



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

SB0769

Introduced 2/1/2017, by Sen. Iris Y. Martinez

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of Financial and Professional Regulation of any change of address or email address through specified means. Provides provisions concerning confidentiality of information collected by the Department in the course of an examination or investigation. Makes changes in provisions concerning the application of the Illinois Administrative Procedure Act, definitions, supervision requirements, prescriptive authority, physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers, application for licensure, identification, qualifications for licensure, Department powers and duties, fees, expiration and renewal of license, grounds for disciplinary action, investigation notices, hearings, hearing officers, restoration of license, administrative review, and certification of the record. Makes other changes. Effective immediately.

LRB100 05739 SMS 15762 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 Regulatory Sunset Act is amended by changing  
5 Section 4.28 and by adding Section 4.38 as follows:

6 (5 ILCS 80/4.28)

7 Sec. 4.28. Acts repealed on January 1, 2018. The following  
8 Acts are repealed on January 1, 2018:

9 The Illinois Petroleum Education and Marketing Act.

10 The Podiatric Medical Practice Act of 1987.

11 The Acupuncture Practice Act.

12 The Illinois Speech-Language Pathology and Audiology  
13 Practice Act.

14 The Interpreter for the Deaf Licensure Act of 2007.

15 The Nurse Practice Act.

16 The Clinical Social Work and Social Work Practice Act.

17 The Pharmacy Practice Act.

18 The Home Medical Equipment and Services Provider License  
19 Act.

20 The Marriage and Family Therapy Licensing Act.

21 The Nursing Home Administrators Licensing and Disciplinary  
22 Act.

23 ~~The Physician Assistant Practice Act of 1987.~~

1 (Source: P.A. 95-187, eff. 8-16-07; 95-235, eff. 8-17-07;  
2 95-450, eff. 8-27-07; 95-465, eff. 8-27-07; 95-617, eff.  
3 9-12-07; 95-639, eff. 10-5-07; 95-687, eff. 10-23-07; 95-689,  
4 eff. 10-29-07; 95-703, eff. 12-31-07; 95-876, eff. 8-21-08;  
5 96-328, eff. 8-11-09.)

6 (5 ILCS 80/4.38 new)

7 Sec. 4.38. Act repealed on January 1, 2028. The following  
8 Act is repealed on January 1, 2028:

9 The Physician Assistant Practice Act of 1987.

10 Section 10. The Physician Assistant Practice Act of 1987 is  
11 amended by changing Sections 3, 4, 7, 7.5, 7.7, 9, 10, 12, 13,  
12 14.1, 16, 21, 22.2, 22.6, 22.7, 22.11, and 22.14 and by adding  
13 Sections 4.5 and 22.17 as follows:

14 (225 ILCS 95/3) (from Ch. 111, par. 4603)

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

16 Sec. 3. Illinois Administrative Procedure Act. The  
17 Illinois Administrative Procedure Act is hereby expressly  
18 adopted and incorporated herein as if all of the provisions of  
19 that Act were included in this Act, except that the provision  
20 of subsection (d) of Section 10-65 of the Illinois  
21 Administrative Procedure Act that provides that at hearings the  
22 licensee has the right to show compliance with all lawful  
23 requirements for retention, continuation or renewal of the

1 license is specifically excluded. For the purposes of this Act  
2 the notice required under Section 10-25 of the Illinois  
3 Administrative Procedure Act is deemed sufficient when  
4 personally served, mailed to the address of record of the  
5 applicant or licensee, or emailed to the email address of  
6 record of the applicant or licensee ~~last known address of a~~  
7 ~~party~~. The Secretary may adopt ~~promulgate~~ rules for the  
8 administration and enforcement of this Act and may prescribe  
9 forms to be issued in connection with this Act.

10 (Source: P.A. 95-703, eff. 12-31-07.)

11 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

13 Sec. 4. Definitions. In this Act:

14 1. "Department" means the Department of Financial and  
15 Professional Regulation.

16 2. "Secretary" means the Secretary of Financial and  
17 Professional Regulation.

18 3. "Physician assistant" means any person not holding an  
19 active license or permit issued by the Department pursuant to  
20 the Medical Practice Act of 1987 who has been certified as a  
21 physician assistant by the National Commission on the  
22 Certification of Physician Assistants or equivalent successor  
23 agency and performs procedures under the supervision of a  
24 physician as defined in this Act. A physician assistant may  
25 perform such procedures within the specialty of the supervising

1 physician, except that such physician shall exercise such  
2 direction, supervision and control over such physician  
3 assistants as will assure that patients shall receive quality  
4 medical care. Physician assistants shall be capable of  
5 performing a variety of tasks within the specialty of medical  
6 care under the supervision of a physician. Supervision of the  
7 physician assistant shall not be construed to necessarily  
8 require the personal presence of the supervising physician at  
9 all times at the place where services are rendered, as long as  
10 there is communication available for consultation by radio,  
11 telephone or telecommunications within established guidelines  
12 as determined by the physician/physician assistant team. The  
13 supervising physician may delegate tasks and duties to the  
14 physician assistant. Delegated tasks or duties shall be  
15 consistent with physician assistant education, training, and  
16 experience. The delegated tasks or duties shall be specific to  
17 the practice setting and shall be implemented and reviewed  
18 under a written supervision agreement established by the  
19 physician or physician/physician assistant team. A physician  
20 assistant, acting as an agent of the physician, shall be  
21 permitted to transmit the supervising physician's orders as  
22 determined by the institution's by-laws, policies, procedures,  
23 or job description within which the physician/physician  
24 assistant team practices. Physician assistants shall practice  
25 only in accordance with a written supervision agreement.

26 Any person who holds an active license or permit issued

1 pursuant to the Medical Practice Act of 1987 shall have that  
2 license automatically placed into inactive status upon  
3 issuance of a physician assistant license. Any person who holds  
4 an active license as a physician assistant who is issued a  
5 license or permit pursuant to the Medical Practice Act of 1987  
6 shall have his or her physician assistant license automatically  
7 placed into inactive status.

