



Sen. Iris Y. Martinez

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LRB100 11277 SMS 25145 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 Acts repealed on January 1, 2018.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8 Acts are repealed on January 1, 2018: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 Act repealed on January 1, 2028.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15 Act is repealed on January 1, 2028: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20 (Section scheduled to be repealed on December 31, 2017)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, 10.5, 12, 13, 14.1, 16, 21, 22.2, 22.6, 22.7, 22.11, 22.14,

1 and 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 Act ~~Article shall be known and~~
2 may be cited as the "Physician Assistant Practice Act of 1987".
3 (Source: P.A. 85-981.)

4 (225 ILCS 95/3) (from Ch. 111, par. 4603)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 3. Illinois Administrative Procedure Act. The
7 Illinois Administrative Procedure Act is hereby expressly
8 adopted and incorporated herein as if all of the provisions of
9 that Act were included in this Act, except that the provision
10 of subsection (d) of Section 10-65 of the Illinois
11 Administrative Procedure Act that provides that at hearings the
12 licensee has the right to show compliance with all lawful
13 requirements for retention, continuation or renewal of the
14 license is specifically excluded. For the purposes of this Act
15 the notice required under Section 10-25 of the Illinois
16 Administrative Procedure Act is deemed sufficient when
17 personally served, mailed to the address of record of the
18 applicant or licensee, or emailed to the email address of
19 record of the applicant or licensee ~~last known address of a~~
20 ~~party.~~ The Secretary may adopt ~~promulgate~~ rules for the
21 administration and enforcement of this Act and may prescribe
22 forms to be issued in connection with this Act.
23 (Source: P.A. 95-703, eff. 12-31-07.)

24 (225 ILCS 95/4) (from Ch. 111, par. 4604)

1 (Section scheduled to be repealed on January 1, 2018)

2 Sec. 4. Definitions. In this Act:

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

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

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

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

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

25 3.5. "Physician assistant practice" means the performance
26 of procedures within the specialty of the collaborating

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

23 4. "Board" means the Medical Licensing Board constituted
24 under the Medical Practice Act of 1987.

25 5. "Disciplinary Board" means the Medical Disciplinary
26 Board constituted under the Medical Practice Act of 1987.

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

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

17 8. (Blank). ~~"Alternate supervising physician" means, for~~
18 ~~the purpose of this Act, any physician designated by the~~
19 ~~supervising physician to provide supervision in the event that~~
20 ~~he or she is unable to provide that supervision. The Department~~
21 ~~may further define "alternate supervising physician" by rule.~~

22 ~~The alternate supervising physicians shall maintain all~~
23 ~~the same responsibilities as the supervising physician.~~
24 ~~Nothing in this Act shall be construed as relieving any~~
25 ~~physician of the professional or legal responsibility for the~~
26 ~~care and treatment of persons attended by him or by physician~~

1 ~~assistants under his supervision. Nothing in this Act shall be~~
2 ~~construed as to limit the reasonable number of alternate~~
3 ~~supervising physicians, provided they are designated by the~~
4 ~~supervising physician.~~

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

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

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

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

6 (225 ILCS 95/4.5 new)

7 Sec. 4.5. Address of record; email address of record. All
8 applicants and licensees shall:

9 (1) provide a valid address and email address to the
10 Department, which shall serve as the address of record and
11 email address of record, respectively, at the time of
12 application for licensure or renewal of a license; and

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

17 (225 ILCS 95/5) (from Ch. 111, par. 4605)

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

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

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

23 (2) the ~~2. The~~ practice as a physician assistant by a
24 person who is employed by the United States government or

1 any bureau, division or agency thereof while in the
2 discharge of the employee's official duties;

3 (3) the 3. The practice as a physician assistant which
4 is included in their program of study by students enrolled
5 in schools or in refresher courses approved by the
6 Department.

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

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

16 (225 ILCS 95/5.3 new)

17 Sec. 5.3. Advertising.

18 (a) As used in this Section, "advertise" means solicitation
19 by the licensee or through another person or entity by means of
20 hand bills, posters, circulars, motion pictures, radio,
21 newspapers, or television or any other manner.

22 (b) A person licensed under this Act as a physician
23 assistant may advertise the availability of professional
24 services in the public media or on the premises where the
25 professional services are rendered. The advertising is limited

1 to the following information:

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

4 (2) information pertaining to the person's areas of
5 specialization, including, but not limited to, appropriate
6 board certification or limitation of professional
7 practice;

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

10 (4) information on usual and customary fees for routine
11 professional services offered, which shall include
12 notification that fees may be adjusted due to complications
13 or unforeseen circumstances;

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

16 (6) announcements of additions to or deletions from
17 professional licensed staff; and

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

19 (c) It is unlawful for a person licensed under this Act as
20 a physician assistant to use claims of superior quality of care
21 to entice the public. It is unlawful to advertise fee
22 comparisons of available services with those of other licensed
23 persons.

24 (d) This Section does not authorize the advertising of
25 professional services that the offeror of the services is not
26 licensed or authorized to render. The advertiser shall not use

1 statements that contain false, fraudulent, deceptive, or
2 misleading material or guarantees of success, statements that
3 play upon the vanity or fears of the public, or statements that
4 promote or produce unfair competition.

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

13 (f) A licensee shall include in every advertisement for
14 services regulated under this Act his or her title as it
15 appears on the license or the initials authorized under this
16 Act.

