



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB0312

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

225 ILCS 65/65-30	
225 ILCS 65/65-35	was 225 ILCS 65/15-15
225 ILCS 65/65-35.1	
225 ILCS 65/65-40	was 225 ILCS 65/15-20
225 ILCS 65/65-43 new	
225 ILCS 65/65-45	was 225 ILCS 65/15-25
225 ILCS 65/65-50	was 225 ILCS 65/15-30
225 ILCS 65/65-55	was 225 ILCS 65/15-40
225 ILCS 65/65-60	was 225 ILCS 65/15-45
225 ILCS 65/65-65	was 225 ILCS 65/15-55

Amends the Nurse Practice Act. In provisions concerning scope of practice, written collaborative agreements, temporary practice with a collaborative agreement, prescriptive authority with a collaborative agreement, titles, advertising, continuing education, and reports relating to professional conduct and capacity, changes references of "advanced practice nurse" and "APN" to "advanced practice registered nurse" and "APRN". Provides that a written collaborative agreement is required for all postgraduate advanced practice registered nurses until specific requirements have been met. Provides that postgraduate advanced practice registered nurses may enter into written collaborative agreements with collaborating advanced practice registered nurses or physicians (rather than collaborating physicians or podiatric physicians). In provisions concerning prescriptive authority for postgraduate advanced practice registered nurses, sets forth the requirements for postgraduate advanced practice registered nurses to have prescriptive authority and the limitations of such authority. Defines "full practice authority" and provides requirements for it to be granted to an advanced practice registered nurse. Removes provisions concerning advanced practice nursing in hospitals, hospital affiliates, or ambulatory surgical treatment centers, except the provision for anesthesia services and the provision requiring advanced practice registered nurses to provide services in accordance with other Acts. Makes other changes. Effective immediately.

LRB100 04151 SMS 14156 b

1 AN ACT concerning regulation.

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

4 Section 5. The Nurse Practice Act is amended by changing
5 Sections 65-30, 65-35, 65-35.1, 65-40, 65-45, 65-50, 65-55,
6 65-60, and 65-65 and by adding Section 65-43 as follows:

7 (225 ILCS 65/65-30)

8 (Section scheduled to be repealed on January 1, 2018)

9 Sec. 65-30. APRN ~~APN~~ scope of practice.

10 (a) Advanced practice registered nursing by certified
11 nurse practitioners, certified nurse anesthetists, certified
12 nurse midwives, or clinical nurse specialists is based on
13 knowledge and skills acquired throughout an advanced practice
14 registered nurse's nursing education, training, and
15 experience.

16 (b) Practice as an advanced practice registered nurse means
17 a scope of nursing practice, with or without compensation, and
18 includes the registered nurse scope of practice.

19 (c) The scope of practice of an advanced practice
20 registered nurse includes, but is not limited to, each of the
21 following:

22 (1) Advanced registered nursing patient assessment and
23 diagnosis.

1 (2) Ordering diagnostic and therapeutic tests and
2 procedures, performing those tests and procedures when using
3 health care equipment, and interpreting and using the results
4 of diagnostic and therapeutic tests and procedures ordered by
5 the advanced practice registered nurse or another health care
6 professional.

7 (3) Ordering treatments, ordering or applying
8 appropriate medical devices, and using nursing medical,
9 therapeutic, and corrective measures to treat illness and
10 improve health status.

11 (4) Providing palliative and end-of-life care.

12 (5) Providing advanced counseling, patient education,
13 health education, and patient advocacy.

14 (6) Prescriptive authority as defined in Section 65-40
15 of this Act.

16 (7) Delegating selected nursing activities or tasks to
17 a licensed practical nurse, a registered professional nurse, or
18 other personnel.

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

20 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

22 Sec. 65-35. Written collaborative agreements.

23 (a) A written collaborative agreement is required for all
24 postgraduate advanced practice registered nurses until an
25 affidavit of completion of not less than 3,000 hours of

1 clinical practice with a collaborating advanced practice
2 registered nurse or physician has been submitted to the
3 Department requesting to practice without a written
4 collaborative agreement in accordance with Section 65-43 of
5 this Act engaged in clinical practice, except for advanced
6 practice nurses who are authorized to practice in a hospital,
7 hospital affiliate, or ambulatory surgical treatment center.

