



Sen. Iris Y. Martinez

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09700SB1540sam001

LRB097 08592 CEL 53915 a

1 AMENDMENT TO SENATE BILL 1540

2 AMENDMENT NO. _____. Amend Senate Bill 1540 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, 24.1, and 36
7 of the Medical Practice Act of 1987. This Act does not reenact
8 any 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, establishment of the physicians profile
22 under Section 24.1, and adoption of administrative rules under
23 the Illinois Administrative Procedure Act.

24 With respect to actions taken in relation to matters
25 arising under the Sections reenacted by this Act, a person is
26 rebuttably presumed to have acted in reasonable reliance on and

1 pursuant to the provisions of Public Act 94-677, as those
2 provisions had been amended at the time the action was taken.

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

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

10 Section 5. The Regulatory Sunset Act is amended by changing
11 Sections 4.21 and 4.31 as follows:

12 (5 ILCS 80/4.21)

13 Sec. 4.21. Acts repealed on January 1, 2011 ~~and November~~
14 ~~30, 2011.~~ (a) The following Acts are repealed on January 1,
15 2011: The Fire Equipment Distributor and Employee Regulation
16 Act of 2000. (b) ~~The following Act is repealed on November 30,~~
17 ~~2011: The Medical Practice Act of 1987.~~

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

19 (5 ILCS 80/4.31)

20 Sec. 4.31. Acts ~~Act~~ repealed on January 1, 2021. The
21 following Acts are ~~Act is~~ repealed on January 1, 2021:

22 The Crematory Regulation Act.

23 The Cemetery Oversight Act.

1 The Illinois Health Information Exchange and Technology
2 Act.

3 The Medical Practice Act of 1987.

4 The Radiation Protection Act of 1990.

5 (Source: P.A. 96-1041, eff. 7-14-10; 96-1331, eff. 7-27-10;
6 incorporates P.A. 96-863, eff. 3-1-10; revised 9-9-10.)

7 Section 10. The Medical Practice Act of 1987 is amended by
8 changing Sections 2, 3.5, 4, 7.5, 8, 8.1, 9, 9.7, 11, 15, 17,
9 18, 19, 20, 21, 25, 26, 33, 35, 37, 38, 40, 41, 42, 43, 44, 47,
10 54, 54.2, 59, and 61, by reenacting and changing Sections 7,
11 22, and 23, by reenacting Sections 24, 24.1, and 36 as follows:

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

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

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

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

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

1 "Chiropractic physician" means a person licensed to treat
2 human ailments without the use of drugs and without operative
3 surgery. Nothing in this Act shall be construed to prohibit a
4 chiropractic physician from providing advice regarding the use
5 of non-prescription products or from administering atmospheric
6 oxygen. Nothing in this Act shall be construed to authorize a
7 chiropractic physician to prescribe drugs.

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

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

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

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

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

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

25 ~~8.~~ "Impaired" means the inability to practice medicine with
26 reasonable skill and safety due to physical or mental

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

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

7 ~~10.~~ "Physician" means a person licensed under the Medical
8 Practice Act to practice medicine in all of its branches or a
9 chiropractic physician ~~licensed to treat human ailments~~
10 ~~without the use of drugs and without operative surgery.~~

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

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

24 "Secretary" means the Secretary of the Department of
25 Financial and Professional Regulation.

26 (Source: P.A. 85-1209; 85-1245; 85-1440.)

1 (225 ILCS 60/3.5)

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

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

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

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

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

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

21 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

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

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

1 (1) persons lawfully carrying on their particular
2 profession or business under any valid existing regulatory
3 Act of this State;

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

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

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

16 ~~(b) (Blank).~~

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

18 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

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

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

22 Sec. 7. Medical Disciplinary Board.

23 (A) There is hereby created the Illinois State Medical
24 Disciplinary Board ~~(hereinafter referred to as the~~
25 ~~"Disciplinary Board")~~. The Disciplinary Board shall consist of

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

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

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

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

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

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

20 (D) (Blank).

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

1 resolution at any regular or special meeting and each such
2 resolution shall take effect immediately. The Disciplinary
3 Board shall meet at least quarterly. The Disciplinary Board is
4 empowered to adopt all rules and regulations necessary and
5 incident to the powers granted to it under this Act.

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

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

1 her assigned region and shall serve at the will of the
2 Disciplinary Board.

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

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

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

25 (J) The Disciplinary Board may compile and establish a
26 statewide roster of physicians and other medical

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

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

14 (225 ILCS 60/7.5)

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

16 Sec. 7.5. Complaint Committee.

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

1 Disciplinary Board. The Disciplinary Board members so
2 appointed shall serve one-year terms and may be eligible for
3 reappointment for subsequent terms.

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

11 (c) The Complaint Committee shall have the following duties
12 and functions:

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

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

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

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

1 the Department, and insufficient cooperation from complaining
2 parties.

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

4 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

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

6 Sec. 8. Medical Licensing Board.

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

23 (B) Members of the Licensing Board shall be appointed for
24 terms of 4 years, and until their successors are appointed and
25 qualified. Appointments to fill vacancies shall be made in the

1 same manner as original appointments, for the unexpired portion
2 of the vacated term. No more than 4 members of the Licensing
3 Board shall be members of the same political party and all
4 members shall be residents of this State. No member of the
5 Licensing Board may be appointed to more than 2 successive 4
6 year terms. ~~This limitation shall only apply to individuals~~
7 ~~appointed to the Licensing Board after the effective date of~~
8 ~~this Act.~~

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

13 (D) (Blank).

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

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

25 (G) The Licensing Board shall receive the same compensation
26 as the members of the ~~Medical~~ Disciplinary Board, which

1 compensation shall be paid out of the Illinois State Medical
2 Disciplinary Fund.

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

4 (225 ILCS 60/8.1)

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

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

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

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

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

21 Sec. 9. Application for license. Each applicant for a
22 license shall:

23 (A) Make application on blank forms prepared and
24 furnished by the Department ~~of Professional Regulation~~

1 ~~hereinafter referred to as the Department.~~

2 (B) Submit evidence satisfactory to the Department
3 that the applicant:

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

13 (2) has the preliminary and professional education
14 required by this Act;

15 (3) (blank); and

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

1 the same terms and conditions as are provided for the
2 ~~Medical~~ Disciplinary Board under Section 22 of this
3 Act. Any such condition of a restricted license shall
4 provide that the Chief Medical Coordinator or Deputy
5 Medical Coordinator shall have the authority to review
6 the subject physician's compliance with such
7 conditions or restrictions, including, where
8 appropriate, the physician's record of treatment and
9 counseling regarding the impairment, to the extent
10 permitted by applicable federal statutes and
11 regulations safeguarding the confidentiality of
12 medical records of patients.

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

26 (1) Medical research in an established research

1 facility, hospital, college or university, or private
2 corporation.

3 (2) Specialized training or education.

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

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

8 (5) Professional service in a federal veterans or
9 military institution.

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

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

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

25 (C) Designate specifically the name, location, and
26 kind of professional school, college, or institution of

1 which the applicant is a graduate and the category under
2 which the applicant seeks, and will undertake, to practice.

3 (D) Pay to the Department at the time of application
4 the required fees.

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

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

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

15 (225 ILCS 60/9.7)

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

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

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

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

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

18 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

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

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

24 (A) Practice of medicine. For the practice of medicine
25 in all of its branches:

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

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

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

1 months, and, in addition thereto, has completed a
2 course of postgraduate clinical training of not
3 less than 12 months, as approved by the Department,
4 and has complied with any other standards
5 established by rule.

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

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

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

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

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

21 (a) that the applicant: (i) graduated from a
22 medical or osteopathic college officially
23 recognized by the jurisdiction in which it is
24 located for the purpose of receiving a license to
25 practice medicine in all of its branches, and the
26 applicant has completed, as defined by the

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

25 (b) that the applicant has studied medicine at
26 a medical or osteopathic college located outside

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

20 (3) (Blank).

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

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

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

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

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

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

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

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

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

7 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

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

9 Sec. 15. Chiropractic physician ~~Physician licensed to~~
10 ~~practice without drugs and operative surgery;~~ license for
11 general practice. Any chiropractic physician licensed under
12 this Act ~~to treat human ailments without the use of~~
13 ~~prescriptive drugs and operative surgery~~ shall be permitted to
14 take the examination for licensure as a physician to practice
15 medicine in all its branches and shall receive a license to
16 practice medicine in all of its branches if he or she shall
17 successfully pass such examination, upon proof of having
18 successfully completed in a medical college, osteopathic
19 college or chiropractic college reputable and in good standing
20 in the judgment of the Department, courses of instruction in
21 materia medica, therapeutics, surgery, obstetrics, and theory
22 and practice deemed by the Department to be equal to the
23 courses of instruction required in those subjects for admission
24 to the examination for a license to practice medicine in all of
25 its branches, together with proof of having completed (a) the 2

1 year course of instruction in a college of liberal arts, or its
2 equivalent, required under this Act, and (b) a course of
3 postgraduate clinical training of not less than 24 months as
4 approved by the Department.

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

6 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

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

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

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

1 moral character, endorsements from 2 or 3 individuals
2 licensed under this Act;

3 (B) Has been accepted or appointed for specialty or
4 residency training by a hospital situated in this State or
5 a training program in hospitals or facilities maintained by
6 the State of Illinois or affiliated training facilities
7 which is approved by the Department for the purpose of such
8 training under this Act. The applicant shall indicate the
9 beginning and ending dates of the period for which the
10 applicant has been accepted or appointed;

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

15 (D) Is physically, mentally, and professionally
16 capable of practicing medicine or treating human ailments
17 without the use of drugs and without ~~or~~ operative surgery
18 with reasonable judgment, skill, and safety. In
19 determining physical, mental and professional capacity
20 under this Section, the ~~Medical~~ Licensing Board may, upon a
21 showing of a possible incapacity, compel an applicant to
22 submit to a mental or physical examination and evaluation,
23 or both, and may condition or restrict any temporary
24 license, subject to the same terms and conditions as are
25 provided for the ~~Medical~~ Disciplinary Board under Section
26 22 of this Act. Any such condition of restricted temporary

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

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

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

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

2 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

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

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

6 (A) Visiting professor permit.

