



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

SB1725

Introduced 2/15/2019, by Sen. Antonio Muñoz

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides that a physician licensed to practice medicine in all its branches may collaborate with a physician assistant (rather than may delegate care and treatment responsibilities to a physician assistant). Provides that a collaborative agreement shall be for services in the same area of practice or specialty as the collaborating physician in his or her medical practice. Deletes language providing that a physician may enter into collaborative agreements with no more than 7 full-time physician assistants. Amends the Physician Practice Act of 1987. Provides that a physician assistant in a health professional shortage area with a score greater than or equal to 12 shall own his or her own medical practice. Provides that medical and surgical services provided by a physician assistant include: obtaining and performing comprehensive health histories and physical examinations; evaluating, diagnosing, and providing medical treatment; ordering, performing, and interpreting diagnostic studies and therapeutic procedures; educating patients on health promotion and disease prevention; providing consultation upon request; and writing medical orders. Provides other provisions regarding scope of practice. Deletes language requiring: a written collaborative agreement for all physician assistants to practice in the State; and a written collaborative agreement to describe the working relationship of the physician assistant with the collaborating physician and the categories of care, treatment, or procedures to be provided by the physician assistant. Creates the Physician Assistant Medical Licensing Board (rather than the physician assistant advisory committee). Makes other changes. Effective January 1, 2020.

LRB101 08895 JRG 53985 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Medical Practice Act of 1987 is amended by  
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 54.5. Physician delegation of authority to physician  
9 assistants, advanced practice registered nurses without full  
10 practice authority, and prescribing psychologists.

11 (a) A physician licensed to practice medicine in all its  
12 branches may collaborate with a physician assistant under  
13 guidelines in accordance with the requirements of the Physician  
14 Assistant Practice Act 1987. Collaboration is for the purpose  
15 of providing medical consultation, and no employment  
16 relationship is required. A collaborative agreement shall  
17 conform to the requirements of Section 7 of the Physician  
18 Assistant Practice Act of 1987. The collaborative agreement  
19 shall be for services in the same area of practice or specialty  
20 as the collaborating physician in his or her clinical medical  
21 practice. A collaborative agreement shall be adequate with  
22 respect to collaboration with physician assistant if all of the  
23 following apply:

1           (1) The agreement is to promote the exercise of  
2           professional judgment by the physician assistant  
3           commensurate with his or her education and experience.

4           (2) The physician assistant provides services based  
5           upon a collaborative agreement with the collaborating  
6           physician, except as set forth in section 7.7 of the  
7           Physician Assistant Practice Act of 1987. With respect to  
8           labor and delivery, the collaborating physician must  
9           provide delivery services in order to participate with the  
10           physician assistant.

11           (3) Methods of communication are available with the  
12           collaborating physician in person or through  
13           telecommunications for consultation, collaboration, and  
14           referral as needed to address patient care needs.  
15           ~~Physicians licensed to practice medicine in all its~~  
16           ~~branches may delegate care and treatment responsibilities~~  
17           ~~to a physician assistant under guidelines in accordance~~  
18           ~~with the requirements of the Physician Assistant Practice~~  
19           ~~Act of 1987. A physician licensed to practice medicine in~~  
20           ~~all its branches may enter into collaborative agreements~~  
21           ~~with no more than 7 full-time equivalent physician~~  
22           ~~assistants, except in a hospital, hospital affiliate, or~~  
23           ~~ambulatory surgical treatment center as set forth by~~  
24           ~~Section 7.7 of the Physician Assistant Practice Act of 1987~~  
25           ~~and as provided in subsection (a-5).~~

26           (a-5) (Blank). ~~A physician licensed to practice medicine in~~

1 ~~all its branches may collaborate with more than 7 physician~~  
2 ~~assistants when the services are provided in a federal primary~~  
3 ~~care health professional shortage area with a Health~~  
4 ~~Professional Shortage Area score greater than or equal to 12,~~  
5 ~~as determined by the United States Department of Health and~~  
6 ~~Human Services.~~

7 ~~The collaborating physician must keep appropriate~~  
8 ~~documentation of meeting this exemption and make it available~~  
9 ~~to the Department upon request.~~

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

23 (1) The agreement is written to promote the exercise of  
24 professional judgment by the advanced practice registered  
25 nurse commensurate with his or her education and  
26 experience.

