



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB0313

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

See Index

Amends the Regulatory Sunset Act. Extends the repeal of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Defines "focused assessment", "full practice authority", "oversight", and "postgraduate advanced practice nurse". Changes references of "advanced practice nurse" and "APN" to "advanced practice registered nurse" and "APRN" throughout the Act. Replaces provisions regarding nursing delegation with provisions that prohibit specified actions. Provides other guidelines for delegation of nursing activities and medication administration. Makes changes to education program requirements, qualifications for licensure, the scope of practice, and continuing education for LPN and RN licensees. 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. Makes changes to provisions concerning the grounds for disciplinary action under the Act. Requires the Department of Public Health to prepare a report regarding the moneys appropriated from the Nursing Dedicated and Professional Fund to the Department of Public Health for nursing scholarships. Makes other changes. Effective immediately.

LRB100 04130 SMS 14135 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 Regulatory Sunset Act is amended by changing
5 Section 4.28 and by adding Section 4.38 as follows:

6 (5 ILCS 80/4.28)

7 Sec. 4.28. Acts repealed on January 1, 2018. The following
8 Acts are repealed on January 1, 2018:

9 The Illinois Petroleum Education and Marketing Act.

10 The Podiatric Medical Practice Act of 1987.

11 The Acupuncture Practice Act.

12 The Illinois Speech-Language Pathology and Audiology
13 Practice Act.

14 The Interpreter for the Deaf Licensure Act of 2007.

15 ~~The Nurse Practice Act.~~

16 The Clinical Social Work and Social Work Practice Act.

17 The Pharmacy Practice Act.

18 The Home Medical Equipment and Services Provider License
19 Act.

20 The Marriage and Family Therapy Licensing Act.

21 The Nursing Home Administrators Licensing and Disciplinary
22 Act.

23 The Physician Assistant Practice Act of 1987.

1 (Source: P.A. 95-187, eff. 8-16-07; 95-235, eff. 8-17-07;
2 95-450, eff. 8-27-07; 95-465, eff. 8-27-07; 95-617, eff.
3 9-12-07; 95-639, eff. 10-5-07; 95-687, eff. 10-23-07; 95-689,
4 eff. 10-29-07; 95-703, eff. 12-31-07; 95-876, eff. 8-21-08;
5 96-328, eff. 8-11-09.)

6 (5 ILCS 80/4.38 new)

7 Sec. 4.38. Act repealed on January 1, 2028. The following
8 Act is repealed on January 1, 2028:

9 The Nurse Practice Act.

10 Section 10. The Nurse Practice Act is amended by changing
11 Sections 50-10, 50-70, 50-75, 55-5, 55-10, 55-30, 55-35, 60-5,
12 60-10, 60-15, 60-35, 65-30, 65-35, 65-35.1, 65-40, 65-45,
13 65-50, 65-55, 65-60, 65-65, 70-5, and 70-50 and adding Sections
14 65-35.2 and 65-43 as follows:

15 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

17 Sec. 50-10. Definitions. Each of the following terms, when
18 used in this Act, shall have the meaning ascribed to it in this
19 Section, except where the context clearly indicates otherwise:

20 "Academic year" means the customary annual schedule of
21 courses at a college, university, or approved school,
22 customarily regarded as the school year as distinguished from
23 the calendar year.

1 "Advanced practice registered nurse" or "APRN" ~~"APN"~~ means
2 a person who has met the qualifications for a (i) certified
3 nurse midwife (CNM); (ii) certified nurse practitioner (CNP);
4 (iii) certified registered nurse anesthetist (CRNA); or (iv)
5 clinical nurse specialist (CNS) and has been licensed by the
6 Department. All advanced practice registered nurses licensed
7 and practicing in the State of Illinois shall use the title
8 APRN ~~APN~~ and may use specialty credentials CNM, CNP, CRNA, or
9 CNS after their name. All advanced practice registered nurses
10 may only practice in accordance with national certification and
11 this Act.

12 "Approved program of professional nursing education" and
13 "approved program of practical nursing education" are programs
14 of professional or practical nursing, respectively, approved
15 by the Department under the provisions of this Act.

16 "Board" means the Board of Nursing appointed by the
17 Secretary.

18 "Collaboration" means a process involving 2 or more health
19 care professionals working together, each contributing one's
20 respective area of expertise to provide more comprehensive
21 patient care.

22 "Consultation" means the process whereby an advanced
23 practice registered nurse seeks the advice or opinion of
24 another health care professional.

25 "Credentialed" means the process of assessing and
26 validating the qualifications of a health care professional.

1 "Current nursing practice update course" means a planned
2 nursing education curriculum approved by the Department
3 consisting of activities that have educational objectives,
4 instructional methods, content or subject matter, clinical
5 practice, and evaluation methods, related to basic review and
6 updating content and specifically planned for those nurses
7 previously licensed in the United States or its territories and
8 preparing for reentry into nursing practice.

9 "Dentist" means a person licensed to practice dentistry
10 under the Illinois Dental Practice Act.

11 "Department" means the Department of Financial and
12 Professional Regulation.

13 "Focused assessment" includes recognition of patient
14 characteristics by a licensed practical nurse that may affect
15 the patient's health status, the gathering and recording of
16 assessment data, and demonstration of attentiveness by
17 observing, monitoring, and reporting signs, symptoms, and
18 changes in the patient's condition in an ongoing manner to the
19 delegating registered nurse, advanced practice registered
20 nurse, physician assistant, dentist, podiatric physician, or
21 physician.

22 "Full practice authority" means the authority of an
23 advanced practice registered nurse to practice without a
24 written collaborative agreement while maintaining
25 collaborative, consultative, and referral networks with other
26 health care professionals if the advanced practice registered

1 nurse has met the requirements of this Act and petitioned the
2 Department to do so.

3 "Hospital affiliate" means a corporation, partnership,
4 joint venture, limited liability company, or similar
5 organization, other than a hospital, that is devoted primarily
6 to the provision, management, or support of health care
7 services and that directly or indirectly controls, is
8 controlled by, or is under common control of the hospital. For
9 the purposes of this definition, "control" means having at
10 least an equal or a majority ownership or membership interest.
11 A hospital affiliate shall be 100% owned or controlled by any
12 combination of hospitals, their parent corporations, or
13 physicians licensed to practice medicine in all its branches in
14 Illinois. "Hospital affiliate" does not include a health
15 maintenance organization regulated under the Health
16 Maintenance Organization Act.

17 "Impaired nurse" means a nurse licensed under this Act who
18 is unable to practice with reasonable skill and safety because
19 of a physical or mental disability as evidenced by a written
20 determination or written consent based on clinical evidence,
21 including loss of motor skills, abuse of drugs or alcohol, or a
22 psychiatric disorder, of sufficient degree to diminish his or
23 her ability to deliver competent patient care.

24 "License-pending advanced practice registered nurse" means
25 a registered professional nurse who has completed all
26 requirements for licensure as an advanced practice registered

1 nurse except the certification examination and has applied to
2 take the next available certification exam and received a
3 temporary license from the Department.

4 "License-pending registered nurse" means a person who has
5 passed the Department-approved registered nurse licensure exam
6 and has applied for a license from the Department. A
7 license-pending registered nurse shall use the title "RN lic
8 pend" on all documentation related to nursing practice.

9 "Oversight" means an active process in which the registered
10 professional nurse or advanced practice registered nurse
11 monitors, directs, guides, and evaluates the outcomes of an
12 activity or task as components of patient care coordination
13 when delegating to a licensed or unlicensed person. Such
14 oversight may be on site and immediately available or off site
15 through methods of telecommunication or electronic written
16 communication.

17 "Physician" means a person licensed to practice medicine in
18 all its branches under the Medical Practice Act of 1987.

19 "Podiatric physician" means a person licensed to practice
20 podiatry under the Podiatric Medical Practice Act of 1987.

21 "Postgraduate advanced practice registered nurse" means an
22 advanced practice registered nurse who, after the effective
23 date of this amendatory Act of the 100th General Assembly,
24 meets the qualifications for licensure as a certified nurse
25 practitioner, certified nurse midwife, or certified clinical
26 nurse specialist, and has obtained a written collaborative

1 agreement with a collaborating advanced practice registered
2 nurse or physician.

3 "Practical nurse" or "licensed practical nurse" means a
4 person who is licensed as a practical nurse under this Act and
5 practices practical nursing as defined in this Act. Only a
6 practical nurse licensed under this Act is entitled to use the
7 title "licensed practical nurse" and the abbreviation
8 "L.P.N."

9 "Practical nursing" means a nursing practice, with or
10 without compensation, overseen by a registered professional
11 nurse or an advanced practice registered nurse or as directed
12 by a physician, physician assistant, dentist, or podiatric
13 physician, as described in Section 55-30.

14 ~~"Practical nursing" means the performance of nursing acts~~
15 ~~requiring the basic nursing knowledge, judgment, and skill~~
16 ~~acquired by means of completion of an approved practical~~
17 ~~nursing education program. Practical nursing includes~~
18 ~~assisting in the nursing process as delegated by a registered~~
19 ~~professional nurse or an advanced practice nurse. The practical~~
20 ~~nurse may work under the direction of a licensed physician,~~
21 ~~dentist, podiatric physician, or other health care~~
22 ~~professional determined by the Department.~~

23 "Privileged" means the authorization granted by the
24 governing body of a healthcare facility, agency, or
25 organization to provide specific patient care services within
26 well-defined limits, based on qualifications reviewed in the

1 credentialing process.

2 "Registered Nurse" or "Registered Professional Nurse"
3 means a person who is licensed as a professional nurse under
4 this Act and practices nursing as defined in this Act. Only a
5 registered nurse licensed under this Act is entitled to use the
6 titles "registered nurse" and "registered professional nurse"
7 and the abbreviation, "R.N.".

8 "Registered professional nursing practice" means a
9 scientific process founded on a professional body of knowledge,
10 which includes, but is not limited to, the protection,
11 promotion, and optimization of health and abilities,
12 prevention of illness and injury, facilitation of healing,
13 alleviation of suffering through the diagnosis and treatment of
14 human response, and advocacy in the care of individuals,
15 families, groups, communities, and populations, as described
16 in Section 60-35. "Registered professional nursing practice"
17 does not include the act of medical diagnosis or prescription
18 of medical therapeutic or corrective measures.

19 ~~"Registered professional nursing practice" is a scientific~~
20 ~~process founded on a professional body of knowledge; it is a~~
21 ~~learned profession based on the understanding of the human~~
22 ~~condition across the life span and environment and includes all~~
23 ~~nursing specialties and means the performance of any nursing~~
24 ~~act based upon professional knowledge, judgment, and skills~~
25 ~~acquired by means of completion of an approved professional~~
26 ~~nursing education program. A registered professional nurse~~

1 ~~provides holistic nursing care through the nursing process to~~
2 ~~individuals, groups, families, or communities, that includes~~
3 ~~but is not limited to: (1) the assessment of healthcare needs,~~
4 ~~nursing diagnosis, planning, implementation, and nursing~~
5 ~~evaluation; (2) the promotion, maintenance, and restoration of~~
6 ~~health; (3) counseling, patient education, health education,~~
7 ~~and patient advocacy; (4) the administration of medications and~~
8 ~~treatments as prescribed by a physician licensed to practice~~
9 ~~medicine in all of its branches, a licensed dentist, a licensed~~
10 ~~podiatric physician, or a licensed optometrist or as prescribed~~
11 ~~by a physician assistant or by an advanced practice nurse; (5)~~
12 ~~the coordination and management of the nursing plan of care;~~
13 ~~(6) the delegation to and supervision of individuals who assist~~
14 ~~the registered professional nurse implementing the plan of~~
15 ~~care; and (7) teaching nursing students. The foregoing shall~~
16 ~~not be deemed to include those acts of medical diagnosis or~~
17 ~~prescription of therapeutic or corrective measures.~~

18 "Professional assistance program for nurses" means a
19 professional assistance program that meets criteria
20 established by the Board of Nursing and approved by the
21 Secretary, which provides a non-disciplinary treatment
22 approach for nurses licensed under this Act whose ability to
23 practice is compromised by alcohol or chemical substance
24 addiction.

25 "Secretary" means the Secretary of Financial and
26 Professional Regulation.

