



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB2975

by Rep. Michael J. Zalewski

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides for the licensure of anesthesiologist assistants by the Department of Financial and Professional Regulation. Sets forth provisions concerning qualifications, grounds for disciplinary action, and administrative procedures. Makes conforming changes throughout the Act and in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act. Effective immediately.

LRB100 05385 SMS 15396 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

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 Ambulatory Surgical Treatment Center Act is
5 amended by changing Section 6.5 as follows:

6 (210 ILCS 5/6.5)

7 Sec. 6.5. Clinical privileges; advanced practice nurses.
8 All ambulatory surgical treatment centers (ASTC) licensed
9 under this Act shall comply with the following requirements:

10 (1) No ASTC policy, rule, regulation, or practice shall
11 be inconsistent with the provision of adequate
12 collaboration and consultation in accordance with Section
13 54.5 of the Medical Practice Act of 1987.

14 (2) Operative surgical procedures shall be performed
15 only by a physician licensed to practice medicine in all
16 its branches under the Medical Practice Act of 1987, a
17 dentist licensed under the Illinois Dental Practice Act, or
18 a podiatric physician licensed under the Podiatric Medical
19 Practice Act of 1987, with medical staff membership and
20 surgical clinical privileges granted by the consulting
21 committee of the ASTC. A licensed physician, dentist, or
22 podiatric physician may be assisted by a physician licensed
23 to practice medicine in all its branches, dentist, dental

1 assistant, podiatric physician, licensed advanced practice
2 nurse, licensed physician assistant, licensed registered
3 nurse, licensed practical nurse, licensed anesthesiologist
4 assistant, surgical assistant, surgical technician, or
5 other individuals granted clinical privileges to assist in
6 surgery by the consulting committee of the ASTC. Payment
7 for services rendered by an assistant in surgery who is not
8 an ambulatory surgical treatment center employee shall be
9 paid at the appropriate non-physician modifier rate if the
10 payor would have made payment had the same services been
11 provided by a physician.

12 (2.5) A registered nurse licensed under the Nurse
13 Practice Act and qualified by training and experience in
14 operating room nursing shall be present in the operating
15 room and function as the circulating nurse during all
16 invasive or operative procedures. For purposes of this
17 paragraph (2.5), "circulating nurse" means a registered
18 nurse who is responsible for coordinating all nursing care,
19 patient safety needs, and the needs of the surgical team in
20 the operating room during an invasive or operative
21 procedure.

22 (3) An advanced practice nurse is not required to
23 possess prescriptive authority or a written collaborative
24 agreement meeting the requirements of the Nurse Practice
25 Act to provide advanced practice nursing services in an
26 ambulatory surgical treatment center. An advanced practice

1 nurse must possess clinical privileges granted by the
2 consulting medical staff committee and ambulatory surgical
3 treatment center in order to provide services. Individual
4 advanced practice nurses may also be granted clinical
5 privileges to order, select, and administer medications,
6 including controlled substances, to provide delineated
7 care. The attending physician must determine the advanced
8 practice nurse's role in providing care for his or her
9 patients, except as otherwise provided in the consulting
10 staff policies. The consulting medical staff committee
11 shall periodically review the services of advanced
12 practice nurses granted privileges.

13 (4) The anesthesia service shall be under the direction
14 of a physician licensed to practice medicine in all its
15 branches who has had specialized preparation or experience
16 in the area or who has completed a residency in
17 anesthesiology. An anesthesiologist, Board certified or
18 Board eligible, is recommended. Anesthesia services may
19 only be administered pursuant to the order of a physician
20 licensed to practice medicine in all its branches, licensed
21 dentist, or licensed podiatric physician.

22 (A) The individuals who, with clinical privileges
23 granted by the medical staff and ASTC, may administer
24 anesthesia services are limited to the following:

25 (i) an anesthesiologist; or

26 (ii) a physician licensed to practice medicine

1 in all its branches; or

2 (iii) a dentist with authority to administer
3 anesthesia under Section 8.1 of the Illinois
4 Dental Practice Act; or

5 (iv) a licensed certified registered nurse
6 anesthetist; ~~or~~

7 (v) a podiatric physician licensed under the
8 Podiatric Medical Practice Act of 1987; ~~or~~

9 (vi) a licensed anesthesiologist assistant
10 under the supervision of an anesthesiologist.

11 (B) For anesthesia services, an anesthesiologist
12 shall participate through discussion of and agreement
13 with the anesthesia plan and shall remain physically
14 present and be available on the premises during the
15 delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical
17 conditions. In the absence of 24-hour availability of
18 anesthesiologists with clinical privileges, an
19 alternate policy (requiring participation, presence,
20 and availability of a physician licensed to practice
21 medicine in all its branches) shall be developed by the
22 medical staff consulting committee in consultation
23 with the anesthesia service and included in the medical
24 staff consulting committee policies.

25 (C) A certified registered nurse anesthetist is
26 not required to possess prescriptive authority or a

1 written collaborative agreement meeting the
2 requirements of Section 65-35 of the Nurse Practice Act
3 to provide anesthesia services ordered by a licensed
4 physician, dentist, or podiatric physician. Licensed
5 certified registered nurse anesthetists are authorized
6 to select, order, and administer drugs and apply the
7 appropriate medical devices in the provision of
8 anesthesia services under the anesthesia plan agreed
9 with by the anesthesiologist or, in the absence of an
10 available anesthesiologist with clinical privileges,
11 agreed with by the operating physician, operating
12 dentist, or operating podiatric physician in
13 accordance with the medical staff consulting committee
14 policies of a licensed ambulatory surgical treatment
15 center.

16 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

17 Section 10. The Hospital Licensing Act is amended by
18 changing Section 10.7 as follows:

19 (210 ILCS 85/10.7)

20 Sec. 10.7. Clinical privileges; advanced practice nurses.
21 All hospitals licensed under this Act shall comply with the
22 following requirements:

23 (1) No hospital policy, rule, regulation, or practice
24 shall be inconsistent with the provision of adequate

1 collaboration and consultation in accordance with Section
2 54.5 of the Medical Practice Act of 1987.

3 (2) Operative surgical procedures shall be performed
4 only by a physician licensed to practice medicine in all
5 its branches under the Medical Practice Act of 1987, a
6 dentist licensed under the Illinois Dental Practice Act, or
7 a podiatric physician licensed under the Podiatric Medical
8 Practice Act of 1987, with medical staff membership and
9 surgical clinical privileges granted at the hospital. A
10 licensed physician, dentist, or podiatric physician may be
11 assisted by a physician licensed to practice medicine in
12 all its branches, dentist, dental assistant, podiatric
13 physician, licensed advanced practice nurse, licensed
14 physician assistant, licensed registered nurse, licensed
15 practical nurse, licensed anesthesiologist assistant,
16 surgical assistant, surgical technician, or other
17 individuals granted clinical privileges to assist in
18 surgery at the hospital. Payment for services rendered by
19 an assistant in surgery who is not a hospital employee
20 shall be paid at the appropriate non-physician modifier
21 rate if the payor would have made payment had the same
22 services been provided by a physician.

23 (2.5) A registered nurse licensed under the Nurse
24 Practice Act and qualified by training and experience in
25 operating room nursing shall be present in the operating
26 room and function as the circulating nurse during all

1 invasive or operative procedures. For purposes of this
2 paragraph (2.5), "circulating nurse" means a registered
3 nurse who is responsible for coordinating all nursing care,
4 patient safety needs, and the needs of the surgical team in
5 the operating room during an invasive or operative
6 procedure.

7 (3) An advanced practice nurse is not required to
8 possess prescriptive authority or a written collaborative
9 agreement meeting the requirements of the Nurse Practice
10 Act to provide advanced practice nursing services in a
11 hospital. An advanced practice nurse must possess clinical
12 privileges recommended by the medical staff and granted by
13 the hospital in order to provide services. Individual
14 advanced practice nurses may also be granted clinical
15 privileges to order, select, and administer medications,
16 including controlled substances, to provide delineated
17 care. The attending physician must determine the advanced
18 practice nurse's role in providing care for his or her
19 patients, except as otherwise provided in medical staff
20 bylaws. The medical staff shall periodically review the
21 services of advanced practice nurses granted privileges.
22 This review shall be conducted in accordance with item (2)
23 of subsection (a) of Section 10.8 of this Act for advanced
24 practice nurses employed by the hospital.

25 (4) The anesthesia service shall be under the direction
26 of a physician licensed to practice medicine in all its

1 branches who has had specialized preparation or experience
2 in the area or who has completed a residency in
3 anesthesiology. An anesthesiologist, Board certified or
4 Board eligible, is recommended. Anesthesia services may
5 only be administered pursuant to the order of a physician
6 licensed to practice medicine in all its branches, licensed
7 dentist, or licensed podiatric physician.

8 (A) The individuals who, with clinical privileges
9 granted at the hospital, may administer anesthesia
10 services are limited to the following:

11 (i) an anesthesiologist; or

12 (ii) a physician licensed to practice medicine
13 in all its branches; or

14 (iii) a dentist with authority to administer
15 anesthesia under Section 8.1 of the Illinois
16 Dental Practice Act; or

17 (iv) a licensed certified registered nurse
18 anesthetist; ~~or~~

19 (v) a podiatric physician licensed under the
20 Podiatric Medical Practice Act of 1987; ~~or~~

21 (vi) a licensed anesthesiologist assistant
22 under the supervision of an anesthesiologist.

23 (B) For anesthesia services, an anesthesiologist
24 shall participate through discussion of and agreement
25 with the anesthesia plan and shall remain physically
26 present and be available on the premises during the

1 delivery of anesthesia services for diagnosis,
2 consultation, and treatment of emergency medical
3 conditions. In the absence of 24-hour availability of
4 anesthesiologists with medical staff privileges, an
5 alternate policy (requiring participation, presence,
6 and availability of a physician licensed to practice
7 medicine in all its branches) shall be developed by the
8 medical staff and licensed hospital in consultation
9 with the anesthesia service.

10 (C) A certified registered nurse anesthetist is
11 not required to possess prescriptive authority or a
12 written collaborative agreement meeting the
13 requirements of Section 65-35 of the Nurse Practice Act
14 to provide anesthesia services ordered by a licensed
15 physician, dentist, or podiatric physician. Licensed
16 certified registered nurse anesthetists are authorized
17 to select, order, and administer drugs and apply the
18 appropriate medical devices in the provision of
19 anesthesia services under the anesthesia plan agreed
20 with by the anesthesiologist or, in the absence of an
21 available anesthesiologist with clinical privileges,
22 agreed with by the operating physician, operating
23 dentist, or operating podiatric physician in
24 accordance with the hospital's alternative policy.

25 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

1 Section 15. The Medical Practice Act of 1987 is amended by
2 changing Sections 2, 3, 3.5, 9, 9.3, 11, 12, 19, 20, 21, 22,
3 22.2, 23, 25, 26, 27, 33, 35, 36, 37, 38, 41, 42, 46, 47, 48,
4 49, 49.5, and 61 and by adding Sections 4.5, 8.5, 9.1, 11.3,
5 11.5, 19.5, 21.3, 21.5, 21.7, 21.9, 22.1, 28.3, 28.5, 37.5,
6 39.5, and 59.5 as follows:

7 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

8 (Section scheduled to be repealed on December 31, 2017)

9 Sec. 2. Definitions. For purposes of this Act, the
10 following definitions shall have the following meanings,
11 except where the context requires otherwise:

12 "Act" means the Medical Practice Act of 1987.

