



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3355

by Rep. Jay Hoffman

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides that a physician licensed to practice medicine in all its branches may collaborate with a physician assistant (rather than may delegate care and treatment responsibilities to a physician assistant). Provides that a collaborative agreement shall be for services in the same area of practice or specialty as the collaborating physician in his or her medical practice. Deletes language providing that a physician may enter into collaborative agreements with no more than 7 full-time physician assistants. Amends the Physician Assistant Practice Act of 1987. Provides that a physician assistant in a health professional shortage area with a score greater than or equal to 12 shall own his or her own medical practice. Provides that medical and surgical services provided by a physician assistant include: obtaining and performing comprehensive health histories and physical examinations; evaluating, diagnosing, and providing medical treatment; ordering, performing, and interpreting diagnostic studies and therapeutic procedures; educating patients on health promotion and disease prevention; providing consultation upon request; and writing medical orders. Provides other provisions regarding scope of practice. Deletes language requiring: a written collaborative agreement for all physician assistants to practice in the State; a written collaborative agreement to describe the working relationship of the physician assistant with the collaborating physician and the categories of care, treatment, or procedures to be provided by the physician assistant; and the collaborating physician to file with the Department of Financial and Professional Regulation notice when employing, discharging, or collaborating with a physician assistant. Makes other changes. Effective January 1, 2020.

LRB101 11172 SMS 56411 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

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

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 54.5. Physician delegation of authority to physician
9 assistants, advanced practice registered nurses without full
10 practice authority, and prescribing psychologists.

11 (a) A physician licensed to practice medicine in all its
12 branches may collaborate with a physician assistant under
13 guidelines in accordance with the requirements of the Physician
14 Assistant Practice Act 1987. Collaboration is for the purpose
15 of providing medical consultation, and no employment
16 relationship is required. A collaborative agreement shall
17 conform to the requirements of Section 7 of the Physician
18 Assistant Practice Act of 1987. The collaborative agreement
19 shall be for services in the same area of practice or specialty
20 as the collaborating physician in his or her clinical medical
21 practice. A collaborative agreement shall be adequate with
22 respect to collaboration with physician assistant if all of the
23 following apply:

1 (1) The agreement is to promote the exercise of
2 professional judgment by the physician assistant
3 commensurate with his or her education and experience.

4 (2) The physician assistant provides services based
5 upon a collaborative agreement with the collaborating
6 physician, except as set forth in section 7.7 of the
7 Physician Assistant Practice Act of 1987. With respect to
8 labor and delivery, the collaborating physician must
9 provide delivery services in order to participate with the
10 physician assistant.

11 (3) Methods of communication are available with the
12 collaborating physician in person or through
13 telecommunications for consultation, collaboration, and
14 referral as needed to address patient care needs.
15 ~~Physicians licensed to practice medicine in all its~~
16 ~~branches may delegate care and treatment responsibilities~~
17 ~~to a physician assistant under guidelines in accordance~~
18 ~~with the requirements of the Physician Assistant Practice~~
19 ~~Act of 1987. A physician licensed to practice medicine in~~
20 ~~all its branches may enter into collaborative agreements~~
21 ~~with no more than 7 full-time equivalent physician~~
22 ~~assistants, except in a hospital, hospital affiliate, or~~
23 ~~ambulatory surgical treatment center as set forth by~~
24 ~~Section 7.7 of the Physician Assistant Practice Act of 1987~~
25 ~~and as provided in subsection (a-5).~~

26 (a-5) (Blank). ~~A physician licensed to practice medicine in~~

1 ~~all its branches may collaborate with more than 7 physician~~
2 ~~assistants when the services are provided in a federal primary~~
3 ~~care health professional shortage area with a Health~~
4 ~~Professional Shortage Area score greater than or equal to 12,~~
5 ~~as determined by the United States Department of Health and~~
6 ~~Human Services.~~

7 ~~The collaborating physician must keep appropriate~~
8 ~~documentation of meeting this exemption and make it available~~
9 ~~to the Department upon request.~~

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

23 (1) The agreement is written to promote the exercise of
24 professional judgment by the advanced practice registered
25 nurse commensurate with his or her education and
26 experience.

