



Sen. Terry Link

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LRB097 19244 CEL 68905 a

1 AMENDMENT TO HOUSE BILL 5104

2 AMENDMENT NO. _____. Amend House Bill 5104 by replacing
3 everything after the enacting clause with the following:

4 Section 1. The Ambulatory Surgical Treatment Center Act is
5 amended by adding Section 6.6 as follows:

6 (210 ILCS 5/6.6 new)

7 Sec. 6.6. Clinical privileges; physician assistants. No
8 ambulatory surgical treatment center (ASTC) licensed under
9 this Act shall adopt any policy, rule, regulation, or practice
10 inconsistent with the provision of adequate supervision in
11 accordance with Section 54.5 of the Medical Practice Act of
12 1987 and the Physician Assistant Practice Act of 1987.

13 Section 3. The Hospital Licensing Act is amended by adding
14 Section 10.11 as follows:

1 (210 ILCS 85/10.11 new)

2 Sec. 10.11. Clinical privileges; physician assistants. No
3 hospital licensed under this Act shall adopt any policy, rule,
4 regulation, or practice inconsistent with the provision of
5 adequate supervision in accordance with Section 54.5 of the
6 Medical Practice Act of 1987 and the Physician Assistant
7 Practice Act of 1987.

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

10 (225 ILCS 60/54.5)

11 (Section scheduled to be repealed on December 31, 2012)

12 Sec. 54.5. Physician delegation of authority to physician
13 assistants and advanced practice nurses.

14 (a) Physicians licensed to practice medicine in all its
15 branches may delegate care and treatment responsibilities to a
16 physician assistant under guidelines in accordance with the
17 requirements of the Physician Assistant Practice Act of 1987. A
18 physician licensed to practice medicine in all its branches may
19 enter into supervising physician agreements with no more than 5
20 2 physician assistants as set forth in subsection (a) of
21 Section 7 of the Physician Assistant Practice Act of 1987.

22 (b) A physician licensed to practice medicine in all its
23 branches in active clinical practice may collaborate with an
24 advanced practice nurse in accordance with the requirements of

1 the Nurse Practice Act. Collaboration is for the purpose of
2 providing medical consultation, and no employment relationship
3 is required. A written collaborative agreement shall conform to
4 the requirements of Section 65-35 of the Nurse Practice Act.
5 The written collaborative agreement shall be for services the
6 collaborating physician generally provides to his or her
7 patients in the normal course of clinical medical practice. A
8 written collaborative agreement shall be adequate with respect
9 to collaboration with advanced practice nurses if all of the
10 following apply:

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

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

25 (3) The advance practice nurse provides services the
26 collaborating physician generally provides to his or her

1 patients in the normal course of clinical practice, except
2 as set forth in subsection (b-5) of this Section. With
3 respect to labor and delivery, the collaborating physician
4 must provide delivery services in order to participate with
5 a certified nurse midwife.

6 (4) The collaborating physician and advanced practice
7 nurse consult at least once a month to provide
8 collaboration and consultation.

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

13 (6) The agreement contains provisions detailing notice
14 for termination or change of status involving a written
15 collaborative agreement, except when such notice is given
16 for just cause.

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

26 (1) an anesthesiologist or a physician participates in

1 the joint formulation and joint approval of orders or
2 guidelines and periodically reviews such orders and the
3 services provided patients under such orders; and

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

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

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

22 (d) (Blank).

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

12 (g) A supervising physician may, but is not required to,
13 delegate prescriptive authority to a physician assistant as
14 part of a written supervision agreement, and the delegation of
15 prescriptive authority shall conform to the requirements of
16 Section 7.5 of the Physician Assistant Practice Act of 1987.

17 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11.)

18 Section 10. The Physician Assistant Practice Act of 1987 is
19 amended by changing Sections 4 and 7 and by adding Section 7.7
20 as follows:

21 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

23 Sec. 4. In this Act:

24 1. "Department" means the Department of Financial and

1 Professional Regulation.

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

4 3. "Physician assistant" means any person ~~not a physician~~
5 who has been certified as a physician assistant by the National
6 Commission on the Certification of Physician Assistants or
7 equivalent successor agency and performs procedures under the
8 supervision of a physician as defined in this Act. A physician
9 assistant may perform such procedures within the specialty of
10 the supervising physician, except that such physician shall
11 exercise such direction, supervision and control over such
12 physician assistants as will assure that patients shall receive
13 quality medical care. Physician assistants shall be capable of
14 performing a variety of tasks within the specialty of medical
15 care under the supervision of a physician. Supervision of the
16 physician assistant shall not be construed to necessarily
17 require the personal presence of the supervising physician at
18 all times at the place where services are rendered, as long as
19 there is communication available for consultation by radio,
20 telephone or telecommunications within established guidelines
21 as determined by the physician/physician assistant team. The
22 supervising physician may delegate tasks and duties to the
23 physician assistant. Delegated tasks or duties shall be
24 consistent with physician assistant education, training, and
25 experience. The delegated tasks or duties shall be specific to
26 the practice setting and shall be implemented and reviewed

1 under a written supervision agreement established by the
2 physician or physician/physician assistant team. A physician
3 assistant, acting as an agent of the physician, shall be
4 permitted to transmit the supervising physician's orders as
5 determined by the institution's by-laws, policies, procedures,
6 or job description within which the physician/physician
7 assistant team practices. Physician assistants shall practice
8 only in accordance with a written supervision agreement.

9 4. "Board" means the Medical Licensing Board constituted
10 under the Medical Practice Act of 1987.

