

SB1220



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB1220

Introduced 2/6/2019, by Sen. Emil Jones, III

SYNOPSIS AS INTRODUCED:

See Index

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

LRB101 07828 JRG 52880 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (105 ILCS 5/24-6)

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

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

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

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

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

19 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

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

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

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

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

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

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

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

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

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

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

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

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

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

17 8. Any child absent from a public school on a
18 particular day or days or at a particular time of day for
19 the reason that his or her parent or legal guardian is an
20 active duty member of the uniformed services and has been
21 called to duty for, is on leave from, or has immediately
22 returned from deployment to a combat zone or combat-support
23 postings. Such a student shall be granted 5 days of excused
24 absences in any school year and, at the discretion of the
25 school board, additional excused absences to visit the
26 student's parent or legal guardian relative to such leave

1 or deployment of the parent or legal guardian. In the case
2 of excused absences pursuant to this paragraph 8, the
3 student and parent or legal guardian shall be responsible
4 for obtaining assignments from the student's teacher prior
5 to any period of excused absence and for ensuring that such
6 assignments are completed by the student prior to his or
7 her return to school from such period of excused absence.

8 (Source: P.A. 99-173, eff. 7-29-15; 99-804, eff. 1-1-17;
9 100-185, eff. 8-18-17; 100-513, eff. 1-1-18; 100-863, eff.
10 8-14-18.)

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

13 (215 ILCS 5/122-1) (from Ch. 73, par. 734-1)

14 Sec. 122-1. The authority and jurisdiction of Insurance
15 Department. Notwithstanding any other provision of law, and
16 except as provided herein, any person or other entity which
17 provides coverage in this State for medical, surgical,
18 chiropractic, naturopathic, naprapathic, physical therapy,
19 speech pathology, audiology, professional mental health,
20 dental, hospital, ophthalmologic, or optometric expenses,
21 whether such coverage is by direct-payment, reimbursement, or
22 otherwise, shall be presumed to be subject to the jurisdiction
23 of the Department unless the person or other entity shows that
24 while providing such coverage it is subject to the jurisdiction

1 of another agency of this State, any subdivision of this State,
2 or the federal government, or is a plan of self-insurance or
3 other employee welfare benefit program of an individual
4 employer or labor union established or maintained under or
5 pursuant to a collective bargaining agreement or other
6 arrangement which provides for health care services solely for
7 its employees or members and their dependents.

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

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

12 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

13 (Section scheduled to be repealed on December 31, 2019)

14 Sec. 2. Definitions. For purposes of this Act, the
15 following definitions shall have the following meanings,
16 except where the context requires otherwise:

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

18 "Address of record" means the designated address recorded
19 by the Department in the applicant's or licensee's application
20 file or license file as maintained by the Department's
21 licensure maintenance unit.

22 "Approved naturopathic medical program" means a
23 naturopathic medical education program accredited or granted
24 candidacy status by the United States Council on Naturopathic

1 Medical Education, or an equivalent federally recognized
2 accrediting body for the naturopathic medical profession
3 recognized by the Board, that offers graduate-level,
4 full-time, didactic, and supervised clinical training of at
5 least 4,200 hours in length leading to the degree of Doctor of
6 Naturopathy or Doctor of Naturopathic Medicine and is part of
7 an institution of higher education that is either accredited or
8 is a candidate for accreditation by a regional institutional
9 accrediting agency recognized by the United States Secretary of
10 Education or eligible for student loans in Canada.

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

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

20 "Disciplinary action" means revocation, suspension,
21 probation, supervision, practice modification, reprimand,
22 required education, fines or any other action taken by the
23 Department against a person holding a license.

24 "Disciplinary Board" means the Medical Disciplinary Board.

25 "Email address of record" means the designated email
26 address recorded by the Department in the applicant's

1 application file or the licensee's license file, as maintained
2 by the Department's licensure maintenance unit.

3 "Final determination" means the governing body's final
4 action taken under the procedure followed by a health care
5 institution, or professional association or society, against
6 any person licensed under the Act in accordance with the bylaws
7 or rules and regulations of such health care institution, or
8 professional association or society.

9 "Fund" means the Illinois State Medical Disciplinary Fund.

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

17 "Licensing Board" means the Medical Licensing Board.

18 "Naturopathic physician" means a practitioner of
19 naturopathic medicine who has been properly licensed for that
20 purpose by the Department under this Act. "Naturopathic
21 physician" includes all titles and designations associated
22 with the practice of naturopathic medicine, including, "doctor
23 of naturopathic medicine", "doctor of naturopathy",
24 "naturopathic doctor", "naturopath", "naturopathic medical
25 doctor", "N.D.", "ND", "N.M.D.", and "NMD".

26 "Physician" means a person licensed under the Medical

1 Practice Act to practice medicine in all of its branches, a
2 naturopathic physician, or a chiropractic physician.

3 "Professional association" means an association or society
4 of persons licensed under this Act, and operating within the
5 State of Illinois, including but not limited to, medical
6 societies, osteopathic organizations, naturopathic
7 organizations, and chiropractic organizations, but this term
8 shall not be deemed to include hospital medical staffs.

9 "Program of care, counseling, or treatment" means a written
10 schedule of organized treatment, care, counseling, activities,
11 or education, satisfactory to the Disciplinary Board, designed
12 for the purpose of restoring an impaired person to a condition
13 whereby the impaired person can practice medicine with
14 reasonable skill and safety of a sufficient degree to deliver
15 competent patient care.

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

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

20 "Secretary" means the Secretary of the Department of
21 Financial and Professional Regulation.

22 (Source: P.A. 99-933, eff. 1-27-17; 100-429, eff. 8-25-17.)

23 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

24 (Section scheduled to be repealed on December 31, 2019)

25 Sec. 7. Medical Disciplinary Board.

1 (A) There is hereby created the Illinois State Medical
2 Disciplinary Board. The Disciplinary Board shall consist of 12
3 ~~11~~ members, to be appointed by the Governor by and with the
4 advice and consent of the Senate. All members shall be
5 residents of the State, not more than 7 ~~6~~ of whom shall be
6 members of the same political party. All members shall be
7 voting members. Five members shall be physicians licensed to
8 practice medicine in all of its branches in Illinois possessing
9 the degree of doctor of medicine. One member shall be a
10 physician licensed to practice medicine in all its branches in
11 Illinois possessing the degree of doctor of osteopathy or
12 osteopathic medicine. One member shall be a chiropractic
13 physician licensed to practice in Illinois and possessing the
14 degree of doctor of chiropractic. One member shall be a
15 naturopathic physician licensed to practice in Illinois and
16 possessing the degree of naturopathic medicine. Four members
17 shall be members of the public, who shall not be engaged in any
18 way, directly or indirectly, as providers of health care.

19 (B) Members of the Disciplinary Board shall be appointed
20 for terms of 4 years. Upon the expiration of the term of any
21 member, their successor shall be appointed for a term of 4
22 years by the Governor by and with the advice and consent of the
23 Senate. The Governor shall fill any vacancy for the remainder
24 of the unexpired term with the advice and consent of the
25 Senate. Upon recommendation of the Board, any member of the
26 Disciplinary Board may be removed by the Governor for

1 misfeasance, malfeasance, or wilful neglect of duty, after
2 notice, and a public hearing, unless such notice and hearing
3 shall be expressly waived in writing. Each member shall serve
4 on the Disciplinary Board until their successor is appointed
5 and qualified. No member of the Disciplinary Board shall serve
6 more than 2 consecutive 4 year terms.

7 In making appointments the Governor shall attempt to insure
8 that the various social and geographic regions of the State of
9 Illinois are properly represented.

10 In making the designation of persons to act for the several
11 professions represented on the Disciplinary Board, the
12 Governor shall give due consideration to recommendations by
13 members of the respective professions and by organizations
14 therein.

15 (C) The Disciplinary Board shall annually elect one of its
16 voting members as chairperson and one as vice chairperson. No
17 officer shall be elected more than twice in succession to the
18 same office. Each officer shall serve until their successor has
19 been elected and qualified.

20 (D) (Blank).