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

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

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

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

1 describing the applicant's qualifications and (ii) a
2 statement from the dean of the medical school listing
3 every affiliated institution in which the applicant
4 will be providing instruction as part of the medical
5 school's education program and justifying any clinical
6 activities at each of the institutions listed by the
7 dean.

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

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

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

24 (5) Persons holding a permit under this Section shall
25 only practice medicine in all of its branches or practice
26 the treatment of human ailments without the use of drugs

1 and without operative surgery in the State of Illinois in
2 their official capacity under their contract within the
3 medical school itself and any affiliated institution in
4 which the permit holder is providing instruction as part of
5 the medical school's educational program and for which the
6 medical school has assumed direct responsibility.

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

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

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

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

21 (B) Visiting physician permit.

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

25 (a) (blank);

1 (b) that the person maintains an equivalent
2 authorization to practice medicine in all of its
3 branches or to practice the treatment of human ailments
4 without the use of drugs and without operative surgery
5 in good standing in his or her native licensing
6 jurisdiction during the period of the temporary
7 visiting physician permit;

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

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

1 chiropractic professional association or society
2 conference or meeting, for which the holder was invited
3 or appointed.

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

13 (3) A temporary visiting physician permit shall be
14 valid for no longer than (i) 180 days from the date of
15 issuance or (ii) until the time the medical, osteopathic,
16 chiropractic, or clinical studies are completed, or the
17 state or national medical, osteopathic, or chiropractic
18 professional association or society conference or meeting
19 has concluded, whichever occurs first.

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

25 (5) A limited temporary visiting physician permit
26 shall be issued to a physician licensed in another state

1 who has been requested to perform emergency procedures in
2 Illinois if he or she meets the requirements as established
3 by rule.

4 (C) Visiting resident permit.

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

8 (a) (blank);

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

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

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

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

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

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

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

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

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

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

2 Sec. 19. Licensure by endorsement ~~without examination~~. The
3 Department may, in its discretion, issue a license by
4 endorsement ~~without examination~~ to any person who is currently
5 licensed to practice medicine in all of its branches, or to
6 practice the treatment of human ailments without the use of
7 drugs and without ~~or~~ operative surgery, in any other state,
8 territory, country or province, upon the following conditions
9 and submitting evidence satisfactory to the Department of the
10 following:

11 (A) (Blank);

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

20 (C) That the applicant is physically, mentally and
21 professionally capable of practicing medicine with
22 reasonable judgment, skill and safety. In determining
23 physical, mental and professional capacity under this
24 Section the ~~Medical~~ Licensing Board may, upon a showing of
25 a possible incapacity, compel an applicant to submit to a
26 mental or physical examination and evaluation, or both, in

1 the same manner as provided in Section 22 and may condition
2 or restrict any license, subject to the same terms and
3 conditions as are provided for the ~~Medical~~ Disciplinary
4 Board under Section 22 of this Act. ~~The Medical Licensing~~
5 ~~Board or the Department may order the examining physician~~
6 ~~to present testimony concerning this mental or physical~~
7 ~~examination of the applicant. No information shall be~~
8 ~~excluded by reason of any common law or statutory privilege~~
9 ~~relating to communications between the applicant and the~~
10 ~~examining physician. Any condition of restricted license~~
11 ~~shall provide that the Chief Medical Coordinator or Deputy~~
12 ~~Medical Coordinator shall have the authority to review the~~
13 ~~subject physician's compliance with such conditions or~~
14 ~~restrictions, including, where appropriate, the~~
15 ~~physician's record of treatment and counseling regarding~~
16 ~~the impairment, to the extent permitted by applicable~~
17 ~~federal statutes and regulations safeguarding the~~
18 ~~confidentiality of medical records of patients.~~

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

21 (1) if the applicant was licensed in another
22 jurisdiction prior to January 1, 1988, that the
23 applicant has satisfied the educational requirements
24 of paragraph (1) of subsection (A) or paragraph (2) of
25 subsection (A) of Section 11 of this Act; or

26 (2) if the applicant was licensed in another

1 jurisdiction after December 31, 1987, that the
2 applicant has satisfied the educational requirements
3 of paragraph (A) (2) of Section 11 of this Act; and

4 (3) the requirements for a license to practice
5 medicine in all of its branches in the particular
6 state, territory, country or province in which the
7 applicant is licensed are deemed by the Department to
8 have been substantially equivalent to the requirements
9 for a license to practice medicine in all of its
10 branches in force in this State at the date of the
11 applicant's license;

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

14 (1) the applicant is a graduate of a chiropractic
15 school or college approved by the Department at the
16 time of their graduation;

17 (2) the requirements for the applicant's license
18 to practice the treatment of human ailments without the
19 use of drugs and without operative surgery are deemed
20 by the Department to have been substantially
21 equivalent to the requirements for a license to
22 practice in this State at the date of the applicant's
23 license;

24 (F) That the Department may, in its discretion, issue a
25 license by endorsement, ~~without examination~~, to any
26 graduate of a medical or osteopathic college, reputable and

1 in good standing in the judgment of the Department, who has
2 passed an examination for admission to the United States
3 Public Health Service, or who has passed any other
4 examination deemed by the Department to have been at least
5 equal in all substantial respects to the examination
6 required for admission to any such medical corps;

7 (G) That applications for licenses by endorsement
8 ~~without examination~~ shall be filed with the Department,
9 under oath, on forms prepared and furnished by the
10 Department, and shall set forth, and applicants therefor
11 shall supply such information respecting the life,
12 education, professional practice, and moral character of
13 applicants as the Department may require to be filed for
14 its use;

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

17 In the exercise of its discretion under this Section, the
18 Department is empowered to consider and evaluate each applicant
19 on an individual basis. It may take into account, among other
20 things, the extent to which there is or is not available to the
21 Department, authentic and definitive information concerning
22 the quality of medical education and clinical training which
23 the applicant has had. Under no circumstances shall a license
24 be issued under the provisions of this Section to any person
25 who has previously taken and failed the written examination
26 conducted by the Department for such license. In the exercise

1 of its discretion under this Section, the Department may
2 require an applicant to successfully complete an examination as
3 recommended by the Licensing Board. ~~In determining moral~~
4 ~~character, the Department may take into consideration whether~~
5 ~~the applicant has 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, and may
8 consider as evidence of moral character, evidence from 2 or 3
9 individuals licensed under this Act. Applicants have 3 years
10 from the date of application to complete the application
11 process. If the process has not been completed within 3 years,
12 the application shall be denied, the fees shall be forfeited,
13 and the applicant must reapply and meet the requirements in
14 effect at the time of reapplication.

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

16 (225 ILCS 60/20) (from Ch. 111, par. 4400-20)

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

18 Sec. 20. Continuing education. The Department shall
19 promulgate rules of continuing education for persons licensed
20 under this Act that require an average of 50 ~~150~~ hours of
21 continuing education per license year ~~renewal cycle~~. These
22 rules shall be consistent with requirements of relevant
23 professional associations, specialty ~~speciality~~ societies, or
24 boards. The rules shall also address variances in part or in
25 whole for good cause, including, but not limited to, temporary

1 illness or hardship. In establishing these rules, the
2 Department shall consider educational requirements for medical
3 staffs, requirements for specialty society board certification
4 or for continuing education requirements as a condition of
5 membership in societies representing the 2 categories of
6 licensee under this Act. These rules shall assure that
7 licensees are given the opportunity to participate in those
8 programs sponsored by or through their professional
9 associations or hospitals which are relevant to their practice.
10 Each licensee is responsible for maintaining records of
11 completion of continuing education and shall be prepared to
12 produce the records when requested by the Department.

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

14 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

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

16 Sec. 21. License renewal; restoration; inactive status;
17 disposition and collection of fees.

18 (A) Renewal. The expiration date and renewal period for
19 each license issued under this Act shall be set by rule. The
20 holder of a license may renew the license by paying the
21 required fee. The holder of a license may also renew the
22 license within 90 days after its expiration by complying with
23 the requirements for renewal and payment of an additional fee.
24 A license renewal within 90 days after expiration shall be
25 effective retroactively to the expiration date.

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

8 (B) Restoration. Any licensee who has permitted his or her
9 license to lapse or who has had his or her license on inactive
10 status may have his or her license restored by making
11 application to the Department and filing proof acceptable to
12 the Department of his or her fitness to have the license
13 restored, including evidence certifying to active practice in
14 another jurisdiction satisfactory to the Department, proof of
15 meeting the continuing education requirements for one renewal
16 period, and by paying the required restoration fee.

17 If the licensee has not maintained an active practice in
18 another jurisdiction satisfactory to the Department, the
19 Licensing Board shall determine, by an evaluation program
20 established by rule, the applicant's fitness to resume active
21 status and may require the licensee to complete a period of
22 evaluated clinical experience and may require successful
23 completion of a ~~the~~ practical examination specified by the
24 Licensing Board.

25 However, any registrant whose license has expired while he
26 or she has been engaged (a) in Federal Service on active duty

1 with the Army of the United States, the United States Navy, the
2 Marine Corps, the Air Force, the Coast Guard, the Public Health
3 Service or the State Militia called into the service or
4 training of the United States of America, or (b) in training or
5 education under the supervision of the United States
6 preliminary to induction into the military service, may have
7 his or her license reinstated or restored without paying any
8 lapsed renewal fees, if within 2 years after honorable
9 termination of such service, training, or education, he or she
10 furnishes to the Department with satisfactory evidence to the
11 effect that he or she has been so engaged and that his or her
12 service, training, or education has been so terminated.