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

8           (3) Methods of communication are available with the  
9 collaborating physician in person or through  
10 telecommunications for consultation, collaboration, and  
11 referral as needed to address patient care needs.

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

21           (1) an anesthesiologist or a physician participates in  
22 the joint formulation and joint approval of orders or  
23 guidelines and periodically reviews such orders and the  
24 services provided patients under such orders; and

25           (2) for anesthesia services, the anesthesiologist or  
26 physician participates through discussion of and agreement

1 with the anesthesia plan and is physically present and  
2 available on the premises during the delivery of anesthesia  
3 services for diagnosis, consultation, and treatment of  
4 emergency medical conditions. Anesthesia services in a  
5 hospital shall be conducted in accordance with Section 10.7  
6 of the Hospital Licensing Act and in an ambulatory surgical  
7 treatment center in accordance with Section 6.5 of the  
8 Ambulatory Surgical Treatment Center Act.

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

12 (c) The collaborating physician shall have access to the  
13 medical records of all patients attended by a physician  
14 assistant. The collaborating physician shall have access to the  
15 medical records of all patients attended to by an advanced  
16 practice registered nurse.

17 (d) (Blank).

18 (e) A physician shall not be liable for the acts or  
19 omissions of a prescribing psychologist, physician assistant,  
20 or advanced practice registered nurse solely on the basis of  
21 having signed a supervision agreement or guidelines or a  
22 collaborative agreement, an order, a standing medical order, a  
23 standing delegation order, or other order or guideline  
24 authorizing a prescribing psychologist, physician assistant,  
25 or advanced practice registered nurse to perform acts, unless  
26 the physician has reason to believe the prescribing

1 psychologist, physician assistant, or advanced practice  
2 registered nurse lacked the competency to perform the act or  
3 acts or commits willful and wanton misconduct.

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

9 (g) A collaborating physician may, but is not required to,  
10 delegate prescriptive authority to a physician assistant as  
11 part of a ~~written~~ collaborative agreement, and the delegation  
12 of prescriptive authority shall conform to the requirements of  
13 Section 7.5 of the Physician Assistant Practice Act of 1987.

14 (h) (Blank).

15 (i) A collaborating physician shall delegate prescriptive  
16 authority to a prescribing psychologist as part of a ~~written~~  
17 collaborative agreement, and the delegation of prescriptive  
18 authority shall conform to the requirements of Section 4.3 of  
19 the Clinical Psychologist Licensing Act.

20 (j) As set forth in Section 22.2 of this Act, a licensee  
21 under this Act may not directly or indirectly divide, share, or  
22 split any professional fee or other form of compensation for  
23 professional services with anyone in exchange for a referral or  
24 otherwise, other than as provided in Section 22.2.

25 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;  
26 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.

1 8-14-18.)

2 Section 10. The Physician Assistant Practice Act of 1987 is  
3 amended by adding Section 6.1 and changing Sections 1, 4, 5,  
4 5.5, 6, 7, 7.5, 7.7, 11, 21, and 22.1 as follows:

5 (225 ILCS 95/1) (from Ch. 111, par. 4601)

6 (Section scheduled to be repealed on January 1, 2028)

7 Sec. 1. Legislative purpose. The practice as a physician  
8 assistant in the State of Illinois is hereby declared to affect  
9 the public health, safety and welfare and to be subject to  
10 regulation and control in the public interest. The purpose and  
11 legislative intent of this Act is to encourage and promote the  
12 more effective utilization of the skills of physicians by  
13 enabling them to collaborate on ~~delegate~~ certain health tasks  
14 to physician assistants ~~where such delegation is consistent~~  
15 ~~with the health and welfare of the patient and is conducted at~~  
16 ~~the direction of and under the responsible supervision of the~~  
17 ~~physician.~~

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



1 (Source: P.A. 100-453, eff. 8-25-17.)