8 (a-5) (Blank) ~~If an advanced practice nurse engages in~~
9 ~~clinical practice outside of a hospital, hospital affiliate, or~~
10 ~~ambulatory surgical treatment center in which he or she is~~
11 ~~authorized to practice, the advanced practice nurse must have a~~
12 ~~written collaborative agreement.~~

13 (b) A written collaborative agreement shall describe the
14 relationship of the postgraduate advanced practice registered
15 nurse with the collaborating advanced practice registered
16 nurse or physician ~~or podiatric physician~~ and shall describe
17 the categories of care, treatment, or procedures to be provided
18 by the postgraduate advanced practice registered nurse. ~~A~~
19 ~~collaborative agreement with a dentist must be in accordance~~
20 ~~with subsection (c-10) of this Section.~~ Collaboration does not
21 require an employment relationship between the collaborating
22 advanced practice registered nurse or physician ~~or podiatric~~
23 ~~physician~~ and the postgraduate advanced practice registered
24 nurse.

25 The collaborative relationship under an agreement shall
26 not be construed to require the personal presence of a

1 collaborating advanced practice registered nurse or physician
2 ~~or podiatric physician~~ at the place where services are
3 rendered. Methods of communication shall be available for
4 consultation with the collaborating advanced practice
5 registered nurse or physician ~~or podiatric physician~~ in person
6 or by telecommunications or electronic communications as set
7 forth in the written agreement.

8 (b-5) Absent an employment relationship, a written
9 collaborative agreement may not (1) restrict the categories of
10 patients of an advanced practice registered nurse within the
11 scope of the advanced practice registered nurses training and
12 experience, (2) limit third party payors or government health
13 programs, such as the medical assistance program or Medicare
14 with which the advanced practice registered nurse contracts, or
15 (3) limit the geographic area or practice location of the
16 advanced practice registered nurse in this State.

17 (c) In the case of anesthesia services provided by a
18 certified registered nurse anesthetist, an anesthesiologist, a
19 physician, a dentist, or a podiatric physician must participate
20 through discussion of and agreement with the anesthesia plan
21 and remain physically present and available on the premises
22 during the delivery of anesthesia services for diagnosis,
23 consultation, and treatment of emergency medical conditions.

24 (c-5) A certified registered nurse anesthetist, who
25 provides anesthesia services outside of a hospital or
26 ambulatory surgical treatment center shall enter into a written

1 collaborative agreement with an anesthesiologist or the
2 physician licensed to practice medicine in all its branches or
3 the podiatric physician performing the procedure. Outside of a
4 hospital or ambulatory surgical treatment center, the
5 certified registered nurse anesthetist may provide only those
6 services that the collaborating podiatric physician is
7 authorized to provide pursuant to the Podiatric Medical
8 Practice Act of 1987 and rules adopted thereunder. A certified
9 registered nurse anesthetist may select, order, and administer
10 medication, including controlled substances, and apply
11 appropriate medical devices for delivery of anesthesia
12 services under the anesthesia plan agreed with by the
13 anesthesiologist or the operating physician or operating
14 podiatric physician.

15 (c-10) A certified registered nurse anesthetist who
16 provides anesthesia services in a dental office shall enter
17 into a written collaborative agreement with an
18 anesthesiologist or the physician licensed to practice
19 medicine in all its branches or the operating dentist
20 performing the procedure. The agreement shall describe the
21 working relationship of the certified registered nurse
22 anesthetist and dentist and shall authorize the categories of
23 care, treatment, or procedures to be performed by the certified
24 registered nurse anesthetist. In a collaborating dentist's
25 office, the certified registered nurse anesthetist may only
26 provide those services that the operating dentist with the

1 appropriate permit is authorized to provide pursuant to the
2 Illinois Dental Practice Act and rules adopted thereunder. For
3 anesthesia services, an anesthesiologist, physician, or
4 operating dentist shall participate through discussion of and
5 agreement with the anesthesia plan and shall remain physically
6 present and be available on the premises during the delivery of
7 anesthesia services for diagnosis, consultation, and treatment
8 of emergency medical conditions. A certified registered nurse
9 anesthetist may select, order, and administer medication,
10 including controlled substances, and apply appropriate medical
11 devices for delivery of anesthesia services under the
12 anesthesia plan agreed with by the operating dentist.

13 (d) A copy of the signed, written collaborative agreement
14 must be available to the Department upon request from ~~both~~ the
15 certified registered nurse anesthetist and postgraduate
16 advanced practice registered nurse and the collaborating
17 physician, dentist, or podiatric physician.

