



Rep. Sara Feigenholtz

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1 AMENDMENT TO SENATE BILL 2904

2 AMENDMENT NO. _____. Amend Senate Bill 2904 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Medical Practice Act of 1987 is amended by
5 changing Sections 22 and 54.5 as follows:

6 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 22. Disciplinary action.

9 (A) The Department may revoke, suspend, place on probation,
10 reprimand, refuse to issue or renew, or take any other
11 disciplinary or non-disciplinary action as the Department may
12 deem proper with regard to the license or permit of any person
13 issued under this Act, including imposing fines not to exceed
14 \$10,000 for each violation, upon any of the following grounds:

15 (1) Performance of an elective abortion in any place,
16 locale, facility, or institution other than:

1 (a) a facility licensed pursuant to the Ambulatory
2 Surgical Treatment Center Act;

3 (b) an institution licensed under the Hospital
4 Licensing Act;

5 (c) an ambulatory surgical treatment center or
6 hospitalization or care facility maintained by the
7 State or any agency thereof, where such department or
8 agency has authority under law to establish and enforce
9 standards for the ambulatory surgical treatment
10 centers, hospitalization, or care facilities under its
11 management and control;

12 (d) ambulatory surgical treatment centers,
13 hospitalization or care facilities maintained by the
14 Federal Government; or

15 (e) ambulatory surgical treatment centers,
16 hospitalization or care facilities maintained by any
17 university or college established under the laws of
18 this State and supported principally by public funds
19 raised by taxation.

20 (2) Performance of an abortion procedure in a willful
21 and wanton manner on a woman who was not pregnant at the
22 time the abortion procedure was performed.

23 (3) A plea of guilty or nolo contendere, finding of
24 guilt, jury verdict, or entry of judgment or sentencing,
25 including, but not limited to, convictions, preceding
26 sentences of supervision, conditional discharge, or first

1 offender probation, under the laws of any jurisdiction of
2 the United States of any crime that is a felony.

3 (4) Gross negligence in practice under this Act.

4 (5) Engaging in dishonorable, unethical or
5 unprofessional conduct of a character likely to deceive,
6 defraud or harm the public.

7 (6) Obtaining any fee by fraud, deceit, or
8 misrepresentation.

9 (7) Habitual or excessive use or abuse of drugs defined
10 in law as controlled substances, of alcohol, or of any
11 other substances which results in the inability to practice
12 with reasonable judgment, skill or safety.

13 (8) Practicing under a false or, except as provided by
14 law, an assumed name.

15 (9) Fraud or misrepresentation in applying for, or
16 procuring, a license under this Act or in connection with
17 applying for renewal of a license under this Act.

18 (10) Making a false or misleading statement regarding
19 their skill or the efficacy or value of the medicine,
20 treatment, or remedy prescribed by them at their direction
21 in the treatment of any disease or other condition of the
22 body or mind.

23 (11) Allowing another person or organization to use
24 their license, procured under this Act, to practice.

25 (12) Adverse action taken by another state or
26 jurisdiction against a license or other authorization to

1 practice as a medical doctor, doctor of osteopathy, doctor
2 of osteopathic medicine or doctor of chiropractic, a
3 certified copy of the record of the action taken by the
4 other state or jurisdiction being prima facie evidence
5 thereof. This includes any adverse action taken by a State
6 or federal agency that prohibits a medical doctor, doctor
7 of osteopathy, doctor of osteopathic medicine, or doctor of
8 chiropractic from providing services to the agency's
9 participants.

10 (13) Violation of any provision of this Act or of the
11 Medical Practice Act prior to the repeal of that Act, or
12 violation of the rules, or a final administrative action of
13 the Secretary, after consideration of the recommendation
14 of the Disciplinary Board.

15 (14) Violation of the prohibition against fee
16 splitting in Section 22.2 of this Act.

17 (15) A finding by the Disciplinary Board that the
18 registrant after having his or her license placed on
19 probationary status or subjected to conditions or
20 restrictions violated the terms of the probation or failed
21 to comply with such terms or conditions.

22 (16) Abandonment of a patient.

