



Rep. Michael J. Zalewski

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LRB097 04427 CEL 58849 a

1 AMENDMENT TO SENATE BILL 664

2 AMENDMENT NO. _____. Amend Senate Bill 664 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Findings; purpose; text and revisory changes;
5 validation; additional material.

6 (a) The Illinois Supreme Court, in *Lebron v. Gottlieb*
7 *Memorial Hospital*, found that the limitations on noneconomic
8 damages in medical malpractice actions that were created in
9 Public Act 94-677, contained in Section 2-1706.5 of the Code of
10 Civil Procedure, violate the separation of powers clause of the
11 Illinois Constitution. Because Public Act 94-677 contained an
12 inseverability provision, the Court held the Act to be void in
13 its entirety. The Court emphasized, however, that "because the
14 other provisions contained in Public Act 94-677 are deemed
15 invalid solely on inseverability grounds, the legislature
16 remains free to reenact any provisions it deems appropriate".

17 (b) It is the purpose of this Act to reenact certain

1 provisions of Public Act 94-677 that did not involve
2 limitations on noneconomic damages in medical malpractice
3 actions, to validate certain actions taken in reliance on those
4 provisions, and to make certain additional changes to the
5 statutes.

6 (c) This Act reenacts Sections 7, 22, 23, 24, and 36 of the
7 Medical Practice Act of 1987. This Act does not reenact any
8 other provisions of Public Act 94-677.

9 In this Act, the base text of the reenacted Sections
10 includes the text as it existed at the time of the Supreme
11 Court's decision, including any amendments that occurred after
12 P.A. 94-677, and also includes amendments that occurred after
13 the decision. Striking and underscoring is used only to show
14 the changes being made by this Act to that base text.

15 (d) All otherwise lawful actions taken in reasonable
16 reliance on or pursuant to the Sections reenacted by this Act,
17 as set forth in Public Act 94-677 or subsequently amended, by
18 any officer, employee, agency, or unit of State or local
19 government or by any other person or entity, are hereby
20 validated. The actions include, but are not limited to,
21 disciplinary actions and adoption of administrative rules
22 under the Illinois Administrative Procedure Act.

23 With respect to actions taken in relation to matters
24 arising under the Sections reenacted by this Act, a person is
25 rebuttably presumed to have acted in reasonable reliance on and
26 pursuant to the provisions of Public Act 94-677, as those

1 provisions had been amended at the time the action was taken.

2 With respect to their administration of matters arising
3 under the Sections reenacted by this Act, officers, employees,
4 agencies, and units of State and local government shall
5 continue to apply the provisions of Public Act 94-677, as those
6 provisions had been amended at the relevant time.

7 (e) This Act also contains material making new substantive
8 changes.

9 Section 5. The Regulatory Sunset Act is amended by changing
10 Sections 4.21 and 4.22 as follows:

11 (5 ILCS 80/4.21)

12 Sec. 4.21. Act ~~Acts~~ repealed on January 1, 2011 ~~and~~
13 ~~November 30, 2011.~~ (a) The following Act is ~~Acts are~~ repealed
14 on January 1, 2011: The Fire Equipment Distributor and Employee
15 Regulation Act of 2000. (b) ~~The following Act is repealed on~~
16 ~~November 30, 2011: The Medical Practice Act of 1987.~~

17 (Source: P.A. 96-1041, eff. 7-14-10; 96-1492, eff. 12-30-10.)

18 (5 ILCS 80/4.22)

19 Sec. 4.22. Act ~~Acts~~ repealed on December 31, 2012 ~~January~~
20 ~~1, 2012.~~ The following Act is ~~Acts are~~ repealed on December 31,
21 2012 ~~January 1, 2012:~~

22 The Medical Practice Act of 1987.

23 (Source: P.A. 97-24, eff. 6-28-11; 97-119, eff. 7-14-11;

1 97-168, eff. 7-22-11; 97-226, eff. 7-28-11; 97-428, eff.
2 8-16-11; 97-514, eff. 8-23-11; 97-598, eff. 8-26-11; 97-602,
3 eff. 8-26-11; revised 8-30-11.)

4 Section 10. The Medical Practice Act of 1987 is amended by
5 changing Sections 2, 3.5, 4, 7, 7.5, 8, 8.1, 9, 9.7, 11, 14,
6 15, 17, 18, 19, 20, 21, 25, 26, 33, 35, 37, 38, 40, 41, 42, 43,
7 44, 47, 54, 54.2, 59, and 61, by reenacting and changing
8 Sections 7, 22, and 23, by reenacting Sections 24 and 36 as
9 follows:

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

11 (Section scheduled to be repealed on November 30, 2011)

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

15 ~~1.~~ "Act" means the Medical Practice Act of 1987.

16 "Address of record" means the designated address recorded
17 by the Department in the applicant's or licensee's application
18 file or license file as maintained by the Department's
19 licensure maintenance unit. It is the duty of the applicant or
20 licensee to inform the Department of any change of address and
21 those changes must be made either through the Department's
22 website or by contacting the Department.

23 ~~1.5.~~ "Chiropractic physician" means a person licensed to
24 treat human ailments without the use of drugs and without

1 operative surgery. Nothing in this Act shall be construed to
2 prohibit a chiropractic physician from providing advice
3 regarding the use of non-prescription products or from
4 administering atmospheric oxygen. Nothing in this Act shall be
5 construed to authorize a chiropractic physician to prescribe
6 drugs.

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

9 ~~3.~~ ~~"Director" means the Director of Professional~~
10 ~~Regulation.~~

11 ~~4.~~ "Disciplinary Action" means revocation, suspension,
12 probation, supervision, practice modification, reprimand,
13 required education, fines or any other action taken by the
14 Department against a person holding a license.

15 ~~5.~~ "Disciplinary Board" means the Medical Disciplinary
16 Board.

17 ~~6.~~ "Final Determination" means the governing body's final
18 action taken under the procedure followed by a health care
19 institution, or professional association or society, against
20 any person licensed under the Act in accordance with the bylaws
21 or rules and regulations of such health care institution, or
22 professional association or society.

23 ~~7.~~ "Fund" means the Medical Disciplinary Fund.

24 ~~8.~~ "Impaired" means the inability to practice medicine with
25 reasonable skill and safety due to physical or mental
26 disabilities as evidenced by a written determination or written

1 consent based on clinical evidence including deterioration
2 through the aging process or loss of motor skill, or abuse of
3 drugs or alcohol, of sufficient degree to diminish a person's
4 ability to deliver competent patient care.

5 ~~9.~~ "Licensing Board" means the Medical Licensing Board.

6 ~~10.~~ "Physician" means a person licensed under the Medical
7 Practice Act to practice medicine in all of its branches or a
8 chiropractic physician.

9 ~~11.~~ "Professional Association" means an association or
10 society of persons licensed under this Act, and operating
11 within the State of Illinois, including but not limited to,
12 medical societies, osteopathic organizations, and chiropractic
13 organizations, but this term shall not be deemed to include
14 hospital medical staffs.

15 ~~12.~~ "Program of Care, Counseling, or Treatment" means a
16 written schedule of organized treatment, care, counseling,
17 activities, or education, satisfactory to the Disciplinary
18 Board, designed for the purpose of restoring an impaired person
19 to a condition whereby the impaired person can practice
20 medicine with reasonable skill and safety of a sufficient
21 degree to deliver competent patient care.

22 "Secretary" means the Secretary of the Department of
23 Financial and Professional Regulation.

24 (Source: P.A. 97-462, eff. 8-19-11.)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 3.5. Unlicensed practice; violation; civil penalty.

3 (a) Any person who practices, offers to practice, attempts
4 to practice, or holds oneself out to practice as a physician
5 without being licensed under this Act shall, in addition to any
6 other penalty provided by law, pay a civil penalty to the
7 Department in an amount not to exceed \$10,000 ~~\$5,000~~ for each
8 offense as determined by the Department. The civil penalty
9 shall be assessed by the Department after a hearing is held in
10 accordance with the provisions set forth in this Act regarding
11 the provision of a hearing for the discipline of a licensee.

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

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

19 (Source: P.A. 89-474, eff. 6-18-96.)

20 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

21 (Section scheduled to be repealed on November 30, 2011)

22 Sec. 4. Exemptions. ~~(a)~~ This Act does not apply to the
23 following:

24 (1) persons lawfully carrying on their particular
25 profession or business under any valid existing regulatory

1 Act of this State;

2 (2) persons rendering gratuitous services in cases of
3 emergency; or

4 (3) persons treating human ailments by prayer or
5 spiritual means as an exercise or enjoyment of religious
6 freedom. ~~or~~

7 ~~(4) persons practicing the specified occupations set~~
8 ~~forth in in subsection (a) of, and pursuant to a licensing~~
9 ~~exemption granted in subsection (b) or (d) of, Section~~
10 ~~2105-350 of the Department of Professional Regulation Law~~
11 ~~of the Civil Administrative Code of Illinois, but only for~~
12 ~~so long as the 2016 Olympic and Paralympic Games~~
13 ~~Professional Licensure Exemption Law is operable.~~

14 ~~(b) (Blank).~~

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

16 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

17 (Section scheduled to be repealed on November 30, 2011)

18 (Text of Section WITH the changes made by P.A. 94-677,
19 which has been held unconstitutional)

20 Sec. 7. Medical Disciplinary Board.

21 (A) There is hereby created the Illinois State Medical
22 Disciplinary Board ~~(hereinafter referred to as the~~
23 ~~"Disciplinary Board")~~. The Disciplinary Board shall consist of
24 11 members, to be appointed by the Governor by and with the
25 advice and consent of the Senate. All members shall be

1 residents of the State, not more than 6 of whom shall be
2 members of the same political party. All members shall be
3 voting members. Five members shall be physicians licensed to
4 practice medicine in all of its branches in Illinois possessing
5 the degree of doctor of medicine, ~~and it shall be the goal that~~
6 ~~at least one of the members practice in the field of~~
7 ~~neurosurgery, one of the members practice in the field of~~
8 ~~obstetrics and gynecology, and one of the members practice in~~
9 ~~the field of cardiology.~~ One member shall be a physician
10 licensed to practice medicine in all its branches in Illinois
11 possessing the degree of doctor of osteopathy or osteopathic
12 medicine. One member shall be a chiropractic physician licensed
13 to practice in Illinois and possessing the degree of doctor of
14 chiropractic. Four members shall be members of the public, who
15 shall not be engaged in any way, directly or indirectly, as
16 providers of health care.

17 (B) Members of the Disciplinary Board shall be appointed
18 for terms of 4 years. Upon the expiration of the term of any
19 member, their successor shall be appointed for a term of 4
20 years by the Governor by and with the advice and consent of the
21 Senate. The Governor shall fill any vacancy for the remainder
22 of the unexpired term ~~by and~~ with the advice and consent of the
23 Senate. Upon recommendation of the Board, any member of the
24 Disciplinary Board may be removed by the Governor for
25 misfeasance, malfeasance, or wilful neglect of duty, after
26 notice, and a public hearing, unless such notice and hearing

1 shall be expressly waived in writing. Each member shall serve
2 on the Disciplinary Board until their successor is appointed
3 and qualified. No member of the Disciplinary Board shall serve
4 more than 2 consecutive 4 year terms.

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

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

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

18 (D) (Blank).

19 (E) Six voting members of the Disciplinary Board, at least
20 4 of whom are physicians, shall constitute a quorum. A vacancy
21 in the membership of the Disciplinary Board shall not impair
22 the right of a quorum to exercise all the rights and perform
23 all the duties of the Disciplinary Board. Any action taken by
24 the Disciplinary Board under this Act may be authorized by
25 resolution at any regular or special meeting and each such
26 resolution shall take effect immediately. The Disciplinary

1 Board shall meet at least quarterly. The Disciplinary Board is
2 empowered to adopt all rules and regulations necessary and
3 incident to the powers granted to it under this Act.

4 (F) Each member, and member-officer, of the Disciplinary
5 Board shall receive a per diem stipend as the Secretary ~~of the~~
6 ~~Department, hereinafter referred to as the Secretary,~~ shall
7 determine. ~~The Secretary shall also determine the per diem~~
8 ~~stipend that each ex officio member shall receive.~~ Each member
9 shall be paid their necessary expenses while engaged in the
10 performance of their duties.

11 (G) The Secretary shall select a Chief Medical Coordinator
12 and not less than 2 Deputy Medical Coordinators who shall not
13 be members of the Disciplinary Board. Each medical coordinator
14 shall be a physician licensed to practice medicine in all of
15 its branches, and the Secretary shall set their rates of
16 compensation. The Secretary shall assign at least one medical
17 coordinator to a region composed of Cook County and such other
18 counties as the Secretary may deem appropriate, and such
19 medical coordinator or coordinators shall locate their office
20 in Chicago. The Secretary shall assign at least one medical
21 coordinator to a region composed of the balance of counties in
22 the State, and such medical coordinator or coordinators shall
23 locate their office in Springfield. Each medical coordinator
24 shall be the chief enforcement officer of this Act in his or
25 her assigned region and shall serve at the will of the
26 Disciplinary Board.