2 (225 ILCS 95/4) (from Ch. 111, par. 4604)

3 (Section scheduled to be repealed on January 1, 2028)

4 Sec. 4. Definitions. In this Act:

5 1. "Department" means the Department of Financial and  
6 Professional Regulation.

7 2. "Secretary" means the Secretary of Financial and  
8 Professional Regulation.

9 3. "Physician assistant" means any person not holding an  
10 active license or permit issued by the Department pursuant to  
11 the Medical Practice Act of 1987 who has been certified as a  
12 physician assistant by the National Commission on the  
13 Certification of Physician Assistants or equivalent successor  
14 agency and performs procedures in collaboration with a  
15 physician as defined in this Act. A physician assistant may  
16 perform such procedures within the specialty of the  
17 collaborating physician, except that such physician shall  
18 exercise such direction, collaboration, and control over such  
19 physician assistants as will assure that patients shall receive  
20 quality medical care. Physician assistants shall be capable of  
21 performing a variety of tasks within the specialty of medical  
22 care in collaboration with a physician. Collaboration with the  
23 physician assistant shall not be construed to necessarily  
24 require the personal presence of the collaborating physician at  
25 all times at the place where services are rendered, as long as

1 there is communication available for consultation by radio,  
2 telephone or telecommunications within established guidelines  
3 as determined by the physician/physician assistant team. The  
4 collaborating physician may collaborate on ~~delegate~~ tasks and  
5 duties with ~~to~~ the physician assistant. Collaborated ~~Delegated~~  
6 tasks or duties shall be consistent with physician assistant  
7 education, training, and experience. The collaborated  
8 ~~delegated~~ tasks or duties shall be specific to the practice  
9 setting and shall be implemented and reviewed under a ~~written~~  
10 collaborative agreement established by the physician or  
11 physician/physician assistant team. A physician assistant,  
12 acting as an agent of the physician, shall be permitted to  
13 transmit the collaborating physician's orders as determined by  
14 the institution's by-laws, policies, procedures, or job  
15 description within which the physician/physician assistant  
16 team practices. Physician assistants shall practice only in  
17 accordance with a ~~written~~ collaborative agreement.

18 Any person who holds an active license or permit issued  
19 pursuant to the Medical Practice Act of 1987 shall have that  
20 license automatically placed into inactive status upon  
21 issuance of a physician assistant license. Any person who holds  
22 an active license as a physician assistant who is issued a  
23 license or permit pursuant to the Medical Practice Act of 1987  
24 shall have his or her physician assistant license automatically  
25 placed into inactive status.

26 3.5. "Physician assistant practice" means the performance

1 of procedures, including procedures in the behavioral and  
2 mental health services, within the specialty of the  
3 collaborating physician. Physician assistants shall be capable  
4 of performing a variety of tasks within the specialty of  
5 medical care of the collaborating physician. Collaboration  
6 with the physician assistant shall not be construed to  
7 necessarily require the personal presence of the collaborating  
8 physician at all times at the place where services are  
9 rendered, as long as there is communication available for  
10 consultation by radio, telephone, telecommunications, or  
11 electronic communications. The collaborating physician may  
12 collaborate on ~~delegate~~ tasks and duties with ~~to~~ the physician  
13 assistant. ~~Delegated tasks or duties shall be~~ consistent with  
14 physician assistant education, training, and experience. ~~The~~  
15 ~~delegated tasks or duties shall be specific to the practice~~  
16 ~~setting and shall be implemented and reviewed under a written~~  
17 ~~collaborative agreement established by the physician or~~  
18 ~~physician/physician assistant team.~~ A physician assistant  
19 shall be permitted to transmit the collaborating physician's  
20 orders as determined by the institution's bylaws, policies, or  
21 procedures or the job description within which the  
22 physician/physician assistant team practices. ~~Physician~~  
23 ~~assistants shall practice only in accordance with a written~~  
24 ~~collaborative agreement, except as provided in Section 7.5 of~~  
25 ~~this Act.~~

26 4. "Board" means the Medical Licensing Board constituted

1 under the Medical Practice Act of 1987.

