



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2432

by Rep. Mary E. Flowers - LaToya Greenwood

SYNOPSIS AS INTRODUCED:

20 ILCS 535/5

20 ILCS 535/7 new

225 ILCS 60/22

from Ch. 111, par. 4400-22

Amends the Administration of Psychotropic Medications to Children Act. Provides that the Department of Children and Family Services shall adopt rules requiring the Department to distribute treatment guidelines on an annual basis to all persons licensed under the Medical Practice Act of 1987 to practice medicine in all of its branches who prescribe psychotropic medications to youth for whom the Department is legally responsible. Provides that the Department shall prepare and submit an annual report to the General Assembly with specified information concerning the administration of psychotropic medication to youth for whom it is legally responsible. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under the Act upon repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and medical reason. Makes other changes.

LRB101 04708 JRG 49717 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Administration of Psychotropic Medications
5 to Children Act is amended by changing Section 5 and by adding
6 Section 7 as follows:

7 (20 ILCS 535/5)

8 Sec. 5. Administration of psychotropic medications. On or
9 before October 1, 2011, the Department of Children and Family
10 Services shall promulgate final rules, amending its current
11 rules establishing and maintaining standards and procedures to
12 govern the administration of psychotropic medications. Such
13 amendments to its rules shall include, but are not limited to,
14 the following:

15 (a) The role of the Department in the administration of
16 psychotropic medications to youth for whom it is legally
17 responsible and who are in facilities operated by the Illinois
18 Department of Corrections or the Illinois Department of
19 Juvenile Justice.

20 (b) Provisions regarding the administration of
21 psychotropic medications for youth for whom the Department is
22 legally responsible and who are in residential facilities,
23 group homes, transitional living programs, or foster homes

1 where the youth is under the age of 18 or where the youth is 18
2 or older and has provided the Department with appropriate
3 consent.

4 (b-5) Provisions requiring the Department to distribute
5 treatment guidelines on an annual basis to all persons licensed
6 under the Medical Practice Act of 1987 to practice medicine in
7 all of its branches who prescribe psychotropic medications to
8 youth for whom the Department is legally responsible.

9 (c) Provisions regarding the administration of
10 psychotropic medications for youth for whom the Department is
11 legally responsible and who are in psychiatric hospitals.

12 (d) Provisions concerning the emergency use of
13 psychotropic medications, including appropriate and timely
14 reporting.

15 (e) Provisions prohibiting the administration of
16 psychotropic medications to persons for whom the Department is
17 legally responsible as punishment for bad behavior, for the
18 convenience of staff or caregivers, or as a substitute for
19 adequate mental health care or other services.

20 (f) The creation of a committee to develop, post on a
21 website, and periodically review materials listing which
22 psychotropic medications are approved for use with youth for
23 whom the Department has legal responsibility. The materials
24 shall include guidelines for the use of psychotropic
25 medications and may include the acceptable range of dosages,
26 contraindications, and time limits, if any, and such other

1 topics necessary to ensure the safe and appropriate use of
2 psychotropic medications.

3 (g) Provisions regarding the appointment, qualifications,
4 and training of employees of the Department who are authorized
5 to consent to the administration of psychotropic medications to
6 youth for whom the Department has legal responsibility,
7 including the scope of the authority of such persons.

8 (h) Provisions regarding training and materials for
9 parents, foster parents, and relative caretakers concerning
10 the rules governing the use of psychotropic medications with
11 youth for whom the Department has legal responsibility.

12 (i) With respect to any youth under the age of 18 for whom
13 the Department has legal responsibility and who does not assent
14 to the administration of recommended psychotropic medication,
15 provisions providing standards and procedures for reviewing
16 the youth's concerns. With respect to any youth over the age of
17 18 for whom the Department has legal responsibility and who
18 does not consent to the administration of recommended
19 psychotropic medication, provisions providing standards and
20 procedures for reviewing the youth's concerns upon the youth's
21 request and with the youth's consent. Standards and procedures
22 developed under this subsection shall not be inconsistent with
23 the Mental Health and Developmental Disabilities Code.

24 (j) Provisions ensuring that, subject to all relevant
25 confidentiality laws, service plans for youth for whom the
26 Department has legal responsibility include the following

1 information:

2 (1) Identification by name and dosage of the
3 psychotropic medication known by the Department to have
4 been administered to the youth since the last service plan.

5 (2) The benefits of the psychotropic medication.