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

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

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

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

25 (2) for anesthesia services, the anesthesiologist or
26 physician participates through discussion of and agreement

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

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

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

17 (d) (Blank).

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

1 psychologist, physician assistant, or advanced practice
2 registered nurse lacked the competency to perform the act or
3 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
6 registered nurse as part of a ~~written~~ collaborative agreement,
7 and the delegation of prescriptive authority shall conform to
8 the requirements of Section 65-40 of the Nurse Practice Act.

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

14 (h) (Blank).

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

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

25 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
26 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.

1 8-14-18.)

2 Section 10. The Physician Assistant Practice Act of 1987 is
3 amended by adding Section 6.1 and changing Sections 1, 4, 5,
4 5.5, 6, 7, 7.5, 7.7, 11, 21, and 22.1 as follows:

5 (225 ILCS 95/1) (from Ch. 111, par. 4601)

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

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

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

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

2 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

4 Sec. 4. Definitions. In this Act:

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

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

9 3. "Physician assistant" means any person not holding an
10 active license or permit issued by the Department pursuant to
11 the Medical Practice Act of 1987 who has been certified as a
12 physician assistant by the National Commission on the
13 Certification of Physician Assistants or equivalent successor
14 agency and practices medicine ~~performs procedures~~ in
15 collaboration with a physician as defined in this Act. A
16 physician assistant may practice medicine ~~perform such~~
17 ~~procedures~~ within the specialty of the collaborating
18 physician, ~~except that such physician shall exercise such~~
19 ~~direction, collaboration, and control over such physician~~
20 ~~assistants as will assure that patients shall receive quality~~
21 ~~medical care~~. Physician assistants shall be capable of
22 performing a variety of tasks within their education, training,
23 and experience ~~the specialty of medical care~~ in collaboration
24 with a physician. Collaboration with the physician assistant
25 shall not be construed to necessarily require the personal

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

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

1 placed into inactive status.

2 3.5. "Physician assistant practice" means the performance
3 of procedures and the practice of medicine, including
4 procedures in the behavioral and mental health services, within
5 the specialty of the collaborating physician. ~~Physician~~
6 ~~assistants shall be capable of performing a variety of tasks~~
7 ~~within the specialty of medical care of the collaborating~~
8 ~~physician. Collaboration with the physician assistant shall~~
9 ~~not be construed to necessarily require the personal presence~~
10 ~~of the collaborating physician at all times at the place where~~
11 ~~services are rendered, as long as there is communication~~
12 ~~available for consultation by radio, telephone,~~
13 ~~telecommunications, or electronic communications.~~ The
14 collaborating physician may collaborate on ~~delegate~~ tasks and
15 duties with ~~to~~ the physician assistant. ~~Delegated tasks or~~
16 ~~duties shall be~~ consistent with physician assistant education,
17 training, and experience. ~~The delegated tasks or duties shall~~
18 ~~be specific to the practice setting and shall be implemented~~
19 ~~and reviewed under a written collaborative agreement~~
20 ~~established by the physician or physician/physician assistant~~
21 ~~team.~~ A physician assistant shall be permitted to transmit the
22 collaborating physician's orders as determined by the
23 institution's bylaws, policies, or procedures or the job
24 description within which the physician/physician assistant
25 team practices. ~~Physician assistants shall practice only in~~
26 ~~accordance with a written collaborative agreement, except as~~

1 ~~provided in Section 7.5 of this Act.~~

2 4. "Board" means the Medical Licensing Board constituted
3 under the Medical Practice Act of 1987.

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

6 6. "Physician" means a person licensed to practice medicine
7 in all of its branches under the Medical Practice Act of 1987.

8 7. "Collaborating physician" means the physician who,
9 within his or her specialty and expertise, may collaborate on
10 ~~delegate~~ a variety of tasks and procedures with ~~to~~ the
11 physician assistant. Such tasks and procedures shall be
12 collaborated ~~delegated~~ in accordance with a ~~written~~
13 collaborative agreement.