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

20 "Anesthesiologist" means a physician licensed to practice
21 medicine in all its branches by the Department who has
22 completed a residency in anesthesiology approved by the
23 American Board of Anesthesiology or the American Osteopathic
24 Board of Anesthesiology, or foreign equivalent, holds an
25 unrestricted license, and is actively engaged in clinical

1 practice.

2 "Anesthesiologist assistant" means an individual licensed
3 by the Department to assist in the delivery of medical care,
4 including anesthesia services under the supervision of an
5 anesthesiologist.

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

13 "Department" means the Department of Financial and
14 Professional Regulation.

15 "Disciplinary Action" means revocation, suspension,
16 probation, supervision, practice modification, reprimand,
17 required education, fines or any other action taken by the
18 Department against a person holding a license.

19 "Disciplinary Board" means the Medical Disciplinary Board.

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

26 "Fund" means the Medical Disciplinary Fund.

1 "Impaired" means the inability to practice medicine with
2 reasonable skill and safety due to physical or mental
3 disabilities as evidenced by a written determination or written
4 consent based on clinical evidence including deterioration
5 through the aging process or loss of motor skill, or abuse of
6 drugs or alcohol, of sufficient degree to diminish a person's
7 ability to deliver competent patient care.

8 "Licensing Board" means the Medical Licensing Board.

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

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

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

25 "Reinstate" means to change the status of a license from
26 inactive or nonrenewed status to active status.

1 "Restore" means to remove an encumbrance from a license due
2 to probation, suspension, or revocation.

3 "Secretary" means the Secretary of the Department of
4 Financial and Professional Regulation.

5 "Supervision" means overseeing the activities of, and
6 accepting responsibility for, the medical services rendered by
7 the anesthesiologist assistant and maintaining physical
8 proximity that allows the anesthesiologist to return to
9 reestablish direct contact with the patient to meet medical
10 needs and address any urgent or emergent clinical problems at
11 all times that medical services are rendered by the
12 anesthesiologist assistant.

13 (Source: P.A. 97-462, eff. 8-19-11; 97-622, eff. 11-23-11;
14 98-1140, eff. 12-30-14.)

15 (225 ILCS 60/3) (from Ch. 111, par. 4400-3)

16 (Section scheduled to be repealed on December 31, 2017)

17 Sec. 3. Physician licensure ~~Licensure~~ requirement. No
18 person shall practice medicine, or any of its branches, or
19 treat human ailments without the use of drugs and without
20 operative surgery, without a valid, active license to do so,
21 except that a physician who holds an active license in another
22 state or a second year resident enrolled in a residency program
23 accredited by the Liaison Committee on Graduate Medical
24 Education or the Bureau of Professional Education of the
25 American Osteopathic Association may provide medical services

1 to patients in Illinois during a bonafide emergency in
2 immediate preparation for or during interstate transit.

3 (Source: P.A. 98-1140, eff. 12-30-14.)

4 (225 ILCS 60/3.5)

5 (Section scheduled to be repealed on December 31, 2017)

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

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

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

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

24 (Source: P.A. 97-622, eff. 11-23-11.)

1 (225 ILCS 60/4.5 new)

2 Sec. 4.5. Application of Act. This Act does not prohibit:

3 (1) any person licensed in this State under any other
4 Act from engaging in the practice for which he or she is
5 licensed;

6 (2) the practice as an anesthesiologist assistant by a
7 person who is employed by the United States government or
8 any bureau, division, or agency thereof while in the
9 discharge of the employee's official duties; or

10 (3) the practice as an anesthesiologist assistant that
11 is included in their program of study by students enrolled
12 in schools or in refresher courses approved by the
13 Department.

14 (225 ILCS 60/8.5 new)

15 Sec. 8.5. Anesthesiologist Assistant Advisory Committee.

16 (a) There is established an Anesthesiologist Assistant
17 Advisory Committee. The Anesthesiologist Assistant Advisory
18 Committee may review and make recommendations to the Department
19 and the Board regarding all matters relating to
20 anesthesiologist assistants. These matters may include, but
21 are not limited to:

22 (1) applications for licensure;

23 (2) disciplinary proceedings;

24 (3) renewal requirements; and

25 (4) any other issues pertaining to the regulation and

1 practice of anesthesiologist assistants in the State.

2 (b) The committee's membership shall consist of the
3 following members appointed by the Governor for 3-year terms:

4 (1) one member of the Medical Licensing Board;

5 (2) one anesthesiologist assistant licensed under this
6 Act;

7 (3) two anesthesiologists; and

8 (4) one public member.

9 The appointee under item (2) of this subsection (b) shall
10 be selected from a list of recommended appointees submitted by
11 a statewide association or society representing
12 anesthesiologists.

13 The appointees under item (3) of this subsection (b) shall
14 be selected from a list of recommended appointees submitted by
15 a statewide association or society representing
16 anesthesiologists.

17 (c) Members of the Anesthesiologist Assistant Advisory
18 Committee shall have no liability for any action based upon a
19 disciplinary proceeding or other activity performed in good
20 faith as a member of the committee.

21 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

22 (Section scheduled to be repealed on December 31, 2017)

23 Sec. 9. Physician application ~~Application~~ for license.
24 Each applicant for a license shall:

25 (A) Make application on blank forms prepared and

1 furnished by the Department.

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

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

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

15 (3) (blank); and

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

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

13 In determining professional capacity under this
14 Section, an individual may be required to complete such
15 additional testing, training, or remedial education as the
16 Licensing Board may deem necessary in order to establish
17 the physician applicant's present capacity to practice
18 medicine with reasonable judgment, skill, and safety. The
19 Licensing Board may consider the following criteria, as
20 they relate to a physician ~~an~~ applicant, as part of its
21 determination of professional capacity:

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

25 (2) Specialized training or education.

26 (3) Publication of original work in learned,

1 medical, or scientific journals.

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

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

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

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

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

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

26 (D) Pay to the Department at the time of application

1 the required fees.

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

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

11 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

12 (225 ILCS 60/9.1 new)

13 Sec. 9.1. Application for anesthesiologist assistant
14 licensure. Applications for original anesthesiologist
15 assistant licenses shall be made to the Department in writing
16 on forms prescribed by the Department and shall be accompanied
17 by the required fee, which shall not be refundable. An
18 anesthesiologist assistant application shall require
19 information that, in the judgment of the Department, will
20 enable the Department to pass on the qualifications of the
21 applicant for a license. An anesthesiologist assistant
22 application shall include evidence of meeting the
23 qualifications for licensure in Section 11.3 of this Act.

24 Anesthesiologist assistant applicants have 3 years from
25 the date of application to complete the application process. If

1 the process has not been completed in 3 years, the application
2 shall be denied, the fee shall be forfeited, and the
3 anesthesiologist assistant applicant must reapply and meet the
4 requirements in effect at the time of reapplication.

5 (225 ILCS 60/9.3)

6 (Section scheduled to be repealed on December 31, 2017)

7 Sec. 9.3. Withdrawal of physician application. Any
8 physician applicant applying for a physician license or permit
9 under this Act may withdraw his or her application at any time.
10 If a physician ~~an~~ applicant withdraws his or her application
11 after receipt of a written Notice of Intent to Deny License or
12 Permit, then the withdrawal shall be reported to the Federation
13 of State Medical Boards and the National Practitioner Data
14 Bank.

15 (Source: P.A. 98-601, eff. 12-30-13; 98-1140, eff. 12-30-14.)

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

17 (Section scheduled to be repealed on December 31, 2017)

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

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

24 (1) For applications for licensure under

1 subsection (D) of Section 19 of this Act:

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

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

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

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

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

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

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

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

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

1 comprising at least 2 academic years of study in
2 the basic medical sciences; and 2 academic years of
3 study in the clinical sciences, while enrolled in
4 the medical college which conferred the degree,
5 the core rotations of which must have been
6 completed in clinical teaching facilities owned,
7 operated or formally affiliated with the medical
8 college which conferred the degree, or under
9 contract in teaching facilities owned, operated or
10 affiliated with another medical college which is
11 officially recognized by the jurisdiction in which
12 the medical school which conferred the degree is
13 located; or (ii) graduated from a medical or
14 osteopathic college accredited by the Liaison
15 Committee on Medical Education, the Committee on
16 Accreditation of Canadian Medical Schools in
17 conjunction with the Liaison Committee on Medical
18 Education, or the Bureau of Professional Education
19 of the American Osteopathic Association; and,
20 (iii) in addition thereto, has completed 24 months
21 of postgraduate clinical training, as approved by
22 the Department; or

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

1 requirements of subparagraph (a), except for the
2 awarding of a degree, has completed all of the
3 formal requirements of a foreign medical school
4 except internship and social service and has
5 submitted an application to a medical college
6 accredited by the Liaison Committee on Medical
7 Education and submitted to such evaluation
8 procedures, including use of nationally recognized
9 medical student tests or tests devised by the
10 individual medical college, and that the applicant
11 has satisfactorily completed one academic year of
12 supervised clinical training under the direction
13 of such medical college; and, in addition thereto,
14 has completed 24 months of postgraduate clinical
15 training, as approved by the Department, and has
16 complied with any other standards established by
17 rule.

18 (3) (Blank).

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

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

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

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

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

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

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

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

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

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

4 (Source: P.A. 97-622, eff. 11-23-11.)

5 (225 ILCS 60/11.3 new)

6 Sec. 11.3. Qualifications for anesthesiologist assistant
7 licensure. A person shall be qualified for licensure as an
8 anesthesiologist assistant and the Department may issue an
9 anesthesiologist assistant license to a person who:

10 (1) has applied in writing in form and substance
11 satisfactory to the Department and has not violated any of
12 the provisions of this Act or the rules adopted under this
13 Act; the Department may take into consideration any felony
14 conviction of the applicant, but the conviction shall not
15 operate as an absolute bar to licensure;

16 (2) has submitted evidence satisfactory to the
17 Department that the applicant has:

18 (A) obtained a master's degree from an
19 anesthesiologist assistant program that is accredited
20 by the Commission on Accreditation of Allied Health
21 Education Programs, or its predecessor or successor
22 entity; and

23 (B) passed the certifying examination administered
24 by and obtained active certification from the National
25 Commission on Certification of Anesthesiologist

1 Assistants or a successor entity; and
2 (3) complies with all applicable rules of the
3 Department.

4 (225 ILCS 60/11.5 new)

5 Sec. 11.5. Anesthesiologist supervision requirements.

6 (a) An anesthesiologist assistant may deliver medical care
7 only under the supervision of an anesthesiologist and only as
8 described in a supervision agreement between the
9 anesthesiologist assistant and an anesthesiologist who
10 represents the anesthesiologist assistant's employer. The
11 supervising anesthesiologist shall be immediately available at
12 all times while supervising an anesthesiologist assistant.

13 For the purposes of this Section, "immediately available"
14 means the medically-directing anesthesiologist being in such
15 physical proximity that allows the anesthesiologist to return
16 to re-establish direct contact with the patient to meet the
17 patient's medical needs and address any urgent or emergent
18 problems. These responsibilities may also be met through
19 careful coordination among anesthesiologists of the same group
20 or department. Be it recognized that design and size of various
21 facilities, severity of patient illnesses, and the complexity
22 and demands of the particular surgical procedures make it
23 impossible to define a specific time or distance for physical
24 proximity.

