



Sen. Heather A. Steans

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1 AMENDMENT TO SENATE BILL 642

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 642 by replacing  
3 everything after the enacting clause with the following:

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7 (Section scheduled to be repealed on December 31, 2017)

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 supervising physician agreements with no more than 5

1 physician assistants as set forth in subsection (a) of Section  
2 7 of the Physician Assistant Practice Act of 1987.

3 (b) A physician licensed to practice medicine in all its  
4 branches in active clinical practice may collaborate with an  
5 advanced practice registered nurse in accordance with the  
6 requirements of the Nurse Practice Act. Collaboration is for  
7 the purpose of providing medical consultation, and no  
8 employment relationship is required. A written collaborative  
9 agreement shall conform to the requirements of Section 65-35 of  
10 the Nurse Practice Act. The written collaborative agreement  
11 shall be for services in the same area of practice or specialty  
12 as the collaborating physician in his or her clinical medical  
13 practice. A written collaborative agreement shall be adequate  
14 with respect to collaboration with advanced practice  
15 registered nurses if all of the following apply:

16 (1) The agreement is written to promote the exercise of  
17 professional judgment by the advanced practice registered  
18 nurse commensurate with his or her education and  
19 experience.

20 (2) The advance practice registered nurse provides  
21 services based upon a written collaborative agreement with  
22 the collaborating physician, except as set forth in  
23 subsection (b-5) of this Section. With respect to labor and  
24 delivery, the collaborating physician must provide  
25 delivery services in order to participate with a certified  
26 nurse midwife.

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

5           (b-5) An anesthesiologist or physician licensed to  
6           practice medicine in all its branches may collaborate with a  
7           certified registered nurse anesthetist in accordance with  
8           Section 65-35 of the Nurse Practice Act for the provision of  
9           anesthesia services. With respect to the provision of  
10          anesthesia services, the collaborating anesthesiologist or  
11          physician shall have training and experience in the delivery of  
12          anesthesia services consistent with Department rules.  
13          Collaboration shall be adequate if:

14                 (1) an anesthesiologist or a physician participates in  
15                 the joint formulation and joint approval of orders or  
16                 guidelines and periodically reviews such orders and the  
17                 services provided patients under such orders; and

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

1           Ambulatory Surgical Treatment Center Act.

2           (b-10) The anesthesiologist or operating physician must  
3 agree with the anesthesia plan prior to the delivery of  
4 services.

5           (c) The supervising physician shall have access to the  
6 medical records of all patients attended by a physician  
7 assistant. The collaborating physician shall have access to the  
8 medical records of all patients attended to by an advanced  
9 practice registered nurse.

10          (d) (Blank).

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

23          (f) A collaborating physician may, but is not required to,  
24 delegate prescriptive authority to an advanced practice  
25 registered nurse as part of a written collaborative agreement,  
26 and the delegation of prescriptive authority shall conform to

1 the requirements of Section 65-40 of the Nurse Practice Act.

2 (g) A supervising physician may, but is not required to,  
3 delegate prescriptive authority to a physician assistant as  
4 part of a written supervision agreement, and the delegation of  
5 prescriptive authority shall conform to the requirements of  
6 Section 7.5 of the Physician Assistant Practice Act of 1987.

7 (h) (Blank).

8 (i) A collaborating physician shall delegate prescriptive  
9 authority to a prescribing psychologist as part of a written  
10 collaborative agreement, and the delegation of prescriptive  
11 authority shall conform to the requirements of Section 4.3 of  
12 the Clinical Psychologist Licensing Act.

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

18 (Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;  
19 99-173, eff. 7-29-15.)

20 Section 10. The Nurse Practice Act is amended by changing  
21 Sections 50-10, 65-30, 65-35, 65-35.1, 65-40, 65-45, 65-50,  
22 65-55, 65-60, and 65-65 and by adding Section 65-43 as follows:

23 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

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

4           "Academic year" means the customary annual schedule of  
5 courses at a college, university, or approved school,  
6 customarily regarded as the school year as distinguished from  
7 the calendar year.

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

19           "Approved program of professional nursing education" and  
20 "approved program of practical nursing education" are programs  
21 of professional or practical nursing, respectively, approved  
22 by the Department under the provisions of this Act.

23           "Board" means the Board of Nursing appointed by the  
24 Secretary.

25           "Collaboration" means a process involving 2 or more health  
26 care professionals working together, each contributing one's

1       respective area of expertise to provide more comprehensive  
2       patient care.

3       "Consultation" means the process whereby an advanced  
4       practice registered nurse seeks the advice or opinion of  
5       another health care professional.

6       "Credentialed" means the process of assessing and  
7       validating the qualifications of a health care professional.

8       "Current nursing practice update course" means a planned  
9       nursing education curriculum approved by the Department  
10       consisting of activities that have educational objectives,  
11       instructional methods, content or subject matter, clinical  
12       practice, and evaluation methods, related to basic review and  
13       updating content and specifically planned for those nurses  
14       previously licensed in the United States or its territories and  
15       preparing for reentry into nursing practice.

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

18       "Department" means the Department of Financial and  
19       Professional Regulation.