1 The Secretary shall employ, in conformity with the
2 Personnel Code, investigators who are ~~not less than one full~~
3 ~~time investigator for every 2,500 physicians licensed in the~~
4 ~~State. Each investigator shall be a college~~ graduates ~~graduate~~
5 with at least 2 years of ~~years~~ investigative experience or one
6 year of advanced medical education. Upon the written request of
7 the Disciplinary Board, the Secretary shall employ, in
8 conformity with the Personnel Code, such other professional,
9 technical, investigative, and clerical help, either on a full
10 or part-time basis as the Disciplinary Board deems necessary
11 for the proper performance of its duties.

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

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

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

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

11 (Source: P.A. 93-138, eff. 7-10-03; 94-677, eff. 8-25-05.)

12 (225 ILCS 60/7.5)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 7.5. Complaint Committee.

15 (a) There shall be a Complaint Committee of the
16 Disciplinary Board composed of at least one of the medical
17 coordinators established by subsection (G) ~~(g)~~ of Section 7 of
18 this Act, the Chief of Medical Investigations (person employed
19 by the Department who is in charge of investigating complaints
20 against physicians and physician assistants), and at least 3
21 voting members of the Disciplinary Board (at least 2 of whom
22 shall be physicians) designated by the Chairperson ~~Chairman~~ of
23 the ~~Medical~~ Disciplinary Board with the approval of the
24 Disciplinary Board. The Disciplinary Board members so
25 appointed shall serve one-year terms and may be eligible for

1 reappointment for subsequent terms.

2 (b) The Complaint Committee shall meet at least twice a
3 month to exercise its functions and duties set forth in
4 subsection (c) below. At least 2 members of the Disciplinary
5 Board shall be in attendance in order for any business to be
6 transacted by the Complaint Committee. The Complaint Committee
7 shall make every effort to consider expeditiously and take
8 prompt action on each item on its agenda.

9 (c) The Complaint Committee shall have the following duties
10 and functions:

11 (1) To recommend to the Disciplinary Board that a
12 complaint file be closed.

13 (2) To refer a complaint file to the office of the
14 Chief of Medical Prosecutions (person employed by the
15 Department who is in charge of prosecuting formal
16 complaints against licensees) for review.

17 (3) To make a decision in conjunction with the Chief of
18 Medical Prosecutions regarding action to be taken on a
19 complaint file.

20 (d) In determining what action to take or whether to
21 proceed with prosecution of a complaint, the Complaint
22 Committee shall consider, but not be limited to, the following
23 factors: sufficiency of the evidence presented, prosecutorial
24 merit under Section 22 of this Act, any recommendation made by
25 the Department, and insufficient cooperation from complaining
26 parties.

1 (Source: P.A. 93-214, eff. 1-1-04.)

2 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

3 (Section scheduled to be repealed on November 30, 2011)

4 Sec. 8. Medical Licensing Board.

5 (A) There is hereby created a Medical Licensing Board
6 ~~(hereinafter referred to as the "Licensing Board")~~. The
7 Licensing Board shall be composed of 7 members, to be appointed
8 by the Governor by and with the advice and consent of the
9 Senate; 5 of whom shall be reputable physicians licensed to
10 practice medicine in all of its branches in Illinois,
11 possessing the degree of doctor of medicine; one member shall
12 be a reputable physician licensed in Illinois to practice
13 medicine in all of its branches, possessing the degree of
14 doctor of osteopathy or osteopathic medicine; and one member
15 shall be a reputable chiropractic physician licensed to
16 practice in Illinois and possessing the degree of doctor of
17 chiropractic. Of the 5 members holding the degree of doctor of
18 medicine, one shall be a full-time or part-time teacher of
19 professorial rank in the clinical department of an Illinois
20 school of medicine.

21 (B) Members of the Licensing Board shall be appointed for
22 terms of 4 years, and until their successors are appointed and
23 qualified. Appointments to fill vacancies shall be made in the
24 same manner as original appointments, for the unexpired portion
25 of the vacated term. No more than 4 members of the Licensing

1 Board shall be members of the same political party and all
2 members shall be residents of this State. No member of the
3 Licensing Board may be appointed to more than 2 successive 4
4 year terms. ~~This limitation shall only apply to individuals~~
5 ~~appointed to the Licensing Board after the effective date of~~
6 ~~this Act.~~

7 (C) Members of the Licensing Board shall be immune from
8 suit in any action based upon any licensing proceedings or
9 other acts performed in good faith as members of the Licensing
10 Board.

11 (D) (Blank).

12 (E) The Licensing Board shall annually elect one of its
13 members as chairperson and one as vice chairperson. No member
14 shall be elected more than twice in succession to the same
15 office. Each officer shall serve until his or her ~~their~~
16 successor has been elected and qualified.

17 (F) None of the functions, powers or duties of the
18 Department with respect to policies regarding licensure and
19 examination under this Act, including the promulgation of such
20 rules as may be necessary for the administration of this Act,
21 shall be exercised by the Department except upon review of the
22 Licensing Board.

23 (G) The Licensing Board shall receive the same compensation
24 as the members of the ~~Medical~~ Disciplinary Board, which
25 compensation shall be paid out of the Illinois State Medical
26 Disciplinary Fund.

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

2 (225 ILCS 60/8.1)

3 (Section scheduled to be repealed on November 30, 2011)

4 Sec. 8.1. Matters concerning advanced practice nurses. Any
5 proposed rules, amendments, second notice materials and
6 adopted rule or amendment materials, and policy statements
7 concerning advanced practice nurses shall be presented to the
8 ~~Medical~~ Licensing Board for review and comment. The
9 recommendations of both the Board of Nursing and the ~~Medical~~
10 Licensing Board shall be presented to the Secretary for
11 consideration in making final decisions. Whenever the Board of
12 Nursing and the ~~Medical~~ Licensing Board disagree on a proposed
13 rule or policy, the Secretary shall convene a joint meeting of
14 the officers of each Board to discuss the resolution of any
15 such disagreements.

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

17 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

18 (Section scheduled to be repealed on November 30, 2011)

19 Sec. 9. Application for license. Each applicant for a
20 license shall:

21 (A) Make application on blank forms prepared and
22 furnished by the Department ~~of Professional Regulation~~
23 ~~hereinafter referred to as the Department.~~

24 (B) Submit evidence satisfactory to the Department

1 that the applicant:

2 (1) is of good moral character. In determining
3 moral character under this Section, the Department may
4 take into consideration whether the applicant has
5 engaged in conduct or activities which would
6 constitute grounds for discipline under this Act. The
7 Department may also request the applicant to submit,
8 and may consider as evidence of moral character,
9 endorsements from 2 or 3 individuals licensed under
10 this Act;

11 (2) has the preliminary and professional education
12 required by this Act;

13 (3) (blank); and

14 (4) is physically, mentally, and professionally
15 capable of practicing medicine with reasonable
16 judgment, skill, and safety. In determining physical,
17 mental and professional capacity under this Section,
18 the ~~Medical~~ Licensing Board may, upon a showing of a
19 possible incapacity or conduct or activities that
20 would constitute grounds for discipline under this
21 Act, compel any applicant to submit to a mental or
22 physical examination and evaluation, or both, as
23 provided for in Section 22 of this Act. The Licensing
24 Board may condition or restrict any license, subject to
25 the same terms and conditions as are provided for the
26 ~~Medical~~ Disciplinary Board under Section 22 of this

1 Act. Any such condition of a restricted license shall
2 provide that the Chief Medical Coordinator or Deputy
3 Medical Coordinator shall have the authority to review
4 the subject physician's compliance with such
5 conditions or restrictions, including, where
6 appropriate, the physician's record of treatment and
7 counseling regarding the impairment, to the extent
8 permitted by applicable federal statutes and
9 regulations safeguarding the confidentiality of
10 medical records of patients.

11 In determining professional capacity under this
12 Section, an ~~any~~ individual ~~who has not been actively~~
13 ~~engaged in the practice of medicine or as a medical,~~
14 ~~osteopathic, or chiropractic student or who has not been~~
15 ~~engaged in a formal program of medical education during the~~
16 ~~2 years immediately preceding their application~~ may be
17 required to complete such additional testing, training, or
18 remedial education as the Licensing Board may deem
19 necessary in order to establish the applicant's present
20 capacity to practice medicine with reasonable judgment,
21 skill, and safety. The Licensing Board may consider the
22 following criteria, as they relate to an applicant, as part
23 of its determination of professional capacity:

24 (1) Medical research in an established research
25 facility, hospital, college or university, or private
26 corporation.

1 (2) Specialized training or education.

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

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

6 (5) Professional service in a federal veterans or
7 military institution.

8 (6) Any other professional activities deemed to
9 maintain and enhance the clinical capabilities of the
10 applicant.

11 Any applicant applying for a license to practice
12 medicine in all of its branches or for a license as a
13 chiropractic physician who has not been engaged in the
14 active practice of medicine or has not been enrolled in a
15 medical program for 2 years prior to application must
16 submit proof of professional capacity to the Licensing
17 Board.

18 Any applicant applying for a temporary license that has
19 not been engaged in the active practice of medicine or has
20 not been enrolled in a medical program for longer than 5
21 years prior to application must submit proof of
22 professional capacity to the Licensing Board.

23 (C) Designate specifically the name, location, and
24 kind of professional school, college, or institution of
25 which the applicant is a graduate and the category under
26 which the applicant seeks, and will undertake, to practice.

1 (D) Pay to the Department at the time of application
2 the required fees.

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

6 (F) Complete the application process within 3 years
7 from the date of application. If the process has not been
8 completed within 3 years, the application shall expire ~~be~~
9 ~~denied~~, application fees shall be forfeited, and the
10 applicant must reapply and meet the requirements in effect
11 at the time of reapplication.

12 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

13 (225 ILCS 60/9.7)

14 (Section scheduled to be repealed on November 30, 2011)

15 Sec. 9.7. Criminal history records background check. Each
16 applicant for licensure or permit under Sections 9, 18, and 19
17 shall have his or her fingerprints submitted to the Department
18 of State Police in an electronic format that complies with the
19 form and manner for requesting and furnishing criminal history
20 record information as prescribed by the Department of State
21 Police. These fingerprints shall be checked against the
22 Department of State Police and Federal Bureau of Investigation
23 criminal history record databases now and hereafter filed. The
24 Department of State Police shall charge applicants a fee for
25 conducting the criminal history records check, which shall be

1 deposited into the State Police Services Fund and shall not
2 exceed the actual cost of the records check. The Department of
3 State Police shall furnish, pursuant to positive
4 identification, records of Illinois convictions to the
5 Department. The Department may require applicants to pay a
6 separate fingerprinting fee, either to the Department or to a
7 Department designated or approved vendor. The Department, in
8 its discretion, may allow an applicant who does not have
9 reasonable access to a designated vendor to provide his or her
10 fingerprints in an alternative manner. The Department may adopt
11 any rules necessary to implement this Section.

12 ~~The Department shall require an applicant for a license under~~
13 ~~Section 19 of this Act to undergo a criminal background check.~~
14 ~~The Department shall adopt rules to implement this Section.~~

15 (Source: P.A. 90-722, eff. 1-1-99.)

16 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

17 (Section scheduled to be repealed on November 30, 2011)

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

22 (A) Practice of medicine. For the practice of medicine
23 in all of its branches:

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

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

13 (b) that the applicant is a graduate of a
14 medical or osteopathic college located outside the
15 United States, its territories or Canada, and that
16 the degree conferred is officially recognized by
17 the country for the purposes of licensure, that the
18 applicant has completed a 2 year course of
19 instruction in a college of liberal arts or its
20 equivalent, and a course of instruction in a
21 medical or osteopathic college approved by the
22 Department, which course shall have been not less
23 than 132 weeks in duration and shall have been
24 completed within a period of not less than 35
25 months, and, in addition thereto, has completed a
26 course of postgraduate clinical training of not

1 less than 12 months, as approved by the Department,
2 and has complied with any other standards
3 established by rule.

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

13 (c) that the applicant has studied medicine at
14 a medical or osteopathic college located outside
15 the United States, its territories, or Canada,
16 that the applicant has completed a 2 year course of
17 instruction in a college of liberal arts or its
18 equivalent and all of the formal requirements of a
19 foreign medical school except internship and
20 social service, which course shall have been not
21 less than 132 weeks in duration and shall have been
22 completed within a period of not less than 35
23 months; that the applicant has submitted an
24 application to a medical college accredited by the
25 Liaison Committee on Medical Education and
26 submitted to such evaluation procedures, including

1 use of nationally recognized medical student tests
2 or tests devised by the individual medical
3 college, and that the applicant has satisfactorily
4 completed one academic year of supervised clinical
5 training under the direction of such medical
6 college; and, in addition thereto has completed a
7 course of postgraduate clinical training of not
8 less than 12 months, as approved by the Department,
9 and has complied with any other standards
10 established by rule.