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

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

6 7. "Collaborating physician" means the physician who,  
7 within his or her specialty and expertise, may collaborate on  
8 ~~delegate~~ a variety of tasks and procedures with ~~to~~ the  
9 physician assistant. Such tasks and procedures shall be  
10 collaborated ~~delegated~~ in accordance with a ~~written~~  
11 collaborative agreement.

12 8. (Blank).

13 9. "Address of record" means the designated address  
14 recorded by the Department in the applicant's or licensee's  
15 application file or license file maintained by the Department's  
16 licensure maintenance unit.

17 10. "Hospital affiliate" means a corporation, partnership,  
18 joint venture, limited liability company, or similar  
19 organization, other than a hospital, that is devoted primarily  
20 to the provision, management, or support of health care  
21 services and that directly or indirectly controls, is  
22 controlled by, or is under common control of the hospital. For  
23 the purposes of this definition, "control" means having at  
24 least an equal or a majority ownership or membership interest.  
25 A hospital affiliate shall be 100% owned or controlled by any  
26 combination of hospitals, their parent corporations, or

1 physicians licensed to practice medicine in all its branches in  
2 Illinois. "Hospital affiliate" does not include a health  
3 maintenance organization regulated under the Health  
4 Maintenance Organization Act.

5 11. "Email address of record" means the designated email  
6 address recorded by the Department in the applicant's  
7 application file or the licensee's license file, as maintained  
8 by the Department's licensure maintenance unit.

9 (Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

10 (225 ILCS 95/5.5)

11 (Section scheduled to be repealed on January 1, 2028)

12 Sec. 5.5. Billing. A physician assistant shall ~~not~~ be  
13 allowed to personally bill patients or ~~in any way~~ charge for  
14 services. The employer of a physician assistant may charge for  
15 services rendered by the physician assistant. All claims for  
16 services rendered by the physician assistant shall be submitted  
17 using the physician assistant's national provider  
18 identification number as the rendering provider whenever  
19 appropriate. Payment for services rendered by a physician  
20 assistant shall be made to his or her employer if the payor  
21 would have made payment had the services been provided by a  
22 physician licensed to provide medicine in all of its branches.  
23 A physician assistant in a health professional shortage area  
24 with a score greater than or equal to 12 shall own his or her  
25 own medical practice.

1 (Source: P.A. 100-453, eff. 8-25-17; 100-559, eff. 12-8-17.)

2 (225 ILCS 95/6) (from Ch. 111, par. 4606)

3 (Section scheduled to be repealed on January 1, 2028)

4 Sec. 6. Physician assistant title.

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

9 (b) A physician assistant shall verbally identify himself  
10 or herself as a physician assistant, including specialty  
11 certification, to each patient.

12 (c) Nothing in this Act shall be construed to relieve a  
13 physician assistant of the professional or legal  
14 responsibility for the care and treatment of persons attended  
15 by him or her.

16 (d) The collaborating physician shall file with the  
17 Department notice of employment, discharge, or collaboration  
18 with a physician assistant at the time of employment,  
19 discharge, or assumption of collaboration with a physician  
20 assistant.

21 (Source: P.A. 100-453, eff. 8-25-17.)

22 (225 ILCS 95/6.1 new)

23 Sec. 6.1. Scope of practice.

24 (a) Medical and surgical services provided by a physician

1 assistant include, but are not limited to:

2 (i) obtaining and performing comprehensive health  
3 histories and physical examinations;

4 (ii) evaluating, diagnosing, managing, and providing  
5 medical treatment;

6 (iii) ordering, performing, and interpreting  
7 diagnostic studies and therapeutic procedures;

8 (iv) educating patients on health promotion and  
9 disease prevention;

10 (v) providing consultation upon request; and

11 (vi) writing medical orders.