23 (17) Prescribing, selling, administering,
24 distributing, giving or self-administering any drug
25 classified as a controlled substance (designated product)
26 or narcotic for other than medically accepted therapeutic

1 purposes.

2 (18) Promotion of the sale of drugs, devices,
3 appliances or goods provided for a patient in such manner
4 as to exploit the patient for financial gain of the
5 physician.

6 (19) Offering, undertaking or agreeing to cure or treat
7 disease by a secret method, procedure, treatment or
8 medicine, or the treating, operating or prescribing for any
9 human condition by a method, means or procedure which the
10 licensee refuses to divulge upon demand of the Department.

11 (20) Immoral conduct in the commission of any act
12 including, but not limited to, commission of an act of
13 sexual misconduct related to the licensee's practice.

14 (21) Willfully making or filing false records or
15 reports in his or her practice as a physician, including,
16 but not limited to, false records to support claims against
17 the medical assistance program of the Department of
18 Healthcare and Family Services (formerly Department of
19 Public Aid) under the Illinois Public Aid Code.

20 (22) Willful omission to file or record, or willfully
21 impeding the filing or recording, or inducing another
22 person to omit to file or record, medical reports as
23 required by law, or willfully failing to report an instance
24 of suspected abuse or neglect as required by law.

25 (23) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

6 (24) Solicitation of professional patronage by any
7 corporation, agents or persons, or profiting from those
8 representing themselves to be agents of the licensee.

9 (25) Gross and willful and continued overcharging for
10 professional services, including filing false statements
11 for collection of fees for which services are not rendered,
12 including, but not limited to, filing such false statements
13 for collection of monies for services not rendered from the
14 medical assistance program of the Department of Healthcare
15 and Family Services (formerly Department of Public Aid)
16 under the Illinois Public Aid Code.

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

20 (27) Mental illness or disability which results in the
21 inability to practice under this Act with reasonable
22 judgment, skill or safety.

23 (28) Physical illness, including, but not limited to,
24 deterioration through the aging process, or loss of motor
25 skill which results in a physician's inability to practice
26 under this Act with reasonable judgment, skill or safety.

1 (29) Cheating on or attempt to subvert the licensing
2 examinations administered under this Act.

3 (30) Willfully or negligently violating the
4 confidentiality between physician and patient except as
5 required by law.

6 (31) The use of any false, fraudulent, or deceptive
7 statement in any document connected with practice under
8 this Act.

9 (32) Aiding and abetting an individual not licensed
10 under this Act in the practice of a profession licensed
11 under this Act.

12 (33) Violating state or federal laws or regulations
13 relating to controlled substances, legend drugs, or
14 ephedra as defined in the Ephedra Prohibition Act.

15 (34) Failure to report to the Department any adverse
16 final action taken against them by another licensing
17 jurisdiction (any other state or any territory of the
18 United States or any foreign state or country), by any peer
19 review body, by any health care institution, by any
20 professional society or association related to practice
21 under this Act, by any governmental agency, by any law
22 enforcement agency, or by any court for acts or conduct
23 similar to acts or conduct which would constitute grounds
24 for action as defined in this Section.

25 (35) Failure to report to the Department surrender of a
26 license or authorization to practice as a medical doctor, a

1 doctor of osteopathy, a doctor of osteopathic medicine, or
2 doctor of chiropractic in another state or jurisdiction, or
3 surrender of membership on any medical staff or in any
4 medical or professional association or society, while
5 under disciplinary investigation by any of those
6 authorities or bodies, for acts or conduct similar to acts
7 or conduct which would constitute grounds for action as
8 defined in this Section.

9 (36) Failure to report to the Department any adverse
10 judgment, settlement, or award arising from a liability
11 claim related to acts or conduct similar to acts or conduct
12 which would constitute grounds for action as defined in
13 this Section.

14 (37) Failure to provide copies of medical records as
15 required by law.

16 (38) Failure to furnish the Department, its
17 investigators or representatives, relevant information,
18 legally requested by the Department after consultation
19 with the Chief Medical Coordinator or the Deputy Medical
20 Coordinator.

21 (39) Violating the Health Care Worker Self-Referral
22 Act.