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

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

19 (a) that the applicant: (i) graduated from a
20 medical or osteopathic college officially
21 recognized by the jurisdiction in which it is
22 located for the purpose of receiving a license to
23 practice medicine in all of its branches, and the
24 applicant has completed, as defined by the
25 Department, a 6 year postsecondary course of study
26 comprising at least 2 academic years of study in

1 the basic medical sciences; and 2 academic years of
2 study in the clinical sciences, while enrolled in
3 the medical college which conferred the degree,
4 the core rotations of which must have been
5 completed in clinical teaching facilities owned,
6 operated or formally affiliated with the medical
7 college which conferred the degree, or under
8 contract in teaching facilities owned, operated or
9 affiliated with another medical college which is
10 officially recognized by the jurisdiction in which
11 the medical school which conferred the degree is
12 located; or (ii) graduated from a medical or
13 osteopathic college accredited by the Liaison
14 Committee on Medical Education, the Committee on
15 Accreditation of Canadian Medical Schools in
16 conjunction with the Liaison Committee on Medical
17 Education, or the Bureau of Professional Education
18 of the American Osteopathic Association; and,
19 (iii) in addition thereto, has completed 24 months
20 ~~a course~~ of postgraduate clinical training ~~of not~~
21 ~~less than 24 months~~, as approved by the Department;
22 or

23 (b) that the applicant has studied medicine at
24 a medical or osteopathic college located outside
25 the United States, its territories, or Canada,
26 that the applicant, in addition to satisfying the

1 requirements of subparagraph (a), except for the
2 awarding of a degree, has completed all of the
3 formal requirements of a foreign medical school
4 except internship and social service and has
5 submitted an application to a medical college
6 accredited by the Liaison Committee on Medical
7 Education and submitted to such evaluation
8 procedures, including use of nationally recognized
9 medical student tests or tests devised by the
10 individual medical college, and that the applicant
11 has satisfactorily completed one academic year of
12 supervised clinical training under the direction
13 of such medical college; and, in addition thereto,
14 has completed 24 months ~~a course~~ of postgraduate
15 clinical training ~~of not less than 24 months~~, as
16 approved by the Department, and has complied with
17 any other standards established by rule.

18 (3) (Blank).

19 (4) Any person granted a temporary license
20 pursuant to Section 17 of this Act who shall
21 satisfactorily complete a course of postgraduate
22 clinical training and meet all of the requirements for
23 licensure shall be granted a permanent license
24 pursuant to Section 9.

25 (5) Notwithstanding any other provision of this
26 Section an individual holding a temporary license

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

9 (B) Treating human ailments without drugs and without
10 operative surgery. For the practice of treating human
11 ailments without the use of drugs and without operative
12 surgery:

13 (1) For an applicant who was a resident student and
14 who is a graduate after July 1, 1926, of a chiropractic
15 college or institution, that such school, college or
16 institution, at the time of the applicant's graduation
17 required as a prerequisite to admission thereto a 4
18 year course of instruction in a high school, and, as a
19 prerequisite to graduation therefrom, a course of
20 instruction in the treatment of human ailments, of not
21 less than 132 weeks in duration and which shall have
22 been completed within a period of not less than 35
23 months except that as to students matriculating or
24 entering upon a course of chiropractic study during the
25 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
26 1947, such elapsed time shall be not less than 32

1 months, such high school and such school, college or
2 institution having been reputable and in good standing
3 in the judgment of the Department.

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

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

25 (4) For an applicant who is a graduate of a
26 chiropractic college in another country; that such

1 chiropractic college be equivalent to the standards of
2 education as set forth for chiropractic colleges
3 located in the United States.

4 (Source: P.A. 89-702, eff. 7-1-97; 90-818, eff. 3-23-99.)

5 (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

6 (Section scheduled to be repealed on November 30, 2011)

7 Sec. 14. Chiropractic students. Candidates for the degree
8 of doctor of chiropractic enrolled in a chiropractic college,
9 accredited by the Council on Chiropractic Education, may
10 practice under the direct, on-premises supervision of a
11 chiropractic physician ~~who is licensed to treat human ailments~~
12 ~~without the use of drugs and without operative surgery and~~ who
13 is a member of the faculty of an accredited chiropractic
14 college.

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

16 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

17 (Section scheduled to be repealed on November 30, 2011)

18 Sec. 15. Chiropractic physician ~~Physician licensed to~~
19 ~~practice without drugs and operative surgery;~~ license for
20 general practice. Any chiropractic physician licensed under
21 this Act ~~to treat human ailments without the use of~~
22 ~~prescriptive drugs and operative surgery~~ shall be permitted to
23 take the examination for licensure as a physician to practice
24 medicine in all its branches and shall receive a license to

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

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

16 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

17 (Section scheduled to be repealed on November 30, 2011)

18 Sec. 17. Temporary license. Persons holding the degree of
19 Doctor of Medicine, persons holding the degree of Doctor of
20 Osteopathy or Doctor of Osteopathic Medicine, and persons
21 holding the degree of Doctor of Chiropractic or persons who
22 have satisfied the requirements therefor and are eligible to
23 receive such degree from a medical, osteopathic, or
24 chiropractic school, who wish to pursue programs of graduate or
25 specialty training in this State, may receive without

1 examination, in the discretion of the Department, a 3-year
2 temporary license. In order to receive a 3-year temporary
3 license hereunder, an applicant shall submit evidence ~~furnish~~
4 satisfactory ~~proof~~ to the Department that the applicant:

5 (A) Is of good moral character. In determining moral
6 character under this Section, the Department may take into
7 consideration whether the applicant has engaged in conduct
8 or activities which would constitute grounds for
9 discipline under this Act. The Department may also request
10 the applicant to submit, and may consider as evidence of
11 moral character, endorsements from 2 or 3 individuals
12 licensed under this Act;

13 (B) Has been accepted or appointed for specialty or
14 residency training by a hospital situated in this State or
15 a training program in hospitals or facilities maintained by
16 the State of Illinois or affiliated training facilities
17 which is approved by the Department for the purpose of such
18 training under this Act. The applicant shall indicate the
19 beginning and ending dates of the period for which the
20 applicant has been accepted or appointed;

21 (C) Has or will satisfy the professional education
22 requirements of Section 11 of this Act which are effective
23 at the date of application except for postgraduate clinical
24 training;

25 (D) Is physically, mentally, and professionally
26 capable of practicing medicine or treating human ailments

1 without the use of drugs and without ~~or~~ operative surgery
2 with reasonable judgment, skill, and safety. In
3 determining physical, mental and professional capacity
4 under this Section, the ~~Medical~~ Licensing Board may, upon a
5 showing of a possible incapacity, compel an applicant to
6 submit to a mental or physical examination and evaluation,
7 or both, and may condition or restrict any temporary
8 license, subject to the same terms and conditions as are
9 provided for the ~~Medical~~ Disciplinary Board under Section
10 22 of this Act. Any such condition of restricted temporary
11 license shall provide that the Chief Medical Coordinator or
12 Deputy Medical Coordinator shall have the authority to
13 review the subject physician's compliance with such
14 conditions or restrictions, including, where appropriate,
15 the physician's record of treatment and counseling
16 regarding the impairment, to the extent permitted by
17 applicable federal statutes and regulations safeguarding
18 the confidentiality of medical records of patients.

19 Three-year temporary licenses issued pursuant to this
20 Section shall be valid only for the period of time designated
21 therein, and may be extended or renewed pursuant to the rules
22 of the Department, and if a temporary license is thereafter
23 extended, it shall not extend beyond completion of the
24 residency program. The holder of a valid 3-year temporary
25 license shall be entitled thereby to perform only such acts as
26 may be prescribed by and incidental to his or her ~~their~~ program

1 of residency training; he or she ~~they~~ shall not be entitled to
2 otherwise engage in the practice of medicine in this State
3 unless fully licensed in this State.

4 A 3-year temporary license may be revoked by the Department
5 upon proof that the holder thereof has engaged in the practice
6 of medicine in this State outside of the program of his or her
7 ~~their~~ residency or specialty training, or if the holder shall
8 fail to supply the Department, within 10 days of its request,
9 with information as to his or her ~~their~~ current status and
10 activities in his or her ~~their~~ specialty training program.

11 (Source: P.A. 89-702, eff. 7-1-97; 90-54, eff. 7-3-97.)

12 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 18. Visiting professor, physician, or resident
15 permits.

16 (A) Visiting professor permit.

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

21 (a) the person maintains an equivalent
22 authorization to practice medicine in all of its
23 branches or to practice the treatment of human ailments
24 without the use of drugs and without operative surgery
25 in good standing in his or her ~~their~~ native licensing

1 jurisdiction during the period of the visiting
2 professor permit;

3 (b) the person has received a faculty appointment
4 to teach in a medical, osteopathic or chiropractic
5 school in Illinois; and

6 (c) the Department may prescribe the information
7 necessary to establish an applicant's eligibility for
8 a permit. This information shall include without
9 limitation (i) a statement from the dean of the medical
10 school at which the applicant will be employed
11 describing the applicant's qualifications and (ii) a
12 statement from the dean of the medical school listing
13 every affiliated institution in which the applicant
14 will be providing instruction as part of the medical
15 school's education program and justifying any clinical
16 activities at each of the institutions listed by the
17 dean.

18 (2) Application for visiting professor permits shall
19 be made to the Department, in writing, on forms prescribed
20 by the Department and shall be accompanied by the required
21 fee established by rule, which shall not be refundable. Any
22 application shall require the information as, in the
23 judgment of the Department, will enable the Department to
24 pass on the qualifications of the applicant.

25 (3) A visiting professor permit shall be valid for no
26 longer than 2 years from the date of issuance or until the

1 time the faculty appointment is terminated, whichever
2 occurs first, and may be renewed only in accordance with
3 subdivision (A)(6) of this Section.

4 (4) The applicant may be required to appear before the
5 ~~Medical~~ Licensing Board for an interview prior to, and as a
6 requirement for, the issuance of the original permit and
7 the renewal.

8 (5) Persons holding a permit under this Section shall
9 only practice medicine in all of its branches or practice
10 the treatment of human ailments without the use of drugs
11 and without operative surgery in the State of Illinois in
12 their official capacity under their contract within the
13 medical school itself and any affiliated institution in
14 which the permit holder is providing instruction as part of
15 the medical school's educational program and for which the
16 medical school has assumed direct responsibility.

17 (6) After the initial renewal of a visiting professor
18 permit, a ~~A~~ visiting professor permit shall be valid until
19 the last day of the next physician license renewal period,
20 as set by rule, and may only be renewed for applicants who
21 meet the following requirements:

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

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

26 For initial renewal, the visiting professor must

1 successfully pass a general competency examination authorized
2 by the Department by rule, unless he or she was issued an
3 initial visiting professor permit on or after January 1, 2007,
4 but prior to July 1, 2007.

5 (B) Visiting physician permit.

6 (1) The Department may, in its discretion, issue a
7 temporary visiting physician 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 physician permit;

17 (c) that the person has received an invitation or
18 appointment to study, demonstrate, or perform a
19 specific medical, osteopathic, chiropractic or
20 clinical subject or technique in a medical,
21 osteopathic, or chiropractic school, a state or
22 national medical, osteopathic, or chiropractic
23 professional association or society conference or
24 meeting, a hospital licensed under the Hospital
25 Licensing Act, a hospital organized under the

1 University of Illinois Hospital Act, or a facility
2 operated pursuant to the Ambulatory Surgical Treatment
3 Center Act; and

4 (d) that the temporary visiting physician permit
5 shall only permit the holder to practice medicine in
6 all of its branches or practice the treatment of human
7 ailments without the use of drugs and without operative
8 surgery within the scope of the medical, osteopathic,
9 chiropractic, or clinical studies, or in conjunction
10 with the state or national medical, osteopathic, or
11 chiropractic professional association or society
12 conference or meeting, for which the holder was invited
13 or appointed.

14 (2) The application for the temporary visiting
15 physician permit shall be made to the Department, in
16 writing, on forms prescribed by the Department, and shall
17 be accompanied by the required fee established by rule,
18 which shall not be refundable. The application shall
19 require information that, in the judgment of the
20 Department, will enable the Department to pass on the
21 qualification of the applicant, and the necessity for the
22 granting of a temporary visiting physician permit.