6 (3) The negative side effects of the psychotropic
7 medication.

8 (Source: P.A. 97-245, eff. 8-4-11.)

9 (20 ILCS 535/7 new)

10 Sec. 7. Annual reports on prescribing patterns.

11 (a) No later than December 31, 2019, and December 31 of
12 each year thereafter, the Department shall prepare and submit
13 an annual report, covering the previous fiscal year, to the
14 General Assembly concerning the administration of psychotropic
15 medication to youth for whom it is legally responsible. This
16 report shall include, but is not limited to, pharmacy claims
17 data for youth for whom the Department is legally responsible
18 for each of the following:

19 (1) The total number of youths with approved requests
20 for psychotropic medication during the reporting period.

21 (2) The youth categorized by age groups 0 through 6, 7
22 through 12, or 13 through 17 and further categorized by
23 gender and the number and type of medication prescribed.

24 (3) The number of physicians who have prescribed
25 psychotropic medication to youth for whom the Department is

1 legally responsible with consent of the guardian.

2 (4) The number of physicians who have prescribed
3 psychotropic medication to youth for whom the Department is
4 legally responsible without consent of the guardian.

5 Prior to the release of this data, personal identifiers,
6 such as name, date of birth, address, and Social Security
7 number, shall be removed and a unique identifier shall be
8 submitted.

9 (b) For each youth who falls into one of the categories
10 described in subsection (a), the Department shall maintain a
11 record of the following information:

12 (1) a list of the psychotropic medications prescribed;

13 (2) the consent date for each psychotropic medication
14 prescribed;

15 (3) the prescriber's name and contact information;

16 (4) the youth's year of birth;

17 (5) the diagnoses received on each youth; and

18 (6) the youth's weight.

19 (c) The Department may contract for consulting services
20 from, if available, a psychiatrist who has expertise and
21 specializes in pediatric care for the purpose of reviewing the
22 data provided to the General Assembly in subsection (a).

23 (d) Using information gathered from subsection (a), the
24 Department shall analyze prescribing patterns by population
25 for youth for whom it is legally responsible.

1 Section 10. The Medical Practice Act of 1987 is amended by
2 changing Section 22 as follows:

3 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

5 Sec. 22. Disciplinary action.

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

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

14 (a) a facility licensed pursuant to the Ambulatory
15 Surgical Treatment Center Act;

16 (b) an institution licensed under the Hospital
17 Licensing Act;

18 (c) an ambulatory surgical treatment center or
19 hospitalization or care facility maintained by the
20 State or any agency thereof, where such department or
21 agency has authority under law to establish and enforce
22 standards for the ambulatory surgical treatment
23 centers, hospitalization, or care facilities under its
24 management and control;

25 (d) ambulatory surgical treatment centers,

1 hospitalization or care facilities maintained by the
2 Federal Government; or

3 (e) ambulatory surgical treatment centers,
4 hospitalization or care facilities maintained by any
5 university or college established under the laws of
6 this State and supported principally by public funds
7 raised by taxation.

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

11 (3) A plea of guilty or nolo contendere, finding of
12 guilt, jury verdict, or entry of judgment or sentencing,
13 including, but not limited to, convictions, preceding
14 sentences of supervision, conditional discharge, or first
15 offender probation, under the laws of any jurisdiction of
16 the United States of any crime that is a felony.

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

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

21 (6) Obtaining any fee by fraud, deceit, or
22 misrepresentation.

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

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

3 (9) Fraud or misrepresentation in applying for, or
4 procuring, a license under this Act or in connection with
5 applying for renewal of a license under this Act.

6 (10) Making a false or misleading statement regarding
7 their skill or the efficacy or value of the medicine,
8 treatment, or remedy prescribed by them at their direction
9 in the treatment of any disease or other condition of the
10 body or mind.

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

13 (12) Adverse action taken by another state or
14 jurisdiction against a license or other authorization to
15 practice as a medical doctor, doctor of osteopathy, doctor
16 of osteopathic medicine or doctor of chiropractic, a
17 certified copy of the record of the action taken by the
18 other state or jurisdiction being prima facie evidence
19 thereof. This includes any adverse action taken by a State
20 or federal agency that prohibits a medical doctor, doctor
21 of osteopathy, doctor of osteopathic medicine, or doctor of
22 chiropractic from providing services to the agency's
23 participants.