17 (225 ILCS 95/5.5 new)

18 Sec. 5.5. Billing. A physician assistant shall not be
19 allowed to personally bill patients or in any way charge for
20 services. The employer of a physician assistant may charge for
21 services rendered by the physician assistant. All claims for
22 services rendered by the physician assistant shall be submitted
23 using the physician assistant's national provider
24 identification number as the billing provider whenever
25 appropriate. Payment for services rendered by a physician

1 assistant shall be made to his or her employer if the payor
2 would have made payment had the services been provided by a
3 physician licensed to provide medicine in all of its branches.

4 (225 ILCS 95/6) (from Ch. 111, par. 4606)

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

6 Sec. 6. Physician assistant title ~~Title, advertising~~
7 ~~billing.~~

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

12 (b) A physician assistant shall verbally identify himself
13 or herself as a physician assistant, including specialty
14 certification, to each patient.

15 (c) Nothing in this Act shall be construed to relieve a
16 physician assistant of the professional or legal
17 responsibility for the care and treatment of persons attended
18 by him or her.

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

23 ~~(c) A physician assistant shall not be allowed to bill~~
24 ~~patients or in any way to charge for services. Nothing in this~~
25 ~~Act, however, shall be so construed as to prevent the employer~~

1 ~~of a physician assistant from charging for services rendered by~~
2 ~~the physician assistant. Payment for services rendered by a~~
3 ~~physician assistant shall be made to his or her employer if the~~
4 ~~payor would have made payment had the services been provided by~~
5 ~~a physician licensed to practice medicine in all its branches.~~

6 (d) The collaborating ~~supervising~~ physician shall file
7 with the Department notice of employment, discharge, or
8 collaboration with ~~supervisory control~~ of a physician
9 assistant at the time of employment, discharge, or assumption
10 of collaboration with ~~supervisory control~~ of a physician
11 assistant.

12 (Source: P.A. 90-61, eff. 12-30-97; 90-116, eff. 7-14-97;
13 90-655, eff. 7-30-98; 91-310, eff. 1-1-00.)

14 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

16 Sec. 7. Collaboration ~~Supervision~~ requirements.

17 (a) A collaborating ~~supervising~~ physician shall determine
18 the number of physician assistants to collaborate with, ~~under~~
19 ~~his or her supervision~~ provided the physician is able to
20 provide adequate collaboration ~~supervision~~ as outlined in the
21 written collaborative ~~supervision~~ agreement required under
22 Section 7.5 of this Act and consideration is given to the
23 nature of the physician's practice, complexity of the patient
24 population, and the experience of each ~~supervised~~ physician
25 assistant. A collaborating physician may collaborate with a

1 maximum of 5 full-time equivalent physician assistants. As used
2 in this Section, "full-time equivalent" means the equivalent of
3 40 hours per week per individual. Physicians and physician
4 assistants who work in a hospital, hospital affiliate, or
5 ambulatory surgical treatment center as defined by Section 7.7
6 of this Act are exempt from the collaborative ratio restriction
7 requirements of this Section. A supervising physician may
8 supervise a maximum of 5 full time equivalent physician
9 assistants; provided, however, this number of physician
10 assistants shall be reduced by the number of collaborative
11 agreements the supervising physician maintains. A physician
12 assistant shall be able to hold more than one professional
13 position. A collaborating supervising physician shall file a
14 notice of collaboration supervision of each physician
15 assistant according to the rules of the Department. ~~It is the~~
16 ~~responsibility of the supervising physician to maintain~~
17 ~~documentation each time he or she has designated an alternative~~
18 ~~supervising physician. This documentation shall include the~~
19 ~~date alternate supervisory control began, the date alternate~~
20 ~~supervisory control ended, and any other changes. A supervising~~
21 ~~physician shall provide a copy of this documentation to the~~
22 ~~Department, upon request.~~

23 Physician assistants shall collaborate ~~be supervised~~ only
24 with ~~by~~ physicians as defined in this Act who are engaged in
25 clinical practice, or in clinical practice in public health or
26 other community health facilities.

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

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

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

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

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

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

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

10 (225 ILCS 95/7.5)

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

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

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

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

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

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

4 (A) Participates in the joint formulation and
5 joint approval of orders or guidelines with the
6 physician assistant and he or she periodically reviews
7 such orders and the services provided patients under
8 such orders in accordance with accepted standards of
9 medical practice and physician assistant practice.

10 (B) Provides ~~supervision and~~ consultation at least
11 once a month.

12 (3) A copy of the signed, written collaborative
13 ~~supervision~~ agreement must be available to the Department
14 upon request from both the physician assistant and the
15 collaborating ~~supervising~~ physician.

16 (4) A physician assistant shall inform each
17 collaborating ~~supervising~~ physician of all written
18 collaborative ~~supervision~~ agreements he or she has signed
19 and provide a copy of these to any collaborating
20 ~~supervising~~ physician upon request.

21 (b) A collaborating ~~supervising~~ physician may, but is not
22 required to, delegate prescriptive authority to a physician
23 assistant as part of a written collaborative ~~supervision~~
24 agreement. This authority may, but is not required to, include
25 prescription of, selection of, orders for, administration of,
26 storage of, acceptance of samples of, and dispensing medical

1 devices, over the counter medications, legend drugs, medical
2 gases, and controlled substances categorized as Schedule II ~~III~~
3 through V controlled substances, as defined in Article II of
4 the Illinois Controlled Substances Act, and other
5 preparations, including, but not limited to, botanical and
6 herbal remedies. The collaborating ~~supervising~~ physician must
7 have a valid, current Illinois controlled substance license and
8 federal registration with the Drug Enforcement Agency to
9 delegate the authority to prescribe controlled substances.