13 (C) Inactive licenses. Any licensee who notifies the
14 Department, in writing on forms prescribed by the Department,
15 may elect to place his or her license on an inactive status and
16 shall, subject to rules of the Department, be excused from
17 payment of renewal fees until he or she notifies the Department
18 in writing of his or her desire to resume active status.

19 Any licensee requesting restoration from inactive status
20 shall be required to pay the current renewal fee, provide proof
21 of meeting the continuing education requirements for the period
22 of time the license is inactive not to exceed one renewal
23 period, and shall be required to restore his or her license as
24 provided in subsection (B).

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

1 (D) Disposition of monies collected. All monies collected
2 under this Act by the Department shall be deposited in the
3 Illinois State Medical Disciplinary Fund in the State Treasury,
4 and used only for the following purposes: (a) by the ~~Medical~~
5 Disciplinary Board and Licensing Board in the exercise of its
6 powers and performance of its duties, as such use is made by
7 the Department with full consideration of all recommendations
8 of the ~~Medical~~ Disciplinary Board and Licensing Board, (b) for
9 costs directly related to persons licensed under this Act, and
10 (c) for direct and allocable indirect costs related to the
11 public purposes of the Department ~~of Professional Regulation~~.

12 Moneys in the Fund may be transferred to the Professions
13 Indirect Cost Fund as authorized under Section 2105-300 of the
14 Department of Professional Regulation Law (20 ILCS
15 2105/2105-300).

16 All earnings received from investment of monies in the
17 Illinois State Medical Disciplinary Fund shall be deposited in
18 the Illinois State Medical Disciplinary Fund and shall be used
19 for the same purposes as fees deposited in such Fund.

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

21 (1) Applicants for any examination shall be required to
22 pay, either to the Department or to the designated testing
23 service, a fee covering the cost of determining the
24 applicant's eligibility and providing the examination.
25 Failure to appear for the examination on the scheduled
26 date, at the time and place specified, after the

1 applicant's application for examination has been received
2 and acknowledged by the Department or the designated
3 testing service, shall result in the forfeiture of the
4 examination fee.

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

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

9 (4) The fee for the renewal of a license for a resident
10 of Illinois shall be calculated at the rate of \$100 per
11 year, except for licensees who were issued a license within
12 12 months of the expiration date of the license, the fee
13 for the renewal shall be \$100. The fee for the renewal of a
14 license for a nonresident shall be calculated at the rate
15 of \$200 per year, except for licensees who were issued a
16 license within 12 months of the expiration date of the
17 license, the fee for the renewal shall be \$200.

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

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

23 (7) The fee for the issuance of a duplicate license,
24 for the issuance of a replacement license for a license
25 which has been lost or destroyed, or for the issuance of a
26 license with a change of name or address other than during

1 the renewal period is \$20. No fee is required for name and
2 address changes on Department records when no duplicate
3 license is issued.

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

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

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

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

17 (F) Any person who delivers a check or other payment to the
18 Department that is returned to the Department unpaid by the
19 financial institution upon which it is drawn shall pay to the
20 Department, in addition to the amount already owed to the
21 Department, a fine of \$50. The fines imposed by this Section
22 are in addition to any other discipline provided under this Act
23 for unlicensed practice or practice on a nonrenewed license.
24 The Department shall notify the person that payment of fees and
25 fines shall be paid to the Department by certified check or
26 money order within 30 calendar days of the notification. If,

1 after the expiration of 30 days from the date of the
2 notification, the person has failed to submit the necessary
3 remittance, the Department shall automatically terminate the
4 license or certificate or deny the application, without
5 hearing. If, after termination or denial, the person seeks a
6 license or certificate, he or she shall apply to the Department
7 for restoration or issuance of the license or certificate and
8 pay all fees and fines due to the Department. The Department
9 may establish a fee for the processing of an application for
10 restoration of a license or certificate to pay all expenses of
11 processing this application. The Secretary ~~Director~~ may waive
12 the fines due under this Section in individual cases where the
13 Secretary ~~Director~~ finds that the fines would be unreasonable
14 or unnecessarily burdensome.

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

17 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

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

21 Sec. 22. Disciplinary action.

22 (A) The Department may revoke, suspend, place on probation
23 ~~probationary status~~, reprimand, refuse to issue or renew, or
24 take any other disciplinary or non-disciplinary action as the
25 Department may deem proper with regard to the license or

1 ~~visiting professor~~ permit of any person issued under this Act
2 to practice medicine, or to treat human ailments without the
3 use of drugs and without operative surgery, including imposing
4 fines not to exceed \$10,000 for each violation, upon any of the
5 following grounds:

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

8 (a) a facility licensed pursuant to the Ambulatory
9 Surgical Treatment Center Act;

10 (b) an institution licensed under the Hospital
11 Licensing Act;

12 (c) an ambulatory surgical treatment center or
13 hospitalization or care facility maintained by the
14 State or any agency thereof, where such department or
15 agency has authority under law to establish and enforce
16 standards for the ambulatory surgical treatment
17 centers, hospitalization, or care facilities under its
18 management and control;

19 (d) ambulatory surgical treatment centers,
20 hospitalization or care facilities maintained by the
21 Federal Government; or

22 (e) ambulatory surgical treatment centers,
23 hospitalization or care facilities maintained by any
24 university or college established under the laws of
25 this State and supported principally by public funds
26 raised by taxation.

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

4 (3) A plea of guilty or nolo contendere, finding of
5 guilt, jury verdict, or entry of judgment or sentencing,
6 including, but not limited to, convictions, preceding
7 sentences of supervision, conditional discharge, or first
8 offender probation, under the laws of any jurisdiction of
9 the United States of any crime that is a felony. ~~The~~
10 ~~conviction of a felony in this or any other jurisdiction,~~
11 ~~except as otherwise provided in subsection B of this~~
12 ~~Section, whether or not related to practice under this Act,~~
13 ~~or the entry of a guilty or nolo contendere plea to a~~
14 ~~felony charge.~~

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

16 (5) Engaging in dishonorable, unethical or
17 unprofessional conduct of a character likely to deceive,
18 defraud or harm the public.

19 (6) Obtaining any fee by fraud, deceit, or
20 misrepresentation.

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

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

1 (9) Fraud or misrepresentation in applying for, or
2 procuring, a license under this Act or in connection with
3 applying for renewal of a license under this Act.

4 (10) Making a false or misleading statement regarding
5 their skill or the efficacy or value of the medicine,
6 treatment, or remedy prescribed by them at their direction
7 in the treatment of any disease or other condition of the
8 body or mind.

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

11 (12) Disciplinary action of another state or
12 jurisdiction against a license or other authorization to
13 practice as a medical doctor, doctor of osteopathy, doctor
14 of osteopathic medicine or doctor of chiropractic, a
15 certified copy of the record of the action taken by the
16 other state or jurisdiction being prima facie evidence
17 thereof.

18 (13) Violation of any provision of this Act or of the
19 Medical Practice Act prior to the repeal of that Act, or
20 violation of the rules, or a final administrative action of
21 the Secretary, after consideration of the recommendation
22 of the Disciplinary Board.

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

25 (15) A finding by the ~~Medical~~ Disciplinary Board that
26 the registrant after having his or her license placed on

1 probationary status or subjected to conditions or
2 restrictions violated the terms of the probation or failed
3 to comply with such terms or conditions.

4 (16) Abandonment of a patient.

5 (17) Prescribing, selling, administering,
6 distributing, giving or self-administering any drug
7 classified as a controlled substance (designated product)
8 or narcotic for other than medically accepted therapeutic
9 purposes.

10 (18) Promotion of the sale of drugs, devices,
11 appliances or goods provided for a patient in such manner
12 as to exploit the patient for financial gain of the
13 physician.

14 (19) Offering, undertaking or agreeing to cure or treat
15 disease by a secret method, procedure, treatment or
16 medicine, or the treating, operating or prescribing for any
17 human condition by a method, means or procedure which the
18 licensee refuses to divulge upon demand of the Department.

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

22 (21) Wilfully making or filing false records or reports
23 in his or her practice as a physician, including, but not
24 limited to, false records to support claims against the
25 medical assistance program of the Department of Healthcare
26 and Family Services (formerly Department of Public Aid)

1 under the Illinois Public Aid Code.

2 (22) Wilful omission to file or record, or wilfully
3 impeding the filing or recording, or inducing another
4 person to omit to file or record, medical reports as
5 required by law, or wilfully failing to report an instance
6 of suspected abuse or neglect as required by law.

7 (23) Being named as a perpetrator in an indicated
8 report by the Department of Children and Family Services
9 under the Abused and Neglected Child Reporting Act, and
10 upon proof by clear and convincing evidence that the
11 licensee has caused a child to be an abused child or
12 neglected child as defined in the Abused and Neglected
13 Child Reporting Act.

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

17 (25) Gross and wilful and continued overcharging for
18 professional services, including filing false statements
19 for collection of fees for which services are not rendered,
20 including, but not limited to, filing such false statements
21 for collection of monies for services not rendered from the
22 medical assistance program of the Department of Healthcare
23 and Family Services (formerly Department of Public Aid)
24 under the Illinois Public Aid Code.

25 (26) A pattern of practice or other behavior which
26 demonstrates incapacity or incompetence to practice under

1 this Act.

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

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

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

11 (30) Wilfully or negligently violating the
12 confidentiality between physician and patient except as
13 required by law.

14 (31) The use of any false, fraudulent, or deceptive
15 statement in any document connected with practice under
16 this Act.