11 5. "Disciplinary Board" means the Medical Disciplinary
12 Board constituted under the Medical Practice Act of 1987.

13 6. "Physician" means, for purposes of this Act, a person
14 licensed to practice medicine in all its branches under the
15 Medical Practice Act of 1987.

16 7. "Supervising Physician" means, for the purposes of this
17 Act, the primary supervising physician of a physician
18 assistant, who, within his specialty and expertise may delegate
19 a variety of tasks and procedures to the physician assistant.
20 Such tasks and procedures shall be delegated in accordance with
21 a written supervision agreement. The supervising physician
22 maintains the final responsibility for the care of the patient
23 and the performance of the physician assistant.

24 8. "Alternate supervising physician" means, for the
25 purpose of this Act, any physician designated by the
26 supervising physician to provide supervision in the event that

1 he or she is unable to provide that supervision. The Department
2 may further define "alternate supervising physician" by rule.

3 The alternate supervising physicians shall maintain all
4 the same responsibilities as the supervising physician.
5 Nothing in this Act shall be construed as relieving any
6 physician of the professional or legal responsibility for the
7 care and treatment of persons attended by him or by physician
8 assistants under his supervision. Nothing in this Act shall be
9 construed as to limit the reasonable number of alternate
10 supervising physicians, provided they are designated by the
11 supervising physician.

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

20 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09.)

21 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

23 Sec. 7. Supervision requirements.

24 (a) A supervising physician shall determine the number of
25 physician assistants under his or her supervision provided the

1 physician is able to provide adequate supervision as outlined
2 in the written supervision agreement required under Section 7.5
3 of this Act and consideration is given to the nature of the
4 physician's practice, complexity of the patient population,
5 and the experience of each supervised physician assistant. A
6 supervising physician may supervise a maximum of 5 full-time
7 equivalent physician assistants; provided, however, this
8 number of physician assistants shall be reduced by the number
9 of collaborative agreements the supervising physician
10 maintains. A ~~No more than 2 physician assistants shall be~~
11 ~~supervised by the supervising physician, although a~~ physician
12 assistant shall be able to hold more than one professional
13 position. A ~~Each~~ supervising physician shall file a notice of
14 supervision of each ~~such~~ physician assistant according to the
15 rules of the Department. ~~However, the alternate supervising~~
16 ~~physician may supervise more than 2 physician assistants when~~
17 ~~the supervising physician is unable to provide such supervision~~
18 ~~consistent with the definition of alternate physician in~~
19 ~~Section 4.~~ It is the responsibility of the supervising
20 physician to maintain documentation each time he or she has
21 designated an alternative supervising physician. This
22 documentation shall include the date alternate supervisory
23 control began, the date alternate supervisory control ended,
24 and any other changes. A supervising physician shall provide a
25 copy of this documentation to the Department, upon request.

26 Physician assistants shall be supervised only by

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

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

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

11 ~~Physician assistants may be employed by the Department of~~
12 ~~Corrections or the Department of Human Services (as successor~~
13 ~~to the Department of Mental Health and Developmental~~
14 ~~Disabilities) for service in facilities maintained by such~~
15 ~~Departments and affiliated training facilities in programs~~
16 ~~conducted under the authority of the Director of Corrections or~~
17 ~~the Secretary of Human Services. Each physician assistant~~
18 ~~employed by the Department of Corrections or the Department of~~
19 ~~Human Services (as successor to the Department of Mental Health~~
20 ~~and Developmental Disabilities) shall be under the supervision~~
21 ~~of a physician engaged in clinical practice and direct patient~~
22 ~~care. Duties of each physician assistant employed by such~~
23 ~~Departments are limited to those within the scope of practice~~
24 ~~of the supervising physician who is fully responsible for all~~
25 ~~physician assistant activities.~~

26 A physician assistant may be employed by a practice group

1 or other entity employing multiple physicians at one or more
2 locations. In that case, one of the physicians practicing at a
3 location shall be designated the supervising physician. The
4 other physicians with that practice group or other entity who
5 practice in the same general type of practice or specialty as
6 the supervising physician may supervise the physician
7 assistant with respect to their patients without being deemed
8 alternate supervising physicians for the purpose of this Act.

9 (b) A physician assistant licensed in this State, or
10 licensed or authorized to practice in any other U.S.
11 jurisdiction or credentialed by his or her federal employer as
12 a physician assistant, who is responding to a need for medical
13 care created by an emergency or by a state or local disaster
14 may render such care that the physician assistant is able to
15 provide without supervision as it is defined in this Section or
16 with such supervision as is available. For purposes of this
17 Section, an "emergency situation" shall not include one that
18 occurs in the place of one's employment.

19 Any physician who supervises a physician assistant
20 providing medical care in response to such an emergency or
21 state or local disaster shall not be required to meet the
22 requirements set forth in this Section for a supervising
23 physician.

24 (Source: P.A. 95-703, eff. 12-31-07; 96-70, eff. 7-23-09.)

1 Sec. 7.7. Physician assistants in hospitals, hospital
2 affiliates, or ambulatory surgical treatment centers.

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

26 (b) A physician assistant granted authority to order

1 medications including controlled substances may complete
2 discharge prescriptions provided the prescription is in the
3 name of the physician assistant and the attending or
4 discharging physician.

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

10 (225 ILCS 95/8 rep.)

11 Section 15. The Physician Assistant Practice Act of 1987 is
12 amended by repealing Section 8.

13 Section 99. Effective date. This Act takes effect upon
14 becoming law."