18 (e) Nothing in this Act shall be construed to limit the
19 delegation of tasks or duties by a physician to a licensed
20 practical nurse, a registered professional nurse, or other
21 persons in accordance with Section 54.2 of the Medical Practice
22 Act of 1987. Nothing in this Act shall be construed to limit
23 the method of delegation that may be authorized by any means,
24 including, but not limited to, oral, written, electronic,
25 standing orders, protocols, guidelines, or verbal orders.
26 Nothing in this Act shall be construed to authorize an advanced

1 practice registered nurse to provide health care services
2 required by law or rule to be performed by a physician.

3 (f) A postgraduate ~~An~~ advanced practice registered nurse
4 shall inform each collaborating advanced practice registered
5 nurse or physician, ~~dentist, or podiatric physician~~ of all
6 collaborative agreements he or she has signed and provide a
7 copy of these to any collaborating advanced practice registered
8 nurse or physician, ~~dentist, or podiatric physician~~ upon
9 request.

10 (g) (Blank).

11 (Source: P.A. 98-192, eff. 1-1-14; 98-214, eff. 8-9-13; 98-756,
12 eff. 7-16-14; 99-173, eff. 7-29-15.)

13 (225 ILCS 65/65-35.1)

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

15 Sec. 65-35.1. Written collaborative agreement; temporary
16 practice. A postgraduate ~~Any~~ advanced practice registered
17 nurse required to enter into a written collaborative agreement
18 with a collaborating advanced practice registered nurse or
19 collaborating physician ~~or collaborating podiatrist~~ is
20 authorized to continue to practice for up to 90 days after the
21 termination of a collaborative agreement provided the advanced
22 practice registered nurse seeks any needed collaboration at a
23 local hospital and refers patients who require services beyond
24 the training and experience of the advanced practice registered
25 nurse to a physician or other health care provider.

1 (Source: P.A. 99-173, eff. 7-29-15.)

2 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

4 Sec. 65-40. Written collaborative agreement; prescriptive
5 authority for postgraduate advanced practice registered
6 nurses.

7 (a) A collaborating advanced practice registered nurse or
8 physician ~~or podiatric physician~~ may, but is not required to,
9 delegate prescriptive authority to a postgraduate ~~an~~ advanced
10 practice registered nurse as part of a written collaborative
11 agreement. This authority may, but is not required to, include
12 prescription of, selection of, orders for, administration of,
13 storage of, acceptance of samples of, and dispensing over the
14 counter medications, legend drugs, medical gases, and
15 controlled substances categorized as any Schedule III through V
16 controlled substances, as defined in Article II of the Illinois
17 Controlled Substances Act, and other preparations, including,
18 but not limited to, botanical and herbal remedies. The
19 collaborating advanced practice registered nurse or physician
20 ~~or podiatric physician~~ must have a valid current Illinois
21 controlled substance license and federal registration to
22 delegate authority to prescribe delegated controlled
23 substances.

24 (b) To prescribe controlled substances under this Section,
25 a postgraduate ~~an~~ advanced practice registered nurse must

1 obtain a mid-level practitioner controlled substance license.
2 Medication prescriptions and orders shall be reviewed
3 periodically by the collaborating advanced practice registered
4 nurse or physician or podiatric physician.

5 (c) The collaborating advanced practice registered nurse
6 or physician or podiatric physician shall file with the
7 Department notice of delegation of prescriptive authority and
8 termination of such delegation, in accordance with rules of the
9 Department. Upon receipt of this notice delegating authority to
10 prescribe any Schedule III through V controlled substances, the
11 licensed postgraduate advanced practice registered nurse shall
12 be eligible to register for a mid-level practitioner controlled
13 substance license under Section 303.05 of the Illinois
14 Controlled Substances Act.

15 (c-5) A hospital, hospital affiliate, or ambulatory
16 surgical treatment center shall file with the Department notice
17 of a grant of prescriptive authority consistent with this
18 subsection and termination of such a grant of authority in
19 accordance with rules of the Department. Upon receipt of this
20 notice of grant of authority to prescribe any Schedule II
21 through V controlled substances, the licensed postgraduate
22 advanced practice registered nurse certified as a nurse
23 practitioner, nurse midwife, or clinical nurse specialist may
24 register for a mid-level practitioner controlled substance
25 license under Section 303.05 of the Illinois Controlled
26 Substance Act.