1 "Unencumbered license" means a license issued in good
2 standing.

3 "Written collaborative agreement" means a written
4 agreement between a certified registered nurse anesthetist ~~an~~
5 ~~advanced practice nurse~~ and a collaborating physician,
6 dentist, or podiatric physician or a postgraduate advanced
7 practice registered nurse with a written agreement between a
8 collaborating advanced practice registered nurse or physician
9 pursuant to Section 65-35.

10 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
11 99-330, eff. 1-1-16; 99-642, eff. 7-28-16.)

12 (225 ILCS 65/50-70) (was 225 ILCS 65/10-35)

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

14 Sec. 50-70. Concurrent theory and clinical practice
15 education requirements of this Act. The educational
16 requirements of Sections 55-10 and 60-10 of this Act relating
17 to registered professional nursing and licensed practical
18 nursing shall not be deemed to have been satisfied by the
19 completion of ~~any correspondence course or~~ any program of
20 nursing that does not require coordinated or concurrent theory
21 and clinical practice. The Department may, upon recommendation
22 of the Board, grant an Illinois license to those applicants who
23 have received advanced graduate degrees in nursing from an
24 approved program with concurrent theory and clinical practice
25 or to those applicants who are currently licensed in another

1 state and have been actively practicing clinical nursing for a
2 minimum of 2 years.

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

4 (225 ILCS 65/50-75)

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

6 Sec. 50-75. Nursing delegation.

7 (a) For the purposes of this Section:

8 "Delegation" means the transfer of responsibility for the
9 performance of a task or activity from one individual to
10 another while retaining accountability for the outcome.

11 "Competence" means an expected and measurable level of
12 performance that integrates knowledge, skills, abilities, and
13 judgment, based on established scientific knowledge and
14 expectations for nursing practice.

15 "Nursing activity" means any work requiring the use of
16 knowledge acquired by completion of an approved program for
17 licensure, including advanced education, continuing education,
18 and experience as a licensed practical nurse, professional
19 registered nurse, or advanced practice registered nurse.

20 "Oversight" means an active process in which the registered
21 professional nurse or advanced practice registered nurse
22 monitors, directs, guides, and evaluates the outcomes of an
23 activity or task as components of patient-care coordination
24 when delegating to a licensed or unlicensed person. Such
25 oversight may be on-site and immediately available or off-site

1 through methods of telecommunication or electronic written
2 communication

3 "Predictability of outcomes" means when the nursing
4 assessment by a registered professional nurse or advanced
5 practice registered nurse determines that the individual's
6 clinical and behavioral status and nursing care needs will
7 fluctuate and the patient's deteriorating condition is
8 expected, as with end-of-life care.

9 "Stability" means when the nursing assessment by a
10 registered professional nurse or advanced practice registered
11 nurse determines that the individual's clinical and behavioral
12 status and nursing care needs are non-fluctuating and
13 consistent.

14 "Task" means work not requiring nursing knowledge,
15 judgment, or decision-making acquired by completion of an
16 approved program for licensure, including advanced education,
17 continuing education, and experience.

18 (b) This Section prohibits the following:

19 (1) The delegation of medication by any individual or
20 entity not authorized by law to do so.

21 (2) A registered professional nurse or advanced
22 practice registered nurse from the delegation of nursing
23 judgment, the overall patient assessment, the development
24 of the plan of care, and the evaluation of care to licensed
25 or unlicensed personnel.

26 (3) A licensed practical nurse or unlicensed personnel

1 who has been delegated a nursing activity from redelegating
2 the nursing activity.

3 (4) The delegation of medication to unlicensed persons
4 in any institutional facility, including, but not limited
5 to, those licensed by the Hospital Licensing Act, the
6 University of Illinois Hospital Act, State-operated mental
7 health hospitals, or State-operated developmental centers.

8 (5) Superseding the requirements of Article 80 in this
9 Act or Section 15.4 of the Mental Health and Developmental
10 Disabilities Administrative Act.

11 (c) This Section does not prohibit a registered
12 professional nurse or advanced practice registered nurse from:

13 (1) the delegation and oversight of tasks and nursing
14 activities based on overall patient assessment that
15 includes, but is not limited to, (A) the stability and
16 condition of the patient, (B) the potential for harm, (C)
17 the complexity of the task or nursing activity, (D)
18 predictability of outcomes, and (E) determining competency
19 of the personnel to whom the task or activity is delegated.

20 (2) the delegation and oversight of medication
21 administration to other licensed nurses or unlicensed
22 personnel; or

23 (3) the refusal to delegate, stop, or rescind a
24 previously authorized delegation.

25 ~~"Delegation" means transferring to an individual the~~
26 ~~authority to perform a selected nursing activity or task, in a~~

1 ~~selected situation.~~

2 ~~"Nursing activity" means any work requiring the use of~~
3 ~~knowledge acquired by completion of an approved program for~~
4 ~~licensure, including advanced education, continuing education,~~
5 ~~and experience as a licensed practical nurse or professional~~
6 ~~nurse, as defined by the Department by rule.~~

7 ~~"Task" means work not requiring nursing knowledge,~~
8 ~~judgment, or decision making, as defined by the Department by~~
9 ~~rule.~~

10 ~~(b) Nursing shall be practiced by licensed practical~~
11 ~~nurses, registered professional nurses, and advanced practice~~
12 ~~nurses. In the delivery of nursing care, nurses work with many~~
13 ~~other licensed professionals and other persons. An advanced~~
14 ~~practice nurse may delegate to registered professional nurses,~~
15 ~~licensed practical nurses, and others persons.~~

16 ~~(c) A registered professional nurse shall not delegate any~~
17 ~~nursing activity requiring the specialized knowledge,~~
18 ~~judgment, and skill of a licensed nurse to an unlicensed~~
19 ~~person, including medication administration. A registered~~
20 ~~professional nurse may delegate nursing activities to other~~
21 ~~registered professional nurses or licensed practical nurses.~~

22 ~~A registered nurse may delegate tasks to other licensed and~~
23 ~~unlicensed persons. A licensed practical nurse who has been~~
24 ~~delegated a nursing activity shall not re-delegate the nursing~~
25 ~~activity. A registered professional nurse or advanced practice~~
26 ~~nurse retains the right to refuse to delegate or to stop or~~

1 ~~rescind a previously authorized delegation.~~

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

3 (225 ILCS 65/55-5)

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

5 Sec. 55-5. LPN education program requirements.

6 (a) All Illinois practical nurse education programs must be
7 reviewed by the Board and approved by the Department before the
8 successful completion of such a program may be applied toward
9 meeting the requirements for practical nurse licensure under
10 this Act. Any program changing the level of educational
11 preparation or the relationship with or to the parent
12 institution or establishing an extension of an existing program
13 must request a review by the Board and approval by the
14 Department. The Board shall review and make a recommendation
15 for the approval or disapproval of a program by the Department
16 based on the following criteria:

17 (1) a feasibility study that describes the need for the
18 program and the facilities used, the potential of the
19 program to recruit faculty and students, financial support
20 for the program, and other criteria, as established by
21 rule;

22 (2) program curriculum that meets all State
23 requirements;

24 (3) the administration of the program by a Nurse
25 Administrator and the involvement of a Nurse Administrator

1 in the development of the program; ~~and~~

2 (4) the occurrence of a site visit prior to approval;

3 ~~and-~~

4 (5) beginning December 31, 2022, obtaining

5 programmatic accreditation by a national accrediting body

6 for nursing education that is recognized by the United

7 States Department of Education and approved by the Board of

8 Nursing.

9 The Board of Nursing shall be notified within 30 days

10 should the program lose its accreditation. The Board shall

11 determine a process for warnings and adopt rules for

12 reaccreditation.

13 (b) In order to obtain initial Department approval and to
14 maintain Department approval, a practical nursing program must
15 meet all of the following requirements:

16 (1) The program must continually be administered
17 academically and clinically by a Nurse Administrator.

18 (2) The institution responsible for conducting the
19 program and the Nurse Administrator must ensure that
20 individual faculty members are academically and
21 professionally competent.

22 (3) The program curriculum must contain all applicable
23 requirements established by rule, including both theory
24 and clinical components.

25 (4) The passage rates of the program's graduating
26 classes on the State-approved licensure exam must be deemed

1 satisfactory by the Department.

2 (c) Program site visits to an institution conducting or
3 hosting a practical nursing program may be made at the
4 discretion of the Nursing Coordinator or upon recommendation of
5 the Board.

6 (d) Any institution conducting a practical nursing program
7 that wishes to discontinue the program must do each of the
8 following:

9 (1) Notify the Department, in writing, of its intent to
10 discontinue the program.

11 (2) Continue to meet the requirements of this Act and
12 the rules adopted thereunder until the official date of
13 termination of the program.

14 (3) Notify the Department of the date on which the last
15 student shall graduate from the program and the program
16 shall terminate.

17 (4) Assist remaining students in the continuation of
18 their education in the event of program termination prior
19 to the graduation of the program's final student.

20 (5) Upon the closure of the program, notify the
21 Department, in writing, of the location of student and
22 graduate records storage.

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

24 (225 ILCS 65/55-10) (was 225 ILCS 65/10-30)

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

1 Sec. 55-10. Qualifications for LPN licensure.

2 (a) Each applicant who successfully meets the requirements
3 of this Section shall be entitled to licensure as a Licensed
4 Practical Nurse.

5 (b) An applicant for licensure by examination to practice
6 as a practical nurse must do each of the following:

7 (1) Submit a completed ~~written~~ application, on forms
8 provided by the Department and fees as established by the
9 Department.

10 (2) Have graduated from a practical nursing education
11 program approved by the Department or have been granted a
12 certificate of completion of pre-licensure requirements
13 from another United States jurisdiction.

14 (3) Successfully complete a licensure examination
15 approved by the Department.

16 (4) Have not violated the provisions of this Act
17 concerning the grounds for disciplinary action. The
18 Department may take into consideration any felony
19 conviction of the applicant, but such a conviction shall
20 not operate as an absolute bar to licensure.

21 (5) Submit to the criminal history records check
22 required under Section 50-35 of this Act.

23 (6) Submit either to the Department or its designated
24 testing service, a fee covering the cost of providing the
25 examination. Failure to appear for the examination on the
26 scheduled 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 (7) Meet all other requirements established by rule.

6 An applicant for licensure by examination may take the
7 Department-approved examination in another jurisdiction.

8 (b-5) If an applicant who graduates from an approved
9 program does not apply to take the examination for a license
10 within 6 months and successfully complete the examination
11 within 12 months after graduation in this State or another
12 jurisdiction, he or she must enroll in and successfully
13 complete a Board-approved licensure examination preparatory
14 course. The applicant is responsible for all costs associated
15 with the course and may not use State or federal financial aid
16 for such costs. The Board shall by rule establish guidelines
17 for licensure examination preparatory courses. An applicant
18 may sit for the National Council Licensure Examination for
19 Practical Nurses (NCLEX-PN) a maximum of 6 times. If not
20 successful, the applicant must enroll in and complete an
21 approved practical nursing education program prior to
22 submitting an additional application for the licensure exam ~~for~~
23 ~~licensure by examination neglects, fails, or refuses to take an~~
24 ~~examination or fails to pass an examination for a license under~~
25 ~~this Act within 3 years after filing the application, the~~
26 ~~application shall be denied. The applicant must enroll in and~~

1 ~~complete an approved practical nursing education program prior~~
2 ~~to submitting an additional application for the licensure exam.~~

3 An applicant may take and successfully complete a
4 Department-approved examination in another jurisdiction.
5 However, an applicant who has never been licensed previously in
6 any jurisdiction that utilizes a Department-approved
7 examination and who has taken and failed to pass the
8 examination within 12 months ~~3 years~~ after filing the
9 application must submit proof of successful completion of a
10 Department-authorized nursing education program or
11 recompletion of an approved licensed practical nursing program
12 prior to re-application.