20       "Full practice authority" means the authority of an  
21       advanced practice registered nurse licensed in Illinois and  
22       certified as a nurse practitioner, clinical nurse specialist,  
23       or nurse midwife to practice without a written collaborative  
24       agreement and:

25               (1) to be fully accountable to patients for the quality  
26       of advanced nursing care rendered;

1           (2) to be fully accountable for recognizing limits of  
2           knowledge and experience and for planning for the  
3           management of situations beyond the advanced practice  
4           registered nurse's expertise; the full practice authority  
5           for advanced practice registered nurses includes accepting  
6           referrals from, consulting with, collaborating with, or  
7           referring to other health care professionals as warranted  
8           by the needs of the patient; and

9           (3) to possess the authority to prescribe medications,  
10           including Schedule II through V controlled substances, as  
11           provided in Section 65-43.

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

26           "Impaired nurse" means a nurse licensed under this Act who



1 is unable to practice with reasonable skill and safety because  
2 of a physical or mental disability as evidenced by a written  
3 determination or written consent based on clinical evidence,  
4 including loss of motor skills, abuse of drugs or alcohol, or a  
5 psychiatric disorder, of sufficient degree to diminish his or  
6 her ability to deliver competent patient care.

7 "License-pending advanced practice registered nurse" means  
8 a registered professional nurse who has completed all  
9 requirements for licensure as an advanced practice registered  
10 nurse except the certification examination and has applied to  
11 take the next available certification exam and received a  
12 temporary license from the Department.

13 "License-pending registered nurse" means a person who has  
14 passed the Department-approved registered nurse licensure exam  
15 and has applied for a license from the Department. A  
16 license-pending registered nurse shall use the title "RN lic  
17 pend" on all documentation related to nursing practice.

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

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

22 "Practical nurse" or "licensed practical nurse" means a  
23 person who is licensed as a practical nurse under this Act and  
24 practices practical nursing as defined in this Act. Only a  
25 practical nurse licensed under this Act is entitled to use the  
26 title "licensed practical nurse" and the abbreviation

1 "L.P.N."

2 "Practical nursing" means the performance of nursing acts  
3 requiring the basic nursing knowledge, judgment, and skill  
4 acquired by means of completion of an approved practical  
5 nursing education program. Practical nursing includes  
6 assisting in the nursing process as delegated by a registered  
7 professional nurse or an advanced practice registered nurse.  
8 The practical nurse may work under the direction of a licensed  
9 physician, dentist, podiatric physician, or other health care  
10 professional determined by the Department.

11 "Prescription monitoring program" means the entity that  
12 collects, tracks, and stores reported data on controlled  
13 substances and select drugs pursuant to Section 316 of the  
14 Illinois Controlled Substances Act.

15 "Privileged" means the authorization granted by the  
16 governing body of a healthcare facility, agency, or  
17 organization to provide specific patient care services within  
18 well-defined limits, based on qualifications reviewed in the  
19 credentialing process.

20 "Registered Nurse" or "Registered Professional Nurse"  
21 means a person who is licensed as a professional nurse under  
22 this Act and practices nursing as defined in this Act. Only a  
23 registered nurse licensed under this Act is entitled to use the  
24 titles "registered nurse" and "registered professional nurse"  
25 and the abbreviation, "R.N."

26 "Registered professional nursing practice" is a scientific

1 process founded on a professional body of knowledge; it is a  
2 learned profession based on the understanding of the human  
3 condition across the life span and environment and includes all  
4 nursing specialties and means the performance of any nursing  
5 act based upon professional knowledge, judgment, and skills  
6 acquired by means of completion of an approved professional  
7 nursing education program. A registered professional nurse  
8 provides holistic nursing care through the nursing process to  
9 individuals, groups, families, or communities, that includes  
10 but is not limited to: (1) the assessment of healthcare needs,  
11 nursing diagnosis, planning, implementation, and nursing  
12 evaluation; (2) the promotion, maintenance, and restoration of  
13 health; (3) counseling, patient education, health education,  
14 and patient advocacy; (4) the administration of medications and  
15 treatments as prescribed by a physician licensed to practice  
16 medicine in all of its branches, a licensed dentist, a licensed  
17 podiatric physician, or a licensed optometrist or as prescribed  
18 by a physician assistant or by an advanced practice registered  
19 nurse; (5) the coordination and management of the nursing plan  
20 of care; (6) the delegation to and supervision of individuals  
21 who assist the registered professional nurse implementing the  
22 plan of care; and (7) teaching nursing students. The foregoing  
23 shall not be deemed to include those acts of medical diagnosis  
24 or prescription of therapeutic or corrective measures.

25 "Professional assistance program for nurses" means a  
26 professional assistance program that meets criteria

1 established by the Board of Nursing and approved by the  
2 Secretary, which provides a non-disciplinary treatment  
3 approach for nurses licensed under this Act whose ability to  
4 practice is compromised by alcohol or chemical substance  
5 addiction.

6 "Secretary" means the Secretary of Financial and  
7 Professional Regulation.

8 "Unencumbered license" means a license issued in good  
9 standing.

10 "Written collaborative agreement" means a written  
11 agreement between an advanced practice registered nurse and a  
12 collaborating physician, dentist, or podiatric physician  
13 pursuant to Section 65-35.

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

16 (225 ILCS 65/65-30)

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

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

19 (a) Advanced practice registered nursing by certified  
20 nurse practitioners, certified nurse anesthetists, certified  
21 nurse midwives, or clinical nurse specialists is based on  
22 knowledge and skills acquired throughout an advanced practice  
23 registered nurse's nursing education, training, and  
24 experience.

25 (b) Practice as an advanced practice registered nurse means

1 a scope of nursing practice, with or without compensation, and  
2 includes the registered nurse scope of practice.

3 (c) The scope of practice of an advanced practice  
4 registered nurse includes, but is not limited to, each of the  
5 following:

6 (1) Advanced registered nursing patient assessment and  
7 diagnosis.

