



Sen. Iris Y. Martinez

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LRB100 11277 SMS 24690 a

1 AMENDMENT TO SENATE BILL 1585

2 AMENDMENT NO. _____. Amend Senate Bill 1585 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Regulatory Sunset Act is amended by
5 changing 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 Acts repealed on January 1, 2018.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8 Acts are repealed on January 1, 2018: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.

1 The Pharmacy Practice Act.

2 The Home Medical Equipment and Services Provider License
3 Act.

4 The Marriage and Family Therapy Licensing Act.

5 The Nursing Home Administrators Licensing and Disciplinary
6 Act.

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

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

13 (5 ILCS 80/4.38 new)

14 Sec. 4.38. Act repealed on January 1, 2028. The following
15 Act is repealed on January 1, 2028:

16 The Physician Assistant Practice Act of 1987.

17 Section 7. The Medical Practice Act of 1987 is amended by
18 changing Section 54.5 as follows:

19 (225 ILCS 60/54.5)

20 (Section scheduled to be repealed on December 31, 2017)

21 Sec. 54.5. Physician delegation of authority to physician
22 assistants, advanced practice nurses, and prescribing
23 psychologists.

1 (a) Physicians licensed to practice medicine in all its
2 branches may delegate care and treatment responsibilities to a
3 physician assistant under guidelines in accordance with the
4 requirements of the Physician Assistant Practice Act of 1987. A
5 physician licensed to practice medicine in all its branches may
6 enter into collaborative ~~supervising physician~~ agreements with
7 no more than 5 full-time equivalent physician assistants,
8 except in a hospital, hospital affiliate, or ambulatory
9 surgical treatment center as set forth by Section 7.7 of the
10 Physician Assistant Practice Act of 1987 ~~as set forth in~~
11 ~~subsection (a) of Section 7 of the Physician Assistant Practice~~
12 ~~Act of 1987.~~

13 (b) A physician licensed to practice medicine in all its
14 branches in active clinical practice may collaborate with an
15 advanced practice nurse in accordance with the requirements of
16 the Nurse Practice Act. Collaboration is for the purpose of
17 providing medical consultation, and no employment relationship
18 is required. A written collaborative agreement shall conform to
19 the requirements of Section 65-35 of the Nurse Practice Act.
20 The written collaborative agreement shall be for services in
21 the same area of practice or specialty as the collaborating
22 physician in his or her clinical medical practice. A written
23 collaborative agreement shall be adequate with respect to
24 collaboration with advanced practice nurses if all of the
25 following apply:

26 (1) The agreement is written to promote the exercise of

1 professional judgment by the advanced practice nurse
2 commensurate with his or her education and experience.

3 (2) The advance practice nurse provides services based
4 upon a written collaborative agreement with the
5 collaborating physician, except as set forth in subsection
6 (b-5) of this Section. With respect to labor and delivery,
7 the collaborating physician must provide delivery services
8 in order to participate with a certified nurse midwife.

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

13 (b-5) An anesthesiologist or physician licensed to
14 practice medicine in all its branches may collaborate with a
15 certified registered nurse anesthetist in accordance with
16 Section 65-35 of the Nurse Practice Act for the provision of
17 anesthesia services. With respect to the provision of
18 anesthesia services, the collaborating anesthesiologist or
19 physician shall have training and experience in the delivery of
20 anesthesia services consistent with Department rules.
21 Collaboration shall be adequate if:

22 (1) an anesthesiologist or a physician participates in
23 the joint formulation and joint approval of orders or
24 guidelines and periodically reviews such orders and the
25 services provided patients under such orders; and

26 (2) for anesthesia services, the anesthesiologist or

1 physician participates through discussion of and agreement
2 with the anesthesia plan and is physically present and
3 available on the premises during the delivery of anesthesia
4 services for diagnosis, consultation, and treatment of
5 emergency medical conditions. Anesthesia services in a
6 hospital shall be conducted in accordance with Section 10.7
7 of the Hospital Licensing Act and in an ambulatory surgical
8 treatment center in accordance with Section 6.5 of the
9 Ambulatory Surgical Treatment Center Act.

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

13 (c) The collaborating ~~supervising~~ physician shall have
14 access to the medical records of all patients attended by a
15 physician assistant. The collaborating physician shall have
16 access to the medical records of all patients attended to by an
17 advanced practice nurse.

18 (d) (Blank).

19 (e) A physician shall not be liable for the acts or
20 omissions of a prescribing psychologist, physician assistant,
21 or advanced practice nurse solely on the basis of having signed
22 a supervision agreement or guidelines or a collaborative
23 agreement, an order, a standing medical order, a standing
24 delegation order, or other order or guideline authorizing a
25 prescribing psychologist, physician assistant, or advanced
26 practice nurse to perform acts, unless the physician has reason

1 to believe the prescribing psychologist, physician assistant,
2 or advanced practice nurse lacked the competency to perform the
3 act or acts or commits willful and wanton misconduct.

4 (f) A collaborating physician may, but is not required to,
5 delegate prescriptive authority to an advanced practice nurse
6 as part of a written collaborative agreement, and the
7 delegation of prescriptive authority shall conform to the
8 requirements of Section 65-40 of the Nurse Practice Act.

9 (g) A collaborating ~~supervising~~ physician may, but is not
10 required to, delegate prescriptive authority to a physician
11 assistant as part of a written collaborative ~~supervision~~
12 agreement, and the delegation of prescriptive authority shall
13 conform to the requirements of Section 7.5 of the Physician
14 Assistant Practice Act of 1987.

15 (h) (Blank).

16 (i) A collaborating physician shall delegate prescriptive
17 authority to a prescribing psychologist as part of a written
18 collaborative agreement, and the delegation of prescriptive
19 authority shall conform to the requirements of Section 4.3 of
20 the Clinical Psychologist Licensing Act.

21 (Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;
22 99-173, eff. 7-29-15.)

23 Section 10. The Physician Assistant Practice Act of 1987 is
24 amended by changing Sections 1, 2, 3, 4, 5, 6, 7, 7.5, 7.7, 9,
25 10, 12, 13, 14.1, 16, 21, 22.2, 22.6, 22.7, 22.11, 22.14, and

1 23 and by adding Sections 4.5, 5.3, 5.5, 11.5, and 22.17 as
2 follows:

3 (225 ILCS 95/1) (from Ch. 111, par. 4601)

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

5 Sec. 1. Legislative purpose. The practice as a physician
6 assistant in the State of Illinois is hereby declared to affect
7 the public health, safety and welfare and to be subject to
8 regulation and control in the public interest. The purpose and
9 legislative intent of this Act is to encourage and promote the
10 more effective utilization of the skills of physicians by
11 enabling them to delegate certain health tasks to physician
12 assistants where such delegation is consistent with the health
13 and welfare of the patient and is conducted at the direction of
14 and under the responsible supervision of the physician.

15 It is further declared to be a matter of public health and
16 concern that the practice as a physician assistant, as defined
17 in this Act, merit and receive the confidence of the public,
18 that only qualified persons be authorized to practice as a
19 physician assistant in the State of Illinois. This Act shall be
20 liberally construed to best carry out these subjects and
21 purposes.

22 (Source: P.A. 85-981.)

23 (225 ILCS 95/2) (from Ch. 111, par. 4602)

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

1 Sec. 2. Short title. This Article II ~~shall be known and~~ may
2 be cited as the "Physician Assistant Practice Act of 1987".
3 References in this Article to "this Act" mean this Article.
4 (Source: P.A. 85-981.)

5 (225 ILCS 95/3) (from Ch. 111, par. 4603)

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

7 Sec. 3. Illinois Administrative Procedure Act. The
8 Illinois Administrative Procedure Act is hereby expressly
9 adopted and incorporated herein as if all of the provisions of
10 that Act were included in this Act, except that the provision
11 of subsection (d) of Section 10-65 of the Illinois
12 Administrative Procedure Act that provides that at hearings the
13 licensee has the right to show compliance with all lawful
14 requirements for retention, continuation or renewal of the
15 license is specifically excluded. For the purposes of this Act
16 the notice required under Section 10-25 of the Illinois
17 Administrative Procedure Act is deemed sufficient when
18 personally served, mailed to the address of record of the
19 applicant or licensee, or emailed to the email address of
20 record of the applicant or licensee ~~last known address of a~~
21 ~~party.~~ The Secretary may adopt ~~promulgate~~ rules for the
22 administration and enforcement of this Act and may prescribe
23 forms to be issued in connection with this Act.

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

1 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

3 Sec. 4. Definitions. In this Act:

4 1. "Department" means the Department of Financial and
5 Professional Regulation.