25 (b) An anesthesiologist assistant's practice may not

1 exceed his or her education and training, the scope of practice
2 of the supervising anesthesiologist, and the practice outlined
3 in the anesthesiologist assistant supervision agreement. A
4 medical care task assigned by the supervising anesthesiologist
5 to the anesthesiologist assistant may not be delegated by the
6 anesthesiologist assistant to another person, except for the
7 preceptorship of a student in an anesthesiologist assistant
8 training program. An anesthesiologist assistant may perform
9 such services within the specialty of the supervising
10 anesthesiologist, except that the anesthesiologist shall
11 exercise such direction, supervision and control over such
12 anesthesiologist assistants as will ensure that patients shall
13 receive quality medical care. Anesthesiologist assistants
14 shall be capable of performing a variety of tasks within the
15 specialty of medical care under the supervision of an
16 anesthesiologist. The supervising anesthesiologist may
17 delegate tasks and duties to the anesthesiologist assistant.
18 Delegated tasks or duties shall be consistent with
19 anesthesiologist assistant education, training, and
20 experience. The delegated tasks or duties shall be specific to
21 the practice setting and shall be implemented and reviewed
22 under a written supervision agreement established by the
23 anesthesiologist or anesthesiologist/anesthesiologist
24 assistant team. An anesthesiologist assistant, acting as an
25 agent of the anesthesiologist, shall be permitted to transmit
26 the supervising anesthesiologist's orders as determined by the

1 institution's by-laws, policies, procedures, or job
2 description within which the anesthesiologist/
3 anesthesiologist assistant team practices. Anesthesiologist
4 assistants shall practice only in accordance with a written
5 supervision agreement.

6 (c) An anesthesiologist who represents an anesthesiologist
7 assistant's employer shall review a supervision agreement with
8 the anesthesiologist assistant at least annually. The
9 supervision agreement shall be available for inspection at the
10 location where the anesthesiologist assistant practices. The
11 supervision agreement may limit the practice of an
12 anesthesiologist assistant to less than the full scope of
13 practice authorized under this Act.

14 (d) An anesthesiologist assistant shall be employed by a
15 health care provider that is licensed in this State for the
16 primary purpose of providing the medical services of physicians
17 or that is an entity. If an anesthesiologist assistant's
18 employer is not an anesthesiologist, the employer shall provide
19 for, and not interfere with, an anesthesiologist's supervision
20 of the anesthesiologist assistant.

21 (e) A student in an anesthesiologist assistant training
22 program may assist only an anesthesiologist in the delivery of
23 medical care and may perform only medical care tasks assigned
24 by an anesthesiologist. An anesthesiologist may delegate the
25 preceptorship of a student in an anesthesiologist assistant
26 training program to a qualified anesthesia provider. This

1 Section shall not be interpreted to limit the number of other
2 qualified anesthesia providers an anesthesiologist may
3 supervise.

4 (f) A student in an anesthesiologist assistant training
5 program shall be identified as a student anesthesiologist
6 assistant or an anesthesiologist assistant student and may not
7 be identified as an "intern", "resident", or "fellow".

8 (225 ILCS 60/12) (from Ch. 111, par. 4400-12)

9 (Section scheduled to be repealed on December 31, 2017)

10 Sec. 12. All examinations for physicians provided for by
11 this Act shall be conducted under rules prescribed from time to
12 time by the Department. Examinations shall be held not less
13 frequently than 2 times every year, at times and places
14 prescribed by the Department, of which applicants shall be
15 notified by the Department in writing, and may be conducted
16 wholly or in part in writing.

17 If a physician ~~an~~ applicant neglects, fails without an
18 approved excuse or refuses to take the next available
19 examination offered for license under this Act, the fee paid by
20 the physician applicant shall be forfeited and the application
21 denied. If a physician ~~an~~ applicant fails to pass an
22 examination for a physician license under this Act within 3
23 years after filing their application, the application shall be
24 denied. However, such applicant may thereafter make a new
25 application for examination, accompanied by the required fee

1 and satisfy the requirements then in existence for a physician
2 license.

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

4 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

5 (Section scheduled to be repealed on December 31, 2017)

6 Sec. 19. Physician licensure ~~Licensure~~ by endorsement. The
7 Department may, in its discretion, issue a physician license by
8 endorsement to any person who is currently licensed to practice
9 medicine in all of its branches, or a chiropractic physician,
10 in any other state, territory, country or province, upon the
11 following conditions and submitting evidence satisfactory to
12 the Department of the following:

13 (A) (Blank);

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

23 (C) That the physician applicant is physically,
24 mentally and professionally capable of practicing medicine
25 with reasonable judgment, skill and safety. In determining

1 physical, mental and professional capacity under this
2 Section the Licensing Board may, upon a showing of a
3 possible incapacity, compel an applicant to submit to a
4 mental or physical examination and evaluation, or both, in
5 the same manner as provided in Section 22 and may condition
6 or restrict any license, subject to the same terms and
7 conditions as are provided for the Disciplinary Board under
8 Section 22 of this Act.

9 (D) That if the physician applicant seeks to practice
10 medicine in all of its branches:

11 (1) if the applicant was licensed in another
12 jurisdiction prior to January 1, 1988, that the
13 applicant has satisfied the educational requirements
14 of paragraph (1) of subsection (A) or paragraph (2) of
15 subsection (A) of Section 11 of this Act; or

16 (2) if the applicant was licensed in another
17 jurisdiction after December 31, 1987, that the
18 applicant has satisfied the educational requirements
19 of paragraph (A) (2) of Section 11 of this Act; and

20 (3) the requirements for a license to practice
21 medicine in all of its branches in the particular
22 state, territory, country or province in which the
23 applicant is licensed are deemed by the Department to
24 have been substantially equivalent to the requirements
25 for a license to practice medicine in all of its
26 branches in force in this State at the date of the

1 applicant's license;

2 (E) That if the physician applicant seeks to treat
3 human ailments without the use of drugs and without
4 operative surgery:

5 (1) the applicant is a graduate of a chiropractic
6 school or college approved by the Department at the
7 time of their graduation;

8 (2) the requirements for the applicant's license
9 to practice the treatment of human ailments without the
10 use of drugs are deemed by the Department to have been
11 substantially equivalent to the requirements for a
12 license to practice in this State at the date of the
13 applicant's license;

14 (F) That the Department may, in its discretion, issue a
15 physician license by endorsement to any graduate of a
16 medical or osteopathic college, reputable and in good
17 standing in the judgment of the Department, who has passed
18 an examination for admission to the United States Public
19 Health Service, or who has passed any other examination
20 deemed by the Department to have been at least equal in all
21 substantial respects to the examination required for
22 admission to any such medical corps;

23 (G) That applications for physician licenses by
24 endorsement shall be filed with the Department, under oath,
25 on forms prepared and furnished by the Department, and
26 shall set forth, and applicants therefor shall supply such

1 information respecting the life, education, professional
2 practice, and moral character of applicants as the
3 Department may require to be filed for its use;

4 (H) That the physician applicant undergo the criminal
5 background check established under Section 9.7 of this Act.

6 In the exercise of its discretion under this Section, the
7 Department is empowered to consider and evaluate each physician
8 applicant on an individual basis. It may take into account,
9 among other things: the extent to which the physician applicant
10 will bring unique experience and skills to the State of
11 Illinois or the extent to which there is or is not available to
12 the Department authentic and definitive information concerning
13 the quality of medical education and clinical training which
14 the physician applicant has had. Under no circumstances shall a
15 physician license be issued under the provisions of this
16 Section to any person who has previously taken and failed the
17 written examination conducted by the Department for such
18 license. In the exercise of its discretion under this Section,
19 the Department may require a physician ~~an~~ applicant to
20 successfully complete an examination as recommended by the
21 Licensing Board. The Department may also request the physician
22 applicant to submit, and may consider as evidence of moral
23 character, evidence from 2 or 3 physician ~~individuals~~ licensed
24 under this Act. Physician applicants ~~Applicants~~ have 3 years
25 from the date of application to complete the physician
26 application process. If the process has not been completed

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

5 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/19.5 new)

7 Sec. 19.5. Anesthesiologist assistant licensure by
8 endorsement. Upon payment of the required fee, the Department
9 may, in its discretion, license as an anesthesiologist
10 assistant an applicant who is an anesthesiologist assistant
11 licensed in another jurisdiction, if the requirements for
12 licensure in that jurisdiction were at the time of licensure
13 substantially equivalent to the requirement in force in this
14 State on that date or equivalent to the requirements of this
15 Act.

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

17 (Section scheduled to be repealed on December 31, 2017)

18 Sec. 20. Continuing education for physicians. The
19 Department shall promulgate rules of continuing education for
20 physicians ~~persons~~ licensed under this Act that require an
21 average of 50 hours of continuing education per license year.
22 These rules shall be consistent with requirements of relevant
23 professional associations, specialty societies, or boards. The
24 rules shall also address variances in part or in whole for good

1 cause, including, but not limited to, temporary illness or
2 hardship. In establishing these rules, the Department shall
3 consider educational requirements for medical staffs,
4 requirements for specialty society board certification or for
5 continuing education requirements as a condition of membership
6 in societies representing the 2 categories of physician
7 licensee under this Act. These rules shall assure that
8 physician licensees are given the opportunity to participate in
9 those programs sponsored by or through their professional
10 associations or hospitals which are relevant to their practice.
11 Each physician licensee is responsible for maintaining records
12 of completion of continuing education and shall be prepared to
13 produce the records when requested by the Department.

14 (Source: P.A. 97-622, eff. 11-23-11.)

15 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

16 (Section scheduled to be repealed on December 31, 2017)

17 Sec. 21. Physician license ~~license~~ renewal; reinstatement;
18 inactive status; disposition and collection of fees.

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

1 after expiration shall be effective retroactively to the
2 expiration date.

3 The Department shall attempt to provide through electronic
4 means to each physician licensee under this Act, at least 60
5 days in advance of the expiration date of his or her license, a
6 renewal notice. No such license shall be deemed to have lapsed
7 until 90 days after the expiration date and after the
8 Department has attempted to provide such notice as herein
9 provided.

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

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

1 examination specified by the Licensing Board.

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

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

23 Any physician licensee requesting reinstatement from
24 inactive status shall be required to pay the current renewal
25 fee, provide proof of meeting the continuing education
26 requirements for the period of time the physician license is

1 inactive not to exceed one renewal period, and shall be
2 required to reinstate his or her physician license as provided
3 in subsection (B).

4 Any physician licensee whose physician license is in an
5 inactive status shall not practice in the State of Illinois.

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

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

21 The State Comptroller shall order and the State Treasurer
22 shall transfer an amount equal to \$1,100,000 from the Illinois
23 State Medical Disciplinary Fund to the Local Government Tax
24 Fund on each of the following dates: July 1, 2014, October 1,
25 2014, January 1, 2015, July 1, 2017, October 1, 2017, and
26 January 1, 2018. These transfers shall constitute repayment of

1 the \$6,600,000 transfer made under Section 6z-18 of the State
2 Finance Act.

3 All earnings received from investment of moneys ~~monies~~ in
4 the Illinois State Medical Disciplinary Fund shall be deposited
5 in the Illinois State Medical Disciplinary Fund and shall be
6 used for the same purposes as fees deposited in such Fund.