23 (40) Willful failure to provide notice when notice is
24 required under the Parental Notice of Abortion Act of 1995.

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

1 (42) Entering into an excessive number of written
2 collaborative agreements with licensed advanced practice
3 registered nurses resulting in an inability to adequately
4 collaborate.

5 (43) Repeated failure to adequately collaborate with a
6 licensed advanced practice registered nurse.

7 (44) Violating the Compassionate Use of Medical
8 Cannabis Pilot Program Act.

9 (45) Entering into an excessive number of written
10 collaborative agreements with licensed prescribing
11 psychologists resulting in an inability to adequately
12 collaborate.

13 (46) Repeated failure to adequately collaborate with a
14 licensed prescribing psychologist.

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

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

25 (49) Entering into an excessive number of written
26 collaborative agreements with licensed physician

1 assistants resulting in an inability to adequately
2 collaborate.

3 (50) Repeated failure to adequately collaborate with a
4 physician assistant.

5 Except for actions involving the ground numbered (26), all
6 proceedings to suspend, revoke, place on probationary status,
7 or take any other disciplinary action as the Department may
8 deem proper, with regard to a license on any of the foregoing
9 grounds, must be commenced within 5 years next after receipt by
10 the Department of a complaint alleging the commission of or
11 notice of the conviction order for any of the acts described
12 herein. Except for the grounds numbered (8), (9), (26), and
13 (29), no action shall be commenced more than 10 years after the
14 date of the incident or act alleged to have violated this
15 Section. For actions involving the ground numbered (26), a
16 pattern of practice or other behavior includes all incidents
17 alleged to be part of the pattern of practice or other behavior
18 that occurred, or a report pursuant to Section 23 of this Act
19 received, within the 10-year period preceding the filing of the
20 complaint. In the event of the settlement of any claim or cause
21 of action in favor of the claimant or the reduction to final
22 judgment of any civil action in favor of the plaintiff, such
23 claim, cause of action or civil action being grounded on the
24 allegation that a person licensed under this Act was negligent
25 in providing care, the Department shall have an additional
26 period of 2 years from the date of notification to the

1 Department under Section 23 of this Act of such settlement or
2 final judgment in which to investigate and commence formal
3 disciplinary proceedings under Section 36 of this Act, except
4 as otherwise provided by law. The time during which the holder
5 of the license was outside the State of Illinois shall not be
6 included within any period of time limiting the commencement of
7 disciplinary action by the Department.

8 The entry of an order or judgment by any circuit court
9 establishing that any person holding a license under this Act
10 is a person in need of mental treatment operates as a
11 suspension of that license. That person may resume their
12 practice only upon the entry of a Departmental order based upon
13 a finding by the Disciplinary Board that they have been
14 determined to be recovered from mental illness by the court and
15 upon the Disciplinary Board's recommendation that they be
16 permitted to resume their practice.

17 The Department may refuse to issue or take disciplinary
18 action concerning the license of any person who fails to file a
19 return, or to pay the tax, penalty or interest shown in a filed
20 return, or to pay any final assessment of tax, penalty or
21 interest, as required by any tax Act administered by the
22 Illinois Department of Revenue, until such time as the
23 requirements of any such tax Act are satisfied as determined by
24 the Illinois Department of Revenue.

25 The Department, upon the recommendation of the
26 Disciplinary Board, shall adopt rules which set forth standards

1 to be used in determining:

2 (a) when a person will be deemed sufficiently
3 rehabilitated to warrant the public trust;

4 (b) what constitutes dishonorable, unethical or
5 unprofessional conduct of a character likely to deceive,
6 defraud, or harm the public;

7 (c) what constitutes immoral conduct in the commission
8 of any act, including, but not limited to, commission of an
9 act of sexual misconduct related to the licensee's
10 practice; and

11 (d) what constitutes gross negligence in the practice
12 of medicine.

13 However, no such rule shall be admissible into evidence in
14 any civil action except for review of a licensing or other
15 disciplinary action under this Act.

