



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3126

Introduced 2/6/2020, by Sen. Omar Aquino

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Changes the name the Illinois State Medical Disciplinary Board to the Illinois State Medical Board, and changes the membership of the Board. Changes references to the Illinois State Medical Disciplinary Board and the Medical Licensing Board to the Illinois State Medical Board. Provides that the Secretary of Financial and Professional Regulation may take action contrary to the recommendation of the Illinois State Medical Board or order a rehearing of a formal disciplinary action if he or she is satisfied that substantial justice has not been done. Provides that the Department of Financial and Professional Regulation may close a complaint, after investigation and approval of the Chief Medical Coordinator, if certain standards are not met. Makes changes to provisions concerning definitions; the Complaint Committee; findings and recommendations; and administrative review. Repeals provisions concerning the Medical Licensing Board and withdrawal of applications. Replaces references to the Medical Disciplinary Board and the Medical Licensing Board. Makes other changes.

LRB101 16285 SPS 65658 b

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 Sections 2, 7, 7.5, 8.1, 9, 17, 18, 19, 21, 22, 23,
6 24, 25, 35, 36, 37, 38, 39, 40, 41, 42, and 47 as follows:

7 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 2. Definitions. For purposes of this Act, the
10 following definitions shall have the following meanings,
11 except where the context requires otherwise:

12 "Act" means the Medical Practice Act of 1987.

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

17 "Chiropractic physician" means a person licensed to treat
18 human ailments without the use of drugs and without operative
19 surgery. Nothing in this Act shall be construed to prohibit a
20 chiropractic physician from providing advice regarding the use
21 of non-prescription products or from administering atmospheric
22 oxygen. Nothing in this Act shall be construed to authorize a
23 chiropractic physician to prescribe drugs.

1 "Department" means the Department of Financial and
2 Professional Regulation.

3 "Disciplinary action" means revocation, suspension,
4 probation, supervision, practice modification, reprimand,
5 required education, fines or any other action taken by the
6 Department against a person holding a license.

7 ~~"Disciplinary Board" means the Medical Disciplinary Board.~~

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

12 "Final determination" means the governing body's final
13 action taken under the procedure followed by a health care
14 institution, or professional association or society, against
15 any person licensed under the Act in accordance with the bylaws
16 or rules and regulations of such health care institution, or
17 professional association or society.

18 "Fund" means the Illinois State Medical Disciplinary Fund.

19 "Impaired" means the inability to practice medicine with
20 reasonable skill and safety due to physical or mental
21 disabilities as evidenced by a written determination or written
22 consent based on clinical evidence including deterioration
23 through the aging process or loss of motor skill, or abuse of
24 drugs or alcohol, of sufficient degree to diminish a person's
25 ability to deliver competent patient care.

26 ~~"Licensing Board" means the Medical Licensing Board.~~

1 "Medical Board" means the Illinois State Medical Board.

2 "Physician" means a person licensed under the Medical
3 Practice Act to practice medicine in all of its branches or a
4 chiropractic physician.

5 "Professional association" means an association or society
6 of persons licensed under this Act, and operating within the
7 State of Illinois, including but not limited to, medical
8 societies, osteopathic organizations, and chiropractic
9 organizations, but this term shall not be deemed to include
10 hospital medical staffs.

11 "Program of care, counseling, or treatment" means a written
12 schedule of organized treatment, care, counseling, activities,
13 or education, satisfactory to the Medical ~~Disciplinary~~ Board,
14 designed for the purpose of restoring an impaired person to a
15 condition whereby the impaired person can practice medicine
16 with reasonable skill and safety of a sufficient degree to
17 deliver competent patient care.

18 "Reinstate" means to change the status of a license from
19 inactive or nonrenewed status to active status.

20 "Restore" means to remove an encumbrance from a license due
21 to probation, suspension, or revocation.

22 "Secretary" means the Secretary of ~~the Department of~~
23 Financial and Professional Regulation.

24 (Source: P.A. 99-933, eff. 1-27-17; 100-429, eff. 8-25-17.)

25 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

1 (Section scheduled to be repealed on January 1, 2022)

2 Sec. 7. Medical ~~Disciplinary~~ Board.

3 (A) There is hereby created the Illinois State Medical
4 ~~Disciplinary~~ Board. The Medical ~~Disciplinary~~ Board shall
5 consist of 17 ~~11~~ members, to be appointed by the Governor by
6 and with the advice and consent of the Senate. All members
7 shall be residents of the State, not more than 8 ~~6~~ of whom
8 shall be members of the same political party. All members shall
9 be voting members. Eight ~~Five~~ members shall be physicians
10 licensed to practice medicine in all of its branches in
11 Illinois possessing the degree of doctor of medicine. Two
12 members ~~One member~~ shall be physicians ~~a physician~~ licensed to
13 practice medicine in all its branches in Illinois possessing
14 the degree of doctor of osteopathy or osteopathic medicine. Two
15 members ~~One member~~ shall be ~~a~~ chiropractic physicians ~~physician~~
16 licensed to practice in Illinois and possessing the degree of
17 doctor of chiropractic. One member shall be a physician
18 assistant licensed to practice in Illinois. Four members shall
19 be members of the public, who shall not be engaged in any way,
20 directly or indirectly, as providers of health care.

21 (B) Members of the Medical ~~Disciplinary~~ Board shall be
22 appointed for terms of 4 years. Upon the expiration of the term
23 of any member, their successor shall be appointed for a term of
24 4 years by the Governor by and with the advice and consent of
25 the Senate. The Governor shall fill any vacancy for the
26 remainder of the unexpired term with the advice and consent of

1 the Senate. Upon recommendation of the Medical Board, any
2 member of the Medical ~~Disciplinary~~ Board may be removed by the
3 Governor for misfeasance, malfeasance, or willful ~~wilful~~
4 neglect of duty, after notice, and a public hearing, unless
5 such notice and hearing shall be expressly waived in writing.
6 Each member shall serve on the Medical ~~Disciplinary~~ Board until
7 their successor is appointed and qualified. No member of the
8 Medical ~~Disciplinary~~ Board shall serve more than 2 consecutive
9 4-year ~~4-year~~ terms.