21 (E) Six voting members of the Disciplinary Board, at least
22 4 of whom are physicians, shall constitute a quorum. A vacancy
23 in the membership of the Disciplinary Board shall not impair
24 the right of a quorum to exercise all the rights and perform
25 all the duties of the Disciplinary Board. Any action taken by
26 the Disciplinary Board under this Act may be authorized by

1 resolution at any regular or special meeting and each such
2 resolution shall take effect immediately. The Disciplinary
3 Board shall meet at least quarterly.

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

8 (G) The Secretary shall select a Chief Medical Coordinator
9 and not less than 2 Deputy Medical Coordinators who shall not
10 be members of the Disciplinary Board. Each medical coordinator
11 shall be a physician licensed to practice medicine in all of
12 its branches, and the Secretary shall set their rates of
13 compensation. The Secretary shall assign at least one medical
14 coordinator to a region composed of Cook County and such other
15 counties as the Secretary may deem appropriate, and such
16 medical coordinator or coordinators shall locate their office
17 in Chicago. The Secretary shall assign at least one medical
18 coordinator to a region composed of the balance of counties in
19 the State, and such medical coordinator or coordinators shall
20 locate their office in Springfield. The Chief Medical
21 Coordinator shall be the chief enforcement officer of this Act.
22 None of the functions, powers, or duties of the Department with
23 respect to policies regarding enforcement or discipline under
24 this Act, including the adoption of such rules as may be
25 necessary for the administration of this Act, shall be
26 exercised by the Department except upon review of the

1 Disciplinary Board.

2 The Secretary shall employ, in conformity with the
3 Personnel Code, investigators who are college graduates with at
4 least 2 years of investigative experience or one year of
5 advanced medical education. Upon the written request of the
6 Disciplinary Board, the Secretary shall employ, in conformity
7 with the Personnel Code, such other professional, technical,
8 investigative, and clerical help, either on a full or part-time
9 basis as the Disciplinary Board deems necessary for the proper
10 performance of its duties.

11 (H) Upon the specific request of the Disciplinary Board,
12 signed by either the chairperson, vice chairperson, or a
13 medical coordinator of the Disciplinary Board, the Department
14 of Human Services, the Department of Healthcare and Family
15 Services, the Department of State Police, or any other law
16 enforcement agency located in this State shall make available
17 any and all information that they have in their possession
18 regarding a particular case then under investigation by the
19 Disciplinary Board.

20 (I) Members of the Disciplinary Board shall be immune from
21 suit in any action based upon any disciplinary proceedings or
22 other acts performed in good faith as members of the
23 Disciplinary Board.

24 (J) The Disciplinary Board may compile and establish a
25 statewide roster of physicians and other medical
26 professionals, including the several medical specialties, of

1 such physicians and medical professionals, who have agreed to
2 serve from time to time as advisors to the medical
3 coordinators. Such advisors shall assist the medical
4 coordinators or the Disciplinary Board in their investigations
5 and participation in complaints against physicians. Such
6 advisors shall serve under contract and shall be reimbursed at
7 a reasonable rate for the services provided, plus reasonable
8 expenses incurred. While serving in this capacity, the advisor,
9 for any act undertaken in good faith and in the conduct of his
10 or her duties under this Section, shall be immune from civil
11 suit.

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

13 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

14 (Section scheduled to be repealed on December 31, 2019)

15 Sec. 8. Medical Licensing Board.

16 (A) There is hereby created a Medical Licensing Board. The
17 Licensing Board shall be composed of 8 ~~7~~ members, to be
18 appointed by the Governor by and with the advice and consent of
19 the Senate; 5 of whom shall be reputable physicians licensed to
20 practice medicine in all of its branches in Illinois,
21 possessing the degree of doctor of medicine; one member shall
22 be a reputable physician licensed in Illinois to practice
23 medicine in all of its branches, possessing the degree of
24 doctor of osteopathy or osteopathic medicine; one member shall
25 be a reputable naturopathic physician licensed to practice in

1 Illinois and possessing the degree of doctor of naturopathic
2 medicine; and one member shall be a reputable chiropractic
3 physician licensed to practice in Illinois and possessing the
4 degree of doctor of chiropractic. Of the 5 members holding the
5 degree of doctor of medicine, one shall be a full-time or
6 part-time teacher of professorial rank in the clinical
7 department of an Illinois school of medicine.

8 (B) Members of the Licensing Board shall be appointed for
9 terms of 4 years, and until their successors are appointed and
10 qualified. Appointments to fill vacancies shall be made in the
11 same manner as original appointments, for the unexpired portion
12 of the vacated term. No more than 4 members of the Licensing
13 Board shall be members of the same political party and all
14 members shall be residents of this State. No member of the
15 Licensing Board may be appointed to more than 2 successive 4
16 year terms.

17 (C) Members of the Licensing Board shall be immune from
18 suit in any action based upon any licensing proceedings or
19 other acts performed in good faith as members of the Licensing
20 Board.

21 (D) (Blank).

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

1 (F) None of the functions, powers or duties of the
2 Department with respect to policies regarding licensure and
3 examination under this Act, including the promulgation of such
4 rules as may be necessary for the administration of this Act,
5 shall be exercised by the Department except upon review of the
6 Licensing Board.

7 (G) The Licensing Board shall receive the same compensation
8 as the members of the Disciplinary Board, which compensation
9 shall be paid out of the Illinois State Medical Disciplinary
10 Fund.

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

12 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

13 (Section scheduled to be repealed on December 31, 2019)

14 Sec. 9. Application for license. Each applicant for a
15 license shall:

16 (A) Make application on blank forms prepared and
17 furnished by the Department.

18 (B) Submit evidence satisfactory to the Department
19 that the applicant:

20 (1) is of good moral character. In determining
21 moral character under this Section, the Department may
22 take into consideration whether the applicant has
23 engaged in conduct or activities which would
24 constitute grounds for discipline under this Act. The
25 Department may also request the applicant to submit,

1 and may consider as evidence of moral character,
2 endorsements from 2 or 3 individuals licensed under
3 this Act;

4 (2) has the preliminary and professional education
5 required by this Act;

6 (3) (blank); and

7 (4) is physically, mentally, and professionally
8 capable of practicing medicine with reasonable
9 judgment, skill, and safety. In determining physical
10 and mental capacity under this Section, the Licensing
11 Board may, upon a showing of a possible incapacity or
12 conduct or activities that would constitute grounds
13 for discipline under this Act, compel any applicant to
14 submit to a mental or physical examination and
15 evaluation, or both, as provided for in Section 22 of
16 this Act. The Licensing Board may condition or restrict
17 any license, subject to the same terms and conditions
18 as are provided for the Disciplinary Board under
19 Section 22 of this Act. Any such condition of a
20 restricted license shall provide that the Chief
21 Medical Coordinator or Deputy Medical Coordinator
22 shall have the authority to review the subject
23 physician's compliance with such conditions or
24 restrictions, including, where appropriate, the
25 physician's record of treatment and counseling
26 regarding the impairment, to the extent permitted by

1 applicable federal statutes and regulations
2 safeguarding the confidentiality of medical records of
3 patients.

4 In determining professional capacity under this
5 Section, an individual may be required to complete such
6 additional testing, training, or remedial education as the
7 Licensing Board may deem necessary in order to establish
8 the applicant's present capacity to practice medicine with
9 reasonable judgment, skill, and safety. The Licensing
10 Board may consider the following criteria, as they relate
11 to an applicant, as part of its determination of
12 professional capacity:

13 (1) Medical research in an established research
14 facility, hospital, college or university, or private
15 corporation.

16 (2) Specialized training or education.

17 (3) Publication of original work in learned,
18 medical, or scientific journals.

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

21 (5) Professional service in a federal veterans or
22 military institution.

23 (6) Any other professional activities deemed to
24 maintain and enhance the clinical capabilities of the
25 applicant.

26 Any applicant applying for a license to practice

1 medicine in all of its branches, for a license as a
2 naturopathic physician, or for a license as a chiropractic
3 physician who has not been engaged in the active practice
4 of medicine or has not been enrolled in a medical program
5 for 2 years prior to application must submit proof of
6 professional capacity to the Licensing Board.

7 Any applicant applying for a temporary license that has
8 not been engaged in the active practice of medicine or has
9 not been enrolled in a medical program for longer than 5
10 years prior to application must submit proof of
11 professional capacity to the Licensing Board.

12 (C) Designate specifically the name, location, and
13 kind of professional school, college, or institution of
14 which the applicant is a graduate and the category under
15 which the applicant seeks, and will undertake, to practice.

