



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB4815

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5
225 ILCS 95/7

from Ch. 111, par. 4607

Amends the Physician Assistant Practice Act of 1987. Removes language providing that a collaborating physician may collaborate with a maximum of 5 full-time equivalent physician assistants. Amends the Medical Practice Act of 1987, removes language providing that a physician licensed to practice medicine in all its branches may enter into collaborative agreements with no more than 5 full-time equivalent physician assistants except in a hospital, hospital affiliate, or ambulatory surgical treatment center.

LRB100 18682 XWW 33911 b

1 AN ACT concerning regulation.

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

4 Section 5. The Medical Practice Act of 1987 is amended by
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 54.5. Physician delegation of authority to physician
9 assistants, advanced practice registered nurses without full
10 practice authority, and prescribing psychologists.

11 (a) Physicians licensed to practice medicine in all its
12 branches may delegate care and treatment responsibilities to a
13 physician assistant under guidelines in accordance with the
14 requirements of the Physician Assistant Practice Act of 1987. ~~A~~
15 ~~physician licensed to practice medicine in all its branches may~~
16 ~~enter into collaborative agreements with no more than 5~~
17 ~~full time equivalent physician assistants, except in a~~
18 ~~hospital, hospital affiliate, or ambulatory surgical treatment~~
19 ~~center as set forth by Section 7.7 of the Physician Assistant~~
20 ~~Practice Act of 1987.~~

21 (b) A physician licensed to practice medicine in all its
22 branches in active clinical practice may collaborate with an
23 advanced practice registered nurse in accordance with the

1 requirements of the Nurse Practice Act. Collaboration is for
2 the purpose of providing medical consultation, and no
3 employment relationship is required. A written collaborative
4 agreement shall conform to the requirements of Section 65-35 of
5 the Nurse Practice Act. The written collaborative agreement
6 shall be for services in the same area of practice or specialty
7 as the collaborating physician in his or her clinical medical
8 practice. A written collaborative agreement shall be adequate
9 with respect to collaboration with advanced practice
10 registered nurses if all of the following apply:

11 (1) The agreement is written to promote the exercise of
12 professional judgment by the advanced practice registered
13 nurse commensurate with his or her education and
14 experience.

15 (2) The advanced practice registered nurse provides
16 services based upon a written collaborative agreement with
17 the collaborating physician, except as set forth in
18 subsection (b-5) of this Section. With respect to labor and
19 delivery, the collaborating physician must provide
20 delivery services in order to participate with a certified
21 nurse midwife.

22 (3) Methods of communication are available with the
23 collaborating physician in person or through
24 telecommunications for consultation, collaboration, and
25 referral as needed to address patient care needs.

26 (b-5) An anesthesiologist or physician licensed to

1 practice medicine in all its branches may collaborate with a
2 certified registered nurse anesthetist in accordance with
3 Section 65-35 of the Nurse Practice Act for the provision of
4 anesthesia services. With respect to the provision of
5 anesthesia services, the collaborating anesthesiologist or
6 physician shall have training and experience in the delivery of
7 anesthesia services consistent with Department rules.
8 Collaboration shall be adequate if:

9 (1) an anesthesiologist or a physician participates in
10 the joint formulation and joint approval of orders or
11 guidelines and periodically reviews such orders and the
12 services provided patients under such orders; and

13 (2) for anesthesia services, the anesthesiologist or
14 physician participates through discussion of and agreement
15 with the anesthesia plan and is physically present and
16 available on the premises during the delivery of anesthesia
17 services for diagnosis, consultation, and treatment of
18 emergency medical conditions. Anesthesia services in a
19 hospital shall be conducted in accordance with Section 10.7
20 of the Hospital Licensing Act and in an ambulatory surgical
21 treatment center in accordance with Section 6.5 of the
22 Ambulatory Surgical Treatment Center Act.

23 (b-10) The anesthesiologist or operating physician must
24 agree with the anesthesia plan prior to the delivery of
25 services.

26 (c) The collaborating physician shall have access to the

1 medical records of all patients attended by a physician
2 assistant. The collaborating physician shall have access to the
3 medical records of all patients attended to by an advanced
4 practice registered nurse.

5 (d) (Blank).