8 (2) Ordering diagnostic and therapeutic tests and  
9 procedures, performing those tests and procedures when using  
10 health care equipment, and interpreting and using the results  
11 of diagnostic and therapeutic tests and procedures ordered by  
12 the advanced practice registered nurse or another health care  
13 professional.

14 (3) Ordering treatments, ordering or applying  
15 appropriate medical devices, and using nursing medical,  
16 therapeutic, and corrective measures to treat illness and  
17 improve health status.

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

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

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

23 (7) Delegating selected nursing activities or tasks to  
24 a licensed practical nurse, a registered professional nurse, or  
25 other personnel.

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

1 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

3 Sec. 65-35. Written collaborative agreements.

4 (a) A written collaborative agreement is required for all  
5 advanced practice registered nurses engaged in clinical  
6 practice prior to meeting the requirements of Section 65-43,  
7 except for advanced practice registered nurses who are  
8 privileged ~~authorized~~ to practice in a hospital, hospital  
9 affiliate, or ambulatory surgical treatment center.

10 (a-5) If an advanced practice registered nurse engages in  
11 clinical practice outside of a hospital, hospital affiliate, or  
12 ambulatory surgical treatment center in which he or she is  
13 privileged ~~authorized~~ to practice, the advanced practice  
14 registered nurse must have a written collaborative agreement,  
15 except as set forth in Section 65-43.

16 (b) A written collaborative agreement shall describe the  
17 relationship of the advanced practice registered nurse with the  
18 collaborating physician ~~or podiatric physician~~ and shall  
19 describe the categories of care, treatment, or procedures to be  
20 provided by the advanced practice registered nurse. A  
21 collaborative agreement with a dentist must be in accordance  
22 with subsection (c-10) of this Section. A collaborative  
23 agreement with a podiatric physician must be in accordance with  
24 subsection (c-5) of this Section. Collaboration does not  
25 require an employment relationship between the collaborating

1 physician ~~or podiatric physician~~ and the advanced practice  
2 registered nurse.

3 The collaborative relationship under an agreement shall  
4 not be construed to require the personal presence of a  
5 collaborating physician ~~or podiatric physician~~ at the place  
6 where services are rendered. Methods of communication shall be  
7 available for consultation with the collaborating physician ~~or~~  
8 ~~podiatric physician~~ in person or by telecommunications or  
9 electronic communications as set forth in the written  
10 agreement.

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

20 (c) In the case of anesthesia services provided by a  
21 certified registered nurse anesthetist, an anesthesiologist, a  
22 physician, a dentist, or a podiatric physician must participate  
23 through discussion of and agreement with the anesthesia plan  
24 and remain physically present and available on the premises  
25 during the delivery of anesthesia services for diagnosis,  
26 consultation, and treatment of emergency medical conditions.

1 (c-5) A certified registered nurse anesthetist, who  
2 provides anesthesia services outside of a hospital or  
3 ambulatory surgical treatment center shall enter into a written  
4 collaborative agreement with an anesthesiologist or the  
5 physician licensed to practice medicine in all its branches or  
6 the podiatric physician performing the procedure. Outside of a  
7 hospital or ambulatory surgical treatment center, the  
8 certified registered nurse anesthetist may provide only those  
9 services that the collaborating podiatric physician is  
10 authorized to provide pursuant to the Podiatric Medical  
11 Practice Act of 1987 and rules adopted thereunder. A certified  
12 registered nurse anesthetist may select, order, and administer  
13 medication, including controlled substances, and apply  
14 appropriate medical devices for delivery of anesthesia  
15 services under the anesthesia plan agreed with by the  
16 anesthesiologist or the operating physician or operating  
17 podiatric physician.

18 (c-10) A certified registered nurse anesthetist who  
19 provides anesthesia services in a dental office shall enter  
20 into a written collaborative agreement with an  
21 anesthesiologist or the physician licensed to practice  
22 medicine in all its branches or the operating dentist  
23 performing the procedure. The agreement shall describe the  
24 working relationship of the certified registered nurse  
25 anesthetist and dentist and shall authorize the categories of  
26 care, treatment, or procedures to be performed by the certified



1 registered nurse anesthetist. In a collaborating dentist's  
2 office, the certified registered nurse anesthetist may only  
3 provide those services that the operating dentist with the  
4 appropriate permit is authorized to provide pursuant to the  
5 Illinois Dental Practice Act and rules adopted thereunder. For  
6 anesthesia services, an anesthesiologist, physician, or  
7 operating dentist shall participate through discussion of and  
8 agreement with the anesthesia plan and shall remain physically  
9 present and be available on the premises during the delivery of  
10 anesthesia services for diagnosis, consultation, and treatment  
11 of emergency medical conditions. A certified registered nurse  
12 anesthetist may select, order, and administer medication,  
13 including controlled substances, and apply appropriate medical  
14 devices for delivery of anesthesia services under the  
15 anesthesia plan agreed with by the operating dentist.

16 (d) A copy of the signed, written collaborative agreement  
17 must be available to the Department upon request from both the  
18 advanced practice registered nurse and the collaborating  
19 physician, dentist, or podiatric physician.

20 (e) Nothing in this Act shall be construed to limit the  
21 delegation of tasks or duties by a physician to a licensed  
22 practical nurse, a registered professional nurse, or other  
23 persons in accordance with Section 54.2 of the Medical Practice  
24 Act of 1987. Nothing in this Act shall be construed to limit  
25 the method of delegation that may be authorized by any means,  
26 including, but not limited to, oral, written, electronic,

1 standing orders, protocols, guidelines, or verbal orders.  
2 Nothing in this Act shall be construed to authorize an advanced  
3 practice registered nurse to provide health care services  
4 required by law or rule to be performed by a physician.