16 (D) Pay to the Department at the time of application
17 the required fees.

18 (E) Pursuant to Department rules, as required, pass an
19 examination authorized by the Department to determine the
20 applicant's fitness to receive a license.

21 (F) Complete the application process within 3 years
22 from the date of application. If the process has not been
23 completed within 3 years, the application shall expire,
24 application fees shall be forfeited, and the applicant must
25 reapply and meet the requirements in effect at the time of
26 reapplication.

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

2 (225 ILCS 60/10) (from Ch. 111, par. 4400-10)

3 (Section scheduled to be repealed on December 31, 2019)

4 Sec. 10. The Department shall:

5 (A) make rules for establishing reasonable minimum
6 standards of educational requirements to be observed by
7 medical, osteopathic, naturopathic, and chiropractic
8 colleges;

9 (B) effectuate the policy of the State of Illinois that
10 the quality of medical training is an appropriate concern
11 in the recruiting, licensing, credentialing and
12 participation in residency programs of physicians.
13 However, it is inappropriate to discriminate against any
14 physician because of national origin or geographic
15 location of medical education;

16 (C) formulate rules and regulations required for the
17 administration of this Act.

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

19 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

20 (Section scheduled to be repealed on December 31, 2019)

21 Sec. 11. Minimum education standards. The minimum
22 standards of professional education to be enforced by the
23 Department in conducting examinations and issuing licenses
24 shall be as follows:

1 (A) Practice of medicine. For the practice of medicine
2 in all of its branches:

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

5 (a) that the applicant is a graduate of a
6 medical or osteopathic college in the United
7 States, its territories or Canada, that the
8 applicant has completed a 2 year course of
9 instruction in a college of liberal arts, or its
10 equivalent, and a course of instruction in a
11 medical or osteopathic college approved by the
12 Department or by a private, not for profit
13 accrediting body approved by the Department, and
14 in addition thereto, a course of postgraduate
15 clinical training of not less than 12 months as
16 approved by the Department; or

17 (b) that the applicant is a graduate of a
18 medical or osteopathic college located outside the
19 United States, its territories or Canada, and that
20 the degree conferred is officially recognized by
21 the country for the purposes of licensure, that the
22 applicant has completed a 2 year course of
23 instruction in a college of liberal arts or its
24 equivalent, and a course of instruction in a
25 medical or osteopathic college approved by the
26 Department, which course shall have been not less

1 than 132 weeks in duration and shall have been
2 completed within a period of not less than 35
3 months, and, in addition thereto, has completed a
4 course of postgraduate clinical training of not
5 less than 12 months, as approved by the Department,
6 and has complied with any other standards
7 established by rule.

8 For the purposes of this subparagraph (b) an
9 applicant is considered to be a graduate of a
10 medical college if the degree which is conferred is
11 officially recognized by that country for the
12 purposes of receiving a license to practice
13 medicine in all of its branches or a document is
14 granted by the medical college which certifies the
15 completion of all formal training requirements
16 including any internship and social service; or

17 (c) that the applicant has studied medicine at
18 a medical or osteopathic college located outside
19 the United States, its territories, or Canada,
20 that the applicant has completed a 2 year course of
21 instruction in a college of liberal arts or its
22 equivalent and all of the formal requirements of a
23 foreign medical school except internship and
24 social service, which course shall have been not
25 less than 132 weeks in duration and shall have been
26 completed within a period of not less than 35

1 months; that the applicant has submitted an
2 application to a medical college accredited by the
3 Liaison Committee on Medical Education and
4 submitted to such evaluation procedures, including
5 use of nationally recognized medical student tests
6 or tests devised by the individual medical
7 college, and that the applicant has satisfactorily
8 completed one academic year of supervised clinical
9 training under the direction of such medical
10 college; and, in addition thereto has completed a
11 course of postgraduate clinical training of not
12 less than 12 months, as approved by the Department,
13 and has complied with any other standards
14 established by rule.

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

18 (2) Effective January 1, 1988, for applications
19 for licensure made subsequent to January 1, 1988, under
20 Sections 9 or 17 of this Act by individuals not
21 described in paragraph (3) of subsection (A) of Section
22 11 who graduated after December 31, 1984:

23 (a) that the applicant: (i) graduated from a
24 medical or osteopathic college officially
25 recognized by the jurisdiction in which it is
26 located for the purpose of receiving a license to

1 practice medicine in all of its branches, and the
2 applicant has completed, as defined by the
3 Department, a 6 year postsecondary course of study
4 comprising at least 2 academic years of study in
5 the basic medical sciences; and 2 academic years of
6 study in the clinical sciences, while enrolled in
7 the medical college which conferred the degree,
8 the core rotations of which must have been
9 completed in clinical teaching facilities owned,
10 operated or formally affiliated with the medical
11 college which conferred the degree, or under
12 contract in teaching facilities owned, operated or
13 affiliated with another medical college which is
14 officially recognized by the jurisdiction in which
15 the medical school which conferred the degree is
16 located; or (ii) graduated from a medical or
17 osteopathic college accredited by the Liaison
18 Committee on Medical Education, the Committee on
19 Accreditation of Canadian Medical Schools in
20 conjunction with the Liaison Committee on Medical
21 Education, or the Bureau of Professional Education
22 of the American Osteopathic Association; and,
23 (iii) in addition thereto, has completed 24 months
24 of postgraduate clinical training, as approved by
25 the Department; or

26 (b) that the applicant has studied medicine at

1 a medical or osteopathic college located outside
2 the United States, its territories, or Canada,
3 that the applicant, in addition to satisfying the
4 requirements of subparagraph (a), except for the
5 awarding of a degree, has completed all of the
6 formal requirements of a foreign medical school
7 except internship and social service and has
8 submitted an application to a medical college
9 accredited by the Liaison Committee on Medical
10 Education and submitted to such evaluation
11 procedures, including use of nationally recognized
12 medical student tests or tests devised by the
13 individual medical college, and that the applicant
14 has satisfactorily completed one academic year of
15 supervised clinical training under the direction
16 of such medical college; and, in addition thereto,
17 has completed 24 months of postgraduate clinical
18 training, as approved by the Department, and has
19 complied with any other standards established by
20 rule.

21 (3) (Blank).

22 (4) Any person granted a temporary license
23 pursuant to Section 17 of this Act who shall
24 satisfactorily complete a course of postgraduate
25 clinical training and meet all of the requirements for
26 licensure shall be granted a permanent license

1 pursuant to Section 9.

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

12 (B) Treating human ailments without drugs and without
13 operative surgery. For the practice of treating human
14 ailments without the use of drugs and without operative
15 surgery:

16 (1) For an applicant who was a resident student and
17 who is a graduate after July 1, 1926, of a chiropractic
18 college or institution, that such school, college or
19 institution, at the time of the applicant's graduation
20 required as a prerequisite to admission thereto a 4
21 year course of instruction in a high school, and, as a
22 prerequisite to graduation therefrom, a course of
23 instruction in the treatment of human ailments, of not
24 less than 132 weeks in duration and which shall have
25 been completed within a period of not less than 35
26 months except that as to students matriculating or

1 entering upon a course of chiropractic study during the
2 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
3 1947, such elapsed time shall be not less than 32
4 months, such high school and such school, college or
5 institution having been reputable and in good standing
6 in the judgment of the Department.

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

19 (3) For an applicant who is a graduate of a United
20 States chiropractic college after August 19, 1981, the
21 college of the applicant must be fully accredited by
22 the Commission on Accreditation of the Council on
23 Chiropractic Education or its successor at the time of
24 graduation. Such graduates shall be considered to have
25 met the minimum requirements which shall be in addition
26 to those requirements set forth in the rules and

1 regulations promulgated by the Department.

2 (4) For an applicant who is a graduate of a
3 chiropractic college in another country; that such
4 chiropractic college be equivalent to the standards of
5 education as set forth for chiropractic colleges
6 located in the United States.

7 (C) Practice of naturopathic medicine. For the
8 practice of naturopathic medicine:

9 (1) For an applicant who is a graduate of an
10 approved naturopathic medical program, in accordance
11 with this Act, that he or she has successfully
12 completed a competency-based national naturopathic
13 licensing examination administered by the North
14 American Board of Naturopathic Examiners or an
15 equivalent agency, as recognized by the Department.