23 (3) A temporary visiting physician permit shall be
24 valid for no longer than (i) 180 days from the date of
25 issuance or (ii) until the time the medical, osteopathic,
26 chiropractic, or clinical studies are completed, or the

1 state or national medical, osteopathic, or chiropractic
2 professional association or society conference or meeting
3 has concluded, whichever occurs first.

4 (4) The applicant for a temporary visiting physician
5 permit may be required to appear before the ~~Medical~~
6 Licensing Board for an interview prior to, and as a
7 requirement for, the issuance of a temporary visiting
8 physician permit.

9 (5) A limited temporary visiting physician permit
10 shall be issued to a physician licensed in another state
11 who has been requested to perform emergency procedures in
12 Illinois if he or she meets the requirements as established
13 by rule.

14 (C) Visiting resident permit.

15 (1) The Department may, in its discretion, issue a
16 temporary visiting resident permit, without examination,
17 provided:

18 (a) (blank);

19 (b) that the person maintains an equivalent
20 authorization to practice medicine in all of its
21 branches or to practice the treatment of human ailments
22 without the use of drugs and without operative surgery
23 in good standing in his or her native licensing
24 jurisdiction during the period of the temporary
25 visiting resident permit;

1 (c) that the applicant is enrolled in a
2 postgraduate clinical training program outside the
3 State of Illinois that is approved by the Department;

4 (d) that the individual has been invited or
5 appointed for a specific period of time to perform a
6 portion of that post graduate clinical training
7 program under the supervision of an Illinois licensed
8 physician in an Illinois patient care clinic or
9 facility that is affiliated with the out-of-State post
10 graduate training program; and

11 (e) that the temporary visiting resident permit
12 shall only permit the holder to practice medicine in
13 all of its branches or practice the treatment of human
14 ailments without the use of drugs and without operative
15 surgery within the scope of the medical, osteopathic,
16 chiropractic or clinical studies for which the holder
17 was invited or appointed.

18 (2) The application for the temporary visiting
19 resident permit shall be made to the Department, in
20 writing, on forms prescribed by the Department, and shall
21 be accompanied by the required fee established by rule. The
22 application shall require information that, in the
23 judgment of the Department, will enable the Department to
24 pass on the qualifications of the applicant.

25 (3) A temporary visiting resident permit shall be valid
26 for 180 days from the date of issuance or until the time

1 the medical, osteopathic, chiropractic, or clinical
2 studies are completed, whichever occurs first.

3 (4) The applicant for a temporary visiting resident
4 permit may be required to appear before the ~~Medical~~
5 Licensing Board for an interview prior to, and as a
6 requirement for, the issuance of a temporary visiting
7 resident permit.

8 (Source: P.A. 95-915, eff. 8-26-08; 96-398, eff. 8-13-09.)

9 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

10 (Section scheduled to be repealed on November 30, 2011)

11 Sec. 19. Licensure by endorsement ~~without examination~~. The
12 Department may, in its discretion, issue a license by
13 endorsement ~~without examination~~ to any person who is currently
14 licensed to practice medicine in all of its branches, or a
15 chiropractic physician ~~to practice the treatment of human~~
16 ~~ailments without the use of drugs or operative surgery~~, in any
17 other state, territory, country or province, upon the following
18 conditions and submitting evidence satisfactory to the
19 Department of the following:

20 (A) (Blank);

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

1 Department may also request the applicant to submit, and
2 may consider as evidence of moral character, endorsements
3 from 2 or 3 individuals licensed under this Act;

4 (C) That the applicant is physically, mentally and
5 professionally capable of practicing medicine with
6 reasonable judgment, skill and safety. In determining
7 physical, mental and professional capacity under this
8 Section the ~~Medical~~ Licensing Board may, upon a showing of
9 a possible incapacity, compel an applicant to submit to a
10 mental or physical examination and evaluation, or both, in
11 the same manner as provided in Section 22 and may condition
12 or restrict any license, subject to the same terms and
13 conditions as are provided for the ~~Medical~~ Disciplinary
14 Board under Section 22 of this Act. ~~The Medical Licensing~~
15 ~~Board or the Department may order the examining physician~~
16 ~~to present testimony concerning this mental or physical~~
17 ~~examination of the applicant. No information shall be~~
18 ~~excluded by reason of any common law or statutory privilege~~
19 ~~relating to communications between the applicant and the~~
20 ~~examining physician. Any condition of restricted license~~
21 ~~shall provide that the Chief Medical Coordinator or Deputy~~
22 ~~Medical Coordinator shall have the authority to review the~~
23 ~~subject physician's compliance with such conditions or~~
24 ~~restrictions, including, where appropriate, the~~
25 ~~physician's record of treatment and counseling regarding~~
26 ~~the impairment, to the extent permitted by applicable~~

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

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 school or college approved by the Department at the
26 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 (F) That the Department may, in its discretion, issue a
8 license by endorsement, ~~without examination~~, to any
9 graduate of a medical or osteopathic college, reputable and
10 in good standing in the judgment of the Department, who has
11 passed an examination for admission to the United States
12 Public Health Service, or who has passed any other
13 examination deemed by the Department to have been at least
14 equal in all substantial respects to the examination
15 required for admission to any such medical corps;

16 (G) That applications for licenses by endorsement
17 ~~without examination~~ shall be filed with the Department,
18 under oath, on forms prepared and furnished by the
19 Department, and shall set forth, and applicants therefor
20 shall supply such information respecting the life,
21 education, professional practice, and moral character of
22 applicants as the Department may require to be filed for
23 its use;

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

26 In the exercise of its discretion under this Section, the

1 Department is empowered to consider and evaluate each applicant
2 on an individual basis. It may take into account, among other
3 things, the extent to which there is or is not available to the
4 Department, authentic and definitive information concerning
5 the quality of medical education and clinical training which
6 the applicant has had. Under no circumstances shall a license
7 be issued under the provisions of this Section to any person
8 who has previously taken and failed the written examination
9 conducted by the Department for such license. In the exercise
10 of its discretion under this Section, the Department may
11 require an applicant to successfully complete an examination as
12 recommended by the Licensing Board. ~~In determining moral~~
13 ~~character, the Department may take into consideration whether~~
14 ~~the applicant has engaged in conduct or activities which would~~
15 ~~constitute grounds for discipline under this Act.~~ The
16 Department may also request the applicant to submit, and may
17 consider as evidence of moral character, evidence from 2 or 3
18 individuals licensed under this Act. Applicants have 3 years
19 from the date of application to complete the application
20 process. If the process has not been completed within 3 years,
21 the application shall be denied, the fees shall be forfeited,
22 and the applicant must reapply and meet the requirements in
23 effect at the time of reapplication.

24 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 20. Continuing education. The Department shall
3 promulgate rules of continuing education for persons licensed
4 under this Act that require an average of 50 ~~150~~ hours of
5 continuing education per license year ~~renewal cycle~~. These
6 rules shall be consistent with requirements of relevant
7 professional associations, specialty ~~speciality~~ societies, or
8 boards. The rules shall also address variances in part or in
9 whole for good cause, including, but not limited to, temporary
10 illness or hardship. In establishing these rules, the
11 Department shall consider educational requirements for medical
12 staffs, requirements for specialty society board certification
13 or for continuing education requirements as a condition of
14 membership in societies representing the 2 categories of
15 licensee under this Act. These rules shall assure that
16 licensees are given the opportunity to participate in those
17 programs sponsored by or through their professional
18 associations or hospitals which are relevant to their practice.
19 Each licensee is responsible for maintaining records of
20 completion of continuing education and shall be prepared to
21 produce the records when requested by the Department.

22 (Source: P.A. 92-750, eff. 1-1-03.)

23 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

24 (Section scheduled to be repealed on November 30, 2011)

25 Sec. 21. License renewal; restoration; inactive status;

1 disposition and collection of fees.

2 (A) Renewal. The expiration date and renewal period for
3 each license issued under this Act shall be set by rule. The
4 holder of a license may renew the license by paying the
5 required fee. The holder of a license may also renew the
6 license within 90 days after its expiration by complying with
7 the requirements for renewal and payment of an additional fee.
8 A license renewal within 90 days after expiration shall be
9 effective retroactively to the expiration date.

10 The Department shall mail to each licensee under this Act,
11 at his or her ~~last known~~ address of record, at least 60 days in
12 advance of the expiration date of his or her license, a renewal
13 notice ~~of that fact and an application for renewal form~~. No
14 such license shall be deemed to have lapsed until 90 days after
15 the expiration date and after such notice has ~~and application~~
16 ~~have~~ been mailed by the Department as herein provided.

17 (B) Restoration. Any licensee who has permitted his or her
18 license to lapse or who has had his or her license on inactive
19 status may have his or her license restored by making
20 application to the Department and filing proof acceptable to
21 the Department of his or her fitness to have the license
22 restored, including evidence certifying to active practice in
23 another jurisdiction satisfactory to the Department, proof of
24 meeting the continuing education requirements for one renewal
25 period, and by paying the required restoration fee.

26 If the licensee has not maintained an active practice in

1 another jurisdiction satisfactory to the Department, the
2 Licensing Board shall determine, by an evaluation program
3 established by rule, the applicant's fitness to resume active
4 status and may require the licensee to complete a period of
5 evaluated clinical experience and may require successful
6 completion of a ~~the~~ practical examination specified by the
7 Licensing Board.

8 However, any registrant whose license has expired while he
9 or she has been engaged (a) in Federal Service on active duty
10 with the Army of the United States, the United States Navy, the
11 Marine Corps, the Air Force, the Coast Guard, the Public Health
12 Service or the State Militia called into the service or
13 training of the United States of America, or (b) in training or
14 education under the supervision of the United States
15 preliminary to induction into the military service, may have
16 his or her license reinstated or restored without paying any
17 lapsed renewal fees, if within 2 years after honorable
18 termination of such service, training, or education, he or she
19 furnishes to the Department with satisfactory evidence to the
20 effect that he or she has been so engaged and that his or her
21 service, training, or education has been so terminated.

22 (C) Inactive licenses. Any licensee who notifies the
23 Department, in writing on forms prescribed by the Department,
24 may elect to place his or her license on an inactive status and
25 shall, subject to rules of the Department, be excused from
26 payment of renewal fees until he or she notifies the Department

1 in writing of his or her desire to resume active status.

2 Any licensee requesting restoration from inactive status
3 shall be required to pay the current renewal fee, provide proof
4 of meeting the continuing education requirements for the period
5 of time the license is inactive not to exceed one renewal
6 period, and shall be required to restore his or her license as
7 provided in subsection (B).

8 Any licensee whose license is in an inactive status shall
9 not practice in the State of Illinois.

10 (D) Disposition of monies collected. All monies collected
11 under this Act by the Department shall be deposited in the
12 Illinois State Medical Disciplinary Fund in the State Treasury,
13 and used only for the following purposes: (a) by the ~~Medical~~
14 Disciplinary Board and Licensing Board in the exercise of its
15 powers and performance of its duties, as such use is made by
16 the Department with full consideration of all recommendations
17 of the ~~Medical~~ Disciplinary Board and Licensing Board, (b) for
18 costs directly related to persons licensed under this Act, and
19 (c) for direct and allocable indirect costs related to the
20 public purposes of the Department ~~of Professional Regulation~~.

21 Moneys in the Fund may be transferred to the Professions
22 Indirect Cost Fund as authorized under Section 2105-300 of the
23 Department of Professional Regulation Law (20 ILCS
24 2105/2105-300).

25 All earnings received from investment of monies in the
26 Illinois State Medical Disciplinary Fund shall be deposited in

1 the Illinois State Medical Disciplinary Fund and shall be used
2 for the same purposes as fees deposited in such Fund.

3 (E) Fees. The following fees are nonrefundable.

4 (1) Applicants for any examination shall be required to
5 pay, either to the Department or to the designated testing
6 service, a fee covering the cost of determining the
7 applicant's eligibility and providing the examination.
8 Failure to appear for the examination on the scheduled
9 date, at the time and place specified, after the
10 applicant's application for examination has been received
11 and acknowledged by the Department or the designated
12 testing service, shall result in the forfeiture of the
13 examination fee.

14 (2) The fee for a license under Section 9 of this Act
15 is \$300.

16 (3) The fee for a license under Section 19 of this Act
17 is \$300.

18 (4) The fee for the renewal of a license for a resident
19 of Illinois shall be calculated at the rate of \$100 per
20 year, except for licensees who were issued a license within
21 12 months of the expiration date of the license, the fee
22 for the renewal shall be \$100. The fee for the renewal of a
23 license for a nonresident shall be calculated at the rate
24 of \$200 per year, except for licensees who were issued a
25 license within 12 months of the expiration date of the
26 license, the fee for the renewal shall be \$200.

1 (5) The fee for the restoration of a license other than
2 from inactive status, is \$100. In addition, payment of all
3 lapsed renewal fees not to exceed \$600 is required.