5 (f) An advanced practice registered nurse shall inform each  
6 collaborating physician, dentist, or podiatric physician of  
7 all collaborative agreements he or she has signed and provide a  
8 copy of these to any collaborating physician, dentist, or  
9 podiatric physician upon request.

10 (g) (Blank).

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

13 (225 ILCS 65/65-35.1)

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

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

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

1 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

3 Sec. 65-40. Written collaborative agreement; prescriptive  
4 authority.

5 (a) A collaborating physician ~~or podiatric physician~~ may,  
6 but is not required to, delegate prescriptive authority to an  
7 advanced practice registered nurse as part of a written  
8 collaborative agreement. This authority may, but is not  
9 required to, include prescription of, selection of, orders for,  
10 administration of, storage of, acceptance of samples of, and  
11 dispensing over the counter medications, legend drugs, medical  
12 gases, and controlled substances categorized as any Schedule  
13 III through V controlled substances, as defined in Article II  
14 of the Illinois Controlled Substances Act, and other  
15 preparations, including, but not limited to, botanical and  
16 herbal remedies. The collaborating physician ~~or podiatric~~  
17 ~~physician~~ must have a valid current Illinois controlled  
18 substance license and federal registration to delegate  
19 authority to prescribe delegated controlled substances.

20 (b) To prescribe controlled substances under this Section,  
21 an advanced practice registered nurse must obtain a mid-level  
22 practitioner controlled substance license. Medication orders  
23 shall be reviewed periodically by the collaborating physician  
24 ~~or podiatric physician~~.

25 (c) The collaborating physician or podiatric physician

1 shall file with the Department notice of delegation of  
2 prescriptive authority and termination of such delegation, in  
3 accordance with rules of the Department. Upon receipt of this  
4 notice delegating authority to prescribe any Schedule III  
5 through V controlled substances, the licensed advanced  
6 practice registered nurse shall be eligible to register for a  
7 mid-level practitioner controlled substance license under  
8 Section 303.05 of the Illinois Controlled Substances Act.

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

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

25 (2) Any delegation must be controlled substances that  
26 the collaborating physician or podiatric physician

1 prescribes.

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

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

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

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

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

25 (g) (Blank). ~~Any advanced practice nurse who writes a~~  
26 ~~prescription for a controlled substance without having a valid~~

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

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

6 (i) Nothing in this Section shall be construed to apply to  
7 an advanced practice registered nurse who meets the  
8 requirements of Section 65-43.

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

10 (225 ILCS 65/65-43 new)

11 Sec. 65-43. Full practice authority.

12 (a) An Illinois-licensed advanced practice registered  
13 nurse certified as a nurse practitioner, nurse midwife, or  
14 clinical nurse specialist shall be deemed by law to possess the  
15 ability to practice without a written collaborative agreement  
16 as set forth in this Section.

17 (b) An advanced practice registered nurse certified as a  
18 nurse midwife, clinical nurse specialist, or nurse  
19 practitioner who files with the Department a notarized  
20 attestation of completion of at least 4,000 hours of clinical  
21 experience after first attaining national certification shall  
22 not require a written collaborative agreement, except as  
23 specified in subsection (c). Documentation of successful  
24 completion shall be provided to the Department upon request.

25 The clinical experience must be in the advanced practice

1 registered nurse's area of certification. The clinical  
2 experience shall be in collaboration with a physician or  
3 physicians. Completion of the clinical experience must be  
4 attested to by the collaborating physician or physicians and  
5 the advanced practice registered nurse.

6 (c) The scope of practice of an advanced practice  
7 registered nurse includes:

8 (1) all matters included in subsection (c) of Section  
9 65-30 of this Act;

10 (2) practicing without a written collaborative  
11 agreement in all practice settings consistent with  
12 national certification;

13 (3) authority to prescribe both legend drugs and  
14 Schedule II through V controlled substances; this  
15 authority includes prescription of, selection of, orders  
16 for, administration of, storage of, acceptance of samples  
17 of, and dispensing over the counter medications, legend  
18 drugs, and controlled substances categorized as any  
19 Schedule II through V controlled substances, as defined in  
20 Article II of the Illinois Controlled Substances Act, and  
21 other preparations, including, but not limited to,  
22 botanical and herbal remedies;

23 (4) proof of an Illinois controlled substance license  
24 and a federal Drug Enforcement Administration number; and

25 (5) use of only local anesthetic.

26 The scope of practice of an advanced practice registered

1 nurse does not include operative surgery.

2 (d) Before issuing a prescription for Schedule II, III, IV,  
3 or V controlled substances, the advanced practice registered  
4 nurse or her or his designee shall access the prescription  
5 monitoring program as set forth under Section 314.5 of the  
6 Illinois Controlled Substances Act for each patient and  
7 document in the medical record that:

8 (1) the prescription monitoring program was accessed  
9 and relevant data was reviewed prior to prescribing a  
10 scheduled drug; and

11 (2) risk factors were evaluated (or identified) and  
12 discussed with the patient based on current federal Centers  
13 for Disease Control and Prevention guidelines.

14 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

16 Sec. 65-45. Advanced practice registered nursing in  
17 hospitals, hospital affiliates, or ambulatory surgical  
18 treatment centers.

