

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 1. Short title; references to Act.

5 (a) Short title. This Act may be cited as the Lyme Disease  
6 Prevention and Protection Act.

7 (b) References to Act. This Act may be referred to as the  
8 Lauryn Russell Lyme Disease Prevention and Protection Law.

9 Section 5. Findings. The General Assembly finds and  
10 declares the following:

11 (1) Lyme disease, a bacterial disease transmitted by  
12 infected ticks, was first recognized in the United States  
13 in 1975 after a mysterious outbreak of arthritis near Old  
14 Lyme, Connecticut. Since then, reports of Lyme disease have  
15 increased dramatically, and the disease has become an  
16 important public health concern.

17 (2) The Centers for Disease Control and Prevention  
18 states that the reported Lyme disease cases are numbered at  
19 30,000 a year in the United States, but the actual burden  
20 of Lyme disease may actually be as high as 300,000 cases a  
21 year throughout the United States.

22 (3) The signs and symptoms of Lyme disease can vary  
23 greatly from one person to another, and symptoms can also

1 vary with the length of time a person has been infected.  
2 The initial symptoms of Lyme disease are similar to those  
3 of more common diseases, such as a flu-like illness without  
4 a cough or mononucleosis; it may or may not present  
5 Erythema Migrans, a "bull's eye" marking, which is the most  
6 common identifiable mark for Lyme disease, and many  
7 infected persons do not recall a tick bite; further  
8 symptoms can develop over time, including fever, severe  
9 headache, stiff neck, certain heart irregularities,  
10 temporary paralysis of facial muscles, pain with numbness  
11 or weakness in arms or legs, loss of concentration or  
12 memory problems, and, most commonly, Lyme arthritis.

13 (4) Not all ticks carry the bacterium of Lyme disease,  
14 and a bite does not always result in the development of  
15 Lyme disease. However, since it is impossible to tell by  
16 sight which ticks are infected, it is important to avoid  
17 tick bites whenever possible and to perform regular tick  
18 checks when traversing in tick-infested areas of the United  
19 States, any wooded areas, or any areas with tall grass and  
20 weeds. A person should seek assistance for early  
21 identification and treatment when Lyme disease symptoms or  
22 other tick-borne illness is suspected.

23 (5) Because Lyme disease is a complex illness, there is  
24 a continuous need to increase funding for Lyme disease  
25 diagnosis, treatment, and prevention. In 2015, the first  
26 major research program devoted to the causes and cures of

1 Lyme disease was established at Johns Hopkins School of  
2 Medicine as the Lyme Disease Clinical Research Center.

3 (6) Initial funding from federal grants has provided  
4 for research known as the Study of Lyme Disease Immunology  
5 and Clinical Events. The federal 21st Century Cures Act  
6 created a working group within the United States Department  
7 of Health and Human Services to improve outcomes of Lyme  
8 disease and to develop a plan for improving diagnosis,  
9 treatment, and prevention. However, there is still a need  
10 for more research on Lyme disease and efforts to promote  
11 awareness of its signs and symptoms, such as work with  
12 entomologists and veterinary epidemiologist whose current  
13 focus is on tick-borne infections and their distribution in  
14 the State of Illinois.

15 (7) People treated with appropriate antibiotics in the  
16 early stages of Lyme disease usually recover rapidly and  
17 completely. The National Institutes of Health has funded  
18 several studies on the treatment of Lyme disease that show  
19 most people recover when treated with antibiotics taken by  
20 mouth within a few weeks. In a small percentage of cases,  
21 symptoms such as fatigue and muscle aches can last for more  
22 than 6 months. Physicians sometimes describe patients who  
23 have non-specific symptoms, such as fatigue, pain, and  
24 joint and muscle aches, after the treatment of Lyme disease  
25 as having post-treatment Lyme disease syndrome or post Lyme  
26 disease syndrome. The cause of post-treatment Lyme disease

1 syndrome is not known.

2 (8) Co-infections by other tick-borne illnesses may  
3 complicate and lengthen the course of treatment.