4 (6) The fee for a 3-year temporary license under
5 Section 17 is \$100.

6 (7) The fee for the issuance of a duplicate license,
7 for the issuance of a replacement license for a license
8 which has been lost or destroyed, or for the issuance of a
9 license with a change of name or address other than during
10 the renewal period is \$20. No fee is required for name and
11 address changes on Department records when no duplicate
12 license is issued.

13 (8) The fee to be paid for a license record for any
14 purpose is \$20.

15 (9) The fee to be paid to have the scoring of an
16 examination, administered by the Department, reviewed and
17 verified, is \$20 plus any fees charged by the applicable
18 testing service.

19 (10) The fee to be paid by a licensee for a wall
20 certificate showing his or her license shall be the actual
21 cost of producing the certificate as determined by the
22 Department.

23 (11) The fee for a roster of persons licensed as
24 physicians in this State shall be the actual cost of
25 producing such a roster as determined by the Department.

26 (F) Any person who delivers a check or other payment to the

1 Department that is returned to the Department unpaid by the
2 financial institution upon which it is drawn shall pay to the
3 Department, in addition to the amount already owed to the
4 Department, a fine of \$50. The fines imposed by this Section
5 are in addition to any other discipline provided under this Act
6 for unlicensed practice or practice on a nonrenewed license.
7 The Department shall notify the person that payment of fees and
8 fines shall be paid to the Department by certified check or
9 money order within 30 calendar days of the notification. If,
10 after the expiration of 30 days from the date of the
11 notification, the person has failed to submit the necessary
12 remittance, the Department shall automatically terminate the
13 license or certificate or deny the application, without
14 hearing. If, after termination or denial, the person seeks a
15 license or certificate, he or she shall apply to the Department
16 for restoration or issuance of the license or certificate and
17 pay all fees and fines due to the Department. The Department
18 may establish a fee for the processing of an application for
19 restoration of a license or certificate to pay all expenses of
20 processing this application. The Secretary ~~Director~~ may waive
21 the fines due under this Section in individual cases where the
22 Secretary ~~Director~~ finds that the fines would be unreasonable
23 or unnecessarily burdensome.

24 (Source: P.A. 91-239, eff. 1-1-00; 91-357, eff. 7-29-99; 92-16,
25 eff. 6-28-01; 92-146, eff. 1-1-02.)

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

2 (Section scheduled to be repealed on November 30, 2011)

3 (Text of Section WITH the changes made by P.A. 94-677,
4 which has been held unconstitutional)

5 Sec. 22. Disciplinary action.

6 (A) The Department may revoke, suspend, place on probation
7 ~~probationary status, reprimand,~~ refuse to issue or renew, or
8 take any other disciplinary or non-disciplinary action as the
9 Department may deem proper with regard to the license or
10 ~~visiting professor~~ permit of any person issued under this Act
11 to practice medicine, or a chiropractic physician, including
12 imposing fines not to exceed \$10,000 for each violation, to
13 ~~treat human ailments without the use of drugs and without~~
14 ~~operative surgery~~ 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
26 centers, hospitalization, or care facilities under its

1 management and control;

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

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

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

13 (3) A plea of guilty or nolo contendere, finding of
14 guilt, jury verdict, or entry of judgment or sentencing,
15 including, but not limited to, convictions, preceding
16 sentences of supervision, conditional discharge, or first
17 offender probation, under the laws of any jurisdiction of
18 the United States of any crime that is a felony. ~~The~~
19 ~~conviction of a felony in this or any other jurisdiction,~~
20 ~~except as otherwise provided in subsection B of this~~
21 ~~Section, whether or not related to practice under this Act,~~
22 ~~or the entry of a guilty or nolo contendere plea to a~~
23 ~~felony charge.~~

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

25 (5) Engaging in dishonorable, unethical or
26 unprofessional conduct of a character likely to deceive,

1 defraud or harm the public.

2 (6) Obtaining any fee by fraud, deceit, or
3 misrepresentation.

4 (7) Habitual or excessive use or abuse of drugs defined
5 in law as controlled substances, of alcohol, or of any
6 other substances which results in the inability to practice
7 with reasonable judgment, skill or safety.

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

10 (9) Fraud or misrepresentation in applying for, or
11 procuring, a license under this Act or in connection with
12 applying for renewal of a license under this Act.

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

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

20 (12) Disciplinary action of another state or
21 jurisdiction against a license or other authorization to
22 practice as a medical doctor, doctor of osteopathy, doctor
23 of osteopathic medicine or doctor of chiropractic, a
24 certified copy of the record of the action taken by the
25 other state or jurisdiction being prima facie evidence
26 thereof.

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

11 (22) Wilful omission to file or record, or wilfully
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 wilfully 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 wilful 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) Wilfully 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~~r~~, 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, or
19 doctor of chiropractic in another state or jurisdiction, or
20 surrender of membership on any medical staff or in any
21 medical or professional association or society, while
22 under disciplinary investigation by any of those
23 authorities or bodies, for acts or conduct similar to acts
24 or conduct which would constitute grounds for action as
25 defined in this Section.

26 (36) Failure to report to the Department any adverse

1 judgment, settlement, or award arising from a liability
2 claim related to acts or conduct similar to acts or conduct
3 which would constitute grounds for action as defined in
4 this Section.

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

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

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

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

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

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

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

24 Except for actions involving the ground numbered (26), all
25 proceedings to suspend, revoke, place on probationary status,
26 or take any other disciplinary action as the Department may

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

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

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

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

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

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

26 (c) what constitutes immoral conduct in the commission

1 of any act, including, but not limited to, commission of an
2 act of sexual misconduct related to the licensee's
3 practice; and

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

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

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

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

1 in any way related to the examination and evaluation shall be
2 excluded by reason of any common law or statutory privilege
3 relating to communication between the licensee or applicant and
4 the examining physician or any member of the multidisciplinary
5 team. No authorization is necessary from the licensee, permit
6 holder, or applicant ordered to undergo an evaluation and
7 examination for the examining physician or any member of the
8 multidisciplinary team to provide information, reports,
9 records, or other documents or to provide any testimony
10 regarding the examination and evaluation. The individual to be
11 examined may have, at his or her own expense, another physician
12 of his or her choice present during all aspects of the
13 examination. Failure of any individual to submit to mental or
14 physical examination and evaluation, or both, when directed,
15 shall result in an automatic ~~be grounds for~~ suspension, without
16 hearing, ~~of his or her license~~ until such time as the
17 individual submits to the examination ~~if the Disciplinary Board~~
18 ~~finds, after notice and hearing, that the refusal to submit to~~
19 ~~the examination was without reasonable cause.~~ If the
20 Disciplinary Board finds a physician unable to practice because
21 of the reasons set forth in this Section, the Disciplinary
22 Board shall require such physician to submit to care,
23 counseling, or treatment by physicians approved or designated
24 by the Disciplinary Board, as a condition for continued,
25 reinstated, or renewed licensure to practice. Any physician,
26 whose license was granted pursuant to Sections 9, 17, or 19 of

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

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

24 The Department may promulgate rules for the imposition of
25 fines in disciplinary cases, not to exceed \$10,000 for each
26 violation of this Act. Fines may be imposed in conjunction with

1 other forms of disciplinary action, but shall not be the
2 exclusive disposition of any disciplinary action arising out of
3 conduct resulting in death or injury to a patient. Any funds
4 collected from such fines shall be deposited in the Medical
5 Disciplinary Fund.

6 (B) The Department shall revoke the license or ~~visiting~~
7 permit ~~of any person~~ issued under this Act to practice medicine
8 or a chiropractic physician ~~to treat human ailments without the~~
9 ~~use of drugs and without operative surgery,~~ who has been
10 convicted a second time of committing any felony under the
11 Illinois Controlled Substances Act or the Methamphetamine
12 Control and Community Protection Act, or who has been convicted
13 a second time of committing a Class 1 felony under Sections
14 8A-3 and 8A-6 of the Illinois Public Aid Code. A person whose
15 license or ~~visiting~~ permit is revoked under this subsection B
16 ~~of Section 22 of this Act~~ shall be prohibited from practicing
17 medicine or treating human ailments without the use of drugs
18 and without operative surgery.

19 (C) The ~~Medical~~ Disciplinary Board shall recommend to the
20 Department civil penalties and any other appropriate
21 discipline in disciplinary cases when the Board finds that a
22 physician willfully performed an abortion with actual
23 knowledge that the person upon whom the abortion has been
24 performed is a minor or an incompetent person without notice as
25 required under the Parental Notice of Abortion Act of 1995.
26 Upon the Board's recommendation, the Department shall impose,

1 for the first violation, a civil penalty of \$1,000 and for a
2 second or subsequent violation, a civil penalty of \$5,000.

3 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;
4 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.
5 7-2-10.)

6 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

7 (Section scheduled to be repealed on November 30, 2011)

8 (Text of Section WITH the changes made by P.A. 94-677,
9 which has been held unconstitutional, and by P.A. 96-1372,
10 which amended language added by P.A. 94-677)

11 Sec. 23. Reports relating to professional conduct and
12 capacity.

13 (A) Entities required to report.

14 (1) Health care institutions. The chief administrator
15 or executive officer of any health care institution
16 licensed by the Illinois Department of Public Health shall
17 report to the Disciplinary Board when any person's clinical
18 privileges are terminated or are restricted based on a
19 final determination made, in accordance with that
20 institution's by-laws or rules and regulations, that a
21 person has either committed an act or acts which may
22 directly threaten patient care, ~~and not of an~~
23 ~~administrative nature,~~ or that a person may be mentally or
24 physically disabled in such a manner as to endanger
25 patients under that person's care. Such officer also shall

1 report if a person accepts voluntary termination or
2 restriction of clinical privileges in lieu of formal action
3 based upon conduct related directly to patient care ~~and not~~
4 ~~of an administrative nature,~~ or in lieu of formal action
5 seeking to determine whether a person may be mentally or
6 physically disabled in such a manner as to endanger
7 patients under that person's care. The ~~Medical~~
8 Disciplinary Board shall, by rule, provide for the
9 reporting to it by health care institutions of all
10 instances in which a person, licensed under this Act, who
11 is impaired by reason of age, drug or alcohol abuse or
12 physical or mental impairment, is under supervision and,
13 where appropriate, is in a program of rehabilitation. Such
14 reports shall be strictly confidential and may be reviewed
15 and considered only by the members of the Disciplinary
16 Board, or by authorized staff as provided by rules of the
17 Disciplinary Board. Provisions shall be made for the
18 periodic report of the status of any such person not less
19 than twice annually in order that the Disciplinary Board
20 shall have current information upon which to determine the
21 status of any such person. Such initial and periodic
22 reports of impaired physicians shall not be considered
23 records within the meaning of The State Records Act and
24 shall be disposed of, following a determination by the
25 Disciplinary Board that such reports are no longer
26 required, in a manner and at such time as the Disciplinary

1 Board shall determine by rule. The filing of such reports
2 shall be construed as the filing of a report for purposes
3 of subsection (C) of this Section.

4 (2) Professional associations. The President or chief
5 executive officer of any association or society, of persons
6 licensed under this Act, operating within this State shall
7 report to the Disciplinary Board when the association or
8 society renders a final determination that a person has
9 committed unprofessional conduct related directly to
10 patient care or that a person may be mentally or physically
11 disabled in such a manner as to endanger patients under
12 that person's care.

13 (3) Professional liability insurers. Every insurance
14 company which offers policies of professional liability
15 insurance to persons licensed under this Act, or any other
16 entity which seeks to indemnify the professional liability
17 of a person licensed under this Act, shall report to the
18 Disciplinary Board the settlement of any claim or cause of
19 action, or final judgment rendered in any cause of action,
20 which alleged negligence in the furnishing of medical care
21 by such licensed person when such settlement or final
22 judgment is in favor of the plaintiff.

23 (4) State's Attorneys. The State's Attorney of each
24 county shall report to the Disciplinary Board, within 5
25 days, any ~~all~~ instances in which a person licensed under
26 this Act is convicted ~~or otherwise found guilty of the~~

1 ~~commission~~ of any felony or Class A misdemeanor. The
2 State's Attorney of each county may report to the
3 Disciplinary Board through a verified complaint any
4 instance in which the State's Attorney believes that a
5 physician has willfully violated the notice requirements
6 of the Parental Notice of Abortion Act of 1995.

7 (5) State agencies. All agencies, boards, commissions,
8 departments, or other instrumentalities of the government
9 of the State of Illinois shall report to the Disciplinary
10 Board any instance arising in connection with the
11 operations of such agency, including the administration of
12 any law by such agency, in which a person licensed under
13 this Act has either committed an act or acts which may be a
14 violation of this Act or which may constitute
15 unprofessional conduct related directly to patient care or
16 which indicates that a person licensed under this Act may
17 be mentally or physically disabled in such a manner as to
18 endanger patients under that person's care.