19 (a) An advanced practice registered nurse may provide  
20 services in a hospital or a hospital affiliate as those terms  
21 are defined in the Hospital Licensing Act or the University of  
22 Illinois Hospital Act or a licensed ambulatory surgical  
23 treatment center without a written collaborative agreement  
24 pursuant to Section 65-35 of this Act. An advanced practice  
25 registered nurse must possess clinical privileges recommended



1 by the hospital medical staff and granted by the hospital or  
2 the consulting medical staff committee and ambulatory surgical  
3 treatment center in order to provide services. The medical  
4 staff or consulting medical staff committee shall periodically  
5 review the services of all advanced practice registered nurses  
6 granted clinical privileges, including any care provided in a  
7 hospital affiliate. Authority may also be granted when  
8 recommended by the hospital medical staff and granted by the  
9 hospital or recommended by the consulting medical staff  
10 committee and ambulatory surgical treatment center to  
11 individual advanced practice registered nurses to select,  
12 order, and administer medications, including controlled  
13 substances, to provide delineated care. In a hospital, hospital  
14 affiliate, or ambulatory surgical treatment center, the  
15 attending physician shall determine an advanced practice  
16 registered nurse's role in providing care for his or her  
17 patients, except as otherwise provided in the medical staff  
18 bylaws or consulting committee policies.

19 (a-2) An advanced practice registered nurse privileged  
20 ~~granted authority~~ to order medications, including controlled  
21 substances, may complete discharge prescriptions provided the  
22 prescription is in the name of the advanced practice registered  
23 nurse and the attending or discharging physician.

24 (a-3) Advanced practice registered nurses practicing in a  
25 hospital or an ambulatory surgical treatment center are not  
26 required to obtain a mid-level controlled substance license to

1 order controlled substances under Section 303.05 of the  
2 Illinois Controlled Substances Act.

3 (a-4) An advanced practice registered nurse meeting the  
4 requirements of Section 65-43 may be privileged to complete  
5 discharge orders and prescriptions under the advanced practice  
6 registered nurse's name.

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

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

1 10.7 of the Hospital Licensing Act and, in an ambulatory  
2 surgical treatment center, in accordance with Section 6.5 of  
3 the Ambulatory Surgical Treatment Center Act. Nothing in this  
4 Act shall be construed to require an advanced practice  
5 registered nurse to have a collaborative agreement to practice  
6 in a hospital, hospital affiliate, or ambulatory surgical  
7 treatment center.

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

23 To prescribe controlled substances under this subsection  
24 (c), an advanced practice registered nurse certified as a nurse  
25 practitioner, nurse midwife, or clinical nurse specialist must  
26 obtain a ~~mid-level practitioner~~ controlled substance license.

1 Medication orders shall be reviewed periodically by the  
2 appropriate hospital affiliate physicians committee or its  
3 physician designee.

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

15 In addition, a hospital affiliate may, but is not required  
16 to, privilege ~~grant authority to~~ an advanced practice  
17 registered nurse certified as a nurse practitioner, nurse  
18 midwife, or clinical nurse specialist to prescribe any Schedule  
19 II controlled substances, if all of the following conditions  
20 apply:

- 21 (1) specific Schedule II controlled substances by oral  
22 dosage or topical or transdermal application may be  
23 designated, provided that the designated Schedule II  
24 controlled substances are routinely prescribed by advanced  
25 practice registered nurses in their area of certification;  
26 the privileging documents ~~this grant of authority~~ must

1 identify the specific Schedule II controlled substances by  
2 either brand name or generic name; authority to prescribe  
3 or dispense Schedule II controlled substances to be  
4 delivered by injection or other route of administration may  
5 not be granted;

6 (2) any privilege ~~grant of authority~~ must be controlled  
7 substances limited to the practice of the advanced practice  
8 registered nurse;

9 (3) any prescription must be limited to no more than a  
10 30-day supply;

11 (4) the advanced practice registered nurse must  
12 discuss the condition of any patients for whom a controlled  
13 substance is prescribed monthly with the appropriate  
14 physician committee of the hospital affiliate or its  
15 physician designee; and

16 (5) the advanced practice registered nurse must meet  
17 the education requirements of Section 303.05 of the  
18 Illinois Controlled Substances Act.

19 (d) An advanced practice registered nurse meeting the  
20 requirements of Section 65-43 may be privileged to prescribe  
21 controlled substances categorized as Schedule II through V in  
22 accordance with Section 65-43.

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

24 (225 ILCS 65/65-50) (was 225 ILCS 65/15-30)

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

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

2           (a) No person shall use any words, abbreviations, figures,  
3 letters, title, sign, card, or device tending to imply that he  
4 or she is an advanced practice registered nurse, including but  
5 not limited to using the titles or initials "Advanced Practice  
6 Registered Nurse", "Advanced Practice Nurse", "Certified Nurse  
7 Midwife", "Certified Nurse Practitioner", "Certified  
8 Registered Nurse Anesthetist", "Clinical Nurse Specialist",  
9 "A.P.R.N.", "A.P.N.", "C.N.M.", "C.N.P.", "C.R.N.A.",  
10 "C.N.S.", or similar titles or initials, with the intention of  
11 indicating practice as an advanced practice registered nurse  
12 without meeting the requirements of this Act.