8 4. "Board" means the Medical Licensing Board constituted  
9 under the Medical Practice Act of 1987.

10 5. "Disciplinary Board" means the Medical Disciplinary  
11 Board constituted under the Medical Practice Act of 1987.

12 6. "Physician" means, ~~for purposes of this Act,~~ a person  
13 licensed to practice medicine in all of its branches under the  
14 Medical Practice Act of 1987.

15 7. "Supervising Physician" means, ~~for the purposes of this~~  
16 ~~Act,~~ the primary supervising physician of a physician  
17 assistant, who, within his or her specialty and expertise may  
18 delegate a variety of tasks and procedures to the physician  
19 assistant. Such tasks and procedures shall be delegated in  
20 accordance with a written supervision agreement. The  
21 supervising physician maintains the final responsibility for  
22 the care of the patient and the performance of the physician  
23 assistant.

24 8. "Alternate supervising physician" means, ~~for the~~  
25 ~~purpose of this Act,~~ any physician designated by the  
26 supervising physician to provide supervision in the event that

1 he or she is unable to provide that supervision. The Department  
2 may further define "alternate supervising physician" by rule.

3 The alternate supervising physicians shall maintain all  
4 the same responsibilities as the supervising physician.  
5 Nothing in this Act shall be construed as relieving any  
6 physician of the professional or legal responsibility for the  
7 care and treatment of persons attended by him or her or by  
8 physician assistants under his or her supervision. Nothing in  
9 this Act shall be construed as to limit the reasonable number  
10 of alternate supervising physicians, provided they are  
11 designated by the supervising physician.

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

20 10. "Hospital affiliate" means a corporation, partnership,  
21 joint venture, limited liability company, or similar  
22 organization, other than a hospital, that is devoted primarily  
23 to the provision, management, or support of health care  
24 services and that directly or indirectly controls, is  
25 controlled by, or is under common control of the hospital. For  
26 the purposes of this definition, "control" means having at

1 least an equal or a majority ownership or membership interest.  
2 A hospital affiliate shall be 100% owned or controlled by any  
3 combination of hospitals, their parent corporations, or  
4 physicians licensed to practice medicine in all its branches in  
5 Illinois. "Hospital affiliate" does not include a health  
6 maintenance organization regulated under the Health  
7 Maintenance Organization Act.

8 11. "Email address of record" means the designated email  
9 address recorded by the Department in the applicant's  
10 application file or the licensee's license file, as maintained  
11 by the Department's licensure maintenance unit.

12 (Source: P.A. 99-330, eff. 1-1-16.)

13 (225 ILCS 95/4.5 new)

14 Sec. 4.5. Address of record; email address of record. All  
15 applicants and licensees shall:

16 (1) provide a valid address and email address to the  
17 Department, which shall serve as the address of record and  
18 email address of record, respectively, at the time of  
19 application for licensure or renewal of a license; and

20 (2) inform the Department of any change of address of  
21 record or email address of record within 14 days after such  
22 change either through the Department's website or by  
23 contacting the Department's licensure maintenance unit.

24 (225 ILCS 95/7) (from Ch. 111, par. 4607)



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

2 Sec. 7. Supervision requirements.

3 (a) A supervising physician shall determine the number of  
4 physician assistants under his or her supervision provided the  
5 physician is able to provide adequate supervision as outlined  
6 in the written supervision agreement required under Section 7.5  
7 of this Act and consideration is given to the nature of the  
8 physician's practice, complexity of the patient population,  
9 and the experience of each supervised physician assistant. A  
10 supervising physician may supervise a maximum of 5 full-time  
11 equivalent physician assistants; ~~provided, however, this~~  
12 ~~number of physician assistants shall be reduced by the number~~  
13 ~~of collaborative agreements the supervising physician~~  
14 ~~maintains.~~ As used in this Section, "full-time equivalent"  
15 means the equivalent of 40 hours per week. A physician  
16 assistant shall be able to hold more than one professional  
17 position. A supervising physician shall file a notice of  
18 supervision of each physician assistant according to the rules  
19 of the Department. It is the responsibility of the supervising  
20 physician to maintain documentation each time he or she has  
21 designated an alternative supervising physician. This  
22 documentation shall include the date alternate supervisory  
23 control began, the date alternate supervisory control ended,  
24 and any other changes. A supervising physician shall provide a  
25 copy of this documentation to the Department, upon request.

26 Physician assistants shall be supervised only by

1 physicians as defined in this Act who are engaged in clinical  
2 practice, or in clinical practice in public health or other  
3 community health facilities.

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

7 Nothing in this Act shall be construed to prohibit the  
8 employment of physician assistants by a hospital, nursing home  
9 or other health care facility where such physician assistants  
10 function under the supervision of a supervising physician.

11 A physician assistant may be employed by a practice group  
12 or other entity employing multiple physicians at one or more  
13 locations. In that case, one of the physicians practicing at a  
14 location shall be designated the supervising physician. The  
15 other physicians with that practice group or other entity who  
16 practice in the same general type of practice or specialty as  
17 the supervising physician may supervise the physician  
18 assistant with respect to their patients without being deemed  
19 alternate supervising physicians for the purpose of this Act.

20 (b) A physician assistant licensed in this State, or  
21 licensed or authorized to practice in any other U.S.  
22 jurisdiction or credentialed by his or her federal employer as  
23 a physician assistant, who is responding to a need for medical  
24 care created by an emergency or by a state or local disaster  
25 may render such care that the physician assistant is able to  
26 provide without supervision as it is defined in this Section or

1 with such supervision as is available. For purposes of this  
2 Section, an "emergency situation" shall not include one that  
3 occurs in the place of one's employment.