16 (2) For an applicant who is a graduate of a
17 degree-granting approved naturopathic medical program
18 prior to 1986, evidence of successful passage of a
19 State competency examination in a licensed state or a
20 Canadian provincial examination in a licensed or
21 regulated province approved by the Department in lieu
22 of passage of a national licensing examination.

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

24 (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

25 (Section scheduled to be repealed on December 31, 2019)

1 Sec. 14. Chiropractic students and naturopathic medicine
2 students.

3 (a) Candidates for the degree of doctor of chiropractic
4 enrolled in a chiropractic college, accredited by the Council
5 on Chiropractic Education, may practice under the direct,
6 on-premises supervision of a chiropractic physician who is a
7 member of the faculty of an accredited chiropractic college.

8 (b) Candidates for the degree of doctor of naturopathic
9 medicine enrolled in a naturopathic college, accredited by the
10 United States Council on Naturopathic Medical Education, may
11 practice under the direct, on-premises supervision of a
12 naturopathic physician who is a member of the faculty of an
13 accredited naturopathic college.

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

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

16 (Section scheduled to be repealed on December 31, 2019)

17 Sec. 15. Chiropractic and naturopathic physician; license
18 for general practice. Any chiropractic or naturopathic
19 physician licensed under this Act shall be permitted to take
20 the examination for licensure as a physician to practice
21 medicine in all its branches and shall receive a license to
22 practice medicine in all of its branches if he or she shall
23 successfully pass such examination, upon proof of having
24 successfully completed in a medical college, osteopathic
25 college, naturopathic college, or chiropractic college

1 reputable and in good standing in the judgment of the
2 Department, courses of instruction in materia medica,
3 therapeutics, surgery, obstetrics, and theory and practice
4 deemed by the Department to be equal to the courses of
5 instruction required in those subjects for admission to the
6 examination for a license to practice medicine in all of its
7 branches, together with proof of having completed (a) the 2
8 year course of instruction in a college of liberal arts, or its
9 equivalent, required under this Act, and (b) a course of
10 postgraduate clinical training of not less than 24 months as
11 approved by the Department.

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

13 (225 ILCS 60/16) (from Ch. 111, par. 4400-16)

14 (Section scheduled to be repealed on December 31, 2019)

15 Sec. 16. Ineligibility for examination. Any person who
16 shall fail any examination for licensure as a medical doctor,
17 doctor of osteopathy or osteopathic medicine, doctor of
18 naturopathic medicine, or doctor of chiropractic in this or any
19 other jurisdiction a total of 5 times shall thereafter be
20 ineligible for further examinations until such time as such
21 person shall submit to the Department evidence of further
22 formal professional study, as required by rule of the
23 Department, in an accredited institution.

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

1 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

2 (Section scheduled to be repealed on December 31, 2019)

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

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

24 (B) Has been accepted or appointed for specialty or
25 residency training by a hospital situated in this State or
26 a training program in hospitals or facilities maintained by

1 the State of Illinois or affiliated training facilities
2 which is approved by the Department for the purpose of such
3 training under this Act. The applicant shall indicate the
4 beginning and ending dates of the period for which the
5 applicant has been accepted or appointed;

6 (C) Has or will satisfy the professional education
7 requirements of Section 11 of this Act which are effective
8 at the date of application except for postgraduate clinical
9 training;

10 (D) Is physically, mentally, and professionally
11 capable of practicing medicine or treating human ailments
12 without the use of drugs and without operative surgery with
13 reasonable judgment, skill, and safety. In determining
14 physical, mental and professional capacity under this
15 Section, the Licensing Board may, upon a showing of a
16 possible incapacity, compel an applicant to submit to a
17 mental or physical examination and evaluation, or both, and
18 may condition or restrict any temporary license, subject to
19 the same terms and conditions as are provided for the
20 Disciplinary Board under Section 22 of this Act. Any such
21 condition of restricted temporary license shall provide
22 that the Chief Medical Coordinator or Deputy Medical
23 Coordinator shall have the authority to review the subject
24 physician's compliance with such conditions or
25 restrictions, including, where appropriate, the
26 physician's record of treatment and counseling regarding

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

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

15 A 3-year temporary license may be revoked or suspended by
16 the Department upon proof that the holder thereof has engaged
17 in the practice of medicine in this State outside of the
18 program of his or her residency or specialty training, or if
19 the holder shall fail to supply the Department, within 10 days
20 of its request, with information as to his or her current
21 status and activities in his or her specialty training program.
22 Such a revocation or suspension shall comply with the
23 procedures set forth in subsection (d) of Section 37 of this
24 Act.

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

1 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

2 (Section scheduled to be repealed on December 31, 2019)

3 Sec. 18. Visiting professor, physician, or resident
4 permits.

5 (A) Visiting professor permit.

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

10 (a) the person maintains an equivalent
11 authorization to practice medicine in all of its
12 branches or to practice the treatment of human ailments
13 without the use of drugs and without operative surgery
14 in good standing in his or her native licensing
15 jurisdiction during the period of the visiting
16 professor permit;

17 (b) the person has received a faculty appointment
18 to teach in a medical, osteopathic, naturopathic, or
19 chiropractic school in Illinois; and

20 (c) the Department may prescribe the information
21 necessary to establish an applicant's eligibility for
22 a permit. This information shall include without
23 limitation (i) a statement from the dean of the medical
24 school at which the applicant will be employed
25 describing the applicant's qualifications and (ii) a
26 statement from the dean of the medical school listing

1 every affiliated institution in which the applicant
2 will be providing instruction as part of the medical
3 school's education program and justifying any clinical
4 activities at each of the institutions listed by the
5 dean.

6 (2) Application for visiting professor permits shall
7 be made to the Department, in writing, on forms prescribed
8 by the Department and shall be accompanied by the required
9 fee established by rule, which shall not be refundable. Any
10 application shall require the information as, in the
11 judgment of the Department, will enable the Department to
12 pass on the qualifications of the applicant.

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

18 (4) The applicant may be required to appear before the
19 Licensing Board for an interview prior to, and as a
20 requirement for, the issuance of the original permit and
21 the renewal.

22 (5) Persons holding a permit under this Section shall
23 only practice medicine in all of its branches or practice
24 the treatment of human ailments without the use of drugs
25 and without operative surgery in the State of Illinois in
26 their official capacity under their contract within the

1 medical school itself and any affiliated institution in
2 which the permit holder is providing instruction as part of
3 the medical school's educational program and for which the
4 medical school has assumed direct responsibility.

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

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

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

14 For initial renewal, the visiting professor must
15 successfully pass a general competency examination authorized
16 by the Department by rule, unless he or she was issued an
17 initial visiting professor permit on or after January 1, 2007,
18 but prior to July 1, 2007.

19 (B) Visiting physician permit.

20 (1) The Department may, in its discretion, issue a
21 temporary visiting physician permit, without examination,
22 provided:

23 (a) (blank);

24 (b) that the person maintains an equivalent
25 authorization to practice medicine in all of its

1 branches or to practice the treatment of human ailments
2 without the use of drugs and without operative surgery
3 in good standing in his or her native licensing
4 jurisdiction during the period of the temporary
5 visiting physician permit;

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

18 (d) that the temporary visiting physician permit
19 shall only permit the holder to practice medicine in
20 all of its branches or practice the treatment of human
21 ailments without the use of drugs and without operative
22 surgery within the scope of the medical, osteopathic,
23 naturopathic, chiropractic, or clinical studies, or in
24 conjunction with the state or national medical,
25 osteopathic, naturopathic, or chiropractic
26 professional association or society conference or

1 meeting, for which the holder was invited or appointed.

2 (2) The application for the temporary visiting
3 physician permit shall be made to the Department, in
4 writing, on forms prescribed by the Department, and shall
5 be accompanied by the required fee established by rule,
6 which shall not be refundable. The application shall
7 require information that, in the judgment of the
8 Department, will enable the Department to pass on the
9 qualification of the applicant, and the necessity for the
10 granting of a temporary visiting physician permit.

11 (3) A temporary visiting physician permit shall be
12 valid for no longer than (i) 180 days from the date of
13 issuance or (ii) until the time the medical, osteopathic,
14 chiropractic, naturopathic, or clinical studies are
15 completed, or the state or national medical, osteopathic,
16 naturopathic, or chiropractic professional association or
17 society conference or meeting has concluded, whichever
18 occurs first. The temporary visiting physician permit may
19 be issued multiple times to a visiting physician under this
20 paragraph (3) as long as the total number of days it is
21 active do not exceed 180 days within a 365-day period.