13 (c) (Blank) ~~An applicant for licensure by examination shall~~
14 ~~have one year from the date of notification of successful~~
15 ~~completion of the examination to apply to the Department for a~~
16 ~~license. If an applicant fails to apply within one year, the~~
17 ~~applicant shall be required to retake and pass the examination~~
18 ~~unless licensed in another jurisdiction of the United States.~~

19 (d) A licensed practical nurse applicant who passes the
20 Department-approved licensure examination and has applied to
21 the Department for licensure may obtain employment as a
22 license-pending practical nurse and practice as delegated by a
23 registered professional nurse or an advanced practice nurse or
24 physician. An individual may be employed as a license-pending
25 practical nurse if all of the following criteria are met:

26 (1) He or she has completed and passed the

1 Department-approved licensure exam and presents to the
2 employer the official written notification indicating
3 successful passage of the licensure examination.

4 (2) He or she has completed and submitted to the
5 Department an application for licensure under this Section
6 as a practical nurse.

7 (3) He or she has submitted the required licensure fee.

8 (4) He or she has met all other requirements
9 established by rule, including having submitted to a
10 criminal history records check.

11 (e) The privilege to practice as a license-pending
12 practical nurse shall terminate with the occurrence of any of
13 the following:

14 (1) Three months have passed since the official date of
15 passing the licensure exam as inscribed on the formal
16 written notification indicating passage of the exam. This
17 3-month period may be extended as determined by rule.

18 (2) Receipt of the practical nurse license from the
19 Department.

20 (3) Notification from the Department that the
21 application for licensure has been denied.

22 (4) A request by the Department that the individual
23 terminate practicing as a license-pending practical nurse
24 until an official decision is made by the Department to
25 grant or deny a practical nurse license.

26 (f) An applicant for licensure by endorsement who is a

1 licensed practical nurse licensed by examination under the laws
2 of another state or territory of the United States or a foreign
3 country, jurisdiction, territory, or province must do each of
4 the following:

5 (1) Submit a completed ~~written~~ application, on forms
6 supplied by the Department, and fees as established by the
7 Department.

8 (2) Have graduated from a practical nursing education
9 program approved by the Department.

10 (3) Submit verification of licensure status directly
11 from the United States jurisdiction of licensure, if
12 applicable, as defined by rule.

13 (4) Submit to the criminal history records check
14 required under Section 50-35 of this Act.

15 (5) Meet all other requirements as established by the
16 Department by rule.

17 (g) All applicants for practical nurse licensure by
18 examination or endorsement who are graduates of nursing
19 educational programs in a country other than the United States
20 or its territories shall have their nursing education
21 credentials evaluated by a Department-approved nursing
22 credentialing evaluation service. No such applicant may be
23 issued a license under this Act unless the applicant's program
24 is deemed by the nursing credentialing evaluation service to be
25 equivalent to a professional nursing education program
26 approved by the Department. An applicant who has graduated from

1 a nursing educational program outside of the United States or
2 its territories and whose first language is not English shall
3 submit certification of passage of the Test of English as a
4 Foreign Language (TOEFL), as defined by rule. The Department
5 may, upon recommendation from the nursing evaluation service,
6 waive the requirement that the applicant pass the TOEFL
7 examination if the applicant submits verification of the
8 successful completion of a nursing education program conducted
9 in English. The requirements of this subsection (d) may be
10 satisfied by the showing of proof of a certificate from the
11 Certificate Program or the VisaScreen Program of the Commission
12 on Graduates of Foreign Nursing Schools.

13 (h) (Blank) ~~An applicant licensed in another state or~~
14 ~~territory who is applying for licensure and has received her or~~
15 ~~his education in a country other than the United States or its~~
16 ~~territories shall have her or his nursing education credentials~~
17 ~~evaluated by a Department approved nursing credentialing~~
18 ~~evaluation service. No such applicant may be issued a license~~
19 ~~under this Act unless the applicant's program is deemed by the~~
20 ~~nursing credentialing evaluation service to be equivalent to a~~
21 ~~professional nursing education program approved by the~~
22 ~~Department. An applicant who has graduated from a nursing~~
23 ~~educational program outside of the United States or its~~
24 ~~territories and whose first language is not English shall~~
25 ~~submit certification of passage of the Test of English as a~~
26 ~~Foreign Language (TOEFL), as defined by rule. The Department~~

1 ~~may, upon recommendation from the nursing evaluation service,~~
2 ~~waive the requirement that the applicant pass the TOEFL~~
3 ~~examination if the applicant submits verification of the~~
4 ~~successful completion of a nursing education program conducted~~
5 ~~in English or the successful passage of an approved licensing~~
6 ~~examination given in English. The requirements of this~~
7 ~~subsection (d 5) may be satisfied by the showing of proof of a~~
8 ~~certificate from the Certificate Program or the VisaScreen~~
9 ~~Program of the Commission on Graduates of Foreign Nursing~~
10 ~~Schools.~~

11 (i) A licensed practical nurse who holds an unencumbered
12 license in good standing in another United States jurisdiction
13 and who has applied for practical nurse licensure under this
14 Act by endorsement may be issued a temporary license, if
15 satisfactory proof of such licensure in another jurisdiction is
16 presented to the Department. The Department shall not issue an
17 applicant a temporary practical nurse license until it is
18 satisfied that the applicant holds an active, unencumbered
19 license in good standing in another jurisdiction. If the
20 applicant holds more than one current active license or one or
21 more active temporary licenses from another jurisdiction, the
22 Department may not issue a temporary license until the
23 Department is satisfied that each current active license held
24 by the applicant is unencumbered. The temporary license, which
25 shall be issued no later than 14 working days following receipt
26 by the Department of an application for the temporary license,

1 shall be granted upon the submission of all of the following to
2 the Department:

3 (1) A completed application for licensure as a
4 practical nurse.

5 (2) Proof of a current, active license in at least one
6 other jurisdiction of the United States and proof that each
7 current active license or temporary license held by the
8 applicant within the last 5 years is unencumbered.

9 (3) A signed and completed application for a temporary
10 license.

11 (4) The required temporary license fee.

12 (j) The Department may refuse to issue an applicant a
13 temporary license authorized pursuant to this Section if,
14 within 14 working days following its receipt of an application
15 for a temporary license, the Department determines that:

16 (1) the applicant has been convicted of a crime under
17 the laws of a jurisdiction of the United States that is:
18 (i) a felony; or (ii) a misdemeanor directly related to the
19 practice of the profession, within the last 5 years;

20 (2) the applicant has had a license or permit related
21 to the practice of practical nursing revoked, suspended, or
22 placed on probation by another jurisdiction within the last
23 5 years and at least one of the grounds for revoking,
24 suspending, or placing on probation is the same or
25 substantially equivalent to grounds in Illinois; or

26 (3) the Department intends to deny licensure by

1 endorsement.

2 (k) The Department may revoke a temporary license issued
3 pursuant to this Section if it determines any of the following:

4 (1) That the applicant has been convicted of a crime
5 under the law of any jurisdiction of the United States that
6 is (i) a felony or (ii) a misdemeanor directly related to
7 the practice of the profession, within the last 5 years.

8 (2) That within the last 5 years the applicant has had
9 a license or permit related to the practice of nursing
10 revoked, suspended, or placed on probation by another
11 jurisdiction, and at least one of the grounds for revoking,
12 suspending, or placing on probation is the same or
13 substantially equivalent to grounds for disciplinary
14 action under this Act.

15 (3) That the Department intends to deny licensure by
16 endorsement.

17 (l) A temporary license shall expire 6 months from the date
18 of issuance. Further renewal may be granted by the Department
19 in hardship cases, as defined by rule and upon approval of the
20 Secretary. However, a temporary license shall automatically
21 expire upon issuance of a valid license under this Act or upon
22 notification that the Department intends to deny licensure,
23 whichever occurs first.

24 (m) All applicants for practical nurse licensure have 3
25 years from the date of application to complete the application
26 process. If the process has not been completed within 3 years

1 from the date of application, the application shall be denied,
2 the fee forfeited, and the applicant must reapply and meet the
3 requirements in effect at the time of reapplication.

4 (Source: P.A. 94-352, eff. 7-28-05; 94-932, eff. 1-1-07;
5 95-639, eff. 10-5-07.)

6 (225 ILCS 65/55-30)

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

8 Sec. 55-30. LPN scope of practice.

9 (a) Practice as a licensed practical nurse means ~~a scope of~~
10 ~~basic~~ nursing practice, with or without compensation, as
11 overseen ~~delegated~~ by a registered professional nurse or an
12 advanced practice registered nurse or as directed by a
13 physician assistant, physician, dentist, or podiatric
14 physician, and includes, but is not limited to, all of the
15 following:

16 (1) Collecting data and focused assessments
17 ~~collaborating in the assessment~~ of the health status of a
18 patient.

19 (2) Collaborating in the development and modification
20 of the registered professional nurse's or advanced
21 practice nurse's comprehensive nursing plan of care for all
22 types of patients.

23 (3) Implementing aspects of the plan of care ~~as~~
24 ~~delegated~~.

25 (4) Participating in health teaching and counseling to

1 promote, attain, and maintain the optimum health level of
2 patients,~~as delegated.~~

3 (5) Serving as an advocate for the patient by
4 communicating and collaborating with other health service
5 personnel,~~as delegated.~~

6 (6) Participating in the evaluation of patient
7 responses to interventions.

8 (7) Communicating and collaborating with other health
9 care professionals ~~as delegated.~~

10 (8) Providing input into the development of policies
11 and procedures to support patient safety.

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

13 (225 ILCS 65/55-35)

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

15 Sec. 55-35. Continuing education for LPN licensees. The
16 Department shall ~~may~~ adopt rules of continuing education for
17 licensed practical nurses that require 20 hours of continuing
18 education per 2-year license renewal cycle. The rules shall
19 address variances in part or in whole for good cause, including
20 without limitation illness or hardship. The continuing
21 education rules must ensure that licensees are given the
22 opportunity to participate in programs sponsored by or through
23 their State or national professional associations, hospitals,
24 or other providers of continuing education. Each licensee is
25 responsible for maintaining records of completion of

1 continuing education and shall be prepared to produce the
2 records when requested by the Department.

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

4 (225 ILCS 65/60-5)

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

6 Sec. 60-5. RN education program requirements; out-of-State
7 programs.

8 (a) All registered professional nurse education programs
9 must be reviewed by the Board and approved by the Department
10 before the successful completion of such a program may be
11 applied toward meeting the requirements for registered
12 professional nurse licensure under this Act. Any program
13 changing the level of educational preparation or the
14 relationship with or to the parent institution or establishing
15 an extension of an existing program must request a review by
16 the Board and approval by the Department. The Board shall
17 review and make a recommendation for the approval or
18 disapproval of a program by the Department based on the
19 following criteria:

20 (1) a feasibility study that describes the need for the
21 program and the facilities used, the potential of the
22 program to recruit faculty and students, financial support
23 for the program, and other criteria, as established by
24 rule;

25 (2) program curriculum that meets all State

1 requirements;

2 (3) the administration of the program by a Nurse
3 Administrator and the involvement of a Nurse Administrator
4 in the development of the program; ~~and~~

5 (4) the occurrence of a site visit prior to approval; ~~and~~

6 (5) effective December 31, 2022, obtaining and
7 maintaining programmatic accreditation by a national
8 accrediting body for nursing education recognized by the
9 United States Department of Education and approved by the
10 Board of Nursing; and

11 (6) the Board of Nursing shall be notified within 30
12 days should the program lose its accreditation. The Board
13 shall determine a process for warnings and adopts rules for
14 reaccreditation.

15 (b) In order to obtain initial Department approval and to
16 maintain Department approval, a registered professional
17 nursing program must meet all of the following requirements:

18 (1) The institution responsible for conducting the
19 program and the Nurse Administrator must ensure that
20 individual faculty members are academically and
21 professionally competent.

22 (2) The program curriculum must contain all applicable
23 requirements established by rule, including both theory
24 and clinical components.

25 (3) The passage rates of the program's graduating
26 classes on the State-approved licensure exam must be deemed

1 satisfactory by the Department.

2 (c) Program site visits to an institution conducting or
3 hosting a professional nursing program may be made at the
4 discretion of the Nursing Coordinator or upon recommendation of
5 the Board. Full routine site visits shall be conducted by the
6 Department for periodic evaluation. The visits shall be used to
7 determine compliance with this Act. Full routine site visits
8 must be announced and may be waived at the discretion of the
9 Department if the program maintains accreditation with the
10 Accreditation Commission for Education in Nursing (ACEN)
11 ~~National League for Nursing Accrediting Commission (NLNAC)~~ or
12 the Commission on Collegiate Nursing Education (CCNE).