4 Section 10. Lyme Disease Prevention, Detection, and  
5 Outreach Program.

6 (a) The Department of Public Health shall establish a Lyme  
7 Disease Prevention, Detection, and Outreach Program. The  
8 Department shall continue to study the population of ticks  
9 carrying Lyme disease and the number of people infected in  
10 Illinois to provide data to the public on the incidence of  
11 acute Lyme disease and locations of exposure in Illinois by  
12 county. The Department shall partner with the University of  
13 Illinois to publish tick identification and testing data on the  
14 Department's website and work to expand testing to areas where  
15 new human cases are identified. The Department shall require  
16 health care professionals and laboratories to report acute Lyme  
17 disease cases within the time frame required under the Control  
18 of Communicable Diseases Code to the local health department.  
19 To coordinate this program, the Department shall continue to  
20 support a vector-borne disease epidemiologist coordinator who  
21 is responsible for overseeing the program. The Department shall  
22 train local health departments to respond to inquiries from the  
23 public.

24 (b) In addition to its overall effort to prevent acute  
25 disease in Illinois, in order to raise awareness about and

1 promote prevention of Lyme disease, the program shall include:

2 (1) a designated webpage with publicly accessible and  
3 up-to-date information about the prevention, detection,  
4 and treatment of Lyme Disease;

5 (2) peer-reviewed scientific research articles;

6 (3) government guidance and recommendations of the  
7 federal Centers for Disease Control and Prevention,  
8 National Guideline Clearinghouse under the Department of  
9 Health and Human Services, and any other persons or  
10 entities determined by the Lyme Disease Task Force to have  
11 particular expertise on Lyme disease;

12 (4) information for physicians, other health care  
13 professionals and providers, and other persons subject to  
14 an increased risk of contracting Lyme disease; and

15 (5) educational materials on the diagnosis, treatment,  
16 and prevention of Lyme disease and other tick-borne  
17 illnesses for physicians and other health care  
18 professionals and providers in multiple formats.

19 (c) The Department shall prepare a report of all efforts  
20 under this Act, and the report shall be posted on the  
21 Department's website and distributed to the Lyme Disease Task  
22 Force and the General Assembly annually. The report to the  
23 General Assembly shall be filed with the Clerk of the House of  
24 Representatives and the Secretary of the Senate in electronic  
25 form only, in the manner that the Clerk and the Secretary shall  
26 direct.

1 Section 15. Lyme Disease Task Force; duties; members.

2 (a) The Department shall establish the Lyme Disease Task  
3 Force to advise the Department on disease prevention and  
4 surveillance and provider and public education relating to the  
5 disease.

6 (b) The Task Force shall consist of the Director of Public  
7 Health or a designee, who shall serve as chairman, and the  
8 following members appointed by the Director of Public Health:

9 (1) one representative from the Department of  
10 Financial and Professional Regulation;

11 (2) 3 physicians licensed to practice medicine in all  
12 its branches who are members of a statewide organization  
13 representing physicians, one of whom represents a medical  
14 school faculty and one of whom has the experience of  
15 treating Lyme disease;

16 (3) one advanced practice registered nurse selected  
17 from the recommendations of professional nursing  
18 associations;

19 (4) one local public health administrator;

20 (5) one veterinarian;

21 (6) 4 members of the public interested in Lyme disease.

22 (c) The terms of the members of the Task Force shall be 3  
23 years. Members may continue to serve after the expiration of a  
24 term until a new member is appointed. Each member appointed to  
25 fill a vacancy occurring prior to the expiration of the term

1 for which his predecessor was appointed shall be appointed for  
2 the remainder of such term. The council shall meet as  
3 frequently as the chairman deems necessary, but not less than 2  
4 times each year. Members shall receive no compensation for  
5 their services.

