

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 and by adding Section 54.2 as follows:

6 (225 ILCS 60/54.2 new)

7 (Section scheduled to be repealed on December 31, 2010)

8 Sec. 54.2. Physician delegation of authority.

9 (a) Nothing in this Act shall be construed to limit the  
10 delegation of tasks or duties by a physician licensed to  
11 practice medicine in all its branches to a licensed practical  
12 nurse, a registered professional nurse, or other licensed  
13 person practicing within the scope of his or her individual  
14 licensing Act.

15 (b) A physician licensed to practice medicine in all its  
16 branches may delegate tasks and duties to an appropriately  
17 trained licensed or unlicensed person. Any such task or duty  
18 delegated to a licensed or unlicensed person must be within the  
19 education, training, or experience of the delegating physician  
20 and within the context of a physician-patient relationship.

21 (c) A chiropractic physician may delegate tasks and duties  
22 to an appropriately trained licensed or unlicensed person. Any  
23 task or duty delegated to a licensed or unlicensed person by

1 the chiropractic physician:

2 (1) must fall within the scope of practice of the  
3 chiropractic physician as defined by this Act;

4 (2) must be within the education, training, or  
5 experience of the delegating chiropractic physician; and

6 (3) can only be delegated within the context of a  
7 physician-patient relationship.

8 (225 ILCS 60/54.5)

9 (Section scheduled to be repealed on December 31, 2010)

10 Sec. 54.5. Physician delegation of authority to physician  
11 assistants and advanced practice nurses.

12 (a) Physicians licensed to practice medicine in all its  
13 branches may delegate care and treatment responsibilities to a  
14 physician assistant under guidelines in accordance with the  
15 requirements of the Physician Assistant Practice Act of 1987. A  
16 physician licensed to practice medicine in all its branches may  
17 enter into supervising physician agreements with no more than 2  
18 physician assistants.

19 (b) A physician licensed to practice medicine in all its  
20 branches in active clinical practice may collaborate with an  
21 advanced practice nurse in accordance with the requirements of  
22 the Nurse Practice Act. Collaboration is for the purpose of  
23 providing medical consultation, and no employment relationship  
24 is required. A written collaborative agreement shall conform to  
25 the requirements of Section 65-35 of the Nurse Practice Act.

1 The written collaborative agreement shall be for services the  
2 collaborating physician generally provides to his or her  
3 patients in the normal course of clinical medical practice. A  
4 written collaborative agreement shall be adequate with respect  
5 to collaboration with advanced practice nurses if all of the  
6 following apply:

7 (1) The agreement is written to promote the exercise of  
8 professional judgment by the advanced practice nurse  
9 commensurate with his or her education and experience. The  
10 agreement need not describe the exact steps that an  
11 advanced practice nurse must take with respect to each  
12 specific condition, disease, or symptom, but must specify  
13 those procedures that require a physician's presence as the  
14 procedures are being performed.

15 (2) Practice guidelines and orders are developed and  
16 approved jointly by the advanced practice nurse and  
17 collaborating physician, as needed, based on the practice  
18 of the practitioners. Such guidelines and orders and the  
19 patient services provided thereunder are periodically  
20 reviewed by the collaborating physician.

21 (3) The advance practice nurse provides services the  
22 collaborating physician generally provides to his or her  
23 patients in the normal course of clinical practice, except  
24 as set forth in subsection (b-5) of this Section. With  
25 respect to labor and delivery, the collaborating physician  
26 must provide delivery services in order to participate with

1 a certified nurse midwife.

2 (4) The collaborating physician and advanced practice  
3 nurse meet in person at least once a month to provide  
4 collaboration and consultation.

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

9 (6) The agreement contains provisions detailing notice  
10 for termination or change of status involving a written  
11 collaborative agreement, except when such notice is given  
12 for just cause.

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

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

26 (2) for anesthesia services, the anesthesiologist or

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

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

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

18 (d) Nothing in this Act shall be construed to limit the  
19 delegation of tasks or duties by a physician licensed to  
20 practice medicine in all its branches to a licensed practical  
21 nurse, a registered professional nurse, or other persons in  
22 accordance with Section 54.2.

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

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

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

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