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

26 (5) A limited temporary visiting physician permit

1 shall be issued to a physician licensed in another state
2 who has been requested to perform emergency procedures in
3 Illinois if he or she meets the requirements as established
4 by rule.

5 (C) Visiting resident permit.

6 (1) The Department may, in its discretion, issue a
7 temporary visiting resident permit, without examination,
8 provided:

9 (a) (blank);

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

17 (c) that the applicant is enrolled in a
18 postgraduate clinical training program outside the
19 State of Illinois that is approved by the Department;

20 (d) that the individual has been invited or
21 appointed for a specific period of time to perform a
22 portion of that post graduate clinical training
23 program under the supervision of an Illinois licensed
24 physician in an Illinois patient care clinic or
25 facility that is affiliated with the out-of-State post

1 graduate training program; and

2 (e) that the temporary visiting resident permit
3 shall only permit the holder to practice medicine in
4 all of its branches or practice the treatment of human
5 ailments without the use of drugs and without operative
6 surgery within the scope of the medical, osteopathic,
7 naturopathic, chiropractic, or clinical studies for
8 which the holder was invited or appointed.

9 (2) The application for the temporary visiting
10 resident permit shall be made to the Department, in
11 writing, on forms prescribed by the Department, and shall
12 be accompanied by the required fee established by rule. The
13 application shall require information that, in the
14 judgment of the Department, will enable the Department to
15 pass on the qualifications of the applicant.

16 (3) A temporary visiting resident permit shall be valid
17 for 180 days from the date of issuance or until the time
18 the medical, osteopathic, naturopathic, chiropractic, or
19 clinical studies are completed, whichever occurs first.

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

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

25 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

1 (Section scheduled to be repealed on December 31, 2019)

2 Sec. 19. Licensure by endorsement. The Department may, in
3 its discretion, issue a license by endorsement to any person
4 who is currently licensed to practice medicine in all of its
5 branches, a naturopathic physician, or a chiropractic
6 physician, in any other state, territory, country or province,
7 upon the following conditions and submitting evidence
8 satisfactory to the Department of the following:

9 (A) (Blank);

10 (B) That the applicant is of good moral character. In
11 determining moral character under this Section, the
12 Department may take into consideration whether the
13 applicant has engaged in conduct or activities which would
14 constitute grounds for discipline under this Act. The
15 Department may also request the applicant to submit, and
16 may consider as evidence of moral character, endorsements
17 from 2 or 3 individuals licensed under this Act;

18 (C) That the applicant is physically, mentally and
19 professionally capable of practicing medicine with
20 reasonable judgment, skill and safety. In determining
21 physical, mental and professional capacity under this
22 Section the Licensing Board may, upon a showing of a
23 possible incapacity, compel an applicant to submit to a
24 mental or physical examination and evaluation, or both, in
25 the same manner as provided in Section 22 and may condition
26 or restrict any license, subject to the same terms and

1 conditions as are provided for the Disciplinary Board under
2 Section 22 of this Act.

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

5 (1) if the applicant was licensed in another
6 jurisdiction prior to January 1, 1988, that the
7 applicant has satisfied the educational requirements
8 of paragraph (1) of subsection (A) or paragraph (2) of
9 subsection (A) of Section 11 of this Act; or

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

14 (3) the requirements for a license to practice
15 medicine in all of its branches in the particular
16 state, territory, country or province in which the
17 applicant is licensed are deemed by the Department to
18 have been substantially equivalent to the requirements
19 for a license to practice medicine in all of its
20 branches in force in this State at the date of the
21 applicant's license;

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

24 (1) the applicant is a graduate of a chiropractic
25 or naturopathic school or college approved by the
26 Department at the time of their graduation;

1 (2) the requirements for the applicant's license
2 to practice the treatment of human ailments without the
3 use of drugs are deemed by the Department to have been
4 substantially equivalent to the requirements for a
5 license to practice in this State at the date of the
6 applicant's license;

7 (E-5) That if the applicant seeks to practice
8 naturopathic medicine:

9 (1) the applicant is a graduate of a naturopathic
10 school or college approved by the Department at the
11 time of their graduation; and

12 (2) the requirements for the applicant's license
13 to practice naturopathic medicine are deemed by the
14 Department to have been substantially equivalent to
15 the requirements for a license to practice in this
16 State at the date of the applicant's license;

17 (F) That the Department may, in its discretion, issue a
18 license by endorsement to any graduate of a medical or
19 osteopathic college, reputable and in good standing in the
20 judgment of the Department, who has passed an examination
21 for admission to the United States Public Health Service,
22 or who has passed any other examination deemed by the
23 Department to have been at least equal in all substantial
24 respects to the examination required for admission to any
25 such medical corps;

26 (G) That applications for licenses by endorsement

1 shall be filed with the Department, under oath, on forms
2 prepared and furnished by the Department, and shall set
3 forth, and applicants therefor shall supply such
4 information respecting the life, education, professional
5 practice, and moral character of applicants as the
6 Department may require to be filed for its use;

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

9 In the exercise of its discretion under this Section, the
10 Department is empowered to consider and evaluate each applicant
11 on an individual basis. It may take into account, among other
12 things: the extent to which the applicant will bring unique
13 experience and skills to the State of Illinois or the extent to
14 which there is or is not available to the Department authentic
15 and definitive information concerning the quality of medical
16 education and clinical training which the applicant has had.
17 Under no circumstances shall a license be issued under the
18 provisions of this Section to any person who has previously
19 taken and failed the written examination conducted by the
20 Department for such license. In the exercise of its discretion
21 under this Section, the Department may require an applicant to
22 successfully complete an examination as recommended by the
23 Licensing Board. The Department may also request the applicant
24 to submit, and may consider as evidence of moral character,
25 evidence from 2 or 3 individuals licensed under this Act.
26 Applicants have 3 years from the date of application to

1 complete the application process. If the process has not been
2 completed within 3 years, the application shall be denied, the
3 fees shall be forfeited, and the applicant must reapply and
4 meet the requirements in effect at the time of reapplication.

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

6 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 22. Disciplinary action.

9 (A) The Department may revoke, suspend, place on probation,
10 reprimand, refuse to issue or renew, or take any other
11 disciplinary or non-disciplinary action as the Department may
12 deem proper with regard to the license or permit of any person
13 issued under this Act, including imposing fines not to exceed
14 \$10,000 for each violation, upon any of the following grounds:

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

17 (a) a facility licensed pursuant to the Ambulatory
18 Surgical Treatment Center Act;

19 (b) an institution licensed under the Hospital
20 Licensing Act;

21 (c) an ambulatory surgical treatment center or
22 hospitalization or care facility maintained by the
23 State or any agency thereof, where such department or
24 agency has authority under law to establish and enforce
25 standards for the ambulatory surgical treatment

1 centers, hospitalization, or care facilities under its
2 management and control;

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

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

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

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

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

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

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

26 (7) Habitual or excessive use or abuse of drugs defined

1 in law as controlled substances, of alcohol, or of any
2 other substances which results in the inability to practice
3 with reasonable judgment, skill or safety.

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

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

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

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

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

1 (13) Violation of any provision of this Act or of the
2 Medical Practice Act prior to the repeal of that Act, or
3 violation of the rules, or a final administrative action of
4 the Secretary, after consideration of the recommendation
5 of the Disciplinary Board.

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

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

13 (16) Abandonment of a patient.

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

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

23 (19) Offering, undertaking or agreeing to cure or treat
24 disease by a secret method, procedure, treatment or
25 medicine, or the treating, operating or prescribing for any
26 human condition by a method, means or procedure which the

1 licensee refuses to divulge upon demand of the Department.

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

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

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

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

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

26 (25) Gross and willful and continued overcharging for

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

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

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

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

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

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

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

26 (32) Aiding and abetting an individual not licensed

1 under this Act in the practice of a profession licensed
2 under this Act.

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

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

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

1 (36) Failure to report to the Department any adverse
2 judgment, settlement, or award arising from a liability
3 claim related to acts or conduct similar to acts or conduct
4 which would constitute grounds for action as defined in
5 this Section.