4 Any physician who supervises a physician assistant  
5 providing medical care in response to such an emergency or  
6 state or local disaster shall not be required to meet the  
7 requirements set forth in this Section for a supervising  
8 physician.

9 (Source: P.A. 96-70, eff. 7-23-09; 97-1071, eff. 8-24-12.)

10 (225 ILCS 95/7.5)

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

12 Sec. 7.5. Prescriptions; written supervision agreements;  
13 prescriptive authority.

14 (a) A written supervision agreement is required for all  
15 physician assistants to practice in the State.

16 (1) A written supervision agreement shall describe the  
17 working relationship of the physician assistant with the  
18 supervising physician and shall authorize the categories  
19 of care, treatment, or procedures to be performed by the  
20 physician assistant. The written supervision agreement  
21 shall promote the exercise of professional judgment by the  
22 physician assistant commensurate with his or her education  
23 and experience. The services to be provided by the  
24 physician assistant shall be services that the supervising  
25 physician is authorized to and generally provides to his or

1 her patients in the normal course of his or her clinical  
2 medical practice. The written supervision agreement need  
3 not describe the exact steps that a physician assistant  
4 must take with respect to each specific condition, disease,  
5 or symptom but must specify which authorized procedures  
6 require the presence of the supervising physician as the  
7 procedures are being performed. The supervision  
8 relationship under a written supervision agreement shall  
9 not be construed to require the personal presence of a  
10 physician at the place where services are rendered. Methods  
11 of communication shall be available for consultation with  
12 the supervising physician in person or by  
13 telecommunications in accordance with established written  
14 guidelines as set forth in the written supervision  
15 agreement. For the purposes of this Act, "generally  
16 provides to his or her patients in the normal course of his  
17 or her clinical medical practice" means services, not  
18 specific tasks or duties, the supervising physician  
19 routinely provides individually or through delegation to  
20 other persons so that the physician has the experience and  
21 ability to provide supervision and consultation.

22 (2) The written supervision agreement shall be  
23 adequate if a physician does each of the following:

24 (A) Participates in the joint formulation and  
25 joint approval of orders or guidelines with the  
26 physician assistant and he or she periodically reviews

1 such orders and the services provided patients under  
2 such orders in accordance with accepted standards of  
3 medical practice and physician assistant practice.

4 (B) Provides supervision and consultation at least  
5 once a month.

6 (3) A copy of the signed, written supervision agreement  
7 must be available to the Department upon request from both  
8 the physician assistant and the supervising physician.

9 (4) A physician assistant shall inform each  
10 supervising physician of all written supervision  
11 agreements he or she has signed and provide a copy of these  
12 to any supervising physician upon request.

13 (b) A supervising physician may, but is not required to,  
14 delegate prescriptive authority to a physician assistant as  
15 part of a written supervision agreement. This authority may,  
16 but is not required to, include prescription of, selection of,  
17 orders for, administration of, storage of, acceptance of  
18 samples of, and dispensing medical devices, over the counter  
19 medications, legend drugs, medical gases, and controlled  
20 substances categorized as Schedule III through V controlled  
21 substances, as defined in Article II of the Illinois Controlled  
22 Substances Act, and other preparations, including, but not  
23 limited to, botanical and herbal remedies. The supervising  
24 physician must have a valid, current Illinois controlled  
25 substance license and federal registration with the Drug  
26 Enforcement Agency to delegate the authority to prescribe

1 controlled substances.

2 (1) To prescribe Schedule III, IV, or V controlled  
3 substances under this Section, a physician assistant must  
4 obtain a mid-level practitioner controlled substances  
5 license. Medication orders issued by a physician assistant  
6 shall be reviewed periodically by the supervising  
7 physician.

8 (2) The supervising physician shall file with the  
9 Department notice of delegation of prescriptive authority  
10 to a physician assistant and termination of delegation,  
11 specifying the authority delegated or terminated. Upon  
12 receipt of this notice delegating authority to prescribe  
13 Schedule III, IV, or V controlled substances, the physician  
14 assistant shall be eligible to register for a mid-level  
15 practitioner controlled substances license under Section  
16 303.05 of the Illinois Controlled Substances Act. Nothing  
17 in this Act shall be construed to limit the delegation of  
18 tasks or duties by the supervising physician to a nurse or  
19 other appropriately trained persons in accordance with  
20 Section 54.2 of the Medical Practice Act of 1987.

21 (3) In addition to the other requirements of this  
22 subsection (b) ~~of this Section~~, a supervising physician  
23 may, but is not required to, delegate authority to a  
24 physician assistant to prescribe Schedule II controlled  
25 substances, if all of the following conditions apply:

26 (A) Specific Schedule II controlled substances by

1 oral dosage or topical or transdermal application may  
2 be delegated, provided that the delegated Schedule II  
3 controlled substances are routinely prescribed by the  
4 supervising physician. This delegation must identify  
5 the specific Schedule II controlled substances by  
6 either brand name or generic name. Schedule II  
7 controlled substances to be delivered by injection or  
8 other route of administration may not be delegated.

9 (B) (Blank). ~~Any delegation must be controlled~~  
10 ~~substances that the supervising physician prescribes.~~

11 (C) Any prescription for a Schedule II controlled  
12 substance must be limited to no more than a 30-day  
13 supply, with any continuation authorized only after  
14 prior approval of the supervising physician.

15 (D) The physician assistant must discuss the  
16 condition of any patients for whom a Schedule II  
17 controlled substance is prescribed monthly with the  
18 supervising physician.

19 (E) The physician assistant meets the education  
20 and continuing education requirements of Section  
21 303.05 of the Illinois Controlled Substances Act.

22 (c) Nothing in this Act shall be construed to limit the  
23 delegation of tasks or duties by a physician to a licensed  
24 practical nurse, a registered professional nurse, or other  
25 persons. Nothing in this Act shall be construed to limit the  
26 method of delegation that may be authorized by any means,

1 including, but not limited to, oral, written, electronic,  
2 standing orders, protocols, guidelines, or verbal orders.