14 8. (Blank).

15 9. "Address of record" means the designated address
16 recorded by the Department in the applicant's or licensee's
17 application file or license file maintained by the Department's
18 licensure maintenance unit.

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

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

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

11 (Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

12 (225 ILCS 95/5.5)

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

14 Sec. 5.5. Billing. A physician assistant shall ~~not~~ be
15 allowed to personally bill patients or ~~in any way~~ charge for
16 services rendered. The employer of a physician assistant may
17 charge for services rendered by the physician assistant. All
18 claims for services rendered by the physician assistant shall
19 be submitted using the physician assistant's national provider
20 identification number as the rendering provider whenever
21 appropriate. Payment for services rendered by a physician
22 assistant shall be made to his or her employer if the payor
23 would have made payment had the services been provided by a
24 physician licensed to provide medicine in all of its branches.
25 A physician assistant in a health professional shortage area

1 with a score greater than or equal to 12 shall own his or her
2 own medical practice.

3 (Source: P.A. 100-453, eff. 8-25-17; 100-559, eff. 12-8-17.)

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

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

6 Sec. 6. Physician assistant title.

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

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

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

18 ~~(d) The collaborating physician shall file with the~~
19 ~~Department notice of employment, discharge, or collaboration~~
20 ~~with a physician assistant at the time of employment,~~
21 ~~discharge, or assumption of collaboration with a physician~~
22 ~~assistant.~~

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

24 (225 ILCS 95/6.1 new)

1 Sec. 6.1. Scope of practice.

2 (a) Medical and surgical services provided by a physician
3 assistant include, but are not limited to:

4 (i) obtaining and performing comprehensive health
5 histories and physical examinations;

6 (ii) evaluating, diagnosing, managing, and providing
7 medical treatment;

8 (iii) ordering, performing, and interpreting
9 diagnostic studies and therapeutic procedures;

10 (iv) educating patients on health promotion and
11 disease prevention;

12 (v) providing consultation upon request; and

13 (vi) writing medical orders.

14 (b) A physician assistant may provide services in health
15 care facilities or programs including, but not limited to,
16 hospitals, nursing facilities, assisted living facilities,
17 behavioral and mental health facilities, and hospices.

18 (c) A physician assistant may obtain informed consent.

19 (d) A physician assistant may supervise, delegate, and
20 assign therapeutic and diagnostic measures to licensed or
21 unlicensed personnel.

22 (e) A physician assistant may certify the health or
23 disability of a patient as required by any local, State, or
24 federal program.

25 (f) A physician assistant may authenticate any document
26 with his or her signature, certification, stamp, verification,

1 affidavit, or endorsement if it may be authenticated by the
2 signature, certification, stamp, verification, affidavit, or
3 endorsement of a physician.

4 (g) A physician assistant shall collaborate with, consult
5 with, or refer to the appropriate member of the healthcare team
6 as indicated by the patient's condition, the education,
7 experience, and competencies of the physician assistant, and
8 the standard of care. The degree of collaboration shall be
9 determined by the practice which may include decisions made by
10 the employer, group, hospital service, and the credentialing
11 and privileging systems of licensed facilities.

12 (h) A physician assistant is responsible for the care they
13 provide.

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

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

16 Sec. 7. Collaboration requirements.

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

1 ~~the Medical Practice Act of 1987. As used in this Section,~~
2 ~~"full-time equivalent" means the equivalent of 40 hours per~~
3 ~~week per individual.~~ Physicians and physician assistants who
4 work in a hospital, hospital affiliate, or ambulatory surgical
5 treatment center as defined by Section 7.7 of this Act are
6 exempt from the collaborative ratio restriction requirements
7 of this Section. A physician assistant shall be able to hold
8 more than one professional position. A collaborating physician
9 shall file a notice of collaboration of each physician
10 assistant according to the rules of the Department.

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

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

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

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

1 practice in the same general type of practice or specialty as
2 the collaborating physician may collaborate with the physician
3 assistant with respect to their patients.