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

8 3. "Physician assistant" means any person not holding an
9 active license or permit issued by the Department pursuant to
10 the Medical Practice Act of 1987 who has been certified as a
11 physician assistant by the National Commission on the
12 Certification of Physician Assistants or equivalent successor
13 agency and performs procedures in collaboration with ~~under the~~
14 ~~supervision of~~ a physician as defined in this Act. A physician
15 assistant may perform such procedures within the specialty of
16 the collaborating ~~supervising~~ physician, except that such
17 physician shall exercise such direction, collaboration,
18 ~~supervision~~ and control over such physician assistants as will
19 assure that patients shall receive quality medical care.
20 Physician assistants shall be capable of performing a variety
21 of tasks within the specialty of medical care ~~under the~~ in
22 collaboration with ~~supervision of~~ a physician. Collaboration
23 with ~~Supervision of~~ the physician assistant shall not be
24 construed to necessarily require the personal presence of the
25 collaborating ~~supervising~~ physician at all times at the place
26 where services are rendered, as long as there is communication

1 available for consultation by radio, telephone or
2 telecommunications within established guidelines as determined
3 by the physician/physician assistant team. The collaborating
4 ~~supervising~~ physician may delegate tasks and duties to the
5 physician assistant. Delegated tasks or duties shall be
6 consistent with physician assistant education, training, and
7 experience. The delegated tasks or duties shall be specific to
8 the practice setting and shall be implemented and reviewed
9 under a written collaborative ~~supervision~~ agreement
10 established by the physician or physician/physician assistant
11 team. A physician assistant, acting as an agent of the
12 physician, shall be permitted to transmit the collaborating
13 ~~supervising~~ physician's orders as determined by the
14 institution's by-laws, policies, procedures, or job
15 description within which the physician/physician assistant
16 team practices. Physician assistants shall practice only in
17 accordance with a written collaborative ~~supervision~~ agreement.

18 Any person who holds an active license or permit issued
19 pursuant to the Medical Practice Act of 1987 shall have that
20 license automatically placed into inactive status upon
21 issuance of a physician assistant license. Any person who holds
22 an active license as a physician assistant who is issued a
23 license or permit pursuant to the Medical Practice Act of 1987
24 shall have his or her physician assistant license automatically
25 placed into inactive status.

26 3.5. "Physician assistant practice" means the performance

1 of procedures within the specialty of the collaborating
2 physician. Physician assistants shall be capable of performing
3 a variety of tasks within the specialty of medical care of the
4 collaborating physician. Collaboration with the physician
5 assistant shall not be construed to necessarily require the
6 personal presence of the collaborating physician at all times
7 at the place where services are rendered, as long as there is
8 communication available for consultation by radio, telephone,
9 telecommunications, or electronic communications. The
10 collaborating physician may delegate tasks and duties to the
11 physician assistant. Delegated tasks or duties shall be
12 consistent with physician assistant education, training, and
13 experience. The delegated tasks or duties shall be specific to
14 the practice setting and shall be implemented and reviewed
15 under a written collaborative agreement established by the
16 physician or physician/physician assistant team. A physician
17 assistant, acting as an agent of the physician, shall be
18 permitted to transmit the collaborating physician's orders as
19 determined by the institution's bylaws, policies, or
20 procedures or the job description within which the
21 physician/physician assistant team practices. Physician
22 assistants shall practice only in accordance with a written
23 collaborative agreement, except as provided in Section 7.5 of
24 this Act.

25 4. "Board" means the Medical Licensing Board constituted
26 under the Medical Practice Act of 1987.

1 5. "Disciplinary Board" means the Medical Disciplinary
2 Board constituted under the Medical Practice Act of 1987.

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

6 7. "Collaborating physician" means the physician who,
7 within his or her specialty and expertise, may delegate a
8 variety of tasks and procedures to the physician assistant.
9 Such tasks and procedures shall be delegated in accordance with
10 a written collaborative agreement. "Supervising Physician"
11 means, for the purposes of this Act, the primary supervising
12 physician of a physician assistant, who, within his specialty
13 and expertise may delegate a variety of tasks and procedures to
14 the physician assistant. Such tasks and procedures shall be
15 delegated in accordance with a written supervision agreement.
16 The supervising physician maintains the final responsibility
17 for the care of the patient and the performance of the
18 physician assistant.

19 8. "Alternate collaborating supervising physician" means,
20 ~~for the purpose of this Act,~~ any physician designated by the
21 collaborating supervising physician to collaborate provide
22 supervision in the event that he or she is unable to
23 collaborate provide that supervision. The Department may
24 further define "alternate collaborating supervising physician"
25 by rule.

26 The alternate collaborating supervising physicians shall

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

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

18 10. "Hospital affiliate" means a corporation, partnership,
19 joint venture, limited liability company, or similar
20 organization, other than a hospital, that is devoted primarily
21 to the provision, management, or support of health care
22 services and that directly or indirectly controls, is
23 controlled by, or is under common control of the hospital. For
24 the purposes of this definition, "control" means having at
25 least an equal or a majority ownership or membership interest.
26 A hospital affiliate shall be 100% owned or controlled by any

1 combination of hospitals, their parent corporations, or
2 physicians licensed to practice medicine in all its branches in
3 Illinois. "Hospital affiliate" does not include a health
4 maintenance organization regulated under the Health
5 Maintenance Organization Act.

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

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

11 (225 ILCS 95/4.5 new)

12 Sec. 4.5. Address of record; email address of record. All
13 applicants and licensees shall:

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

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

22 (225 ILCS 95/5) (from Ch. 111, par. 4605)

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

24 Sec. 5. Applicability. This Act does not prohibit:

1 (1) any ~~1. Any~~ person licensed in this State under any
2 other Act from engaging in the practice for which he is
3 licensed;

4 (2) the ~~2. The~~ practice as a physician assistant by a
5 person who is employed by the United States government or
6 any bureau, division or agency thereof while in the
7 discharge of the employee's official duties;

8 (3) the ~~3. The~~ practice as a physician assistant which
9 is included in their program of study by students enrolled
10 in schools or in refresher courses approved by the
11 Department.

12 ~~4. The practice, services, or activities of persons~~
13 ~~practicing the specified occupations set forth in~~
14 ~~subsection (a) of, and pursuant to a licensing exemption~~
15 ~~granted in subsection (b) or (d) of, Section 2105 350 of~~
16 ~~the Department of Professional Regulation Law of the Civil~~
17 ~~Administrative Code of Illinois, but only for so long as~~
18 ~~the 2016 Olympic and Paralympic Games Professional~~
19 ~~Licensure Exemption Law is operable.~~

20 (Source: P.A. 96-7, eff. 4-3-09.)

21 (225 ILCS 95/5.3 new)

22 Sec. 5.3. Advertising.

23 (a) As used in this Section, "advertise" means solicitation
24 by the licensee or through another person or entity by means of
25 hand bills, posters, circulars, motion pictures, radio,

1 newspapers, or television or any other manner.

2 (b) A person licensed under this Act as a physician
3 assistant may advertise the availability of professional
4 services in the public media or on the premises where the
5 professional services are rendered. The advertising is limited
6 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 board certification or limitation of professional
12 practice;

13 (3) publication of the person's collaborating
14 physician's name, title, and areas of specialization;

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

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

21 (6) announcements of additions to or deletions from
22 professional licensed staff; and

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

24 (c) It is unlawful for a person licensed under this Act as
25 a physician assistant to use claims of superior quality of care
26 to entice the public. It is unlawful to advertise fee

1 comparisons of available services with those of other licensed
2 persons.

3 (d) This Section does not authorize the advertising of
4 professional services that the offeror of the services is not
5 licensed or authorized to render. The advertiser shall not use
6 statements that contain false, fraudulent, deceptive, or
7 misleading material or guarantees of success, statements that
8 play upon the vanity or fears of the public, or statements that
9 promote or produce unfair competition.

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

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

22 (225 ILCS 95/5.5 new)

23 Sec. 5.5. Billing. The employer of a physician assistant
24 may charge for services rendered by the physician assistant.
25 All claims for services rendered by the physician assistant

1 shall be submitted using the physician assistant's national
2 provider identification number as the billing provider
3 whenever appropriate. Payment for services rendered by a
4 physician assistant shall be made to his or her employer if the
5 payor would have made payment had the services been provided by
6 a physician licensed to provide medicine in all of its
7 branches.

8 (225 ILCS 95/6) (from Ch. 111, par. 4606)

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

10 Sec. 6. Physician assistant title ~~Title; advertising~~
11 ~~billing.~~

12 (a) No physician assistant shall use the title of doctor or
13 associate with his or her name or any other term that would
14 indicate to other persons that he or she is qualified to engage
15 in the general practice of medicine.

16 (b) No person shall use any words, abbreviations, figures,
17 letters, title, sign, card, or device tending to imply that he
18 or she is a physician assistant, including, but not limited to,
19 using the titles or initials "Physician Assistant" or "PA", or
20 similar titles or initials, with the intention of indicating
21 practice as a physician assistant without meeting the
22 requirements of this Act. A licensee shall include in every
23 ~~advertisement for services regulated under this Act his or her~~
24 ~~title as it appears on the license or the initials authorized~~
25 ~~under this Act.~~

1 (c) A physician assistant shall verbally identify himself
2 or herself as a physician assistant, including specialty
3 certification, to each patient.

4 (d) Nothing in this Act shall be construed to relieve a
5 physician assistant of the professional or legal
6 responsibility for the care and treatment of persons attended
7 by him or her.

