



Rep. Daniel Swanson

Filed: 4/23/2018

10000HB4515ham001

LRB100 16903 XWW 39199 a

1 AMENDMENT TO HOUSE BILL 4515

2 AMENDMENT NO. _____. Amend House Bill 4515 by replacing
3 everything after the enacting clause with the following:

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.

1 (2) The Centers for Disease Control and Prevention
2 states that the reported Lyme disease cases are numbered at
3 30,000 a year in the United States, but the actual burden
4 of Lyme disease may actually be as high as 300,000 cases a
5 year throughout the United States.

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

20 (4) Not all ticks carry the bacterium of Lyme disease,
21 and a bite does not always result in the development of
22 Lyme disease. However, since it is impossible to tell by
23 sight which ticks are infected, it is important to avoid
24 tick bites whenever possible and to perform regular tick
25 checks when traversing in tick-infested areas of the United
26 States, any wooded areas, or any areas with tall grass and

1 weeds. A person should seek assistance for early
2 identification and treatment when Lyme disease symptoms or
3 other tick-borne illness is suspected.

4 (5) Because Lyme disease is a complex illness, there is
5 a continuous need to increase funding for Lyme disease
6 diagnosis, treatment, and prevention. In 2015, the first
7 major research program devoted to the causes and cures of
8 Lyme disease was established at Johns Hopkins School of
9 Medicine as the Lyme Disease Clinical Research Center.

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

22 (7) People treated with appropriate antibiotics in the
23 early stages of Lyme disease usually recover rapidly and
24 completely. The National Institutes of Health has funded
25 several studies on the treatment of Lyme disease that show
26 most people recover when treated with antibiotics taken by

1 mouth within a few weeks. In a small percentage of cases,
2 symptoms such as fatigue and muscle aches can last for more
3 than 6 months. Physicians sometimes describe patients who
4 have non-specific symptoms, such as fatigue, pain, and
5 joint and muscle aches, after the treatment of Lyme disease
6 as having post-treatment Lyme disease syndrome or post Lyme
7 disease syndrome. The cause of post-treatment Lyme disease
8 syndrome is not known.

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

11 Section 10. Lyme Disease Prevention, Detection, and
12 Outreach Program.

13 (a) The Department of Public Health shall establish a Lyme
14 Disease Prevention, Detection, and Outreach Program. The
15 Department shall continue to study the population of ticks
16 carrying Lyme disease and the number of people infected in
17 Illinois to provide data to the public on the incidence of
18 acute Lyme disease and locations of exposure in Illinois by
19 county. The Department shall partner with the University of
20 Illinois to publish tick identification and testing data on the
21 Department's website and work to expand testing to areas where
22 new human cases are identified. The Department shall require
23 health care professionals and laboratories to report acute Lyme
24 disease cases within the time frame required under the Control
25 of Communicable Diseases Code to the local health department.

1 To coordinate this program, the Department shall continue to
2 support a vector-borne disease epidemiologist coordinator who
3 is responsible for overseeing the program. The Department shall
4 train local health departments to respond to inquiries from the
5 public.

6 (b) In addition to its overall effort to prevent acute
7 disease in Illinois, in order to raise awareness about and
8 promote prevention of Lyme disease, the program shall include:

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

12 (2) peer-reviewed scientific research articles;

13 (3) government guidance and recommendations of the
14 federal Centers for Disease Control and Prevention,
15 National Guideline Clearinghouse under the Department of
16 Health and Human Services, and any other persons or
17 entities determined by the Lyme Disease Task Force to have
18 particular expertise on Lyme disease;

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

22 (5) educational materials on the diagnosis, treatment,
23 and prevention of Lyme disease and other tick-borne
24 illnesses for physicians and other health care
25 professionals and providers in multiple formats.

26 (c) The Department shall prepare a report of all efforts

1 under this Act, and the report shall be posted on the
2 Department's website and distributed to the Lyme Disease Task
3 Force and the General Assembly annually. The report to the
4 General Assembly shall be filed with the Clerk of the House of
5 Representatives and the Secretary of the Senate in electronic
6 form only, in the manner that the Clerk and the Secretary shall
7 direct.

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

9 (a) The Department shall establish the Lyme Disease Task
10 Force to advise the Department on disease prevention and
11 surveillance and provider and public education relating to the
12 disease.

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

16 (1) one representative from the Department of
17 Financial and Professional Regulation;

18 (2) 3 physicians licensed to practice medicine in all
19 its branches who are members of a statewide organization
20 representing physicians, one of whom represents a medical
21 school faculty and one of whom has the experience of
22 treating Lyme disease;

23 (3) one advanced practice registered nurse selected
24 from the recommendations of professional nursing
25 associations;

1 (4) one local public health administrator;

2 (5) one veterinarian;

3 (6) 4 members of the public interested in Lyme disease.