12 (b) A physician assistant may provide services in health  
13 care facilities or programs including, but not limited to,  
14 hospitals, nursing facilities, assisted living facilities,  
15 behavioral and mental health facilities, and hospices.

16 (c) A physician assistant may obtain informed consent.

17 (d) A physician assistant may supervise, delegate, and  
18 assign therapeutic and diagnostic measures to licensed or  
19 unlicensed personnel.

20 (e) A physician assistant may certify the health or  
21 disability of a patient as required by any local, State, or  
22 federal program.

23 (f) A physician assistant may authenticate any document  
24 with his or her signature, certification, stamp, verification,  
25 affidavit, or endorsement if it may be authenticated by the  
26 signature, certification, stamp, verification, affidavit, or

1 endorsement of a physician.

2 (g) A physician assistant shall collaborate with, consult  
3 with, or refer to the appropriate member of the healthcare team  
4 as indicated by the patient's condition, the education,  
5 experience, and competencies of the physician assistant, and  
6 the standard of care. The degree of collaboration shall be  
7 determined by the practice which may include decisions made by  
8 the employer, group, hospital service, and the credentialing  
9 and privileging systems of licensed facilities.

10 (h) A physician assistant is responsible for the care they  
11 provide.

12 (225 ILCS 95/7) (from Ch. 111, par. 4607)

13 (Section scheduled to be repealed on January 1, 2028)

14 Sec. 7. Collaboration requirements.

15 ~~(a) A collaborating physician shall determine the number of~~  
16 ~~physician assistants to collaborate with, provided the~~  
17 ~~physician is able to provide adequate collaboration as outlined~~  
18 ~~in the written collaborative agreement required under Section~~  
19 ~~7.5 of this Act and consideration is given to the nature of the~~  
20 ~~physician's practice, complexity of the patient population,~~  
21 ~~and the experience of each physician assistant. A collaborating~~  
22 ~~physician may collaborate with a maximum of 7 full-time~~  
23 ~~equivalent physician assistants as described in Section 54.5 of~~  
24 ~~the Medical Practice Act of 1987. As used in this Section,~~  
25 ~~"full time equivalent" means the equivalent of 40 hours per~~



1 ~~week per individual.~~ Physicians and physician assistants who  
2 work in a hospital, hospital affiliate, or ambulatory surgical  
3 treatment center as defined by Section 7.7 of this Act are  
4 exempt from the collaborative ratio restriction requirements  
5 of this Section. A physician assistant shall be able to hold  
6 more than one professional position. A collaborating physician  
7 shall file a notice of collaboration of each physician  
8 assistant according to the rules of the Department.

9 Physician assistants shall collaborate only with  
10 physicians as defined in this Act who are engaged in clinical  
11 practice, or in clinical practice in public health or other  
12 community health facilities.

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

16 Nothing in this Act shall be construed to prohibit the  
17 employment of physician assistants by a hospital, nursing home  
18 or other health care facility ~~where such physician assistants~~  
19 ~~function under a collaborating physician.~~

20 A physician assistant may be employed by a practice group  
21 or other entity employing multiple physicians at one or more  
22 locations. In that case, one of the physicians practicing at a  
23 location shall be ~~designated~~ the collaborating physician. The  
24 other physicians with that practice group or other entity who  
25 practice in the same general type of practice or specialty as  
26 the collaborating physician may collaborate with the physician

1 assistant with respect to their patients.

2 (b) A physician assistant licensed in this State, or  
3 licensed or authorized to practice in any other U.S.  
4 jurisdiction or credentialed by his or her federal employer as  
5 a physician assistant, who is responding to a need for medical  
6 care created by an emergency or by a state or local disaster  
7 may render such care that the physician assistant is able to  
8 provide without collaboration as it is defined in this Section  
9 or with such collaboration as is available.