24 (13) Violation of any provision of this Act or of the
25 Medical Practice Act prior to the repeal of that Act, or
26 violation of the rules, or a final administrative action of

1 the Secretary, after consideration of the recommendation
2 of the Disciplinary Board.

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

5 (15) A finding by the Disciplinary Board that the
6 registrant after having his or her license placed on
7 probationary status or subjected to conditions or
8 restrictions violated the terms of the probation or failed
9 to comply with such terms or conditions.

10 (16) Abandonment of a patient.

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

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

20 (19) Offering, undertaking or agreeing to cure or treat
21 disease by a secret method, procedure, treatment or
22 medicine, or the treating, operating or prescribing for any
23 human condition by a method, means or procedure which the
24 licensee refuses to divulge upon demand of the Department.

25 (20) Immoral conduct in the commission of any act
26 including, but not limited to, commission of an act of

1 sexual misconduct related to the licensee's practice.

2 (21) Willfully making or filing false records or
3 reports in his or her practice as a physician, including,
4 but not limited to, false records to support claims against
5 the medical assistance program of the Department of
6 Healthcare and Family Services (formerly Department of
7 Public Aid) under the Illinois Public Aid Code.

8 (22) Willful omission to file or record, or willfully
9 impeding the filing or recording, or inducing another
10 person to omit to file or record, medical reports as
11 required by law, or willfully failing to report an instance
12 of suspected abuse or neglect as required by law.

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

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

23 (25) Gross and willful and continued overcharging for
24 professional services, including filing false statements
25 for collection of fees for which services are not rendered,
26 including, but not limited to, filing such false statements

1 for collection of monies for services not rendered from the
2 medical assistance program of the Department of Healthcare
3 and Family Services (formerly Department of Public Aid)
4 under the Illinois Public Aid Code.

5 (26) A pattern of practice or other behavior which
6 demonstrates incapacity or incompetence to practice under
7 this Act.

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

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

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

17 (30) Willfully or negligently violating the
18 confidentiality between physician and patient except as
19 required by law.

20 (31) The use of any false, fraudulent, or deceptive
21 statement in any document connected with practice under
22 this Act.

23 (32) Aiding and abetting an individual not licensed
24 under this Act in the practice of a profession licensed
25 under this Act.

26 (33) Violating state or federal laws or regulations

1 relating to controlled substances, legend drugs, or
2 ephedra as defined in the Ephedra Prohibition Act.

3 (34) Failure to report to the Department any adverse
4 final action taken against them by another licensing
5 jurisdiction (any other state or any territory of the
6 United States or any foreign state or country), by any peer
7 review body, by any health care institution, by any
8 professional society or association related to practice
9 under this Act, by any governmental agency, by any law
10 enforcement agency, or by any court for acts or conduct
11 similar to acts or conduct which would constitute grounds
12 for action as defined in this Section.

13 (35) Failure to report to the Department surrender of a
14 license or authorization to practice as a medical doctor, a
15 doctor of osteopathy, a doctor of osteopathic medicine, or
16 doctor of chiropractic in another state or jurisdiction, or
17 surrender of membership on any medical staff or in any
18 medical or professional association or society, while
19 under disciplinary investigation by any of those
20 authorities or bodies, for acts or conduct similar to acts
21 or conduct which would constitute grounds for action as
22 defined in this Section.

23 (36) Failure to report to the Department any adverse
24 judgment, settlement, or award arising from a liability
25 claim related to acts or conduct similar to acts or conduct
26 which would constitute grounds for action as defined in

1 this Section.

2 (37) Failure to provide copies of medical records as
3 required by law.

4 (38) Failure to furnish the Department, its
5 investigators or representatives, relevant information,
6 legally requested by the Department after consultation
7 with the Chief Medical Coordinator or the Deputy Medical
8 Coordinator.

9 (39) Violating the Health Care Worker Self-Referral
10 Act.

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

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

15 (42) Entering into an excessive number of written
16 collaborative agreements with licensed advanced practice
17 registered nurses resulting in an inability to adequately
18 collaborate.

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

21 (44) Violating the Compassionate Use of Medical
22 Cannabis Pilot Program Act.

23 (45) Entering into an excessive number of written
24 collaborative agreements with licensed prescribing
25 psychologists resulting in an inability to adequately
26 collaborate.

1 (46) Repeated failure to adequately collaborate with a
2 licensed prescribing psychologist.

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

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

13 (49) Entering into an excessive number of written
14 collaborative agreements with licensed physician
15 assistants resulting in an inability to adequately
16 collaborate.