6 (d) The Lyme Disease Task Force has the following duties  
7 and responsibilities:

8 (1) monitoring the implementation of this Act and  
9 providing feedback and input for necessary additions or  
10 modifications;

11 (2) reviewing relevant literature and guidelines that  
12 define accurate diagnosis of Lyme disease with the purpose  
13 of creating cohesive and consistent guidelines for the  
14 determination of Lyme diagnosis across all counties in  
15 Illinois and with the intent of providing accurate and  
16 relevant numbers to the Centers for Disease Control and  
17 Prevention;

18 (3) providing recommendations on professional  
19 continuing educational materials and opportunities that  
20 specifically focus on Lyme disease prevention, protection,  
21 and treatment; and

22 (4) assisting the Department in establishing policies,  
23 procedures, techniques, and criteria for the collection,  
24 maintenance, exchange, and sharing of medical information  
25 on Lyme disease, and identifying persons or entities with  
26 Lyme disease expertise to collaborate with Department in

1           Lyme disease diagnosis, prevention, and treatment.

2           (20 ILCS 2310/2310-390 rep.)

3           Section 70. The Department of Public Health Powers and  
4 Duties Law of the Civil Administrative Code of Illinois is  
5 amended by repealing Section 2310-390.

6           Section 75. The Medical Practice Act of 1987 is amended by  
7 changing Section 22 as follows:

8           (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

9           (Section scheduled to be repealed on December 31, 2019)

10          Sec. 22. Disciplinary action.

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

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

19                         (a) a facility licensed pursuant to the Ambulatory  
20 Surgical Treatment Center Act;

21                         (b) an institution licensed under the Hospital  
22 Licensing Act;

23                         (c) an ambulatory surgical treatment center or



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

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

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

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

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

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

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

1 defraud or harm the public.

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

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

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

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

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

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

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

1 or federal agency that prohibits a medical doctor, doctor  
2 of osteopathy, doctor of osteopathic medicine, or doctor of  
3 chiropractic from providing services to the agency's  
4 participants.

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

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

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

17 (16) Abandonment of a patient.

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

23 (18) Promotion of the sale of drugs, devices,  
24 appliances or goods provided for a patient in such manner  
25 as to exploit the patient for financial gain of the  
26 physician.

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

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

9           (21) Willfully making or filing false records or  
10          reports in his or her practice as a physician, including,  
11          but not limited to, false records to support claims against  
12          the medical assistance program of the Department of  
13          Healthcare and Family Services (formerly Department of  
14          Public Aid) under the Illinois Public Aid Code.

15          (22) Willful omission to file or record, or willfully  
16          impeding the filing or recording, or inducing another  
17          person to omit to file or record, medical reports as  
18          required by law, or willfully failing to report an instance  
19          of suspected abuse or neglect as required by law.

20          (23) 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          licensee has caused a child to be an abused child or  
25          neglected child as defined in the Abused and Neglected  
26          Child Reporting Act.

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

4           (25) Gross and willful and continued overcharging for  
5 professional services, including filing false statements  
6 for collection of fees for which services are not rendered,  
7 including, but not limited to, filing such false statements  
8 for collection of monies for services not rendered from the  
9 medical assistance program of the Department of Healthcare  
10 and Family Services (formerly Department of Public Aid)  
11 under the Illinois Public Aid Code.

12           (26) A pattern of practice or other behavior which  
13 demonstrates incapacity or incompetence to practice under  
14 this Act.

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

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

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

24           (30) Willfully or negligently violating the  
25 confidentiality between physician and patient except as  
26 required by law.

1           (31) The use of any false, fraudulent, or deceptive  
2 statement in any document connected with practice under  
3 this Act.

4           (32) Aiding and abetting an individual not licensed  
5 under this Act in the practice of a profession licensed  
6 under this Act.

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

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

20           (35) Failure to report to the Department surrender of a  
21 license or authorization to practice as a medical doctor, a  
22 doctor of osteopathy, a doctor of osteopathic medicine, or  
23 doctor of chiropractic in another state or jurisdiction, or  
24 surrender of membership on any medical staff or in any  
25 medical or professional association or society, while  
26 under disciplinary investigation by any of those

1 authorities or bodies, for acts or conduct similar to acts  
2 or conduct which would constitute grounds for action as  
3 defined in this Section.

4 (36) Failure to report to the Department any adverse  
5 judgment, settlement, or award arising from a liability  
6 claim related to acts or conduct similar to acts or conduct  
7 which would constitute grounds for action as defined in  
8 this Section.