10 Any physician who collaborates with a physician assistant  
11 providing medical care in response to such an emergency or  
12 state or local disaster shall not be required to meet the  
13 requirements set forth in this Section for a collaborating  
14 physician.

15 (Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

16 (225 ILCS 95/7.5)

17 (Section scheduled to be repealed on January 1, 2028)

18 Sec. 7.5. Collaborative ~~Written collaborative~~ agreements;  
19 prescriptive authority.

20 (a) ~~A written collaborative agreement is required for all~~  
21 ~~physician assistants to practice in the State, except as~~  
22 ~~provided in Section 7.7 of this Act.~~

23 (1) ~~A written collaborative agreement shall describe~~  
24 ~~the working relationship of the physician assistant with~~  
25 ~~the collaborating physician and shall describe the~~

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

1 individually or through delegation to other persons so that  
2 the physician has the experience and ability to collaborate  
3 and provide consultation.

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

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

12 (B) Provides consultation at least once a month.

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

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

21 (b) A collaborating physician may, but is not required to,  
22 delegate prescriptive authority to a physician assistant as  
23 part of a ~~written~~ collaborative agreement. This authority may,  
24 but is not required to, include prescription of, selection of,  
25 orders for, administration of, storage of, acceptance of  
26 samples of, and dispensing medical devices, over the counter

1 medications, legend drugs, medical gases, and controlled  
2 substances categorized as Schedule II through V controlled  
3 substances, as defined in Article II of the Illinois Controlled  
4 Substances Act, and other preparations, including, but not  
5 limited to, botanical and herbal remedies. The collaborating  
6 physician must have a valid, current Illinois controlled  
7 substance license and federal registration with the Drug  
8 Enforcement Agency to delegate the authority to prescribe  
9 controlled substances.

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

16 (2) The collaborating physician shall file with the  
17 Department ~~notice of delegation of prescriptive authority~~  
18 ~~to a physician assistant and termination of delegation,~~  
19 ~~specifying the authority delegated or terminated. Upon~~  
20 ~~receipt of this notice~~ delegating authority to prescribe  
21 controlled substances, the physician assistant shall be  
22 eligible to register for a mid-level practitioner  
23 controlled substances license under Section 303.05 of the  
24 Illinois Controlled Substances Act. Nothing in this Act  
25 shall be construed to limit the delegation of tasks or  
26 duties by the collaborating physician to a nurse or other

1 appropriately trained persons in accordance with Section  
2 54.2 of the Medical Practice Act of 1987.

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

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

17 (B) (Blank).

18 (C) Any prescription must be limited to no more  
19 than a 30-day supply, with any continuation authorized  
20 only after prior approval of the collaborating  
21 physician.

22 (D) The physician assistant must discuss the  
23 condition of any patients for whom a controlled  
24 substance is prescribed monthly with the collaborating  
25 physician.

26 (E) The physician assistant meets the education

1 requirements of Section 303.05 of the Illinois  
2 Controlled Substances Act.

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

13 (c-5) Nothing in this Section shall be construed to apply  
14 to any medication authority, including Schedule II controlled  
15 substances of a licensed physician assistant for care provided  
16 in a hospital, hospital affiliate, or ambulatory surgical  
17 treatment center pursuant to Section 7.7 of this Act.

18 (d) (Blank).

19 (e) Nothing in this Section shall be construed to prohibit  
20 generic substitution.

21 (Source: P.A. 100-453, eff. 8-25-17.)