10 (1) To prescribe Schedule II, III, IV, or V controlled
11 substances under this Section, a physician assistant must
12 obtain a mid-level practitioner controlled substances
13 license. Medication orders issued by a physician assistant
14 shall be reviewed periodically by the collaborating
15 ~~supervising~~ physician.

16 (2) The collaborating ~~supervising~~ physician shall file
17 with the Department notice of delegation of prescriptive
18 authority to a physician assistant and termination of
19 delegation, specifying the authority delegated or
20 terminated. Upon receipt of this notice delegating
21 authority to prescribe ~~Schedule III, IV, or V~~ controlled
22 substances, the physician assistant shall be eligible to
23 register for a mid-level practitioner controlled
24 substances license under Section 303.05 of the Illinois
25 Controlled Substances Act. Nothing in this Act shall be
26 construed to limit the delegation of tasks or duties by the

1 collaborating ~~supervising~~ physician to a nurse or other
2 appropriately trained persons in accordance with Section
3 54.2 of the Medical Practice Act of 1987.

4 (3) In addition to the requirements of this subsection
5 (b) ~~of this Section~~, a collaborating ~~supervising~~ physician
6 may, but is not required to, delegate authority to a
7 physician assistant to prescribe Schedule II controlled
8 substances, if all of the following conditions apply:

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

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

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

25 (D) The physician assistant must discuss the
26 condition of any patients for whom a controlled

1 substance is prescribed monthly with the collaborating
2 ~~supervising~~ physician.

3 (E) The physician assistant meets the education
4 requirements of Section 303.05 of the Illinois
5 Controlled Substances Act.

6 (c) Nothing in this Act shall be construed to limit the
7 delegation of tasks or duties by a physician to a licensed
8 practical nurse, a registered professional nurse, or other
9 persons. Nothing in this Act shall be construed to limit the
10 method of delegation that may be authorized by any means,
11 including, but not limited to, oral, written, electronic,
12 standing orders, protocols, guidelines, or verbal orders.
13 Nothing in this Act shall be construed to authorize a physician
14 assistant to provide health care services required by law or
15 rule to be performed by a physician.

16 (c-5) Nothing in this Section shall be construed to apply
17 to any medication authority, including Schedule II controlled
18 substances of a licensed physician assistant for care provided
19 in a hospital, hospital affiliate, or ambulatory surgical
20 treatment center pursuant to Section 7.7 of this Act.

21 (d) (Blank). ~~Any physician assistant who writes a~~
22 ~~prescription for a controlled substance without having a valid~~
23 ~~appropriate authority may be fined by the Department not more~~
24 ~~than \$50 per prescription, and the Department may take any~~
25 ~~other disciplinary action provided for in this Act.~~

26 (e) Nothing in this Section shall be construed to prohibit

1 generic substitution.

2 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;
3 96-1000, eff. 7-2-10; 97-358, eff. 8-12-11.)

4 (225 ILCS 95/7.7)

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

6 Sec. 7.7. Physician assistants in hospitals, hospital
7 affiliates, or ambulatory surgical treatment centers.

8 (a) A physician assistant may provide services in a
9 hospital ~~or a hospital affiliate~~ as ~~those terms are~~ defined in
10 the Hospital Licensing Act, a hospital affiliate as defined in
11 ~~or~~ the University of Illinois Hospital Act, or a licensed
12 ambulatory surgical treatment center as defined in the
13 Ambulatory Surgical Treatment Center Act without a written
14 collaborative supervision agreement pursuant to Section 7.5 of
15 this Act. A physician assistant must possess clinical
16 privileges recommended by the hospital medical staff and
17 granted by the hospital or the consulting medical staff
18 committee and ambulatory surgical treatment center in order to
19 provide services. The medical staff or consulting medical staff
20 committee shall periodically review the services of physician
21 assistants granted clinical privileges, including any care
22 provided in a hospital affiliate. Authority may also be granted
23 when recommended by the hospital medical staff and granted by
24 the hospital or recommended by the consulting medical staff
25 committee and ambulatory surgical treatment center to

1 individual physician assistants to select, order, and
2 administer medications, including controlled substances, to
3 provide delineated care. In a hospital, hospital affiliate, or
4 ambulatory surgical treatment center, the attending physician
5 shall determine a physician assistant's role in providing care
6 for his or her patients, except as otherwise provided in the
7 medical staff bylaws or consulting committee policies.

8 (a-5) Physician assistants practicing in a hospital
9 affiliate may be, but are not required to be, granted authority
10 to prescribe Schedule II through V controlled substances when
11 such authority is recommended by the appropriate physician
12 committee of the hospital affiliate and granted by the hospital
13 affiliate. This authority may, but is not required to, include
14 prescription of, selection of, orders for, administration of,
15 storage of, acceptance of samples of, and dispensing
16 over-the-counter medications, legend drugs, medical gases, and
17 controlled substances categorized as Schedule II through V
18 controlled substances, as defined in Article II of the Illinois
19 Controlled Substances Act, and other preparations, including,
20 but not limited to, botanical and herbal remedies.

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

26 The hospital affiliate shall file with the Department

1 notice of a grant of prescriptive authority consistent with
2 this subsection (a-5) and termination of such a grant of
3 authority in accordance with rules of the Department. Upon
4 receipt of this notice of grant of authority to prescribe any
5 Schedule II through V controlled substances, the licensed
6 physician assistant may register for a mid-level practitioner
7 controlled substance license under Section 303.05 of the
8 Illinois Controlled Substances Act.