17 (32) Aiding and abetting an individual not licensed
18 under this Act in the practice of a profession licensed
19 under this Act.

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

23 (34) Failure to report to the Department any adverse
24 final action taken against them by another licensing
25 jurisdiction (any other state or any territory of the
26 United States or any foreign state or country), by any peer

1 review body, by any health care institution, by any
2 professional society or association related to practice
3 under this Act, by any governmental agency, by any law
4 enforcement agency, or by any court for acts or conduct
5 similar to acts or conduct which would constitute grounds
6 for action as defined in this Section.

7 (35) Failure to report to the Department surrender of a
8 license or authorization to practice as a medical doctor, a
9 doctor of osteopathy, a doctor of osteopathic medicine, or
10 doctor of chiropractic in another state or jurisdiction, or
11 surrender of membership on any medical staff or in any
12 medical or professional association or society, while
13 under disciplinary investigation by any of those
14 authorities or bodies, for acts or conduct similar to acts
15 or conduct which would constitute grounds for action as
16 defined in this Section.

17 (36) Failure to report to the Department any adverse
18 judgment, settlement, or award arising from a liability
19 claim related to acts or conduct similar to acts or conduct
20 which would constitute grounds for action as defined in
21 this Section.

22 (37) Failure to provide copies of medical records as
23 required by law.

24 (38) Failure to furnish the Department, its
25 investigators or representatives, relevant information,
26 legally requested by the Department after consultation

1 with the Chief Medical Coordinator or the Deputy Medical
2 Coordinator.

3 (39) Violating the Health Care Worker Self-Referral
4 Act.

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

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

9 (42) Entering into an excessive number of written
10 collaborative agreements with licensed advanced practice
11 nurses resulting in an inability to adequately
12 collaborate.

13 (43) Repeated failure to adequately collaborate with a
14 licensed advanced practice nurse.

15 Except for actions involving the ground numbered (26), all
16 proceedings to suspend, revoke, place on probationary status,
17 or take any other disciplinary action as the Department may
18 deem proper, with regard to a license on any of the foregoing
19 grounds, must be commenced within 5 years next after receipt by
20 the Department of a complaint alleging the commission of or
21 notice of the conviction order for any of the acts described
22 herein. Except for the grounds numbered (8), (9), (26), and
23 (29), no action shall be commenced more than 10 years after the
24 date of the incident or act alleged to have violated this
25 Section. For actions involving the ground numbered (26), a
26 pattern of practice or other behavior includes all incidents

1 alleged to be part of the pattern of practice or other behavior
2 that occurred, or a report pursuant to Section 23 of this Act
3 received, within the 10-year period preceding the filing of the
4 complaint. In the event of the settlement of any claim or cause
5 of action in favor of the claimant or the reduction to final
6 judgment of any civil action in favor of the plaintiff, such
7 claim, cause of action or civil action being grounded on the
8 allegation that a person licensed under this Act was negligent
9 in providing care, the Department shall have an additional
10 period of 2 years from the date of notification to the
11 Department under Section 23 of this Act of such settlement or
12 final judgment in which to investigate and commence formal
13 disciplinary proceedings under Section 36 of this Act, except
14 as otherwise provided by law. The time during which the holder
15 of the license was outside the State of Illinois shall not be
16 included within any period of time limiting the commencement of
17 disciplinary action by the Department.

18 The entry of an order or judgment by any circuit court
19 establishing that any person holding a license under this Act
20 is a person in need of mental treatment operates as a
21 suspension of that license. That person may resume their
22 practice only upon the entry of a Departmental order based upon
23 a finding by the ~~Medical~~ Disciplinary Board that they have been
24 determined to be recovered from mental illness by the court and
25 upon the Disciplinary Board's recommendation that they be
26 permitted to resume their practice.

1 The Department may refuse to issue or take disciplinary
2 action concerning the license of any person who fails to file a
3 return, or to pay the tax, penalty or interest shown in a filed
4 return, or to pay any final assessment of tax, penalty or
5 interest, as required by any tax Act administered by the
6 Illinois Department of Revenue, until such time as the
7 requirements of any such tax Act are satisfied as determined by
8 the Illinois Department of Revenue.

9 The Department, upon the recommendation of the
10 Disciplinary Board, shall adopt rules which set forth standards
11 to be used in determining:

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

14 (b) what constitutes dishonorable, unethical or
15 unprofessional conduct of a character likely to deceive,
16 defraud, or harm the public;

17 (c) what constitutes immoral conduct in the commission
18 of any act, including, but not limited to, commission of an
19 act of sexual misconduct related to the licensee's
20 practice; and

21 (d) what constitutes gross negligence in the practice
22 of medicine.

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

26 In enforcing this Section, the ~~Medical~~ Disciplinary Board

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

1 to, blood testing, urinalysis, psychological testing, or
2 neuropsychological testing. The ~~examining physician or~~
3 ~~physicians shall be those specifically designated by the~~
4 Disciplinary Board. The ~~Medical~~ Disciplinary Board, the
5 Licensing Board, or the Department may order the examining
6 physician or any member of the multidisciplinary team to
7 provide to the Department, the Disciplinary Board, or the
8 Licensing Board any and all records, including business
9 records, that relate to the examination and evaluation,
10 including any supplemental testing performed. The Disciplinary
11 Board, the Licensing Board, or the Department may order the
12 examining physician or any member of the multidisciplinary team
13 to present testimony concerning this ~~mental or physical~~
14 examination and evaluation of the licensee, permit holder, or
15 applicant, including testimony concerning any supplemental
16 testing or documents relating to the examination and
17 evaluation. No information, report, record, or other documents
18 in any way related to the examination and evaluation shall be
19 excluded by reason of any common law or statutory privilege
20 relating to communication between the licensee or applicant and
21 the examining physician or any member of the multidisciplinary
22 team. No authorization is necessary from the licensee, permit
23 holder, or applicant ordered to undergo an evaluation and
24 examination for the examining physician or any member of the
25 multidisciplinary team to provide information, reports,
26 records, or other documents or to provide any testimony

1 regarding the examination and evaluation. The individual to be
2 examined may have, at his or her own expense, another physician
3 of his or her choice present during all aspects of the
4 examination. Failure of any individual to submit to mental or
5 physical examination and evaluation, or both, when directed,
6 shall result in an automatic ~~be grounds for~~ suspension, without
7 hearing, ~~of his or her license~~ until such time as the
8 individual submits to the examination ~~if the Disciplinary Board~~
9 ~~finds, after notice and hearing, that the refusal to submit to~~
10 ~~the examination was without reasonable cause.~~ If the
11 Disciplinary Board finds a physician unable to practice because
12 of the reasons set forth in this Section, the Disciplinary
13 Board shall require such physician to submit to care,
14 counseling, or treatment by physicians approved or designated
15 by the Disciplinary Board, as a condition for continued,
16 reinstated, or renewed licensure to practice. Any physician,
17 whose license was granted pursuant to Sections 9, 17, or 19 of
18 this Act, or, continued, reinstated, renewed, disciplined or
19 supervised, subject to such terms, conditions or restrictions
20 who shall fail to comply with such terms, conditions or
21 restrictions, or to complete a required program of care,
22 counseling, or treatment, as determined by the Chief Medical
23 Coordinator or Deputy Medical Coordinators, shall be referred
24 to the Secretary for a determination as to whether the licensee
25 shall have their license suspended immediately, pending a
26 hearing by the Disciplinary Board. In instances in which the

1 Secretary immediately suspends a license under this Section, a
2 hearing upon such person's license must be convened by the
3 Disciplinary Board within 15 days after such suspension and
4 completed without appreciable delay. The Disciplinary Board
5 shall have the authority to review the subject physician's
6 record of treatment and counseling regarding the impairment, to
7 the extent permitted by applicable federal statutes and
8 regulations safeguarding the confidentiality of medical
9 records.

10 An individual licensed under this Act, affected under this
11 Section, shall be afforded an opportunity to demonstrate to the
12 Disciplinary Board that they can resume practice in compliance
13 with acceptable and prevailing standards under the provisions
14 of their license.

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

23 (B) The Department shall revoke the license or ~~visiting~~
24 permit ~~of any person~~ issued under this Act to practice medicine
25 or to treat human ailments without the use of drugs and without
26 operative surgery of any person, who has been convicted a

1 second time of committing any felony under the Illinois
2 Controlled Substances Act or the Methamphetamine Control and
3 Community Protection Act, or who has been convicted a second
4 time of committing a Class 1 felony under Sections 8A-3 and
5 8A-6 of the Illinois Public Aid Code. A person whose license or
6 ~~visiting~~ permit is revoked under this subsection B ~~of Section~~
7 ~~22 of this Act~~ shall be prohibited from practicing medicine or
8 treating human ailments without the use of drugs and without
9 operative surgery.

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

20 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;
21 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.
22 7-2-10.)

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

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

25 (Text of Section WITH the changes made by P.A. 94-677,

1 which has been held unconstitutional, and by P.A. 96-1372,
2 which amended language added by P.A. 94-677)

3 Sec. 23. Reports relating to professional conduct and
4 capacity.

5 (A) Entities required to report.