13 (d) Any institution conducting a registered professional
14 nursing program that wishes to discontinue the program must do
15 each of the following:

16 (1) Notify the Department, in writing, of its intent to
17 discontinue the program.

18 (2) Continue to meet the requirements of this Act and
19 the rules adopted thereunder until the official date of
20 termination of the program.

21 (3) Notify the Department of the date on which the last
22 student shall graduate from the program and the program
23 shall terminate.

24 (4) Assist remaining students in the continuation of
25 their education in the event of program termination prior
26 to the graduation of the program's final student.

1 (5) Upon the closure of the program, notify the
2 Department, in writing, of the location of student and
3 graduate records' storage.

4 (e) Out-of-State registered professional nursing education
5 programs planning to offer clinical practice experiences in
6 this State must meet the requirements set forth in this Section
7 and must meet the clinical and faculty requirements for
8 institutions outside of this State, as established by rule. The
9 institution responsible for conducting an out-of-State
10 registered professional nursing education program and the
11 administrator of the program shall be responsible for ensuring
12 that the individual faculty and preceptors overseeing the
13 clinical experience are academically and professionally
14 competent.

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

16 (225 ILCS 65/60-10)

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

18 Sec. 60-10. Qualifications for RN licensure.

19 (a) Each applicant who successfully meets the requirements
20 of this Section shall be entitled to licensure as a registered
21 professional nurse.

22 (b) An applicant for licensure by examination to practice
23 as a registered professional nurse must do each of the
24 following:

25 (1) Submit a completed written application, on forms

1 provided by the Department, and fees, as established by the
2 Department.

3 (2) Have graduated from a professional nursing
4 education program approved by the Department or have been
5 granted a certificate of completion of pre-licensure
6 requirements from another United States jurisdiction.

7 (3) Successfully complete a licensure examination
8 approved by the Department.

9 (4) Have not violated the provisions of this Act
10 concerning the grounds for disciplinary action. The
11 Department may take into consideration any felony
12 conviction of the applicant, but such a conviction may not
13 operate as an absolute bar to licensure.

14 (5) Submit to the criminal history records check
15 required under Section 50-35 of this Act.

16 (6) Submit, either to the Department or its designated
17 testing service, a fee covering the cost of providing the
18 examination. Failure to appear for the examination on the
19 scheduled date at the time and place specified after the
20 applicant's application for examination has been received
21 and acknowledged by the Department or the designated
22 testing service shall result in the forfeiture of the
23 examination fee.

24 (7) Meet all other requirements established by the
25 Department by rule. An applicant for licensure by
26 examination may take the Department-approved examination

1 in another jurisdiction.

2 (b-5) If an applicant who graduates from an approved
3 program does not apply to take the examination for a license
4 within 6 months and successfully complete the examination
5 within 12 months after graduation in this State or another
6 jurisdiction, he or she must enroll in and successfully
7 complete a Board-approved licensure examination preparatory
8 course. The applicant is responsible for all costs associated
9 with the course and may not use State or federal financial aid
10 for such costs. The Board shall by rule establish guidelines
11 for licensure examination preparatory courses. An applicant
12 may sit for the National Council Licensure Examination for
13 Registered Nurses (NCLEX-RN) a maximum of 6 times. If not
14 successful, the applicant must enroll in and complete an
15 approved practical nursing education program prior to
16 submitting an additional application for the licensure exam for
17 ~~licensure by examination neglects, fails, or refuses to take an~~
18 ~~examination or fails to pass an examination for a license~~
19 ~~within 3 years after filing the application, the application~~
20 ~~shall be denied. The applicant may make a new application~~
21 ~~accompanied by the required fee, evidence of meeting the~~
22 ~~requirements in force at the time of the new application, and~~
23 ~~proof of the successful completion of at least 2 additional~~
24 ~~years of professional nursing education.~~

25 An applicant may take and successfully complete a
26 Department-approved examination in another jurisdiction. An

1 applicant who has never been licensed previously in any
2 jurisdiction that utilizes a Department-approved examination
3 and who has taken and failed to pass the examination within 12
4 months after filing the application must submit proof of
5 successful completion of a Department-authorized nursing
6 education program or recompletion of an approved licensed
7 practical nursing program prior to re-application.

8 (c) (Blank) An applicant for licensure by examination shall
9 have one year after the date of notification of the successful
10 completion of the examination to apply to the Department for a
11 license. If an applicant fails to apply within one year, the
12 applicant shall be required to retake and pass the examination
13 unless licensed in another jurisdiction of the United States.

14 (d) An applicant for licensure by examination who passes
15 the Department-approved licensure examination for professional
16 nursing may obtain employment as a license-pending registered
17 nurse and practice under the direction of a registered
18 professional nurse or an advanced practice nurse until such
19 time as he or she receives his or her license to practice or
20 until the license is denied. In no instance shall any such
21 applicant practice or be employed in any management capacity.
22 An individual may be employed as a license-pending registered
23 nurse if all of the following criteria are met:

24 (1) He or she has completed and passed the
25 Department-approved licensure exam and presents to the
26 employer the official ~~written~~ notification indicating

1 successful passage of the licensure examination.

2 (2) He or she has completed and submitted to the
3 Department an application for licensure under this Section
4 as a registered professional nurse.

5 (3) He or she has submitted the required licensure fee.

6 (4) He or she has met all other requirements
7 established by rule, including having submitted to a
8 criminal history records check.

9 (e) The privilege to practice as a license-pending
10 registered nurse shall terminate with the occurrence of any of
11 the following:

12 (1) Three months have passed since the official date of
13 passing the licensure exam as inscribed on the formal
14 written notification indicating passage of the exam. The
15 3-month license pending period may be extended if more time
16 is needed by the Department to process the licensure
17 application.

18 (2) Receipt of the registered professional nurse
19 license from the Department.

20 (3) Notification from the Department that the
21 application for licensure has been refused.

22 (4) A request by the Department that the individual
23 terminate practicing as a license-pending registered nurse
24 until an official decision is made by the Department to
25 grant or deny a registered professional nurse license.

26 (f) An applicant for registered professional nurse

1 licensure by endorsement who is a registered professional nurse
2 licensed by examination under the laws of another state or
3 territory of the United States must do each of the following:

4 (1) Submit a completed ~~written~~ application, on forms
5 supplied by the Department, and fees as established by the
6 Department.

7 (2) Have graduated from a registered professional
8 nursing education program approved by the Department.

9 (3) Submit verification of licensure status directly
10 from the United States jurisdiction of licensure, if
11 applicable, as defined by rule.

12 (4) Submit to the criminal history records check
13 required under Section 50-35 of this Act.

14 (5) Meet all other requirements as established by the
15 Department by rule.

16 (g) Pending the issuance of a license under this Section,
17 the Department may grant an applicant a temporary license to
18 practice nursing as a registered professional nurse if the
19 Department is satisfied that the applicant holds an active,
20 unencumbered license in good standing in another U.S.
21 jurisdiction. If the applicant holds more than one current
22 active license or one or more active temporary licenses from
23 another jurisdiction, the Department may not issue a temporary
24 license until the Department is satisfied that each current
25 active license held by the applicant is unencumbered. The
26 temporary license, which shall be issued no later than 14

1 working days after receipt by the Department of an application
2 for the temporary license, shall be granted upon the submission
3 of all of the following to the Department:

4 (1) A completed application for licensure as a
5 registered professional nurse.

6 (2) Proof of a current, active license in at least one
7 other jurisdiction of the United States and proof that each
8 current active license or temporary license held by the
9 applicant within the last 5 years is unencumbered.

10 (3) A completed application for a temporary license.

11 (4) The required temporary license fee.

12 (h) The Department may refuse to issue an applicant a
13 temporary license authorized pursuant to this Section if,
14 within 14 working days after its receipt of an application for
15 a temporary license, the Department determines that:

16 (1) the applicant has been convicted of a crime under
17 the laws of a jurisdiction of the United States that is (i)
18 a felony or (ii) a misdemeanor directly related to the
19 practice of the profession, within the last 5 years;

20 (2) the applicant has had a license or permit related
21 to the practice of nursing revoked, suspended, or placed on
22 probation by another jurisdiction within the last 5 years,
23 if at least one of the grounds for revoking, suspending, or
24 placing on probation is the same or substantially
25 equivalent to grounds for disciplinary action under this
26 Act; or

1 (3) the Department intends to deny licensure by
2 endorsement.

3 (i) The Department may revoke a temporary license issued
4 pursuant to this Section if it determines any of the following:

5 (1) That the applicant has been convicted of a crime
6 under the laws of any jurisdiction of the United States
7 that is (i) a felony or (ii) a misdemeanor directly related
8 to the practice of the profession, within the last 5 years.

9 (2) That within the last 5 years, the applicant has had
10 a license or permit related to the practice of nursing
11 revoked, suspended, or placed on probation by another
12 jurisdiction, if at least one of the grounds for revoking,
13 suspending, or placing on probation is the same or
14 substantially equivalent to grounds for disciplinary
15 action under this Act.

16 (3) That it intends to deny licensure by endorsement.

17 (j) A temporary license issued under this Section shall
18 expire 6 months after the date of issuance. Further renewal may
19 be granted by the Department in hardship cases, as defined by
20 rule and upon approval of the Secretary. However, a temporary
21 license shall automatically expire upon issuance of the
22 Illinois license or upon notification that the Department
23 intends to deny licensure, whichever occurs first.

24 (k) All applicants for registered professional nurse
25 licensure have 3 years after the date of application to
26 complete the application process. If the process has not been

1 completed within 3 years after the date of application, the
2 application shall be denied, the fee forfeited, and the
3 applicant must reapply and meet the requirements in effect at
4 the time of reapplication.

5 (1) All applicants for registered nurse licensure by
6 examination or endorsement who are graduates of practical
7 nursing educational programs in a country other than the United
8 States and its territories shall have their nursing education
9 credentials evaluated by a Department-approved nursing
10 credentialing evaluation service. No such applicant may be
11 issued a license under this Act unless the applicant's program
12 is deemed by the nursing credentialing evaluation service to be
13 equivalent to a professional nursing education program
14 approved by the Department. An applicant who has graduated from
15 a nursing educational program outside of the United States or
16 its territories and whose first language is not English shall
17 submit certification of passage of the Test of English as a
18 Foreign Language (TOEFL), as defined by rule. The Department
19 may, upon recommendation from the nursing evaluation service,
20 waive the requirement that the applicant pass the TOEFL
21 examination if the applicant submits verification of the
22 successful completion of a nursing education program conducted
23 in English. The requirements of this subsection (1) may be
24 satisfied by the showing of proof of a certificate from the
25 Certificate Program or the VisaScreen Program of the Commission
26 on Graduates of Foreign Nursing Schools.

1 (m) An applicant licensed in another state or territory who
2 is applying for licensure and has received her or his education
3 in a country other than the United States or its territories
4 shall have her or his nursing education credentials evaluated
5 by a Department-approved nursing credentialing evaluation
6 service. No such applicant may be issued a license under this
7 Act unless the applicant's program is deemed by the nursing
8 credentialing evaluation service to be equivalent to a
9 professional nursing education program approved by the
10 Department. An applicant who has graduated from a nursing
11 educational program outside of the United States or its
12 territories and whose first language is not English shall
13 submit certification of passage of the Test of English as a
14 Foreign Language (TOEFL), as defined by rule. The Department
15 may, upon recommendation from the nursing evaluation service,
16 waive the requirement that the applicant pass the TOEFL
17 examination if the applicant submits verification of the
18 successful completion of a nursing education program conducted
19 in English or the successful passage of an approved licensing
20 examination given in English. The requirements of this
21 subsection (m) may be satisfied by the showing of proof of a
22 certificate from the Certificate Program or the VisaScreen
23 Program of the Commission on Graduates of Foreign Nursing
24 Schools.

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

1 (225 ILCS 65/60-15) (was 225 ILCS 65/10-37)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 60-15. Registered nurse externship permit.

4 (a) The Department shall establish a program under which
5 the Department may issue a nurse externship permit to a
6 registered nurse who is licensed under the laws of another
7 state or territory of the United States and who has not taken
8 the National Council Licensure Examination (NCLEX). A nurse who
9 is issued a permit shall be allowed to practice as a nurse
10 extern under the direct, on-site supervision of a registered
11 professional nurse licensed under this Act. There shall be one
12 supervising registered professional nurse for every one nurse
13 extern.