10 In making appointments the Governor shall attempt to insure
11 that the various social and geographic regions of the State of
12 Illinois are properly represented.

13 In making the designation of persons to act for the several
14 professions represented on the Medical ~~Disciplinary~~ Board, the
15 Governor shall give due consideration to recommendations by
16 members of the respective professions and by organizations
17 therein.

18 (C) The Medical ~~Disciplinary~~ Board shall annually elect one
19 of its voting members as chairperson and one as vice
20 chairperson. No officer shall be elected more than twice in
21 succession to the same office. Each officer shall serve until
22 their successor has been elected and qualified.

23 (D) (Blank).

24 (E) A majority of the Medical Board Members currently
25 appointed ~~Six voting members of the Disciplinary Board, at~~
26 ~~least 4 of whom are physicians,~~ shall constitute a quorum. A

1 vacancy in the membership of the Medical ~~Disciplinary~~ Board
2 shall not impair the right of a quorum to exercise all the
3 rights and perform all the duties of the Medical ~~Disciplinary~~
4 Board. Any action taken by the Medical ~~Disciplinary~~ Board under
5 this Act may be authorized by resolution at any regular or
6 special meeting and each such resolution shall take effect
7 immediately. The Medical ~~Disciplinary~~ Board shall meet at least
8 quarterly.

9 (F) ~~Each member, and member officer, of the Disciplinary~~
10 ~~Board shall receive a per diem stipend as the Secretary shall~~
11 ~~determine.~~ Each member shall be paid their necessary expenses
12 while engaged in the performance of their duties.

13 (G) The Secretary shall select a Chief Medical Coordinator
14 and not less than 2 Deputy Medical Coordinators who shall not
15 be members of the Medical ~~Disciplinary~~ Board. Each medical
16 coordinator shall be a physician licensed to practice medicine
17 in all of its branches, and the Secretary shall set their rates
18 of compensation. The Secretary shall assign at least one
19 medical coordinator to a region composed of Cook County and
20 such other counties as the Secretary may deem appropriate, and
21 such medical coordinator or coordinators shall locate their
22 office in Chicago. The Secretary shall assign at least one
23 medical coordinator to a region composed of the balance of
24 counties in the State, and such medical coordinator or
25 coordinators shall locate their office in Springfield. The
26 Chief Medical Coordinator shall be the chief enforcement

1 officer of this Act. None of the functions, powers, or duties
2 of the Department with respect to policies regarding
3 enforcement or discipline under this Act, including the
4 adoption of such rules as may be necessary for the
5 administration of this Act, shall be exercised by the
6 Department except upon review of the Medical Disciplinary
7 Board.

8 In all instances, under this Act, in which the Medical
9 Board has rendered a recommendation to the Secretary with
10 respect to a particular physician, the Secretary may take
11 action contrary to the recommendation of the Medical Board.

12 Whenever the Secretary is satisfied that substantial
13 justice has not been done in a formal disciplinary action, or
14 refusal to restore a license, he or she may order a rehearing.

15 (G-5) The Secretary shall employ, in conformity with the
16 Personnel Code, investigators who are college graduates with at
17 least 2 years of investigative experience or one year of
18 advanced medical education. Upon the written request of the
19 Medical Disciplinary Board, the Secretary shall employ, in
20 conformity with the Personnel Code, such other professional,
21 technical, investigative, and clerical help, either on a full
22 or part-time basis as the Medical Disciplinary Board deems
23 necessary for the proper performance of its duties.

24 (H) Upon the specific request of the Medical Disciplinary
25 Board, signed by either the chairperson, vice chairperson, or a
26 medical coordinator of the Medical Disciplinary Board, the

1 Department of Human Services, the Department of Healthcare and
2 Family Services, the Department of State Police, or any other
3 law enforcement agency located in this State shall make
4 available any and all information that they have in their
5 possession regarding a particular case then under
6 investigation by the Medical ~~Disciplinary~~ Board.

7 (I) Members of the Medical ~~Disciplinary~~ Board shall be
8 immune from suit in any action based upon any disciplinary
9 proceedings or other acts performed in good faith as members of
10 the Medical ~~Disciplinary~~ Board.

11 (J) The Medical ~~Disciplinary~~ Board may compile and
12 establish a statewide roster of physicians and other medical
13 professionals, including the several medical specialties, of
14 such physicians and medical professionals, who have agreed to
15 serve from time to time as advisors to the medical
16 coordinators. Such advisors shall assist the medical
17 coordinators or the Medical ~~Disciplinary~~ Board in their
18 investigations and participation in complaints against
19 physicians. Such advisors shall serve under contract and shall
20 be reimbursed at a reasonable rate for the services provided,
21 plus reasonable expenses incurred. While serving in this
22 capacity, the advisor, for any act undertaken in good faith and
23 in the conduct of his or her duties under this Section, shall
24 be immune from civil suit.

25 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

1 (225 ILCS 60/7.5)

2 (Section scheduled to be repealed on January 1, 2022)

3 Sec. 7.5. Complaint Committee.

4 (a) There shall be a Complaint Committee of the Medical
5 ~~Disciplinary~~ Board composed of at least one of the medical
6 coordinators established by subsection (G) of Section 7 of this
7 Act, the Chief of Medical Investigations (person employed by
8 the Department who is in charge of investigating complaints
9 against physicians and physician assistants), the Chief of
10 Medical Prosecutions (the person employed by the Department who
11 is in charge of prosecuting formal complaints against
12 physicians and physician assistants), and at least 3 members of
13 the Medical ~~Disciplinary~~ Board (at least 2 of whom shall be
14 physicians) designated by the Chairperson of the Medical
15 ~~Disciplinary~~ Board with the approval of the Medical
16 ~~Disciplinary~~ Board.

17 (b) The Complaint Committee shall meet at least twice a
18 month to exercise its functions and duties set forth in
19 subsection (c) below. At least 2 members of the Medical
20 ~~Disciplinary~~ Board shall be in attendance in order for any
21 business to be transacted by the Complaint Committee. The
22 Complaint Committee shall make every effort to consider
23 expeditiously and take prompt action on each item on its
24 agenda.