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

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

17 (Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

18 (225 ILCS 95/7.5)

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

20 Sec. 7.5. Collaborative ~~Written collaborative~~ agreements;
21 prescriptive authority.

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

25 (1) ~~A written collaborative agreement shall describe~~

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

1 medical practice" means services, not specific tasks or
2 duties, the collaborating physician routinely provides
3 individually or through delegation to other persons so that
4 the physician has the experience and ability to collaborate
5 and provide consultation.

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

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

14 (B) Provides consultation at least once a month.

15 (3) A copy of the signed, ~~written~~ collaborative
16 agreement must be available to the Department upon request
17 from both the physician assistant and the collaborating
18 physician.

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

23 (b) A collaborating physician may, but is not required to,
24 delegate prescriptive authority to a physician assistant as
25 part of a ~~written~~ collaborative agreement. This authority may,
26 but is not required to, include prescription of, selection of,

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

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

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

1 shall be construed to limit the delegation of tasks or
2 duties by the collaborating physician to a nurse or other
3 appropriately trained persons in accordance with Section
4 54.2 of the Medical Practice Act of 1987.

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

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

19 (B) (Blank).

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

24 (D) The physician assistant must discuss the
25 condition of any patients for whom a controlled
26 substance is prescribed monthly with the collaborating

1 physician.

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

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

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

20 (d) (Blank).

21 (e) Nothing in this Section shall be construed to prohibit
22 generic substitution.

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

24 (225 ILCS 95/7.7)

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

1 Sec. 7.7. Physician assistants in hospitals, hospital
2 affiliates, or ambulatory surgical treatment centers.

3 (a) A physician assistant may provide services in a
4 hospital as defined in the Hospital Licensing Act, a hospital
5 affiliate as defined in the University of Illinois Hospital
6 Act, or a licensed ambulatory surgical treatment center as
7 defined in the Ambulatory Surgical Treatment Center Act without
8 a ~~written~~ collaborative agreement pursuant to Section 7.5 of
9 this Act. A physician assistant must possess clinical
10 privileges recommended by the hospital medical staff and
11 granted by the hospital or the consulting medical staff
12 committee and ambulatory surgical treatment center in order to
13 provide services. The medical staff or consulting medical staff
14 committee shall periodically review the services of physician
15 assistants granted clinical privileges, including any care
16 provided in a hospital affiliate. Authority may also be granted
17 when recommended by the hospital medical staff and granted by
18 the hospital or recommended by the consulting medical staff
19 committee and ambulatory surgical treatment center to
20 individual physician assistants to select, order, and
21 administer medications, including controlled substances, to
22 provide delineated care. In a hospital, hospital affiliate, or
23 ambulatory surgical treatment center, the attending physician
24 shall collaborate with a physician ~~determine a physician~~
25 ~~assistant's~~ role in providing care for his or her patients,
26 except as otherwise provided in the medical staff bylaws or

1 consulting committee policies.

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

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

20 The hospital affiliate shall file with the Department
21 notice of a grant of prescriptive authority consistent with
22 this subsection (a-5) and termination of such a grant of
23 authority in accordance with rules of the Department. Upon
24 receipt of this notice of grant of authority to prescribe any
25 Schedule II through V controlled substances, the licensed
26 physician assistant may register for a mid-level practitioner

1 controlled substance license under Section 303.05 of the
2 Illinois Controlled Substances Act.

3 In addition, a hospital affiliate may, but is not required
4 to, grant authority to a physician assistant to prescribe any
5 Schedule II controlled substances if all of the following
6 conditions apply:

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

17 (2) any grant of authority must be controlled
18 substances limited to the practice of the physician
19 assistant;

20 (3) any prescription must be limited to no more than a
21 30-day supply;

22 (4) the physician assistant must discuss the condition
23 of any patients for whom a controlled substance is
24 prescribed monthly with the appropriate physician
25 committee of the hospital affiliate or its physician
26 designee; and

1 (5) the physician assistant must meet the education
2 requirements of Section 303.05 of the Illinois Controlled
3 Substances Act.