6 (37) Failure to provide copies of medical records as
7 required by law.

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

13 (39) Violating the Health Care Worker Self-Referral
14 Act.

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

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

19 (42) Entering into an excessive number of written
20 collaborative agreements with licensed advanced practice
21 registered nurses resulting in an inability to adequately
22 collaborate.

23 (43) Repeated failure to adequately collaborate with a
24 licensed advanced practice registered nurse.

25 (44) Violating the Compassionate Use of Medical
26 Cannabis Pilot Program Act.

1 (45) Entering into an excessive number of written
2 collaborative agreements with licensed prescribing
3 psychologists resulting in an inability to adequately
4 collaborate.

5 (46) Repeated failure to adequately collaborate with a
6 licensed prescribing psychologist.

7 (47) Willfully failing to report an instance of
8 suspected abuse, neglect, financial exploitation, or
9 self-neglect of an eligible adult as defined in and
10 required by the Adult Protective Services Act.

11 (48) Being named as an abuser in a verified report by
12 the Department on Aging under the Adult Protective Services
13 Act, and upon proof by clear and convincing evidence that
14 the licensee abused, neglected, or financially exploited
15 an eligible adult as defined in the Adult Protective
16 Services Act.

17 (49) Entering into an excessive number of written
18 collaborative agreements with licensed physician
19 assistants resulting in an inability to adequately
20 collaborate.

21 (50) Repeated failure to adequately collaborate with a
22 physician assistant.

23 Except for actions involving the ground numbered (26), all
24 proceedings to suspend, revoke, place on probationary status,
25 or take any other disciplinary action as the Department may
26 deem proper, with regard to a license on any of the foregoing

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

26 The entry of an order or judgment by any circuit court

1 establishing that any person holding a license under this Act
2 is a person in need of mental treatment operates as a
3 suspension of that license. That person may resume their
4 practice only upon the entry of a Departmental order based upon
5 a finding by the Disciplinary Board that they have been
6 determined to be recovered from mental illness by the court and
7 upon the Disciplinary Board's recommendation that they be
8 permitted to resume their practice.

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

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

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

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

25 (c) what constitutes immoral conduct in the commission
26 of any act, including, but not limited to, commission of an

1 act of sexual misconduct related to the licensee's
2 practice; and

3 (d) what constitutes gross negligence in the practice
4 of medicine.

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

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

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

1 or applicant and the examining physician or any member of the
2 multidisciplinary team. No authorization is necessary from the
3 licensee, permit holder, or applicant ordered to undergo an
4 evaluation and examination for the examining physician or any
5 member of the multidisciplinary team to provide information,
6 reports, records, or other documents or to provide any
7 testimony regarding the examination and evaluation. The
8 individual to be examined may have, at his or her own expense,
9 another physician of his or her choice present during all
10 aspects of the examination. Failure of any individual to submit
11 to mental or physical examination and evaluation, or both, when
12 directed, shall result in an automatic suspension, without
13 hearing, until such time as the individual submits to the
14 examination. If the Disciplinary Board or Licensing Board finds
15 a physician unable to practice following an examination and
16 evaluation because of the reasons set forth in this Section,
17 the Disciplinary Board or Licensing Board shall require such
18 physician to submit to care, counseling, or treatment by
19 physicians, or other health care professionals, approved or
20 designated by the Disciplinary Board, as a condition for
21 issued, continued, reinstated, or renewed licensure to
22 practice. Any physician, whose license was granted pursuant to
23 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
24 renewed, disciplined or supervised, subject to such terms,
25 conditions or restrictions who shall fail to comply with such
26 terms, conditions or restrictions, or to complete a required

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

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

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

1 State Medical Disciplinary Fund.

2 All fines imposed under this Section shall be paid within
3 60 days after the effective date of the order imposing the fine
4 or in accordance with the terms set forth in the order imposing
5 the fine.

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

17 (C) The Department shall not revoke, suspend, place on
18 probation, reprimand, refuse to issue or renew, or take any
19 other disciplinary or non-disciplinary action against the
20 license or permit issued under this Act to practice medicine to
21 a physician:

22 (1) based solely upon the recommendation of the
23 physician to an eligible patient regarding, or
24 prescription for, or treatment with, an investigational
25 drug, biological product, or device; or

26 (2) for experimental treatment for Lyme disease or

1 other tick-borne diseases, including, but not limited to,
2 the prescription of or treatment with long-term
3 antibiotics.

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

14 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;
15 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.
16 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised
17 12-19-18.)

18 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

19 (Section scheduled to be repealed on December 31, 2019)

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

21 (a) Any physician licensed under this Act, the Illinois
22 State Medical Society, the Illinois Association of Osteopathic
23 Physicians and Surgeons, the Illinois Chiropractic Society,
24 the Illinois Prairie State Chiropractic Association, the
25 Illinois Association of Naturopathic Physicians, or any

1 component societies of any of these 4 groups, and any other
2 person, may report to the Disciplinary Board any information
3 the physician, association, society, or person may have that
4 appears to show that a physician is or may be in violation of
5 any of the provisions of Section 22 of this Act.

6 (b) The Department may enter into agreements with the
7 Illinois State Medical Society, the Illinois Association of
8 Osteopathic Physicians and Surgeons, the Illinois Prairie
9 State Chiropractic Association, ~~or~~ the Illinois Chiropractic
10 Society, or the Illinois Association of Naturopathic
11 Physicians to allow these organizations to assist the
12 Disciplinary Board in the review of alleged violations of this
13 Act. Subject to the approval of the Department, any
14 organization party to such an agreement may subcontract with
15 other individuals or organizations to assist in review.

16 (c) Any physician, association, society, or person
17 participating in good faith in the making of a report under
18 this Act or participating in or assisting with an investigation
19 or review under this Act shall have immunity from any civil,
20 criminal, or other liability that might result by reason of
21 those actions.

22 (d) The medical information in the custody of an entity
23 under contract with the Department participating in an
24 investigation or review shall be privileged and confidential to
25 the same extent as are information and reports under the
26 provisions of Part 21 of Article VIII of the Code of Civil

1 Procedure.

2 (e) Upon request by the Department after a mandatory report
3 has been filed with the Department, an attorney for any party
4 seeking to recover damages for injuries or death by reason of
5 medical, hospital, or other healing art malpractice shall
6 provide patient records related to the physician involved in
7 the disciplinary proceeding to the Department within 30 days of
8 the Department's request for use by the Department in any
9 disciplinary matter under this Act. An attorney who provides
10 patient records to the Department in accordance with this
11 requirement shall not be deemed to have violated any
12 attorney-client privilege. Notwithstanding any other provision
13 of law, consent by a patient shall not be required for the
14 provision of patient records in accordance with this
15 requirement.

16 (f) For the purpose of any civil or criminal proceedings,
17 the good faith of any physician, association, society or person
18 shall be presumed.

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

20 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

21 (Section scheduled to be repealed on December 31, 2019)

22 Sec. 33. Legend drugs.

23 (a) Any person licensed under this Act to practice medicine
24 in all of its branches shall be authorized to purchase legend
25 drugs requiring an order of a person authorized to prescribe

1 drugs, and to dispense such legend drugs in the regular course
2 of practicing medicine. The dispensing of such legend drugs
3 shall be the personal act of the person licensed under this Act
4 and may not be delegated to any other person not licensed under
5 this Act or the Pharmacy Practice Act unless such delegated
6 dispensing functions are under the direct supervision of the
7 physician authorized to dispense legend drugs. Except when
8 dispensing manufacturers' samples or other legend drugs in a
9 maximum 72 hour supply, persons licensed under this Act shall
10 maintain a book or file of prescriptions as required in the
11 Pharmacy Practice Act. Any person licensed under this Act who
12 dispenses any drug or medicine shall dispense such drug or
13 medicine in good faith and shall affix to the box, bottle,
14 vessel or package containing the same a label indicating (1)
15 the date on which such drug or medicine is dispensed; (2) the
16 name of the patient; (3) the last name of the person dispensing
17 such drug or medicine; (4) the directions for use thereof; and
18 (5) the proprietary name or names or, if there are none, the
19 established name or names of the drug or medicine, the dosage
20 and quantity, except as otherwise authorized by regulation of
21 the Department.