9 In addition, a hospital affiliate may, but is not required
10 to, grant authority to a physician assistant to prescribe any
11 Schedule II controlled substances if all of the following
12 conditions apply:

13 (1) specific Schedule II controlled substances by oral
14 dosage or topical or transdermal application may be
15 designated, provided that the designated Schedule II
16 controlled substances are routinely prescribed by
17 physician assistants in their area of certification; this
18 grant of authority must identify the specific Schedule II
19 controlled substances by either brand name or generic name;
20 authority to prescribe or dispense Schedule II controlled
21 substances to be delivered by injection or other route of
22 administration may not be granted;

23 (2) any grant of authority must be controlled
24 substances limited to the practice of the physician
25 assistant;

26 (3) any prescription must be limited to no more than a

1 30-day supply;

2 (4) the physician assistant must discuss the condition
3 of any patients for whom a controlled substance is
4 prescribed monthly with the appropriate physician
5 committee of the hospital affiliate or its physician
6 designee; and

7 (5) the physician assistant must meet the education
8 requirements of Section 303.05 of the Illinois Controlled
9 Substances Act.

10 (b) A physician assistant granted authority to order
11 medications including controlled substances may complete
12 discharge prescriptions provided the prescription is in the
13 name of the physician assistant and the attending or
14 discharging physician.

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

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

21 (225 ILCS 95/9) (from Ch. 111, par. 4609)

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

23 Sec. 9. Application for licensure. Applications for
24 original licenses shall be made to the Department in writing on
25 forms or electronically as prescribed by the Department and

1 shall be accompanied by the required fee, which shall not be
2 refundable. An application shall require information that in
3 the judgment of the Department will enable the Department to
4 pass on the qualifications of the applicant for a license. An
5 application shall include evidence of passage of the
6 examination of the National Commission on the Certification of
7 Physician Assistants, or its successor agency, and proof that
8 the applicant holds a valid certificate issued by that
9 Commission.

10 Applicants have 3 years from the date of application to
11 complete the application process. If the process has not been
12 completed in 3 years, the application shall be denied, the fee
13 shall be forfeited, and the applicant must reapply and meet the
14 requirements in effect at the time of reapplication.

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

16 (225 ILCS 95/10) (from Ch. 111, par. 4610)

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

18 Sec. 10. Identification. No person shall use the title
19 "physician" ~~or perform the duties of "Physician assistant"~~
20 unless he or she holds ~~is a qualified holder of a~~ valid license
21 issued by the Department as provided in this Act. A physician
22 assistant shall wear on his or her person a visible
23 identification indicating that he or she is certified as a
24 physician assistant while acting in the course of his or her
25 duties.

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

2 (225 ILCS 95/10.5)

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

4 Sec. 10.5. Unlicensed practice; violation; civil penalty.

5 (a) Any person who practices, offers to practice, attempts
6 to practice, or holds oneself out to practice as a physician's
7 assistant without being licensed under this Act shall, in
8 addition to any other penalty provided by law, pay a civil
9 penalty to the Department in an amount not to exceed \$10,000
10 for each offense as determined by the Department. The civil
11 penalty shall be assessed by the Department after a hearing is
12 held in accordance with the provisions set forth in this Act
13 regarding the provision of a hearing for the discipline of a
14 licensee.

15 (b) The Department has the authority and power to
16 investigate any and all unlicensed activity.

17 (b-5) No person shall use any words, abbreviations,
18 figures, letters, title, sign, card, or device tending to imply
19 that he or she is a physician assistant, including, but not
20 limited to, using the titles or initials "Physician Assistant"
21 or "PA", or similar titles or initials, with the intention of
22 indicating practice as a physician assistant without meeting
23 the requirements of this Act.

24 (c) The civil penalty shall be paid within 60 days after
25 the effective date of the order imposing the civil penalty. The

1 order shall constitute a judgment and may be filed and
2 execution had thereon in the same manner as any judgment from
3 any court of record.

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

5 (225 ILCS 95/11.5 new)

6 Sec. 11.5. Continuing education. The Department shall
7 adopt rules for continuing education for persons licensed under
8 this Act that require 50 hours of continuing education per
9 2-year license renewal cycle. Completion of the 50 hours of
10 continuing education shall be deemed to satisfy the continuing
11 education requirements for renewal of a physician assistant
12 license as required by this Act. The rules shall not be
13 inconsistent with requirements of relevant national certifying
14 bodies or State or national professional associations. The
15 rules shall also address variances in part or in whole for good
16 cause, including, but not limited to, illness or hardship. The
17 continuing education rules shall ensure that licensees are
18 given the opportunity to participate in programs sponsored by
19 or through their State or national professional associations,
20 hospitals, or other providers of continuing education. Each
21 licensee is responsible for maintaining records of completion
22 of continuing education and shall be prepared to produce the
23 records when requested by the Department.

24 (225 ILCS 95/12) (from Ch. 111, par. 4612)

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

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

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

12 2. has ~~Has~~ successfully completed the examination
13 provided by the National Commission on ~~the~~ Certification of
14 Physician Assistants ~~Physician's Assistant~~ or its
15 successor agency;

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

19 4. complies ~~Complies~~ with all applicable rules of the
20 Department.

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

22 (225 ILCS 95/13) (from Ch. 111, par. 4613)

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

24 Sec. 13. Department powers and duties.

25 (a) Subject to the provisions of this Act, the Department

1 shall:

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

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

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

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

22 (c) All rules shall be submitted to the Board for review
23 and the Department shall consider any comments provided by the
24 Board.

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

1 (225 ILCS 95/14.1)

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

3 Sec. 14.1. Fees.

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

7 (b) (Blank).

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

16 All earnings received from investment of moneys in the
17 Illinois State Medical Disciplinary Fund shall be deposited
18 into the Illinois State Medical Disciplinary Fund and shall be
19 used for the same purposes as fees deposited in the Fund.