14 (b) An applicant shall be qualified to receive a nurse
15 externship permit if that applicant:

16 (1) Has submitted a completed ~~written~~ application to
17 the Department, on forms provided by the Department, and
18 submitted any fees established by the Department.

19 (2) Has graduated from a professional nursing
20 education program approved by the Department.

21 (3) Is licensed as a professional nurse in another
22 state or territory of the United States and has submitted a
23 verification of active and unencumbered licensure in all of
24 the states and territories in which the applicant is
25 licensed.

26 (4) Has submitted verification of an offer of

1 employment in Illinois as a nurse extern. The Department
2 may prescribe the information necessary to determine if
3 this employment meets the requirements of the permit
4 program. This information shall include a copy of the
5 written employment offer.

6 (5) Has submitted a written statement from the
7 applicant's prospective employer stating that the
8 prospective employer agrees to pay the full tuition for the
9 Bilingual Nurse Consortium course or other course approved
10 by rule.

11 (6) Has submitted proof of taking the Test of English
12 as a Foreign Language (TOEFL) with a minimum score as set
13 by rule. Applicants with the highest TOEFL scores shall be
14 given first consideration to entrance into an extern
15 program.

16 (7) Has submitted written verification that the
17 applicant has been enrolled in the Bilingual Nurse
18 Consortium course or other course approved by rule. This
19 verification must state that the applicant shall be able to
20 complete the course within the year for which the permit is
21 issued.

22 (8) Has agreed to submit to the Department a mid-year
23 exam as determined by rule that demonstrates proficiency
24 towards passing the NCLEX.

25 (9) Has not violated the provisions of Section 70-5 of
26 this Act. The Department may take into consideration any

1 felony conviction of the applicant, but such a conviction
2 shall not operate as an absolute bar to licensure.

3 (10) Has met all other requirements established by
4 rule.

5 (c) A nurse extern shall be issued no more than one permit
6 in a lifetime. The permit shall expire one calendar year after
7 it is issued. Before being issued a license under this Act, the
8 nurse extern must submit proof of the successful completion of
9 the Bilingual Nurse Consortium course or other course approved
10 by rule and successful passage of the NCLEX. The nurse extern
11 shall not practice autonomous, professional nursing until he or
12 she is licensed under this Act. The nurse extern shall carry
13 out progressive nursing skills under the direct supervision of
14 a registered nurse licensed under this Act and shall not be
15 employed in a supervisory capacity. The nurse extern shall work
16 only in the sponsoring facility. A nurse extern may work for a
17 period not to exceed one calendar year from the date of
18 issuance of the permit or until he or she fails the NCLEX.
19 While working as a nurse extern, the nurse extern is subject to
20 the provisions of this Act and all rules adopted by the
21 Department for the administration of this Act.

22 (d) The Secretary shall convene a task force to establish
23 clinical guidelines that allow for the gradual progression of
24 nursing skills in culturally diverse practice settings. The
25 Nursing Act Coordinator or his or her designee shall serve as
26 chairperson of the task force. The task force shall include,

1 but not be limited to, 2 representatives of the Illinois Nurses
2 Association, 2 representatives of the Illinois Hispanic Nurses
3 Association, a nurse engaged in nursing education who possesses
4 a master's degree or higher, one representative from the
5 Humboldt Park Vocational Educational Center, 2 registered
6 nurses from United States territories who each hold a current
7 State nursing license, one representative from the Chicago
8 Bilingual Nurse Consortium, and one member of the Illinois
9 Hospital Association. The task force shall complete this work
10 no longer than 4 months after convening. After the nurse
11 externship permit program has been in effect for 2 years, the
12 task force shall evaluate the effectiveness of the program and
13 make appropriate recommendations to the Secretary.

14 (Source: P.A. 94-351, eff. 7-28-05; 95-639, eff. 10-5-07.)

15 (225 ILCS 65/60-35)

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

17 Sec. 60-35. RN scope of practice. The RN scope of nursing
18 practice is the protection, promotion, and optimization of
19 health and abilities, the prevention of illness and injury, the
20 facilitation of healing, the alleviation of suffering through
21 the nursing diagnosis and treatment of human response, and
22 advocacy in the care of individuals, families, groups,
23 communities, and populations. Practice as a registered
24 professional nurse means this full scope of nursing, with or
25 without compensation, that incorporates caring for all

1 patients in all settings, through nursing standards of practice
2 and professional performance for coordination of care, and
3 includes, but is not limited to, all of the following:

4 (1) Collecting pertinent data and information relative
5 to the health care consumer's health or the situation.

6 (2) Analyzing the assessment data to determine actual
7 or potential diagnoses, problems, and issues.

8 (3) Identifying expected s for a plan individualized to
9 the health care consumer or the situation that prescribes
10 strategies to attain expected, measurable s.

11 (4) Implementing the identified plan, coordinating
12 care delivery, employing strategies to promote healthy and
13 safe environments, and administering or delegating
14 medication administration.

15 (5) Evaluating progress toward attainment of goals and
16 outcomes.

17 (6) Practicing ethically according to the ANA Code of
18 Ethics, which includes:

19 (A) Practicing compassion and respect for the
20 inherent dignity, worth, and unique attributes of
21 every person.

22 (B) Recognizing that the primary commitment is to
23 the healthcare consumer, whether an individual,
24 family, group, community, or population.

25 (C) Promoting, advocating for, and protecting the
26 rights, health, and safety of the health care consumer.

1 (D) Accepting the authority, accountability, and
2 responsibility for nursing practice.

3 (E) Rendering decisions and taking actions
4 consistent with the obligation to promote health and to
5 provide optimal care.

6 (F) Owing the same duties to self as to others,
7 including the responsibility to promote health and
8 safety, preserve wholeness of character and integrity,
9 maintain competence, and continue personal and
10 professional growth.

11 (G) Establishing, maintaining, and improving the
12 ethical environment of the work setting and conditions
13 of employment that are conducive to safe, quality
14 health care.

15 (H) In all roles and settings, advancing the
16 profession through research and scholarly inquiry,
17 professional standards development, and the generation
18 of both nursing and health policy.

19 (I) Collaborating with other health professionals
20 and the public to protect human rights, promote health
21 diplomacy, and reduce health disparities.

22 (J) Articulating nursing values, maintaining the
23 integrity of the profession, and integrating
24 principles of social justice into nursing and health
25 policy.

26 (7) Practicing in a manner that is congruent with

1 cultural diversity.

2 (8) Communicating effectively in all areas of
3 practice.

4 (9) Collaborating with health care consumers and other
5 key stakeholders in the conduct of nursing practice.

6 (10) Seeking knowledge and competence that reflects
7 current nursing practice and teaching the theory and
8 practice of nursing to nursing students.

9 (11) Leading within the professional practice setting
10 and the profession.

11 (12) Contributing to quality nursing practice.

12 (13) Integrating evidence and research findings into
13 practice.

14 (14) Evaluating one's own and others' nursing
15 practice.

16 (15) Utilizing appropriate resources to plan, provide,
17 and sustain evidence-based nursing services that are safe,
18 effective, and fiscally responsible.

19 (16) Advocating for an environmentally safe and
20 healthy manner. ~~(a) Practice as a registered professional~~
21 ~~nurse means the full scope of nursing, with or without~~
22 ~~compensation, that incorporates caring for all patients in~~
23 ~~all settings, through nursing standards recognized by the~~
24 ~~Department, and includes, but is not limited to, all of the~~
25 ~~following:~~

26 ~~(1) The comprehensive nursing assessment of the health~~

1 ~~status of patients that addresses changes to patient~~
2 ~~conditions.~~

3 ~~(2) The development of a plan of nursing care to be~~
4 ~~integrated within the patient-centered health care plan~~
5 ~~that establishes nursing diagnoses, and setting goals to~~
6 ~~meet identified health care needs, determining nursing~~
7 ~~interventions, and implementation of nursing care through~~
8 ~~the execution of nursing strategies and regimens ordered or~~
9 ~~prescribed by authorized healthcare professionals.~~

10 ~~(3) The administration of medication or delegation of~~
11 ~~medication administration to licensed practical nurses.~~

12 ~~(4) Delegation of nursing interventions to implement~~
13 ~~the plan of care.~~

14 ~~(5) The provision for the maintenance of safe and~~
15 ~~effective nursing care rendered directly or through~~
16 ~~delegation.~~

17 ~~(6) Advocating for patients.~~

18 ~~(7) The evaluation of responses to interventions and~~
19 ~~the effectiveness of the plan of care.~~

20 ~~(8) Communicating and collaborating with other health~~
21 ~~care professionals.~~

22 ~~(9) The procurement and application of new knowledge~~
23 ~~and technologies.~~

24 ~~(10) The provision of health education and counseling.~~

25 ~~(11) Participating in development of policies,~~
26 ~~procedures, and systems to support patient safety.~~

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

2 (225 ILCS 65/65-30)

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

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

5 (a) Advanced practice registered nursing by certified
6 nurse practitioners, certified nurse anesthetists, certified
7 nurse midwives, or clinical nurse specialists is based on
8 knowledge and skills acquired throughout an advanced practice
9 registered nurse's nursing education, training, and
10 experience.

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

14 (c) The scope of practice of an advanced practice
15 registered nurse includes, but is not limited to, each of the
16 following:

17 (1) Advanced registered nursing patient assessment and
18 diagnosis.

19 (2) Ordering diagnostic and therapeutic tests and
20 procedures, performing those tests and procedures when using
21 health care equipment, and interpreting and using the results
22 of diagnostic and therapeutic tests and procedures ordered by
23 the advanced practice registered nurse or another health care
24 professional.

25 (3) Ordering treatments, ordering or applying

1 appropriate medical devices, and using nursing medical,
2 therapeutic, and corrective measures to treat illness and
3 improve health status.

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

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

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

9 (7) Delegating selected nursing activities or tasks to
10 a licensed practical nurse, a registered professional nurse, or
11 other personnel.

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

13 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

15 Sec. 65-35. Written collaborative agreements.

16 (a) A written collaborative agreement is required for all
17 postgraduate advanced practice registered nurses until an
18 affidavit of completion of not less than 3,000 hours of
19 clinical practice with a collaborating advanced practice
20 registered nurse or physician has been submitted to the
21 Department requesting to practice without a written
22 collaborative agreement in accordance with Section 65-43 of
23 this Act engaged in clinical practice, except for advanced
24 practice nurses who are authorized to practice in a hospital,
25 hospital affiliate, or ambulatory surgical treatment center.

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

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

18 The collaborative relationship under an agreement shall
19 not be construed to require the personal presence of a
20 collaborating advanced practice registered nurse or physician
21 ~~or podiatric physician~~ at the place where services are
22 rendered. Methods of communication shall be available for
23 consultation with the collaborating advanced practice
24 registered nurse or physician ~~or podiatric physician~~ in person
25 or by telecommunications or electronic communications as set
26 forth in the written agreement.

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

10 (c) In the case of anesthesia services provided by a
11 certified registered nurse anesthetist, an anesthesiologist, a
12 physician, a dentist, or a podiatric physician must participate
13 through discussion of and agreement with the anesthesia plan
14 and remain physically present and available on the premises
15 during the delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical conditions.

17 (c-5) A certified registered nurse anesthetist, who
18 provides anesthesia services outside of a hospital or
19 ambulatory surgical treatment center shall enter into a written
20 collaborative agreement with an anesthesiologist or the
21 physician licensed to practice medicine in all its branches or
22 the podiatric physician performing the procedure. Outside of a
23 hospital or ambulatory surgical treatment center, the
24 certified registered nurse anesthetist may provide only those
25 services that the collaborating podiatric physician is
26 authorized to provide pursuant to the Podiatric Medical

1 Practice Act of 1987 and rules adopted thereunder. A certified
2 registered nurse anesthetist may select, order, and administer
3 medication, including controlled substances, and apply
4 appropriate medical devices for delivery of anesthesia
5 services under the anesthesia plan agreed with by the
6 anesthesiologist or the operating physician or operating
7 podiatric physician.