17 (50) Repeated failure to adequately collaborate with a
18 physician assistant.

19 (51) Repeated acts of clearly excessive prescribing,
20 furnishing, or administering psychotropic medications to a
21 minor without a good faith prior examination of the patient
22 and medical reason therefor.

23 Except for actions involving the ground numbered (26), all
24 proceedings to suspend, revoke, place on probationary status,
25 or take any other disciplinary action as the Department may
26 deem proper, with regard to a license on any of the foregoing

1 grounds, must be commenced within 5 years next after receipt by
2 the Department of a complaint alleging the commission of or
3 notice of the conviction order for any of the acts described
4 herein. Except for the grounds numbered (8), (9), (26), and
5 (29), no action shall be commenced more than 10 years after the
6 date of the incident or act alleged to have violated this
7 Section. For actions involving the ground numbered (26), a
8 pattern of practice or other behavior includes all incidents
9 alleged to be part of the pattern of practice or other behavior
10 that occurred, or a report pursuant to Section 23 of this Act
11 received, within the 10-year period preceding the filing of the
12 complaint. In the event of the settlement of any claim or cause
13 of action in favor of the claimant or the reduction to final
14 judgment of any civil action in favor of the plaintiff, such
15 claim, cause of action or civil action being grounded on the
16 allegation that a person licensed under this Act was negligent
17 in providing care, the Department shall have an additional
18 period of 2 years from the date of notification to the
19 Department under Section 23 of this Act of such settlement or
20 final judgment in which to investigate and commence formal
21 disciplinary proceedings under Section 36 of this Act, except
22 as otherwise provided by law. The time during which the holder
23 of the license was outside the State of Illinois shall not be
24 included within any period of time limiting the commencement of
25 disciplinary action by the Department.

26 The entry of an order or judgment by any circuit court

1 establishing that any person holding a license under this Act
2 is a person in need of mental treatment operates as a
3 suspension of that license. That person may resume their
4 practice only upon the entry of a Departmental order based upon
5 a finding by the Disciplinary Board that they have been
6 determined to be recovered from mental illness by the court and
7 upon the Disciplinary Board's recommendation that they be
8 permitted to resume their practice.

9 The Department may refuse to issue or take disciplinary
10 action concerning the license of any person who fails to file a
11 return, or to pay the tax, penalty or interest shown in a filed
12 return, or to pay any final assessment of tax, penalty or
13 interest, as required by any tax Act administered by the
14 Illinois Department of Revenue, until such time as the
15 requirements of any such tax Act are satisfied as determined by
16 the Illinois Department of Revenue.

17 The Department, upon the recommendation of the
18 Disciplinary Board, shall adopt rules which set forth standards
19 to be used in determining:

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

22 (b) what constitutes dishonorable, unethical or
23 unprofessional conduct of a character likely to deceive,
24 defraud, or harm the public;

25 (c) what constitutes immoral conduct in the commission
26 of any act, including, but not limited to, commission of an

1 act of sexual misconduct related to the licensee's
2 practice; and

3 (d) what constitutes gross negligence in the practice
4 of medicine.

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

8 In enforcing this Section, the Disciplinary Board or the
9 Licensing Board, upon a showing of a possible violation, may
10 compel, in the case of the Disciplinary Board, any individual
11 who is licensed to practice under this Act or holds a permit to
12 practice under this Act, or, in the case of the Licensing
13 Board, any individual who has applied for licensure or a permit
14 pursuant to this Act, to submit to a mental or physical
15 examination and evaluation, or both, which may include a
16 substance abuse or sexual offender evaluation, as required by
17 the Licensing Board or Disciplinary Board and at the expense of
18 the Department. The Disciplinary Board or Licensing Board shall
19 specifically designate the examining physician licensed to
20 practice medicine in all of its branches or, if applicable, the
21 multidisciplinary team involved in providing the mental or
22 physical examination and evaluation, or both. The
23 multidisciplinary team shall be led by a physician licensed to
24 practice medicine in all of its branches and may consist of one
25 or more or a combination of physicians licensed to practice
26 medicine in all of its branches, licensed chiropractic