3 (d) Any physician assistant who writes a prescription for a  
4 controlled substance without having a valid appropriate  
5 authority may be fined by the Department not more than \$50 per  
6 prescription, and the Department may take any other  
7 disciplinary action provided for in this Act.

8 (e) Nothing in this Section shall be construed to prohibit  
9 generic substitution.

10 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;  
11 96-1000, eff. 7-2-10; 97-358, eff. 8-12-11.)

12 (225 ILCS 95/7.7)

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

14 Sec. 7.7. Physician assistants in hospitals, hospital  
15 affiliates, or ambulatory surgical treatment centers.

16 (a) A physician assistant may provide services in a  
17 hospital ~~or a hospital affiliate~~ as ~~those terms are~~ defined in  
18 the Hospital Licensing Act or the University of Illinois  
19 Hospital Act, a hospital affiliate, or a licensed ambulatory  
20 surgical treatment center as defined in the Ambulatory Surgical  
21 Treatment Center Act without a written supervision agreement  
22 pursuant to Section 7.5 of this Act. A physician assistant must  
23 possess clinical privileges recommended by the hospital  
24 medical staff and granted by the hospital or the consulting  
25 medical staff committee and ambulatory surgical treatment



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

16 (b) A physician assistant granted authority to order  
17 medications including controlled substances may complete  
18 discharge prescriptions provided the prescription is in the  
19 name of the physician assistant and the attending or  
20 discharging physician.

21 (c) Physician assistants practicing in a hospital,  
22 hospital affiliate, or an ambulatory surgical treatment center  
23 are not required to obtain a mid-level controlled substance  
24 license to order controlled substances under Section 303.05 of  
25 the Illinois Controlled Substances Act.

26 (Source: P.A. 97-1071, eff. 8-24-12.)

1 (225 ILCS 95/9) (from Ch. 111, par. 4609)

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

3 Sec. 9. Application for licensure. Applications for  
4 original licenses shall be made to the Department in writing on  
5 forms or electronically as prescribed by the Department and  
6 shall be accompanied by the required fee, which shall not be  
7 refundable. An application shall require information that in  
8 the judgment of the Department will enable the Department to  
9 pass on the qualifications of the applicant for a license. An  
10 application shall include evidence of passage of the  
11 examination of the National Commission on the Certification of  
12 Physician Assistants, or its successor agency, and proof that  
13 the applicant holds a valid certificate issued by that  
14 Commission.

15 Applicants have 3 years from the date of application to  
16 complete the application process. If the process has not been  
17 completed in 3 years, the application shall be denied, the fee  
18 shall be forfeited, and the applicant must reapply and meet the  
19 requirements in effect at the time of reapplication.

20 (Source: P.A. 90-61, eff. 12-30-97.)

21 (225 ILCS 95/10) (from Ch. 111, par. 4610)

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

23 Sec. 10. Identification. No person shall use the title  
24 "physician ~~or perform the duties of "Physician assistant" or~~

1 perform the duties of a physician assistant unless he or she  
2 holds ~~is a qualified holder of a~~ valid license issued by the  
3 Department as provided in this Act. A physician assistant shall  
4 wear on his or her person a visible identification indicating  
5 that he or she is certified as a physician assistant while  
6 acting in the course of his or her duties.

7 (Source: P.A. 90-61, eff. 12-30-97.)

8 (225 ILCS 95/12) (from Ch. 111, par. 4612)

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

10 Sec. 12. A person shall be qualified for licensure as a  
11 physician assistant and the Department may issue a physician  
12 assistant license to a person who:

13 1. has ~~Has~~ applied in writing or electronically in form  
14 and substance satisfactory to the Department and has not  
15 violated any of the provisions of Section 21 of this Act or  
16 the rules adopted under this Act ~~promulgated hereunder. The~~  
17 ~~Department may take into consideration any felony~~  
18 ~~conviction of the applicant but such conviction shall not~~  
19 ~~operate as an absolute bar to licensure;~~

20 2. has ~~Has~~ successfully completed the examination  
21 provided by the National Commission on ~~the~~ Certification of  
22 Physician's Assistant or its successor agency;

23 3. holds ~~Holds~~ a certificate issued by the National  
24 Commission on ~~the~~ Certification of Physician Assistants or  
25 an equivalent successor agency; and

1           4. complies ~~Complies~~ with all applicable rules of the  
2           Department.

3           (Source: P.A. 95-703, eff. 12-31-07.)

4           (225 ILCS 95/13) (from Ch. 111, par. 4613)

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

6           Sec. 13. Department powers and duties.

7           (a) Subject to the provisions of this Act, the Department  
8           shall:

9           (1) adopt ~~1. Promulgate rules approved by the Board~~  
10           setting forth standards to be met by a school or  
11           institution offering a course of training for physician  
12           assistants prior to approval of such school or  
13           institution;~~;~~

14           (2) adopt ~~2. Promulgate rules approved by the Board~~  
15           setting forth uniform and reasonable standards of  
16           instruction to be met prior to approval of such course of  
17           institution for physician assistants; ~~and.~~

18           (3) determine ~~3. Determine~~ the reputability and good  
19           standing of such schools or institutions and their course  
20           of instruction for physician assistants by reference to  
21           compliance with such rules, provided that no school of  
22           physician assistants that refuses admittance to applicants  
23           solely on account of race, color, sex, or creed shall be  
24           considered reputable and in good standing.

25           (b) No rule shall be adopted under this Act which allows a

1 physician assistant to perform any act, task, or function  
2 primarily performed in the lawful practice of optometry under  
3 the Illinois Optometric Practice Act of 1987.

4 (c) All rules shall be submitted to the Board for review  
5 and the Department shall consider any comments provided by the  
6 Board.

7 (Source: P.A. 85-1440.)