22 (b) The labeling requirements set forth in subsection (a)
23 shall not apply to drugs or medicines in a package which bears
24 a label of the manufacturer containing information describing
25 its contents which is in compliance with requirements of the
26 Federal Food, Drug, and Cosmetic Act and the Illinois Food,

1 Drug, and Cosmetic Act. "Drug" and "medicine" have the meanings
2 ascribed to them in the Pharmacy Practice Act, as now or
3 hereafter amended; "good faith" has the meaning ascribed to it
4 in subsection (u) of Section 102 of the Illinois Controlled
5 Substances Act.

6 (c) Prior to dispensing a prescription to a patient, the
7 physician shall offer a written prescription to the patient
8 which the patient may elect to have filled by the physician or
9 any licensed pharmacy.

10 (d) A violation of any provision of this Section shall
11 constitute a violation of this Act and shall be grounds for
12 disciplinary action provided for in this Act.

13 (e) Nothing in this Section shall be construed to authorize
14 a chiropractic physician or naturopathic physician to
15 prescribe drugs.

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

17 (225 ILCS 60/34) (from Ch. 111, par. 4400-34)

18 (Section scheduled to be repealed on December 31, 2019)

19 Sec. 34. The provisions of this Act shall not be so
20 construed nor shall they be so administered as to discriminate
21 against any type or category of physician or against any
22 medical, osteopathic, naturopathic, or chiropractic college.

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

24 Section 25. The Patients' Right to Know Act is amended by

1 changing Section 5 as follows:

2 (225 ILCS 61/5)

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

6 "Department" means the Department of Financial and
7 Professional Regulation.

8 "Disciplinary Board" means the Medical Disciplinary Board.

9 "Physician" means a person licensed under the Medical
10 Practice Act of 1987 to practice medicine in all of its
11 branches, a naturopathic physician, or a chiropractic
12 physician licensed to treat human ailments without the use of
13 drugs and without operative surgery.

14 "Secretary" means the Secretary of the Department of
15 Financial and Professional Regulation.

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

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

19 (225 ILCS 63/25)

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

21 Sec. 25. Title and designation of licensed naprapaths.
22 Every person to whom a valid existing license as a naprapath
23 has been issued under this Act shall be designated

1 professionally a "naprapath", and not otherwise, and any
2 licensed naprapath may, in connection with the practice of his
3 profession, use the title or designation of "naprapath", and,
4 if entitled by degree from a college or university recognized
5 by the Department, may use the title of "Doctor of Naprapathy"
6 or the abbreviation "D.N.". When the name of the licensed
7 naprapath is used professionally in oral, written, or printed
8 announcements, professional cards, or publications for the
9 information of the public and is preceded by the title "Doctor"
10 or the abbreviation "Dr.", the explanatory designation of
11 "naprapath", "naprapathy", "Doctor of Naprapathy", or the
12 designation "D.N." shall be added immediately following title
13 and name. When the announcement, professional cards, or
14 publication is in writing or in print, the explanatory addition
15 shall be in writing, type, or print not less than 1/2 the size
16 of that used in the name and title. No person other than the
17 holder of a valid existing license under this Act shall use the
18 title and designation of "Doctor of Naprapathy", "D.N.", or
19 "naprapath", either directly or indirectly, in connection with
20 his or her profession or business.

21 A naprapath licensed under this Act shall not hold himself
22 or herself out as a Doctor of Chiropractic or a Doctor of
23 Naturopathic Medicine unless he or she is licensed as a Doctor
24 of Chiropractic or Doctor of Naturopathic Medicine under the
25 Medical Practice Act of 1987 or any successor Act.

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

1 (225 ILCS 63/110)

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

3 Sec. 110. Grounds for disciplinary action; refusal,
4 revocation, suspension.

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

11 (1) Violations of this Act or of rules adopted under
12 this Act.

13 (2) Material misstatement in furnishing information to
14 the Department.

15 (3) Conviction by plea of guilty or nolo contendere,
16 finding of guilt, jury verdict, or entry of judgment, or by
17 sentencing of any crime, including, but not limited to,
18 convictions, preceding sentences of supervision,
19 conditional discharge, or first offender probation, under
20 the laws of any jurisdiction of the United States: (i) that
21 is a felony or (ii) that is a misdemeanor, an essential
22 element of which is dishonesty, or that is directly related
23 to the practice of the profession.

24 (4) Fraud or any misrepresentation in applying for or
25 procuring a license under this Act or in connection with

1 applying for renewal of a license under this Act.

2 (5) Professional incompetence or gross negligence.

3 (6) Malpractice.

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

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

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

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

15 (11) Discipline by another U.S. jurisdiction or
16 foreign nation if at least one of the grounds for the
17 discipline is the same or substantially equivalent to those
18 set forth in this Act.

19 (12) Directly or indirectly giving to or receiving from
20 any person, firm, corporation, partnership, or association
21 any fee, commission, rebate, or other form of compensation
22 for any professional services not actually or personally
23 rendered. This shall not be deemed to include rent or other
24 remunerations paid to an individual, partnership, or
25 corporation by a naprapath for the lease, rental, or use of
26 space, owned or controlled by the individual, partnership,

1 corporation, or association. Nothing in this paragraph
2 (12) affects any bona fide independent contractor or
3 employment arrangements among health care professionals,
4 health facilities, health care providers, or other
5 entities, except as otherwise prohibited by law. Any
6 employment arrangements may include provisions for
7 compensation, health insurance, pension, or other
8 employment benefits for the provision of services within
9 the scope of the licensee's practice under this Act.
10 Nothing in this paragraph (12) shall be construed to
11 require an employment arrangement to receive professional
12 fees for services rendered.

13 (13) Using the title "Doctor" or its abbreviation
14 without further clarifying that title or abbreviation with
15 the word "naprapath" or "naprapathy" or the designation
16 "D.N.".

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

20 (15) Abandonment of a patient without cause.

21 (16) Willfully making or filing false records or
22 reports relating to a licensee's practice, including but
23 not limited to, false records filed with State agencies or
24 departments.

25 (17) 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 (18) Physical or mental illness or disability,
3 including, but not limited to, deterioration through the
4 aging process or loss of motor skill that results in the
5 inability to practice the profession with reasonable
6 judgment, skill, or safety.

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

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

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

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

15 (23) (Blank).

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

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

25 (26) Immoral conduct in the commission of any act, such
26 as sexual abuse, sexual misconduct, or sexual

1 exploitation, related to the licensee's practice.

2 (27) Maintaining a professional relationship with any
3 person, firm, or corporation when the naprapath knows, or
4 should know, that the person, firm, or corporation is
5 violating this Act.

6 (28) Promotion of the sale of food supplements,
7 devices, appliances, or goods provided for a client or
8 patient in such manner as to exploit the patient or client
9 for financial gain of the licensee.

10 (29) Having treated ailments of human beings other than
11 by the practice of naprapathy as defined in this Act, or
12 having treated ailments of human beings as a licensed
13 naprapath independent of a documented referral or
14 documented current and relevant diagnosis from a
15 physician, dentist, or podiatric physician, or having
16 failed to notify the physician, dentist, or podiatric
17 physician who established a documented current and
18 relevant diagnosis that the patient is receiving
19 naprapathic treatment pursuant to that diagnosis.

20 (30) Use by a registered naprapath of the word
21 "infirmary", "hospital", "school", "university", in
22 English or any other language, in connection with the place
23 where naprapathy may be practiced or demonstrated.

24 (31) Continuance of a naprapath in the employ of any
25 person, firm, or corporation, or as an assistant to any
26 naprapath or naprapaths, directly or indirectly, after his

1 or her employer or superior has been found guilty of
2 violating or has been enjoined from violating the laws of
3 the State of Illinois relating to the practice of
4 naprapathy when the employer or superior persists in that
5 violation.

6 (32) The performance of naprapathic service in
7 conjunction with a scheme or plan with another person,
8 firm, or corporation known to be advertising in a manner
9 contrary to this Act or otherwise violating the laws of the
10 State of Illinois concerning the practice of naprapathy.

11 (33) Failure to provide satisfactory proof of having
12 participated in approved continuing education programs as
13 determined by and approved by the Secretary. Exceptions for
14 extreme hardships are to be defined by the rules of the
15 Department.

16 (34) (Blank).

17 (35) Gross or willful overcharging for professional
18 services.

19 (36) (Blank).

20 All fines imposed under this Section shall be paid within
21 60 days after the effective date of the order imposing the
22 fine.

