified as  
26 a nurse practitioner, nurse midwife, or clinical nurse

1 specialist who has been granted authority to prescribe by a  
2 hospital affiliate in accordance with Section 65-45 of the  
3 Nurse Practice Act and in accordance with Section 303.05.

4 (nn) "Prescription" means a written, facsimile, or oral  
5 order, or an electronic order that complies with applicable  
6 federal requirements, of a physician licensed to practice  
7 medicine in all its branches, dentist, podiatric physician or  
8 veterinarian for any controlled substance, of an optometrist in  
9 accordance with Section 15.1 of the Illinois Optometric  
10 Practice Act of 1987, of a prescribing psychologist licensed  
11 under Section 4.2 of the Clinical Psychologist Licensing Act  
12 with prescriptive authority delegated under Section 4.3 of the  
13 Clinical Psychologist Licensing Act, of a physician assistant  
14 for a controlled substance in accordance with Section 303.05, a  
15 written delegation, and a written collaborative ~~supervision~~  
16 agreement required under Section 10-65 ~~7.5~~ of the Physician  
17 Assistant Practice Act of 1987, of an advanced practice nurse  
18 with prescriptive authority delegated under Section 65-40 of  
19 the Nurse Practice Act who issues a prescription for a  
20 controlled substance in accordance with Section 303.05, a  
21 written delegation, and a written collaborative agreement  
22 under Section 65-35 of the Nurse Practice Act, or of an  
23 advanced practice nurse certified as a nurse practitioner,  
24 nurse midwife, or clinical nurse specialist who has been  
25 granted authority to prescribe by a hospital affiliate in  
26 accordance with Section 65-45 of the Nurse Practice Act and in

1 accordance with Section 303.05 when required by law.

2 (nn-5) "Prescription Information Library" (PIL) means an  
3 electronic library that contains reported controlled substance  
4 data.

5 (nn-10) "Prescription Monitoring Program" (PMP) means the  
6 entity that collects, tracks, and stores reported data on  
7 controlled substances and select drugs pursuant to Section 316.

8 (oo) "Production" or "produce" means manufacture,  
9 planting, cultivating, growing, or harvesting of a controlled  
10 substance other than methamphetamine.

11 (pp) "Registrant" means every person who is required to  
12 register under Section 302 of this Act.

13 (qq) "Registry number" means the number assigned to each  
14 person authorized to handle controlled substances under the  
15 laws of the United States and of this State.

16 (qq-5) "Secretary" means, as the context requires, either  
17 the Secretary of the Department or the Secretary of the  
18 Department of Financial and Professional Regulation, and the  
19 Secretary's designated agents.

20 (rr) "State" includes the State of Illinois and any state,  
21 district, commonwealth, territory, insular possession thereof,  
22 and any area subject to the legal authority of the United  
23 States of America.

24 (rr-5) "Stimulant" means any drug that (i) causes an  
25 overall excitation of central nervous system functions, (ii)  
26 causes impaired consciousness and awareness, and (iii) can be

1 habit-forming or lead to a substance abuse problem, including  
2 but not limited to amphetamines and their analogs,  
3 methylphenidate and its analogs, cocaine, and phencyclidine  
4 and its analogs.

5 (ss) "Ultimate user" means a person who lawfully possesses  
6 a controlled substance for his or her own use or for the use of  
7 a member of his or her household or for administering to an  
8 animal owned by him or her or by a member of his or her  
9 household.

10 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;  
11 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff.  
12 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480,  
13 eff. 9-9-15; 99-642, eff. 7-28-16.)

14 (720 ILCS 570/303.05)

15 Sec. 303.05. Mid-level practitioner registration.

16 (a) The Department of Financial and Professional  
17 Regulation shall register licensed physician assistants,  
18 licensed advanced practice nurses, and prescribing  
19 psychologists licensed under Section 4.2 of the Clinical  
20 Psychologist Licensing Act to prescribe and dispense  
21 controlled substances under Section 303 and euthanasia  
22 agencies to purchase, store, or administer animal euthanasia  
23 drugs under the following circumstances:

24 (1) with respect to physician assistants,

25 (A) the physician assistant has been delegated

1 written authority to prescribe any Schedule III  
2 through V controlled substances by a physician  
3 licensed to practice medicine in all its branches in  
4 accordance with Section 10-65 ~~7.5~~ of the Physician  
5 Assistant Practice Act of 1987; and the physician  
6 assistant has completed the appropriate application  
7 forms and has paid the required fees as set by rule; or

8 (B) the physician assistant has been delegated  
9 authority by a supervising physician licensed to  
10 practice medicine in all its branches to prescribe or  
11 dispense Schedule II controlled substances through a  
12 written delegation of authority and under the  
13 following conditions:

14 (i) Specific Schedule II controlled substances  
15 by oral dosage or topical or transdermal  
16 application may be delegated, provided that the  
17 delegated Schedule II controlled substances are  
18 routinely prescribed by the supervising physician.  
19 This delegation must identify the specific  
20 Schedule II controlled substances by either brand  
21 name or generic name. Schedule II controlled  
22 substances to be delivered by injection or other  
23 route of administration may not be delegated;

24 (ii) any delegation must be of controlled  
25 substances prescribed by the supervising  
26 physician;



1 (iii) all prescriptions must be limited to no  
2 more than a 30-day supply, with any continuation  
3 authorized only after prior approval of the  
4 supervising physician;

5 (iv) the physician assistant must discuss the  
6 condition of any patients for whom a controlled  
7 substance is prescribed monthly with the  
8 delegating physician;

9 (v) the physician assistant must have  
10 completed the appropriate application forms and  
11 paid the required fees as set by rule;

12 (vi) the physician assistant must provide  
13 evidence of satisfactory completion of 45 contact  
14 hours in pharmacology from any physician assistant  
15 program accredited by the Accreditation Review  
16 Commission on Education for the Physician  
17 Assistant (ARC-PA), or its predecessor agency, for  
18 any new license issued with Schedule II authority  
19 after the effective date of this amendatory Act of  
20 the 97th General Assembly; and

21 (vii) the physician assistant must annually  
22 complete at least 5 hours of continuing education  
23 in pharmacology;

24 (2) with respect to advanced practice nurses,

25 (A) the advanced practice nurse has been delegated  
26 authority to prescribe any Schedule III through V

1 controlled substances by a collaborating physician  
2 licensed to practice medicine in all its branches or a  
3 collaborating podiatric physician in accordance with  
4 Section 65-40 of the Nurse Practice Act. The advanced  
5 practice nurse has completed the appropriate  
6 application forms and has paid the required fees as set  
7 by rule; or

8 (B) the advanced practice nurse has been delegated  
9 authority by a collaborating physician licensed to  
10 practice medicine in all its branches or collaborating  
11 podiatric physician to prescribe or dispense Schedule  
12 II controlled substances through a written delegation  
13 of authority and under the following conditions:

14 (i) specific Schedule II controlled substances  
15 by oral dosage or topical or transdermal  
16 application may be delegated, provided that the  
17 delegated Schedule II controlled substances are  
18 routinely prescribed by the collaborating  
19 physician or podiatric physician. This delegation  
20 must identify the specific Schedule II controlled  
21 substances by either brand name or generic name.  
22 Schedule II controlled substances to be delivered  
23 by injection or other route of administration may  
24 not be delegated;

25 (ii) any delegation must be of controlled  
26 substances prescribed by the collaborating

1 physician or podiatric physician;

2 (iii) all prescriptions must be limited to no  
3 more than a 30-day supply, with any continuation  
4 authorized only after prior approval of the  
5 collaborating physician or podiatric physician;

6 (iv) the advanced practice nurse must discuss  
7 the condition of any patients for whom a controlled  
8 substance is prescribed monthly with the  
9 delegating physician or podiatric physician or in  
10 the course of review as required by Section 65-40  
11 of the Nurse Practice Act;

12 (v) the advanced practice nurse must have  
13 completed the appropriate application forms and  
14 paid the required fees as set by rule;

15 (vi) the advanced practice nurse must provide  
16 evidence of satisfactory completion of at least 45  
17 graduate contact hours in pharmacology for any new  
18 license issued with Schedule II authority after  
19 the effective date of this amendatory Act of the  
20 97th General Assembly; and