25 (c) The Complaint Committee shall have the following duties
26 and functions:

1 (1) To recommend to the Medical Disciplinary Board that
2 a complaint file be closed.

3 (2) To refer a complaint file to the office of the
4 Chief of Medical Prosecutions for review.

5 (3) To make a decision in conjunction with the Chief of
6 Medical Prosecutions regarding action to be taken on a
7 complaint file.

8 (d) In determining what action to take or whether to
9 proceed with prosecution of a complaint, the Complaint
10 Committee shall consider, but not be limited to, the following
11 factors: sufficiency of the evidence presented, prosecutorial
12 merit under Section 22 of this Act, any recommendation made by
13 the Department, and insufficient cooperation from complaining
14 parties.

15 (e) Notwithstanding any provision of this Act, the
16 Department may close a complaint after investigation and
17 approval of the Chief Medical Coordinator without review of the
18 Complaint Committee if:

19 (1) the allegations of the complaint, if proven, would
20 not constitute a violation of this Act;

21 (2) there is insufficient evidence to prove a violation
22 of this Act; or

23 (3) there is insufficient cooperation from complaining
24 parties as determined by the Department.

25 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

1 (225 ILCS 60/8.1)

2 (Section scheduled to be repealed on January 1, 2022)

3 Sec. 8.1. Matters concerning advanced practice registered
4 nurses. Any proposed rules, amendments, second notice
5 materials and adopted rule or amendment materials, and policy
6 statements concerning advanced practice registered nurses
7 shall be presented to the Medical ~~Licensing~~ Board for review
8 and comment. The recommendations of both the Board of Nursing
9 and the Medical ~~Licensing~~ Board shall be presented to the
10 Secretary for consideration in making final decisions.
11 Whenever the Board of Nursing and the Medical ~~Licensing~~ Board
12 disagree on a proposed rule or policy, the Secretary shall
13 convene a joint meeting of the officers of each Board to
14 discuss the resolution of any such disagreements.

15 (Source: P.A. 100-513, eff. 1-1-18.)

16 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 9. Application for license. Each applicant for a
19 license shall:

20 (A) Make application on blank forms prepared and
21 furnished by the Department.

22 (B) Submit evidence satisfactory to the Department
23 that the applicant:

24 (1) is of good moral character. In determining
25 moral character under this Section, the Department may

1 take into consideration whether the applicant has
2 engaged in conduct or activities which would
3 constitute grounds for discipline under this Act. The
4 Department may also request the applicant to submit,
5 and may consider as evidence of moral character,
6 endorsements from 2 or 3 individuals licensed under
7 this Act;

8 (2) has the preliminary and professional education
9 required by this Act;

10 (3) (blank); and

11 (4) is physically, mentally, and professionally
12 capable of practicing medicine with reasonable
13 judgment, skill, and safety. In determining physical
14 and mental capacity under this Section, the Medical
15 ~~Licensing~~ Board may, upon a showing of a possible
16 incapacity or conduct or activities that would
17 constitute grounds for discipline under this Act,
18 compel any applicant to submit to a mental or physical
19 examination and evaluation, or both, as provided for in
20 Section 22 of this Act. The Medical ~~Licensing~~ Board may
21 condition or restrict any license, subject to the same
22 terms and conditions as are provided for the Medical
23 ~~Disciplinary~~ Board under Section 22 of this Act. Any
24 such condition of a restricted license shall provide
25 that the Chief Medical Coordinator or Deputy Medical
26 Coordinator shall have the authority to review the

1 subject physician's compliance with such conditions or
2 restrictions, including, where appropriate, the
3 physician's record of treatment and counseling
4 regarding the impairment, to the extent permitted by
5 applicable federal statutes and regulations
6 safeguarding the confidentiality of medical records of
7 patients.

8 In determining professional capacity under this
9 Section, an individual may be required to complete such
10 additional testing, training, or remedial education as the
11 Medical Licensing Board may deem necessary in order to
12 establish the applicant's present capacity to practice
13 medicine with reasonable judgment, skill, and safety. The
14 Medical Licensing Board may consider the following
15 criteria, as they relate to an applicant, as part of its
16 determination of professional capacity:

17 (1) Medical research in an established research
18 facility, hospital, college or university, or private
19 corporation.

20 (2) Specialized training or education.

21 (3) Publication of original work in learned,
22 medical, or scientific journals.

23 (4) Participation in federal, State, local, or
24 international public health programs or organizations.

25 (5) Professional service in a federal veterans or
26 military institution.

1 (6) Any other professional activities deemed to
2 maintain and enhance the clinical capabilities of the
3 applicant.

4 Any applicant applying for a license to practice
5 medicine in all of its branches or for a license as a
6 chiropractic physician who has not been engaged in the
7 active practice of medicine or has not been enrolled in a
8 medical program for 2 years prior to application must
9 submit proof of professional capacity to the Medical
10 ~~Licensing~~ Board.

11 Any applicant applying for a temporary license that has
12 not been engaged in the active practice of medicine or has
13 not been enrolled in a medical program for longer than 5
14 years prior to application must submit proof of
15 professional capacity to the Medical ~~Licensing~~ Board.

16 (C) Designate specifically the name, location, and
17 kind of professional school, college, or institution of
18 which the applicant is a graduate and the category under
19 which the applicant seeks, and will undertake, to practice.

20 (D) Pay to the Department at the time of application
21 the required fees.

22 (E) Pursuant to Department rules, as required, pass an
23 examination authorized by the Department to determine the
24 applicant's fitness to receive a license.

25 (F) Complete the application process within 3 years
26 from the date of application. If the process has not been

1 completed within 3 years, the application shall expire,
2 application fees shall be forfeited, and the applicant must
3 reapply and meet the requirements in effect at the time of
4 reapplication.