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

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

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

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

24           (225 ILCS 65/65-55)   (was 225 ILCS 65/15-40)

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

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

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

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

9           (2) information pertaining to the person's areas of  
10 specialization, including   , but not limited to   , appropriate  
11 national board ~~board~~ certification or limitation of professional  
12 practice;

13           (3) publication of the person's collaborating  
14 physician's or ~~dentist's, or podiatric physician's~~ name,  
15 title, if such is required, and areas of specialization;

16           (4) information on usual and customary fees for routine  
17 professional services offered, which shall include  
18 notification that fees may be adjusted due to complications  
19 or unforeseen circumstances;

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

22           (6) announcement of additions to or deletions from  
23 professional licensed staff; and

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

25           (b) It is unlawful for a person licensed under this Act ~~as~~  
26 ~~an advanced practice nurse~~ to use ~~testimonials or~~ claims of

1 superior quality of care to entice the public. It shall be  
2 unlawful to advertise fee comparisons of available services  
3 with those of other licensed persons.

4 (c) This Article does not authorize the advertising of  
5 professional services that the offeror of the services is not  
6 licensed or authorized to render. Nor shall the advertiser use  
7 statements that contain false, fraudulent, deceptive, or  
8 misleading material or guarantees of success, statements that  
9 play upon the vanity or fears of the public, or statements that  
10 promote or produce unfair competition.

11 (d) It is unlawful and punishable under the penalty  
12 provisions of this Act for a person licensed under this Article  
13 to knowingly advertise that the licensee will accept as payment  
14 for services rendered by assignment from any third party payor  
15 the amount the third party payor covers as payment in full, if  
16 the effect is to give the impression of eliminating the need of  
17 payment by the patient of any required deductible or copayment  
18 applicable in the patient's health benefit plan.

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

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



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

2 (225 ILCS 65/65-60) (was 225 ILCS 65/15-45)

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

4 Sec. 65-60. Continuing education. The Department shall  
5 adopt rules of continuing education for persons licensed under  
6 this Article as advanced practice registered nurses that  
7 require 80 50 hours of continuing education per 2-year license  
8 renewal cycle. Completion of the 80 50 hours of continuing  
9 education shall be deemed to satisfy the continuing education  
10 requirements for renewal of a registered professional nurse  
11 license as required by this Act. A minimum of 50 hours of  
12 required continuing education shall be obtained in formal  
13 category 1 continuing education programs that shall include no  
14 less than 20 hours of pharmacotherapeutics, including 10 hours  
15 on opioid prescribing or substance abuse education. Such formal  
16 education programs approved by the Department may be conducted  
17 or endorsed by hospitals, specialist associations, facilities,  
18 or other organizations approved to offer continuing education  
19 or continuing medical education credit, and shall be in the  
20 advanced practice registered nurse's clinical specialty.  
21 Category 2 continuing education shall be a maximum of 30 hours  
22 of credit and may be obtained by: presentations in clinical  
23 specialty, evidence-based practice or quality improvement  
24 projects, publications, research projects, or preceptor hours  
25 as determined by the Department. The rules shall not be

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

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

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

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

15 Sec. 65-65. Reports relating to APRN ~~APN~~ professional  
16 conduct and capacity.

17 (a) Entities Required to Report.

18 (1) Health Care Institutions. The chief administrator  
19 or executive officer of a health care institution licensed  
20 by the Department of Public Health, which provides the  
21 minimum due process set forth in Section 10.4 of the  
22 Hospital Licensing Act, shall report to the Board when an  
23 advanced practice registered nurse's organized  
24 professional staff clinical privileges are terminated or  
25 are restricted based on a final determination, in

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

1 reports of impaired advanced practice registered nurses  
2 shall not be considered records within the meaning of the  
3 State Records Act and shall be disposed of, following a  
4 determination by the Board that such reports are no longer  
5 required, in a manner and at an appropriate time as the  
6 Board shall determine by rule. The filing of reports  
7 submitted under this subsection shall be construed as the  
8 filing of a report for purposes of subsection (c) of this  
9 Section.

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

19 (3) Professional Liability Insurers. Every insurance  
20 company that offers policies of professional liability  
21 insurance to persons licensed under this Article, or any  
22 other entity that seeks to indemnify the professional  
23 liability of a person licensed under this Article, shall  
24 report to the Board the settlement of any claim or cause of  
25 action, or final judgment rendered in any cause of action,  
26 that alleged negligence in the furnishing of patient care

1 by the licensee when the settlement or final judgment is in  
2 favor of the plaintiff.

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

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

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

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

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

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

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

11           (5) If court action is involved, the identity of the  
12 court in which the action is filed, the docket number, and  
13 date of filing of the action.

14           (6) Any further pertinent information that the  
15 reporting party deems to be an aid in the evaluation of the  
16 report.

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

26           (c) Immunity from Prosecution. An individual or

1 organization acting in good faith, and not in a wilful and  
2 wanton manner, in complying with this Section by providing a  
3 report or other information to the Board, by assisting in the  
4 investigation or preparation of a report or information, by  
5 participating in proceedings of the Board, or by serving as a  
6 member of the Board shall not, as a result of such actions, be  
7 subject to criminal prosecution or civil damages.

8 (d) Indemnification. Members of the Board, the Board's  
9 attorneys, the investigative staff, advanced practice  
10 registered nurses or physicians retained under contract to  
11 assist and advise in the investigation, and authorized clerical  
12 staff shall be indemnified by the State for any actions (i)  
13 occurring within the scope of services on the Board, (ii)  
14 performed in good faith, and (iii) not wilful and wanton in  
15 nature. The Attorney General shall defend all actions taken  
16 against those persons unless he or she determines either that  
17 there would be a conflict of interest in the representation or  
18 that the actions complained of were not performed in good faith  
19 or were wilful and wanton in nature. If the Attorney General  
20 declines representation, the member shall have the right to  
21 employ counsel of his or her choice, whose fees shall be  
22 provided by the State, after approval by the Attorney General,  
23 unless there is a determination by a court that the member's  
24 actions were not performed in good faith or were wilful and  
25 wanton in nature. The member shall notify the Attorney General  
26 within 7 days of receipt of notice of the initiation of an

1 action involving services of the Board. Failure to so notify  
2 the Attorney General shall constitute an absolute waiver of the  
3 right to a defense and indemnification. The Attorney General  
4 shall determine within 7 days after receiving the notice  
5 whether he or she will undertake to represent the member.