8 ~~(e) A physician assistant shall not be allowed to bill~~
9 ~~patients or in any way to charge for services. Nothing in this~~
10 ~~Act, however, shall be so construed as to prevent the employer~~
11 ~~of a physician assistant from charging for services rendered by~~
12 ~~the physician assistant. Payment for services rendered by a~~
13 ~~physician assistant shall be made to his or her employer if the~~
14 ~~payor would have made payment had the services been provided by~~
15 ~~a physician licensed to practice medicine in all its branches.~~

16 ~~(d) The supervising physician shall file with the~~
17 ~~Department notice of employment, discharge, or supervisory~~
18 ~~control of a physician assistant at the time of employment,~~
19 ~~discharge, or assumption of supervisory control of a physician~~
20 ~~assistant.~~

21 (Source: P.A. 90-61, eff. 12-30-97; 90-116, eff. 7-14-97;
22 90-655, eff. 7-30-98; 91-310, eff. 1-1-00.)

23 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

25 Sec. 7. Collaboration ~~Supervision~~ requirements.

1 (a) A collaborating ~~supervising~~ physician shall determine
2 the number of physician assistants to collaborate with, ~~under~~
3 ~~his or her supervision~~ provided the physician is able to
4 provide adequate collaboration ~~supervision~~ as outlined in the
5 written collaborative ~~supervision~~ agreement required under
6 Section 7.5 of this Act and consideration is given to the
7 nature of the physician's practice, complexity of the patient
8 population, and the experience of each ~~supervised~~ physician
9 assistant. A collaborating physician may collaborate with a
10 maximum of 5 full-time equivalent physician assistants. The
11 number of physician assistants that the physician collaborates
12 with shall not be reduced by the number of advanced practice
13 nurses with whom the physician holds collaborative agreements.
14 Physicians and physician assistants who work in a hospital,
15 hospital affiliate, or ambulatory surgical treatment center as
16 defined by Section 7.7 of this Act are exempt from the
17 collaborative ratio restriction requirements of this Section.
18 ~~A supervising physician may supervise a maximum of 5 full time~~
19 ~~equivalent physician assistants; provided, however, this~~
20 ~~number of physician assistants shall be reduced by the number~~
21 ~~of collaborative agreements the supervising physician~~
22 ~~maintains.~~ A physician assistant shall be able to hold more
23 than one professional position. ~~A supervising physician shall~~
24 ~~file a notice of supervision of each physician assistant~~
25 ~~according to the rules of the Department. It is the~~
26 ~~responsibility of the supervising physician to maintain~~

1 ~~documentation each time he or she has designated an alternative~~
2 ~~supervising physician. This documentation shall include the~~
3 ~~date alternate supervisory control began, the date alternate~~
4 ~~supervisory control ended, and any other changes. A supervising~~
5 ~~physician shall provide a copy of this documentation to the~~
6 ~~Department, upon request.~~

7 Physician assistants shall collaborate ~~be supervised~~ only
8 with ~~by~~ physicians as defined in this Act who are engaged in
9 clinical practice, or in clinical practice in public health or
10 other community health facilities.

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

14 Nothing in this Act shall be construed to prohibit the
15 employment of physician assistants by a hospital, nursing home
16 or other health care facility where such physician assistants
17 function under a collaborating ~~the supervision of a supervising~~
18 physician.

19 A physician assistant may be employed by a practice group
20 or other entity employing multiple physicians at one or more
21 locations. In that case, one of the physicians practicing at a
22 location shall be designated the collaborating ~~supervising~~
23 physician. The other physicians with that practice group or
24 other entity who practice in the same general type of practice
25 or specialty as the collaborating ~~supervising~~ physician may
26 collaborate with ~~supervise~~ the physician assistant with

1 respect to their patients ~~without being deemed alternate~~
2 ~~supervising physicians for the purpose of this Act.~~

3 (b) A physician assistant licensed in this State, or
4 licensed or authorized to practice in any other U.S.
5 jurisdiction or credentialed by his or her federal employer as
6 a physician assistant, who is responding to a need for medical
7 care created by an emergency or by a state or local disaster
8 may render such care that the physician assistant is able to
9 provide without collaboration ~~supervision~~ as it is defined in
10 this Section or with such supervision as is available. ~~For~~
11 ~~purposes of this Section, an "emergency situation" shall not~~
12 ~~include one that occurs in the place of one's employment.~~

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

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

19 (225 ILCS 95/7.5)

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

21 Sec. 7.5. Written collaborative Prescriptions; ~~written~~
22 ~~supervision~~ agreements; prescriptive authority.

23 (a) A written collaborative ~~supervision~~ agreement is
24 required for all physician assistants to practice in the State,
25 except as provided in Section 7.7 of this Act.

1 (1) A written collaborative ~~supervision~~ agreement
2 shall describe the working relationship of the physician
3 assistant with the collaborating ~~supervising~~ physician and
4 shall describe ~~authorize~~ the categories of care,
5 treatment, or procedures to be provided ~~performed~~ by the
6 physician assistant. The written collaborative ~~supervision~~
7 agreement shall promote the exercise of professional
8 judgment by the physician assistant commensurate with his
9 or her education and experience. The services to be
10 provided by the physician assistant shall be services that
11 the collaborating ~~supervising~~ physician is authorized to
12 and generally provides to his or her patients in the normal
13 course of his or her clinical medical practice. The written
14 collaborative ~~supervision~~ agreement need not describe the
15 exact steps that a physician assistant must take with
16 respect to each specific condition, disease, or symptom but
17 must specify which authorized procedures require the
18 presence of the collaborating ~~supervising~~ physician as the
19 procedures are being performed. The ~~supervision~~
20 relationship under a written collaborative ~~supervision~~
21 agreement shall not be construed to require the personal
22 presence of a physician at the place where services are
23 rendered. Methods of communication shall be available for
24 consultation with the collaborating ~~supervising~~ physician
25 in person or by telecommunications or electronic
26 communications ~~in accordance with established written~~

1 ~~guidelines~~ as set forth in the written collaborative
2 ~~supervision~~ agreement. For the purposes of this Act,
3 "generally provides to his or her patients in the normal
4 course of his or her clinical medical practice" means
5 services, not specific tasks or duties, the collaborating
6 ~~supervising~~ physician routinely provides individually or
7 through delegation to other persons so that the physician
8 has the experience and ability to collaborate and provide
9 ~~supervision and~~ consultation.

10 (2) The written collaborative ~~supervision~~ agreement
11 shall be adequate if a physician does each of the
12 following:

13 (A) Participates in the joint formulation and
14 joint approval of orders or guidelines with the
15 physician assistant and he or she periodically reviews
16 such orders and the services provided patients under
17 such orders in accordance with accepted standards of
18 medical practice and physician assistant practice.

19 (B) Provides ~~supervision and~~ consultation at least
20 once a month.

21 (3) A copy of the signed, written collaborative
22 ~~supervision~~ agreement must be available to the Department
23 upon request from both the physician assistant and the
24 collaborating ~~supervising~~ physician.

25 (4) A physician assistant shall inform each
26 collaborating ~~supervising~~ physician of all written

1 collaborative ~~supervision~~ agreements he or she has signed
2 and provide a copy of these to any collaborating
3 ~~supervising~~ physician upon request.

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

19 (1) To prescribe Schedule II, III, IV, or V controlled
20 substances under this Section, a physician assistant must
21 obtain a mid-level practitioner controlled substances
22 license. Medication orders issued by a physician assistant
23 shall be reviewed periodically by the collaborating
24 ~~supervising~~ physician.

25 (2) The collaborating ~~supervising~~ physician shall file
26 with the Department notice of delegation of prescriptive

1 authority to a physician assistant and termination of
2 delegation, specifying the authority delegated or
3 terminated. Upon receipt of this notice delegating
4 authority to prescribe ~~Schedule III, IV, or V~~ controlled
5 substances, the physician assistant shall be eligible to
6 register for a mid-level practitioner controlled
7 substances license under Section 303.05 of the Illinois
8 Controlled Substances Act. Nothing in this Act shall be
9 construed to limit the delegation of tasks or duties by the
10 collaborating ~~supervising~~ physician to a nurse or other
11 appropriately trained persons in accordance with Section
12 54.2 of the Medical Practice Act of 1987.

13 (3) In addition to the requirements of this subsection
14 (b) ~~of this Section~~, a collaborating ~~supervising~~ physician
15 may, but is not required to, delegate authority to a
16 physician assistant to prescribe Schedule II controlled
17 substances, if all of the following conditions apply:

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

1 delegated.

2 (B) Any delegation must be controlled substances
3 that the collaborating ~~supervising~~ physician
4 prescribes.

5 (C) Any prescription must be limited to no more
6 than a 30-day supply, with any continuation authorized
7 only after prior approval of the collaborating
8 ~~supervising~~ physician.

9 (D) The physician assistant must discuss the
10 condition of any patients for whom a controlled
11 substance is prescribed monthly with the collaborating
12 ~~supervising~~ physician.

13 (E) The physician assistant meets the education
14 requirements of Section 303.05 of the Illinois
15 Controlled Substances Act.