19 (B) Mandatory reporting. All reports required by items
20 (34), (35), and (36) of subsection (A) of Section 22 and by
21 Section 23 shall be submitted to the Disciplinary Board in a
22 timely fashion. Unless otherwise provided in this Section, the
23 ~~The~~ reports shall be filed in writing within 60 days after a
24 determination that a report is required under this Act. All
25 reports shall contain the following information:

26 (1) The name, address and telephone number of the

1 person making the report.

2 (2) The name, address and telephone number of the
3 person who is the subject of the report.

4 (3) The name and date of birth of any patient or
5 patients whose treatment is a subject of the report, if
6 available, or other means of identification if such
7 information is not available, identification of the
8 hospital or other healthcare facility where the care at
9 issue in the report was rendered, provided, however, no
10 medical records may be revealed.

11 (4) A brief description of the facts which gave rise to
12 the issuance of the report, including the dates of any
13 occurrences deemed to necessitate the filing of the report.

14 (5) If court action is involved, the identity of the
15 court in which the action is filed, along with the docket
16 number and date of filing of the action.

17 (6) Any further pertinent information which the
18 reporting party deems to be an aid in the evaluation of the
19 report.

20 The Disciplinary Board or Department may also exercise the
21 power under Section 38 of this Act to subpoena copies of
22 hospital or medical records in mandatory report cases alleging
23 death or permanent bodily injury. Appropriate rules shall be
24 adopted by the Department with the approval of the Disciplinary
25 Board.

26 When the Department has received written reports

1 concerning incidents required to be reported in items (34),
2 (35), and (36) of subsection (A) of Section 22, the licensee's
3 failure to report the incident to the Department under those
4 items shall not be the sole grounds for disciplinary action.

5 Nothing contained in this Section shall act to in any way,
6 waive or modify the confidentiality of medical reports and
7 committee reports to the extent provided by law. Any
8 information reported or disclosed shall be kept for the
9 confidential use of the Disciplinary Board, the Medical
10 Coordinators, the Disciplinary Board's attorneys, the medical
11 investigative staff, and authorized clerical staff, as
12 provided in this Act, and shall be afforded the same status as
13 is provided information concerning medical studies in Part 21
14 of Article VIII of the Code of Civil Procedure, except that the
15 Department may disclose information and documents to a federal,
16 State, or local law enforcement agency pursuant to a subpoena
17 in an ongoing criminal investigation or to a health care
18 licensing body or medical licensing authority of this State or
19 another state or jurisdiction pursuant to an official request
20 made by that licensing body or medical licensing authority.
21 Furthermore, information and documents disclosed to a federal,
22 State, or local law enforcement agency may be used by that
23 agency only for the investigation and prosecution of a criminal
24 offense, or, in the case of disclosure to a health care
25 licensing body or medical licensing authority, only for
26 investigations and disciplinary action proceedings with regard

1 to a license. Information and documents disclosed to the
2 Department of Public Health may be used by that Department only
3 for investigation and disciplinary action regarding the
4 license of a health care institution licensed by the Department
5 of Public Health.

6 (C) Immunity from prosecution. Any individual or
7 organization acting in good faith, and not in a wilful and
8 wanton manner, in complying with this Act by providing any
9 report or other information to the Disciplinary Board or a peer
10 review committee, or assisting in the investigation or
11 preparation of such information, or by voluntarily reporting to
12 the Disciplinary Board or a peer review committee information
13 regarding alleged errors or negligence by a person licensed
14 under this Act, or by participating in proceedings of the
15 Disciplinary Board or a peer review committee, or by serving as
16 a member of the Disciplinary Board or a peer review committee,
17 shall not, as a result of such actions, be subject to criminal
18 prosecution or civil damages.

19 (D) Indemnification. Members of the Disciplinary Board,
20 the Medical Coordinators, the Disciplinary Board's attorneys,
21 the medical investigative staff, physicians retained under
22 contract to assist and advise the medical coordinators in the
23 investigation, and authorized clerical staff shall be
24 indemnified by the State for any actions occurring within the
25 scope of services on the Disciplinary Board, done in good faith
26 and not wilful and wanton in nature. The Attorney General shall

1 defend all such actions unless he or she determines either that
2 there would be a conflict of interest in such representation or
3 that the actions complained of were not in good faith or were
4 wilful and wanton.

5 Should the Attorney General decline representation, the
6 member shall have the right to employ counsel of his or her
7 choice, whose fees shall be provided by the State, after
8 approval by the Attorney General, unless there is a
9 determination by a court that the member's actions were not in
10 good faith or were wilful and wanton.

11 The member must notify the Attorney General within 7 days
12 of receipt of notice of the initiation of any action involving
13 services of the Disciplinary Board. Failure to so notify the
14 Attorney General shall constitute an absolute waiver of the
15 right to a defense and indemnification.

16 The Attorney General shall determine within 7 days after
17 receiving such notice, whether he or she will undertake to
18 represent the member.

19 (E) Deliberations of Disciplinary Board. Upon the receipt
20 of any report called for by this Act, other than those reports
21 of impaired persons licensed under this Act required pursuant
22 to the rules of the Disciplinary Board, the Disciplinary Board
23 shall notify in writing, by certified mail, the person who is
24 the subject of the report. Such notification shall be made
25 within 30 days of receipt by the Disciplinary Board of the
26 report.

1 The notification shall include a written notice setting
2 forth the person's right to examine the report. Included in
3 such notification shall be the address at which the file is
4 maintained, the name of the custodian of the reports, and the
5 telephone number at which the custodian may be reached. The
6 person who is the subject of the report shall submit a written
7 statement responding, clarifying, adding to, or proposing the
8 amending of the report previously filed. The person who is the
9 subject of the report shall also submit with the written
10 statement any medical records related to the report. The
11 statement and accompanying medical records shall become a
12 permanent part of the file and must be received by the
13 Disciplinary Board no more than 30 days after the date on which
14 the person was notified by the Disciplinary Board of the
15 existence of the original report.

16 The Disciplinary Board shall review all reports received by
17 it, together with any supporting information and responding
18 statements submitted by persons who are the subject of reports.
19 The review by the Disciplinary Board shall be in a timely
20 manner but in no event, shall the Disciplinary Board's initial
21 review of the material contained in each disciplinary file be
22 less than 61 days nor more than 180 days after the receipt of
23 the initial report by the Disciplinary Board.

24 When the Disciplinary Board makes its initial review of the
25 materials contained within its disciplinary files, the
26 Disciplinary Board shall, in writing, make a determination as

1 to whether there are sufficient facts to warrant further
2 investigation or action. Failure to make such determination
3 within the time provided shall be deemed to be a determination
4 that there are not sufficient facts to warrant further
5 investigation or action.

6 Should the Disciplinary Board find that there are not
7 sufficient facts to warrant further investigation, or action,
8 the report shall be accepted for filing and the matter shall be
9 deemed closed and so reported to the Secretary. The Secretary
10 shall then have 30 days to accept the ~~Medical~~ Disciplinary
11 Board's decision or request further investigation. The
12 Secretary shall inform the Board ~~in writing~~ of the decision to
13 request further investigation, including the specific reasons
14 for the decision. The individual or entity filing the original
15 report or complaint and the person who is the subject of the
16 report or complaint shall be notified in writing by the
17 Secretary of any final action on their report or complaint. The
18 Department shall disclose to the individual or entity who filed
19 the original report or complaint, on request, the status of the
20 Disciplinary Board's review of a specific report or complaint.
21 Such request may be made at any time, including prior to the
22 Disciplinary Board's determination as to whether there are
23 sufficient facts to warrant further investigation or action.

24 (F) Summary reports. The Disciplinary Board shall prepare,
25 on a timely basis, but in no event less than once every other
26 month, a summary report of final disciplinary actions taken

1 upon disciplinary files maintained by the Disciplinary Board.
2 The summary reports shall be made available to the public upon
3 request and payment of the fees set by the Department. This
4 publication may be made available to the public on the
5 Department's ~~Internet~~ website. Information or documentation
6 relating to any disciplinary file that is closed without
7 disciplinary action taken shall not be disclosed and shall be
8 afforded the same status as is provided by Part 21 of Article
9 VIII of the Code of Civil Procedure.

10 (G) Any violation of this Section shall be a Class A
11 misdemeanor.

12 (H) If any such person violates the provisions of this
13 Section an action may be brought in the name of the People of
14 the State of Illinois, through the Attorney General of the
15 State of Illinois, for an order enjoining such violation or for
16 an order enforcing compliance with this Section. Upon filing of
17 a verified petition in such court, the court may issue a
18 temporary restraining order without notice or bond and may
19 preliminarily or permanently enjoin such violation, and if it
20 is established that such person has violated or is violating
21 the injunction, the court may punish the offender for contempt
22 of court. Proceedings under this paragraph shall be in addition
23 to, and not in lieu of, all other remedies and penalties
24 provided for by this Section.

25 (Source: P.A. 96-1372, eff. 7-29-10; P.A. 97-449, eff. 1-1-12.)

1 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

2 (Section scheduled to be repealed on November 30, 2011)

3 (Text of Section WITH the changes made by P.A. 94-677,
4 which has been held unconstitutional)

5 Sec. 24. Report of violations; medical associations. Any
6 physician licensed under this Act, the Illinois State Medical
7 Society, the Illinois Association of Osteopathic Physicians
8 and Surgeons, the Illinois Chiropractic Society, the Illinois
9 Prairie State Chiropractic Association, or any component
10 societies of any of these 4 groups, and any other person, may
11 report to the Disciplinary Board any information the physician,
12 association, society, or person may have that appears to show
13 that a physician is or may be in violation of any of the
14 provisions of Section 22 of this Act.

15 The Department may enter into agreements with the Illinois
16 State Medical Society, the Illinois Association of Osteopathic
17 Physicians and Surgeons, the Illinois Prairie State
18 Chiropractic Association, or the Illinois Chiropractic Society
19 to allow these organizations to assist the Disciplinary Board
20 in the review of alleged violations of this Act. Subject to the
21 approval of the Department, any organization party to such an
22 agreement may subcontract with other individuals or
23 organizations to assist in review.

24 Any physician, association, society, or person
25 participating in good faith in the making of a report under
26 this Act or participating in or assisting with an investigation

1 or review under this Act shall have immunity from any civil,
2 criminal, or other liability that might result by reason of
3 those actions.

4 The medical information in the custody of an entity under
5 contract with the Department participating in an investigation
6 or review shall be privileged and confidential to the same
7 extent as are information and reports under the provisions of
8 Part 21 of Article VIII of the Code of Civil Procedure.

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

23 For the purpose of any civil or criminal proceedings, the
24 good faith of any physician, association, society or person
25 shall be presumed. ~~The Disciplinary Board may request the~~
26 ~~Illinois State Medical Society, the Illinois Association of~~

1 ~~Osteopathic Physicians and Surgeons, the Illinois Prairie~~
2 ~~State Chiropractic Association, or the Illinois Chiropractic~~
3 ~~Society to assist the Disciplinary Board in preparing for or~~
4 ~~conducting any medical competency examination as the Board may~~
5 ~~deem appropriate.~~

6 (Source: P.A. 94-677, eff. 8-25-05.)

7 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

8 (Section scheduled to be repealed on November 30, 2011)

9 Sec. 25. The Secretary ~~Director~~ of the Department may, upon
10 receipt of a written communication from the Secretary of Human
11 Services, the Director of Healthcare and Family Services
12 (formerly Director of Public Aid), or the Director of Public
13 Health that continuation of practice of a person licensed under
14 this Act constitutes an immediate danger to the public, and
15 after consultation with the Chief Medical Coordinator or Deputy
16 Medical Coordinator, immediately suspend the license of such
17 person without a hearing. In instances in which the Secretary
18 ~~Director~~ immediately suspends a license under this Section, a
19 hearing upon such person's license must be convened by the
20 Disciplinary Board within 15 days after such suspension and
21 completed without appreciable delay. Such hearing is to be held
22 to determine whether to recommend to the Secretary ~~Director~~
23 that the person's license be revoked, suspended, placed on
24 probationary status or reinstated, or whether such person
25 should be subject to other disciplinary action. In the hearing,

1 the written communication and any other evidence submitted
2 therewith may be introduced as evidence against such person;
3 provided however, the person, or their counsel, shall have the
4 opportunity to discredit, impeach and submit evidence
5 rebutting such evidence.

6 (Source: P.A. 95-331, eff. 8-21-07.)