5 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 17. Temporary license. Persons holding the degree of
9 Doctor of Medicine, persons holding the degree of Doctor of
10 Osteopathy or Doctor of Osteopathic Medicine, and persons
11 holding the degree of Doctor of Chiropractic or persons who
12 have satisfied the requirements therefor and are eligible to
13 receive such degree from a medical, osteopathic, or
14 chiropractic school, who wish to pursue programs of graduate or
15 specialty training in this State, may receive without
16 examination, in the discretion of the Department, a 3-year
17 temporary license. In order to receive a 3-year temporary
18 license hereunder, an applicant shall submit evidence
19 satisfactory to the Department that the applicant:

20 (A) Is of good moral character. In determining moral
21 character under this Section, the Department may take into
22 consideration whether the applicant has engaged in conduct
23 or activities which would constitute grounds for
24 discipline under this Act. The Department may also request
25 the applicant to submit, and may consider as evidence of

1 moral character, endorsements from 2 or 3 individuals
2 licensed under this Act;

3 (B) Has been accepted or appointed for specialty or
4 residency training by a hospital situated in this State or
5 a training program in hospitals or facilities maintained by
6 the State of Illinois or affiliated training facilities
7 which is approved by the Department for the purpose of such
8 training under this Act. The applicant shall indicate the
9 beginning and ending dates of the period for which the
10 applicant has been accepted or appointed;

11 (C) Has or will satisfy the professional education
12 requirements of Section 11 of this Act which are effective
13 at the date of application except for postgraduate clinical
14 training;

15 (D) Is physically, mentally, and professionally
16 capable of practicing medicine or treating human ailments
17 without the use of drugs and without operative surgery with
18 reasonable judgment, skill, and safety. In determining
19 physical, mental and professional capacity under this
20 Section, the Medical Licensing Board may, upon a showing of
21 a possible incapacity, compel an applicant to submit to a
22 mental or physical examination and evaluation, or both, and
23 may condition or restrict any temporary license, subject to
24 the same terms and conditions as are provided for the
25 Medical Disciplinary Board under Section 22 of this Act.
26 Any such condition of restricted temporary license shall

1 provide that the Chief Medical Coordinator or Deputy
2 Medical Coordinator shall have the authority to review the
3 subject physician's compliance with such conditions or
4 restrictions, including, where appropriate, the
5 physician's record of treatment and counseling regarding
6 the impairment, to the extent permitted by applicable
7 federal statutes and regulations safeguarding the
8 confidentiality of medical records of patients.

9 Three-year temporary licenses issued pursuant to this
10 Section shall be valid only for the period of time designated
11 therein, and may be extended or renewed pursuant to the rules
12 of the Department, and if a temporary license is thereafter
13 extended, it shall not extend beyond completion of the
14 residency program. The holder of a valid 3-year temporary
15 license shall be entitled thereby to perform only such acts as
16 may be prescribed by and incidental to his or her program of
17 residency training; he or she shall not be entitled to
18 otherwise engage in the practice of medicine in this State
19 unless fully licensed in this State.

20 A 3-year temporary license may be revoked or suspended by
21 the Department upon proof that the holder thereof has engaged
22 in the practice of medicine in this State outside of the
23 program of his or her residency or specialty training, or if
24 the holder shall fail to supply the Department, within 10 days
25 of its request, with information as to his or her current
26 status and activities in his or her specialty training program.

1 Such a revocation or suspension shall comply with the
2 procedures set forth in subsection (d) of Section 37 of this
3 Act.

4 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

5 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

6 (Section scheduled to be repealed on January 1, 2022)

7 Sec. 18. Visiting professor, physician, or resident
8 permits.

9 (A) Visiting professor permit.

10 (1) A visiting professor permit shall entitle a person
11 to practice medicine in all of its branches or to practice
12 the treatment of human ailments without the use of drugs
13 and without operative surgery provided:

14 (a) the person maintains an equivalent
15 authorization to practice medicine in all of its
16 branches or to practice the treatment of human ailments
17 without the use of drugs and without operative surgery
18 in good standing in his or her native licensing
19 jurisdiction during the period of the visiting
20 professor permit;

21 (b) the person has received a faculty appointment
22 to teach in a medical, osteopathic or chiropractic
23 school in Illinois; and

24 (c) the Department may prescribe the information
25 necessary to establish an applicant's eligibility for

1 a permit. This information shall include without
2 limitation (i) a statement from the dean of the medical
3 school at which the applicant will be employed
4 describing the applicant's qualifications and (ii) a
5 statement from the dean of the medical school listing
6 every affiliated institution in which the applicant
7 will be providing instruction as part of the medical
8 school's education program and justifying any clinical
9 activities at each of the institutions listed by the
10 dean.

11 (2) Application for visiting professor permits shall
12 be made to the Department, in writing, on forms prescribed
13 by the Department and shall be accompanied by the required
14 fee established by rule, which shall not be refundable. Any
15 application shall require the information as, in the
16 judgment of the Department, will enable the Department to
17 pass on the qualifications of the applicant.

18 (3) A visiting professor permit shall be valid for no
19 longer than 2 years from the date of issuance or until the
20 time the faculty appointment is terminated, whichever
21 occurs first, and may be renewed only in accordance with
22 subdivision (A) (6) of this Section.

23 (4) The applicant may be required to appear before the
24 Medical Licensing Board for an interview prior to, and as a
25 requirement for, the issuance of the original permit and
26 the renewal.

1 (5) Persons holding a permit under this Section shall
2 only practice medicine in all of its branches or practice
3 the treatment of human ailments without the use of drugs
4 and without operative surgery in the State of Illinois in
5 their official capacity under their contract within the
6 medical school itself and any affiliated institution in
7 which the permit holder is providing instruction as part of
8 the medical school's educational program and for which the
9 medical school has assumed direct responsibility.

10 (6) After the initial renewal of a visiting professor
11 permit, a visiting professor permit shall be valid until
12 the last day of the next physician license renewal period,
13 as set by rule, and may only be renewed for applicants who
14 meet the following requirements:

15 (i) have obtained the required continuing
16 education hours as set by rule; and

17 (ii) have paid the fee prescribed for a license
18 under Section 21 of this Act.

19 For initial renewal, the visiting professor must
20 successfully pass a general competency examination authorized
21 by the Department by rule, unless he or she was issued an
22 initial visiting professor permit on or after January 1, 2007,
23 but prior to July 1, 2007.