8 (c-10) A certified registered nurse anesthetist who
9 provides anesthesia services in a dental office shall enter
10 into a written collaborative agreement with an
11 anesthesiologist or the physician licensed to practice
12 medicine in all its branches or the operating dentist
13 performing the procedure. The agreement shall describe the
14 working relationship of the certified registered nurse
15 anesthetist and dentist and shall authorize the categories of
16 care, treatment, or procedures to be performed by the certified
17 registered nurse anesthetist. In a collaborating dentist's
18 office, the certified registered nurse anesthetist may only
19 provide those services that the operating dentist with the
20 appropriate permit is authorized to provide pursuant to the
21 Illinois Dental Practice Act and rules adopted thereunder. For
22 anesthesia services, an anesthesiologist, physician, or
23 operating dentist shall participate through discussion of and
24 agreement with the anesthesia plan and shall remain physically
25 present and be available on the premises during the delivery of
26 anesthesia services for diagnosis, consultation, and treatment

1 of emergency medical conditions. A certified registered nurse
2 anesthetist may select, order, and administer medication,
3 including controlled substances, and apply appropriate medical
4 devices for delivery of anesthesia services under the
5 anesthesia plan agreed with by the operating dentist.

6 (d) A copy of the signed, written collaborative agreement
7 must be available to the Department upon request from ~~both~~ the
8 certified registered nurse anesthetist and postgraduate
9 advanced practice registered nurse and the collaborating
10 physician, dentist, or podiatric physician.

11 (e) Nothing in this Act shall be construed to limit the
12 delegation of tasks or duties by a physician to a licensed
13 practical nurse, a registered professional nurse, or other
14 persons in accordance with Section 54.2 of the Medical Practice
15 Act of 1987. Nothing in this Act shall be construed to limit
16 the method of delegation that may be authorized by any means,
17 including, but not limited to, oral, written, electronic,
18 standing orders, protocols, guidelines, or verbal orders.
19 Nothing in this Act shall be construed to authorize an advanced
20 practice registered nurse to provide health care services
21 required by law or rule to be performed by a physician.

22 (f) A postgraduate ~~An~~ advanced practice registered nurse
23 shall inform each collaborating advanced practice registered
24 nurse or physician, dentist, or podiatric physician of all
25 collaborative agreements he or she has signed and provide a
26 copy of these to any collaborating advanced practice registered

1 nurse or physician, dentist, or podiatric physician upon
2 request.

3 (g) (Blank).

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

6 (225 ILCS 65/65-35.1)

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

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

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

20 (225 ILCS 65/65-35.2 new)

21 Sec. 65-35.2. Collaborating advanced practice registered
22 nurse; requirements. In order to be a collaborating advanced
23 practice registered nurse, an advanced practice registered
24 nurse must hold an active advanced practice registered nurse

1 license in the State of Illinois, must have been engaged in
2 advanced practice nursing within the last 5 years, and must
3 hold national certification as a nurse practitioner, clinical
4 nurse specialist, or certified nurse midwife for no less than 5
5 years in the same advanced practice registered nurse specialty
6 as the recent graduate advanced practice registered nurse with
7 whom the collaborating advanced practice registered nurse is
8 collaborating.

9 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

11 Sec. 65-40. Written collaborative agreement; prescriptive
12 authority for postgraduate advanced practice registered
13 nurses.

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

1 collaborating advanced practice registered nurse or physician
2 ~~or podiatric physician~~ must have a valid current Illinois
3 controlled substance license and federal registration to
4 delegate authority to prescribe delegated controlled
5 substances.

6 (b) To prescribe controlled substances under this Section,
7 a postgraduate ~~an~~ advanced practice registered nurse must
8 obtain a mid-level practitioner controlled substance license.
9 Medication prescriptions and orders shall be reviewed
10 periodically by the collaborating advanced practice registered
11 nurse or physician ~~or podiatric physician~~.

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

22 (c-5) A hospital, hospital affiliate, or ambulatory
23 surgical treatment center shall file with the Department notice
24 of a grant of prescriptive authority consistent with this
25 subsection and termination of such a grant of authority in
26 accordance with rules of the Department. Upon receipt of this

1 notice of grant of authority to prescribe any Schedule II
2 through V controlled substances, the licensed postgraduate
3 advanced practice registered nurse certified as a nurse
4 practitioner, nurse midwife, or clinical nurse specialist may
5 register for a mid-level practitioner controlled substance
6 license under Section 303.05 of the Illinois Controlled
7 Substance Act.

8 (d) In addition to the requirements of subsections (a),
9 (b), ~~and (c)~~, and (c-5) of this Section, a collaborating
10 advanced practice registered nurse or physician ~~or podiatric~~
11 ~~physician~~ may, but is not required to, delegate authority to a
12 postgraduate ~~an~~ advanced practice registered nurse to
13 prescribe any Schedule II controlled substances, if all of the
14 following conditions apply:

15 (1) Specific Schedule II controlled substances by oral
16 dosage or topical or transdermal application may be
17 delegated, provided that the delegated Schedule II
18 controlled substances are routinely prescribed by the
19 collaborating advanced practice registered nurse or
20 physician ~~or podiatric physician~~. This delegation must
21 identify the specific Schedule II controlled substances by
22 either brand name or generic name. Schedule II controlled
23 substances to be delivered by injection or other route of
24 administration may not be delegated.

25 (2) Any delegation must be controlled substances that
26 the collaborating advanced practice registered nurse or

1 physician ~~or pediatric physician~~ prescribes.

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

6 (4) The advanced practice registered nurse must
7 discuss the condition of any patients for whom a controlled
8 substance is prescribed monthly with the delegating
9 advanced practice registered nurse or physician.

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

13 (e) Nothing in this Act shall be construed to limit the
14 delegation of tasks or duties by a physician to a licensed
15 practical nurse, a registered professional nurse, or other
16 persons. Nothing in this Act shall be construed to limit the
17 method of delegation that may be authorized by any means,
18 including, but not limited to, oral, written, electronic,
19 standing orders, protocols, guidelines, or verbal orders.

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

25 (g) Any postgraduate advanced practice registered nurse
26 who writes a prescription for a controlled substance without

1 having a valid appropriate authority may be fined by the
2 Department not more than \$50 per prescription, and the
3 Department may take any other disciplinary action provided for
4 in this Act.

5 (h) Nothing in this Section shall be construed to prohibit
6 generic substitution.

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

8 (225 ILCS 65/65-43 new)

9 Sec. 65-43. Full practice authority.

10 (a) "Full practice authority" means the authority of an
11 advanced practice registered nurse licensed in Illinois and
12 certified as a nurse practitioner, clinical nurse specialist,
13 or nurse midwife to practice without a written collaborative
14 agreement and be fully accountable: (1) to patients for the
15 quality of advanced nursing care rendered, (2) for recognizing
16 limits of knowledge and experience, and (3) for planning for
17 the management of situations beyond the advanced practice
18 registered nurse's expertise. "Full practice authority"
19 includes accepting referrals from, consulting with,
20 collaborating with, or referring to other health care
21 professionals as warranted by the needs of the patient and
22 possessing the authority to prescribe all medications and
23 orders for, administration of, storage of, acceptance of
24 samples of, and dispensing over the counter medications, legend
25 drugs, medical gases, and controlled substances categorized as

1 any Schedule II through V controlled substances, as defined in
2 Article II of the Illinois Controlled Substances Act, and other
3 preparations, including, but not limited to, botanical and
4 herbal remedies.

5 (b) To be granted full practice authority as an advanced
6 practice registered nurse, the advanced practice registered
7 nurse must:

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

10 (2) submit proof of national certification as a nurse
11 practitioner, clinical nurse specialist, or certified
12 nurse midwife to the Department;

13 (3) submit an affidavit of completion of no less than
14 3,000 hours of clinical practice with, and signed by, the
15 collaborating advanced practice registered nurse or
16 physician; and

17 (4) meet the education requirements of Section 303.05
18 of the Illinois Controlled Substances Act.

19 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

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

24 (a) (Blank) ~~An advanced practice nurse may provide services~~
25 ~~in a hospital or a hospital affiliate as those terms are~~

1 ~~defined in the Hospital Licensing Act or the University of~~
2 ~~Illinois Hospital Act or a licensed ambulatory surgical~~
3 ~~treatment center without a written collaborative agreement~~
4 ~~pursuant to Section 65-35 of this Act. An advanced practice~~
5 ~~nurse must possess clinical privileges recommended by the~~
6 ~~hospital medical staff and granted by the hospital or the~~
7 ~~consulting medical staff committee and ambulatory surgical~~
8 ~~treatment center in order to provide services. The medical~~
9 ~~staff or consulting medical staff committee shall periodically~~
10 ~~review the services of advanced practice nurses granted~~
11 ~~clinical privileges, including any care provided in a hospital~~
12 ~~affiliate. Authority may also be granted when recommended by~~
13 ~~the hospital medical staff and granted by the hospital or~~
14 ~~recommended by the consulting medical staff committee and~~
15 ~~ambulatory surgical treatment center to individual advanced~~
16 ~~practice nurses to select, order, and administer medications,~~
17 ~~including controlled substances, to provide delineated care.~~
18 ~~In a hospital, hospital affiliate, or ambulatory surgical~~
19 ~~treatment center, the attending physician shall determine an~~
20 ~~advanced practice nurse's role in providing care for his or her~~
21 ~~patients, except as otherwise provided in the medical staff~~
22 ~~bylaws or consulting committee policies.~~

23 (a-2) (Blank) ~~An advanced practice nurse granted authority~~
24 ~~to order medications including controlled substances may~~
25 ~~complete discharge prescriptions provided the prescription is~~
26 ~~in the name of the advanced practice nurse and the attending or~~

1 ~~discharging physician.~~

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

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

25 (b) An advanced practice registered nurse who provides
26 services in a hospital shall do so in accordance with Section

1 10.7 of the Hospital Licensing Act and, in an ambulatory
2 surgical treatment center, in accordance with Section 6.5 of
3 the Ambulatory Surgical Treatment Center Act.

4 (c) (Blank) ~~Advanced practice nurses certified as nurse~~
5 ~~practitioners, nurse midwives, or clinical nurse specialists~~
6 ~~practicing in a hospital affiliate may be, but are not required~~
7 ~~to be, granted authority to prescribe Schedule II through V~~
8 ~~controlled substances when such authority is recommended by the~~
9 ~~appropriate physician committee of the hospital affiliate and~~
10 ~~granted by the hospital affiliate. This authority may, but is~~
11 ~~not required to, include prescription of, selection of, orders~~
12 ~~for, administration of, storage of, acceptance of samples of,~~
13 ~~and dispensing over the counter medications, legend drugs,~~
14 ~~medical gases, and controlled substances categorized as~~
15 ~~Schedule II through V controlled substances, as defined in~~
16 ~~Article II of the Illinois Controlled Substances Act, and other~~
17 ~~preparations, including, but not limited to, botanical and~~
18 ~~herbal remedies.~~

19 ~~To prescribe controlled substances under this subsection~~
20 ~~(c), an advanced practice nurse certified as a nurse~~
21 ~~practitioner, nurse midwife, or clinical nurse specialist must~~
22 ~~obtain a mid-level practitioner controlled substance license.~~
23 ~~Medication orders shall be reviewed periodically by the~~
24 ~~appropriate hospital affiliate physicians committee or its~~
25 ~~physician designee.~~

26 ~~The hospital affiliate shall file with the Department~~

1 ~~notice of a grant of prescriptive authority consistent with~~
2 ~~this subsection (c) and termination of such a grant of~~
3 ~~authority, in accordance with rules of the Department. Upon~~
4 ~~receipt of this notice of grant of authority to prescribe any~~
5 ~~Schedule II through V controlled substances, the licensed~~
6 ~~advanced practice nurse certified as a nurse practitioner,~~
7 ~~nurse midwife, or clinical nurse specialist may register for a~~
8 ~~mid level practitioner controlled substance license under~~
9 ~~Section 303.05 of the Illinois Controlled Substances Act.~~

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

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

25 ~~(2) any grant of authority must be controlled~~
26 ~~substances limited to the practice of the advanced practice~~

1 ~~nurse;~~

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

4 ~~(4) the advanced practice nurse must discuss the~~
5 ~~condition of any patients for whom a controlled substance~~
6 ~~is prescribed monthly with the appropriate physician~~
7 ~~committee of the hospital affiliate or its physician~~
8 ~~designee; and~~

9 ~~(5) the advanced practice nurse must meet the education~~
10 ~~requirements of Section 303.05 of the Illinois Controlled~~
11 ~~Substances Act.~~

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

13 (225 ILCS 65/65-50) (was 225 ILCS 65/15-30)

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

15 Sec. 65-50. APRN ~~APN~~ title.

16 (a) No person shall use any words, abbreviations, figures,
17 letters, title, sign, card, or device tending to imply that he
18 or she is an advanced practice registered nurse, including, but
19 not limited to, using the titles or initials "Advanced Practice
20 Registered Nurse", "Advanced Practice Nurse", "Certified Nurse
21 Midwife", "Certified Nurse Practitioner", "Certified
22 Registered Nurse Anesthetist", "Clinical Nurse Specialist",
23 "A.P.R.N.", "A.P.N.", "C.N.M.", "C.N.P.", "C.R.N.A.",
24 "C.N.S.", or similar titles or initials, with the intention of
25 indicating practice as an advanced practice registered nurse

1 without meeting the requirements of this Act.