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

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

19 (2) Before July 1, 2018, the fee for a license under
20 Section 9 of this Act is \$700. Beginning on July 1, 2018,
21 the fee for a license under Section 9 of this Act is \$500.

22 (3) Before July 1, 2018, the fee for a license under
23 Section 19 of this Act is \$700. Beginning on July 1, 2018,
24 the fee for a license under Section 19 of this Act is \$500.

25 (4) Before July 1, 2018, the fee for the renewal of a
26 physician license for a resident of Illinois shall be

1 calculated at the rate of \$230 per year, and beginning on
2 July 1, 2018, the fee for the renewal of a physician
3 license shall be \$167, except for licensees who were issued
4 a physician license within 12 months of the expiration date
5 of the license, before July 1, 2018, the fee for the
6 renewal shall be \$230, and beginning on July 1, 2018 that
7 fee will be \$167. Before July 1, 2018, the fee for the
8 renewal of a physician license for a nonresident shall be
9 calculated at the rate of \$460 per year, and beginning on
10 July 1, 2018, the fee for the renewal of a physician
11 license for a nonresident shall be \$250, except for
12 licensees who were issued a physician license within 12
13 months of the expiration date of the license, before July
14 1, 2018, the fee for the renewal shall be \$460, and
15 beginning on July 1, 2018 that fee will be \$250.

16 (5) The fee for the reinstatement of a physician
17 license other than from inactive status, is \$230. In
18 addition, payment of all lapsed renewal fees not to exceed
19 \$1,400 is required.

20 (6) The fee for a 3-year temporary license under
21 Section 17 is \$230.

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

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

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

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

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

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

17 (12) Fees collected for the administration of
18 anesthesiologist assistant licenses shall be set by the
19 Department by rule.

20 (F) Any person who delivers a check or other payment to the
21 Department that is returned to the Department unpaid by the
22 financial institution upon which it is drawn shall pay to the
23 Department, in addition to the amount already owed to the
24 Department, a fine of \$50. The fines imposed by this Section
25 are in addition to any other discipline provided under this Act
26 for unlicensed practice or practice on a nonrenewed license.

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

18 (Source: P.A. 98-3, eff. 3-8-13; 98-1140, eff. 12-30-14;
19 99-909, eff. 12-16-16.)

20 (225 ILCS 60/21.3 new)

21 Sec. 21.3. Anesthesiologist assistant license expiration;
22 renewal; restoration. The expiration date and renewal period
23 for each anesthesiologist assistant license issued under this
24 Act shall be set by rule. Renewal shall be conditioned on
25 paying the required fee and meeting such other requirements as

1 may be established by rule. Any anesthesiologist assistant who
2 has permitted his or her license to expire or who has had his
3 or her license on inactive status may have the license restored
4 by making application to the Department and filing proof
5 acceptable to the Department of his or her fitness to have the
6 license restored, and by paying the required fees. Proof of
7 fitness may include sworn evidence certifying to active lawful
8 practice in another jurisdiction. If the anesthesiologist
9 assistant has not maintained an active practice in another
10 jurisdiction satisfactory to the Department, the Department
11 shall determine, by an evaluation program established by rule,
12 his or her fitness for restoration of the license and shall
13 establish procedures and requirements for such restoration.
14 However, any anesthesiologist assistant whose license expired
15 while he or she was (1) in federal service on active duty with
16 the Armed Forces of the United States, or the State Militia
17 called into service or training, or (2) in training or
18 education under the supervision of the United States
19 preliminary to induction into the military service, may have
20 the license restored without paying any lapsed renewal fees if
21 within 2 years after honorable termination of such service,
22 training, or education he or she furnishes the Department with
23 satisfactory evidence to the effect that he or she has been so
24 engaged and that his or her service, training, or education has
25 been so terminated.

1 (225 ILCS 60/21.5 new)

2 Sec. 21.5. Anesthesiologist assistant license inactive
3 status. Any anesthesiologist assistant who notified the
4 Department in writing on forms prescribed by the Department,
5 may elect to place his or her license on an inactive status and
6 shall, subject to rules of the Department, be excused from
7 payment of renewal fees until he or she notifies the Department
8 in writing of his or her intention to restore the license. Any
9 anesthesiologist assistant requesting restoration from
10 inactive status shall be required to pay the current renewal
11 fee and shall be required to restore his or her license, as
12 provided in Section 21.3 of this Act. Any anesthesiologist
13 assistant whose license is in an inactive status shall not
14 practice in the State of Illinois. Any anesthesiologist
15 assistant licensee who shall engage in practice while his or
16 her license is lapsed or on inactive status shall be considered
17 to be practicing without a license, which shall be grounds for
18 discipline under Section 22.1 of this Act.

19 (225 ILCS 60/21.7 new)

20 Sec. 21.7. Anesthesiologist assistant license roster. The
21 Department shall maintain a roster of the names and addresses
22 of all anesthesiologist assistant licensees and of all persons
23 whose anesthesiologist assistant licenses have been suspended
24 or revoked. This roster shall be available upon written request
25 and payment of the required fee.

1 (225 ILCS 60/21.9 new)

2 Sec. 21.9. Anesthesiologist assistant corporate licensure
3 prohibited. No corporation, which stated purpose includes, or
4 which practices, or which holds itself out as available to
5 practice as an anesthesiologist assistant, shall be issued an
6 anesthesiologist assistant license by the Department, nor
7 shall the Secretary of State approve or accept articles of
8 incorporation for such a corporation.

9 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

10 (Section scheduled to be repealed on December 31, 2017)

11 Sec. 22. Disciplinary action of physician licenses.

12 (A) The Department may revoke, suspend, place on probation,
13 reprimand, refuse to issue or renew, or take any other
14 disciplinary or non-disciplinary action as the Department may
15 deem proper with regard to the physician license or permit of
16 any person issued under this Act, including imposing fines not
17 to exceed \$10,000 for each violation, upon any of the following
18 grounds:

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

21 (a) a facility licensed pursuant to the Ambulatory
22 Surgical Treatment Center Act;

23 (b) an institution licensed under the Hospital
24 Licensing Act;

1 (c) an ambulatory surgical treatment center or
2 hospitalization or care facility maintained by the
3 State or any agency thereof, where such department or
4 agency has authority under law to establish and enforce
5 standards for the ambulatory surgical treatment
6 centers, hospitalization, or care facilities under its
7 management and control;

8 (d) ambulatory surgical treatment centers,
9 hospitalization or care facilities maintained by the
10 Federal Government; or

11 (e) ambulatory surgical treatment centers,
12 hospitalization or care facilities maintained by any
13 university or college established under the laws of
14 this State and supported principally by public funds
15 raised by taxation.

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

19 (3) A plea of guilty or nolo contendere, finding of
20 guilt, jury verdict, or entry of judgment or sentencing,
21 including, but not limited to, convictions, preceding
22 sentences of supervision, conditional discharge, or first
23 offender probation, under the laws of any jurisdiction of
24 the United States of any crime that is a felony.

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

26 (5) Engaging in dishonorable, unethical or

1 unprofessional conduct of a character likely to deceive,
2 defraud or harm the public.

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

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

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

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

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

20 (11) Allowing another person or organization to use
21 their physician license, procured under this Act, to
22 practice.

23 (12) Adverse action taken by another state or
24 jurisdiction against a physician license or other
25 authorization to practice as a medical doctor, doctor of
26 osteopathy, doctor of osteopathic medicine or doctor of

1 chiropractic, a certified copy of the record of the action
2 taken by the other state or jurisdiction being prima facie
3 evidence thereof. This includes any adverse action taken by
4 a State or federal agency that prohibits a medical doctor,
5 doctor of osteopathy, doctor of osteopathic medicine, or
6 doctor of chiropractic from providing services to the
7 agency's participants.

8 (13) Violation of any provision of this Act or of the
9 Medical Practice Act prior to the repeal of that Act, or
10 violation of the rules, or a final administrative action of
11 the Secretary, after consideration of the recommendation
12 of the Disciplinary Board.

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

15 (15) A finding by the Disciplinary Board that the
16 registrant after having his or her physician license placed
17 on probationary status or subjected to conditions or
18 restrictions violated the terms of the probation or failed
19 to comply with such terms or conditions.

20 (16) Abandonment of a patient.

21 (17) Prescribing, selling, administering,
22 distributing, giving or self-administering any drug
23 classified as a controlled substance (designated product)
24 or narcotic for other than medically accepted therapeutic
25 purposes.

26 (18) Promotion of the sale of drugs, devices,

1 appliances or goods provided for a patient in such manner
2 as to exploit the patient for financial gain of the
3 physician.

4 (19) Offering, undertaking or agreeing to cure or treat
5 disease by a secret method, procedure, treatment or
6 medicine, or the treating, operating or prescribing for any
7 human condition by a method, means or procedure which the
8 physician licensee refuses to divulge upon demand of the
9 Department.

10 (20) Immoral conduct in the commission of any act
11 including, but not limited to, commission of an act of
12 sexual misconduct related to the physician licensee's
13 practice.

14 (21) Wilfully making or filing false records or reports
15 in his or her practice as a physician, including, but not
16 limited to, false records to support claims against the
17 medical assistance program of the Department of Healthcare
18 and Family Services (formerly Department of Public Aid)
19 under the Illinois Public Aid Code.

20 (22) Wilful omission to file or record, or wilfully
21 impeding the filing or recording, or inducing another
22 person to omit to file or record, medical reports as
23 required by law, or wilfully failing to report an instance
24 of suspected abuse or neglect as required by law.

25 (23) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 physician licensee has caused a child to be an abused child
4 or neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

6 (24) Solicitation of professional patronage by any
7 corporation, agents or persons, or profiting from those
8 representing themselves to be agents of the physician
9 licensee.

10 (25) Gross and wilful and continued overcharging for
11 professional services, including filing false statements
12 for collection of fees for which services are not rendered,
13 including, but not limited to, filing such false statements
14 for collection of moneys ~~monies~~ for services not rendered
15 from the medical assistance program of the Department of
16 Healthcare and Family Services (formerly Department of
17 Public Aid) under the Illinois Public Aid Code.

18 (26) A pattern of practice or other behavior which
19 demonstrates incapacity or incompetence to practice under
20 this Act.

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

24 (28) Physical illness, including, but not limited to,
25 deterioration through the aging process, or loss of motor
26 skill which results in a physician's inability to practice

1 under this Act with reasonable judgment, skill or safety.

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

4 (30) Wilfully or negligently violating the
5 confidentiality between physician and patient except as
6 required by law.

7 (31) The use of any false, fraudulent, or deceptive
8 statement in any document connected with practice under
9 this Act.

10 (32) Aiding and abetting an individual not licensed
11 under this Act in the practice of a profession licensed
12 under this Act.

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

16 (34) Failure to report to the Department any adverse
17 final action taken against them by another licensing
18 jurisdiction (any other state or any territory of the
19 United States or any foreign state or country), by any peer
20 review body, by any health care institution, by any
21 professional society or association related to practice
22 under this Act, by any governmental agency, by any law
23 enforcement agency, or by any court for acts or conduct
24 similar to acts or conduct which would constitute grounds
25 for action as defined in this Section.

26 (35) Failure to report to the Department surrender of a

1 physician license or authorization to practice as a medical
2 doctor, a doctor of osteopathy, a doctor of osteopathic
3 medicine, or doctor of chiropractic in another state or
4 jurisdiction, or surrender of membership on any medical
5 staff or in any medical or professional association or
6 society, while under disciplinary investigation by any of
7 those authorities or bodies, for acts or conduct similar to
8 acts or conduct which would constitute grounds for action
9 as defined in this Section.