24 (B) Visiting physician permit.

25 (1) The Department may, in its discretion, issue a

1 temporary visiting physician permit, without examination,
2 provided:

3 (a) (blank);

4 (b) that the person maintains an equivalent
5 authorization to practice medicine in all of its
6 branches or to practice the treatment of human ailments
7 without the use of drugs and without operative surgery
8 in good standing in his or her native licensing
9 jurisdiction during the period of the temporary
10 visiting physician permit;

11 (c) that the person has received an invitation or
12 appointment to study, demonstrate, or perform a
13 specific medical, osteopathic, chiropractic or
14 clinical subject or technique in a medical,
15 osteopathic, or chiropractic school, a state or
16 national medical, osteopathic, or chiropractic
17 professional association or society conference or
18 meeting, a hospital licensed under the Hospital
19 Licensing Act, a hospital organized under the
20 University of Illinois Hospital Act, or a facility
21 operated pursuant to the Ambulatory Surgical Treatment
22 Center Act; and

23 (d) that the temporary visiting physician permit
24 shall only permit the holder to practice medicine in
25 all of its branches or practice the treatment of human
26 ailments without the use of drugs and without operative

1 surgery within the scope of the medical, osteopathic,
2 chiropractic, or clinical studies, or in conjunction
3 with the state or national medical, osteopathic, or
4 chiropractic professional association or society
5 conference or meeting, for which the holder was invited
6 or appointed.

7 (2) The application for the temporary visiting
8 physician permit shall be made to the Department, in
9 writing, on forms prescribed by the Department, and shall
10 be accompanied by the required fee established by rule,
11 which shall not be refundable. The application shall
12 require information that, in the judgment of the
13 Department, will enable the Department to pass on the
14 qualification of the applicant, and the necessity for the
15 granting of a temporary visiting physician permit.

16 (3) A temporary visiting physician permit shall be
17 valid for no longer than (i) 180 days from the date of
18 issuance or (ii) until the time the medical, osteopathic,
19 chiropractic, or clinical studies are completed, or the
20 state or national medical, osteopathic, or chiropractic
21 professional association or society conference or meeting
22 has concluded, whichever occurs first. The temporary
23 visiting physician permit may be issued multiple times to a
24 visiting physician under this paragraph (3) as long as the
25 total number of days it is active do not exceed 180 days
26 within a 365-day period.

1 (4) The applicant for a temporary visiting physician
2 permit may be required to appear before the Medical
3 ~~Licensing~~ Board for an interview prior to, and as a
4 requirement for, the issuance of a temporary visiting
5 physician permit.

6 (5) A limited temporary visiting physician permit
7 shall be issued to a physician licensed in another state
8 who has been requested to perform emergency procedures in
9 Illinois if he or she meets the requirements as established
10 by rule.

11 (C) Visiting resident permit.

12 (1) The Department may, in its discretion, issue a
13 temporary visiting resident permit, without examination,
14 provided:

15 (a) (blank);

16 (b) that the person maintains an equivalent
17 authorization to practice medicine in all of its
18 branches or to practice the treatment of human ailments
19 without the use of drugs and without operative surgery
20 in good standing in his or her native licensing
21 jurisdiction during the period of the temporary
22 visiting resident permit;

23 (c) that the applicant is enrolled in a
24 postgraduate clinical training program outside the
25 State of Illinois that is approved by the Department;

1 (d) that the individual has been invited or
2 appointed for a specific period of time to perform a
3 portion of that post graduate clinical training
4 program under the supervision of an Illinois licensed
5 physician in an Illinois patient care clinic or
6 facility that is affiliated with the out-of-State post
7 graduate training program; and

8 (e) that the temporary visiting resident permit
9 shall only permit the holder to practice medicine in
10 all of its branches or practice the treatment of human
11 ailments without the use of drugs and without operative
12 surgery within the scope of the medical, osteopathic,
13 chiropractic or clinical studies for which the holder
14 was invited or appointed.

15 (2) The application for the temporary visiting
16 resident permit shall be made to the Department, in
17 writing, on forms prescribed by the Department, and shall
18 be accompanied by the required fee established by rule. The
19 application shall require information that, in the
20 judgment of the Department, will enable the Department to
21 pass on the qualifications of the applicant.

22 (3) A temporary visiting resident permit shall be valid
23 for 180 days from the date of issuance or until the time
24 the medical, osteopathic, chiropractic, or clinical
25 studies are completed, whichever occurs first.

26 (4) The applicant for a temporary visiting resident

1 permit may be required to appear before the Medical
2 ~~Licensing~~ Board for an interview prior to, and as a
3 requirement for, the issuance of a temporary visiting
4 resident permit.

5 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 19. Licensure by endorsement. The Department may, in
9 its discretion, issue a license by endorsement to any person
10 who is currently licensed to practice medicine in all of its
11 branches, or a chiropractic physician, in any other state,
12 territory, country or province, upon the following conditions
13 and submitting evidence satisfactory to the Department of the
14 following:

15 (A) (Blank);

16 (B) That the applicant is of good moral character. In
17 determining moral character under this Section, the
18 Department may take into consideration whether the
19 applicant has engaged in conduct or activities which would
20 constitute grounds for discipline under this Act. The
21 Department may also request the applicant to submit, and
22 may consider as evidence of moral character, endorsements
23 from 2 or 3 individuals licensed under this Act;

24 (C) That the applicant is physically, mentally and
25 professionally capable of practicing medicine with

1 reasonable judgment, skill and safety. In determining
2 physical, mental and professional capacity under this
3 Section the Medical Licensing Board may, upon a showing of
4 a possible incapacity, compel an applicant to submit to a
5 mental or physical examination and evaluation, or both, in
6 the same manner as provided in Section 22 and may condition
7 or restrict any license, subject to the same terms and
8 conditions as are provided for the Medical Disciplinary
9 Board under Section 22 of this Act.