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

21 (225 ILCS 95/16) (from Ch. 111, par. 4616)

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

23 Sec. 16. Expiration; renewal. The expiration date and
24 renewal period for each license issued under this Act shall be
25 set by rule. Renewal shall be conditioned on paying the

1 required fee and by meeting such other requirements as may be
2 established by rule. The certification as a physician assistant
3 by the National Commission on Certification of Physician
4 Assistants or an equivalent successor agency is not required
5 for renewal of a license under this Act.

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

13 If the physician assistant has not maintained an active
14 practice in another jurisdiction satisfactory to the
15 Department, the Department shall determine, by an evaluation
16 program established by rule, his or her fitness for restoration
17 of the license and shall establish procedures and requirements
18 for such restoration.

19 However, any physician assistant whose license expired
20 while he or she was (1) in federal service on active duty with
21 the Armed Forces of the United States, or the State Militia
22 called into service or training, or (2) in training or
23 education under the supervision of the United States
24 preliminary to induction into the military service, may have
25 the license restored without paying any lapsed renewal fees if
26 within 2 years after honorable termination of such service,

1 training, or education he or she furnishes the Department with
2 satisfactory evidence to the effect that he or she has been so
3 engaged and that his or her service, training, or education has
4 been so terminated.

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

6 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

8 Sec. 21. Grounds for disciplinary action.

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

16 (1) Material misstatement in furnishing information to
17 the Department.

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

20 (3) Conviction by plea of guilty or nolo contendere,
21 finding of guilt, jury verdict, or entry of judgment or
22 sentencing, including, but not limited to, convictions,
23 preceding sentences of supervision, conditional discharge,
24 or first offender probation, under the laws of any
25 jurisdiction of the United States that is: (i) a felony; or

1 (ii) a misdemeanor, an essential element of which is
2 dishonesty, or that is directly related to the practice of
3 the profession. Conviction of or entry of a plea of guilty
4 or nolo contendere to any crime that is a felony under the
5 laws of the United States or any state or territory thereof
6 or that is a misdemeanor of which an essential element is
7 dishonesty or that is directly related to the practice of
8 the profession.

9 (4) Making any misrepresentation for the purpose of
10 obtaining licenses.

11 (5) Professional incompetence.

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

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

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

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

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

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

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

15 (13) Abandonment of a patient.

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

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

22 (16) Physical illness, or mental illness or impairment
23 that results in the inability to practice the profession
24 with reasonable judgment, skill, or safety, including, but
25 not limited to, deterioration through the aging process or
26 loss of motor skill.

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

8 (18) (Blank).

9 (19) Gross negligence resulting in permanent injury or
10 death of a patient.

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

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

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

20 (23) Violation of the Health Care Worker Self-Referral
21 Act.

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

24 (25) Making a false or misleading statement regarding
25 his or her skill or the efficacy or value of the medicine,
26 treatment, or remedy prescribed by him or her in the course

1 of treatment.

2 (26) Allowing another person to use his or her license
3 to practice.

4 (27) Prescribing, selling, administering,
5 distributing, giving, or self-administering a drug
6 classified as a controlled substance ~~(designated product)~~
7 ~~or narcotic~~ for other than medically-accepted therapeutic
8 purposes.

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

12 (29) A pattern of practice or other behavior that
13 demonstrates incapacity or incompetence to practice under
14 this Act.

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

18 (31) Exceeding the prescriptive authority delegated by
19 the collaborating ~~supervising~~ physician or violating the
20 written collaborative ~~supervision~~ agreement delegating
21 that authority.

22 (32) Practicing without providing to the Department a
23 notice of collaboration ~~supervision~~ or delegation of
24 prescriptive authority.

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

1 (34) Attempting to subvert or cheat on the examination
2 of the National Commission on Certification of Physician
3 Assistants or its successor agency.

4 (35) Willfully or negligently violating the
5 confidentiality between physician assistant and patient,
6 except as required by law.

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

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

17 (38) Failure to report to the Department an adverse
18 final action taken against him or her by another licensing
19 jurisdiction of the United States or a foreign state or
20 country, a peer review body, a health care institution, a
21 professional society or association, a governmental
22 agency, a law enforcement agency, or a court acts or
23 conduct similar to acts or conduct that would constitute
24 grounds for action under this Section.

25 (39) Failure to provide copies of records of patient
26 care or treatment, except as required by law.

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

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

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

25 The Department shall specifically designate the examining
26 physician licensed to practice medicine in all of its branches

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

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

21 The Department may order the examining physician or any
22 member of the multidisciplinary team to present testimony
23 concerning the mental or physical examination of the licensee
24 or applicant. No information, report, record, or other
25 documents in any way related to the examination shall be
26 excluded by reason of any common law or statutory privilege

1 relating to communications between the licensee or applicant
2 and the examining physician or any member of the
3 multidisciplinary team. No authorization is necessary from the
4 licensee or applicant ordered to undergo an examination for the
5 examining physician or any member of the multidisciplinary team
6 to provide information, reports, records, or other documents or
7 to provide any testimony regarding the examination and
8 evaluation. The examining physicians shall be specifically
9 ~~designated by the Department.~~

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

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

21 If the Department finds an individual unable to practice
22 because of the reasons set forth in this Section, the
23 Department may require that individual to submit to care,
24 counseling, or treatment by physicians approved or designated
25 by the Department, as a condition, term, or restriction for
26 continued, reinstated, or renewed licensure to practice; or, in

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

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

20 An individual licensed under this Act and affected under
21 this Section shall be afforded an opportunity to demonstrate to
22 the Department that he or she can resume practice in compliance
23 with acceptable and prevailing standards under the provisions
24 of his or her license.