1 physicians, licensed clinical psychologists, licensed clinical
2 social workers, licensed clinical professional counselors, and
3 other professional and administrative staff. Any examining
4 physician or member of the multidisciplinary team may require
5 any person ordered to submit to an examination and evaluation
6 pursuant to this Section to submit to any additional
7 supplemental testing deemed necessary to complete any
8 examination or evaluation process, including, but not limited
9 to, blood testing, urinalysis, psychological testing, or
10 neuropsychological testing. The Disciplinary Board, the
11 Licensing Board, or the Department may order the examining
12 physician or any member of the multidisciplinary team to
13 provide to the Department, the Disciplinary Board, or the
14 Licensing Board any and all records, including business
15 records, that relate to the examination and evaluation,
16 including any supplemental testing performed. The Disciplinary
17 Board, the Licensing Board, or the Department may order the
18 examining physician or any member of the multidisciplinary team
19 to present testimony concerning this examination and
20 evaluation of the licensee, permit holder, or applicant,
21 including testimony concerning any supplemental testing or
22 documents relating to the examination and evaluation. No
23 information, report, record, or other documents in any way
24 related to the examination and evaluation shall be excluded by
25 reason of any common law or statutory privilege relating to
26 communication between the licensee, permit holder, or

1 applicant and the examining physician or any member of the
2 multidisciplinary team. No authorization is necessary from the
3 licensee, permit holder, or applicant ordered to undergo an
4 evaluation and examination for the examining physician or any
5 member of the multidisciplinary team to provide information,
6 reports, records, or other documents or to provide any
7 testimony regarding the examination and evaluation. The
8 individual to be examined may have, at his or her own expense,
9 another physician of his or her choice present during all
10 aspects of the examination. Failure of any individual to submit
11 to mental or physical examination and evaluation, or both, when
12 directed, shall result in an automatic suspension, without
13 hearing, until such time as the individual submits to the
14 examination. If the Disciplinary Board or Licensing Board finds
15 a physician unable to practice following an examination and
16 evaluation because of the reasons set forth in this Section,
17 the Disciplinary Board or Licensing Board shall require such
18 physician to submit to care, counseling, or treatment by
19 physicians, or other health care professionals, approved or
20 designated by the Disciplinary Board, as a condition for
21 issued, continued, reinstated, or renewed licensure to
22 practice. Any physician, whose license was granted pursuant to
23 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
24 renewed, disciplined or supervised, subject to such terms,
25 conditions or restrictions who shall fail to comply with such
26 terms, conditions or restrictions, or to complete a required

1 program of care, counseling, or treatment, as determined by the
2 Chief Medical Coordinator or Deputy Medical Coordinators,
3 shall be referred to the Secretary for a determination as to
4 whether the licensee shall have their license suspended
5 immediately, pending a hearing by the Disciplinary Board. In
6 instances in which the Secretary immediately suspends a license
7 under this Section, a hearing upon such person's license must
8 be convened by the Disciplinary Board within 15 days after such
9 suspension and completed without appreciable delay. The
10 Disciplinary Board shall have the authority to review the
11 subject physician's record of treatment and counseling
12 regarding the impairment, to the extent permitted by applicable
13 federal statutes and regulations safeguarding the
14 confidentiality of medical records.

15 An individual licensed under this Act, affected under this
16 Section, shall be afforded an opportunity to demonstrate to the
17 Disciplinary Board that they can resume practice in compliance
18 with acceptable and prevailing standards under the provisions
19 of their license.

20 The Department may promulgate rules for the imposition of
21 fines in disciplinary cases, not to exceed \$10,000 for each
22 violation of this Act. Fines may be imposed in conjunction with
23 other forms of disciplinary action, but shall not be the
24 exclusive disposition of any disciplinary action arising out of
25 conduct resulting in death or injury to a patient. Any funds
26 collected from such fines shall be deposited in the Illinois

1 State Medical Disciplinary Fund.

2 All fines imposed under this Section shall be paid within
3 60 days after the effective date of the order imposing the fine
4 or in accordance with the terms set forth in the order imposing
5 the fine.

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

17 (C) The Department shall not revoke, suspend, place on
18 probation, reprimand, refuse to issue or renew, or take any
19 other disciplinary or non-disciplinary action against the
20 license or permit issued under this Act to practice medicine to
21 a physician:

22 (1) based solely upon the recommendation of the
23 physician to an eligible patient regarding, or
24 prescription for, or treatment with, an investigational
25 drug, biological product, or device; or

26 (2) for experimental treatment for Lyme disease or

1 other tick-borne diseases, including, but not limited to,
2 the prescription of or treatment with long-term
3 antibiotics.

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

14 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;
15 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.
16 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised
17 12-19-18.)