6 (e) A physician shall not be liable for the acts or
7 omissions of a prescribing psychologist, physician assistant,
8 or advanced practice registered nurse solely on the basis of
9 having signed a supervision agreement or guidelines or a
10 collaborative agreement, an order, a standing medical order, a
11 standing delegation order, or other order or guideline
12 authorizing a prescribing psychologist, physician assistant,
13 or advanced practice registered nurse to perform acts, unless
14 the physician has reason to believe the prescribing
15 psychologist, physician assistant, or advanced practice
16 registered nurse lacked the competency to perform the act or
17 acts or commits willful and wanton misconduct.

18 (f) A collaborating physician may, but is not required to,
19 delegate prescriptive authority to an advanced practice
20 registered nurse as part of a written collaborative agreement,
21 and the delegation of prescriptive authority shall conform to
22 the requirements of Section 65-40 of the Nurse Practice Act.

23 (g) A collaborating physician may, but is not required to,
24 delegate prescriptive authority to a physician assistant as
25 part of a written collaborative agreement, and the delegation
26 of prescriptive authority shall conform to the requirements of

1 Section 7.5 of the Physician Assistant Practice Act of 1987.

2 (h) (Blank).

3 (i) A collaborating physician shall delegate prescriptive
4 authority to a prescribing psychologist as part of a written
5 collaborative agreement, and the delegation of prescriptive
6 authority shall conform to the requirements of Section 4.3 of
7 the Clinical Psychologist Licensing Act.

8 (j) As set forth in Section 22.2 of this Act, a licensee
9 under this Act may not directly or indirectly divide, share, or
10 split any professional fee or other form of compensation for
11 professional services with anyone in exchange for a referral or
12 otherwise, other than as provided in Section 22.2.

13 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
14 100-513, eff. 1-1-18; revised 9-29-17.)

15 Section 10. The Physician Assistant Practice Act of 1987 is
16 amended by changing Section 7 as follows:

17 (225 ILCS 95/7) (from Ch. 111, par. 4607)

18 (Section scheduled to be repealed on January 1, 2028)

19 Sec. 7. Collaboration requirements.

20 (a) A collaborating physician shall determine the number of
21 physician assistants to collaborate with, provided the
22 physician is able to provide adequate collaboration as outlined
23 in the written collaborative agreement required under Section
24 7.5 of this Act and consideration is given to the nature of the

1 physician's practice, complexity of the patient population,
2 and the experience of each physician assistant. ~~A collaborating~~
3 ~~physician may collaborate with a maximum of 5 full-time~~
4 ~~equivalent physician assistants. As used in this Section,~~
5 ~~"full time equivalent" means the equivalent of 40 hours per~~
6 ~~week per individual. Physicians and physician assistants who~~
7 ~~work in a hospital, hospital affiliate, or ambulatory surgical~~
8 ~~treatment center as defined by Section 7.7 of this Act are~~
9 ~~exempt from the collaborative ratio restriction requirements~~
10 ~~of this Section.~~ A physician assistant shall be able to hold
11 more than one professional position. A collaborating physician
12 shall file a notice of collaboration of each physician
13 assistant according to the rules of the Department.

14 Physician assistants shall collaborate only with
15 physicians as defined in this Act who are engaged in clinical
16 practice, or in clinical practice in public health or other
17 community health facilities.

18 Nothing in this Act shall be construed to limit the
19 delegation of tasks or duties by a physician to a nurse or
20 other appropriately trained personnel.

21 Nothing in this Act shall be construed to prohibit the
22 employment of physician assistants by a hospital, nursing home
23 or other health care facility where such physician assistants
24 function under a collaborating physician.

25 A physician assistant may be employed by a practice group
26 or other entity employing multiple physicians at one or more

1 locations. In that case, one of the physicians practicing at a
2 location shall be designated the collaborating physician. The
3 other physicians with that practice group or other entity who
4 practice in the same general type of practice or specialty as
5 the collaborating physician may collaborate with the physician
6 assistant with respect to their patients.

7 (b) A physician assistant licensed in this State, or
8 licensed or authorized to practice in any other U.S.
9 jurisdiction or credentialed by his or her federal employer as
10 a physician assistant, who is responding to a need for medical
11 care created by an emergency or by a state or local disaster
12 may render such care that the physician assistant is able to
13 provide without collaboration as it is defined in this Section
14 or with such collaboration as is available.

15 Any physician who collaborates with a physician assistant
16 providing medical care in response to such an emergency or
17 state or local disaster shall not be required to meet the
18 requirements set forth in this Section for a collaborating
19 physician.

20 (Source: P.A. 100-453, eff. 8-25-17.)