1 (d) In addition to the requirements of subsections (a),
2 (b), ~~and (c)~~, and (c-5) of this Section, a collaborating
3 advanced practice registered nurse or physician ~~or podiatric~~
4 ~~physician~~ may, but is not required to, delegate authority to a
5 postgraduate ~~an~~ advanced practice registered nurse to
6 prescribe any Schedule II controlled substances, if all of the
7 following conditions apply:

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

18 (2) Any delegation must be controlled substances that
19 the collaborating advanced practice registered nurse or
20 ~~physician or podiatric physician~~ prescribes.

21 (3) Any prescription must be limited to no more than a
22 30-day supply, with any continuation authorized only after
23 prior approval of the collaborating advanced practice
24 registered nurse or physician ~~or podiatric physician~~.

25 (4) The advanced practice registered nurse must
26 discuss the condition of any patients for whom a controlled

1 substance is prescribed monthly with the delegating
2 advanced practice registered nurse or physician.

3 (5) The postgraduate advanced practice registered
4 nurse meets the education requirements of Section 303.05 of
5 the Illinois Controlled Substances Act.

6 (e) Nothing in this Act shall be construed to limit the
7 delegation of tasks or duties by a physician to a licensed
8 practical nurse, a registered professional nurse, or other
9 persons. Nothing in this Act shall be construed to limit the
10 method of delegation that may be authorized by any means,
11 including, but not limited to, oral, written, electronic,
12 standing orders, protocols, guidelines, or verbal orders.

13 (f) Nothing in this Section shall be construed to apply to
14 any medication authority including Schedule II controlled
15 substances of an advanced practice registered nurse for care
16 provided in a hospital, hospital affiliate, or ambulatory
17 surgical treatment center pursuant to Section 65-45.

18 (g) Any postgraduate advanced practice registered nurse
19 who writes a prescription for a controlled substance without
20 having a valid appropriate authority may be fined by the
21 Department not more than \$50 per prescription, and the
22 Department may take any other disciplinary action provided for
23 in this Act.

24 (h) Nothing in this Section shall be construed to prohibit
25 generic substitution.

26 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

1 (225 ILCS 65/65-43 new)

2 Sec. 65-43. Full practice authority.

3 (a) "Full practice authority" means the authority of an
4 advanced practice registered nurse licensed in Illinois and
5 certified as a nurse practitioner, clinical nurse specialist,
6 or nurse midwife to practice without a written collaborative
7 agreement and be fully accountable: (1) to patients for the
8 quality of advanced nursing care rendered, (2) for recognizing
9 limits of knowledge and experience, and (3) for planning for
10 the management of situations beyond the advanced practice
11 registered nurse's expertise. "Full practice authority"
12 includes accepting referrals from, consulting with,
13 collaborating with, or referring to other health care
14 professionals as warranted by the needs of the patient and
15 possessing the authority to prescribe all medications and
16 orders for, administration of, storage of, acceptance of
17 samples of, and dispensing over the counter medications, legend
18 drugs, medical gases, and controlled substances categorized as
19 any Schedule II through V controlled substances, as defined in
20 Article II of the Illinois Controlled Substances Act, and other
21 preparations, including, but not limited to, botanical and
22 herbal remedies.

23 (b) To be granted full practice authority as an advanced
24 practice registered nurse, the advanced practice registered
25 nurse must:

1 (1) submit proof of an unencumbered Illinois license as
2 an advanced practice registered nurse to the Department;

3 (2) submit proof of national certification as a nurse
4 practitioner, clinical nurse specialist, or certified
5 nurse midwife to the Department;

6 (3) submit an affidavit of completion of no less than
7 3,000 hours of clinical practice with, and signed by, the
8 collaborating advanced practice registered nurse or
9 physician; and

10 (4) meet the education requirements of Section 303.05
11 of the Illinois Controlled Substances Act.

12 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

14 Sec. 65-45. Anesthesia services and advanced ~~Advanced~~
15 practice registered nursing practice in hospitals, hospital
16 affiliates, or ambulatory surgical treatment centers.