25 (e) An individual or organization acting in good faith, and
26 not in a willful and wanton manner, in complying with this

1 Section by providing a report or other information to the
2 Board, by assisting in the investigation or preparation of a
3 report or information, by participating in proceedings of the
4 Board, or by serving as a member of the Board, shall not be
5 subject to criminal prosecution or civil damages as a result of
6 such actions.

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

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

21 The member must notify the Attorney General within 7 days
22 after receipt of notice of the initiation of any action
23 involving services of the Disciplinary Board. Failure to so
24 notify the Attorney General constitutes an absolute waiver of
25 the right to a defense and indemnification.

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09;
4 96-1482, eff. 11-29-10.)

5 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

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

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

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

19 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

21 Sec. 22.6. At the conclusion of the hearing, the
22 Disciplinary Board shall present to the Secretary a written
23 report of its findings of fact, conclusions of law, and
24 recommendations. The report shall contain a finding whether or
25 not the accused person violated this Act or failed to comply

1 with the conditions required in this Act. The Disciplinary
2 Board shall specify the nature of the violation or failure to
3 comply, and shall make its recommendations to the Secretary.

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

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

18 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

20 Sec. 22.7. Hearing officer. Notwithstanding the provisions
21 of Section 22.2 of this Act, the Secretary shall have the
22 authority to appoint any attorney duly licensed to practice law
23 in the State of Illinois to serve as the hearing officer in any
24 action for refusal to issue or renew, or for discipline of, a
25 license. ~~The Secretary shall notify the Disciplinary Board of~~

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

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

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

17 (225 ILCS 95/22.11) (from Ch. 111, par. 4622.11)

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

19 Sec. 22.11. Restoration of license. At any time after the
20 successful completion of a term of probation, suspension, or
21 revocation of any license, the Department may restore it to the
22 licensee, unless after an investigation and a hearing, the
23 Department determines that restoration is not in the public
24 interest. Where circumstances of suspension or revocation so
25 indicate, the Department may require an examination of the

1 licensee prior to restoring his or her license. No person whose
2 license has been revoked as authorized in this Act may apply
3 for restoration of that license until such time as provided for
4 in the Civil Administrative Code of Illinois.

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

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

12 (225 ILCS 95/22.14) (from Ch. 111, par. 4622.14)

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

14 Sec. 22.14. Administrative review; certification of
15 record.

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

21 (b) Proceedings for judicial review shall be commenced in
22 the circuit court of the county in which the party applying for
23 review resides; but if the party is not a resident of this
24 State, venue shall be in Sangamon County.

25 (c) The Department shall not be required to certify any

1 record to the court, to file an answer in court, or to
2 otherwise appear in any court in a judicial review proceeding
3 unless and until the Department has received from the plaintiff
4 payment of the costs of furnishing and certifying the record,
5 which costs shall be determined by the Department. Exhibits
6 shall be certified without cost. Failure on the part of the
7 plaintiff to file a receipt in court is grounds for dismissal
8 of the action. During the pendency and hearing of any and all
9 judicial proceedings incident to the disciplinary action the
10 sanctions imposed upon the accused by the Department because of
11 acts or omissions related to the delivery of direct patient
12 care as specified in the Department's final administrative
13 decision, shall, as a matter of public policy, remain in full
14 force and effect in order to protect the public pending final
15 resolution of any of the proceedings.

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

17 (225 ILCS 95/22.17 new)

18 Sec. 22.17. Confidentiality. All information collected by
19 the Department in the course of an examination or investigation
20 of a licensee or applicant, including, but not limited to, any
21 complaint against a licensee filed with the Department and
22 information collected to investigate any such complaint, shall
23 be maintained for the confidential use of the Department and
24 shall not be disclosed. The Department shall not disclose the
25 information to anyone other than law enforcement officials,

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

10 (225 ILCS 95/23) (from Ch. 111, par. 4623)

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

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

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

21 Section 15. The Illinois Public Aid Code is amended by
22 changing Section 5-8 as follows:

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

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

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

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

4 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

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

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

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

18 (1) a practitioner (or, in his or her presence, by his
19 or her authorized agent),

20 (2) the patient or research subject pursuant to an
21 order, or

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

24 (c) "Agent" means an authorized person who acts on behalf

1 of or at the direction of a manufacturer, distributor,
2 dispenser, prescriber, or practitioner. It does not include a
3 common or contract carrier, public warehouseman or employee of
4 the carrier or warehouseman.

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

9 (i) 3[beta],17-dihydroxy-5a-androstane,

10 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

11 (iii) 5[alpha]-androstane-3,17-dione,

12 (iv) 1-androstenediol (3[beta],

13 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

14 (v) 1-androstenediol (3[alpha],

15 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

16 (vi) 4-androstenediol

17 (3[beta],17[beta]-dihydroxy-androst-4-ene),

18 (vii) 5-androstenediol

19 (3[beta],17[beta]-dihydroxy-androst-5-ene),

20 (viii) 1-androstenedione

21 ([5alpha]-androst-1-en-3,17-dione),

22 (ix) 4-androstenedione

23 (androst-4-en-3,17-dione),

24 (x) 5-androstenedione

25 (androst-5-en-3,17-dione),

26 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-

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

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

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

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

1 diethyl-17[beta]-hydroxygon-
2 4,9,11-trien-3-one),
3 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
4 11-trien-3-one).

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

18 (d) "Administration" means the Drug Enforcement
19 Administration, United States Department of Justice, or its
20 successor agency.