23 (b) The Department may refuse to issue or may suspend
24 without hearing, as provided for in the Department of
25 Professional Regulation Law of the Civil Administrative Code,
26 the license of any person who fails to file a return, or pay

1 the tax, penalty, or interest shown in a filed return, or pay
2 any final assessment of the tax, penalty, or interest as
3 required by any tax Act administered by the Illinois Department
4 of Revenue, until such time as the requirements of any such tax
5 Act are satisfied in accordance with subsection (g) of Section
6 2105-15 of the Department of Professional Regulation Law of the
7 Civil Administrative Code of Illinois.

8 (c) (Blank).

9 (d) In cases where the Department of Healthcare and Family
10 Services has previously determined a licensee or a potential
11 licensee is more than 30 days delinquent in the payment of
12 child support and has subsequently certified the delinquency to
13 the Department, the Department may refuse to issue or renew or
14 may revoke or suspend that person's license or may take other
15 disciplinary action against that person based solely upon the
16 certification of delinquency made by the Department of
17 Healthcare and Family Services in accordance with item (5) of
18 subsection (a) of Section 2105-15 of the Department of
19 Professional Regulation Law of the Civil Administrative Code of
20 Illinois.

21 (e) The determination by a circuit court that a licensee is
22 subject to involuntary admission or judicial admission, as
23 provided in the Mental Health and Developmental Disabilities
24 Code, operates as an automatic suspension. The suspension shall
25 end only upon a finding by a court that the patient is no
26 longer subject to involuntary admission or judicial admission

1 and the issuance of an order so finding and discharging the
2 patient.

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

1 testing, or neuropsychological testing.

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

1 such time as the individual submits to the examination.

2 A person holding a license under this Act or who has
3 applied for a license under this Act who, because of a physical
4 or mental illness or disability, including, but not limited to,
5 deterioration through the aging process or loss of motor skill,
6 is unable to practice the profession with reasonable judgment,
7 skill, or safety, may be required by the Department to submit
8 to care, counseling, or treatment by physicians approved or
9 designated by the Department as a condition, term, or
10 restriction for continued, reinstated, or renewed licensure to
11 practice. Submission to care, counseling, or treatment as
12 required by the Department shall not be considered discipline
13 of a license. If the licensee refuses to enter into a care,
14 counseling, or treatment agreement or fails to abide by the
15 terms of the agreement, the Department may file a complaint to
16 revoke, suspend, or otherwise discipline the license of the
17 individual. The Secretary may order the license suspended
18 immediately, pending a hearing by the Department. Fines shall
19 not be assessed in disciplinary actions involving physical or
20 mental illness or impairment.

21 In instances in which the Secretary immediately suspends a
22 person's license under this Section, a hearing on that person's
23 license must be convened by the Department within 15 days after
24 the suspension and completed without appreciable delay. The
25 Department shall have the authority to review the subject
26 individual's record of treatment and counseling regarding the

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

4 An individual licensed under this Act and affected under
5 this Section shall be afforded an opportunity to demonstrate to
6 the Department that he or she can resume practice in compliance
7 with acceptable and prevailing standards under the provisions
8 of his or her license.

9 (Source: P.A. 100-872, eff. 8-14-18.)

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

12 (225 ILCS 90/1) (from Ch. 111, par. 4251)

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

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

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

16 (A) Examining, evaluating, and testing individuals who
17 may have mechanical, physiological, or developmental
18 impairments, functional limitations, disabilities, or
19 other health and movement-related conditions, classifying
20 these disorders, determining a rehabilitation prognosis
21 and plan of therapeutic intervention, and assessing the
22 ongoing effects of the interventions.

23 (B) Alleviating impairments, functional limitations,
24 or disabilities by designing, implementing, and modifying

1 therapeutic interventions that may include, but are not
2 limited to, the evaluation or treatment of a person through
3 the use of the effective properties of physical measures
4 and heat, cold, light, water, radiant energy, electricity,
5 sound, and air and use of therapeutic massage, therapeutic
6 exercise, mobilization, and rehabilitative procedures,
7 with or without assistive devices, for the purposes of
8 preventing, correcting, or alleviating a physical or
9 mental impairment, functional limitation, or disability.

10 (C) Reducing the risk of injury, impairment,
11 functional limitation, or disability, including the
12 promotion and maintenance of fitness, health, and
13 wellness.

14 (D) Engaging in administration, consultation,
15 education, and research.

16 "Physical therapy" includes, but is not limited to: (a)
17 performance of specialized tests and measurements, (b)
18 administration of specialized treatment procedures, (c)
19 interpretation of referrals from physicians, dentists,
20 advanced practice registered nurses, physician assistants, and
21 podiatric physicians, (d) establishment, and modification of
22 physical therapy treatment programs, (e) administration of
23 topical medication used in generally accepted physical therapy
24 procedures when such medication is either prescribed by the
25 patient's physician, licensed to practice medicine in all its
26 branches, the patient's physician licensed to practice

1 podiatric medicine, the patient's advanced practice registered
2 nurse, the patient's physician assistant, or the patient's
3 dentist or used following the physician's orders or written
4 instructions, (f) supervision or teaching of physical therapy,
5 and (g) dry needling in accordance with Section 1.5. "Physical
6 therapy" does not include radiology, electrosurgery,
7 chiropractic technique, naturopathic technique, or
8 determination of a differential diagnosis; provided, however,
9 the limitation on determining a differential diagnosis shall
10 not in any manner limit a physical therapist licensed under
11 this Act from performing an evaluation and establishing a
12 physical therapy treatment plan pursuant to such license.
13 Nothing in this Section shall limit a physical therapist from
14 employing appropriate physical therapy techniques that he or
15 she is educated and licensed to perform.

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

19 (3) "Department" means the Department of Professional
20 Regulation.

21 (4) "Director" means the Director of Professional
22 Regulation.

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

25 (6) "Referral" means a written or oral authorization for
26 physical therapy services for a patient by a physician,

1 dentist, advanced practice registered nurse, physician
2 assistant, or podiatric physician who maintains medical
3 supervision of the patient and makes a diagnosis or verifies
4 that the patient's condition is such that it may be treated by
5 a physical therapist.

6 (7) (Blank).

7 (8) "State" includes:

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

9 (b) the District of Columbia; and

10 (c) the Commonwealth of Puerto Rico.

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

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

23 (11) "Advanced practice registered nurse" means a person
24 licensed as an advanced practice registered nurse under the
25 Nurse Practice Act.

26 (12) "Physician assistant" means a person licensed under

1 the Physician Assistant Practice Act of 1987.

2 (13) "Health care professional" means a physician,
3 dentist, podiatric physician, advanced practice registered
4 nurse, or physician assistant.

5 (Source: P.A. 99-173, eff. 7-29-15; 99-229, eff. 8-3-15;
6 99-642, eff. 7-28-16; 100-201, eff. 8-18-17; 100-418, eff.
7 8-25-17; 100-513, eff. 1-1-18; 100-863, eff. 8-14-18; 100-897,
8 eff. 8-16-18.)

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

11 (710 ILCS 15/2) (from Ch. 10, par. 202)

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

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

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

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

1 a patient.

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

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

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.

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3	20 ILCS 3945/2	from Ch. 144, par. 2002
4	105 ILCS 5/24-6	
5	105 ILCS 5/26-1	from Ch. 122, par. 26-1
6	215 ILCS 5/122-1	from Ch. 73, par. 734-1
7	225 ILCS 60/2	from Ch. 111, par. 4400-2
8	225 ILCS 60/7	from Ch. 111, par. 4400-7
9	225 ILCS 60/8	from Ch. 111, par. 4400-8
10	225 ILCS 60/9	from Ch. 111, par. 4400-9
11	225 ILCS 60/10	from Ch. 111, par. 4400-10
12	225 ILCS 60/11	from Ch. 111, par. 4400-11
13	225 ILCS 60/14	from Ch. 111, par. 4400-14
14	225 ILCS 60/15	from Ch. 111, par. 4400-15
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18	225 ILCS 60/19	from Ch. 111, par. 4400-19
19	225 ILCS 60/22	from Ch. 111, par. 4400-22
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- 1 225 ILCS 90/1 from Ch. 111, par. 4251
- 2 710 ILCS 15/2 from Ch. 10, par. 202