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

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

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

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

13 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

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

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

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

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

23 (2) information pertaining to the person's areas of
24 specialization, including, but not limited to, appropriate
25 board certification or limitation of professional

1 practice;

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

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

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

11 (6) announcement of additions to or deletions from
12 professional licensed staff; and

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

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

19 (c) This Article does not authorize the advertising of
20 professional services that the offeror of the services is not
21 licensed or authorized to render. Nor shall the advertiser use
22 statements that contain false, fraudulent, deceptive, or
23 misleading material or guarantees of success, statements that
24 play upon the vanity or fears of the public, or statements that
25 promote or produce unfair competition.

26 (d) It is unlawful and punishable under the penalty

1 provisions of this Act for a person licensed under this Article
2 to knowingly advertise that the licensee will accept as payment
3 for services rendered by assignment from any third party payor
4 the amount the third party payor covers as payment in full, if
5 the effect is to give the impression of eliminating the need of
6 payment by the patient of any required deductible or copayment
7 applicable in the patient's health benefit plan.

8 (e) A licensee shall include in every advertisement for
9 services regulated under this Act his or her title as it
10 appears on the license or the initials authorized under this
11 Act.

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

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

17 (225 ILCS 65/65-60) (was 225 ILCS 65/15-45)

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

19 Sec. 65-60. Continuing education. The Department shall
20 adopt rules of continuing education for persons licensed under
21 this Article that require 50 hours of continuing education per
22 2-year license renewal cycle, 20 hours of which shall be
23 pharmacology. Of the 20 pharmacology hours, 10 shall be
24 regarding Schedule II controlled substances. Completion of the
25 50 hours of continuing education shall be deemed to satisfy the

1 continuing education requirements for renewal of an advanced
2 practice ~~a~~ registered ~~professional~~ nurse license as required by
3 this Act. The rules shall not be inconsistent with requirements
4 of relevant national certifying bodies or State or national
5 professional associations. The rules shall also address
6 variances in part or in whole for good cause, including, but
7 not, limited to illness or hardship. The continuing education
8 rules shall assure that licensees are given the opportunity to
9 participate in programs sponsored by or through their State or
10 national professional associations, hospitals, or other
11 providers of continuing education. Each licensee is
12 responsible for maintaining records of completion of
13 continuing education and shall be prepared to produce the
14 records when requested by the Department.

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

16 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

18 Sec. 65-65. Reports relating to APRN ~~APN~~ professional
19 conduct and capacity.

20 (a) Entities Required to Report.

21 (1) Health Care Institutions. The chief administrator
22 or executive officer of a health care institution licensed
23 by the Department of Public Health, which provides the
24 minimum due process set forth in Section 10.4 of the
25 Hospital Licensing Act, shall report to the Board when an

1 advanced practice registered nurse's organized
2 professional staff clinical privileges are terminated or
3 are restricted based on a final determination, in
4 accordance with that institution's bylaws or rules and
5 regulations, that (i) a person has either committed an act
6 or acts that may directly threaten patient care and that
7 are not of an administrative nature or (ii) that a person
8 may have a mental or physical disability that may endanger
9 patients under that person's care. The chief administrator
10 or officer shall also report if an advanced practice
11 registered nurse accepts voluntary termination or
12 restriction of clinical privileges in lieu of formal action
13 based upon conduct related directly to patient care and not
14 of an administrative nature, or in lieu of formal action
15 seeking to determine whether a person may have a mental or
16 physical disability that may endanger patients under that
17 person's care. The Board shall provide by rule for the
18 reporting to it of all instances in which a person licensed
19 under this Article, who is impaired by reason of age, drug,
20 or alcohol abuse or physical or mental impairment, is under
21 supervision and, where appropriate, is in a program of
22 rehabilitation. Reports submitted under this subsection
23 shall be strictly confidential and may be reviewed and
24 considered only by the members of the Board or authorized
25 staff as provided by rule of the Board. Provisions shall be
26 made for the periodic report of the status of any such

1 reported person not less than twice annually in order that
2 the Board shall have current information upon which to
3 determine the status of that person. Initial and periodic
4 reports of impaired advanced practice registered nurses
5 shall not be considered records within the meaning of the
6 State Records Act and shall be disposed of, following a
7 determination by the Board that such reports are no longer
8 required, in a manner and at an appropriate time as the
9 Board shall determine by rule. The filing of reports
10 submitted under this subsection shall be construed as the
11 filing of a report for purposes of subsection (c) of this
12 Section.

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

22 (3) Professional Liability Insurers. Every insurance
23 company that offers policies of professional liability
24 insurance to persons licensed under this Article, or any
25 other entity that seeks to indemnify the professional
26 liability of a person licensed under this Article, shall

1 report to the Board the settlement of any claim or cause of
2 action, or final judgment rendered in any cause of action,
3 that alleged negligence in the furnishing of patient care
4 by the licensee when the settlement or final judgment is in
5 favor of the plaintiff.

6 (4) State's Attorneys. The State's Attorney of each
7 county shall report to the Board all instances in which a
8 person licensed under this Article is convicted or
9 otherwise found guilty of the commission of a felony.

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

22 (b) Mandatory Reporting. All reports required under items
23 (16) and (17) of subsection (a) of Section 70-5 shall be
24 submitted to the Board in a timely fashion. The reports shall
25 be filed in writing within 60 days after a determination that a
26 report is required under this Article. All reports shall

1 contain the following information:

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

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

6 (3) The name or other means of identification of any
7 patient or patients whose treatment is a subject of the
8 report, except that no medical records may be revealed
9 without the written consent of the patient or patients.

10 (4) A brief description of the facts that gave rise to
11 the issuance of the report, including but not limited to
12 the dates of any occurrences deemed to necessitate the
13 filing of the report.

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

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

20 Nothing contained in this Section shall be construed to in
21 any way waive or modify the confidentiality of medical reports
22 and committee reports to the extent provided by law. Any
23 information reported or disclosed shall be kept for the
24 confidential use of the Board, the Board's attorneys, the
25 investigative staff, and authorized clerical staff and shall be
26 afforded the same status as is provided information concerning

1 medical studies in Part 21 of Article VIII of the Code of Civil
2 Procedure.

3 (c) Immunity from Prosecution. An individual or
4 organization acting in good faith, and not in a wilful and
5 wanton manner, in complying with this Section by providing a
6 report or other information to the Board, by assisting in the
7 investigation or preparation of a report or information, by
8 participating in proceedings of the Board, or by serving as a
9 member of the Board shall not, as a result of such actions, be
10 subject to criminal prosecution or civil damages.

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

1 actions were not performed in good faith or were wilful and
2 wanton in nature. The member shall notify the Attorney General
3 within 7 days of receipt of notice of the initiation of an
4 action involving services of the Board. Failure to so notify
5 the Attorney General shall constitute an absolute waiver of the
6 right to a defense and indemnification. The Attorney General
7 shall determine within 7 days after receiving the notice
8 whether he or she will undertake to represent the member.

9 (e) Deliberations of Board. Upon the receipt of a report
10 called for by this Section, other than those reports of
11 impaired persons licensed under this Article required pursuant
12 to the rules of the Board, the Board shall notify in writing by
13 certified mail the person who is the subject of the report. The
14 notification shall be made within 30 days of receipt by the
15 Board of the report. The notification shall include a written
16 notice setting forth the person's right to examine the report.
17 Included in the notification shall be the address at which the
18 file is maintained, the name of the custodian of the reports,
19 and the telephone number at which the custodian may be reached.
20 The person who is the subject of the report shall submit a
21 written statement responding to, clarifying, adding to, or
22 proposing to amend the report previously filed. The statement
23 shall become a permanent part of the file and shall be received
24 by the Board no more than 30 days after the date on which the
25 person was notified of the existence of the original report.
26 The Board shall review all reports received by it and any

1 supporting information and responding statements submitted by
2 persons who are the subject of reports. The review by the Board
3 shall be in a timely manner but in no event shall the Board's
4 initial review of the material contained in each disciplinary
5 file be less than 61 days nor more than 180 days after the
6 receipt of the initial report by the Board. When the Board
7 makes its initial review of the materials contained within its
8 disciplinary files, the Board shall, in writing, make a
9 determination as to whether there are sufficient facts to
10 warrant further investigation or action. Failure to make that
11 determination within the time provided shall be deemed to be a
12 determination that there are not sufficient facts to warrant
13 further investigation or action. Should the Board find that
14 there are not sufficient facts to warrant further investigation
15 or action, the report shall be accepted for filing and the
16 matter shall be deemed closed and so reported. The individual
17 or entity filing the original report or complaint and the
18 person who is the subject of the report or complaint shall be
19 notified in writing by the Board of any final action on their
20 report or complaint.

21 (f) Summary Reports. The Board shall prepare, on a timely
22 basis, but in no event less than one every other month, a
23 summary report of final actions taken upon disciplinary files
24 maintained by the Board. The summary reports shall be made
25 available to the public upon request and payment of the fees
26 set by the Department. This publication may be made available

1 to the public on the Department's Internet website.

2 (g) Any violation of this Section shall constitute a Class
3 A misdemeanor.

4 (h) If a person violates the provisions of this Section, an
5 action may be brought in the name of the People of the State of
6 Illinois, through the Attorney General of the State of
7 Illinois, for an order enjoining the violation or for an order
8 enforcing compliance with this Section. Upon filing of a
9 verified petition in court, the court may issue a temporary
10 restraining order without notice or bond and may preliminarily
11 or permanently enjoin the violation, and if it is established
12 that the person has violated or is violating the injunction,
13 the court may punish the offender for contempt of court.
14 Proceedings under this subsection shall be in addition to, and
15 not in lieu of, all other remedies and penalties provided for
16 by this Section.

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

18 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

20 Sec. 70-5. Grounds for disciplinary action.

21 (a) The Department may refuse to issue or to renew, or may
22 revoke, suspend, place on probation, reprimand, or take other
23 disciplinary or non-disciplinary action as the Department may
24 deem appropriate, including fines not to exceed \$10,000 per
25 violation, with regard to a license for any one or combination

1 of the causes set forth in subsection (b) below. All fines
2 collected under this Section shall be deposited in the Nursing
3 Dedicated and Professional Fund.

4 (b) Grounds for disciplinary action include the following:

5 (1) Material deception in furnishing information to
6 the Department.

7 (2) Material violations of any provision of this Act or
8 violation of the rules of or final administrative action of
9 the Secretary, after consideration of the recommendation
10 of the Board.

11 (3) Conviction by plea of guilty or nolo contendere,
12 finding of guilt, jury verdict, or entry of judgment or by
13 sentencing of any crime, including, but not limited to,
14 convictions, preceding sentences of supervision,
15 conditional discharge, or first offender probation, under
16 the laws of any jurisdiction of the United States: (i) that
17 is a felony; or (ii) that is a misdemeanor, an essential
18 element of which is dishonesty, or that is directly related
19 to the practice of the profession.

20 (4) A pattern of practice or other behavior which
21 demonstrates incapacity or incompetency to practice under
22 this Act.

23 (5) Knowingly aiding or assisting another person in
24 violating any provision of this Act or rules.