4 (c) The terms of the members of the Task Force shall be 3
5 years. Members may continue to serve after the expiration of a
6 term until a new member is appointed. Each member appointed to
7 fill a vacancy occurring prior to the expiration of the term
8 for which his predecessor was appointed shall be appointed for
9 the remainder of such term. The council shall meet as
10 frequently as the chairman deems necessary, but not less than 2
11 times each year. Members shall receive no compensation for
12 their services.

13 (d) The Lyme Disease Task Force has the following duties
14 and responsibilities:

15 (1) monitoring the implementation of this Act and
16 providing feedback and input for necessary additions or
17 modifications;

18 (2) reviewing relevant literature and guidelines that
19 define accurate diagnosis of Lyme disease with the purpose
20 of creating cohesive and consistent guidelines for the
21 determination of Lyme diagnosis across all counties in
22 Illinois and with the intent of providing accurate and
23 relevant numbers to the Centers for Disease Control and
24 Prevention;

25 (3) providing recommendations on professional
26 continuing educational materials and opportunities that

1 specifically focus on Lyme disease prevention, protection,
2 and treatment; and

3 (4) assisting the Department in establishing policies,
4 procedures, techniques, and criteria for the collection,
5 maintenance, exchange, and sharing of medical information
6 on Lyme disease, and identifying persons or entities with
7 Lyme disease expertise to collaborate with Department in
8 Lyme disease diagnosis, prevention, and treatment.

9 (20 ILCS 2310/2310-390 rep.)

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

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

15 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

17 Sec. 22. Disciplinary action.

18 (A) The Department may revoke, suspend, place on probation,
19 reprimand, refuse to issue or renew, or take any other
20 disciplinary or non-disciplinary action as the Department may
21 deem proper with regard to the license or permit of any person
22 issued under this Act, including imposing fines not to exceed
23 \$10,000 for each violation, upon any of the following grounds:

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

3 (a) a facility licensed pursuant to the Ambulatory
4 Surgical Treatment Center Act;

5 (b) an institution licensed under the Hospital
6 Licensing Act;

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

14 (d) ambulatory surgical treatment centers,
15 hospitalization or care facilities maintained by the
16 Federal Government; or

17 (e) ambulatory surgical treatment centers,
18 hospitalization or care facilities maintained by any
19 university or college established under the laws of
20 this State and supported principally by public funds
21 raised by taxation.

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

25 (3) A plea of guilty or nolo contendere, finding of
26 guilt, jury verdict, or entry of judgment or sentencing,

1 including, but not limited to, convictions, preceding
2 sentences of supervision, conditional discharge, or first
3 offender probation, under the laws of any jurisdiction of
4 the United States of any crime that is a felony.

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

6 (5) Engaging in dishonorable, unethical or
7 unprofessional conduct of a character likely to deceive,
8 defraud or harm the public.

9 (6) Obtaining any fee by fraud, deceit, or
10 misrepresentation.

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

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

17 (9) Fraud or misrepresentation in applying for, or
18 procuring, a license under this Act or in connection with
19 applying for renewal of a license under this Act.

20 (10) Making a false or misleading statement regarding
21 their skill or the efficacy or value of the medicine,
22 treatment, or remedy prescribed by them at their direction
23 in the treatment of any disease or other condition of the
24 body or mind.

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

1 (12) Adverse action taken by another state or
2 jurisdiction against a license or other authorization to
3 practice as a medical doctor, doctor of osteopathy, doctor
4 of osteopathic medicine or doctor of chiropractic, a
5 certified copy of the record of the action taken by the
6 other state or jurisdiction being prima facie evidence
7 thereof. This includes any adverse action taken by a State
8 or federal agency that prohibits a medical doctor, doctor
9 of osteopathy, doctor of osteopathic medicine, or doctor of
10 chiropractic from providing services to the agency's
11 participants.

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

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

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

24 (16) Abandonment of a patient.

25 (17) Prescribing, selling, administering,
26 distributing, giving or self-administering any drug

1 classified as a controlled substance (designated product)
2 or narcotic for other than medically accepted therapeutic
3 purposes.

4 (18) Promotion of the sale of drugs, devices,
5 appliances or goods provided for a patient in such manner
6 as to exploit the patient for financial gain of the
7 physician.