16 (c) Nothing in this Act shall be construed to limit the
17 delegation of tasks or duties by a physician to a licensed
18 practical nurse, a registered professional nurse, or other
19 persons. Nothing in this Act shall be construed to limit the
20 method of delegation that may be authorized by any means,
21 including, but not limited to, oral, written, electronic,
22 standing orders, protocols, guidelines, or verbal orders.
23 Nothing in this Act shall be construed to authorize a physician
24 assistant to provide health care services required by law or
25 rule to be performed by a physician.

26 (c-5) Nothing in this Section shall be construed to apply

1 to any medication authority, including Schedule II controlled
2 substances of a licensed physician assistant for care provided
3 in a hospital, hospital affiliate, or ambulatory surgical
4 treatment center pursuant to Section 7.7 of this Act.

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

10 (e) Nothing in this Section shall be construed to prohibit
11 generic substitution.

12 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;
13 96-1000, eff. 7-2-10; 97-358, eff. 8-12-11.)

14 (225 ILCS 95/7.7)

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

16 Sec. 7.7. Physician assistants in hospitals, hospital
17 affiliates, or ambulatory surgical treatment centers.

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

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

16 (a-5) Physician assistants practicing in a hospital
17 affiliate may be, but are not required to be, granted authority
18 to prescribe Schedule II through V controlled substances when
19 such authority is recommended by the appropriate physician
20 committee of the hospital affiliate and granted by the hospital
21 affiliate. This authority may, but is not required to, include
22 prescription of, selection of, orders for, administration of,
23 storage of, acceptance of samples of, and dispensing
24 over-the-counter medications, legend drugs, medical gases, and
25 controlled substances categorized as Schedule II through V
26 controlled substances, as defined in Article II of the Illinois

1 Controlled Substances Act, and other preparations, including,
2 but not limited to, botanical and herbal remedies.

3 To prescribe controlled substances under this subsection
4 (a-5), a physician assistant must obtain a mid-level
5 practitioner controlled substance license. Medication orders
6 shall be reviewed periodically by the appropriate hospital
7 affiliate physicians committee or its physician designee.

8 The hospital affiliate shall file with the Department
9 notice of a grant of prescriptive authority consistent with
10 this subsection (a-5) and termination of such a grant of
11 authority in accordance with rules of the Department. Upon
12 receipt of this notice of grant of authority to prescribe any
13 Schedule II through V controlled substances, the licensed
14 physician assistant may register for a mid-level practitioner
15 controlled substance license under Section 303.05 of the
16 Illinois Controlled Substances Act.

17 In addition, a hospital affiliate may, but is not required
18 to, grant authority to a physician assistant to prescribe any
19 Schedule II controlled substances if all of the following
20 conditions 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
25 physician assistants in their area of certification; this
26 grant of authority must identify the specific Schedule II

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

5 (2) any grant of authority must be controlled
6 substances limited to the practice of the physician
7 assistant;

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

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

15 (5) the physician assistant must meet the education
16 requirements of Section 303.05 of the Illinois Controlled
17 Substances Act.

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

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

1 the Illinois Controlled Substances Act.

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

3 (225 ILCS 95/9) (from Ch. 111, par. 4609)

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

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

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

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

23 (225 ILCS 95/10) (from Ch. 111, par. 4610)

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

1 Sec. 10. Identification. No person shall use the title
2 "physician or perform the duties of "Physician assistant" or
3 perform the duties of a physician assistant unless he or she
4 holds is a qualified holder of a valid license issued by the
5 Department as provided in this Act. A physician assistant shall
6 wear on his or her person a visible identification indicating
7 that he or she is certified as a physician assistant while
8 acting in the course of his or her duties.

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

10 (225 ILCS 95/11.5 new)

11 Sec. 11.5. Continuing education. The Department shall
12 adopt rules for continuing education for persons licensed under
13 this Act that require 50 hours of continuing education per
14 2-year license renewal cycle. Completion of the 50 hours of
15 continuing education shall be deemed to satisfy the continuing
16 education requirements for renewal of a physician assistant
17 license as required by this Act. The rules shall not be
18 inconsistent with requirements of relevant national certifying
19 bodies or State or national professional associations. The
20 rules shall also address variances in part or in whole for good
21 cause, including, but not limited to, illness or hardship. The
22 continuing education rules shall ensure that licensees are
23 given the opportunity to participate in programs sponsored by
24 or through their State or national professional associations,
25 hospitals, or other providers of continuing education. Each

1 licensee is responsible for maintaining records of completion
2 of continuing education and shall be prepared to produce the
3 records when requested by the Department.

4 (225 ILCS 95/12) (from Ch. 111, par. 4612)

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

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

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

16 2. has ~~Has~~ successfully completed the examination
17 provided by the National Commission on ~~the~~ Certification of
18 Physician Assistants ~~Physician's Assistant~~ or its
19 successor agency;

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

23 4. complies ~~Complies~~ with all applicable rules of the
24 Department.

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

1 (225 ILCS 95/13) (from Ch. 111, par. 4613)

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

3 Sec. 13. Department powers and duties.

4 (a) Subject to the provisions of this Act, the Department
5 shall:

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

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

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

22 (b) No rule shall be adopted under this Act which allows a
23 physician assistant to perform any act, task, or function
24 primarily performed in the lawful practice of optometry under
25 the Illinois Optometric Practice Act of 1987.

1 (c) All rules shall be submitted to the Board for review
2 and the Department shall consider any comments provided by the
3 Board.

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

5 (225 ILCS 95/14.1)

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

7 Sec. 14.1. Fees.

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

11 (b) (Blank).

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

20 All earnings received from investment of moneys in the
21 Illinois State Medical Disciplinary Fund shall be deposited
22 into the Illinois State Medical Disciplinary Fund and shall be
23 used for the same purposes as fees deposited in the Fund.

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

1 (225 ILCS 95/16) (from Ch. 111, par. 4616)

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

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

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

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

24 However, any physician assistant whose license expired
25 while he or she was (1) in federal service on active duty with
26 the Armed Forces of the United States, or the State Militia

1 called into service or training, or (2) in training or
2 education under the supervision of the United States
3 preliminary to induction into the military service, may have
4 the license restored without paying any lapsed renewal fees if
5 within 2 years after honorable termination of such service,
6 training, or education he or she furnishes the Department with
7 satisfactory evidence to the effect that he or she has been so
8 engaged and that his or her service, training, or education has
9 been so terminated.

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

11 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

13 Sec. 21. Grounds for disciplinary action.

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

21 (1) Material misstatement in furnishing information to
22 the Department.

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

25 (3) Conviction by plea of guilty or nolo contendere,

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

14 (4) Making any misrepresentation for the purpose of
15 obtaining licenses.

16 (5) Professional incompetence.

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

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

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

24 (9) Habitual or excessive use or addiction to alcohol,
25 narcotics, stimulants, or any other chemical agent or drug
26 that results in a physician assistant's inability to

1 practice with reasonable judgment, skill, or safety.

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

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

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

20 (13) Abandonment of a patient.

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

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

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

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

13 (18) (Blank).

14 (19) Gross negligence resulting in permanent injury or
15 death of a patient.

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

19 (21) Exceeding the authority delegated to him or her by
20 his or her collaborating ~~supervising~~ physician in a written
21 collaborative ~~supervision~~ agreement.

22 (22) Immoral conduct in the commission of any act, such
23 as sexual abuse, sexual misconduct, or sexual exploitation
24 related to the licensee's practice.

25 (23) Violation of the Health Care Worker Self-Referral
26 Act.

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

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

7 (26) Allowing another person to use his or her license
8 to practice.

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

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

17 (29) A pattern of practice or other behavior that
18 demonstrates incapacity or incompetence to practice under
19 this Act.

20 (30) Violating State or federal laws or regulations
21 relating to controlled substances or other legend drugs or
22 ephedra as defined in the Ephedra Prohibition Act.

23 (31) Exceeding the prescriptive authority delegated by
24 the collaborating ~~supervising~~ physician or violating the
25 written collaborative ~~supervision~~ agreement delegating
26 that authority.

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

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

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

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

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

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

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

1 agency, a law enforcement agency, or a court acts or
2 conduct similar to acts or conduct that would constitute
3 grounds for action under this Section.

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

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

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

1 of the Department.

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

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

24 The Department may order the examining physician or any
25 member of the multidisciplinary team to present testimony
26 concerning the mental or physical examination of the licensee

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

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

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

24 If the Department finds an individual unable to practice
25 because of the reasons set forth in this Section, the
26 Department may require that individual to submit to care,

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

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

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

1 of his or her license.

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

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

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

24 The member must notify the Attorney General within 7 days
25 after receipt of notice of the initiation of any action
26 involving services of the Disciplinary Board. Failure to so

1 notify the Attorney General constitutes an absolute waiver of
2 the right to a defense and indemnification.