10 (36) Failure to report to the Department any adverse
11 judgment, settlement, or award arising from a liability
12 claim related to acts or conduct similar to acts or conduct
13 which would constitute grounds for action as defined in
14 this Section.

15 (37) Failure to provide copies of medical records as
16 required by law.

17 (38) Failure to furnish the Department, its
18 investigators or representatives, relevant information,
19 legally requested by the Department after consultation
20 with the Chief Medical Coordinator or the Deputy Medical
21 Coordinator.

22 (39) Violating the Health Care Worker Self-Referral
23 Act.

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

26 (41) Failure to establish and maintain records of

1 patient care and treatment as required by this law.

2 (42) Entering into an excessive number of written
3 collaborative agreements with licensed advanced practice
4 nurses resulting in an inability to adequately
5 collaborate.

6 (43) Repeated failure to adequately collaborate with a
7 licensed advanced practice nurse.

8 (44) Violating the Compassionate Use of Medical
9 Cannabis Pilot Program Act.

10 (45) Entering into an excessive number of written
11 collaborative agreements with licensed prescribing
12 psychologists resulting in an inability to adequately
13 collaborate.

14 (46) Repeated failure to adequately collaborate with a
15 licensed prescribing psychologist.

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

1 numbered (26), a pattern of practice or other behavior includes
2 all incidents alleged to be part of the pattern of practice or
3 other behavior that occurred, or a report pursuant to Section
4 23 of this Act received, within the 10-year period preceding
5 the filing of the complaint. In the event of the settlement of
6 any claim or cause of action in favor of the claimant or the
7 reduction to final judgment of any civil action in favor of the
8 plaintiff, such claim, cause of action or civil action being
9 grounded on the allegation that a physician ~~person~~ licensed
10 under this Act was negligent in providing care, the Department
11 shall have an additional period of 2 years from the date of
12 notification to the Department under Section 23 of this Act of
13 such settlement or final judgment in which to investigate and
14 commence formal disciplinary proceedings under Section 36 of
15 this Act, except as otherwise provided by law. The time during
16 which the holder of the physician license was outside the State
17 of Illinois shall not be included within any period of time
18 limiting the commencement of disciplinary action by the
19 Department.

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

1 court and upon the Disciplinary Board's recommendation that
2 they be permitted to resume their practice.

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

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

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

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

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

23 (d) what constitutes gross negligence in the practice
24 of medicine.

25 However, no such rule shall be admissible into evidence in
26 any civil action except for review of a licensing or other

1 disciplinary action under this Act.

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

1 submit to any additional supplemental testing deemed necessary
2 to complete any examination or evaluation process, including,
3 but not limited to, blood testing, urinalysis, psychological
4 testing, or neuropsychological testing. The Disciplinary
5 Board, the Licensing Board, or the Department may order the
6 examining physician or any member of the multidisciplinary team
7 to provide to the Department, the Disciplinary Board, or the
8 Licensing Board any and all records, including business
9 records, that relate to the examination and evaluation,
10 including any supplemental testing performed. The Disciplinary
11 Board, the Licensing Board, or the Department may order the
12 examining physician or any member of the multidisciplinary team
13 to present testimony concerning this examination and
14 evaluation of the licensee, permit holder, or applicant,
15 including testimony concerning any supplemental testing or
16 documents relating to the examination and evaluation. No
17 information, report, record, or other documents in any way
18 related to the examination and evaluation shall be excluded by
19 reason of any common law or statutory privilege relating to
20 communication between the licensee, permit holder, or
21 applicant and the examining physician or any member of the
22 multidisciplinary team. No authorization is necessary from the
23 licensee, permit holder, or applicant ordered to undergo an
24 evaluation and examination for the examining physician or any
25 member of the multidisciplinary team to provide information,
26 reports, records, or other documents or to provide any

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

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

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

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

22 All fines imposed under this Section shall be paid within
23 60 days after the effective date of the order imposing the fine
24 or in accordance with the terms set forth in the order imposing
25 the fine.

26 (B) The Department shall revoke the license or permit

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

11 (C) The Department shall not revoke, suspend, place on
12 probation, reprimand, refuse to issue or renew, or take any
13 other disciplinary or non-disciplinary action against the
14 physician license or permit issued under this Act to practice
15 medicine to a physician based solely upon the recommendation of
16 the physician to an eligible patient regarding, or prescription
17 for, or treatment with, an investigational drug, biological
18 product, or device.

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

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

3 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;
4 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16.)

5 (225 ILCS 60/22.1 new)

6 Sec. 22.1. Grounds for disciplinary action of
7 anesthesiologist assistant licenses.

8 (a) The Department may refuse to issue or to renew, or may
9 revoke, suspend, place on probation, censure, or reprimand, or
10 may take other disciplinary or non-disciplinary action with
11 regard to any anesthesiologist assistant license issued under
12 this Act as the Department may deem proper, including the
13 issuance of fines not to exceed \$10,000 for each violation, for
14 any one or combination of the following:

15 (1) Material misstatement in furnishing information to
16 the Department.

17 (2) Violations of this Act or the rules adopted under
18 this Act.

19 (3) Conviction of or entry of a plea of guilty or nolo
20 contendere to any crime that is a felony under the laws of
21 the United States or any state or territory thereof or that
22 is a misdemeanor of which an essential element is
23 dishonesty or that is directly related to the practice of
24 the profession.

25 (4) Making any misrepresentation for the purpose of

1 obtaining anesthesiologist assistant licenses.

2 (5) Professional incompetence.

3 (6) Aiding or assisting another person in violating any
4 provision of this Act or its rules.

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

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

10 (9) Habitual or excessive use or addiction to alcohol,
11 narcotics, stimulants, or any other chemical agent or drug
12 that results in a anesthesiologist assistant's inability
13 to practice with reasonable judgment, skill, or safety.

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

18 (11) Directly or indirectly giving to or receiving from
19 any person, firm, corporation, partnership, or association
20 any fee, commission, rebate or other form of compensation
21 for any professional services not actually or personally
22 rendered. Nothing in this paragraph (11) affects any bona
23 fide independent contractor or employment arrangements,
24 which may include provisions for compensation, health
25 insurance, pension, or other employment benefits, with
26 persons or entities authorized under this Act for the

1 provision of services within the scope of the
2 anesthesiologist assistant licensee's practice under this
3 Act.

4 (12) A finding by the Disciplinary Board that the
5 anesthesiologist assistant licensee, after having his or
6 her anesthesiologist assistant license placed on
7 probationary status, has violated the terms of probation.

8 (13) Abandonment of a patient.

9 (14) Willfully making or filing false records or
10 reports in his or her practice, including, but not limited
11 to, false records filed with state agencies or departments.

12 (15) Willfully failing to report an instance of
13 suspected child abuse or neglect as required by the Abused
14 and Neglected Child Reporting Act.

15 (16) Physical illness, or mental illness or impairment
16 that results in the inability to practice the profession
17 with reasonable judgment, skill, or safety, including, but
18 not limited to, deterioration through the aging process or
19 loss of motor skill.

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

1 (18) Gross negligence resulting in permanent injury or
2 death of a patient.

3 (19) Employment of fraud, deception, or any unlawful
4 means in applying for or securing a license as a
5 anesthesiologist assistant.

6 (20) Exceeding the authority delegated to him or her by
7 his or her supervising physician.

8 21) Immoral conduct in the commission of any act, such
9 as sexual abuse, sexual misconduct or sexual exploitation
10 related to the anesthesiologist assistant licensee's
11 practice.

12 (22) Practicing under a false or assumed name, except
13 as provided by law.

14 (23) Making a false or misleading statement regarding
15 his or her skill or the efficacy or value of the medicine,
16 treatment, or remedy prescribed by him or her in the course
17 of treatment.

18 (24) Allowing another person to use his or her
19 anesthesiologist assistant license to practice.

20 (25) A pattern of practice or other behavior that
21 demonstrates incapacity or incompetence to practice under
22 this Act.

23 (b) The Department may, without a hearing, refuse to issue
24 or renew or may suspend the anesthesiologist assistant license
25 of any person who fails to file a return, or to pay the tax,
26 penalty or interest shown in a filed return, or to pay any

1 final assessment of the tax, penalty, or interest as required
2 by any tax Act administered by the Illinois Department of
3 Revenue, until such time as the requirements of any such tax
4 Act are satisfied.

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

16 (d) In enforcing this Section, the Department upon a
17 showing of a possible violation may compel a anesthesiologist
18 assistant licensed to practice under this Act, or who has
19 applied for anesthesiologist assistant licensure under this
20 Act, to submit to a mental or physical examination, or both, as
21 required by and at the expense of the Department. The
22 Department may order the examining physician to present
23 testimony concerning the mental or physical examination of the
24 anesthesiologist assistant licensee or applicant. No
25 information shall be excluded by reason of any common law or
26 statutory privilege relating to communications between the

1 licensee or applicant and the examining physician. The
2 examining physicians shall be specifically designated by the
3 Department. The individual to be examined may have, at his or
4 her own expense, another physician of his or her choice present
5 during all aspects of this examination. Failure of an
6 individual to submit to a mental or physical examination, when
7 directed, shall be grounds for suspension of his or her
8 anesthesiologist assistant license until the individual
9 submits to the examination if the Department finds, after
10 notice and hearing, that the refusal to submit to the
11 examination was without reasonable cause.

12 If the Department finds an individual unable to practice
13 because of the reasons set forth in this Section, the
14 Department may require that individual to submit to care,
15 counseling, or treatment by physicians approved or designated
16 by the Department, as a condition, term, or restriction for
17 continued, reinstated, or renewed anesthesiologist assistant
18 licensure to practice; or, in lieu of care, counseling, or
19 treatment, the Department may file a complaint to immediately
20 suspend, revoke, or otherwise discipline the anesthesiologist
21 assistant license of the individual. An individual whose
22 anesthesiologist assistant license was granted, continued,
23 reinstated, renewed, disciplined, or supervised subject to
24 such terms, conditions, or restrictions, and who fails to
25 comply with such terms, conditions, or restrictions, shall be
26 referred to the Secretary for a determination as to whether the

1 individual shall have his or her anesthesiologist assistant
2 license suspended immediately, pending a hearing by the
3 Department.

4 In instances in which the Secretary immediately suspends a
5 person's anesthesiologist assistant license under this
6 Section, a hearing on that person's license must be convened by
7 the Department within 30 days after the suspension and
8 completed without appreciable delay. The Department shall have
9 the authority to review the subject individual's record of
10 treatment and counseling regarding the impairment to the extent
11 permitted by applicable federal statutes and regulations
12 safeguarding the confidentiality of medical records.

13 An anesthesiologist assistant licensed under this Act and
14 affected under this Section shall be afforded an opportunity to
15 demonstrate to the Department that he or she can resume
16 practice in compliance with acceptable and prevailing
17 standards under the provisions of his or her anesthesiologist
18 assistant license.

19 (225 ILCS 60/22.2)

20 (Section scheduled to be repealed on December 31, 2017)

21 Sec. 22.2. Prohibition against fee splitting.

22 (a) A physician licensee under this Act may not directly or
23 indirectly divide, share or split any professional fee or other
24 form of compensation for professional services with anyone in
25 exchange for a referral or otherwise, other than as provided in

1 this Section 22.2.