10 (D) That if the applicant seeks to practice medicine in
11 all of its branches:

12 (1) if the applicant was licensed in another
13 jurisdiction prior to January 1, 1988, that the
14 applicant has satisfied the educational requirements
15 of paragraph (1) of subsection (A) or paragraph (2) of
16 subsection (A) of Section 11 of this Act; or

17 (2) if the applicant was licensed in another
18 jurisdiction after December 31, 1987, that the
19 applicant has satisfied the educational requirements
20 of paragraph (A) (2) of Section 11 of this Act; and

21 (3) the requirements for a license to practice
22 medicine in all of its branches in the particular
23 state, territory, country or province in which the
24 applicant is licensed are deemed by the Department to
25 have been substantially equivalent to the requirements
26 for a license to practice medicine in all of its

1 branches in force in this State at the date of the
2 applicant's license;

3 (E) That if the applicant seeks to treat human ailments
4 without the use of drugs and without operative surgery:

5 (1) the applicant is a graduate of a chiropractic
6 school or college approved by the Department at the
7 time of their graduation;

8 (2) the requirements for the applicant's license
9 to practice the treatment of human ailments without the
10 use of drugs are deemed by the Department to have been
11 substantially equivalent to the requirements for a
12 license to practice in this State at the date of the
13 applicant's license;

14 (F) That the Department may, in its discretion, issue a
15 license by endorsement to any graduate of a medical or
16 osteopathic college, reputable and in good standing in the
17 judgment of the Department, who has passed an examination
18 for admission to the United States Public Health Service,
19 or who has passed any other examination deemed by the
20 Department to have been at least equal in all substantial
21 respects to the examination required for admission to any
22 such medical corps;

23 (G) That applications for licenses by endorsement
24 shall be filed with the Department, under oath, on forms
25 prepared and furnished by the Department, and shall set
26 forth, and applicants therefor shall supply such

1 information respecting the life, education, professional
2 practice, and moral character of applicants as the
3 Department may require to be filed for its use;

4 (H) That the applicant undergo the criminal background
5 check established under Section 9.7 of this Act.

6 In the exercise of its discretion under this Section, the
7 Department is empowered to consider and evaluate each applicant
8 on an individual basis. It may take into account, among other
9 things: the extent to which the applicant will bring unique
10 experience and skills to the State of Illinois or the extent to
11 which there is or is not available to the Department authentic
12 and definitive information concerning the quality of medical
13 education and clinical training which the applicant has had.
14 Under no circumstances shall a license be issued under the
15 provisions of this Section to any person who has previously
16 taken and failed the written examination conducted by the
17 Department for such license. In the exercise of its discretion
18 under this Section, the Department may require an applicant to
19 successfully complete an examination as recommended by the
20 Medical Licensing Board. The Department may also request the
21 applicant to submit, and may consider as evidence of moral
22 character, evidence from 2 or 3 individuals licensed under this
23 Act. Applicants have 3 years from the date of application to
24 complete the application process. If the process has not been
25 completed within 3 years, the application shall be denied, the
26 fees shall be forfeited, and the applicant must reapply and

1 meet the requirements in effect at the time of reapplication.

2 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

3 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

4 (Section scheduled to be repealed on January 1, 2022)

5 Sec. 21. License renewal; reinstatement; inactive status;
6 disposition and collection of fees.

7 (A) Renewal. The expiration date and renewal period for
8 each license issued under this Act shall be set by rule. The
9 holder of a license may renew the license by paying the
10 required fee. The holder of a license may also renew the
11 license within 90 days after its expiration by complying with
12 the requirements for renewal and payment of an additional fee.
13 A license renewal within 90 days after expiration shall be
14 effective retroactively to the expiration date.

15 The Department shall attempt to provide through electronic
16 means to each licensee under this Act, at least 60 days in
17 advance of the expiration date of his or her license, a renewal
18 notice. No such license shall be deemed to have lapsed until 90
19 days after the expiration date and after the Department has
20 attempted to provide such notice as herein provided.

21 (B) Reinstatement. Any licensee who has permitted his or
22 her license to lapse or who has had his or her license on
23 inactive status may have his or her license reinstated by
24 making application to the Department and filing proof
25 acceptable to the Department of his or her fitness to have the

1 license reinstated, including evidence certifying to active
2 practice in another jurisdiction satisfactory to the
3 Department, proof of meeting the continuing education
4 requirements for one renewal period, and by paying the required
5 reinstatement fee.

6 If the licensee has not maintained an active practice in
7 another jurisdiction satisfactory to the Department, the
8 Medical Licensing Board shall determine, by an evaluation
9 program established by rule, the applicant's fitness to resume
10 active status and may require the licensee to complete a period
11 of evaluated clinical experience and may require successful
12 completion of a practical examination specified by the Medical
13 Licensing Board.

14 However, any registrant whose license has expired while he
15 or she has been engaged (a) in Federal Service on active duty
16 with the Army of the United States, the United States Navy, the
17 Marine Corps, the Air Force, the Coast Guard, the Public Health
18 Service or the State Militia called into the service or
19 training of the United States of America, or (b) in training or
20 education under the supervision of the United States
21 preliminary to induction into the military service, may have
22 his or her license reinstated without paying any lapsed renewal
23 fees, if within 2 years after honorable termination of such
24 service, training, or education, he or she furnishes to the
25 Department with satisfactory evidence to the effect that he or
26 she has been so engaged and that his or her service, training,

1 or education has been so terminated.

2 (C) Inactive licenses. Any licensee who notifies the
3 Department, in writing on forms prescribed by the Department,
4 may elect to place his or her license on an inactive status and
5 shall, subject to rules of the Department, be excused from
6 payment of renewal fees until he or she notifies the Department
7 in writing of his or her desire to resume active status.

8 Any licensee requesting reinstatement from inactive status
9 shall be required to pay the current renewal fee, provide proof
10 of meeting the continuing education requirements for the period
11 of time the license is inactive not to exceed one renewal
12 period, and shall be required to reinstate his or her license
13 as provided in subsection (B).