16 In enforcing this Section, the Disciplinary Board or the
17 Licensing Board, upon a showing of a possible violation, may
18 compel, in the case of the Disciplinary Board, any individual
19 who is licensed to practice under this Act or holds a permit to
20 practice under this Act, or, in the case of the Licensing
21 Board, any individual who has applied for licensure or a permit
22 pursuant to this Act, to submit to a mental or physical
23 examination and evaluation, or both, which may include a
24 substance abuse or sexual offender evaluation, as required by
25 the Licensing Board or Disciplinary Board and at the expense of
26 the Department. The Disciplinary Board or Licensing Board shall

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

1 to present testimony concerning this examination and
2 evaluation of the licensee, permit holder, or applicant,
3 including testimony concerning any supplemental testing or
4 documents relating to the examination and evaluation. No
5 information, report, record, or other documents in any way
6 related to the examination and evaluation shall be excluded by
7 reason of any common law or statutory privilege relating to
8 communication between the licensee, permit holder, or
9 applicant and the examining physician or any member of the
10 multidisciplinary team. No authorization is necessary from the
11 licensee, permit holder, or applicant ordered to undergo an
12 evaluation and examination for the examining physician or any
13 member of the multidisciplinary team to provide information,
14 reports, records, or other documents or to provide any
15 testimony regarding the examination and evaluation. The
16 individual to be examined may have, at his or her own expense,
17 another physician of his or her choice present during all
18 aspects of the examination. Failure of any individual to submit
19 to mental or physical examination and evaluation, or both, when
20 directed, shall result in an automatic suspension, without
21 hearing, until such time as the individual submits to the
22 examination. If the Disciplinary Board or Licensing Board finds
23 a physician unable to practice following an examination and
24 evaluation because of the reasons set forth in this Section,
25 the Disciplinary Board or Licensing Board shall require such
26 physician to submit to care, counseling, or treatment by

1 physicians, or other health care professionals, approved or
2 designated by the Disciplinary Board, as a condition for
3 issued, continued, reinstated, or renewed licensure to
4 practice. Any physician, whose license was granted pursuant to
5 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
6 renewed, disciplined or supervised, subject to such terms,
7 conditions or restrictions who shall fail to comply with such
8 terms, conditions or restrictions, or to complete a required
9 program of care, counseling, or treatment, as determined by the
10 Chief Medical Coordinator or Deputy Medical Coordinators,
11 shall be referred to the Secretary for a determination as to
12 whether the licensee shall have their license suspended
13 immediately, pending a hearing by the Disciplinary Board. In
14 instances in which the Secretary immediately suspends a license
15 under this Section, a hearing upon such person's license must
16 be convened by the Disciplinary Board within 15 days after such
17 suspension and completed without appreciable delay. The
18 Disciplinary Board shall have the authority to review the
19 subject physician's record of treatment and counseling
20 regarding the impairment, to the extent permitted by applicable
21 federal statutes and regulations safeguarding the
22 confidentiality of medical records.

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

1 of their license.

2 The Department may promulgate rules for the imposition of
3 fines in disciplinary cases, not to exceed \$10,000 for each
4 violation of this Act. Fines may be imposed in conjunction with
5 other forms of disciplinary action, but shall not be the
6 exclusive disposition of any disciplinary action arising out of
7 conduct resulting in death or injury to a patient. Any funds
8 collected from such fines shall be deposited in the Illinois
9 State Medical Disciplinary Fund.

10 All fines imposed under this Section shall be paid within
11 60 days after the effective date of the order imposing the fine
12 or in accordance with the terms set forth in the order imposing
13 the fine.

14 (B) The Department shall revoke the license or permit
15 issued under this Act to practice medicine or a chiropractic
16 physician who has been convicted a second time of committing
17 any felony under the Illinois Controlled Substances Act or the
18 Methamphetamine Control and Community Protection Act, or who
19 has been convicted a second time of committing a Class 1 felony
20 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
21 person whose license or permit is revoked under this subsection
22 B shall be prohibited from practicing medicine or treating
23 human ailments without the use of drugs and without operative
24 surgery.

25 (C) The Department shall not revoke, suspend, place on
26 probation, reprimand, refuse to issue or renew, or take any

1 other disciplinary or non-disciplinary action against the
2 license or permit issued under this Act to practice medicine to
3 a physician based solely upon the recommendation of the
4 physician to an eligible patient regarding, or prescription
5 for, or treatment with, an investigational drug, biological
6 product, or device.