8 (225 ILCS 95/14.1)

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

10 Sec. 14.1. Fees.

11 (a) Fees collected for the administration of this Act shall  
12 be set by the Department by rule. All fees are nonrefundable  
13 ~~not refundable~~.

14 (b) (Blank).

15 (c) All moneys collected under this Act by the Department  
16 shall be deposited in the Illinois State Medical Disciplinary  
17 Fund in the State Treasury and used (1) in the exercise of its  
18 powers and performance of its duties under this Act, as such  
19 use is made by the Department; (2) for costs directly related  
20 to licensing and license renewal of persons licensed under this  
21 Act; and (3) for costs related to the public purposes of the  
22 Department.

23 All earnings received from investment of moneys in the  
24 Illinois State Medical Disciplinary Fund shall be deposited  
25 into the Illinois State Medical Disciplinary Fund and shall be

1 used for the same purposes as fees deposited in the Fund.

2 (Source: P.A. 95-703, eff. 12-31-07.)

3 (225 ILCS 95/16) (from Ch. 111, par. 4616)

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

5 Sec. 16. Expiration; renewal. The expiration date and  
6 renewal period for each license issued under this Act shall be  
7 set by rule. Renewal shall be conditioned on paying the  
8 required fee and by meeting such other requirements as may be  
9 established by rule. The certification as a physician assistant  
10 by the National Commission on Certification of Physician  
11 Assistants or an equivalent successor agency is not required  
12 for renewal of a license under this Act.

13 Any physician assistant who has permitted his or her  
14 license to expire or who has had his or her license on inactive  
15 status may have the license restored by making application to  
16 the Department and filing proof acceptable to the Department of  
17 his or her fitness to have the license restored, and by paying  
18 the required fees. Proof of fitness may include sworn evidence  
19 certifying to active lawful practice in another jurisdiction.

20 If the physician assistant has not maintained an active  
21 practice in another jurisdiction satisfactory to the  
22 Department, the Department shall determine, by an evaluation  
23 program established by rule, his or her fitness for restoration  
24 of the license and shall establish procedures and requirements  
25 for such restoration.

1           However, any physician assistant whose license expired  
2 while he or she was (1) in federal service on active duty with  
3 the Armed Forces of the United States, or the State Militia  
4 called into service or training, or (2) in training or  
5 education under the supervision of the United States  
6 preliminary to induction into the military service, may have  
7 the license restored without paying any lapsed renewal fees if  
8 within 2 years after honorable termination of such service,  
9 training, or education he or she furnishes the Department with  
10 satisfactory evidence to the effect that he or she has been so  
11 engaged and that his or her service, training, or education has  
12 been so terminated.

13           (Source: P.A. 90-61, eff. 12-30-97.)

14           (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

16           Sec. 21. Grounds for disciplinary action.

17           (a) The Department may refuse to issue or to renew, or may  
18 revoke, suspend, place on probation, ~~censure or~~ reprimand, or  
19 take other disciplinary or non-disciplinary action with regard  
20 to any license issued under this Act as the Department may deem  
21 proper, including the issuance of fines not to exceed \$10,000  
22 for each violation, for any one or combination of the following  
23 causes:

24                     (1) Material misstatement in furnishing information to  
25                     the Department.

1           (2) Violations of this Act, or the rules adopted under  
2 this Act.

3           (3) Conviction by plea of guilty or nolo contendere,  
4 finding of guilt, jury verdict, or entry of judgment or  
5 sentencing, including, but not limited to, convictions,  
6 preceding sentences of supervision, conditional discharge,  
7 or first offender probation, under the laws of any  
8 jurisdiction of the United States that is: (i) a felony; or  
9 (ii) a misdemeanor, an essential element of which is  
10 dishonesty, or that is directly related to the practice of  
11 the profession. ~~Conviction of or entry of a plea of guilty~~  
12 ~~or nolo contendere to any crime that is a felony under the~~  
13 ~~laws of the United States or any state or territory thereof~~  
14 ~~or that is a misdemeanor of which an essential element is~~  
15 ~~dishonesty or that is directly related to the practice of~~  
16 ~~the profession.~~

17           (4) Making any misrepresentation for the purpose of  
18 obtaining licenses.

19           (5) Professional incompetence.

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

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

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



1           (9) Habitual or excessive use or addiction to alcohol,  
2           narcotics, stimulants, or any other chemical agent or drug  
3           that results in a physician assistant's inability to  
4           practice with reasonable judgment, skill, or safety.

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

9           (11) Directly or indirectly giving to or receiving from  
10          any person, firm, corporation, partnership, or association  
11          any fee, commission, rebate or other form of compensation  
12          for any professional services not actually or personally  
13          rendered. Nothing in this paragraph (11) affects any bona  
14          fide independent contractor or employment arrangements,  
15          which may include provisions for compensation, health  
16          insurance, pension, or other employment benefits, with  
17          persons or entities authorized under this Act for the  
18          provision of services within the scope of the licensee's  
19          practice under this Act.

20          (12) A finding by the Disciplinary Board that the  
21          licensee, after having his or her license placed on  
22          probationary status has violated the terms of probation.

23          (13) Abandonment of a patient.

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

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

4           (16) Physical illness, or mental illness or impairment  
5           that results in the inability to practice the profession  
6           with reasonable judgment, skill, or safety, including, but  
7           not limited to, deterioration through the aging process or  
8           loss of motor skill.

9           (17) Being named as a perpetrator in an indicated  
10          report by the Department of Children and Family Services  
11          under the Abused and Neglected Child Reporting Act, and  
12          upon proof by clear and convincing evidence that the  
13          licensee has caused a child to be an abused child or  
14          neglected child as defined in the Abused and Neglected  
15          Child Reporting Act.

16          (18) (Blank).

17          (19) Gross negligence resulting in permanent injury or  
18          death of a patient.

19          (20) Employment of fraud, deception or any unlawful  
20          means in applying for or securing a license as a physician  
21          assistant.