14 Any licensee whose license is in an inactive status shall
15 not practice in the State of Illinois.

16 (D) Disposition of monies collected. All monies collected
17 under this Act by the Department shall be deposited in the
18 Illinois State Medical Disciplinary Fund in the State Treasury,
19 and used only for the following purposes: (a) by the Medical
20 ~~Disciplinary Board and Licensing~~ Board in the exercise of its
21 powers and performance of its duties, as such use is made by
22 the Department with full consideration of all recommendations
23 of the Medical ~~Disciplinary Board and Licensing~~ Board, (b) for
24 costs directly related to persons licensed under this Act, and
25 (c) for direct and allocable indirect costs related to the
26 public purposes of the Department.

1 Moneys in the Fund may be transferred to the Professions
2 Indirect Cost Fund as authorized under Section 2105-300 of the
3 Department of Professional Regulation Law of the Civil
4 Administrative Code of Illinois.

5 All earnings received from investment of monies in the
6 Illinois State Medical Disciplinary Fund shall be deposited in
7 the Illinois State Medical Disciplinary Fund and shall be used
8 for the same purposes as fees deposited in such Fund.

9 (E) Fees. The following fees are nonrefundable.

10 (1) Applicants for any examination shall be required to
11 pay, either to the Department or to the designated testing
12 service, a fee covering the cost of determining the
13 applicant's eligibility and providing the examination.
14 Failure to appear for the examination on the scheduled
15 date, at the time and place specified, after the
16 applicant's application for examination has been received
17 and acknowledged by the Department or the designated
18 testing service, shall result in the forfeiture of the
19 examination fee.

20 (2) Before July 1, 2018, the fee for a license under
21 Section 9 of this Act is \$700. Beginning on July 1, 2018,
22 the fee for a license under Section 9 of this Act is \$500.

23 (3) Before July 1, 2018, the fee for a license under
24 Section 19 of this Act is \$700. Beginning on July 1, 2018,
25 the fee for a license under Section 19 of this Act is \$500.

26 (4) Before July 1, 2018, the fee for the renewal of a

1 license for a resident of Illinois shall be calculated at
2 the rate of \$230 per year, and beginning on July 1, 2018
3 and until January 1, 2020, the fee for the renewal of a
4 license shall be \$167, except for licensees who were issued
5 a license within 12 months of the expiration date of the
6 license, before July 1, 2018, the fee for the renewal shall
7 be \$230, and beginning on July 1, 2018 and until January 1,
8 2020 that fee will be \$167. Before July 1, 2018, the fee
9 for the renewal of a license for a nonresident shall be
10 calculated at the rate of \$460 per year, and beginning on
11 July 1, 2018 and until January 1, 2020, the fee for the
12 renewal of a license for a nonresident shall be \$250,
13 except for licensees who were issued a license within 12
14 months of the expiration date of the license, before July
15 1, 2018, the fee for the renewal shall be \$460, and
16 beginning on July 1, 2018 and until January 1, 2020 that
17 fee will be \$250. Beginning on January 1, 2020, the fee for
18 renewal of a license for a resident or nonresident is \$181
19 per year.

20 (5) The fee for the reinstatement of a license other
21 than from inactive status, is \$230. In addition, payment of
22 all lapsed renewal fees not to exceed \$1,400 is required.

23 (6) The fee for a 3-year temporary license under
24 Section 17 is \$230.

25 (7) The fee for the issuance of a license with a change
26 of name or address other than during the renewal period is

1 \$20. No fee is required for name and address changes on
2 Department records when no updated license is issued.

3 (8) The fee to be paid for a license record for any
4 purpose is \$20.

5 (9) The fee to be paid to have the scoring of an
6 examination, administered by the Department, reviewed and
7 verified, is \$20 plus any fees charged by the applicable
8 testing service.

9 (F) Any person who delivers a check or other payment to the
10 Department that is returned to the Department unpaid by the
11 financial institution upon which it is drawn shall pay to the
12 Department, in addition to the amount already owed to the
13 Department, a fine of \$50. The fines imposed by this Section
14 are in addition to any other discipline provided under this Act
15 for unlicensed practice or practice on a nonrenewed license.
16 The Department shall notify the person that payment of fees and
17 fines shall be paid to the Department by certified check or
18 money order within 30 calendar days of the notification. If,
19 after the expiration of 30 days from the date of the
20 notification, the person has failed to submit the necessary
21 remittance, the Department shall automatically terminate the
22 license or permit or deny the application, without hearing. If,
23 after termination or denial, the person seeks a license or
24 permit, he or she shall apply to the Department for
25 reinstatement or issuance of the license or permit and pay all
26 fees and fines due to the Department. The Department may

1 establish a fee for the processing of an application for
2 reinstatement of a license or permit to pay all expenses of
3 processing this application. The Secretary may waive the fines
4 due under this Section in individual cases where the Secretary
5 finds that the fines would be unreasonable or unnecessarily
6 burdensome.

7 (Source: P.A. 101-316, eff. 8-9-19; 101-603, eff. 1-1-20.)

8 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

9 (Section scheduled to be repealed on January 1, 2022)

10 Sec. 22. Disciplinary action.

11 (A) The Department may revoke, suspend, place on probation,
12 reprimand, refuse to issue or renew, or take any other
13 disciplinary or non-disciplinary action as the Department may
14 deem proper with regard to the license or permit of any person
15 issued under this Act, including imposing fines not to exceed
16 \$10,000 for each violation, upon any of the following grounds:

17 (1) (Blank).

18 (2) (Blank).

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

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

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

4 (6) Obtaining any fee by fraud, deceit, or
5 misrepresentation.

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

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

12 (9) Fraud or misrepresentation in applying for, or
13 procuring, a license under this Act or in connection with
14 applying for renewal of a license under this Act.

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

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

22 (12) Adverse action taken by another state or
23 jurisdiction against a license or other authorization to
24 practice as a medical doctor, doctor of osteopathy, doctor
25 of osteopathic medicine or doctor of chiropractic, a
26 certified copy of the record of the action taken by the

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

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

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

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

19 (16) Abandonment of a patient.

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

25 (18) Promotion of the sale of drugs, devices,
26 appliances, or goods provided for a patient in such manner

1 as to exploit the patient for financial gain of the
2 physician.