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



1 initial review of the material contained in each disciplinary  
2 file be less than 61 days nor more than 180 days after the  
3 receipt of the initial report by the Board. When the Board  
4 makes its initial review of the materials contained within its  
5 disciplinary files, the Board shall, in writing, make a  
6 determination as to whether there are sufficient facts to  
7 warrant further investigation or action. Failure to make that  
8 determination within the time provided shall be deemed to be a  
9 determination that there are not sufficient facts to warrant  
10 further investigation or action. Should the Board find that  
11 there are not sufficient facts to warrant further investigation  
12 or action, the report shall be accepted for filing and the  
13 matter shall be deemed closed and so reported. The individual  
14 or entity filing the original report or complaint and the  
15 person who is the subject of the report or complaint shall be  
16 notified in writing by the Board of any final action on their  
17 report or complaint.

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

25 (g) Any violation of this Section shall constitute a Class  
26 A misdemeanor.

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

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

15 Section 15. The Illinois Controlled Substances Act is  
16 amended by changing Section 303.05 and by adding Section 303.03  
17 as follows:

18 (720 ILCS 570/303.03 new)

19 Sec. 303.03. Advanced practice registered nurse with full  
20 practice authority.

21 (a) The Department of Financial and Professional  
22 Regulation shall license a licensed advanced practice  
23 registered nurse certified as a nurse practitioner, nurse  
24 midwife, or clinical nurse specialist who meets the

1 requirements of Section 65-43 of the Nurse Practice Act to  
2 prescribe and dispense controlled substances under Section 303  
3 if the advanced practice registered nurse certified as a nurse  
4 practitioner, nurse midwife, or clinical nurse specialist has  
5 been granted authority to prescribe any legend drug and  
6 Schedule II through V controlled substances.

7 (b) Nothing in this Act shall be construed to require an  
8 advanced practice registered nurse meeting the requirements of  
9 Section 65-43 of the Nurse Practice Act to have a written  
10 collaborative agreement.

11 (720 ILCS 570/303.05)

12 Sec. 303.05. Mid-level practitioner registration.

13 (a) The Department of Financial and Professional  
14 Regulation shall register licensed physician assistants,  
15 licensed advanced practice registered nurses, and prescribing  
16 psychologists licensed under Section 4.2 of the Clinical  
17 Psychologist Licensing Act to prescribe and dispense  
18 controlled substances under Section 303 and euthanasia  
19 agencies to purchase, store, or administer animal euthanasia  
20 drugs under the following circumstances:

21 (1) with respect to physician assistants,

22 (A) the physician assistant has been delegated  
23 written authority to prescribe any Schedule III  
24 through V controlled substances by a physician  
25 licensed to practice medicine in all its branches in

1           accordance with Section 7.5 of the Physician Assistant  
2           Practice Act of 1987; and the physician assistant has  
3           completed the appropriate application forms and has  
4           paid the required fees as set by rule; or

5           (B) the physician assistant has been delegated  
6           authority by a supervising physician licensed to  
7           practice medicine in all its branches to prescribe or  
8           dispense Schedule II controlled substances through a  
9           written delegation of authority and under the  
10          following conditions:

11                 (i) Specific Schedule II controlled substances  
12                 by oral dosage or topical or transdermal  
13                 application may be delegated, provided that the  
14                 delegated Schedule II controlled substances are  
15                 routinely prescribed by the supervising physician.  
16                 This delegation must identify the specific  
17                 Schedule II controlled substances by either brand  
18                 name or generic name. Schedule II controlled  
19                 substances to be delivered by injection or other  
20                 route of administration may not be delegated;

21                 (ii) any delegation must be of controlled  
22                 substances prescribed by the supervising  
23                 physician;

24                 (iii) all prescriptions must be limited to no  
25                 more than a 30-day supply, with any continuation  
26                 authorized only after prior approval of the

1 supervising physician;

2 (iv) the physician assistant must discuss the  
3 condition of any patients for whom a controlled  
4 substance is prescribed monthly with the  
5 delegating physician;

6 (v) the physician assistant must have  
7 completed the appropriate application forms and  
8 paid the required fees as set by rule;

9 (vi) the physician assistant must provide  
10 evidence of satisfactory completion of 45 contact  
11 hours in pharmacology from any physician assistant  
12 program accredited by the Accreditation Review  
13 Commission on Education for the Physician  
14 Assistant (ARC-PA), or its predecessor agency, for  
15 any new license issued with Schedule II authority  
16 after the effective date of this amendatory Act of  
17 the 97th General Assembly; and

18 (vii) the physician assistant must annually  
19 complete at least 5 hours of continuing education  
20 in pharmacology;

21 (2) with respect to advanced practice registered  
22 nurses who do not meet the requirements of Section 65-43 of  
23 the Nurse Practice Act,

24 (A) the advanced practice registered nurse has  
25 been delegated authority to prescribe any Schedule III  
26 through V controlled substances by a collaborating