7 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

8 (Section scheduled to be repealed on November 30, 2011)

9 Sec. 26. Advertising.

10 (1) Any person licensed under this Act may advertise the
11 availability of professional services in the public media or on
12 the premises where such professional services are rendered.
13 Such advertising shall be limited to the following information:

14 (a) Publication of the person's name, title, office
15 hours, address and telephone number;

16 (b) Information pertaining to the person's areas of
17 specialization, including appropriate board certification
18 or limitation of professional practice;

19 (c) Information on usual and customary fees for routine
20 professional services offered, which information shall
21 include, notification that fees may be adjusted due to
22 complications or unforeseen circumstances;

23 (d) Announcement of the opening of, change of, absence
24 from, or return to business;

25 (e) Announcement of additions to or deletions from

1 professional licensed staff;

2 (f) The issuance of business or appointment cards.

3 (2) It is unlawful for any person licensed under this Act
4 to use ~~testimonials or~~ claims of superior quality of care to
5 entice the public. It shall be unlawful to advertise fee
6 comparisons of available services with those of other persons
7 licensed under this Act.

8 (3) This Act does not authorize the advertising of
9 professional services which the offeror of such services is not
10 licensed to render. Nor shall the advertiser use statements
11 which contain false, fraudulent, deceptive or misleading
12 material or guarantees of success, statements which play upon
13 the vanity or fears of the public, or statements which promote
14 or produce unfair competition.

15 (4) A licensee shall include in every advertisement for
16 services regulated under this Act his or her title as it
17 appears on the license or the initials authorized under this
18 Act.

19 (Source: P.A. 91-310, eff. 1-1-00.)

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

21 (Section scheduled to be repealed on November 30, 2011)

22 Sec. 33. Any person licensed under this Act to practice
23 medicine in all of its branches shall be authorized to purchase
24 legend drugs requiring an order of a person authorized to
25 prescribe drugs, and to dispense such legend drugs in the

1 regular course of practicing medicine. The dispensing of such
2 legend drugs shall be the personal act of the person licensed
3 under this Act and may not be delegated to any other person not
4 licensed under this Act or the Pharmacy Practice Act unless
5 such delegated dispensing functions are under the direct
6 supervision of the physician authorized to dispense legend
7 drugs. Except when dispensing manufacturers' samples or other
8 legend drugs in a maximum 72 hour supply, persons licensed
9 under this Act shall maintain a book or file of prescriptions
10 as required in the Pharmacy Practice Act. Any person licensed
11 under this Act who dispenses any drug or medicine shall
12 dispense such drug or medicine in good faith and shall affix to
13 the box, bottle, vessel or package containing the same a label
14 indicating (a) the date on which such drug or medicine is
15 dispensed; (b) the name of the patient; (c) the last name of
16 the person dispensing such drug or medicine; (d) the directions
17 for use thereof; and (e) the proprietary name or names or, if
18 there are none, the established name or names of the drug or
19 medicine, the dosage and quantity, except as otherwise
20 authorized by regulation of the Department ~~of Professional~~
21 ~~Regulation~~. The foregoing labeling requirements shall not
22 apply to drugs or medicines in a package which bears a label of
23 the manufacturer containing information describing its
24 contents which is in compliance with requirements of the
25 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
26 Drug, and Cosmetic Act. "Drug" and "medicine" have the meaning

1 ascribed to them in the Pharmacy Practice Act, as now or
2 hereafter amended; "good faith" has the meaning ascribed to it
3 in subsection (v) of Section 102 of the "Illinois Controlled
4 Substances Act", approved August 16, 1971, as amended.

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

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

12 Nothing in this Section shall be construed to authorize a
13 chiropractic physician to prescribe drugs.

14 (Source: P.A. 95-689, eff. 10-29-07.)

15 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

16 (Section scheduled to be repealed on November 30, 2011)

17 Sec. 35. The Secretary ~~Director~~ shall have the authority to
18 appoint an attorney duly licensed to practice law in the State
19 of Illinois to serve as the hearing officer in any action to
20 suspend, revoke, place on probationary status, or take any
21 other disciplinary action with regard to a license. The hearing
22 officer shall have full authority to conduct the hearing. The
23 hearing officer shall report his findings and recommendations
24 to the Disciplinary Board within 30 days of the receipt of the
25 record. The Disciplinary Board shall have 60 days from receipt

1 of the report to review the report of the hearing officer and
2 present their findings of fact, conclusions of law and
3 recommendations to the Secretary ~~Director~~.

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

5 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

6 (Section scheduled to be repealed on November 30, 2011)

7 (Text of Section WITH the changes made by P.A. 94-677,
8 which has been held unconstitutional, and by P.A. 96-1372,
9 which amended language added by P.A. 94-677)

10 Sec. 36. Upon the motion of either the Department or the
11 Disciplinary Board or upon the verified complaint in writing of
12 any person setting forth facts which, if proven, would
13 constitute grounds for suspension or revocation under Section
14 22 of this Act, the Department shall investigate the actions of
15 any person, so accused, who holds or represents that they hold
16 a license. Such person is hereinafter called the accused.

17 The Department shall, before suspending, revoking, placing
18 on probationary status, or taking any other disciplinary action
19 as the Department may deem proper with regard to any license at
20 least 30 days prior to the date set for the hearing, notify the
21 accused in writing of any charges made and the time and place
22 for a hearing of the charges before the Disciplinary Board,
23 direct them to file their written answer thereto to the
24 Disciplinary Board under oath within 20 days after the service
25 on them of such notice and inform them that if they fail to

1 file such answer default will be taken against them and their
2 license may be suspended, revoked, placed on probationary
3 status, or have other disciplinary action, including limiting
4 the scope, nature or extent of their practice, as the
5 Department may deem proper taken with regard thereto. The
6 Department shall, at least 14 days prior to the date set for
7 the hearing, notify in writing any person who filed a complaint
8 against the accused of the time and place for the hearing of
9 the charges against the accused before the Disciplinary Board
10 and inform such person whether he or she may provide testimony
11 at the hearing.

12 Where a physician has been found, upon complaint and
13 investigation of the Department, and after hearing, to have
14 performed an abortion procedure in a wilful and wanton manner
15 upon a woman who was not pregnant at the time such abortion
16 procedure was performed, the Department shall automatically
17 revoke the license of such physician to practice medicine in
18 Illinois.

19 Such written notice and any notice in such proceedings
20 thereafter may be served by delivery of the same, personally,
21 to the accused person, or by mailing the same by registered or
22 certified mail to the accused person's address of record ~~the~~
23 ~~address last theretofore specified by the accused in their last~~
24 ~~notification to the Department.~~

25 All information gathered by the Department during its
26 investigation including information subpoenaed under Section

1 23 or 38 of this Act and the investigative file shall be kept
2 for the confidential use of the Secretary, Disciplinary Board,
3 the Medical Coordinators, persons employed by contract to
4 advise the Medical Coordinator or the Department, the
5 Disciplinary Board's attorneys, the medical investigative
6 staff, and authorized clerical staff, as provided in this Act
7 and shall be afforded the same status as is provided
8 information concerning medical studies in Part 21 of Article
9 VIII of the Code of Civil Procedure, except that the Department
10 may disclose information and documents to a federal, State, or
11 local law enforcement agency pursuant to a subpoena in an
12 ongoing criminal investigation to a health care licensing body
13 of this State or another state or jurisdiction pursuant to an
14 official request made by that licensing body. Furthermore,
15 information and documents disclosed to a federal, State, or
16 local law enforcement agency may be used by that agency only
17 for the investigation and prosecution of a criminal offense or,
18 in the case of disclosure to a health care licensing body, only
19 for investigations and disciplinary action proceedings with
20 regard to a license issued by that licensing body.

21 (Source: P.A. 96-1372, eff. 7-29-10; P.A. 97-449, eff. 1-1-12.)

22 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

23 (Section scheduled to be repealed on November 30, 2011)

24 Sec. 37. At the time and place fixed in the notice, the
25 Disciplinary Board provided for in this Act shall proceed to

1 hear the charges, and ~~both~~ the accused person ~~and the~~
2 ~~complainant~~ shall be accorded ample opportunity to present in
3 person, or by counsel, such statements, testimony, evidence and
4 argument as may be pertinent to the charges or to any defense
5 thereto. The Disciplinary Board may continue such hearing from
6 time to time. If the Disciplinary Board is not sitting at the
7 time and place fixed in the notice or at the time and place to
8 which the hearing has been continued, the Department shall
9 continue such hearing for a period not to exceed 30 days.

10 In case the accused person, after receiving notice, fails
11 to file an answer, their license may, in the discretion of the
12 Secretary ~~Director~~, having received first the recommendation
13 of the Disciplinary Board, be suspended, revoked or placed on
14 probationary status, or the Secretary ~~Director~~ may take
15 whatever disciplinary action as he or she may deem proper,
16 including limiting the scope, nature, or extent of said
17 person's practice, without a hearing, if the act or acts
18 charged constitute sufficient grounds for such action under
19 this Act.

20 The Disciplinary Board has the authority to recommend to
21 the Secretary ~~Director~~ that probation be granted or that other
22 disciplinary or non-disciplinary action, including the
23 limitation of the scope, nature or extent of a person's
24 practice, be taken as it deems proper. If disciplinary or
25 non-disciplinary action, other than suspension or revocation,
26 is taken the Disciplinary Board may recommend that the

1 Secretary ~~Director~~ impose reasonable limitations and
2 requirements upon the accused registrant to insure compliance
3 with the terms of the probation or other disciplinary action
4 including, but not limited to, regular reporting by the accused
5 to the Department of their actions, placing themselves under
6 the care of a qualified physician for treatment, or limiting
7 their practice in such manner as the Secretary ~~Director~~ may
8 require.

9 The Secretary ~~Director~~, after consultation with the Chief
10 Medical Coordinator or Deputy Medical Coordinator, may
11 temporarily suspend the license of a physician without a
12 hearing, simultaneously with the institution of proceedings
13 for a hearing provided under this Section if the Secretary
14 ~~Director~~ finds that evidence in his or her possession indicates
15 that a physician's continuation in practice would constitute an
16 immediate danger to the public. In the event that the Secretary
17 ~~Director~~ suspends, temporarily, the license of a physician
18 without a hearing, a hearing by the Disciplinary Board shall be
19 held within 15 days after such suspension has occurred and
20 shall be concluded without appreciable delay.

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

22 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

23 (Section scheduled to be repealed on November 30, 2011)

24 Sec. 38. The Disciplinary Board or Department has power to
25 subpoena and bring before it any person in this State and to

1 take testimony either orally or by deposition, or both, with
2 the same fees and mileage and in the same manner as is
3 prescribed by law for judicial procedure in civil cases.

4 The Disciplinary Board, upon a determination that probable
5 cause exists that a violation of one or more of the grounds for
6 discipline listed in Section 22 has occurred or is occurring,
7 may subpoena the medical and hospital records of individual
8 patients of physicians licensed under this Act, provided, that
9 prior to the submission of such records to the Disciplinary
10 Board, all information indicating the identity of the patient
11 shall be removed and deleted. Notwithstanding the foregoing,
12 the Disciplinary Board and Department shall possess the power
13 to subpoena copies of hospital or medical records in mandatory
14 report cases under Section 23 alleging death or permanent
15 bodily injury when consent to obtain records is not provided by
16 a patient or legal representative. Prior to submission of the
17 records to the Disciplinary Board, all information indicating
18 the identity of the patient shall be removed and deleted. All
19 medical records and other information received pursuant to
20 subpoena shall be confidential and shall be afforded the same
21 status as is proved information concerning medical studies in
22 Part 21 of Article VIII of the Code of Civil Procedure. The use
23 of such records shall be restricted to members of the
24 Disciplinary Board, the medical coordinators, and appropriate
25 staff of the Department ~~of Professional Regulation~~ designated
26 by the Disciplinary Board for the purpose of determining the

1 existence of one or more grounds for discipline of the
2 physician as provided for by Section 22 of this Act. Any such
3 review of individual patients' records shall be conducted by
4 the Disciplinary Board in strict confidentiality, provided
5 that such patient records shall be admissible in a disciplinary
6 hearing, before the Disciplinary Board, when necessary to
7 substantiate the grounds for discipline alleged against the
8 physician licensed under this Act, and provided further, that
9 nothing herein shall be deemed to supersede the provisions of
10 Part 21 of Article VIII of the "Code of Civil Procedure", as
11 now or hereafter amended, to the extent applicable.

12 The Secretary ~~Director~~, and any member of the Disciplinary
13 Board each have power to administer oaths at any hearing which
14 the Disciplinary Board or Department is authorized by law to
15 conduct.