7 (D) The Disciplinary Board shall recommend to the
8 Department civil penalties and any other appropriate
9 discipline in disciplinary cases when the Board finds that a
10 physician willfully performed an abortion with actual
11 knowledge that the person upon whom the abortion has been
12 performed is a minor or an incompetent person without notice as
13 required under the Parental Notice of Abortion Act of 1995.
14 Upon the Board's recommendation, the Department shall impose,
15 for the first violation, a civil penalty of \$1,000 and for a
16 second or subsequent violation, a civil penalty of \$5,000.

17 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;
18 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; revised 9-29-17.)

19 (225 ILCS 60/54.5)

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

21 Sec. 54.5. Physician delegation of authority to physician
22 assistants, advanced practice registered nurses without full
23 practice authority, and prescribing psychologists.

24 (a) Physicians licensed to practice medicine in all its
25 branches may delegate care and treatment responsibilities to a

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

9 (a-5) A physician licensed to practice medicine in all its
10 branches may collaborate with more than 7 physician assistants
11 when the services are provided in a federal primary care health
12 professional shortage area with a Health Professional Shortage
13 Area score greater than or equal to 12, as determined by the
14 United States Department of Health and Human Services.

15 The collaborating physician must keep appropriate
16 documentation of meeting this exemption and make it available
17 to the Department upon request.

18 (b) A physician licensed to practice medicine in all its
19 branches in active clinical practice may collaborate with an
20 advanced practice registered nurse in accordance with the
21 requirements of the Nurse Practice Act. Collaboration is for
22 the purpose of providing medical consultation, and no
23 employment relationship is required. A written collaborative
24 agreement shall conform to the requirements of Section 65-35 of
25 the Nurse Practice Act. The written collaborative agreement
26 shall be for services in the same area of practice or specialty

1 as the collaborating physician in his or her clinical medical
2 practice. A written collaborative agreement shall be adequate
3 with respect to collaboration with advanced practice
4 registered nurses if all of the following apply:

5 (1) The agreement is written to promote the exercise of
6 professional judgment by the advanced practice registered
7 nurse commensurate with his or her education and
8 experience.

9 (2) The advanced practice registered nurse provides
10 services based upon a written collaborative agreement with
11 the collaborating physician, except as set forth in
12 subsection (b-5) of this Section. With respect to labor and
13 delivery, the collaborating physician must provide
14 delivery services in order to participate with a certified
15 nurse midwife.

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

20 (b-5) An anesthesiologist or physician licensed to
21 practice medicine in all its branches may collaborate with a
22 certified registered nurse anesthetist in accordance with
23 Section 65-35 of the Nurse Practice Act for the provision of
24 anesthesia services. With respect to the provision of
25 anesthesia services, the collaborating anesthesiologist or
26 physician shall have training and experience in the delivery of

1 anesthesia services consistent with Department rules.

2 Collaboration shall be adequate if:

3 (1) an anesthesiologist or a physician participates in
4 the joint formulation and joint approval of orders or
5 guidelines and periodically reviews such orders and the
6 services provided patients under such orders; and

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

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

20 (c) The collaborating physician shall have access to the
21 medical records of all patients attended by a physician
22 assistant. The collaborating physician shall have access to the
23 medical records of all patients attended to by an advanced
24 practice registered nurse.

25 (d) (Blank).

26 (e) A physician shall not be liable for the acts or

1 omissions of a prescribing psychologist, physician assistant,
2 or advanced practice registered nurse solely on the basis of
3 having signed a supervision agreement or guidelines or a
4 collaborative agreement, an order, a standing medical order, a
5 standing delegation order, or other order or guideline
6 authorizing a prescribing psychologist, physician assistant,
7 or advanced practice registered nurse to perform acts, unless
8 the physician has reason to believe the prescribing
9 psychologist, physician assistant, or advanced practice
10 registered nurse lacked the competency to perform the act or
11 acts or commits willful and wanton misconduct.