21 (d-5) "Clinical Director, Prescription Monitoring Program"
22 means a Department of Human Services administrative employee
23 licensed to either prescribe or dispense controlled substances
24 who shall run the clinical aspects of the Department of Human
25 Services Prescription Monitoring Program and its Prescription
26 Information Library.

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

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

20 (f) "Controlled Substance" means (i) a drug, substance,
21 immediate precursor, or synthetic drug in the Schedules of
22 Article II of this Act or (ii) a drug or other substance, or
23 immediate precursor, designated as a controlled substance by
24 the Department through administrative rule. The term does not
25 include distilled spirits, wine, malt beverages, or tobacco, as
26 those terms are defined or used in the Liquor Control Act of

1 1934 and the Tobacco Products Tax Act of 1995.

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

3 (1) the chemical structure of which is substantially
4 similar to the chemical structure of a controlled substance
5 in Schedule I or II;

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

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

19 (g) "Counterfeit substance" means a controlled substance,
20 which, or the container or labeling of which, without
21 authorization bears the trademark, trade name, or other
22 identifying mark, imprint, number or device, or any likeness
23 thereof, of a manufacturer, distributor, or dispenser other
24 than the person who in fact manufactured, distributed, or
25 dispensed the substance.

26 (h) "Deliver" or "delivery" means the actual, constructive

1 or attempted transfer of possession of a controlled substance,
2 with or without consideration, whether or not there is an
3 agency relationship.

4 (i) "Department" means the Illinois Department of Human
5 Services (as successor to the Department of Alcoholism and
6 Substance Abuse) or its successor agency.

7 (j) (Blank).

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

10 (l) "Department of Financial and Professional Regulation"
11 means the Department of Financial and Professional Regulation
12 of the State of Illinois or its successor agency.

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

22 (n) (Blank).

23 (o) "Director" means the Director of the Illinois State
24 Police or his or her designated agents.

25 (p) "Dispense" means to deliver a controlled substance to
26 an ultimate user or research subject by or pursuant to the

1 lawful order of a prescriber, including the prescribing,
2 administering, packaging, labeling, or compounding necessary
3 to prepare the substance for that delivery.

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

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

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

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

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

23 (t-5) "Euthanasia agency" means an entity certified by the
24 Department of Financial and Professional Regulation for the
25 purpose of animal euthanasia that holds an animal control
26 facility license or animal shelter license under the Animal

1 Welfare Act. A euthanasia agency is authorized to purchase,
2 store, possess, and utilize Schedule II nonnarcotic and
3 Schedule III nonnarcotic drugs for the sole purpose of animal
4 euthanasia.

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

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

20 (1) lack of consistency of prescriber-patient
21 relationship,

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

24 (3) quantities beyond those normally prescribed,

25 (4) unusual dosages (recognizing that there may be
26 clinical circumstances where more or less than the usual

1 dose may be used legitimately),

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

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

5 (u-0.5) "Hallucinogen" means a drug that causes markedly
6 altered sensory perception leading to hallucinations of any
7 type.

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

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

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

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

20 (2) which is an immediate chemical intermediary used or
21 likely to be used in the manufacture of such controlled
22 substance; and

23 (3) the control of which is necessary to prevent,
24 curtail or limit the manufacture of such controlled
25 substance.

26 (w) "Instructional activities" means the acts of teaching,

1 educating or instructing by practitioners using controlled
2 substances within educational facilities approved by the State
3 Board of Education or its successor agency.

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

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

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

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

26 (c) whether the substance is packaged in a manner

1 normally used for the illegal distribution of controlled
2 substances;

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

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

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

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

24 (y-1) "Mail-order pharmacy" means a pharmacy that is
25 located in a state of the United States that delivers,
26 dispenses or distributes, through the United States Postal

1 Service or other common carrier, to Illinois residents, any
2 substance which requires a prescription.

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

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

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

18 (a) as an incident to his or her administering or
19 dispensing of a controlled substance in the course of
20 his or her professional practice; or

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

23 (z-1) (Blank).

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

26 (z-10) "Mid-level practitioner" means (i) a physician

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

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

20 (1) opium, opiates, derivatives of opium and opiates,
21 including their isomers, esters, ethers, salts, and salts
22 of isomers, esters, and ethers, whenever the existence of
23 such isomers, esters, ethers, and salts is possible within
24 the specific chemical designation; however the term
25 "narcotic drug" does not include the isoquinoline
26 alkaloids of opium;

1 (2) (blank);

2 (3) opium poppy and poppy straw;

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

7 (5) cocaine, its salts, optical and geometric isomers,
8 and salts of isomers;

9 (6) ecgonine, its derivatives, their salts, isomers,
10 and salts of isomers;

11 (7) any compound, mixture, or preparation which
12 contains any quantity of any of the substances referred to
13 in subparagraphs (1) through (6).

14 (bb) "Nurse" means a registered nurse licensed under the
15 Nurse Practice Act.

16 (cc) (Blank).

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

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

23 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
24 solution or other liquid form of medication intended for
25 administration by mouth, but the term does not include a form
26 of medication intended for buccal, sublingual, or transmucosal

1 administration.

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

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

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

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

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

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

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

22 (kk) "Practitioner" means a physician licensed to practice
23 medicine in all its branches, dentist, optometrist, podiatric
24 physician, veterinarian, scientific investigator, pharmacist,
25 physician assistant, advanced practice nurse, licensed
26 practical nurse, registered nurse, hospital, laboratory, or

1 pharmacy, or other person licensed, registered, or otherwise
2 lawfully permitted by the United States or this State to
3 distribute, dispense, conduct research with respect to,
4 administer or use in teaching or chemical analysis, a
5 controlled substance in the course of professional practice or
6 research.