22 (225 ILCS 95/7.7)

23 (Section scheduled to be repealed on January 1, 2028)

24 Sec. 7.7. Physician assistants in hospitals, hospital  
25 affiliates, or ambulatory surgical treatment centers.

1 (a) A physician assistant may provide services in a  
2 hospital as defined in the Hospital Licensing Act, a hospital  
3 affiliate as defined in the University of Illinois Hospital  
4 Act, or a licensed ambulatory surgical treatment center as  
5 defined in the Ambulatory Surgical Treatment Center Act without  
6 a ~~written~~ collaborative agreement pursuant to Section 7.5 of  
7 this Act. A physician assistant must possess clinical  
8 privileges recommended by the hospital medical staff and  
9 granted by the hospital or the consulting medical staff  
10 committee and ambulatory surgical treatment center in order to  
11 provide services. The medical staff or consulting medical staff  
12 committee shall periodically review the services of physician  
13 assistants granted clinical privileges, including any care  
14 provided in a hospital affiliate. Authority may also be granted  
15 when recommended by the hospital medical staff and granted by  
16 the hospital or recommended by the consulting medical staff  
17 committee and ambulatory surgical treatment center to  
18 individual physician assistants to select, order, and  
19 administer medications, including controlled substances, to  
20 provide delineated care. In a hospital, hospital affiliate, or  
21 ambulatory surgical treatment center, the attending physician  
22 shall collaborate with a physician ~~determine a physician~~  
23 ~~assistant's~~ role in providing care for his or her patients,  
24 except as otherwise provided in the medical staff bylaws or  
25 consulting committee policies.

26 (a-5) Physician assistants practicing in a hospital



1 affiliate may be, but are not required to be, granted authority  
2 to prescribe Schedule II through V controlled substances when  
3 such authority is recommended by the appropriate physician  
4 committee of the hospital affiliate and granted by the hospital  
5 affiliate. This authority may, but is not required to, include  
6 prescription of, selection of, orders for, administration of,  
7 storage of, acceptance of samples of, and dispensing  
8 over-the-counter medications, legend drugs, medical gases, and  
9 controlled substances categorized as Schedule II through V  
10 controlled substances, as defined in Article II of the Illinois  
11 Controlled Substances Act, and other preparations, including,  
12 but not limited to, botanical and herbal remedies.

13 To prescribe controlled substances under this subsection  
14 (a-5), a physician assistant must obtain a mid-level  
15 practitioner controlled substance license. Medication orders  
16 shall be reviewed periodically by the appropriate hospital  
17 affiliate physicians committee or its physician designee.

18 The hospital affiliate shall file with the Department  
19 notice of a grant of prescriptive authority consistent with  
20 this subsection (a-5) and termination of such a grant of  
21 authority in accordance with rules of the Department. Upon  
22 receipt of this notice of grant of authority to prescribe any  
23 Schedule II through V controlled substances, the licensed  
24 physician assistant may register for a mid-level practitioner  
25 controlled substance license under Section 303.05 of the  
26 Illinois Controlled Substances Act.

1           In addition, a hospital affiliate may, but is not required  
2 to, grant authority to a physician assistant to prescribe any  
3 Schedule II controlled substances if all of the following  
4 conditions apply:

5           (1) specific Schedule II controlled substances by oral  
6 dosage or topical or transdermal application may be  
7 designated, provided that the designated Schedule II  
8 controlled substances are routinely prescribed by  
9 physician assistants in their area of certification; this  
10 grant of authority must identify the specific Schedule II  
11 controlled substances by either brand name or generic name;  
12 authority to prescribe or dispense Schedule II controlled  
13 substances to be delivered by injection or other route of  
14 administration may not be granted;

15           (2) any grant of authority must be controlled  
16 substances limited to the practice of the physician  
17 assistant;

18           (3) any prescription must be limited to no more than a  
19 30-day supply;

20           (4) the physician assistant must discuss the condition  
21 of any patients for whom a controlled substance is  
22 prescribed monthly with the appropriate physician  
23 committee of the hospital affiliate or its physician  
24 designee; and

25           (5) the physician assistant must meet the education  
26 requirements of Section 303.05 of the Illinois Controlled

1 Substances Act.

2 (b) A physician assistant granted authority to order  
3 medications including controlled substances may complete  
4 discharge prescriptions provided the prescription is in the  
5 name of the physician assistant and the attending or  
6 discharging physician.