6 (1) Health care institutions. The chief administrator
7 or executive officer of any health care institution
8 licensed by the Illinois Department of Public Health shall
9 report to the Disciplinary Board when any person's clinical
10 privileges are terminated or are restricted based on a
11 final determination made in accordance with that
12 institution's by-laws or rules and regulations, that a
13 person has either committed an act or acts which may
14 directly threaten patient care, ~~and not of an~~
15 ~~administrative nature,~~ or that a person may be mentally or
16 physically disabled in such a manner as to endanger
17 patients under that person's care. Such officer also shall
18 report if a person accepts voluntary termination or
19 restriction of clinical privileges in lieu of formal action
20 based upon conduct related directly to patient care ~~and not~~
21 ~~of an administrative nature,~~ or in lieu of formal action
22 seeking to determine whether a person may be mentally or
23 physically disabled in such a manner as to endanger
24 patients under that person's care. The ~~Medical~~
25 Disciplinary Board shall, by rule, provide for the
26 reporting to it by health care institutions of all

1 instances in which a person, licensed under this Act, who
2 is impaired by reason of age, drug or alcohol abuse or
3 physical or mental impairment, is under supervision and,
4 where appropriate, is in a program of rehabilitation. Such
5 reports shall be strictly confidential and may be reviewed
6 and considered only by the members of the Disciplinary
7 Board, or by authorized staff as provided by rules of the
8 Disciplinary Board. Provisions shall be made for the
9 periodic report of the status of any such person not less
10 than twice annually in order that the Disciplinary Board
11 shall have current information upon which to determine the
12 status of any such person. Such initial and periodic
13 reports of impaired physicians shall not be considered
14 records within the meaning of The State Records Act and
15 shall be disposed of, following a determination by the
16 Disciplinary Board that such reports are no longer
17 required, in a manner and at such time as the Disciplinary
18 Board shall determine by rule. The filing of such reports
19 shall be construed as the filing of a report for purposes
20 of subsection (C) of this Section.

21 (2) Professional associations. The President or chief
22 executive officer of any association or society, of persons
23 licensed under this Act, operating within this State shall
24 report to the Disciplinary Board when the association or
25 society renders a final determination that a person has
26 committed unprofessional conduct related directly to

1 patient care or that a person may be mentally or physically
2 disabled in such a manner as to endanger patients under
3 that person's care.

4 (3) Professional liability insurers. Every insurance
5 company which offers policies of professional liability
6 insurance to persons licensed under this Act, or any other
7 entity which seeks to indemnify the professional liability
8 of a person licensed under this Act, shall report to the
9 Disciplinary Board the settlement of any claim or cause of
10 action, or final judgment rendered in any cause of action,
11 which alleged negligence in the furnishing of medical care
12 by such licensed person when such settlement or final
13 judgment is in favor of the plaintiff.

14 (4) State's Attorneys. The State's Attorney of each
15 county shall report to the Disciplinary Board, within 5
16 days, any ~~all~~ instances in which a person licensed under
17 this Act is convicted ~~or otherwise found guilty of the~~
18 ~~commission~~ of any felony or Class A misdemeanor. The
19 State's Attorney of each county may report to the
20 Disciplinary Board through a verified complaint any
21 instance in which the State's Attorney believes that a
22 physician has willfully violated the notice requirements
23 of the Parental Notice of Abortion Act of 1995.

24 (5) State agencies. All agencies, boards, commissions,
25 departments, or other instrumentalities of the government
26 of the State of Illinois shall report to the Disciplinary

1 Board any instance arising in connection with the
2 operations of such agency, including the administration of
3 any law by such agency, in which a person licensed under
4 this Act has either committed an act or acts which may be a
5 violation of this Act or which may constitute
6 unprofessional conduct related directly to patient care or
7 which indicates that a person licensed under this Act may
8 be mentally or physically disabled in such a manner as to
9 endanger patients under that person's care.

10 (B) Mandatory reporting. All reports required by items
11 (34), (35), and (36) of subsection (A) of Section 22 and by
12 Section 23 shall be submitted to the Disciplinary Board in a
13 timely fashion. Unless otherwise provided in this Section, the
14 ~~The~~ reports shall be filed in writing within 60 days after a
15 determination that a report is required under this Act. All
16 reports shall contain the following information:

17 (1) The name, address and telephone number of the
18 person making the report.

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

21 (3) The name and date of birth of any patient or
22 patients whose treatment is a subject of the report, if
23 available, or other means of identification if such
24 information is not available, identification of the
25 hospital or other healthcare facility where the care at
26 issue in the report was rendered, provided, however, no

1 medical records may be revealed.

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

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

8 (6) Any further pertinent information which the
9 reporting party deems to be an aid in the evaluation of the
10 report.

11 The Disciplinary Board or Department may also exercise the
12 power under Section 38 of this Act to subpoena copies of
13 hospital or medical records in mandatory report cases alleging
14 death or permanent bodily injury. Appropriate rules shall be
15 adopted by the Department with the approval of the Disciplinary
16 Board.

17 When the Department has received written reports
18 concerning incidents required to be reported in items (34),
19 (35), and (36) of subsection (A) of Section 22, the licensee's
20 failure to report the incident to the Department under those
21 items shall not be the sole grounds for disciplinary action.

22 Nothing contained in this Section shall act to in any way,
23 waive or modify the confidentiality of medical reports and
24 committee reports to the extent provided by law. Any
25 information reported or disclosed shall be kept for the
26 confidential use of the Disciplinary Board, the Medical

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

23 (C) Immunity from prosecution. Any individual or
24 organization acting in good faith, and not in a wilful and
25 wanton manner, in complying with this Act by providing any
26 report or other information to the Disciplinary Board or a peer

1 review committee, or assisting in the investigation or
2 preparation of such information, or by voluntarily reporting to
3 the Disciplinary Board or a peer review committee information
4 regarding alleged errors or negligence by a person licensed
5 under this Act, or by participating in proceedings of the
6 Disciplinary Board or a peer review committee, or by serving as
7 a member of the Disciplinary Board or a peer review committee,
8 shall not, as a result of such actions, be subject to criminal
9 prosecution or civil damages.

10 (D) Indemnification. Members of the Disciplinary Board,
11 the Medical Coordinators, the Disciplinary Board's attorneys,
12 the medical investigative staff, physicians retained under
13 contract to assist and advise the medical coordinators in the
14 investigation, and authorized clerical staff shall be
15 indemnified by the State for any actions occurring within the
16 scope of services on the Disciplinary Board, done in good faith
17 and not wilful and wanton in nature. The Attorney General shall
18 defend all such actions unless he or she determines either that
19 there would be a conflict of interest in such representation or
20 that the actions complained of were not in good faith or were
21 wilful and wanton.

22 Should the Attorney General decline representation, the
23 member shall have the right to employ counsel of his or her
24 choice, whose fees shall be provided by the State, after
25 approval by the Attorney General, unless there is a
26 determination by a court that the member's actions were not in

1 good faith or were wilful and wanton.

2 The member must notify the Attorney General within 7 days
3 of receipt of notice of the initiation of any action involving
4 services of the Disciplinary Board. Failure to so notify the
5 Attorney General shall constitute an absolute waiver of the
6 right to a defense and indemnification.

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

10 (E) Deliberations of Disciplinary Board. Upon the receipt
11 of any report called for by this Act, other than those reports
12 of impaired persons licensed under this Act required pursuant
13 to the rules of the Disciplinary Board, the Disciplinary Board
14 shall notify in writing, by certified mail, the person who is
15 the subject of the report. Such notification shall be made
16 within 30 days of receipt by the Disciplinary Board of the
17 report.

18 The notification shall include a written notice setting
19 forth the person's right to examine the report. Included in
20 such notification shall be the address at which the file is
21 maintained, the name of the custodian of the reports, and the
22 telephone number at which the custodian may be reached. The
23 person who is the subject of the report shall submit a written
24 statement responding, clarifying, adding to, or proposing the
25 amending of the report previously filed. The person who is the
26 subject of the report shall also submit with the written

1 statement any medical records related to the report. The
2 statement and accompanying medical records shall become a
3 permanent part of the file and must be received by the
4 Disciplinary Board no more than 30 days after the date on which
5 the person was notified by the Disciplinary Board of the
6 existence of the original report.

7 The Disciplinary Board shall review all reports received by
8 it, together with any supporting information and responding
9 statements submitted by persons who are the subject of reports.
10 The review by the Disciplinary Board shall be in a timely
11 manner but in no event, shall the Disciplinary Board's initial
12 review of the material contained in each disciplinary file be
13 less than 61 days nor more than 180 days after the receipt of
14 the initial report by the Disciplinary Board.

15 When the Disciplinary Board makes its initial review of the
16 materials contained within its disciplinary files, the
17 Disciplinary Board shall, in writing, make a determination as
18 to whether there are sufficient facts to warrant further
19 investigation or action. Failure to make such determination
20 within the time provided shall be deemed to be a determination
21 that there are not sufficient facts to warrant further
22 investigation or action.

23 Should the Disciplinary Board find that there are not
24 sufficient facts to warrant further investigation, or action,
25 the report shall be accepted for filing and the matter shall be
26 deemed closed and so reported to the Secretary. The Secretary

1 shall then have 30 days to accept the ~~Medical~~ Disciplinary
2 Board's decision or request further investigation. The
3 Secretary shall inform the Board ~~in writing~~ of the decision to
4 request further investigation, including the specific reasons
5 for the decision. The individual or entity filing the original
6 report or complaint and the person who is the subject of the
7 report or complaint shall be notified in writing by the
8 Secretary of any final action on their report or complaint.

9 (F) Summary reports. The Disciplinary Board shall prepare,
10 on a timely basis, but in no event less than once every other
11 month, a summary report of final disciplinary actions taken
12 upon disciplinary files maintained by the Disciplinary Board.
13 The summary reports shall be made available to the public upon
14 request and payment of the fees set by the Department. This
15 publication may be made available to the public on the
16 Department's ~~Internet~~ website. Information or documentation
17 relating to any disciplinary file that is closed without
18 disciplinary action taken shall not be disclosed and shall be
19 afforded the same status as is provided by Part 21 of Article
20 VIII of the Code of Civil Procedure.

21 (G) Any violation of this Section shall be a Class A
22 misdemeanor.