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

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

8 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

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

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

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

22 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

24 Sec. 22.6. At the conclusion of the hearing, the
25 Disciplinary Board shall present to the Secretary a written

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

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

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

21 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

23 Sec. 22.7. Hearing officer. Notwithstanding the provisions
24 of Section 22.2 of this Act, the Secretary shall have the
25 authority to appoint any attorney duly licensed to practice law

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

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

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

20 (225 ILCS 95/22.11) (from Ch. 111, par. 4622.11)

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

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

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

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

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

15 (225 ILCS 95/22.14) (from Ch. 111, par. 4622.14)

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

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

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

24 (b) Proceedings for judicial review shall be commenced in
25 the circuit court of the county in which the party applying for

1 review resides; but if the party is not a resident of this
2 State, venue shall be in Sangamon County.

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

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

20 (225 ILCS 95/22.17 new)

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

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

13 (225 ILCS 95/23) (from Ch. 111, par. 4623)

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

15 Sec. 23. Home rule. It is declared to be the public policy
16 of this State, pursuant to paragraphs (h) and (i) of Section 6
17 of Article VII of the Illinois Constitution of 1970, that any
18 power or function set forth in this Act to be exercised by the
19 State is an exclusive State power or function. Such power or
20 function shall not be exercised concurrently, either directly
21 or indirectly, by any unit of local government, including home
22 rule units, except as otherwise provided in this Act.

23 (Source: P.A. 85-981.)

24 Section 15. The Illinois Public Aid Code is amended by

1 changing Section 5-8 as follows:

2 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

3 Sec. 5-8. Practitioners. In supplying medical assistance,
4 the Illinois Department may provide for the legally authorized
5 services of (i) persons licensed under the Medical Practice Act
6 of 1987, as amended, except as hereafter in this Section
7 stated, whether under a general or limited license, (ii)
8 persons licensed under the Nurse Practice Act as advanced
9 practice nurses, regardless of whether or not the persons have
10 written collaborative agreements, (iii) persons licensed or
11 registered under other laws of this State to provide dental,
12 medical, pharmaceutical, optometric, podiatric, or nursing
13 services, or other remedial care recognized under State law,
14 ~~and~~ (iv) persons licensed under other laws of this State as a
15 clinical social worker, and (v) persons licensed under other
16 laws of this State as physician assistants. The Department
17 shall adopt rules, no later than 90 days after the effective
18 date of this amendatory Act of the 99th General Assembly, for
19 the legally authorized services of persons licensed under other
20 laws of this State as a clinical social worker. The Department
21 may not provide for legally authorized services of any
22 physician who has been convicted of having performed an
23 abortion procedure in a wilful and wanton manner on a woman who
24 was not pregnant at the time such abortion procedure was
25 performed. The utilization of the services of persons engaged

1 in the treatment or care of the sick, which persons are not
2 required to be licensed or registered under the laws of this
3 State, is not prohibited by this Section.

4 (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17.)

5 Section 20. The Illinois Controlled Substances Act is
6 amended by changing Sections 102 and 303.05 as follows:

7 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

8 Sec. 102. Definitions. As used in this Act, unless the
9 context otherwise requires:

10 (a) "Addict" means any person who habitually uses any drug,
11 chemical, substance or dangerous drug other than alcohol so as
12 to endanger the public morals, health, safety or welfare or who
13 is so far addicted to the use of a dangerous drug or controlled
14 substance other than alcohol as to have lost the power of self
15 control with reference to his or her addiction.

16 (b) "Administer" means the direct application of a
17 controlled substance, whether by injection, inhalation,
18 ingestion, or any other means, to the body of a patient,
19 research subject, or animal (as defined by the Humane
20 Euthanasia in Animal Shelters Act) by:

21 (1) a practitioner (or, in his or her presence, by his
22 or her authorized agent),

23 (2) the patient or research subject pursuant to an
24 order, or

1 (3) a euthanasia technician as defined by the Humane
2 Euthanasia in Animal Shelters Act.

3 (c) "Agent" means an authorized person who acts on behalf
4 of or at the direction of a manufacturer, distributor,
5 dispenser, prescriber, or practitioner. It does not include a
6 common or contract carrier, public warehouseman or employee of
7 the carrier or warehouseman.

8 (c-1) "Anabolic Steroids" means any drug or hormonal
9 substance, chemically and pharmacologically related to
10 testosterone (other than estrogens, progestins,
11 corticosteroids, and dehydroepiandrosterone), and includes:

- 12 (i) 3[beta],17-dihydroxy-5a-androstane,
13 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,
14 (iii) 5[alpha]-androstane-3,17-dione,
15 (iv) 1-androstenediol (3[beta],
16 17[beta]-dihydroxy-5[alpha]-androst-1-ene),
17 (v) 1-androstenediol (3[alpha],
18 17[beta]-dihydroxy-5[alpha]-androst-1-ene),
19 (vi) 4-androstenediol
20 (3[beta],17[beta]-dihydroxy-androst-4-ene),
21 (vii) 5-androstenediol
22 (3[beta],17[beta]-dihydroxy-androst-5-ene),
23 (viii) 1-androstenedione
24 ([5alpha]-androst-1-en-3,17-dione),
25 (ix) 4-androstenedione
26 (androst-4-en-3,17-dione),

- 1 (x) 5-androstenedione
2 (androst-5-en-3,17-dione),
3 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-
4 hydroxyandrost-4-en-3-one),
5 (xii) boldenone (17[beta]-hydroxyandrost-
6 1,4,-diene-3-one),
7 (xiii) boldione (androsta-1,4-
8 diene-3,17-dione),
9 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17
10 [beta]-hydroxyandrost-4-en-3-one),
11 (xv) clostebol (4-chloro-17[beta]-
12 hydroxyandrost-4-en-3-one),
13 (xvi) dehydrochloromethyltestosterone (4-chloro-
14 17[beta]-hydroxy-17[alpha]-methyl-
15 androst-1,4-dien-3-one),
16 (xvii) desoxymethyltestosterone
17 (17[alpha]-methyl-5[alpha]
18 -androst-2-en-17[beta]-ol) (a.k.a., madol),
19 (xviii) [delta]1-dihydrotestosterone (a.k.a.
20 '1-testosterone') (17[beta]-hydroxy-
21 5[alpha]-androst-1-en-3-one),
22 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-
23 androstan-3-one),
24 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-
25 5[alpha]-androstan-3-one),
26 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-

1 hydroxyestr-4-ene),
2 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-
3 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),
4 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],
5 17[beta]-dihydroxyandrost-1,4-dien-3-one),
6 (xxiv) furazabol (17[alpha]-methyl-17[beta]-
7 hydroxyandrostano[2,3-c]-furazan),
8 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)
9 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-
10 androst-4-en-3-one),
11 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-
12 dihydroxy-estr-4-en-3-one),
13 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-
14 hydroxy-5-androstan-3-one),
15 (xxix) mesterolone (1-methyl-17[beta]-hydroxy-
16 [5a]-androstan-3-one),
17 (xxx) methandienone (17[alpha]-methyl-17[beta]-
18 hydroxyandrost-1,4-dien-3-one),
19 (xxxii) methandriol (17[alpha]-methyl-3[beta],17[beta]-
20 dihydroxyandrost-5-ene),
21 (xxxiii) methenolone (1-methyl-17[beta]-hydroxy-
22 5[alpha]-androst-1-en-3-one),
23 (xxxiiii) 17[alpha]-methyl-3[beta], 17[beta]-
24 dihydroxy-5a-androstane),
25 (xxxv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy
26 -5a-androstane),

1 (xxxv) 17[alpha]-methyl-3[beta],17[beta]-
2 dihydroxyandrost-4-ene),
3 (xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-
4 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),
5 (xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-
6 hydroxyestra-4,9(10)-dien-3-one),
7 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-
8 hydroxyestra-4,9-11-trien-3-one),
9 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-
10 hydroxyandrost-4-en-3-one),
11 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-
12 hydroxyestr-4-en-3-one),
13 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone
14 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-
15 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-
16 1-testosterone'),
17 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),
18 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-
19 dihydroxyestr-4-ene),
20 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-
21 dihydroxyestr-4-ene),
22 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-
23 dihydroxyestr-5-ene),
24 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-
25 dihydroxyestr-5-ene),
26 (xlvii) 19-nor-4,9(10)-androstadienedione

1 (estra-4,9(10)-diene-3,17-dione),
2 (xlvi) 19-nor-4-androstenedione (estr-4-
3 en-3,17-dione),
4 (xlix) 19-nor-5-androstenedione (estr-5-
5 en-3,17-dione),
6 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-
7 hydroxygon-4-en-3-one),
8 (li) norclostebol (4-chloro-17[beta]-
9 hydroxyestr-4-en-3-one),
10 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-
11 hydroxyestr-4-en-3-one),
12 (liii) normethandrolone (17[alpha]-methyl-17[beta]-
13 hydroxyestr-4-en-3-one),
14 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-
15 2-oxa-5[alpha]-androstan-3-one),
16 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-
17 dihydroxyandrost-4-en-3-one),
18 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-
19 17[beta]-hydroxy-(5[alpha]-androstan-3-one),
20 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-
21 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),
22 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-
23 (5[alpha]-androst-1-en-3-one),
24 (lix) testolactone (13-hydroxy-3-oxo-13,17-
25 secoandrosta-1,4-dien-17-oic
26 acid lactone),

- 1 (lx) testosterone (17[beta]-hydroxyandrost-
2 4-en-3-one),
3 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-
4 diethyl-17[beta]-hydroxygon-
5 4,9,11-trien-3-one),
6 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
7 11-trien-3-one).