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

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

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

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

1 (23) Being named as a perpetrator in an indicated
2 report by the Department of Children and Family Services
3 under the Abused and Neglected Child Reporting Act, and
4 upon proof by clear and convincing evidence that the
5 licensee has caused a child to be an abused child or
6 neglected child as defined in the Abused and Neglected
7 Child Reporting Act.

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

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

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

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

25 (28) Physical illness, including, but not limited to,
26 deterioration through the aging process, or loss of motor

1 skill which results in a physician's inability to practice
2 under this Act with reasonable judgment, skill or safety.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (48) Being named as an abuser in a verified report by
22 the Department on Aging under the Adult Protective Services
23 Act, and upon proof by clear and convincing evidence that
24 the licensee abused, neglected, or financially exploited
25 an eligible adult as defined in the Adult Protective
26 Services Act.

1 Except for actions involving the ground numbered (26), all
2 proceedings to suspend, revoke, place on probationary status,
3 or take any other disciplinary action as the Department may
4 deem proper, with regard to a license on any of the foregoing
5 grounds, must be commenced within 5 years next after receipt by
6 the Department of a complaint alleging the commission of or
7 notice of the conviction order for any of the acts described
8 herein. Except for the grounds numbered (8), (9), (26), and
9 (29), no action shall be commenced more than 10 years after the
10 date of the incident or act alleged to have violated this
11 Section. For actions involving the ground numbered (26), a
12 pattern of practice or other behavior includes all incidents
13 alleged to be part of the pattern of practice or other behavior
14 that occurred, or a report pursuant to Section 23 of this Act
15 received, within the 10-year period preceding the filing of the
16 complaint. In the event of the settlement of any claim or cause
17 of action in favor of the claimant or the reduction to final
18 judgment of any civil action in favor of the plaintiff, such
19 claim, cause of action or civil action being grounded on the
20 allegation that a person licensed under this Act was negligent
21 in providing care, the Department shall have an additional
22 period of 2 years from the date of notification to the
23 Department under Section 23 of this Act of such settlement or
24 final judgment in which to investigate and commence formal
25 disciplinary proceedings under Section 36 of this Act, except
26 as otherwise provided by law. The time during which the holder

1 of the license was outside the State of Illinois shall not be
2 included within any period of time limiting the commencement of
3 disciplinary action by the Department.

4 The entry of an order or judgment by any circuit court
5 establishing that any person holding a license under this Act
6 is a person in need of mental treatment operates as a
7 suspension of that license. That person may resume their
8 practice only upon the entry of a Departmental order based upon
9 a finding by the Disciplinary Board that they have been
10 determined to be recovered from mental illness by the court and
11 upon the Disciplinary Board's recommendation that they be
12 permitted to resume their practice.

13 The Department may refuse to issue or take disciplinary
14 action concerning the license of any person who fails to file a
15 return, or to pay the tax, penalty or interest shown in a filed
16 return, or to pay any final assessment of tax, penalty or
17 interest, as required by any tax Act administered by the
18 Illinois Department of Revenue, until such time as the
19 requirements of any such tax Act are satisfied as determined by
20 the Illinois Department of Revenue.

21 The Department, upon the recommendation of the
22 Disciplinary Board, shall adopt rules which set forth standards
23 to be used in determining:

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

26 (b) what constitutes dishonorable, unethical or

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

3 (c) what constitutes immoral conduct in the commission
4 of any act, including, but not limited to, commission of an
5 act of sexual misconduct related to the licensee's
6 practice; and

7 (d) what constitutes gross negligence in the practice
8 of medicine.

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

12 In enforcing this Section, the Disciplinary Board or the
13 Licensing Board, upon a showing of a possible violation, may
14 compel, in the case of the Disciplinary Board, any individual
15 who is licensed to practice under this Act or holds a permit to
16 practice under this Act, or, in the case of the Licensing
17 Board, any individual who has applied for licensure or a permit
18 pursuant to this Act, to submit to a mental or physical
19 examination and evaluation, or both, which may include a
20 substance abuse or sexual offender evaluation, as required by
21 the Licensing Board or Disciplinary Board and at the expense of
22 the Department. The Disciplinary Board or Licensing Board shall
23 specifically designate the examining physician licensed to
24 practice medicine in all of its branches or, if applicable, the
25 multidisciplinary team involved in providing the mental or
26 physical examination and evaluation, or both. The