23 (H) If any such person violates the provisions of this
24 Section an action may be brought in the name of the People of
25 the State of Illinois, through the Attorney General of the
26 State of Illinois, for an order enjoining such violation or for

1 an order enforcing compliance with this Section. Upon filing of
2 a verified petition in such court, the court may issue a
3 temporary restraining order without notice or bond and may
4 preliminarily or permanently enjoin such violation, and if it
5 is established that such person has violated or is violating
6 the injunction, the court may punish the offender for contempt
7 of court. Proceedings under this paragraph shall be in addition
8 to, and not in lieu of, all other remedies and penalties
9 provided for by this Section.

10 (Source: P.A. 94-677, eff. 8-25-05; 95-639, eff. 10-5-07;
11 96-1372, eff. 7-29-10.)

12 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

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

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

16 Sec. 24. Report of violations; medical associations. Any
17 physician licensed under this Act, the Illinois State Medical
18 Society, the Illinois Association of Osteopathic Physicians
19 and Surgeons, the Illinois Chiropractic Society, the Illinois
20 Prairie State Chiropractic Association, or any component
21 societies of any of these 4 groups, and any other person, may
22 report to the Disciplinary Board any information the physician,
23 association, society, or person may have that appears to show
24 that a physician is or may be in violation of any of the
25 provisions of Section 22 of this Act.

1 The Department may enter into agreements with the Illinois
2 State Medical Society, the Illinois Association of Osteopathic
3 Physicians and Surgeons, the Illinois Prairie State
4 Chiropractic Association, or the Illinois Chiropractic Society
5 to allow these organizations to assist the Disciplinary Board
6 in the review of alleged violations of this Act. Subject to the
7 approval of the Department, any organization party to such an
8 agreement may subcontract with other individuals or
9 organizations to assist in review.

10 Any physician, association, society, or person
11 participating in good faith in the making of a report under
12 this Act or participating in or assisting with an investigation
13 or review under this Act shall have immunity from any civil,
14 criminal, or other liability that might result by reason of
15 those actions.

16 The medical information in the custody of an entity under
17 contract with the Department participating in an investigation
18 or review shall be privileged and confidential to the same
19 extent as are information and reports under the provisions of
20 Part 21 of Article VIII of the Code of Civil Procedure.

21 Upon request by the Department after a mandatory report has
22 been filed with the Department, an attorney for any party
23 seeking to recover damages for injuries or death by reason of
24 medical, hospital, or other healing art malpractice shall
25 provide patient records related to the physician involved in
26 the disciplinary proceeding to the Department within 30 days of

1 the Department's request for use by the Department in any
2 disciplinary matter under this Act. An attorney who provides
3 patient records to the Department in accordance with this
4 requirement shall not be deemed to have violated any
5 attorney-client privilege. Notwithstanding any other provision
6 of law, consent by a patient shall not be required for the
7 provision of patient records in accordance with this
8 requirement.

9 For the purpose of any civil or criminal proceedings, the
10 good faith of any physician, association, society or person
11 shall be presumed. ~~The Disciplinary Board may request the
12 Illinois State Medical Society, the Illinois Association of
13 Osteopathic Physicians and Surgeons, the Illinois Prairie
14 State Chiropractic Association, or the Illinois Chiropractic
15 Society to assist the Disciplinary Board in preparing for or
16 conducting any medical competency examination as the Board may
17 deem appropriate.~~

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

19 (225 ILCS 60/24.1)

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

21 (This Section was added by P.A. 94-677, which has been held
22 unconstitutional)

23 Sec. 24.1. Physician profile.

24 (a) This Section may be cited as the Patients' Right to
25 Know Law.

1 (b) The Department shall make available to the public a
2 profile of each physician. The Department shall make this
3 information available through an Internet web site and, if
4 requested, in writing. The physician profile shall contain the
5 following information:

6 (1) the full name of the physician;

7 (2) a description of any criminal convictions for
8 felonies and Class A misdemeanors, as determined by the
9 Department, within the most recent 5 years. For the
10 purposes of this Section, a person shall be deemed to be
11 convicted of a crime if he or she pleaded guilty or if he
12 was found or adjudged guilty by a court of competent
13 jurisdiction;

14 (3) a description of any final Department disciplinary
15 actions within the most recent 5 years;

16 (4) a description of any final disciplinary actions by
17 licensing boards in other states within the most recent 5
18 years;

19 (5) a description of revocation or involuntary
20 restriction of hospital privileges for reasons related to
21 competence or character that have been taken by the
22 hospital's governing body or any other official of the
23 hospital after procedural due process has been afforded, or
24 the resignation from or nonrenewal of medical staff
25 membership or the restriction of privileges at a hospital
26 taken in lieu of or in settlement of a pending disciplinary

1 case related to competence or character in that hospital.
2 Only cases which have occurred within the most recent 5
3 years shall be disclosed by the Department to the public;

4 (6) all medical malpractice court judgments and all
5 medical malpractice arbitration awards in which a payment
6 was awarded to a complaining party during the most recent 5
7 years and all settlements of medical malpractice claims in
8 which a payment was made to a complaining party within the
9 most recent 5 years. A medical malpractice judgment or
10 award that has been appealed shall be identified
11 prominently as "Under Appeal" on the profile within 20 days
12 of formal written notice to the Department. Information
13 concerning all settlements shall be accompanied by the
14 following statement: "Settlement of a claim may occur for a
15 variety of reasons which do not necessarily reflect
16 negatively on the professional competence or conduct of the
17 physician. A payment in settlement of a medical malpractice
18 action or claim should not be construed as creating a
19 presumption that medical malpractice has occurred."
20 Nothing in this subdivision (6) shall be construed to limit
21 or prevent the Disciplinary Board from providing further
22 explanatory information regarding the significance of
23 categories in which settlements are reported. Pending
24 malpractice claims shall not be disclosed by the Department
25 to the public. Nothing in this subdivision (6) shall be
26 construed to prevent the Disciplinary Board from

1 investigating and the Department from disciplining a
2 physician on the basis of medical malpractice claims that
3 are pending;

4 (7) names of medical schools attended, dates of
5 attendance, and date of graduation;

6 (8) graduate medical education;

7 (9) specialty board certification. The toll-free
8 number of the American Board of Medical Specialties shall
9 be included to verify current board certification status;

10 (10) number of years in practice and locations;

11 (11) names of the hospitals where the physician has
12 privileges;

13 (12) appointments to medical school faculties and
14 indication as to whether a physician has a responsibility
15 for graduate medical education within the most recent 5
16 years;

17 (13) information regarding publications in
18 peer-reviewed medical literature within the most recent 5
19 years;

20 (14) information regarding professional or community
21 service activities and awards;

22 (15) the location of the physician's primary practice
23 setting;

24 (16) identification of any translating services that
25 may be available at the physician's primary practice
26 location;

1 (17) an indication of whether the physician
2 participates in the Medicaid program.

3 (c) The Disciplinary Board shall provide individual
4 physicians with a copy of their profiles prior to release to
5 the public. A physician shall be provided 60 days to correct
6 factual inaccuracies that appear in such profile.

7 (d) A physician may elect to have his or her profile omit
8 certain information provided pursuant to subdivisions (12)
9 through (14) of subsection (b) concerning academic
10 appointments and teaching responsibilities, publication in
11 peer-reviewed journals and professional and community service
12 awards. In collecting information for such profiles and in
13 disseminating the same, the Disciplinary Board shall inform
14 physicians that they may choose not to provide such information
15 required pursuant to subdivisions (12) through (14) of
16 subsection (b).

17 (e) The Department shall promulgate such rules as it deems
18 necessary to accomplish the requirements of this Section.

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

20 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

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

22 Sec. 25. The Secretary ~~Director~~ of the Department may, upon
23 receipt of a written communication from the Secretary of Human
24 Services, the Director of Healthcare and Family Services
25 (formerly Director of Public Aid), or the Director of Public

1 Health that continuation of practice of a person licensed under
2 this Act constitutes an immediate danger to the public, and
3 after consultation with the Chief Medical Coordinator or Deputy
4 Medical Coordinator, immediately suspend the license of such
5 person without a hearing. In instances in which the Secretary
6 ~~Director~~ immediately suspends a license under this Section, a
7 hearing upon such person's license must be convened by the
8 Disciplinary Board within 15 days after such suspension and
9 completed without appreciable delay. Such hearing is to be held
10 to determine whether to recommend to the Secretary ~~Director~~
11 that the person's license be revoked, suspended, placed on
12 probationary status or reinstated, or whether such person
13 should be subject to other disciplinary action. In the hearing,
14 the written communication and any other evidence submitted
15 therewith may be introduced as evidence against such person;
16 provided however, the person, or their counsel, shall have the
17 opportunity to discredit, impeach and submit evidence
18 rebutting such evidence.

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

20 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

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

22 Sec. 26. Advertising.

23 (1) Any person licensed under this Act may advertise the
24 availability of professional services in the public media or on
25 the premises where such professional services are rendered.

1 Such advertising shall be limited to the following information:

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

4 (b) Information pertaining to the person's areas of
5 specialization, including appropriate board certification
6 or limitation of professional practice;

7 (c) Information on usual and customary fees for routine
8 professional services offered, which information shall
9 include, notification that fees may be adjusted due to
10 complications or unforeseen circumstances;

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

13 (e) Announcement of additions to or deletions from
14 professional licensed staff;

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

16 (2) It is unlawful for any person licensed under this Act
17 to use ~~testimonials or~~ claims of superior quality of care to
18 entice the public. It shall be unlawful to advertise fee
19 comparisons of available services with those of other persons
20 licensed under this Act.

21 (3) This Act does not authorize the advertising of
22 professional services which the offeror of such services is not
23 licensed to render. Nor shall the advertiser use statements
24 which contain false, fraudulent, deceptive or misleading
25 material or guarantees of success, statements which play upon
26 the vanity or fears of the public, or statements which promote

1 or produce unfair competition.