21 (vii) the advanced practice nurse must  
22 annually complete 5 hours of continuing education  
23 in pharmacology;

24 (2.5) with respect to advanced practice nurses  
25 certified as nurse practitioners, nurse midwives, or  
26 clinical nurse specialists practicing in a hospital

1           affiliate,

2                   (A) the advanced practice nurse certified as a  
3           nurse practitioner, nurse midwife, or clinical nurse  
4           specialist has been granted authority to prescribe any  
5           Schedule II through V controlled substances by the  
6           hospital affiliate upon the recommendation of the  
7           appropriate physician committee of the hospital  
8           affiliate in accordance with Section 65-45 of the Nurse  
9           Practice Act, has completed the appropriate  
10          application forms, and has paid the required fees as  
11          set by rule; and

12                   (B) an advanced practice nurse certified as a nurse  
13          practitioner, nurse midwife, or clinical nurse  
14          specialist has been granted authority to prescribe any  
15          Schedule II controlled substances by the hospital  
16          affiliate upon the recommendation of the appropriate  
17          physician committee of the hospital affiliate, then  
18          the following conditions must be met:

19                   (i) specific Schedule II controlled substances  
20          by oral dosage or topical or transdermal  
21          application may be designated, provided that the  
22          designated Schedule II controlled substances are  
23          routinely prescribed by advanced practice nurses  
24          in their area of certification; this grant of  
25          authority must identify the specific Schedule II  
26          controlled substances by either brand name or

1 generic name; authority to prescribe or dispense  
2 Schedule II controlled substances to be delivered  
3 by injection or other route of administration may  
4 not be granted;

5 (ii) any grant of authority must be controlled  
6 substances limited to the practice of the advanced  
7 practice nurse;

8 (iii) any prescription must be limited to no  
9 more than a 30-day supply;

10 (iv) the advanced practice nurse must discuss  
11 the condition of any patients for whom a controlled  
12 substance is prescribed monthly with the  
13 appropriate physician committee of the hospital  
14 affiliate or its physician designee; and

15 (v) the advanced practice nurse must meet the  
16 education requirements of this Section;

17 (3) with respect to animal euthanasia agencies, the  
18 euthanasia agency has obtained a license from the  
19 Department of Financial and Professional Regulation and  
20 obtained a registration number from the Department; or

21 (4) with respect to prescribing psychologists, the  
22 prescribing psychologist has been delegated authority to  
23 prescribe any nonnarcotic Schedule III through V  
24 controlled substances by a collaborating physician  
25 licensed to practice medicine in all its branches in  
26 accordance with Section 4.3 of the Clinical Psychologist

1           Licensing Act, and the prescribing psychologist has  
2           completed the appropriate application forms and has paid  
3           the required fees as set by rule.

4           (b) The mid-level practitioner shall only be licensed to  
5           prescribe those schedules of controlled substances for which a  
6           licensed physician or licensed podiatric physician has  
7           delegated prescriptive authority, except that an animal  
8           euthanasia agency does not have any prescriptive authority. A  
9           physician assistant and an advanced practice nurse are  
10          prohibited from prescribing medications and controlled  
11          substances not set forth in the required written delegation of  
12          authority.

13          (c) Upon completion of all registration requirements,  
14          physician assistants, advanced practice nurses, and animal  
15          euthanasia agencies may be issued a mid-level practitioner  
16          controlled substances license for Illinois.

17          (d) A collaborating physician or podiatric physician may,  
18          but is not required to, delegate prescriptive authority to an  
19          advanced practice nurse as part of a written collaborative  
20          agreement, and the delegation of prescriptive authority shall  
21          conform to the requirements of Section 65-40 of the Nurse  
22          Practice Act.

23          (e) A collaborating ~~supervising~~ physician may, but is not  
24          required to, delegate prescriptive authority to a physician  
25          assistant as part of a written collaborative ~~supervision~~  
26          agreement, and the delegation of prescriptive authority shall

1 conform to the requirements of Section 10-65 ~~7.5~~ of the  
2 Physician Assistant Practice Act of 1987.

3 (f) Nothing in this Section shall be construed to prohibit  
4 generic substitution.

5 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;  
6 99-173, eff. 7-29-15.)

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

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