4 (b) A physician assistant granted authority to order
5 medications including controlled substances may complete
6 discharge prescriptions provided the prescription is in the
7 name of the physician assistant and the attending or
8 discharging physician.

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

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

15 (225 ILCS 95/11) (from Ch. 111, par. 4611)

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

17 Sec. 11. Physician Assistant Medical Licensing Board
18 ~~Committee~~. There is established a Physician Assistant Medical
19 Licensing Board ~~physician assistant advisory committee~~ to the
20 Department and the Medical Licensing Board. The Physician
21 Assistant Medical Licensing Board ~~physician assistant advisory~~
22 ~~committee~~ may manage and regulate ~~review and make~~
23 ~~recommendations to the Department and the Board regarding~~ all
24 matters relating to physician assistants. Such matters may
25 include, but not be limited to:

- 1 (1) applications for licensure;
- 2 (2) ~~disciplinary proceedings;~~
- 3 (3) renewal requirements; and
- 4 (4) any other issues pertaining to the regulation and
- 5 practice of physician assistants in the State.

6 The Physician Assistant Medical Licensing Board ~~physician~~
7 ~~assistant advisory committee~~ shall be composed of 7 members.
8 Three of the 7 members shall be physicians, ~~2 of whom shall be~~
9 ~~members of the Board and appointed to the advisory committee by~~
10 ~~the chairman. One physician, not a member of the Board, shall~~
11 ~~be a supervisor of a licensed physician assistant and shall be~~
12 ~~approved by the Governor~~ from a list of Illinois physicians
13 supervising licensed physician assistants. Three members shall
14 be physician assistants, licensed under the law and appointed
15 by the Governor from a list of 10 names recommended by the
16 Board of Directors of the Illinois Academy of Physician
17 Assistants. One member, not employed or having any material
18 interest in any health care field, shall be appointed by the
19 Governor and represent the public. The chairman of the
20 Physician Assistant Medical Licensing Board ~~physician~~
21 ~~assistant advisory committee~~ shall be a member elected by a
22 majority vote of the Physician Assistant Medical Licensing
23 Board ~~physician assistant advisory committee unless already a~~
24 ~~member of the Board. The Physician Assistant Medical Licensing~~
25 Board ~~physician assistant advisory committee~~ is required to
26 meet and report to the Department and the Board as physician

1 assistant issues arise. ~~The terms of office of each of the~~
2 ~~original 7 members shall be at staggered intervals. One~~
3 ~~physician and one physician assistant shall serve for a 2 year~~
4 ~~term. One physician and one physician assistant shall serve a 3~~
5 ~~year term. One physician, one physician assistant and the~~
6 ~~public member shall serve a 4 year term. Upon the expiration of~~
7 ~~the term of any member, his successor shall be appointed for a~~
8 ~~term of 4 years in the same manner as the initial appointment.~~
9 ~~No member shall serve more than 2 consecutive terms.~~

10 Four members of the Physician Assistant Medical Licensing
11 Board ~~physician assistant advisory committee~~ shall constitute
12 a quorum. A quorum is required to perform all of the duties of
13 the committee.

14 Members of the Physician Assistant Medical Licensing Board
15 ~~physician assistant advisory committee~~ shall have no liability
16 for any action based upon a disciplinary proceeding or other
17 activity performed in good faith as a member of the committee.

18 (Source: P.A. 95-703, eff. 12-31-07; 96-720, eff. 8-25-09.)

19 Section 99. Effective date. This Act takes effect January
20 1, 2020.

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2	Statutes amended in order of appearance	
3	225 ILCS 60/54.5	
4	225 ILCS 95/1	from Ch. 111, par. 4601
5	225 ILCS 95/4	from Ch. 111, par. 4604
6	225 ILCS 95/5.5	
7	225 ILCS 95/6	from Ch. 111, par. 4606
8	225 ILCS 95/6.1 new	
9	225 ILCS 95/7	from Ch. 111, par. 4607
10	225 ILCS 95/7.5	
11	225 ILCS 95/7.7	
12	225 ILCS 95/11	from Ch. 111, par. 4611

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