8 Any person who is otherwise lawfully in possession of an
9 anabolic steroid, or who otherwise lawfully manufactures,
10 distributes, dispenses, delivers, or possesses with intent to
11 deliver an anabolic steroid, which anabolic steroid is
12 expressly intended for and lawfully allowed to be administered
13 through implants to livestock or other nonhuman species, and
14 which is approved by the Secretary of Health and Human Services
15 for such administration, and which the person intends to
16 administer or have administered through such implants, shall
17 not be considered to be in unauthorized possession or to
18 unlawfully manufacture, distribute, dispense, deliver, or
19 possess with intent to deliver such anabolic steroid for
20 purposes of this Act.

21 (d) "Administration" means the Drug Enforcement
22 Administration, United States Department of Justice, or its
23 successor agency.

24 (d-5) "Clinical Director, Prescription Monitoring Program"
25 means a Department of Human Services administrative employee
26 licensed to either prescribe or dispense controlled substances

1 who shall run the clinical aspects of the Department of Human
2 Services Prescription Monitoring Program and its Prescription
3 Information Library.

4 (d-10) "Compounding" means the preparation and mixing of
5 components, excluding flavorings, (1) as the result of a
6 prescriber's prescription drug order or initiative based on the
7 prescriber-patient-pharmacist relationship in the course of
8 professional practice or (2) for the purpose of, or incident
9 to, research, teaching, or chemical analysis and not for sale
10 or dispensing. "Compounding" includes the preparation of drugs
11 or devices in anticipation of receiving prescription drug
12 orders based on routine, regularly observed dispensing
13 patterns. Commercially available products may be compounded
14 for dispensing to individual patients only if both of the
15 following conditions are met: (i) the commercial product is not
16 reasonably available from normal distribution channels in a
17 timely manner to meet the patient's needs and (ii) the
18 prescribing practitioner has requested that the drug be
19 compounded.

20 (e) "Control" means to add a drug or other substance, or
21 immediate precursor, to a Schedule whether by transfer from
22 another Schedule or otherwise.

23 (f) "Controlled Substance" means (i) a drug, substance,
24 immediate precursor, or synthetic drug in the Schedules of
25 Article II of this Act or (ii) a drug or other substance, or
26 immediate precursor, designated as a controlled substance by

1 the Department through administrative rule. The term does not
2 include distilled spirits, wine, malt beverages, or tobacco, as
3 those terms are defined or used in the Liquor Control Act of
4 1934 and the Tobacco Products Tax Act of 1995.

5 (f-5) "Controlled substance analog" means a substance:

6 (1) the chemical structure of which is substantially
7 similar to the chemical structure of a controlled substance
8 in Schedule I or II;

9 (2) which has a stimulant, depressant, or
10 hallucinogenic effect on the central nervous system that is
11 substantially similar to or greater than the stimulant,
12 depressant, or hallucinogenic effect on the central
13 nervous system of a controlled substance in Schedule I or
14 II; or

15 (3) with respect to a particular person, which such
16 person represents or intends to have a stimulant,
17 depressant, or hallucinogenic effect on the central
18 nervous system that is substantially similar to or greater
19 than the stimulant, depressant, or hallucinogenic effect
20 on the central nervous system of a controlled substance in
21 Schedule I or II.

22 (g) "Counterfeit substance" means a controlled substance,
23 which, or the container or labeling of which, without
24 authorization bears the trademark, trade name, or other
25 identifying mark, imprint, number or device, or any likeness
26 thereof, of a manufacturer, distributor, or dispenser other

1 than the person who in fact manufactured, distributed, or
2 dispensed the substance.

3 (h) "Deliver" or "delivery" means the actual, constructive
4 or attempted transfer of possession of a controlled substance,
5 with or without consideration, whether or not there is an
6 agency relationship.

7 (i) "Department" means the Illinois Department of Human
8 Services (as successor to the Department of Alcoholism and
9 Substance Abuse) or its successor agency.

10 (j) (Blank).

11 (k) "Department of Corrections" means the Department of
12 Corrections of the State of Illinois or its successor agency.

13 (l) "Department of Financial and Professional Regulation"
14 means the Department of Financial and Professional Regulation
15 of the State of Illinois or its successor agency.

16 (m) "Depressant" means any drug that (i) causes an overall
17 depression of central nervous system functions, (ii) causes
18 impaired consciousness and awareness, and (iii) can be
19 habit-forming or lead to a substance abuse problem, including
20 but not limited to alcohol, cannabis and its active principles
21 and their analogs, benzodiazepines and their analogs,
22 barbiturates and their analogs, opioids (natural and
23 synthetic) and their analogs, and chloral hydrate and similar
24 sedative hypnotics.

25 (n) (Blank).

26 (o) "Director" means the Director of the Illinois State

1 Police or his or her designated agents.

2 (p) "Dispense" means to deliver a controlled substance to
3 an ultimate user or research subject by or pursuant to the
4 lawful order of a prescriber, including the prescribing,
5 administering, packaging, labeling, or compounding necessary
6 to prepare the substance for that delivery.

7 (q) "Dispenser" means a practitioner who dispenses.

8 (r) "Distribute" means to deliver, other than by
9 administering or dispensing, a controlled substance.

10 (s) "Distributor" means a person who distributes.

11 (t) "Drug" means (1) substances recognized as drugs in the
12 official United States Pharmacopoeia, Official Homeopathic
13 Pharmacopoeia of the United States, or official National
14 Formulary, or any supplement to any of them; (2) substances
15 intended for use in diagnosis, cure, mitigation, treatment, or
16 prevention of disease in man or animals; (3) substances (other
17 than food) intended to affect the structure of any function of
18 the body of man or animals and (4) substances intended for use
19 as a component of any article specified in clause (1), (2), or
20 (3) of this subsection. It does not include devices or their
21 components, parts, or accessories.

22 (t-3) "Electronic health record" or "EHR" means an
23 electronic record of health-related information on an
24 individual that is created, gathered, managed, and consulted by
25 authorized health care clinicians and staff.

26 (t-5) "Euthanasia agency" means an entity certified by the

1 Department of Financial and Professional Regulation for the
2 purpose of animal euthanasia that holds an animal control
3 facility license or animal shelter license under the Animal
4 Welfare Act. A euthanasia agency is authorized to purchase,
5 store, possess, and utilize Schedule II nonnarcotic and
6 Schedule III nonnarcotic drugs for the sole purpose of animal
7 euthanasia.

8 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
9 substances (nonnarcotic controlled substances) that are used
10 by a euthanasia agency for the purpose of animal euthanasia.

11 (u) "Good faith" means the prescribing or dispensing of a
12 controlled substance by a practitioner in the regular course of
13 professional treatment to or for any person who is under his or
14 her treatment for a pathology or condition other than that
15 individual's physical or psychological dependence upon or
16 addiction to a controlled substance, except as provided herein:
17 and application of the term to a pharmacist shall mean the
18 dispensing of a controlled substance pursuant to the
19 prescriber's order which in the professional judgment of the
20 pharmacist is lawful. The pharmacist shall be guided by
21 accepted professional standards including, but not limited to
22 the following, in making the judgment:

23 (1) lack of consistency of prescriber-patient
24 relationship,

25 (2) frequency of prescriptions for same drug by one
26 prescriber for large numbers of patients,

1 (3) quantities beyond those normally prescribed,

2 (4) unusual dosages (recognizing that there may be
3 clinical circumstances where more or less than the usual
4 dose may be used legitimately),

5 (5) unusual geographic distances between patient,
6 pharmacist and prescriber,

7 (6) consistent prescribing of habit-forming drugs.

8 (u-0.5) "Hallucinogen" means a drug that causes markedly
9 altered sensory perception leading to hallucinations of any
10 type.

11 (u-1) "Home infusion services" means services provided by a
12 pharmacy in compounding solutions for direct administration to
13 a patient in a private residence, long-term care facility, or
14 hospice setting by means of parenteral, intravenous,
15 intramuscular, subcutaneous, or intraspinal infusion.

16 (u-5) "Illinois State Police" means the State Police of the
17 State of Illinois, or its successor agency.

18 (v) "Immediate precursor" means a substance:

19 (1) which the Department has found to be and by rule
20 designated as being a principal compound used, or produced
21 primarily for use, in the manufacture of a controlled
22 substance;

23 (2) which is an immediate chemical intermediary used or
24 likely to be used in the manufacture of such controlled
25 substance; and

26 (3) the control of which is necessary to prevent,

1 curtail or limit the manufacture of such controlled
2 substance.

3 (w) "Instructional activities" means the acts of teaching,
4 educating or instructing by practitioners using controlled
5 substances within educational facilities approved by the State
6 Board of Education or its successor agency.

7 (x) "Local authorities" means a duly organized State,
8 County or Municipal peace unit or police force.