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

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

7 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

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

9 Sec. 33. Any person licensed under this Act to practice
10 medicine in all of its branches shall be authorized to purchase
11 legend drugs requiring an order of a person authorized to
12 prescribe drugs, and to dispense such legend drugs in the
13 regular course of practicing medicine. The dispensing of such
14 legend drugs shall be the personal act of the person licensed
15 under this Act and may not be delegated to any other person not
16 licensed under this Act or the Pharmacy Practice Act unless
17 such delegated dispensing functions are under the direct
18 supervision of the physician authorized to dispense legend
19 drugs. Except when dispensing manufacturers' samples or other
20 legend drugs in a maximum 72 hour supply, persons licensed
21 under this Act shall maintain a book or file of prescriptions
22 as required in the Pharmacy Practice Act. Any person licensed
23 under this Act who dispenses any drug or medicine shall
24 dispense such drug or medicine in good faith and shall affix to
25 the box, bottle, vessel or package containing the same a label

1 indicating (a) the date on which such drug or medicine is
2 dispensed; (b) the name of the patient; (c) the last name of
3 the person dispensing such drug or medicine; (d) the directions
4 for use thereof; and (e) the proprietary name or names or, if
5 there are none, the established name or names of the drug or
6 medicine, the dosage and quantity, except as otherwise
7 authorized by regulation of the Department ~~of Professional~~
8 ~~Regulation~~. The foregoing labeling requirements shall not
9 apply to drugs or medicines in a package which bears a label of
10 the manufacturer containing information describing its
11 contents which is in compliance with requirements of the
12 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
13 Drug, and Cosmetic Act. "Drug" and "medicine" have the meaning
14 ascribed to them in the Pharmacy Practice Act, as now or
15 hereafter amended; "good faith" has the meaning ascribed to it
16 in subsection (v) of Section 102 of the "Illinois Controlled
17 Substances Act", approved August 16, 1971, as amended.

18 Prior to dispensing a prescription to a patient, the
19 physician shall offer a written prescription to the patient
20 which the patient may elect to have filled by the physician or
21 any licensed pharmacy.

22 A violation of any provision of this Section shall
23 constitute a violation of this Act and shall be grounds for
24 disciplinary action provided for in this Act.

25 Nothing in this Section shall be construed to authorize a
26 chiropractic physician to prescribe drugs.

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

2 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

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

4 Sec. 35. The Secretary ~~Director~~ shall have the authority to
5 appoint an attorney duly licensed to practice law in the State
6 of Illinois to serve as the hearing officer in any action to
7 suspend, revoke, place on probationary status, or take any
8 other disciplinary action with regard to a license. The hearing
9 officer shall have full authority to conduct the hearing. The
10 hearing officer shall report his findings and recommendations
11 to the Disciplinary Board within 30 days of the receipt of the
12 record. The Disciplinary Board shall have 60 days from receipt
13 of the report to review the report of the hearing officer and
14 present their findings of fact, conclusions of law and
15 recommendations to the Secretary ~~Director~~.

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

17 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

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

22 Sec. 36. Upon the motion of either the Department or the
23 Disciplinary Board or upon the verified complaint in writing of
24 any person setting forth facts which, if proven, would

1 constitute grounds for suspension or revocation under Section
2 22 of this Act, the Department shall investigate the actions of
3 any person, so accused, who holds or represents that they hold
4 a license. Such person is hereinafter called the accused.

5 The Department shall, before suspending, revoking, placing
6 on probationary status, or taking any other disciplinary action
7 as the Department may deem proper with regard to any license at
8 least 30 days prior to the date set for the hearing, notify the
9 accused in writing of any charges made and the time and place
10 for a hearing of the charges before the Disciplinary Board,
11 direct them to file their written answer thereto to the
12 Disciplinary Board under oath within 20 days after the service
13 on them of such notice and inform them that if they fail to
14 file such answer default will be taken against them and their
15 license may be suspended, revoked, placed on probationary
16 status, or have other disciplinary action, including limiting
17 the scope, nature or extent of their practice, as the
18 Department may deem proper taken with regard thereto.

19 Where a physician has been found, upon complaint and
20 investigation of the Department, and after hearing, to have
21 performed an abortion procedure in a wilful and wanton manner
22 upon a woman who was not pregnant at the time such abortion
23 procedure was performed, the Department shall automatically
24 revoke the license of such physician to practice medicine in
25 Illinois.

26 Such written notice and any notice in such proceedings

1 thereafter may be served by delivery of the same, personally,
2 to the accused person, or by mailing the same by registered or
3 certified mail to the accused person's address of record ~~the~~
4 ~~address last theretofore specified by the accused in their last~~
5 ~~notification to the Department.~~

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

1 regard to a license issued by that licensing body.

2 (Source: P.A. 94-677, eff. 8-25-05; 96-1372, eff. 7-29-10.)

3 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

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

5 Sec. 37. At the time and place fixed in the notice, the
6 Disciplinary Board provided for in this Act shall proceed to
7 hear the charges, and ~~both~~ the accused person ~~and the~~
8 ~~complainant~~ shall be accorded ample opportunity to present in
9 person, or by counsel, such statements, testimony, evidence and
10 argument as may be pertinent to the charges or to any defense
11 thereto. The Disciplinary Board may continue such hearing from
12 time to time. If the Disciplinary Board is not sitting at the
13 time and place fixed in the notice or at the time and place to
14 which the hearing has been continued, the Department shall
15 continue such hearing for a period not to exceed 30 days.

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

1 The Disciplinary Board has the authority to recommend to
2 the Secretary ~~Director~~ that probation be granted or that other
3 disciplinary or non-disciplinary action, including the
4 limitation of the scope, nature or extent of a person's
5 practice, be taken as it deems proper. If disciplinary or
6 non-disciplinary action, other than suspension or revocation,
7 is taken the Disciplinary Board may recommend that the
8 Secretary ~~Director~~ impose reasonable limitations and
9 requirements upon the accused registrant to insure compliance
10 with the terms of the probation or other disciplinary action
11 including, but not limited to, regular reporting by the accused
12 to the Department of their actions, placing themselves under
13 the care of a qualified physician for treatment, or limiting
14 their practice in such manner as the Secretary ~~Director~~ may
15 require.

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

1 shall be concluded without appreciable delay.

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

3 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

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

5 Sec. 38. The Disciplinary Board or Department has power to
6 subpoena and bring before it any person in this State and to
7 take testimony either orally or by deposition, or both, with
8 the same fees and mileage and in the same manner as is
9 prescribed by law for judicial procedure in civil cases.

10 The Disciplinary Board, upon a determination that probable
11 cause exists that a violation of one or more of the grounds for
12 discipline listed in Section 22 has occurred or is occurring,
13 may subpoena the medical and hospital records of individual
14 patients of physicians licensed under this Act, provided, that
15 prior to the submission of such records to the Disciplinary
16 Board, all information indicating the identity of the patient
17 shall be removed and deleted. Notwithstanding the foregoing,
18 the Disciplinary Board and Department shall possess the power
19 to subpoena copies of hospital or medical records in mandatory
20 report cases under Section 23 alleging death or permanent
21 bodily injury when consent to obtain records is not provided by
22 a patient or legal representative. Prior to submission of the
23 records to the Disciplinary Board, all information indicating
24 the identity of the patient shall be removed and deleted. All
25 medical records and other information received pursuant to

1 subpoena shall be confidential and shall be afforded the same
2 status as is provided information concerning medical studies in
3 Part 21 of Article VIII of the Code of Civil Procedure. The use
4 of such records shall be restricted to members of the
5 Disciplinary Board, the medical coordinators, and appropriate
6 staff of the Department ~~of Professional Regulation~~ designated
7 by the Disciplinary Board for the purpose of determining the
8 existence of one or more grounds for discipline of the
9 physician as provided for by Section 22 of this Act. Any such
10 review of individual patients' records shall be conducted by
11 the Disciplinary Board in strict confidentiality, provided
12 that such patient records shall be admissible in a disciplinary
13 hearing, before the Disciplinary Board, when necessary to
14 substantiate the grounds for discipline alleged against the
15 physician licensed under this Act, and provided further, that
16 nothing herein shall be deemed to supersede the provisions of
17 Part 21 of Article VIII of the "Code of Civil Procedure", as
18 now or hereafter amended, to the extent applicable.

19 The Secretary ~~Director~~, and any member of the Disciplinary
20 Board each have power to administer oaths at any hearing which
21 the Disciplinary Board or Department is authorized by law to
22 conduct.

23 The Disciplinary Board, upon a determination that probable
24 cause exists that a violation of one or more of the grounds for
25 discipline listed in Section 22 has occurred or is occurring on
26 the business premises of a physician licensed under this Act,

1 may issue an order authorizing an appropriately qualified
2 investigator employed by the Department to enter upon the
3 business premises with due consideration for patient care of
4 the subject of the investigation so as to inspect the physical
5 premises and equipment and furnishings therein. No such order
6 shall include the right of inspection of business, medical, or
7 personnel records located on the premises. For purposes of this
8 Section, "business premises" is defined as the office or
9 offices where the physician conducts the practice of medicine.
10 Any such order shall expire and become void five business days
11 after its issuance by the Disciplinary Board. The execution of
12 any such order shall be valid only during the normal business
13 hours of the facility or office to be inspected.

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

15 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

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

17 Sec. 40. The Disciplinary Board shall present to the
18 Secretary ~~Director~~ a written report of its findings and
19 recommendations. A copy of such report shall be served upon the
20 accused person, either personally or by registered or certified
21 mail. Within 20 days after such service, the accused person may
22 present to the Department their motion, in writing, for a
23 rehearing, which written motion shall specify the particular
24 ground therefor. If the accused person orders and pays for a
25 transcript of the record as provided in Section 39, the time

1 elapsing thereafter and before such transcript is ready for
2 delivery to them shall not be counted as part of such 20 days.