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

17 (g) A collaborating physician may, but is not required to,
18 delegate prescriptive authority to a physician assistant as
19 part of a written collaborative agreement, and the delegation
20 of prescriptive authority shall conform to the requirements of
21 Section 7.5 of the Physician Assistant Practice Act of 1987.

22 (h) (Blank).

23 (i) A collaborating physician shall delegate prescriptive
24 authority to a prescribing psychologist as part of a written
25 collaborative agreement, and the delegation of prescriptive
26 authority shall conform to the requirements of Section 4.3 of

1 the Clinical Psychologist Licensing Act.

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

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

9 Section 10. The Physician Assistant Practice Act of 1987 is
10 amended by changing Sections 7 and 21 as follows:

11 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

13 Sec. 7. Collaboration requirements.

14 (a) A collaborating physician shall determine the number of
15 physician assistants to collaborate with, provided the
16 physician is able to provide adequate collaboration as outlined
17 in the written collaborative agreement required under Section
18 7.5 of this Act and consideration is given to the nature of the
19 physician's practice, complexity of the patient population,
20 and the experience of each physician assistant. A collaborating
21 physician may collaborate with a maximum of 7 ~~5~~ full-time
22 equivalent physician assistants as described in Section 54.5 of
23 the Medical Practice Act of 1987. As used in this Section,
24 "full-time equivalent" means the equivalent of 40 hours per

1 week per individual. Physicians and physician assistants who
2 work in a hospital, hospital affiliate, or ambulatory surgical
3 treatment center as defined by Section 7.7 of this Act are
4 exempt from the collaborative ratio restriction requirements
5 of this Section. A physician assistant shall be able to hold
6 more than one professional position. A collaborating physician
7 shall file a notice of collaboration of each physician
8 assistant according to the rules of the Department.

9 Physician assistants shall collaborate only with
10 physicians as defined in this Act who are engaged in clinical
11 practice, or in clinical practice in public health or other
12 community health facilities.

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

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

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

1 assistant with respect to their patients.

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

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

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

16 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

18 Sec. 21. Grounds for disciplinary action.

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

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

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

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

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

16 (5) Professional incompetence.

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

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

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

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

1 practice with reasonable judgment, skill, or safety.

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

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

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

20 (13) Abandonment of a patient.

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

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

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

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

13 (18) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

22 (31) Exceeding the prescriptive authority delegated by
23 the collaborating physician or violating the written
24 collaborative agreement delegating that authority.

25 (32) Practicing without providing to the Department a
26 notice of collaboration or delegation of prescriptive

1 authority.

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

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

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

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

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

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

1 grounds for action under this Section.

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

4 (40) Entering into an excessive number of written
5 collaborative agreements with licensed physicians
6 resulting in an inability to adequately collaborate.

7 (41) Repeated failure to adequately collaborate with a
8 collaborating physician.

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

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

26 (d) In enforcing this Section, the Department upon a

1 showing of a possible violation may compel an individual
2 licensed to practice under this Act, or who has applied for
3 licensure under this Act, to submit to a mental or physical
4 examination, or both, which may include a substance abuse or
5 sexual offender evaluation, as required by and at the expense
6 of the Department.

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

24 The Department may order the examining physician or any
25 member of the multidisciplinary team to provide to the
26 Department any and all records, including business records,

1 that relate to the examination and evaluation, including any
2 supplemental testing performed.

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

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

22 Failure of an individual to submit to a mental or physical
23 examination, when ordered, shall result in an automatic
24 suspension of his or her license until the individual submits
25 to the examination.

26 If the Department finds an individual unable to practice

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

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

25 An individual licensed under this Act and affected under
26 this Section shall be afforded an opportunity to demonstrate to

1 the Department that he or she can resume practice in compliance
2 with acceptable and prevailing standards under the provisions
3 of his or her license.

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

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

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

26 The member must notify the Attorney General within 7 days

1 after receipt of notice of the initiation of any action
2 involving services of the Disciplinary Board. Failure to so
3 notify the Attorney General constitutes an absolute waiver of
4 the right to a defense and indemnification.

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

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

9 Section 99. Effective date. This Act takes effect January
10 1, 2019.".