9 (37) Failure to provide copies of medical records as  
10 required by law.

11 (38) Failure to furnish the Department, its  
12 investigators or representatives, relevant information,  
13 legally requested by the Department after consultation  
14 with the Chief Medical Coordinator or the Deputy Medical  
15 Coordinator.

16 (39) Violating the Health Care Worker Self-Referral  
17 Act.

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

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

22 (42) Entering into an excessive number of written  
23 collaborative agreements with licensed advanced practice  
24 registered nurses resulting in an inability to adequately  
25 collaborate.

26 (43) Repeated failure to adequately collaborate with a

1 licensed advanced practice registered nurse.

2 (44) Violating the Compassionate Use of Medical  
3 Cannabis Pilot Program Act.

4 (45) Entering into an excessive number of written  
5 collaborative agreements with licensed prescribing  
6 psychologists resulting in an inability to adequately  
7 collaborate.

8 (46) Repeated failure to adequately collaborate with a  
9 licensed prescribing psychologist.

10 (47) Willfully failing to report an instance of  
11 suspected abuse, neglect, financial exploitation, or  
12 self-neglect of an eligible adult as defined in and  
13 required by the Adult Protective Services Act.

14 (48) Being named as an abuser in a verified report by  
15 the Department on Aging under the Adult Protective Services  
16 Act, and upon proof by clear and convincing evidence that  
17 the licensee abused, neglected, or financially exploited  
18 an eligible adult as defined in the Adult Protective  
19 Services Act.

20 Except for actions involving the ground numbered (26), all  
21 proceedings to suspend, revoke, place on probationary status,  
22 or take any other disciplinary action as the Department may  
23 deem proper, with regard to a license on any of the foregoing  
24 grounds, must be commenced within 5 years next after receipt by  
25 the Department of a complaint alleging the commission of or  
26 notice of the conviction order for any of the acts described



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

23 The entry of an order or judgment by any circuit court  
24 establishing that any person holding a license under this Act  
25 is a person in need of mental treatment operates as a  
26 suspension of that license. That person may resume their

1 practice only upon the entry of a Departmental order based upon  
2 a finding by the Disciplinary Board that they have been  
3 determined to be recovered from mental illness by the court and  
4 upon the Disciplinary Board's recommendation that they be  
5 permitted to resume their practice.

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

14 The Department, upon the recommendation of the  
15 Disciplinary Board, shall adopt rules which set forth standards  
16 to be used in determining:

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

19 (b) what constitutes dishonorable, unethical or  
20 unprofessional conduct of a character likely to deceive,  
21 defraud, or harm the public;

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

26 (d) what constitutes gross negligence in the practice

1 of medicine.

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

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

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

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

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

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

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

25 All fines imposed under this Section shall be paid within  
26 60 days after the effective date of the order imposing the fine

1 or in accordance with the terms set forth in the order imposing  
2 the fine.

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

14 (C) The Department shall not revoke, suspend, place on  
15 probation, reprimand, refuse to issue or renew, or take any  
16 other disciplinary or non-disciplinary action against the  
17 license or permit issued under this Act to practice medicine to  
18 a physician:

19 (1) based solely upon the recommendation of the  
20 physician to an eligible patient regarding, or  
21 prescription for, or treatment with, an investigational  
22 drug, biological product, or device; or

23 (2) for experimental treatment for Lyme disease or  
24 other tick-borne diseases, including, but not limited to,  
25 the prescription of or treatment with long-term  
26 antibiotics.

1           (D) The Disciplinary Board shall recommend to the  
2 Department civil penalties and any other appropriate  
3 discipline in disciplinary cases when the Board finds that a  
4 physician willfully performed an abortion with actual  
5 knowledge that the person upon whom the abortion has been  
6 performed is a minor or an incompetent person without notice as  
7 required under the Parental Notice of Abortion Act of 1995.  
8 Upon the Board's recommendation, the Department shall impose,  
9 for the first violation, a civil penalty of \$1,000 and for a  
10 second or subsequent violation, a civil penalty of \$5,000.  
11 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;  
12 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; revised 9-29-17.)