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

12 (Source: P.A. 100-453, eff. 8-25-17.)

13 (225 ILCS 95/11) (from Ch. 111, par. 4611)

14 (Section scheduled to be repealed on January 1, 2028)

15 Sec. 11. Physician Assistant Medical Licensing Board  
16 ~~Committee~~. There is established a Physician Assistant Medical  
17 Licensing Board ~~physician assistant advisory committee~~ to the  
18 Department and the Medical Licensing Board. The Physician  
19 Assistant Medical Licensing Board ~~physician assistant advisory~~  
20 ~~committee~~ may manage and regulate ~~review and make~~  
21 ~~recommendations to the Department and the Board regarding~~ all  
22 matters relating to physician assistants. Such matters may  
23 include, but not be limited to:

24 (1) applications for licensure;

25 (2) ~~disciplinary proceedings;~~

1 (3) renewal requirements; and

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

4 The Physician Assistant Medical Licensing Board ~~physician~~  
5 ~~assistant advisory committee~~ shall be composed of 7 members.  
6 Three of the 7 members shall be physicians, ~~2 of whom shall be~~  
7 ~~members of the Board and appointed to the advisory committee by~~  
8 ~~the chairman. One physician, not a member of the Board, shall~~  
9 ~~be a supervisor of a licensed physician assistant and shall be~~  
10 ~~approved by the Governor~~ from a list of Illinois physicians  
11 supervising licensed physician assistants. Three members shall  
12 be physician assistants, licensed under the law and appointed  
13 by the Governor from a list of 10 names recommended by the  
14 Board of Directors of the Illinois Academy of Physician  
15 Assistants. One member, not employed or having any material  
16 interest in any health care field, shall be appointed by the  
17 Governor and represent the public. The chairman of the  
18 Physician Assistant Medical Licensing Board ~~physician~~  
19 ~~assistant advisory committee~~ shall be a member elected by a  
20 majority vote of the Physician Assistant Medical Licensing  
21 Board ~~physician assistant advisory committee unless already a~~  
22 ~~member of the Board~~. The Physician Assistant Medical Licensing  
23 Board ~~physician assistant advisory committee~~ is required to  
24 meet and report to the Department and the Board as physician  
25 assistant issues arise. ~~The terms of office of each of the~~  
26 ~~original 7 members shall be at staggered intervals. One~~

1 ~~physician and one physician assistant shall serve for a 2 year~~  
2 ~~term. One physician and one physician assistant shall serve a 3~~  
3 ~~year term. One physician, one physician assistant and the~~  
4 ~~public member shall serve a 4 year term. Upon the expiration of~~  
5 ~~the term of any member, his successor shall be appointed for a~~  
6 ~~term of 4 years in the same manner as the initial appointment.~~  
7 ~~No member shall serve more than 2 consecutive terms.~~

8 Four members of the Physician Assistant Medical Licensing  
9 Board ~~physician assistant advisory committee~~ shall constitute  
10 a quorum. A quorum is required to perform all of the duties of  
11 the committee.

12 Members of the Physician Assistant Medical Licensing Board  
13 ~~physician assistant advisory committee~~ shall have no liability  
14 for any action based upon a disciplinary proceeding or other  
15 activity performed in good faith as a member of the committee.

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

17 Section 99. Effective date. This Act takes effect January  
18 1, 2020.

1 INDEX

2 Statutes amended in order of appearance

3 225 ILCS 60/54.5

4 225 ILCS 95/1 from Ch. 111, par. 4601

5 225 ILCS 95/4 from Ch. 111, par. 4604

6 225 ILCS 95/5.5

7 225 ILCS 95/6 from Ch. 111, par. 4606

8 225 ILCS 95/6.1 new

9 225 ILCS 95/7 from Ch. 111, par. 4607

10 225 ILCS 95/7.5

11 225 ILCS 95/7.7

12 225 ILCS 95/11 from Ch. 111, par. 4611