2 (b) Nothing contained in this Section abrogates the right
3 of 2 or more licensed health care workers as defined in the
4 Health Care Worker Self-referral Act to each receive adequate
5 compensation for concurrently rendering services to a patient
6 and to divide the fee for such service, provided that the
7 patient has full knowledge of the division and the division is
8 made in proportion to the actual services personally performed
9 and responsibility assumed by each licensee consistent with his
10 or her license, except as prohibited by law.

11 (c) Nothing contained in this Section prohibits a physician
12 licensee under this Act from practicing medicine through or
13 within any form of legal entity authorized to conduct business
14 in this State or from pooling, sharing, dividing, or
15 apportioning the professional fees and other revenues in
16 accordance with the agreements and policies of the entity
17 provided:

18 (1) each owner of the entity is licensed as a physician
19 under this Act;

20 (2) the entity is organized under the Medical
21 Corporation Act, the Professional Services Corporation
22 Act, the Professional Association Act, or the Limited
23 Liability Company Act;

24 (3) the entity is allowed by Illinois law to provide
25 physician services or employ physicians such as a licensed
26 hospital or hospital affiliate or licensed ambulatory

1 surgical treatment center owned in full or in part by
2 Illinois-licensed physicians;

3 (4) the entity is a combination or joint venture of the
4 entities authorized under this subsection (c); or

5 (5) the entity is an Illinois not for profit
6 corporation that is recognized as exempt from the payment
7 of federal income taxes as an organization described in
8 Section 501(c)(3) of the Internal Revenue Code and all of
9 its members are full-time faculty members of a medical
10 school that offers a M.D. degree program that is accredited
11 by the Liaison Committee on Medical Education and a program
12 of graduate medical education that is accredited by the
13 Accreditation Council for Graduate Medical Education.

14 (d) Nothing contained in this Section prohibits a physician
15 licensee under this Act from paying a fair market value fee to
16 any person or entity whose purpose is to perform billing,
17 administrative preparation, or collection services based upon
18 a percentage of professional service fees billed or collected,
19 a flat fee, or any other arrangement that directly or
20 indirectly divides professional fees, for the administrative
21 preparation of the physician licensee's claims or the
22 collection of the physician licensee's charges for
23 professional services, provided that:

24 (i) the physician licensee or the physician licensee's
25 practice under subsection (c) of this Section at all times
26 controls the amount of fees charged and collected; and

1 (ii) all charges collected are paid directly to the
2 physician licensee or the physician licensee's practice or
3 are deposited directly into an account in the name of and
4 under the sole control of the physician licensee or the
5 physician licensee's practice or deposited into a "Trust
6 Account" by a licensed collection agency in accordance with
7 the requirements of Section 8(c) of the Illinois Collection
8 Agency Act.

9 (e) Nothing contained in this Section prohibits the
10 granting of a security interest in the accounts receivable or
11 fees of a physician licensee under this Act or the physician
12 licensee's practice for bona fide advances made to the
13 physician licensee or physician licensee's practice provided
14 the physician licensee retains control and responsibility for
15 the collection of the accounts receivable and fees.

16 (f) Excluding payments that may be made to the owners of or
17 physician licensees in the physician licensee's practice under
18 subsection (c), a physician licensee under this Act may not
19 divide, share or split a professional service fee with, or
20 otherwise directly or indirectly pay a percentage of the
21 physician licensee's professional service fees, revenues or
22 profits to anyone for: (i) the marketing or management of the
23 physician licensee's practice, (ii) including the physician
24 licensee or the physician licensee's practice on any preferred
25 provider list, (iii) allowing the physician licensee to
26 participate in any network of health care providers, (iv)

1 negotiating fees, charges or terms of service or payment on
2 behalf of the physician licensee, or (v) including the
3 physician licensee in a program whereby patients or
4 beneficiaries are provided an incentive to use the services of
5 the physician licensee.

6 (Source: P.A. 96-608, eff. 8-24-09; 96-1126, eff. 7-20-10.)

7 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

8 (Section scheduled to be repealed on December 31, 2017)

9 Sec. 23. Reports relating to professional conduct and
10 capacity of physicians.

11 (A) Entities required to report.

12 (1) Health care institutions. The chief administrator
13 or executive officer of any health care institution
14 licensed by the Illinois Department of Public Health shall
15 report to the Disciplinary Board when any person's clinical
16 privileges are terminated or are restricted based on a
17 final determination made in accordance with that
18 institution's by-laws or rules and regulations that a
19 person has either committed an act or acts which may
20 directly threaten patient care or that a person may have a
21 mental or physical disability that may endanger patients
22 under that person's care. Such officer also shall report if
23 a person accepts voluntary termination or restriction of
24 clinical privileges in lieu of formal action based upon
25 conduct related directly to patient care or in lieu of

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

26 (1.5) Clinical training programs. The program director

1 of any post-graduate clinical training program shall
2 report to the Disciplinary Board if a person engaged in a
3 post-graduate clinical training program at the
4 institution, including, but not limited to, a residency or
5 fellowship, separates from the program for any reason prior
6 to its conclusion. The program director shall provide all
7 documentation relating to the separation if, after review
8 of the report, the Disciplinary Board determines that a
9 review of those documents is necessary to determine whether
10 a violation of this Act occurred.

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

20 (3) Professional liability insurers. Every insurance
21 company which offers policies of professional liability
22 insurance to physicians ~~persons~~ licensed under this Act, or
23 any other entity which seeks to indemnify the professional
24 liability of a physician ~~person~~ licensed under this Act,
25 shall report to the Disciplinary Board the settlement of
26 any claim or cause of action, or final judgment rendered in

1 any cause of action, which alleged negligence in the
2 furnishing of medical care by such licensed physician
3 ~~person~~ when such settlement or final judgment is in favor
4 of the plaintiff.

5 (4) State's Attorneys. The State's Attorney of each
6 county shall report to the Disciplinary Board, within 5
7 days, any instances in which a physician ~~person~~ licensed
8 under this Act is convicted of any felony or Class A
9 misdemeanor. The State's Attorney of each county may report
10 to the Disciplinary Board through a verified complaint any
11 instance in which the State's Attorney believes that a
12 physician has willfully violated the notice requirements
13 of the Parental Notice of Abortion Act of 1995.

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

1 (B) Mandatory reporting. All reports required by items
2 (34), (35), and (36) of subsection (A) of Section 22 and by
3 Section 23 shall be submitted to the Disciplinary Board in a
4 timely fashion. Unless otherwise provided in this Section, the
5 reports shall be filed in writing within 60 days after a
6 determination that a report is required under this Act. All
7 reports shall contain the following information:

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

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

12 (3) The name and date of birth of any patient or
13 patients whose treatment is a subject of the report, if
14 available, or other means of identification if such
15 information is not available, identification of the
16 hospital or other healthcare facility where the care at
17 issue in the report was rendered, provided, however, no
18 medical records may be revealed.

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

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

25 (6) Any further pertinent information which the
26 reporting party deems to be an aid in the evaluation of the

1 report.

2 The Disciplinary Board or Department may also exercise the
3 power under Section 38 of this Act to subpoena copies of
4 hospital or medical records in mandatory report cases alleging
5 death or permanent bodily injury. Appropriate rules shall be
6 adopted by the Department with the approval of the Disciplinary
7 Board.

8 When the Department has received written reports
9 concerning incidents required to be reported in items (34),
10 (35), and (36) of subsection (A) of Section 22, the physician
11 licensee's failure to report the incident to the Department
12 under those items shall not be the sole grounds for
13 disciplinary action.

14 Nothing contained in this Section shall act to in any way,
15 waive or modify the confidentiality of medical reports and
16 committee reports to the extent provided by law. Any
17 information reported or disclosed shall be kept for the
18 confidential use of the Disciplinary Board, the Medical
19 Coordinators, the Disciplinary Board's attorneys, the medical
20 investigative staff, and authorized clerical staff, as
21 provided in this Act, and shall be afforded the same status as
22 is provided information concerning medical studies in Part 21
23 of Article VIII of the Code of Civil Procedure, except that the
24 Department may disclose information and documents to a federal,
25 State, or local law enforcement agency pursuant to a subpoena
26 in an ongoing criminal investigation or to a health care

1 licensing body or medical licensing authority of this State or
2 another state or jurisdiction pursuant to an official request
3 made by that licensing body or medical licensing authority.
4 Furthermore, information and documents disclosed to a federal,
5 State, or local law enforcement agency may be used by that
6 agency only for the investigation and prosecution of a criminal
7 offense, or, in the case of disclosure to a health care
8 licensing body or medical licensing authority, only for
9 investigations and disciplinary action proceedings with regard
10 to a license. Information and documents disclosed to the
11 Department of Public Health may be used by that Department only
12 for investigation and disciplinary action regarding the
13 license of a health care institution licensed by the Department
14 of Public Health.

15 (C) Immunity from prosecution. Any individual or
16 organization acting in good faith, and not in a wilful and
17 wanton manner, in complying with this Act by providing any
18 report or other information to the Disciplinary Board or a peer
19 review committee, or assisting in the investigation or
20 preparation of such information, or by voluntarily reporting to
21 the Disciplinary Board or a peer review committee information
22 regarding alleged errors or negligence by a physician ~~person~~
23 licensed under this Act, or by participating in proceedings of
24 the Disciplinary Board or a peer review committee, or by
25 serving as a member of the Disciplinary Board or a peer review
26 committee, shall not, as a result of such actions, be subject

1 to criminal prosecution or civil damages.

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

15 Should the Attorney General decline representation, the
16 member shall have the right to employ counsel of his or her
17 choice, whose fees shall be provided by the State, after
18 approval by the Attorney General, unless there is a
19 determination by a court that the member's actions were not in
20 good faith or were wilful and wanton.

21 The member must notify the Attorney General within 7 days
22 of receipt of notice of the initiation of any action involving
23 services of the Disciplinary Board. Failure to so notify the
24 Attorney General shall constitute an absolute waiver of the
25 right to a defense and indemnification.

26 The Attorney General shall determine within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 (E) Deliberations of Disciplinary Board. Upon the receipt
4 of any report called for by this Act, other than those reports
5 of impaired physician ~~persons~~ licensed under this Act required
6 pursuant to the rules of the Disciplinary Board, the
7 Disciplinary Board shall notify in writing, by certified mail,
8 the person who is the subject of the report. Such notification
9 shall be made within 30 days of receipt by the Disciplinary
10 Board of the report.

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

26 The Disciplinary Board shall review all reports received by

1 it, together with any supporting information and responding
2 statements submitted by persons who are the subject of reports.
3 The review by the Disciplinary Board shall be in a timely
4 manner but in no event, shall the Disciplinary Board's initial
5 review of the material contained in each disciplinary file be
6 less than 61 days nor more than 180 days after the receipt of
7 the initial report by the Disciplinary Board.

8 When the Disciplinary Board makes its initial review of the
9 materials contained within its disciplinary files, the
10 Disciplinary Board shall, in writing, make a determination as
11 to whether there are sufficient facts to warrant further
12 investigation or action. Failure to make such determination
13 within the time provided shall be deemed to be a determination
14 that there are not sufficient facts to warrant further
15 investigation or action.