9 (y) "Look-alike substance" means a substance, other than a
10 controlled substance which (1) by overall dosage unit
11 appearance, including shape, color, size, markings or lack
12 thereof, taste, consistency, or any other identifying physical
13 characteristic of the substance, would lead a reasonable person
14 to believe that the substance is a controlled substance, or (2)
15 is expressly or impliedly represented to be a controlled
16 substance or is distributed under circumstances which would
17 lead a reasonable person to believe that the substance is a
18 controlled substance. For the purpose of determining whether
19 the representations made or the circumstances of the
20 distribution would lead a reasonable person to believe the
21 substance to be a controlled substance under this clause (2) of
22 subsection (y), the court or other authority may consider the
23 following factors in addition to any other factor that may be
24 relevant:

25 (a) statements made by the owner or person in control
26 of the substance concerning its nature, use or effect;

1 (b) statements made to the buyer or recipient that the
2 substance may be resold for profit;

3 (c) whether the substance is packaged in a manner
4 normally used for the illegal distribution of controlled
5 substances;

6 (d) whether the distribution or attempted distribution
7 included an exchange of or demand for money or other
8 property as consideration, and whether the amount of the
9 consideration was substantially greater than the
10 reasonable retail market value of the substance.

11 Clause (1) of this subsection (y) shall not apply to a
12 noncontrolled substance in its finished dosage form that was
13 initially introduced into commerce prior to the initial
14 introduction into commerce of a controlled substance in its
15 finished dosage form which it may substantially resemble.

16 Nothing in this subsection (y) prohibits the dispensing or
17 distributing of noncontrolled substances by persons authorized
18 to dispense and distribute controlled substances under this
19 Act, provided that such action would be deemed to be carried
20 out in good faith under subsection (u) if the substances
21 involved were controlled substances.

22 Nothing in this subsection (y) or in this Act prohibits the
23 manufacture, preparation, propagation, compounding,
24 processing, packaging, advertising or distribution of a drug or
25 drugs by any person registered pursuant to Section 510 of the
26 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

1 (y-1) "Mail-order pharmacy" means a pharmacy that is
2 located in a state of the United States that delivers,
3 dispenses or distributes, through the United States Postal
4 Service or other common carrier, to Illinois residents, any
5 substance which requires a prescription.

6 (z) "Manufacture" means the production, preparation,
7 propagation, compounding, conversion or processing of a
8 controlled substance other than methamphetamine, either
9 directly or indirectly, by extraction from substances of
10 natural origin, or independently by means of chemical
11 synthesis, or by a combination of extraction and chemical
12 synthesis, and includes any packaging or repackaging of the
13 substance or labeling of its container, except that this term
14 does not include:

15 (1) by an ultimate user, the preparation or compounding
16 of a controlled substance for his or her own use; or

17 (2) by a practitioner, or his or her authorized agent
18 under his or her supervision, the preparation,
19 compounding, packaging, or labeling of a controlled
20 substance:

21 (a) as an incident to his or her administering or
22 dispensing of a controlled substance in the course of
23 his or her professional practice; or

24 (b) as an incident to lawful research, teaching or
25 chemical analysis and not for sale.

26 (z-1) (Blank).

1 (z-5) "Medication shopping" means the conduct prohibited
2 under subsection (a) of Section 314.5 of this Act.

3 (z-10) "Mid-level practitioner" means (i) a physician
4 assistant who has been delegated authority to prescribe through
5 a written delegation of authority by a physician licensed to
6 practice medicine in all of its branches, in accordance with
7 Section 7.5 of the Physician Assistant Practice Act of 1987,
8 (ii) an advanced practice nurse who has been delegated
9 authority to prescribe through a written delegation of
10 authority by a physician licensed to practice medicine in all
11 of its branches or by a podiatric physician, in accordance with
12 Section 65-40 of the Nurse Practice Act, (iii) an advanced
13 practice nurse certified as a nurse practitioner, nurse
14 midwife, or clinical nurse specialist who has been granted
15 authority to prescribe by a hospital affiliate in accordance
16 with Section 65-45 of the Nurse Practice Act, (iv) an animal
17 euthanasia agency, or (v) a prescribing psychologist.

18 (aa) "Narcotic drug" means any of the following, whether
19 produced directly or indirectly by extraction from substances
20 of vegetable origin, or independently by means of chemical
21 synthesis, or by a combination of extraction and chemical
22 synthesis:

23 (1) opium, opiates, derivatives of opium and opiates,
24 including their isomers, esters, ethers, salts, and salts
25 of isomers, esters, and ethers, whenever the existence of
26 such isomers, esters, ethers, and salts is possible within

1 the specific chemical designation; however the term
2 "narcotic drug" does not include the isoquinoline
3 alkaloids of opium;

4 (2) (blank);

5 (3) opium poppy and poppy straw;

6 (4) coca leaves, except coca leaves and extracts of
7 coca leaves from which substantially all of the cocaine and
8 ecgonine, and their isomers, derivatives and salts, have
9 been removed;

10 (5) cocaine, its salts, optical and geometric isomers,
11 and salts of isomers;

12 (6) ecgonine, its derivatives, their salts, isomers,
13 and salts of isomers;

14 (7) any compound, mixture, or preparation which
15 contains any quantity of any of the substances referred to
16 in subparagraphs (1) through (6).

17 (bb) "Nurse" means a registered nurse licensed under the
18 Nurse Practice Act.

19 (cc) (Blank).

20 (dd) "Opiate" means any substance having an addiction
21 forming or addiction sustaining liability similar to morphine
22 or being capable of conversion into a drug having addiction
23 forming or addiction sustaining liability.

24 (ee) "Opium poppy" means the plant of the species *Papaver*
25 *somniferum* L., except its seeds.

26 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or

1 solution or other liquid form of medication intended for
2 administration by mouth, but the term does not include a form
3 of medication intended for buccal, sublingual, or transmucosal
4 administration.

5 (ff) "Parole and Pardon Board" means the Parole and Pardon
6 Board of the State of Illinois or its successor agency.

7 (gg) "Person" means any individual, corporation,
8 mail-order pharmacy, government or governmental subdivision or
9 agency, business trust, estate, trust, partnership or
10 association, or any other entity.

11 (hh) "Pharmacist" means any person who holds a license or
12 certificate of registration as a registered pharmacist, a local
13 registered pharmacist or a registered assistant pharmacist
14 under the Pharmacy Practice Act.

15 (ii) "Pharmacy" means any store, ship or other place in
16 which pharmacy is authorized to be practiced under the Pharmacy
17 Practice Act.

18 (ii-5) "Pharmacy shopping" means the conduct prohibited
19 under subsection (b) of Section 314.5 of this Act.

20 (ii-10) "Physician" (except when the context otherwise
21 requires) means a person licensed to practice medicine in all
22 of its branches.

23 (jj) "Poppy straw" means all parts, except the seeds, of
24 the opium poppy, after mowing.

25 (kk) "Practitioner" means a physician licensed to practice
26 medicine in all its branches, dentist, optometrist, podiatric

1 physician, veterinarian, scientific investigator, pharmacist,
2 physician assistant, advanced practice nurse, licensed
3 practical nurse, registered nurse, hospital, laboratory, or
4 pharmacy, or other person licensed, registered, or otherwise
5 lawfully permitted by the United States or this State to
6 distribute, dispense, conduct research with respect to,
7 administer or use in teaching or chemical analysis, a
8 controlled substance in the course of professional practice or
9 research.

10 (ll) "Pre-printed prescription" means a written
11 prescription upon which the designated drug has been indicated
12 prior to the time of issuance; the term does not mean a written
13 prescription that is individually generated by machine or
14 computer in the prescriber's office.

15 (mm) "Prescriber" means a physician licensed to practice
16 medicine in all its branches, dentist, optometrist,
17 prescribing psychologist licensed under Section 4.2 of the
18 Clinical Psychologist Licensing Act with prescriptive
19 authority delegated under Section 4.3 of the Clinical
20 Psychologist Licensing Act, podiatric physician, or
21 veterinarian who issues a prescription, a physician assistant
22 who issues a prescription for a controlled substance in
23 accordance with Section 303.05, a written delegation, and a
24 written collaborative ~~supervision~~ agreement required under
25 Section 7.5 of the Physician Assistant Practice Act of 1987, an
26 advanced practice nurse with prescriptive authority delegated

1 under Section 65-40 of the Nurse Practice Act and in accordance
2 with Section 303.05, a written delegation, and a written
3 collaborative agreement under Section 65-35 of the Nurse
4 Practice Act, or an advanced practice nurse certified as a
5 nurse practitioner, nurse midwife, or clinical nurse
6 specialist who has been granted authority to prescribe by a
7 hospital affiliate in accordance with Section 65-45 of the
8 Nurse Practice Act and in accordance with Section 303.05.