17 (a) (Blank) ~~An advanced practice nurse may provide services~~
18 ~~in a hospital or a hospital affiliate as those terms are~~
19 ~~defined in the Hospital Licensing Act or the University of~~
20 ~~Illinois Hospital Act or a licensed ambulatory surgical~~
21 ~~treatment center without a written collaborative agreement~~
22 ~~pursuant to Section 65-35 of this Act. An advanced practice~~
23 ~~nurse must possess clinical privileges recommended by the~~
24 ~~hospital medical staff and granted by the hospital or the~~
25 ~~consulting medical staff committee and ambulatory surgical~~

1 ~~treatment center in order to provide services. The medical~~
2 ~~staff or consulting medical staff committee shall periodically~~
3 ~~review the services of advanced practice nurses granted~~
4 ~~clinical privileges, including any care provided in a hospital~~
5 ~~affiliate. Authority may also be granted when recommended by~~
6 ~~the hospital medical staff and granted by the hospital or~~
7 ~~recommended by the consulting medical staff committee and~~
8 ~~ambulatory surgical treatment center to individual advanced~~
9 ~~practice nurses to select, order, and administer medications,~~
10 ~~including controlled substances, to provide delineated care.~~
11 ~~In a hospital, hospital affiliate, or ambulatory surgical~~
12 ~~treatment center, the attending physician shall determine an~~
13 ~~advanced practice nurse's role in providing care for his or her~~
14 ~~patients, except as otherwise provided in the medical staff~~
15 ~~bylaws or consulting committee policies.~~

16 (a-2) (Blank) ~~An advanced practice nurse granted authority~~
17 ~~to order medications including controlled substances may~~
18 ~~complete discharge prescriptions provided the prescription is~~
19 ~~in the name of the advanced practice nurse and the attending or~~
20 ~~discharging physician.~~

21 (a-3) (Blank) ~~Advanced practice nurses practicing in a~~
22 ~~hospital or an ambulatory surgical treatment center are not~~
23 ~~required to obtain a mid-level controlled substance license to~~
24 ~~order controlled substances under Section 303.05 of the~~
25 ~~Illinois Controlled Substances Act.~~

26 (a-5) For anesthesia services provided by a certified

1 registered nurse anesthetist, an anesthesiologist, physician,
2 dentist, or podiatric physician shall participate through
3 discussion of and agreement with the anesthesia plan and shall
4 remain physically present and be available on the premises
5 during the delivery of anesthesia services for diagnosis,
6 consultation, and treatment of emergency medical conditions,
7 unless hospital policy adopted pursuant to clause (B) of
8 subdivision (3) of Section 10.7 of the Hospital Licensing Act
9 or ambulatory surgical treatment center policy adopted
10 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
11 Ambulatory Surgical Treatment Center Act provides otherwise. A
12 certified registered nurse anesthetist may select, order, and
13 administer medication for anesthesia services under the
14 anesthesia plan agreed to by the anesthesiologist or the
15 physician, in accordance with hospital alternative policy or
16 the medical staff consulting committee policies of a licensed
17 ambulatory surgical treatment center.

18 (b) An advanced practice registered nurse who provides
19 services in a hospital shall do so in accordance with Section
20 10.7 of the Hospital Licensing Act and, in an ambulatory
21 surgical treatment center, in accordance with Section 6.5 of
22 the Ambulatory Surgical Treatment Center Act.

23 (c) (Blank) ~~Advanced practice nurses certified as nurse~~
24 ~~practitioners, nurse midwives, or clinical nurse specialists~~
25 ~~practicing in a hospital affiliate may be, but are not required~~
26 ~~to be, granted authority to prescribe Schedule II through V~~

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

12 ~~To prescribe controlled substances under this subsection~~
13 ~~(c), an advanced practice nurse certified as a nurse~~
14 ~~practitioner, nurse midwife, or clinical nurse specialist must~~
15 ~~obtain a mid-level practitioner controlled substance license.~~
16 ~~Medication orders shall be reviewed periodically by the~~
17 ~~appropriate hospital affiliate physicians committee or its~~
18 ~~physician designee.~~

19 ~~The hospital affiliate shall file with the Department~~
20 ~~notice of a grant of prescriptive authority consistent with~~
21 ~~this subsection (c) and termination of such a grant of~~
22 ~~authority, in accordance with rules of the Department. Upon~~
23 ~~receipt of this notice of grant of authority to prescribe any~~
24 ~~Schedule II through V controlled substances, the licensed~~
25 ~~advanced practice nurse certified as a nurse practitioner,~~
26 ~~nurse midwife, or clinical nurse specialist may register for a~~

1 ~~mid-level practitioner controlled substance license under~~
2 ~~Section 303.05 of the Illinois Controlled Substances Act.~~