1 multidisciplinary team shall be led by a physician licensed to
2 practice medicine in all of its branches and may consist of one
3 or more or a combination of physicians licensed to practice
4 medicine in all of its branches, licensed chiropractic
5 physicians, licensed clinical psychologists, licensed clinical
6 social workers, licensed clinical professional counselors, and
7 other professional and administrative staff. Any examining
8 physician or member of the multidisciplinary team may require
9 any person ordered to submit to an examination and evaluation
10 pursuant to this Section to submit to any additional
11 supplemental testing deemed necessary to complete any
12 examination or evaluation process, including, but not limited
13 to, blood testing, urinalysis, psychological testing, or
14 neuropsychological testing. The Disciplinary Board, the
15 Licensing Board, or the Department may order the examining
16 physician or any member of the multidisciplinary team to
17 provide to the Department, the Disciplinary Board, or the
18 Licensing Board any and all records, including business
19 records, that relate to the examination and evaluation,
20 including any supplemental testing performed. The Disciplinary
21 Board, the Licensing Board, or the Department may order the
22 examining physician or any member of the multidisciplinary team
23 to present testimony concerning this examination and
24 evaluation of the licensee, permit holder, or applicant,
25 including testimony concerning any supplemental testing or
26 documents relating to the examination and evaluation. No

1 information, report, record, or other documents in any way
2 related to the examination and evaluation shall be excluded by
3 reason of any common law or statutory privilege relating to
4 communication between the licensee, permit holder, or
5 applicant and the examining physician or any member of the
6 multidisciplinary team. No authorization is necessary from the
7 licensee, permit holder, or applicant ordered to undergo an
8 evaluation and examination for the examining physician or any
9 member of the multidisciplinary team to provide information,
10 reports, records, or other documents or to provide any
11 testimony regarding the examination and evaluation. The
12 individual to be examined may have, at his or her own expense,
13 another physician of his or her choice present during all
14 aspects of the examination. Failure of any individual to submit
15 to mental or physical examination and evaluation, or both, when
16 directed, shall result in an automatic suspension, without
17 hearing, until such time as the individual submits to the
18 examination. If the Disciplinary Board or Licensing Board finds
19 a physician unable to practice following an examination and
20 evaluation because of the reasons set forth in this Section,
21 the Disciplinary Board or Licensing Board shall require such
22 physician to submit to care, counseling, or treatment by
23 physicians, or other health care professionals, approved or
24 designated by the Disciplinary Board, as a condition for
25 issued, continued, reinstated, or renewed licensure to
26 practice. Any physician, whose license was granted pursuant to

1 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
2 renewed, disciplined or supervised, subject to such terms,
3 conditions or restrictions who shall fail to comply with such
4 terms, conditions or restrictions, or to complete a required
5 program of care, counseling, or treatment, as determined by the
6 Chief Medical Coordinator or Deputy Medical Coordinators,
7 shall be referred to the Secretary for a determination as to
8 whether the licensee shall have their license suspended
9 immediately, pending a hearing by the Disciplinary Board. In
10 instances in which the Secretary immediately suspends a license
11 under this Section, a hearing upon such person's license must
12 be convened by the Disciplinary Board within 15 days after such
13 suspension and completed without appreciable delay. The
14 Disciplinary Board shall have the authority to review the
15 subject physician's record of treatment and counseling
16 regarding the impairment, to the extent permitted by applicable
17 federal statutes and regulations safeguarding the
18 confidentiality of medical records.

19 An individual licensed under this Act, affected under this
20 Section, shall be afforded an opportunity to demonstrate to the
21 Disciplinary Board that they can resume practice in compliance
22 with acceptable and prevailing standards under the provisions
23 of their license.

24 The Department may promulgate rules for the imposition of
25 fines in disciplinary cases, not to exceed \$10,000 for each
26 violation of this Act. Fines may be imposed in conjunction with

1 other forms of disciplinary action, but shall not be the
2 exclusive disposition of any disciplinary action arising out of
3 conduct resulting in death or injury to a patient. Any funds
4 collected from such fines shall be deposited in the Illinois
5 State Medical Disciplinary Fund.

6 All fines imposed under this Section shall be paid within
7 60 days after the effective date of the order imposing the fine
8 or in accordance with the terms set forth in the order imposing
9 the fine.

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

21 (C) The Department shall not revoke, suspend, place on
22 probation, reprimand, refuse to issue or renew, or take any
23 other disciplinary or non-disciplinary action against the
24 license or permit issued under this Act to practice medicine to
25 a physician:

26 (1) based solely upon the recommendation of the

1 physician to an eligible patient regarding, or
2 prescription for, or treatment with, an investigational
3 drug, biological product, or device; or

4 (2) for experimental treatment for Lyme disease or
5 other tick-borne diseases, including, but not limited to,
6 the prescription of or treatment with long-term
7 antibiotics.

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

18 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;
19 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; revised
20 9-29-17.)".