9 (nn) "Prescription" means a written, facsimile, or oral
10 order, or an electronic order that complies with applicable
11 federal requirements, of a physician licensed to practice
12 medicine in all its branches, dentist, podiatric physician or
13 veterinarian for any controlled substance, of an optometrist in
14 accordance with Section 15.1 of the Illinois Optometric
15 Practice Act of 1987, of a prescribing psychologist licensed
16 under Section 4.2 of the Clinical Psychologist Licensing Act
17 with prescriptive authority delegated under Section 4.3 of the
18 Clinical Psychologist Licensing Act, of a physician assistant
19 for a controlled substance in accordance with Section 303.05, a
20 written delegation, and a written collaborative ~~supervision~~
21 agreement required under Section 7.5 of the Physician Assistant
22 Practice Act of 1987, of an advanced practice nurse with
23 prescriptive authority delegated under Section 65-40 of the
24 Nurse Practice Act who issues a prescription for a controlled
25 substance in accordance with Section 303.05, a written
26 delegation, and a written collaborative agreement under

1 Section 65-35 of the Nurse Practice Act, or of an advanced
2 practice nurse certified as a nurse practitioner, nurse
3 midwife, or clinical nurse specialist who has been granted
4 authority to prescribe by a hospital affiliate in accordance
5 with Section 65-45 of the Nurse Practice Act and in accordance
6 with Section 303.05 when required by law.

7 (nn-5) "Prescription Information Library" (PIL) means an
8 electronic library that contains reported controlled substance
9 data.

10 (nn-10) "Prescription Monitoring Program" (PMP) means the
11 entity that collects, tracks, and stores reported data on
12 controlled substances and select drugs pursuant to Section 316.

13 (oo) "Production" or "produce" means manufacture,
14 planting, cultivating, growing, or harvesting of a controlled
15 substance other than methamphetamine.

16 (pp) "Registrant" means every person who is required to
17 register under Section 302 of this Act.

18 (qq) "Registry number" means the number assigned to each
19 person authorized to handle controlled substances under the
20 laws of the United States and of this State.

21 (qq-5) "Secretary" means, as the context requires, either
22 the Secretary of the Department or the Secretary of the
23 Department of Financial and Professional Regulation, and the
24 Secretary's designated agents.

25 (rr) "State" includes the State of Illinois and any state,
26 district, commonwealth, territory, insular possession thereof,

1 and any area subject to the legal authority of the United
2 States of America.

3 (rr-5) "Stimulant" means any drug that (i) causes an
4 overall excitation of central nervous system functions, (ii)
5 causes impaired consciousness and awareness, and (iii) can be
6 habit-forming or lead to a substance abuse problem, including
7 but not limited to amphetamines and their analogs,
8 methylphenidate and its analogs, cocaine, and phencyclidine
9 and its analogs.

10 (ss) "Ultimate user" means a person who lawfully possesses
11 a controlled substance for his or her own use or for the use of
12 a member of his or her household or for administering to an
13 animal owned by him or her or by a member of his or her
14 household.

15 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
16 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff.
17 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480,
18 eff. 9-9-15; 99-642, eff. 7-28-16.)

19 (720 ILCS 570/303.05)

20 Sec. 303.05. Mid-level practitioner registration.

21 (a) The Department of Financial and Professional
22 Regulation shall register licensed physician assistants,
23 licensed advanced practice nurses, and prescribing
24 psychologists licensed under Section 4.2 of the Clinical
25 Psychologist Licensing Act to prescribe and dispense

1 controlled substances under Section 303 and euthanasia
2 agencies to purchase, store, or administer animal euthanasia
3 drugs under the following circumstances:

4 (1) with respect to physician assistants,

5 (A) the physician assistant has been delegated
6 written authority to prescribe any Schedule III
7 through V controlled substances by a physician
8 licensed to practice medicine in all its branches in
9 accordance with Section 7.5 of the Physician Assistant
10 Practice Act of 1987; and the physician assistant has
11 completed the appropriate application forms and has
12 paid the required fees as set by rule; or

13 (B) the physician assistant has been delegated
14 authority by a collaborating ~~supervising~~ physician
15 licensed to practice medicine in all its branches to
16 prescribe or dispense Schedule II controlled
17 substances through a written delegation of authority
18 and under the following conditions:

19 (i) Specific Schedule II controlled substances
20 by oral dosage or topical or transdermal
21 application may be delegated, provided that the
22 delegated Schedule II controlled substances are
23 routinely prescribed by the collaborating
24 ~~supervising~~ physician. This delegation must
25 identify the specific Schedule II controlled
26 substances by either brand name or generic name.

1 Schedule II controlled substances to be delivered
2 by injection or other route of administration may
3 not be delegated;

4 (ii) any delegation must be of controlled
5 substances prescribed by the collaborating
6 ~~supervising~~ physician;

7 (iii) all prescriptions must be limited to no
8 more than a 30-day supply, with any continuation
9 authorized only after prior approval of the
10 collaborating ~~supervising~~ physician;

11 (iv) the physician assistant must discuss the
12 condition of any patients for whom a controlled
13 substance is prescribed monthly with the
14 delegating physician;

15 (v) the physician assistant must have
16 completed the appropriate application forms and
17 paid the required fees as set by rule;

18 (vi) the physician assistant must provide
19 evidence of satisfactory completion of 45 contact
20 hours in pharmacology from any physician assistant
21 program accredited by the Accreditation Review
22 Commission on Education for the Physician
23 Assistant (ARC-PA), or its predecessor agency, for
24 any new license issued with Schedule II authority
25 after the effective date of this amendatory Act of
26 the 97th General Assembly; and

1 (vii) the physician assistant must annually
2 complete at least 5 hours of continuing education
3 in pharmacology;

4 (2) with respect to advanced practice nurses,

5 (A) the advanced practice nurse has been delegated
6 authority to prescribe any Schedule III through V
7 controlled substances by a collaborating physician
8 licensed to practice medicine in all its branches or a
9 collaborating podiatric physician in accordance with
10 Section 65-40 of the Nurse Practice Act. The advanced
11 practice nurse has completed the appropriate
12 application forms and has paid the required fees as set
13 by rule; or

14 (B) the advanced practice nurse has been delegated
15 authority by a collaborating physician licensed to
16 practice medicine in all its branches or collaborating
17 podiatric physician to prescribe or dispense Schedule
18 II controlled substances through a written delegation
19 of authority and under the following conditions:

20 (i) specific Schedule II controlled substances
21 by oral dosage or topical or transdermal
22 application may be delegated, provided that the
23 delegated Schedule II controlled substances are
24 routinely prescribed by the collaborating
25 physician or podiatric physician. This delegation
26 must identify the specific Schedule II controlled

1 substances by either brand name or generic name.
2 Schedule II controlled substances to be delivered
3 by injection or other route of administration may
4 not be delegated;

5 (ii) any delegation must be of controlled
6 substances prescribed by the collaborating
7 physician or podiatric physician;

8 (iii) all prescriptions must be limited to no
9 more than a 30-day supply, with any continuation
10 authorized only after prior approval of the
11 collaborating physician or podiatric physician;

12 (iv) the advanced practice nurse must discuss
13 the condition of any patients for whom a controlled
14 substance is prescribed monthly with the
15 delegating physician or podiatric physician or in
16 the course of review as required by Section 65-40
17 of the Nurse Practice Act;

18 (v) the advanced practice nurse must have
19 completed the appropriate application forms and
20 paid the required fees as set by rule;

21 (vi) the advanced practice nurse must provide
22 evidence of satisfactory completion of at least 45
23 graduate contact hours in pharmacology for any new
24 license issued with Schedule II authority after
25 the effective date of this amendatory Act of the
26 97th General Assembly; and

1 application may be designated, provided that the
2 designated Schedule II controlled substances are
3 routinely prescribed by advanced practice nurses
4 in their area of certification; this grant of
5 authority must identify the specific Schedule II
6 controlled substances by either brand name or
7 generic name; authority to prescribe or dispense
8 Schedule II controlled substances to be delivered
9 by injection or other route of administration may
10 not be granted;

11 (ii) any grant of authority must be controlled
12 substances limited to the practice of the advanced
13 practice nurse;

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

16 (iv) the advanced practice nurse must discuss
17 the condition of any patients for whom a controlled
18 substance is prescribed monthly with the
19 appropriate physician committee of the hospital
20 affiliate or its physician designee; and

21 (v) the advanced practice nurse must meet the
22 education requirements of this Section;

23 (3) with respect to animal euthanasia agencies, the
24 euthanasia agency has obtained a license from the
25 Department of Financial and Professional Regulation and
26 obtained a registration number from the Department; or

1 (4) with respect to prescribing psychologists, the
2 prescribing psychologist has been delegated authority to
3 prescribe any nonnarcotic Schedule III through V
4 controlled substances by a collaborating physician
5 licensed to practice medicine in all its branches in
6 accordance with Section 4.3 of the Clinical Psychologist
7 Licensing Act, and the prescribing psychologist has
8 completed the appropriate application forms and has paid
9 the required fees as set by rule.

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

19 (c) Upon completion of all registration requirements,
20 physician assistants, advanced practice nurses, and animal
21 euthanasia agencies may be issued a mid-level practitioner
22 controlled substances license for Illinois.

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

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

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

9 (f) Nothing in this Section shall be construed to prohibit
10 generic substitution.

11 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
12 99-173, eff. 7-29-15.)

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