3 ~~In addition, a hospital affiliate may, but is not required~~
4 ~~to, grant authority to an advanced practice nurse certified as~~
5 ~~a nurse practitioner, nurse midwife, or clinical nurse~~
6 ~~specialist to prescribe any Schedule II controlled substances,~~
7 ~~if all of the following conditions apply:~~

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

18 ~~(2) any grant of authority must be controlled~~
19 ~~substances limited to the practice of the advanced practice~~
20 ~~nurse;~~

21 ~~(3) any prescription must be limited to no more than a~~
22 ~~30-day supply;~~

23 ~~(4) the advanced practice nurse must discuss the~~
24 ~~condition of any patients for whom a controlled substance~~
25 ~~is prescribed monthly with the appropriate physician~~
26 ~~committee of the hospital affiliate or its physician~~

1 ~~designee; and~~
2 ~~(5) the advanced practice nurse must meet the education~~
3 ~~requirements of Section 303.05 of the Illinois Controlled~~
4 ~~Substances Act.~~

5 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

6 (225 ILCS 65/65-50) (was 225 ILCS 65/15-30)
7 (Section scheduled to be repealed on January 1, 2018)
8 Sec. 65-50. APRN ~~APN~~ title.

9 (a) No person shall use any words, abbreviations, figures,
10 letters, title, sign, card, or device tending to imply that he
11 or she is an advanced practice registered nurse, including, but
12 not limited to, using the titles or initials "Advanced Practice
13 Registered Nurse", "Advanced Practice Nurse", "Certified Nurse
14 Midwife", "Certified Nurse Practitioner", "Certified
15 Registered Nurse Anesthetist", "Clinical Nurse Specialist",
16 "A.P.R.N.", "A.P.N.", "C.N.M.", "C.N.P.", "C.R.N.A.",
17 "C.N.S.", or similar titles or initials, with the intention of
18 indicating practice as an advanced practice registered nurse
19 without meeting the requirements of this Act.

20 (b) No advanced practice registered nurse shall indicate to
21 other persons that he or she is qualified to engage in the
22 practice of medicine.

23 (c) An advanced practice registered nurse shall verbally
24 identify himself or herself as an advanced practice registered
25 nurse, including specialty certification, to each patient.

1 (d) Nothing in this Act shall be construed to relieve an
2 advanced practice registered nurse of the professional or legal
3 responsibility for the care and treatment of persons attended
4 by him or her.

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

6 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

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

8 Sec. 65-55. Advertising as an APRN ~~APN~~.

9 (a) A person licensed under this Act as an advanced
10 practice registered nurse may advertise the availability of
11 professional services in the public media or on the premises
12 where the professional services are rendered. The advertising
13 shall be limited to the following information:

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

16 (2) information pertaining to the person's areas of
17 specialization, including, but not limited to, appropriate
18 board certification or limitation of professional
19 practice;

20 (3) publication of the person's collaborating
21 physician's, dentist's, or podiatric physician's name,
22 title, and areas of specialization;

23 (4) information on usual and customary fees for routine
24 professional services offered, which shall include
25 notification that fees may be adjusted due to complications

1 or unforeseen circumstances;

2 (5) announcements of the opening of, change of, absence
3 from, or return to business;

4 (6) announcement of additions to or deletions from
5 professional licensed staff; and

6 (7) the issuance of business or appointment cards.

7 (b) It is unlawful for a person licensed under this Act as
8 an advanced practice registered nurse to use testimonials or
9 claims of superior quality of care to entice the public. It
10 shall be unlawful to advertise fee comparisons of available
11 services with those of other licensed persons.

12 (c) This Article does not authorize the advertising of
13 professional services that the offeror of the services is not
14 licensed or authorized to render. Nor shall the advertiser use
15 statements that contain false, fraudulent, deceptive, or
16 misleading material or guarantees of success, statements that
17 play upon the vanity or fears of the public, or statements that
18 promote or produce unfair competition.

19 (d) It is unlawful and punishable under the penalty
20 provisions of this Act for a person licensed under this Article
21 to knowingly advertise that the licensee will accept as payment
22 for services rendered by assignment from any third party payor
23 the amount the third party payor covers as payment in full, if
24 the effect is to give the impression of eliminating the need of
25 payment by the patient of any required deductible or copayment
26 applicable in the patient's health benefit plan.

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

5 (f) As used in this Section, "advertise" means solicitation
6 by the licensee or through another person or entity by means of
7 handbills, posters, circulars, motion pictures, radio,
8 newspapers, or television or any other manner.