22          (21) Exceeding the authority delegated to him or her by  
23          his or her supervising physician in a written supervision  
24          agreement.

25          (22) Immoral conduct in the commission of any act, such  
26          as sexual abuse, sexual misconduct, or sexual exploitation

1 related to the licensee's practice.

2 (23) Violation of the Health Care Worker Self-Referral  
3 Act.

4 (24) Practicing under a false or assumed name, except  
5 as provided by law.

6 (25) Making a false or misleading statement regarding  
7 his or her skill or the efficacy or value of the medicine,  
8 treatment, or remedy prescribed by him or her in the course  
9 of treatment.

10 (26) Allowing another person to use his or her license  
11 to practice.

12 (27) Prescribing, selling, administering,  
13 distributing, giving, or self-administering a drug  
14 classified as a controlled substance ~~(designated product)~~  
15 ~~or narcotic~~ for other than medically-accepted therapeutic  
16 purposes.

17 (28) Promotion of the sale of drugs, devices,  
18 appliances, or goods provided for a patient in a manner to  
19 exploit the patient for financial gain.

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

23 (30) Violating State or federal laws or regulations  
24 relating to controlled substances or other legend drugs.

25 (31) Exceeding the prescriptive authority delegated by  
26 the supervising physician or violating the written

1 supervision agreement delegating that authority.

2 (32) Practicing without providing to the Department a  
3 notice of supervision or delegation of prescriptive  
4 authority.

5 (33) Failure to establish and maintain records of  
6 patient care and treatment as required by law.

7 (34) Attempting to subvert or cheat on the examination  
8 of the National Commission on Certification of Physician  
9 Assistants, or its successor agency.

10 (35) Willfully or negligently violating the  
11 confidentiality between physician assistant and patient,  
12 except as required by law.

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

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

23 (38) Failure to report to the Department any adverse  
24 final action taken against him or her by another licensing  
25 jurisdiction of the United States or any foreign state or  
26 country, any peer review body, any health care institution,

1       any professional society or association, any governmental  
2       agency, any law enforcement agency, or any court acts or  
3       conduct similar to acts or conduct that would constitute  
4       grounds for action under this Section.

5       (b) The Department may, without a hearing, refuse to issue  
6       or renew or may suspend the license of any person who fails to  
7       file a return, or to pay the tax, penalty or interest shown in  
8       a filed return, or to pay any final assessment of the tax,  
9       penalty, or interest as required by any tax Act administered by  
10      the Illinois Department of Revenue, until such time as the  
11      requirements of any such tax Act are satisfied.

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

22      (d) In enforcing this Section, the Department upon a  
23      showing of a possible violation may compel an individual  
24      licensed to practice under this Act, or who has applied for  
25      licensure under this Act, to submit to a mental or physical  
26      examination, or both, which may include a substance abuse or

1 sexual offender evaluation, as required by and at the expense  
2 of the Department.

3 The Department shall specifically designate the examining  
4 physician licensed to practice medicine in all of its branches  
5 or, if applicable, the multidisciplinary team involved in  
6 providing the mental or physical examination or both. The  
7 multidisciplinary team shall be led by a physician licensed to  
8 practice medicine in all of its branches and may consist of one  
9 or more or a combination of physicians licensed to practice  
10 medicine in all of its branches, licensed clinical  
11 psychologists, licensed clinical social workers, licensed  
12 clinical professional counselors, and other professional and  
13 administrative staff. Any examining physician or member of the  
14 multidisciplinary team may require any person ordered to submit  
15 to an examination pursuant to this Section to submit to any  
16 additional supplemental testing deemed necessary to complete  
17 any examination or evaluation process, including, but not  
18 limited to, blood testing, urinalysis, psychological testing,  
19 or neuropsychological testing.

20 The Department may order the examining physician or any  
21 member of the multidisciplinary team to provide to the  
22 Department any and all records, including business records,  
23 that relate to the examination and evaluation, including any  
24 supplemental testing performed.

25 The Department may order the examining physician or any  
26 member of the multidisciplinary team to present testimony

1 concerning the mental or physical examination of the licensee  
2 or applicant. No information, report, record, or other  
3 documents in any way related to the examination shall be  
4 excluded by reason of any common law or statutory privilege  
5 relating to communications between the licensee or applicant  
6 and the examining physician or any member of the  
7 multidisciplinary team. No authorization is necessary from the  
8 licensee or applicant ordered to undergo an examination for the  
9 examining physician or any member of the multidisciplinary team  
10 to provide information, reports, records, or other documents or  
11 to provide any testimony regarding the examination and  
12 evaluation. The examining physicians shall be specifically  
13 ~~designated by the Department.~~

14 The individual to be examined may have, at his or her own  
15 expense, another physician of his or her choice present during  
16 all aspects of this examination. However, that physician shall  
17 be present only to observe and may not interfere in any way  
18 with the examination.

19 Failure of an individual to submit to a mental or physical  
20 examination, when ordered directed, shall result in an  
21 automatic ~~be grounds for~~ suspension of his or her license until  
22 the individual submits to the examination ~~if the Department~~  
23 ~~finds, after notice and hearing, that the refusal to submit to~~  
24 ~~the examination was without reasonable cause.~~

25 If the Department finds an individual unable to practice  
26 because of the reasons set forth in this Section, the

1 Department may require that individual to submit to care,  
2 counseling, or treatment by physicians approved or designated  
3 by the Department, as a condition, term, or restriction for  
4 continued, reinstated, or renewed licensure to practice; or, in  
5 lieu of care, counseling, or treatment, the Department may file  
6 a complaint to immediately suspend, revoke, or otherwise  
7 discipline the license of the individual. An individual whose  
8 license was granted, continued, reinstated, renewed,  
9 disciplined, or supervised subject to such terms, conditions,  
10 or restrictions, and who fails to comply with such terms,  
11 conditions, or restrictions, shall be referred to the Secretary  
12 for a determination as to whether the individual shall have his  
13 or her license suspended immediately, pending a hearing by the  
14 Department.