1 physician licensed to practice medicine in all its  
2 branches or a collaborating podiatric physician in  
3 accordance with Section 65-40 of the Nurse Practice  
4 Act. The advanced practice registered nurse has  
5 completed the appropriate application forms and has  
6 paid the required fees as set by rule; or

7 (B) the advanced practice registered nurse has  
8 been delegated authority by a collaborating physician  
9 licensed to practice medicine in all its branches ~~or~~  
10 ~~collaborating podiatric physician~~ to prescribe or  
11 dispense Schedule II controlled substances through a  
12 written delegation of authority and under the  
13 following conditions:

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

25 (ii) any delegation must be of controlled  
26 substances prescribed by the collaborating

1 physician ~~or podiatric physician~~;

2 (iii) all prescriptions must be limited to no  
3 more than a 30-day supply, with any continuation  
4 authorized only after prior approval of the  
5 collaborating physician ~~or podiatric physician~~;

6 (iv) the advanced practice registered nurse  
7 must discuss the condition of any patients for whom  
8 a controlled substance is prescribed monthly with  
9 the delegating physician ~~or podiatric physician~~ or  
10 in the course of review as required by Section  
11 65-40 of the Nurse Practice Act;

12 (v) the advanced practice registered nurse  
13 must have completed the appropriate application  
14 forms and paid the required fees as set by rule;

15 (vi) the advanced practice registered nurse  
16 must provide evidence of satisfactory completion  
17 of at least 45 graduate contact hours in  
18 pharmacology for any new license issued with  
19 Schedule II authority after the effective date of  
20 this amendatory Act of the 97th General Assembly;  
21 and

22 (vii) the advanced practice registered nurse  
23 must annually complete 5 hours of continuing  
24 education in pharmacology;

25 (2.5) with respect to advanced practice registered  
26 nurses certified as nurse practitioners, nurse midwives,

1 or clinical nurse specialists practicing in a hospital  
2 affiliate,

3 (A) the advanced practice registered nurse  
4 certified as a nurse practitioner, nurse midwife, or  
5 clinical nurse specialist has been granted authority  
6 to prescribe any Schedule II through V controlled  
7 substances by the hospital affiliate upon the  
8 recommendation of the appropriate physician committee  
9 of the hospital affiliate in accordance with Section  
10 65-45 of the Nurse Practice Act, has completed the  
11 appropriate application forms, and has paid the  
12 required fees as set by rule; and

13 (B) an advanced practice registered nurse  
14 certified as a nurse practitioner, nurse midwife, or  
15 clinical nurse specialist has been granted authority  
16 to prescribe any Schedule II controlled substances by  
17 the hospital affiliate upon the recommendation of the  
18 appropriate physician committee of the hospital  
19 affiliate, then the following conditions must be met:

20 (i) specific Schedule II controlled substances  
21 by oral dosage or topical or transdermal  
22 application may be designated, provided that the  
23 designated Schedule II controlled substances are  
24 routinely prescribed by advanced practice  
25 registered nurses in their area of certification;  
26 this grant of authority must identify the specific



1 Schedule II controlled substances by either brand  
2 name or generic name; authority to prescribe or  
3 dispense Schedule II controlled substances to be  
4 delivered by injection or other route of  
5 administration may not be granted;

6 (ii) any grant of authority must be controlled  
7 substances limited to the practice of the advanced  
8 practice registered nurse;

9 (iii) any prescription must be limited to no  
10 more than a 30-day supply;

11 (iv) the advanced practice registered nurse  
12 must discuss the condition of any patients for whom  
13 a controlled substance is prescribed monthly with  
14 the appropriate physician committee of the  
15 hospital affiliate or its physician designee; and

16 (v) the advanced practice registered nurse  
17 must meet the education requirements of this  
18 Section;

19 (3) with respect to animal euthanasia agencies, the  
20 euthanasia agency has obtained a license from the  
21 Department of Financial and Professional Regulation and  
22 obtained a registration number from the Department; or

23 (4) with respect to prescribing psychologists, the  
24 prescribing psychologist has been delegated authority to  
25 prescribe any nonnarcotic Schedule III through V  
26 controlled substances by a collaborating physician

1 licensed to practice medicine in all its branches in  
2 accordance with Section 4.3 of the Clinical Psychologist  
3 Licensing Act, and the prescribing psychologist has  
4 completed the appropriate application forms and has paid  
5 the required fees as set by rule.

6 (b) The mid-level practitioner shall only be licensed to  
7 prescribe those schedules of controlled substances for which a  
8 licensed physician ~~or licensed podiatric physician~~ has  
9 delegated prescriptive authority, except that an animal  
10 euthanasia agency does not have any prescriptive authority. A  
11 physician assistant and an advanced practice registered nurse  
12 are prohibited from prescribing medications and controlled  
13 substances not set forth in the required written delegation of  
14 authority or as authorized by their practice Act.

15 (c) Upon completion of all registration requirements,  
16 physician assistants, advanced practice registered nurses, and  
17 animal euthanasia agencies may be issued a mid-level  
18 practitioner controlled substances license for Illinois.

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

25 (e) A supervising physician may, but is not required to,  
26 delegate prescriptive authority to a physician assistant as

1 part of a written supervision agreement, and the delegation of  
2 prescriptive authority shall conform to the requirements of  
3 Section 7.5 of the Physician Assistant Practice Act of 1987.

4 (f) Nothing in this Section shall be construed to prohibit  
5 generic substitution.

6 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;  
7 99-173, eff. 7-29-15.)

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