25 (6) Failing, within 90 days, to provide a response to a
26 request for information in response to a written request

1 made by the Department by certified mail.

2 (7) Engaging in dishonorable, unethical or
3 unprofessional conduct of a character likely to deceive,
4 defraud or harm the public, as defined by rule.

5 (8) Unlawful taking, theft, selling, distributing, or
6 manufacturing of any drug, narcotic, or prescription
7 device.

8 (9) Habitual or excessive use or addiction to alcohol,
9 narcotics, stimulants, or any other chemical agent or drug
10 that could result in a licensee's inability to practice
11 with reasonable judgment, skill or safety.

12 (10) Discipline by another U.S. jurisdiction or
13 foreign nation, if at least one of the grounds for the
14 discipline is the same or substantially equivalent to those
15 set forth in this Section.

16 (11) A finding that the licensee, after having her or
17 his license placed on probationary status or subject to
18 conditions or restrictions, has violated the terms of
19 probation or failed to comply with such terms or
20 conditions.

21 (12) Being named as a perpetrator in an indicated
22 report by the Department of Children and Family Services
23 and under the Abused and Neglected Child Reporting Act, and
24 upon proof by clear and convincing evidence that the
25 licensee has caused a child to be an abused child or
26 neglected child as defined in the Abused and Neglected

1 Child Reporting Act.

2 (13) Willful omission to file or record, or willfully
3 impeding the filing or recording or inducing another person
4 to omit to file or record medical reports as required by
5 law or willfully failing to report an instance of suspected
6 child abuse or neglect as required by the Abused and
7 Neglected Child Reporting Act.

8 (14) Gross negligence in the practice of practical,
9 professional, or advanced practice registered nursing.

10 (15) Holding oneself out to be practicing nursing under
11 any name other than one's own.

12 (16) Failure of a licensee to report to the Department
13 any adverse final action taken against him or her by
14 another licensing jurisdiction of the United States or any
15 foreign state or country, any peer review body, any health
16 care institution, any professional or nursing society or
17 association, any governmental agency, any law enforcement
18 agency, or any court or a nursing liability claim related
19 to acts or conduct similar to acts or conduct that would
20 constitute grounds for action as defined in this Section.

21 (17) Failure of a licensee to report to the Department
22 surrender by the licensee of a license or authorization to
23 practice nursing or advanced practice registered nursing
24 in another state or jurisdiction or current surrender by
25 the licensee of membership on any nursing staff or in any
26 nursing or advanced practice registered nursing or

1 professional association or society while under
2 disciplinary investigation by any of those authorities or
3 bodies for acts or conduct similar to acts or conduct that
4 would constitute grounds for action as defined by this
5 Section.

6 (18) Failing, within 60 days, to provide information in
7 response to a written request made by the Department.

8 (19) Failure to establish and maintain records of
9 patient care and treatment as required by law.

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

13 (21) Allowing another person or organization to use the
14 licensees' license to deceive the public.

15 (22) Willfully making or filing false records or
16 reports in the licensee's practice, including but not
17 limited to false records to support claims against the
18 medical assistance program of the Department of Healthcare
19 and Family Services (formerly Department of Public Aid)
20 under the Illinois Public Aid Code.

21 (23) Attempting to subvert or cheat on a licensing
22 examination administered under this Act.

23 (24) Immoral conduct in the commission of an act,
24 including, but not limited to, sexual abuse, sexual
25 misconduct, or sexual exploitation, related to the
26 licensee's practice.

1 (25) Willfully or negligently violating the
2 confidentiality between nurse and patient except as
3 required by law.

4 (26) Practicing under a false or assumed name, except
5 as provided by law.

6 (27) The use of any false, fraudulent, or deceptive
7 statement in any document connected with the licensee's
8 practice.

9 (28) Directly or indirectly giving to or receiving from
10 a person, firm, corporation, partnership, or association a
11 fee, commission, rebate, or other form of compensation for
12 professional services not actually or personally rendered.
13 Nothing in this paragraph (28) affects any bona fide
14 independent contractor or employment arrangements among
15 health care professionals, health facilities, health care
16 providers, or other entities, except as otherwise
17 prohibited by law. Any employment arrangements may include
18 provisions for compensation, health insurance, pension, or
19 other employment benefits for the provision of services
20 within the scope of the licensee's practice under this Act.
21 Nothing in this paragraph (28) shall be construed to
22 require an employment arrangement to receive professional
23 fees for services rendered.

24 (29) A violation of the Health Care Worker
25 Self-Referral Act.

26 (30) Inability ~~Physical illness, including but not~~

1 ~~limited to deterioration through the aging process or loss~~
2 ~~of motor skill, mental illness, or disability that results~~
3 ~~in the inability~~ to practice the profession with reasonable
4 judgment, skill, or safety.

5 (31) A postgraduate advanced practice registered nurse
6 exceeding ~~Exceeding~~ the terms of a collaborative agreement
7 or the prescriptive authority delegated to a licensee by
8 his or her collaborating advanced practice registered
9 nurse or physician ~~or podiatric physician~~ in guidelines
10 established under a written collaborative agreement.

11 (32) Making a false or misleading statement regarding a
12 licensee's skill or the efficacy or value of the medicine,
13 treatment, or remedy prescribed by him or her in the course
14 of treatment.

15 (33) Prescribing, selling, administering,
16 distributing, giving, or self-administering a drug
17 classified as a controlled substance (designated product)
18 or narcotic for other than medically accepted therapeutic
19 purposes.

20 (34) Promotion of the sale of drugs, devices,
21 appliances, or goods provided for a patient in a manner to
22 exploit the patient for financial gain.

23 (35) Violating State or federal laws, rules, or
24 regulations relating to controlled substances.

25 (36) Willfully or negligently violating the
26 confidentiality between an advanced practice registered

1 nurse, collaborating physician, dentist, or podiatric
2 physician and a patient, except as required by law.

3 (37) A violation of any provision of this Act or any
4 rules promulgated under this Act.

5 (c) The determination by a circuit court that a licensee is
6 subject to involuntary admission or judicial admission as
7 provided in the Mental Health and Developmental Disabilities
8 Code, as amended, operates as an automatic suspension. The
9 suspension will end only upon a finding by a court that the
10 patient is no longer subject to involuntary admission or
11 judicial admission and issues an order so finding and
12 discharging the patient; and upon the recommendation of the
13 Board to the Secretary that the licensee be allowed to resume
14 his or her practice.

15 (d) The Department may refuse to issue or may suspend or
16 otherwise discipline the license of any person who fails to
17 file a return, or to pay the tax, penalty or interest shown in
18 a filed return, or to pay any final assessment of the tax,
19 penalty, or interest as required by any tax Act administered by
20 the Department of Revenue, until such time as the requirements
21 of any such tax Act are satisfied.

22 (e) In enforcing this Act, the Department or Board, upon a
23 showing of a possible violation, may compel an individual
24 licensed to practice under this Act or who has applied for
25 licensure under this Act, to submit to a mental or physical
26 examination, or both, as required by and at the expense of the

1 Department. The Department or Board may order the examining
2 physician to present testimony concerning the mental or
3 physical examination of the licensee or applicant. No
4 information shall be excluded by reason of any common law or
5 statutory privilege relating to communications between the
6 licensee or applicant and the examining physician. The
7 examining physicians shall be specifically designated by the
8 Board or Department. The individual to be examined may have, at
9 his or her own expense, another physician of his or her choice
10 present during all aspects of this examination. Failure of an
11 individual to submit to a mental or physical examination, when
12 directed, shall result in an automatic suspension without
13 hearing.

14 All substance-related violations shall mandate an
15 automatic substance abuse assessment. Failure to submit to an
16 assessment by a licensed physician who is certified as an
17 addictionist or an advanced practice registered nurse with
18 specialty certification in addictions may be grounds for an
19 automatic suspension, as defined by rule.

20 If the Department or Board finds an individual unable to
21 practice or unfit for duty because of the reasons set forth in
22 this Section, the Department or Board may require that
23 individual to submit to a substance abuse evaluation or
24 treatment by individuals or programs approved or designated by
25 the Department or Board, as a condition, term, or restriction
26 for continued, reinstated, or renewed licensure to practice;

1 or, in lieu of evaluation or treatment, the Department may
2 file, or the Board may recommend to the Department to file, a
3 complaint to immediately suspend, revoke, or otherwise
4 discipline the license of the individual. An individual whose
5 license was granted, continued, reinstated, renewed,
6 disciplined or supervised subject to such terms, conditions, or
7 restrictions, and who fails to comply with such terms,
8 conditions, or restrictions, shall be referred to the Secretary
9 for a determination as to whether the individual shall have his
10 or her license suspended immediately, pending a hearing by the
11 Department.

12 In instances in which the Secretary immediately suspends a
13 person's license under this Section, a hearing on that person's
14 license must be convened by the Department within 15 days after
15 the suspension and completed without appreciable delay. The
16 Department and Board shall have the authority to review the
17 subject individual's record of treatment and counseling
18 regarding the impairment to the extent permitted by applicable
19 federal statutes and regulations safeguarding the
20 confidentiality of medical records.

21 An individual licensed under this Act and affected under
22 this Section shall be afforded an opportunity to demonstrate to
23 the Department that he or she can resume practice in compliance
24 with nursing standards under the provisions of his or her
25 license.

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

1 (225 ILCS 65/70-50) (was 225 ILCS 65/20-40)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 70-50. Fund.

4 (a) There is hereby created within the State Treasury the
5 Nursing Dedicated and Professional Fund. The monies in the Fund
6 may be used by and at the direction of the Department for the
7 administration and enforcement of this Act, including but not
8 limited to:

9 (1) Distribution and publication of this Act and rules.

10 (2) Employment of secretarial, nursing,
11 administrative, enforcement, and other staff for the
12 administration of this Act.

13 (b) Disposition of fees:

14 (1) \$5 of every licensure fee shall be placed in a fund
15 for assistance to nurses enrolled in a diversionary program
16 as approved by the Department.

17 (2) All of the fees, fines, and penalties collected
18 pursuant to this Act shall be deposited in the Nursing
19 Dedicated and Professional Fund.

20 (3) Each fiscal year, the moneys deposited in the
21 Nursing Dedicated and Professional Fund shall be
22 appropriated to the Department for expenses of the
23 Department and the Board in the administration of this Act.
24 All earnings received from investment of moneys in the
25 Nursing Dedicated and Professional Fund shall be deposited

1 in the Nursing Dedicated and Professional Fund and shall be
2 used for the same purposes as fees deposited in the Fund.

3 (4) For the fiscal year beginning July 1, 2009 and for
4 each fiscal year thereafter, \$2,000,000 of the moneys
5 deposited in the Nursing Dedicated and Professional Fund
6 each year shall be set aside and appropriated to the
7 Department of Public Health for nursing scholarships
8 awarded pursuant to the Nursing Education Scholarship Law.
9 Representatives of the Department and the Nursing
10 Education Scholarship Program Advisory Council shall
11 review this requirement and the scholarship awards every 2
12 years.

13 (5) Moneys in the Fund may be transferred to the
14 Professions Indirect Cost Fund as authorized under Section
15 2105-300 of the Department of Professional Regulation Law
16 (20 ILCS 2105/2105-300).

17 (c) Moneys set aside for nursing scholarships awarded
18 pursuant to the Nursing Education Scholarship Law as provided
19 in item (4) of subsection (b) of this Section may not be
20 transferred under Section 8h of the State Finance Act.

21 (d) At the end of every fiscal year, the Department of
22 Public Health shall prepare a report regarding the moneys
23 appropriated from the Fund to the Department of Public Health
24 for nursing scholarships. The report shall provide data
25 regarding the allocation of moneys, including the persons or
26 organizations to which such funds were allocated,

1 administrative costs allocated to the Fund, and the total
2 amount disbursed. The Department of Public Health shall submit
3 the report to the Board of Nursing and the Center for Nursing
4 and shall post the report on the Department of Public Health's
5 website.

6 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;
7 96-328, eff. 8-11-09; 96-805, eff. 10-30-09.)

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

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4	5 ILCS 80/4.38 new	
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- 1 225 ILCS 65/65-65 was 225 ILCS 65/15-55
- 2 225 ILCS 65/70-5 was 225 ILCS 65/10-45
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