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

12 (mm) "Prescriber" means a physician licensed to practice
13 medicine in all its branches, dentist, optometrist,
14 prescribing psychologist licensed under Section 4.2 of the
15 Clinical Psychologist Licensing Act with prescriptive
16 authority delegated under Section 4.3 of the Clinical
17 Psychologist Licensing Act, podiatric physician, or
18 veterinarian who issues a prescription, a physician assistant
19 who issues a prescription for a controlled substance in
20 accordance with Section 303.05, a written delegation, and a
21 written collaborative ~~supervision~~ agreement required under
22 Section 7.5 of the Physician Assistant Practice Act of 1987, an
23 advanced practice nurse with prescriptive authority delegated
24 under Section 65-40 of the Nurse Practice Act and in accordance
25 with Section 303.05, a written delegation, and a written
26 collaborative agreement under Section 65-35 of the Nurse

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

6 (nn) "Prescription" means a written, facsimile, or oral
7 order, or an electronic order that complies with applicable
8 federal requirements, of a physician licensed to practice
9 medicine in all its branches, dentist, podiatric physician or
10 veterinarian for any controlled substance, of an optometrist in
11 accordance with Section 15.1 of the Illinois Optometric
12 Practice Act of 1987, of a prescribing psychologist licensed
13 under Section 4.2 of the Clinical Psychologist Licensing Act
14 with prescriptive authority delegated under Section 4.3 of the
15 Clinical Psychologist Licensing Act, of a physician assistant
16 for a controlled substance in accordance with Section 303.05, a
17 written delegation, and a written collaborative ~~supervision~~
18 agreement required under Section 7.5 of the Physician Assistant
19 Practice Act of 1987, of an advanced practice nurse with
20 prescriptive authority delegated under Section 65-40 of the
21 Nurse Practice Act who issues a prescription for a controlled
22 substance in accordance with Section 303.05, a written
23 delegation, and a written collaborative agreement under
24 Section 65-35 of the Nurse Practice Act, or of an advanced
25 practice nurse certified as a nurse practitioner, nurse
26 midwife, or clinical nurse specialist who has been granted

1 authority to prescribe by a hospital affiliate in accordance
2 with Section 65-45 of the Nurse Practice Act and in accordance
3 with Section 303.05 when required by law.

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

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

10 (oo) "Production" or "produce" means manufacture,
11 planting, cultivating, growing, or harvesting of a controlled
12 substance other than methamphetamine.

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

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

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

22 (rr) "State" includes the State of Illinois and any state,
23 district, commonwealth, territory, insular possession thereof,
24 and any area subject to the legal authority of the United
25 States of America.

26 (rr-5) "Stimulant" means any drug that (i) causes an

1 overall excitation of central nervous system functions, (ii)
2 causes impaired consciousness and awareness, and (iii) can be
3 habit-forming or lead to a substance abuse problem, including
4 but not limited to amphetamines and their analogs,
5 methylphenidate and its analogs, cocaine, and phencyclidine
6 and its analogs.

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

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

16 (720 ILCS 570/303.05)

17 Sec. 303.05. Mid-level practitioner registration.

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

1 (1) with respect to physician assistants,

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

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

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

1 (ii) any delegation must be of controlled
2 substances prescribed by the collaborating
3 ~~supervising~~ physician;

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

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

12 (v) the physician assistant must have
13 completed the appropriate application forms and
14 paid the required fees as set by rule;

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

24 (vii) the physician assistant must annually
25 complete at least 5 hours of continuing education
26 in pharmacology;

1 (2) with respect to advanced practice nurses,

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

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

17 (i) specific Schedule II controlled substances
18 by oral dosage or topical or transdermal
19 application may be delegated, provided that the
20 delegated Schedule II controlled substances are
21 routinely prescribed by the collaborating
22 physician or podiatric 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
26 by injection or other route of administration may

1 not be delegated;

2 (ii) any delegation must be of controlled
3 substances prescribed by the collaborating
4 physician or podiatric physician;

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

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

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

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

24 (vii) the advanced practice nurse must
25 annually complete 5 hours of continuing education
26 in pharmacology;

1 (2.5) with respect to advanced practice nurses
2 certified as nurse practitioners, nurse midwives, or
3 clinical nurse specialists practicing in a hospital
4 affiliate,

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

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

22 (i) specific Schedule II controlled substances
23 by oral dosage or topical or transdermal
24 application may be designated, provided that the
25 designated Schedule II controlled substances are
26 routinely prescribed by advanced practice nurses

1 in their area of certification; this grant of
2 authority must identify the specific Schedule II
3 controlled substances by either brand name or
4 generic name; authority to prescribe or dispense
5 Schedule II controlled substances to be delivered
6 by injection or other route of administration may
7 not be granted;

8 (ii) any grant of authority must be controlled
9 substances limited to the practice of the advanced
10 practice nurse;

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

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

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

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

24 (4) with respect to prescribing psychologists, the
25 prescribing psychologist has been delegated authority to
26 prescribe any nonnarcotic Schedule III through V

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

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

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

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

26 (e) A collaborating ~~supervising~~ physician may, but is not

1 required to, delegate prescriptive authority to a physician
2 assistant as part of a written collaborative ~~supervision~~
3 agreement, and the delegation of prescriptive authority shall
4 conform to the requirements of Section 7.5 of the Physician
5 Assistant Practice Act of 1987.

6 (f) Nothing in this Section shall be construed to prohibit
7 generic substitution.

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

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.".