15 In instances in which the Secretary immediately suspends a  
16 person's license under this Section, a hearing on that person's  
17 license must be convened by the Department within 30 days after  
18 the suspension and completed without appreciable delay. The  
19 Department shall have the authority to review the subject  
20 individual's record of treatment and counseling regarding the  
21 impairment to the extent permitted by applicable federal  
22 statutes and regulations safeguarding the confidentiality of  
23 medical records.

24 An individual licensed under this Act and affected under  
25 this Section shall be afforded an opportunity to demonstrate to  
26 the Department that he or she can resume practice in compliance



1 with acceptable and prevailing standards under the provisions  
2 of his or her license.

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

11 (f) Members of the Board and the Disciplinary Board shall  
12 be indemnified by the State for any actions occurring within  
13 the scope of services on the Disciplinary Board or Licensing  
14 Board, done in good faith and not willful and wanton in nature.  
15 The Attorney General shall defend all such actions unless he or  
16 she determines either that there would be a conflict of  
17 interest in such representation or that the actions complained  
18 of were not in good faith or were willful and wanton.

19 If the Attorney General declines representation, the  
20 member has the right to employ counsel of his or her choice,  
21 whose fees shall be provided by the State, after approval by  
22 the Attorney General, unless there is a determination by a  
23 court that the member's actions were not in good faith or were  
24 willful and wanton.

25 The member must notify the Attorney General within 7 days  
26 of receipt of notice of the initiation of any action involving

1 services of the Disciplinary Board. Failure to so notify the  
2 Attorney General constitutes an absolute waiver of the right to  
3 a defense and indemnification.

4 The Attorney General shall determine, within 7 days after  
5 receiving such notice, whether he or she will undertake to  
6 represent the member.

7 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09;  
8 96-1482, eff. 11-29-10.)

9 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

11 Sec. 22.2. Investigation; notice; hearing. The Department  
12 may investigate the actions of any applicant or of any person  
13 or persons holding or claiming to hold a license. The  
14 Department shall, before suspending, revoking, placing on  
15 probationary status, or taking any other disciplinary action as  
16 the Department may deem proper with regard to any license, at  
17 least 30 days prior to the date set for the hearing, notify the  
18 applicant or licensee in writing of any charges made and the  
19 time and place for a hearing of the charges before the  
20 Disciplinary Board, direct him or her to file his or her  
21 written answer thereto to the Disciplinary Board under oath  
22 within 20 days after the service on him or her of such notice  
23 and inform him or her that if he or she fails to file such  
24 answer default will be taken against him or her and his or her  
25 license may be suspended, revoked, placed on probationary

1 status, or have other disciplinary action, including limiting  
2 the scope, nature or extent of his or her practice, as the  
3 Department may deem proper taken with regard thereto. Written  
4 or electronic notice may be served by personal delivery, email,  
5 or ~~certified or registered~~ mail to the applicant or licensee at  
6 his or her ~~last~~ address of record or email address of record  
7 ~~with the Department~~. At the time and place fixed in the notice,  
8 the Department shall proceed to hear the charges and the  
9 parties or their counsel shall be accorded ample opportunity to  
10 present such statements, testimony, evidence, and argument as  
11 may be pertinent to the charges or to the defense thereto. The  
12 Department may continue such hearing from time to time. In case  
13 the applicant or licensee, after receiving notice, fails to  
14 file an answer, his or her license may in the discretion of the  
15 Secretary, having received first the recommendation of the  
16 Disciplinary Board, be suspended, revoked, placed on  
17 probationary status, or the Secretary may take whatever  
18 disciplinary action as he or she may deem proper, including  
19 limiting the scope, nature, or extent of such person's  
20 practice, without a hearing, if the act or acts charged  
21 constitute sufficient grounds for such action under this Act.

22 (Source: P.A. 95-703, eff. 12-31-07.)

23 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

25 Sec. 22.6. At the conclusion of the hearing, the

1 Disciplinary Board shall present to the Secretary a written  
2 report of its findings of fact, conclusions of law, and  
3 recommendations. The report shall contain a finding whether or  
4 not the accused person violated this Act or failed to comply  
5 with the conditions required in this Act. The Disciplinary  
6 Board shall specify the nature of the violation or failure to  
7 comply, and shall make its recommendations to the Secretary.

8 The report of findings of fact, conclusions of law, and  
9 recommendation of the Disciplinary Board shall be the basis for  
10 the Department's order or refusal or for the granting of a  
11 license or permit. If the Secretary disagrees in any regard  
12 with the report of the Disciplinary Board, the Secretary may  
13 issue an order in contravention thereof. ~~The Secretary shall~~  
14 ~~provide a written report to the Disciplinary Board on any~~  
15 ~~deviation, and shall specify with particularity the reasons for~~  
16 ~~such action in the final order.~~ The finding is not admissible  
17 in evidence against the person in a criminal prosecution  
18 brought for the violation of this Act, but the hearing and  
19 finding are not a bar to a criminal prosecution brought for the  
20 violation of this Act.

21 (Source: P.A. 95-703, eff. 12-31-07.)