16 Should the Disciplinary Board find that there are not
17 sufficient facts to warrant further investigation, or action,
18 the report shall be accepted for filing and the matter shall be
19 deemed closed and so reported to the Secretary. The Secretary
20 shall then have 30 days to accept the Disciplinary Board's
21 decision or request further investigation. The Secretary shall
22 inform the Board of the decision to request further
23 investigation, including the specific reasons for the
24 decision. The individual or entity filing the original report
25 or complaint and the person who is the subject of the report or
26 complaint shall be notified in writing by the Secretary of any

1 final action on their report or complaint. The Department shall
2 disclose to the individual or entity who filed the original
3 report or complaint, on request, the status of the Disciplinary
4 Board's review of a specific report or complaint. Such request
5 may be made at any time, including prior to the Disciplinary
6 Board's determination as to whether there are sufficient facts
7 to warrant further investigation or action.

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

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

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

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

9 (Source: P.A. 98-601, eff. 12-30-13; 99-143, eff. 7-27-15.)

10 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

11 (Section scheduled to be repealed on December 31, 2017)

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

1 determine whether to recommend to the Secretary that the
2 physician's ~~person's~~ license be revoked, suspended, placed on
3 probationary status or reinstated, or whether such person
4 should be subject to other disciplinary action. In the hearing,
5 the written communication and any other evidence submitted
6 therewith may be introduced as evidence against such person;
7 provided however, the person, or their counsel, shall have the
8 opportunity to discredit, impeach and submit evidence
9 rebutting such evidence.

10 (Source: P.A. 97-622, eff. 11-23-11.)

11 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

12 (Section scheduled to be repealed on December 31, 2017)

13 Sec. 26. Physician advertising ~~Advertising~~.

14 (1) Any physician ~~person~~ licensed under this Act may
15 advertise the availability of professional services in the
16 public media or on the premises where such professional
17 services are rendered. Such advertising shall be limited to the
18 following information:

19 (a) Publication of the physician's ~~person's~~ name,
20 title, office hours, address and telephone number;

21 (b) Information pertaining to the physician's ~~person's~~
22 areas of specialization, including appropriate board
23 certification or limitation of professional practice;

24 (c) Information on usual and customary fees for routine
25 professional services offered, which information shall

1 include, notification that fees may be adjusted due to
2 complications or unforeseen circumstances;

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

5 (e) Announcement of additions to or deletions from
6 professional licensed staff;

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

8 (2) It is unlawful for any physician ~~person~~ licensed under
9 this Act to use claims of superior quality of care to entice
10 the public. It shall be unlawful to advertise fee comparisons
11 of available services with those of other physicians ~~persons~~
12 licensed under this Act.

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

20 (4) A physician licensee shall include in every
21 advertisement for services regulated under this Act his or her
22 title as it appears on the physician license or the initials
23 authorized under this Act.

24 (Source: P.A. 97-622, eff. 11-23-11.)

25 (225 ILCS 60/27) (from Ch. 111, par. 4400-27)

1 (Section scheduled to be repealed on December 31, 2017)

2 Sec. 27. It is unlawful and punishable under Section 59 for
3 any physician ~~person~~ licensed under this Act to knowingly
4 advertise that the physician licensee will accept as payment
5 for services rendered by assignment from any third party payor
6 the amount the third party payor covers as payment in full, if
7 the effect is to give the impression of eliminating the need of
8 payment by the patient of any required deductible or copayment
9 applicable in the patient's health benefit plan.

10 As used in this Section, "advertise" means solicitation by
11 the physician licensee or through another by means of
12 handbills, posters, circulars, motion pictures, radio,
13 newspapers, television or in any other manner.

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

15 (225 ILCS 60/28.3 new)

16 Sec. 28.3. Anesthesiologist Assistant title; advertising;
17 billing.

18 (a) No anesthesiologist assistant shall use the title of
19 doctor or associate with his or her name or any other term in
20 the clinical setting or while in contact with patients under
21 their care that would indicate to other persons that he or she
22 is qualified to engage in the general independent practice of
23 anesthesiology or interventional pain management.

24 b) An anesthesiologist assistant licensee shall include in
25 every advertisement for services regulated under this Act his

1 or her title as it appears on the license or the initials
2 authorized under this Act.

3 (c) An anesthesiologist assistant shall not be allowed to
4 bill patients or in any way to charge for services. Nothing in
5 this Act, however, shall be so construed as to prevent the
6 employer of an anesthesiologist assistant from charging for
7 services rendered by the anesthesiologist assistant. Payment
8 for services rendered by an anesthesiologist assistant shall be
9 made to his or her employer if the payor would have made
10 payment had the services been provided by an anesthesiologist.

11 (225 ILCS 60/28.5 new)

12 Sec. 28.5. Anesthesiologist assistant identification.
13 Beginning on January 1, 2018, no person may designate himself
14 or herself as an anesthesiologist assistant or use or assume
15 the title "anesthesiologist assistant" or append to the
16 person's name the words or letters "anesthesiologist
17 assistant" or "A.A." or any other titles, letters, or
18 designation that represents or may tend to represent the person
19 as an anesthesiologist assistant unless he or she is licensed
20 as an anesthesiologist assistant by the Department. An
21 anesthesiologist assistant shall be clearly identified as an
22 anesthesiologist assistant.

23 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

24 (Section scheduled to be repealed on December 31, 2017)

1 Sec. 33. Legend drugs.

2 (a) Any person licensed under this Act to practice medicine
3 in all of its branches shall be authorized to purchase legend
4 drugs requiring an order of a person authorized to prescribe
5 drugs, and to dispense such legend drugs in the regular course
6 of practicing medicine. The dispensing of such legend drugs
7 shall be the personal act of the physician ~~person~~ licensed
8 under this Act and may not be delegated to any other person not
9 licensed under this Act or the Pharmacy Practice Act unless
10 such delegated dispensing functions are under the direct
11 supervision of the physician authorized to dispense legend
12 drugs. Except when dispensing manufacturers' samples or other
13 legend drugs in a maximum 72 hour supply, physicians ~~persons~~
14 licensed under this Act shall maintain a book or file of
15 prescriptions as required in the Pharmacy Practice Act. Any
16 physician ~~person~~ licensed under this Act who dispenses any drug
17 or medicine shall dispense such drug or medicine in good faith
18 and shall affix to the box, bottle, vessel or package
19 containing the same a label indicating (1) the date on which
20 such drug or medicine is dispensed; (2) the name of the
21 patient; (3) the last name of the physician ~~person~~ dispensing
22 such drug or medicine; (4) the directions for use thereof; and
23 (5) the proprietary name or names or, if there are none, the
24 established name or names of the drug or medicine, the dosage
25 and quantity, except as otherwise authorized by regulation of
26 the Department.

1 (b) The labeling requirements set forth in subsection (a)
2 shall not apply to drugs or medicines in a package which bears
3 a label of the manufacturer containing information describing
4 its contents which is in compliance with requirements of the
5 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
6 Drug, and Cosmetic Act. "Drug" and "medicine" have the meanings
7 ascribed to them in the Pharmacy Practice Act, as now or
8 hereafter amended; "good faith" has the meaning ascribed to it
9 in subsection (u) of Section 102 of the Illinois Controlled
10 Substances Act.

11 (c) Prior to dispensing a prescription to a patient, the
12 physician shall offer a written prescription to the patient
13 which the patient may elect to have filled by the physician or
14 any licensed pharmacy.

15 (d) A violation of any provision of this Section shall
16 constitute a violation of this Act and shall be grounds for
17 disciplinary action provided for in this Act.

18 (e) Nothing in this Section shall be construed to authorize
19 a chiropractic physician to prescribe drugs.

20 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

21 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

22 (Section scheduled to be repealed on December 31, 2017)

23 Sec. 35. Hearing officer. The Secretary shall have the
24 authority to appoint an attorney duly licensed to practice law
25 in the State of Illinois to serve as the hearing officer in any

1 action to suspend, revoke, place on probationary status, or
2 take any other disciplinary action with regard to a license.
3 The hearing officer shall have full authority to conduct the
4 hearing. The hearing officer shall report his findings and
5 recommendations to the Disciplinary Board within 30 days of the
6 receipt of the record. The Disciplinary Board shall have 60
7 days from receipt of the report to review the report of the
8 hearing officer and present their findings of fact, conclusions
9 of law and recommendations to the Secretary.

10 (Source: P.A. 97-622, eff. 11-23-11.)

11 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

12 (Section scheduled to be repealed on December 31, 2017)

13 Sec. 36. Investigation; notice.

14 (a) Upon the motion of either the Department or the
15 Disciplinary Board or upon the verified complaint in writing of
16 any person setting forth facts which, if proven, would
17 constitute grounds for suspension or revocation under Sections
18 ~~Section~~ 22 or 22.1 of this Act, the Department shall
19 investigate the actions of any person, so accused, who holds or
20 represents that they hold a license. Such person is hereinafter
21 called the accused.

22 (b) The Department shall, before suspending, revoking,
23 placing on probationary status, or taking any other
24 disciplinary action as the Department may deem proper with
25 regard to any license at least 30 days prior to the date set

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

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

24 (d) Such written notice and any notice in such proceedings
25 thereafter may be served by delivery of the same, personally,
26 to the accused person, or by mailing the same by registered or

1 certified mail to the accused person's address of record.

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

24 (Source: P.A. 97-449, eff. 1-1-12; 97-622, eff. 11-23-11;
25 98-1140, eff. 12-30-14.)

1 (225 ILCS 60/37.5 new)

2 Sec. 37.5. Temporary suspension of an anesthesiologist
3 assistant license. The Secretary may temporarily suspend the
4 license of a anesthesiologist assistant without a hearing,
5 simultaneously with the institution of proceedings for a
6 hearing provided for in Section 36 of this Act if the Secretary
7 finds that evidence in his possession indicates that
8 continuation in practice would constitute an imminent danger to
9 the public. In the event that the Secretary suspends,
10 temporarily, the license without a hearing, a hearing by the
11 Department must be held within 30 days after such suspension
12 has occurred and concluded without appreciable delay.

13 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

14 (Section scheduled to be repealed on December 31, 2017)

15 Sec. 38. Subpoena; oaths.

16 (a) The Disciplinary Board or Department has power to
17 subpoena and bring before it any person in this State and to
18 take testimony either orally or by deposition, or both, with
19 the same fees and mileage and in the same manner as is
20 prescribed by law for judicial procedure in civil cases.

21 (b) The Disciplinary Board, upon a determination that
22 probable cause exists that a violation of one or more of the
23 grounds for discipline listed in Sections ~~Section~~ 22 and 22.1
24 has occurred or is occurring, may subpoena the medical and
25 hospital records of individual patients of physicians licensed

1 under this Act, provided, that prior to the submission of such
2 records to the Disciplinary Board, all information indicating
3 the identity of the patient shall be removed and deleted.
4 Notwithstanding the foregoing, the Disciplinary Board and
5 Department shall possess the power to subpoena copies of
6 hospital or medical records in mandatory report cases under
7 Section 23 alleging death or permanent bodily injury when
8 consent to obtain records is not provided by a patient or legal
9 representative. Prior to submission of the records to the
10 Disciplinary Board, all information indicating the identity of
11 the patient shall be removed and deleted. All medical records
12 and other information received pursuant to subpoena shall be
13 confidential and shall be afforded the same status as is proved
14 information concerning medical studies in Part 21 of Article
15 VIII of the Code of Civil Procedure. The use of such records
16 shall be restricted to members of the Disciplinary Board, the
17 medical coordinators, and appropriate staff of the Department
18 designated by the Disciplinary Board for the purpose of
19 determining the existence of one or more grounds for discipline
20 of the physician as provided for by Section 22 of this Act. Any
21 such review of individual patients' records shall be conducted
22 by the Disciplinary Board in strict confidentiality, provided
23 that such patient records shall be admissible in a disciplinary
24 hearing, before the Disciplinary Board, when necessary to
25 substantiate the grounds for discipline alleged against the
26 physician licensed under this Act, and provided further, that

1 nothing herein shall be deemed to supersede the provisions of
2 Part 21 of Article VIII of the "Code of Civil Procedure", as
3 now or hereafter amended, to the extent applicable.