9 (Source: P.A. 98-214, eff. 8-9-13.)

10 (225 ILCS 65/65-60) (was 225 ILCS 65/15-45)

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

12 Sec. 65-60. Continuing education. The Department shall
13 adopt rules of continuing education for persons licensed under
14 this Article that require 50 hours of continuing education per
15 2-year license renewal cycle, 20 hours of which shall be
16 pharmacology. Of the 20 pharmacology hours, 10 shall be
17 regarding Schedule II controlled substances. Completion of the
18 50 hours of continuing education shall be deemed to satisfy the
19 continuing education requirements for renewal of an advanced
20 practice ~~a registered professional~~ nurse license as required by
21 this Act. The rules shall not be inconsistent with requirements
22 of relevant national certifying bodies or State or national
23 professional associations. The rules shall also address
24 variances in part or in whole for good cause, including, but
25 not, limited to illness or hardship. The continuing education

1 rules shall assure that licensees are given the opportunity to
2 participate in programs sponsored by or through their State or
3 national professional associations, hospitals, or other
4 providers of continuing education. Each licensee is
5 responsible for maintaining records of completion of
6 continuing education and shall be prepared to produce the
7 records when requested by the Department.

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

9 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

11 Sec. 65-65. Reports relating to APRN ~~APN~~ professional
12 conduct and capacity.

13 (a) Entities Required to Report.

14 (1) Health Care Institutions. The chief administrator
15 or executive officer of a health care institution licensed
16 by the Department of Public Health, which provides the
17 minimum due process set forth in Section 10.4 of the
18 Hospital Licensing Act, shall report to the Board when an
19 advanced practice registered nurse's organized
20 professional staff clinical privileges are terminated or
21 are restricted based on a final determination, in
22 accordance with that institution's bylaws or rules and
23 regulations, that (i) a person has either committed an act
24 or acts that may directly threaten patient care and that
25 are not of an administrative nature or (ii) that a person

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

1 required, in a manner and at an appropriate time as the
2 Board shall determine by rule. The filing of reports
3 submitted under this subsection shall be construed as the
4 filing of a report for purposes of subsection (c) of this
5 Section.

6 (2) Professional Associations. The President or chief
7 executive officer of an association or society of persons
8 licensed under this Article, operating within this State,
9 shall report to the Board when the association or society
10 renders a final determination that a person licensed under
11 this Article has committed unprofessional conduct related
12 directly to patient care or that a person may have a mental
13 or physical disability that may endanger patients under the
14 person's care.

15 (3) Professional Liability Insurers. Every insurance
16 company that offers policies of professional liability
17 insurance to persons licensed under this Article, or any
18 other entity that seeks to indemnify the professional
19 liability of a person licensed under this Article, shall
20 report to the Board the settlement of any claim or cause of
21 action, or final judgment rendered in any cause of action,
22 that alleged negligence in the furnishing of patient care
23 by the licensee when the settlement or final judgment is in
24 favor of the plaintiff.

25 (4) State's Attorneys. The State's Attorney of each
26 county shall report to the Board all instances in which a

1 person licensed under this Article is convicted or
2 otherwise found guilty of the commission of a felony.

3 (5) State Agencies. All agencies, boards, commissions,
4 departments, or other instrumentalities of the government
5 of this State shall report to the Board any instance
6 arising in connection with the operations of the agency,
7 including the administration of any law by the agency, in
8 which a person licensed under this Article has either
9 committed an act or acts that may constitute a violation of
10 this Article, that may constitute unprofessional conduct
11 related directly to patient care, or that indicates that a
12 person licensed under this Article may have a mental or
13 physical disability that may endanger patients under that
14 person's care.

15 (b) Mandatory Reporting. All reports required under items
16 (16) and (17) of subsection (a) of Section 70-5 shall be
17 submitted to the Board in a timely fashion. The reports shall
18 be filed in writing within 60 days after a determination that a
19 report is required under this Article. All reports shall
20 contain the following information:

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

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

25 (3) The name or other means of identification of any
26 patient or patients whose treatment is a subject of the

1 report, except that no medical records may be revealed
2 without the written consent of the patient or patients.

3 (4) A brief description of the facts that gave rise to
4 the issuance of the report, including but not limited to
5 the dates of any occurrences deemed to necessitate the
6 filing of the report.