22 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

24 Sec. 22.7. Hearing officer. Notwithstanding the provisions  
25 of Section 22.2 of this Act, the Secretary shall have the

1 authority to appoint any attorney duly licensed to practice law  
2 in the State of Illinois to serve as the hearing officer in any  
3 action for refusal to issue or renew, or for discipline of, a  
4 license. ~~The Secretary shall notify the Disciplinary Board of~~  
5 ~~any such appointment.~~ The hearing officer shall have full  
6 authority to conduct the hearing. The hearing officer shall  
7 report his or her findings of fact, conclusions of law, and  
8 recommendations to the Disciplinary Board and the Secretary.  
9 The Disciplinary Board shall have 60 days from receipt of the  
10 report to review the report of the hearing officer and present  
11 their findings of fact, conclusions of law, and recommendations  
12 to the Secretary. If the Disciplinary Board fails to present  
13 its report within the 60-day ~~60-day~~ period, the respondent may  
14 request in writing a direct appeal to the Secretary, in which  
15 case the Secretary may ~~shall, within 7 calendar days after the~~  
16 ~~request, issue an order directing the Disciplinary Board to~~  
17 ~~issue its findings of fact, conclusions of law, and~~  
18 ~~recommendations to the Secretary within 30 calendar days after~~  
19 ~~such order. If the Disciplinary Board fails to issue its~~  
20 ~~findings of fact, conclusions of law, and recommendations~~  
21 ~~within that time frame to the Secretary after the entry of such~~  
22 ~~order, the Secretary shall, within 30 calendar days thereafter,~~  
23 issue an order based upon the report of the hearing officer and  
24 the record of the proceedings or issue an order remanding the  
25 matter back to the hearing officer for additional proceedings  
26 in accordance with the order. ~~If (i) a direct appeal is~~

1 ~~requested, (ii) the Disciplinary Board fails to issue its~~  
2 ~~findings of fact, conclusions of law, and recommendations~~  
3 ~~within the 30-day mandate from the Secretary or the Secretary~~  
4 ~~fails to order the Disciplinary Board to do so, and (iii) the~~  
5 ~~Secretary fails to issue an order within 30 calendar days~~  
6 ~~thereafter, then the hearing officer's report is deemed~~  
7 ~~accepted and a final decision of the Secretary.~~ Notwithstanding  
8 any other provision of this Section, if the Secretary, upon  
9 review, determines that substantial justice has not been done  
10 in the revocation, suspension, or refusal to issue or renew a  
11 license or other disciplinary action taken as the result of the  
12 entry of the hearing officer's report, the Secretary may order  
13 a rehearing by the same or other examiners. If the Secretary  
14 disagrees in any regard with the report of the Disciplinary  
15 Board or hearing officer, he or she may issue an order in  
16 contravention thereof. ~~The Secretary shall provide a written~~  
17 ~~explanation to the Disciplinary Board on any such deviation,~~  
18 ~~and shall specify with particularity the reasons for such~~  
19 ~~action in the final order.~~

20 (Source: P.A. 95-703, eff. 12-31-07.)

21 (225 ILCS 95/22.11) (from Ch. 111, par. 4622.11)

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

23 Sec. 22.11. Restoration of license. At any time after the  
24 successful completion of a term of probation, suspension, or  
25 revocation of any license, the Department may restore it to the

1 licensee, unless after an investigation and a hearing, the  
2 Department determines that restoration is not in the public  
3 interest. Where circumstances of suspension or revocation so  
4 indicate, the Department may require an examination of the  
5 licensee prior to restoring his or her license. No person whose  
6 license has been revoked as authorized in this Act may apply  
7 for restoration of that license until such time as provided for  
8 in the Civil Administrative Code of Illinois.

9 A license that has been suspended or revoked shall be  
10 considered nonrenewed for purposes of restoration and a person  
11 restoring his or her license from suspension or revocation must  
12 comply with the requirements for restoration of a nonrenewed  
13 license as set forth in Section 16 of this Act and any related  
14 rules adopted.

15 (Source: P.A. 90-61, eff. 12-30-97.)

16 (225 ILCS 95/22.14) (from Ch. 111, par. 4622.14)

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

18 Sec. 22.14. Administrative review; certification of  
19 record.

20 (a) All final administrative decisions of the Department  
21 are subject to judicial review pursuant to the provisions of  
22 the "Administrative Review Law", and all rules adopted pursuant  
23 thereto. The term "administrative decision" is defined as in  
24 Section 3-101 of the "Code of Civil Procedure".

25 (b) Proceedings for judicial review shall be commenced in

1 the circuit court of the county in which the party applying for  
2 review resides; but if the party is not a resident of this  
3 State, venue shall be in Sangamon County.

4 (c) The Department shall not be required to certify any  
5 record to the court, to file an answer in court, or to  
6 otherwise appear in any court in a judicial review proceeding  
7 unless and until the Department has received from the plaintiff  
8 payment of the costs of furnishing and certifying the record,  
9 which costs shall be determined by the Department. Exhibits  
10 shall be certified without cost. Failure on the part of the  
11 plaintiff to file a receipt in court shall be grounds for  
12 dismissal of the action. During the pendency and hearing of any  
13 and all judicial proceedings incident to the disciplinary  
14 action the sanctions imposed upon the accused by the Department  
15 because of acts or omissions related to the delivery of direct  
16 patient care as specified in the Department's final  
17 administrative decision, shall, as a matter of public policy,  
18 remain in full force and effect in order to protect the public  
19 pending final resolution of any of the proceedings.

20 (Source: P.A. 86-596.)

21 (225 ILCS 95/22.17 new)

22 Sec. 22.17. Confidentiality. All information collected by  
23 the Department in the course of an examination or investigation  
24 of a licensee or applicant, including, but not limited to, any  
25 complaint against a licensee filed with the Department and



1 information collected to investigate any such complaint, shall  
2 be maintained for the confidential use of the Department and  
3 shall not be disclosed. The Department shall not disclose the  
4 information to anyone other than law enforcement officials,  
5 regulatory agencies that have an appropriate regulatory  
6 interest as determined by the Secretary, or a party presenting  
7 a lawful subpoena to the Department. Information and documents  
8 disclosed to a federal, State, county, or local law enforcement  
9 agency shall not be disclosed by the agency for any purpose to  
10 any other agency or person. A formal complaint filed against a  
11 licensee by the Department or any order issued by the  
12 Department against a licensee or applicant shall be a public  
13 record, except as otherwise prohibited by law.

14 Section 99. Effective date. This Act takes effect upon  
15 becoming law.

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