4 (c) The Secretary, and any member of the Disciplinary Board
5 each have power to administer oaths at any hearing which the
6 Disciplinary Board or Department is authorized by law to
7 conduct.

8 (d) The Disciplinary Board, upon a determination that
9 probable cause exists that a violation of one or more of the
10 grounds for discipline listed in Section 22 has occurred or is
11 occurring on the business premises of a physician licensed
12 under this Act, may issue an order authorizing an appropriately
13 qualified investigator employed by the Department to enter upon
14 the business premises with due consideration for patient care
15 of the subject of the investigation so as to inspect the
16 physical premises and equipment and furnishings therein. No
17 such order shall include the right of inspection of business,
18 medical, or personnel records located on the premises. For
19 purposes of this Section, "business premises" is defined as the
20 office or offices where the physician conducts the practice of
21 medicine. Any such order shall expire and become void five
22 business days after its issuance by the Disciplinary Board. The
23 execution of any such order shall be valid only during the
24 normal business hours of the facility or office to be
25 inspected.

26 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

1 (225 ILCS 60/39.5 new)

2 Sec. 39.5. Attendance of witnesses; production of
3 documents. Any circuit court may, upon application of the
4 Department or its designee or of the applicant or licensee
5 against whom proceedings pursuant to Section 36 of this Act are
6 pending, enter an order requiring the attendance of witnesses
7 and their testimony and the production of documents, papers,
8 files, books, and records in connection with any hearing or
9 investigation. The court may compel obedience to its order by
10 proceedings for contempt.

11 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

12 (Section scheduled to be repealed on December 31, 2017)

13 Sec. 41. Administrative review; venue; certification of
14 record.

15 (a) All final administrative decisions of the Department
16 are subject to judicial review pursuant to the Administrative
17 Review Law and its rules. The term "administrative decision" is
18 defined as in Section 3-101 of the Code of Civil Procedure.

19 (b) Proceedings for judicial review shall be commenced in
20 the circuit court of the county in which the party applying for
21 review resides; but if the party is not a resident of this
22 State, the venue shall be in Sangamon County.

23 (c) The Department shall not be required to certify any
24 record to the court, to file an answer in court, or to

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

15 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

16 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

17 (Section scheduled to be repealed on December 31, 2017)

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

24 (a) Such signature is the genuine signature of the
25 Secretary;

1 (b) The Secretary is duly appointed and qualified; and

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

4 Such proof may be rebutted.

5 (Source: P.A. 97-622, eff. 11-23-11.)

6 (225 ILCS 60/46) (from Ch. 111, par. 4400-46)

7 (Section scheduled to be repealed on December 31, 2017)

8 Sec. 46. In the event that the Department's order of
9 revocation, suspension, placing the licensee on probationary
10 status, or other order of formal disciplinary action is without
11 any reasonable basis in fact of any kind, then the State of
12 Illinois shall be liable to the injured physician or
13 anesthesiologist assistant for those special damages they have
14 suffered as a direct result of such order.

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

16 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

17 (Section scheduled to be repealed on December 31, 2017)

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

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

6 (Source: P.A. 97-622, eff. 11-23-11.)

7 (225 ILCS 60/48) (from Ch. 111, par. 4400-48)

8 (Section scheduled to be repealed on December 31, 2017)

9 Sec. 48. All licenses and certificates heretofore legally
10 issued by authority of law in this State permitting the holder
11 thereof to practice medicine in all of its branches, ~~or~~ to
12 treat human ailments without the use of drugs and operative
13 surgery, or to practice as an anesthesiologist assistant, and
14 which are valid and in full force and effect on the taking
15 effect of this Act, shall have the same force and effect, and
16 be subject to the same authority of the Department to revoke or
17 suspend them as licenses issued under this Act.

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

19 (225 ILCS 60/49) (from Ch. 111, par. 4400-49)

20 (Section scheduled to be repealed on December 31, 2017)

21 Sec. 49. If any person does any of the following and does
22 not possess a valid physician license issued under this Act,
23 that person shall be sentenced as provided in Section 59: (i)
24 holds himself or herself out to the public as being engaged in

1 the diagnosis or treatment of physical or mental ailments or
2 conditions including, but not limited to, deformities,
3 diseases, disorders, or injuries of human beings; (ii)
4 suggests, recommends or prescribes any form of treatment for
5 the palliation, relief or cure of any physical or mental
6 ailment or condition of any person with the intention of
7 receiving, either directly or indirectly, any fee, gift, or
8 compensation whatever; (iii) diagnoses or attempts to
9 diagnose, operates upon, professes to heal, prescribes for, or
10 otherwise treats any ailment or condition, or supposed ailment
11 or condition, of another; (iv) maintains an office for
12 examination or treatment of persons afflicted, or alleged or
13 supposed to be afflicted, by any ailment or condition; (v)
14 manipulates or adjusts osseous or articular structures; or (vi)
15 attaches the title Doctor, Physician, Surgeon, M.D., D.O. or
16 D.C. or any other word or abbreviation to his or her name
17 indicating that he or she is engaged in the treatment of human
18 ailments or conditions as a business.

19 Whenever the Department has reason to believe that any
20 person has violated this Section the Department may issue a
21 rule to show cause why an order to cease and desist should not
22 be entered against that person. The rule shall clearly set
23 forth the grounds relied upon by the Department and shall
24 provide a period of 7 days from the date of the rule to file an
25 answer to the satisfaction of the Department. Failure to answer
26 to the satisfaction of the Department shall cause an order to

1 cease and desist to be issued immediately.

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

3 (225 ILCS 60/49.5)

4 (Section scheduled to be repealed on December 31, 2017)

5 Sec. 49.5. Telemedicine.

6 (a) The General Assembly finds and declares that because of
7 technological advances and changing practice patterns the
8 practice of medicine is occurring with increasing frequency
9 across state lines and that certain technological advances in
10 the practice of medicine are in the public interest. The
11 General Assembly further finds and declares that the practice
12 of medicine is a privilege and that the licensure by this State
13 of practitioners outside this State engaging in medical
14 practice within this State and the ability to discipline those
15 practitioners is necessary for the protection of the public
16 health, welfare, and safety.

17 (b) A person who engages in the practice of telemedicine
18 without a physician license issued under this Act shall be
19 subject to penalties provided in Section 59.

20 (c) For purposes of this Act, "telemedicine" means the
21 performance of any of the activities listed in Section 49,
22 including but not limited to rendering written or oral
23 opinions concerning diagnosis or treatment of a patient in
24 Illinois by a person located outside the State of Illinois as a
25 result of transmission of individual patient data by

1 telephonic, electronic, or other means of communication from
2 within this State. "Telemedicine" does not include the
3 following:

4 (1) periodic consultations between a physician person
5 licensed under this Act and a person outside the State of
6 Illinois;

7 (2) a second opinion provided to a physician person
8 licensed under this Act; and

9 (3) diagnosis or treatment services provided to a
10 patient in Illinois following care or treatment originally
11 provided to the patient in the state in which the provider
12 is licensed to practice medicine.

13 (d) Whenever the Department has reason to believe that a
14 physician person has violated this Section, the Department may
15 issue a rule to show cause why an order to cease and desist
16 should not be entered against that physician person. The rule
17 shall clearly set forth the grounds relied upon by the
18 Department and shall provide a period of 7 days from the date
19 of the rule to file an answer to the satisfaction of the
20 Department. Failure to answer to the satisfaction of the
21 Department shall cause an order to cease and desist to be
22 issued immediately.

23 (e) An out-of-state person providing a service listed in
24 Section 49 to a patient residing in Illinois through the
25 practice of telemedicine submits himself or herself to the
26 jurisdiction of the courts of this State.

1 (Source: P.A. 90-99, eff. 1-1-98.)

2 (225 ILCS 60/59.5 new)

3 Sec. 59.5. Anesthesiologist assistant penalties. An
4 anesthesiologist assistant who is found to have violated any
5 provision of this Act is guilty of a Class A misdemeanor for
6 the first offense and a Class 4 felony for the second and any
7 subsequent offense.

8 (225 ILCS 60/61) (from Ch. 111, par. 4400-61)

9 (Section scheduled to be repealed on December 31, 2017)

10 Sec. 61. Practicing without a license.

11 (a) The practice of medicine in all of its branches, ~~or~~ the
12 treatment of human ailments without the use of drugs and
13 without operative surgery, the practice as an anesthesiologist
14 assistant by any person not at that time holding a valid and
15 current license under this Act to do so is hereby declared to
16 be inimical to the public welfare and to constitute a public
17 nuisance. The Secretary of the Department, the Attorney General
18 of the State of Illinois, the State's Attorney of any County in
19 the State, or any resident citizen may maintain an action in
20 the name of the people of the State of Illinois, may apply for
21 an injunction in the circuit court to enjoin any such person
22 from engaging in such practice; and, upon the filing of a
23 verified petition in such court, the court or any judge
24 thereof, if satisfied by affidavit, or otherwise, that such

1 person has been engaged in such practice without a valid and
2 current license to do so, may issue a temporary restraining
3 order or preliminary injunction without notice or bond,
4 enjoining the defendant from any such further practice. A copy
5 of the verified complaint shall be served upon the defendant
6 and the proceedings shall thereafter be conducted as in other
7 civil cases. If it be established that the defendant has been,
8 or is engaged in any such unlawful practice, the court, or any
9 judge thereof, may enter an order or judgment perpetually
10 enjoining the defendant from further engaging in such practice.
11 In all proceedings hereunder the court, in its discretion, may
12 apportion the costs among the parties interested in the suit,
13 including cost of filing complaint, service of process, witness
14 fees and expenses, court reporter charges and reasonable
15 attorneys fees. In case of violation of any injunction entered
16 under the provisions of this Section, the court, or any judge
17 thereof, may summarily try and punish the offender for contempt
18 of court. Such injunction proceedings shall be in addition to,
19 and not in lieu of, all penalties and other remedies in this
20 Act provided.

21 (b) If any person shall practice as an anesthesiologist
22 assistant or hold himself or herself out as an anesthesiologist
23 assistant without being licensed under the provisions of this
24 Act, then any licensed anesthesiologist assistant, any
25 interested party, or any person injured thereby may, in
26 addition to the Secretary, petition for relief as provided in

1 subsection (a) of this Section.

2 (c) Whenever in the opinion of the Department any person
3 violates any provision of this Act, the Department may issue a
4 rule to show cause why an order to cease and desist should not
5 be entered against the person. The rule shall clearly set forth
6 the grounds relied upon by the Department and shall provide a
7 period of 7 days from the date of the rule to file an answer to
8 the satisfaction of the Department. Failure to answer to the
9 satisfaction of the Department shall cause an order to cease
10 and desist to be issued forthwith.

11 (Source: P.A. 97-622, eff. 11-23-11.)

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

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