3 At the expiration of the time allowed for filing a motion
4 for rehearing, the Secretary ~~Director~~ may take the action
5 recommended by the Disciplinary Board. Upon the suspension,
6 revocation, placement on probationary status, or the taking of
7 any other disciplinary action, including the limiting of the
8 scope, nature, or extent of one's practice, deemed proper by
9 the Department, with regard to the license, certificate or
10 visiting professor permit, the accused shall surrender their
11 license to the Department, if ordered to do so by the
12 Department, and upon their failure or refusal so to do, the
13 Department may seize the same.

14 Each certificate of order of revocation, suspension, or
15 other disciplinary action shall contain a brief, concise
16 statement of the ground or grounds upon which the Department's
17 action is based, as well as the specific terms and conditions
18 of such action. This document shall be retained as a permanent
19 record by the Disciplinary Board and the Secretary ~~Director~~.

20 The Department shall at least annually publish a list of
21 the names of all persons disciplined under this Act in the
22 preceding 12 months. Such lists shall be available ~~mailed~~ by
23 the Department on its website ~~to any person in the State upon~~
24 ~~request~~.

25 In those instances where an order of revocation,
26 suspension, or other disciplinary action has been rendered by

1 virtue of a physician's physical illness, including, but not
2 limited to, deterioration through the aging process, or loss of
3 motor skill which results in a physician's inability to
4 practice medicine with reasonable judgment, skill, or safety,
5 the Department shall only permit this document, and the record
6 of the hearing incident thereto, to be observed, inspected,
7 viewed, or copied pursuant to court order.

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

9 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

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

11 Sec. 41. Administrative review; certification of record.
12 All final administrative decisions of the Department are
13 subject to judicial review pursuant to the Administrative
14 Review Law and its rules. The term "administrative decision" is
15 defined as in Section 3-101 of the Code of Civil Procedure.

16 Proceedings for judicial review shall be commenced in the
17 circuit court of the county in which the party applying for
18 review resides; but if the party is not a resident of this
19 State, the venue shall be in Sangamon County.

20 The Department shall not be required to certify any record
21 to the court, to ~~or~~ file an ~~any~~ answer in court, or to
22 otherwise appear in any court in a judicial review proceeding,
23 unless and until ~~there is filed in the court, with the~~
24 ~~complaint, a receipt from~~ the Department has received from the
25 plaintiff ~~acknowledging~~ payment of the costs of furnishing and

1 certifying the record, which costs shall be determined by the
2 Department ~~computed at the rate of 20 cents per page of the~~
3 ~~record~~. Exhibits shall be certified without cost. Failure on
4 the part of the plaintiff to file a receipt in court shall be
5 grounds for dismissal of the action. During the pendency and
6 hearing of any and all judicial proceedings incident to the
7 disciplinary action the sanctions imposed upon the accused by
8 the Department because of acts or omissions related to the
9 delivery of direct patient care as specified in the
10 Department's final administrative decision, shall as a matter
11 of public policy remain in full force and effect in order to
12 protect the public pending final resolution of any of the
13 proceedings.

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

15 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

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

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

22 (a) Such signature is the genuine signature of the
23 Secretary ~~Director~~;

24 (b) The Secretary ~~Director~~ is duly appointed and qualified;
25 and

1 (c) The Disciplinary Board and the members thereof are
2 qualified.

3 Such proof may be rebutted.

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

5 (225 ILCS 60/43) (from Ch. 111, par. 4400-43)

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

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

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

23 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

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

1 Sec. 44. None of the disciplinary functions, powers and
2 duties enumerated in this Act shall be exercised by the
3 Department except upon the action and report in writing of the
4 Disciplinary Board.

5 In all instances, under this Act, in which the Disciplinary
6 Board has rendered a recommendation to the Secretary ~~Director~~
7 with respect to a particular physician, the Secretary ~~Director~~
8 shall, in the event that he or she disagrees with or takes
9 action contrary to the recommendation of the Disciplinary
10 Board, file with the Disciplinary Board ~~and the Secretary of~~
11 ~~State~~ his or her specific written reasons of disagreement with
12 the Disciplinary Board. Such reasons shall be filed within 30
13 days of the occurrence of the Secretary's ~~Director's~~ contrary
14 position having been taken.

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

18 Whenever the Secretary ~~Director~~ is satisfied that
19 substantial justice has not been done either in an examination,
20 or in a formal disciplinary action, or refusal to restore a
21 license, he or she may order a reexamination or rehearing by
22 the same or other examiners.

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

24 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

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

1 Sec. 47. Administrative Procedure Act. The Illinois
2 Administrative Procedure Act is hereby expressly adopted and
3 incorporated herein as if all of the provisions of that Act
4 were included in this Act, except that the provision of
5 subsection (d) of Section 10-65 of the Illinois Administrative
6 Procedure Act that provides that at hearings the licensee has
7 the right to show compliance with all lawful requirements for
8 retention, continuation or renewal of the license is
9 specifically excluded. For the purposes of this Act the notice
10 required under Section 10-25 of the Illinois Administrative
11 Procedure Act is deemed sufficient when mailed to the ~~last~~
12 ~~known~~ address of record of a party.

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

14 (225 ILCS 60/54) (from Ch. 111, par. 4400-54)

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

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

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

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

1 (225 ILCS 60/54.2)

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

3 Sec. 54.2. Physician delegation of authority.

4 (a) Nothing in this Act shall be construed to limit the
5 delegation of patient care tasks or duties by a physician, to a
6 licensed practical nurse, a registered professional nurse, or
7 other licensed person practicing within the scope of his or her
8 individual licensing Act. Delegation by a physician licensed to
9 practice medicine in all its branches to physician assistants
10 or advanced practice nurses is also addressed in Section 54.5
11 of this Act. No physician may delegate any patient care task or
12 duty that is statutorily or by rule mandated to be performed by
13 a physician.

14 (b) In an office or practice setting and within a
15 physician-patient relationship, a physician may delegate
16 patient care tasks or duties to an unlicensed person who
17 possesses appropriate training and experience provided a
18 health care professional, who is practicing within the scope of
19 such licensed professional's individual licensing Act, is on
20 site to provide assistance.

21 (c) Any such patient care task or duty delegated to a
22 licensed or unlicensed person must be within the scope of
23 practice, education, training, or experience of the delegating
24 physician and within the context of a physician-patient
25 relationship.

26 (d) Nothing in this Section shall be construed to affect

1 referrals for professional services required by law.

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

6 (f) Nothing in this Act shall be construed to limit the
7 method of delegation that may be authorized by any means,
8 including, but not limited to, oral, written, electronic,
9 standing orders, protocols, guidelines, or verbal orders.

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

11 (225 ILCS 60/59) (from Ch. 111, par. 4400-59)

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

13 Sec. 59. Any person who violates for the first time Section
14 49, 50, 51, 52, 53, 54, 55, or 56 of this Act is guilty of a
15 Class 4 felony. Any person who violates for the first time
16 Section 27 of this Act is guilty of a Class A misdemeanor.

17 Any person who has been previously convicted under Section
18 49, 50, 51, 52, 53, 54, 55, or 56 of this Act and who
19 subsequently violates any of the Sections is guilty of a Class
20 3 felony. Any person who has been previously convicted under
21 Section 27 of this Act and who subsequently violates Section 27
22 is guilty of a Class 4 felony. In addition, whenever any person
23 is punished as a repeat offender under this Section, the
24 Secretary ~~Director~~ of the Department shall proceed to obtain a
25 permanent injunction against such person under Section 61 of

1 this Act.

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

3 (225 ILCS 60/61) (from Ch. 111, par. 4400-61)

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

5 Sec. 61. The practice of medicine in all of its branches or
6 the treatment of human ailments without the use of drugs and
7 without operative surgery by any person not at that time
8 holding a valid and current license under this Act to do so is
9 hereby declared to be inimical to the public welfare and to
10 constitute a public nuisance. The Secretary ~~Director~~ of the
11 Department, the Attorney General of the State of Illinois, the
12 State's Attorney of any County in the State, or any resident
13 citizen may maintain an action in the name of the people of the
14 State of Illinois, may apply for an injunction in the circuit
15 court to enjoin any such person from engaging in such practice;
16 and, upon the filing of a verified petition in such court, the
17 court or any judge thereof, if satisfied by affidavit, or
18 otherwise, that such person has been engaged in such practice
19 without a valid and current license to do so, may issue a
20 temporary restraining order or preliminary injunction without
21 notice or bond, enjoining the defendant from any such further
22 practice. A copy of the verified complaint shall be served upon
23 the defendant and the proceedings shall thereafter be conducted
24 as in other civil cases. If it be established that the
25 defendant has been, or is engaged in any such unlawful

1 practice, the court, or any judge thereof, may enter an order
2 or judgment perpetually enjoining the defendant from further
3 engaging in such practice. In all proceedings hereunder the
4 court, in its discretion, may apportion the costs among the
5 parties interested in the suit, including cost of filing
6 complaint, service of process, witness fees and expenses, court
7 reporter charges and reasonable attorneys fees. In case of
8 violation of any injunction entered under the provisions of
9 this Section, the court, or any judge thereof, may summarily
10 try and punish the offender for contempt of court. Such
11 injunction proceedings shall be in addition to, and not in lieu
12 of, all penalties and other remedies in this Act provided.

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

14 (225 ILCS 60/32 rep.)

15 Section 15. The Medical Practice Act of 1987 is amended by
16 repealing Section 32.

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

19 Section 99. Effective date. This Act takes effect upon
20 becoming law."