16 The Disciplinary Board, upon a determination that probable
17 cause exists that a violation of one or more of the grounds for
18 discipline listed in Section 22 has occurred or is occurring on
19 the business premises of a physician licensed under this Act,
20 may issue an order authorizing an appropriately qualified
21 investigator employed by the Department to enter upon the
22 business premises with due consideration for patient care of
23 the subject of the investigation so as to inspect the physical
24 premises and equipment and furnishings therein. No such order
25 shall include the right of inspection of business, medical, or
26 personnel records located on the premises. For purposes of this

1 Section, "business premises" is defined as the office or
2 offices where the physician conducts the practice of medicine.
3 Any such order shall expire and become void five business days
4 after its issuance by the Disciplinary Board. The execution of
5 any such order shall be valid only during the normal business
6 hours of the facility or office to be inspected.

7 (Source: P.A. 90-699, eff. 1-1-99.)

8 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

9 (Section scheduled to be repealed on November 30, 2011)

10 Sec. 40. The Disciplinary Board shall present to the
11 Secretary ~~Director~~ a written report of its findings and
12 recommendations. A copy of such report shall be served upon the
13 accused person, either personally or by registered or certified
14 mail. Within 20 days after such service, the accused person may
15 present to the Department their motion, in writing, for a
16 rehearing, which written motion shall specify the particular
17 ground therefor. If the accused person orders and pays for a
18 transcript of the record as provided in Section 39, the time
19 elapsing thereafter and before such transcript is ready for
20 delivery to them shall not be counted as part of such 20 days.

21 At the expiration of the time allowed for filing a motion
22 for rehearing, the Secretary ~~Director~~ may take the action
23 recommended by the Disciplinary Board. Upon the suspension,
24 revocation, placement on probationary status, or the taking of
25 any other disciplinary action, including the limiting of the

1 scope, nature, or extent of one's practice, deemed proper by
2 the Department, with regard to the license, certificate or
3 visiting professor permit, the accused shall surrender their
4 license to the Department, if ordered to do so by the
5 Department, and upon their failure or refusal so to do, the
6 Department may seize the same.

7 Each certificate of order of revocation, suspension, or
8 other disciplinary action shall contain a brief, concise
9 statement of the ground or grounds upon which the Department's
10 action is based, as well as the specific terms and conditions
11 of such action. This document shall be retained as a permanent
12 record by the Disciplinary Board and the Secretary ~~Director~~.

13 The Department shall at least annually publish a list of
14 the names of all persons disciplined under this Act in the
15 preceding 12 months. Such lists shall be available ~~mailed~~ by
16 the Department on its website ~~to any person in the State upon~~
17 ~~request~~.

18 In those instances where an order of revocation,
19 suspension, or other disciplinary action has been rendered by
20 virtue of a physician's physical illness, including, but not
21 limited to, deterioration through the aging process, or loss of
22 motor skill which results in a physician's inability to
23 practice medicine with reasonable judgment, skill, or safety,
24 the Department shall only permit this document, and the record
25 of the hearing incident thereto, to be observed, inspected,
26 viewed, or copied pursuant to court order.

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

2 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

3 (Section scheduled to be repealed on November 30, 2011)

4 Sec. 41. Administrative review; certification of record.

5 All final administrative decisions of the Department are
6 subject to judicial review pursuant to the Administrative
7 Review Law and its rules. The term "administrative decision" is
8 defined as in Section 3-101 of the Code of Civil Procedure.

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

13 The Department shall not be required to certify any record
14 to the court, to ~~or~~ file an ~~any~~ answer in court, or to
15 otherwise appear in any court in a judicial review proceeding,
16 unless and until ~~there is filed in the court, with the~~
17 ~~complaint, a receipt from~~ the Department has received from the
18 plaintiff acknowledging payment of the costs of furnishing and
19 certifying the record, which costs shall be determined by the
20 Department ~~computed at the rate of 20 cents per page of the~~
21 ~~record~~. Exhibits shall be certified without cost. Failure on
22 the part of the plaintiff to file a receipt in court shall be
23 grounds for dismissal of the action. During the pendency and
24 hearing of any and all judicial proceedings incident to the
25 disciplinary action the sanctions imposed upon the accused by

1 the Department because of acts or omissions related to the
2 delivery of direct patient care as specified in the
3 Department's final administrative decision, shall as a matter
4 of public policy remain in full force and effect in order to
5 protect the public pending final resolution of any of the
6 proceedings.

7 (Source: P.A. 87-1031; 88-184.)

8 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

9 (Section scheduled to be repealed on November 30, 2011)

10 Sec. 42. An order of revocation, suspension, placing the
11 license on probationary status, or other formal disciplinary
12 action as the Department may deem proper, or a certified copy
13 thereof, over the seal of the Department and purporting to be
14 signed by the Secretary ~~Director~~, is prima facie proof that:

15 (a) Such signature is the genuine signature of the
16 Secretary ~~Director~~;

17 (b) The Secretary ~~Director~~ is duly appointed and qualified;
18 and

19 (c) The Disciplinary Board and the members thereof are
20 qualified.

21 Such proof may be rebutted.

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

23 (225 ILCS 60/43) (from Ch. 111, par. 4400-43)

24 (Section scheduled to be repealed on November 30, 2011)

1 Sec. 43. Restoration of license from discipline. At any
2 time after the successful completion of a term of probation,
3 suspension, or revocation of a license, the Department may
4 restore the license to the licensee, unless after an
5 investigation and a hearing, the Secretary determines that
6 restoration is not in the public interest. No person or entity
7 whose license or permit has been revoked as authorized in this
8 Act may apply for restoration of that license or permit until
9 such time as provided for in the Civil Administrative Code of
10 Illinois. ~~At any time after the suspension, revocation, placing~~
11 ~~on probationary status, or taking disciplinary action with~~
12 ~~regard to any license, the Department may restore it to the~~
13 ~~accused person, or take any other action to reinstate the~~
14 ~~license to good standing, without examination, upon the written~~
15 ~~recommendation of the Disciplinary Board.~~

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

17 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

18 (Section scheduled to be repealed on November 30, 2011)

19 Sec. 44. None of the disciplinary functions, powers and
20 duties enumerated in this Act shall be exercised by the
21 Department except upon the action and report in writing of the
22 Disciplinary Board.

23 In all instances, under this Act, in which the Disciplinary
24 Board has rendered a recommendation to the Secretary ~~Director~~
25 with respect to a particular physician, the Secretary ~~Director~~

1 shall, in the event that he or she disagrees with or takes
2 action contrary to the recommendation of the Disciplinary
3 Board, file with the Disciplinary Board ~~and the Secretary of~~
4 ~~State~~ his or her specific written reasons of disagreement with
5 the Disciplinary Board. Such reasons shall be filed within 30
6 days of the occurrence of the Secretary's ~~Director's~~ contrary
7 position having been taken.

8 The action and report in writing of a majority of the
9 Disciplinary Board designated is sufficient authority upon
10 which the Secretary ~~Director~~ may act.

11 Whenever the Secretary ~~Director~~ is satisfied that
12 substantial justice has not been done either in an examination,
13 or in a formal disciplinary action, or refusal to restore a
14 license, he or she may order a reexamination or rehearing by
15 the same or other examiners.

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

17 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

18 (Section scheduled to be repealed on November 30, 2011)

19 Sec. 47. Administrative Procedure Act. The Illinois
20 Administrative Procedure Act is hereby expressly adopted and
21 incorporated herein as if all of the provisions of that Act
22 were included in this Act, except that the provision of
23 subsection (d) of Section 10-65 of the Illinois Administrative
24 Procedure Act that provides that at hearings the licensee has
25 the right to show compliance with all lawful requirements for

1 retention, continuation or renewal of the license is
2 specifically excluded. For the purposes of this Act the notice
3 required under Section 10-25 of the Illinois Administrative
4 Procedure Act is deemed sufficient when mailed to the ~~last~~
5 ~~known~~ address of record of a party.

6 (Source: P.A. 88-45.)

7 (225 ILCS 60/54) (from Ch. 111, par. 4400-54)

8 (Section scheduled to be repealed on November 30, 2011)

9 Sec. 54. A person who holds himself or herself out to treat
10 human ailments under a name other than his or her own, or by
11 personation of any physician, shall be punished as provided in
12 Section 59.

13 However, nothing in this Act shall be construed as
14 prohibiting partnerships, limited liability companies,
15 associations, or corporations in accordance with subsection
16 (c) item (14) of subsection (A) of Section 22.2 ~~22~~ of this Act.

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

18 (225 ILCS 60/54.2)

19 (Section scheduled to be repealed on November 30, 2011)

20 Sec. 54.2. Physician delegation of authority.

21 (a) Nothing in this Act shall be construed to limit the
22 delegation of patient care tasks or duties by a physician, to a
23 licensed practical nurse, a registered professional nurse, or
24 other licensed person practicing within the scope of his or her

1 individual licensing Act. Delegation by a physician licensed to
2 practice medicine in all its branches to physician assistants
3 or advanced practice nurses is also addressed in Section 54.5
4 of this Act. No physician may delegate any patient care task or
5 duty that is statutorily or by rule mandated to be performed by
6 a physician.

7 (b) In an office or practice setting and within a
8 physician-patient relationship, a physician may delegate
9 patient care tasks or duties to an unlicensed person who
10 possesses appropriate training and experience provided a
11 health care professional, who is practicing within the scope of
12 such licensed professional's individual licensing Act, is on
13 site to provide assistance.

14 (c) Any such patient care task or duty delegated to a
15 licensed or unlicensed person must be within the scope of
16 practice, education, training, or experience of the delegating
17 physician and within the context of a physician-patient
18 relationship.

19 (d) Nothing in this Section shall be construed to affect
20 referrals for professional services required by law.

21 (e) The Department shall have the authority to promulgate
22 rules concerning a physician's delegation, including but not
23 limited to, the use of light emitting devices for patient care
24 or treatment.

25 (f) Nothing in this Act shall be construed to limit the
26 method of delegation that may be authorized by any means,

1 including, but not limited to, oral, written, electronic,
2 standing orders, protocols, guidelines, or verbal orders.

3 (Source: P.A. 96-618, eff. 1-1-10.)

4 (225 ILCS 60/59) (from Ch. 111, par. 4400-59)

5 (Section scheduled to be repealed on November 30, 2011)

6 Sec. 59. Any person who violates for the first time Section
7 49, 50, 51, 52, 53, 54, 55, or 56 of this Act is guilty of a
8 Class 4 felony. Any person who violates for the first time
9 Section 27 of this Act is guilty of a Class A misdemeanor.

10 Any person who has been previously convicted under Section
11 49, 50, 51, 52, 53, 54, 55, or 56 of this Act and who
12 subsequently violates any of the Sections is guilty of a Class
13 3 felony. Any person who has been previously convicted under
14 Section 27 of this Act and who subsequently violates Section 27
15 is guilty of a Class 4 felony. In addition, whenever any person
16 is punished as a repeat offender under this Section, the
17 Secretary ~~Director~~ of the Department shall proceed to obtain a
18 permanent injunction against such person under Section 61 of
19 this Act.

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

21 (225 ILCS 60/61) (from Ch. 111, par. 4400-61)

22 (Section scheduled to be repealed on November 30, 2011)

23 Sec. 61. The practice of medicine in all of its branches or
24 the treatment of human ailments without the use of drugs and

1 without operative surgery by any person not at that time
2 holding a valid and current license under this Act to do so is
3 hereby declared to be inimical to the public welfare and to
4 constitute a public nuisance. The Secretary ~~Director~~ of the
5 Department, the Attorney General of the State of Illinois, the
6 State's Attorney of any County in the State, or any resident
7 citizen may maintain an action in the name of the people of the
8 State of Illinois, may apply for an injunction in the circuit
9 court to enjoin any such person from engaging in such practice;
10 and, upon the filing of a verified petition in such court, the
11 court or any judge thereof, if satisfied by affidavit, or
12 otherwise, that such person has been engaged in such practice
13 without a valid and current license to do so, may issue a
14 temporary restraining order or preliminary injunction without
15 notice or bond, enjoining the defendant from any such further
16 practice. A copy of the verified complaint shall be served upon
17 the defendant and the proceedings shall thereafter be conducted
18 as in other civil cases. If it be established that the
19 defendant has been, or is engaged in any such unlawful
20 practice, the court, or any judge thereof, may enter an order
21 or judgment perpetually enjoining the defendant from further
22 engaging in such practice. In all proceedings hereunder the
23 court, in its discretion, may apportion the costs among the
24 parties interested in the suit, including cost of filing
25 complaint, service of process, witness fees and expenses, court
26 reporter charges and reasonable attorneys fees. In case of

1 violation of any injunction entered under the provisions of
2 this Section, the court, or any judge thereof, may summarily
3 try and punish the offender for contempt of court. Such
4 injunction proceedings shall be in addition to, and not in lieu
5 of, all penalties and other remedies in this Act provided.

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

7 (225 ILCS 60/32 rep.)

8 Section 25. The Medical Practice Act of 1987 is amended by
9 repealing Section 32.

10 Section 97. Severability. The provisions of this Act are
11 severable under Section 1.31 of the Statute on Statutes.

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