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

10 (6) Any further pertinent information that the
11 reporting party deems to be an aid in the evaluation of the
12 report.

13 Nothing contained in this Section shall be construed to in
14 any way waive or modify the confidentiality of medical reports
15 and committee reports to the extent provided by law. Any
16 information reported or disclosed shall be kept for the
17 confidential use of the Board, the Board's attorneys, the
18 investigative staff, and authorized clerical staff and shall be
19 afforded the same status as is provided information concerning
20 medical studies in Part 21 of Article VIII of the Code of Civil
21 Procedure.

22 (c) Immunity from Prosecution. An individual or
23 organization acting in good faith, and not in a wilful and
24 wanton manner, in complying with this Section by providing a
25 report or other information to the Board, by assisting in the
26 investigation or preparation of a report or information, by

1 participating in proceedings of the Board, or by serving as a
2 member of the Board shall not, as a result of such actions, be
3 subject to criminal prosecution or civil damages.

4 (d) Indemnification. Members of the Board, the Board's
5 attorneys, the investigative staff, advanced practice
6 registered nurses or physicians retained under contract to
7 assist and advise in the investigation, and authorized clerical
8 staff shall be indemnified by the State for any actions (i)
9 occurring within the scope of services on the Board, (ii)
10 performed in good faith, and (iii) not wilful and wanton in
11 nature. The Attorney General shall defend all actions taken
12 against those persons unless he or she determines either that
13 there would be a conflict of interest in the representation or
14 that the actions complained of were not performed in good faith
15 or were wilful and wanton in nature. If the Attorney General
16 declines representation, the member shall have the right to
17 employ counsel of his or her choice, whose fees shall be
18 provided by the State, after approval by the Attorney General,
19 unless there is a determination by a court that the member's
20 actions were not performed in good faith or were wilful and
21 wanton in nature. The member shall notify the Attorney General
22 within 7 days of receipt of notice of the initiation of an
23 action involving services of the Board. Failure to so notify
24 the Attorney General shall constitute an absolute waiver of the
25 right to a defense and indemnification. The Attorney General
26 shall determine within 7 days after receiving the notice

1 whether he or she will undertake to represent the member.

2 (e) Deliberations of Board. Upon the receipt of a report
3 called for by this Section, other than those reports of
4 impaired persons licensed under this Article required pursuant
5 to the rules of the Board, the Board shall notify in writing by
6 certified mail the person who is the subject of the report. The
7 notification shall be made within 30 days of receipt by the
8 Board of the report. The notification shall include a written
9 notice setting forth the person's right to examine the report.
10 Included in the notification shall be the address at which the
11 file is maintained, the name of the custodian of the reports,
12 and the telephone number at which the custodian may be reached.
13 The person who is the subject of the report shall submit a
14 written statement responding to, clarifying, adding to, or
15 proposing to amend the report previously filed. The statement
16 shall become a permanent part of the file and shall be received
17 by the Board no more than 30 days after the date on which the
18 person was notified of the existence of the original report.
19 The Board shall review all reports received by it and any
20 supporting information and responding statements submitted by
21 persons who are the subject of reports. The review by the Board
22 shall be in a timely manner but in no event shall the Board's
23 initial review of the material contained in each disciplinary
24 file be less than 61 days nor more than 180 days after the
25 receipt of the initial report by the Board. When the Board
26 makes its initial review of the materials contained within its

1 disciplinary files, the Board shall, in writing, make a
2 determination as to whether there are sufficient facts to
3 warrant further investigation or action. Failure to make that
4 determination within the time provided shall be deemed to be a
5 determination that there are not sufficient facts to warrant
6 further investigation or action. Should the Board find that
7 there are not sufficient facts to warrant further investigation
8 or action, the report shall be accepted for filing and the
9 matter shall be deemed closed and so reported. The individual
10 or entity filing the original report or complaint and the
11 person who is the subject of the report or complaint shall be
12 notified in writing by the Board of any final action on their
13 report or complaint.

14 (f) Summary Reports. The Board shall prepare, on a timely
15 basis, but in no event less than one every other month, a
16 summary report of final actions taken upon disciplinary files
17 maintained by the Board. The summary reports shall be made
18 available to the public upon request and payment of the fees
19 set by the Department. This publication may be made available
20 to the public on the Department's Internet website.

21 (g) Any violation of this Section shall constitute a Class
22 A misdemeanor.

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

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

10 (Source: P.A. 99-143, eff. 7-27-15.)

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