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

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

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

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

23 (23) Being named as a perpetrator in an indicated
24 report by the Department of Children and Family Services
25 under the Abused and Neglected Child Reporting Act, and
26 upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or
2 neglected child as defined in the Abused and Neglected
3 Child Reporting Act.

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

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

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

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

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

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

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

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

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

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

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

23 (35) Failure to report to the Department surrender of a
24 license or authorization to practice as a medical doctor, a
25 doctor of osteopathy, a doctor of osteopathic medicine, or
26 doctor of chiropractic in another state or jurisdiction, or

1 surrender of membership on any medical staff or in any
2 medical or professional association or society, while
3 under disciplinary investigation by any of those
4 authorities or bodies, for acts or conduct similar to acts
5 or conduct which would constitute grounds for action as
6 defined in this Section.

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

12 (37) Failure to provide copies of medical records as
13 required by law.

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

19 (39) Violating the Health Care Worker Self-Referral
20 Act.

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

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

25 (42) Entering into an excessive number of written
26 collaborative agreements with licensed advanced practice

1 registered nurses resulting in an inability to adequately
2 collaborate.

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

5 (44) Violating the Compassionate Use of Medical
6 Cannabis Program Act.

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

11 (46) Repeated failure to adequately collaborate with a
12 licensed prescribing psychologist.

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

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

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

1 (50) Repeated failure to adequately collaborate with a
2 physician assistant.

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

1 disciplinary proceedings under Section 36 of this Act, except
2 as otherwise provided by law. The time during which the holder
3 of the license was outside the State of Illinois shall not be
4 included within any period of time limiting the commencement of
5 disciplinary action by the Department.

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

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

24 The Department, upon the recommendation of the Medical
25 ~~Disciplinary~~ Board, shall adopt rules which set forth standards
26 to be used in determining:

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

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

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

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

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

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

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

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

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

24 An individual licensed under this Act, affected under this
25 Section, shall be afforded an opportunity to demonstrate to the
26 Medical Disciplinary Board that he or she ~~they~~ can resume

1 practice in compliance with acceptable and prevailing
2 standards under the provisions of his or her ~~their~~ license.

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

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

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

26 (C) The Department shall not revoke, suspend, place on

1 probation, reprimand, refuse to issue or renew, or take any
2 other disciplinary or non-disciplinary action against the
3 license or permit issued under this Act to practice medicine to
4 a physician:

5 (1) based solely upon the recommendation of the
6 physician to an eligible patient regarding, or
7 prescription for, or treatment with, an investigational
8 drug, biological product, or device; or

9 (2) for experimental treatment for Lyme disease or
10 other tick-borne diseases, including, but not limited to,
11 the prescription of or treatment with long-term
12 antibiotics.

13 (D) The Medical ~~Disciplinary~~ Board shall recommend to the
14 Department civil penalties and any other appropriate
15 discipline in disciplinary cases when the Medical Board finds
16 that a physician willfully performed an abortion with actual
17 knowledge that the person upon whom the abortion has been
18 performed is a minor or an incompetent person without notice as
19 required under the Parental Notice of Abortion Act of 1995.
20 Upon the Medical Board's recommendation, the Department shall
21 impose, for the first violation, a civil penalty of \$1,000 and
22 for a second or subsequent violation, a civil penalty of
23 \$5,000.

24 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
25 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
26 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,

1 eff. 8-9-19; revised 9-20-19.)

2 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

3 (Section scheduled to be repealed on January 1, 2022)

4 Sec. 23. Reports relating to professional conduct and
5 capacity.

6 (A) Entities required to report.

7 (1) Health care institutions. The chief administrator
8 or executive officer of any health care institution
9 licensed by the Illinois Department of Public Health shall
10 report to the Medical ~~Disciplinary~~ Board when any person's
11 clinical privileges are terminated or are restricted based
12 on a final determination made in accordance with that
13 institution's by-laws or rules and regulations that a
14 person has either committed an act or acts which may
15 directly threaten patient care or that a person may have a
16 mental or physical disability that may endanger patients
17 under that person's care. Such officer also shall report if
18 a person accepts voluntary termination or restriction of
19 clinical privileges in lieu of formal action based upon
20 conduct related directly to patient care or in lieu of
21 formal action seeking to determine whether a person may
22 have a mental or physical disability that may endanger
23 patients under that person's care. The Medical
24 ~~Disciplinary~~ Board shall, by rule, provide for the
25 reporting to it by health care institutions of all

1 instances in which a person, licensed under this Act, who
2 is impaired by reason of age, drug or alcohol abuse or
3 physical or mental impairment, is under supervision and,
4 where appropriate, is in a program of rehabilitation. Such
5 reports shall be strictly confidential and may be reviewed
6 and considered only by the members of the Medical
7 ~~Disciplinary~~ Board, or by authorized staff as provided by
8 rules of the Medical ~~Disciplinary~~ Board. Provisions shall
9 be made for the periodic report of the status of any such
10 person not less than twice annually in order that the
11 Medical ~~Disciplinary~~ Board shall have current information
12 upon which to determine the status of any such person. Such
13 initial and periodic reports of impaired physicians shall
14 not be considered records within the meaning of The State
15 Records Act and shall be disposed of, following a
16 determination by the Medical ~~Disciplinary~~ Board that such
17 reports are no longer required, in a manner and at such
18 time as the Medical ~~Disciplinary~~ Board shall determine by
19 rule. The filing of such reports shall be construed as the
20 filing of a report for purposes of subsection (C) of this
21 Section.

22 (1.5) Clinical training programs. The program director
23 of any post-graduate clinical training program shall
24 report to the Medical ~~Disciplinary~~ Board if a person
25 engaged in a post-graduate clinical training program at the
26 institution, including, but not limited to, a residency or

1 fellowship, separates from the program for any reason prior
2 to its conclusion. The program director shall provide all
3 documentation relating to the separation if, after review
4 of the report, the Medical ~~Disciplinary~~ Board determines
5 that a review of those documents is necessary to determine
6 whether a violation of this Act occurred.

7 (2) Professional associations. The President or chief
8 executive officer of any association or society, of persons
9 licensed under this Act, operating within this State shall
10 report to the Medical ~~Disciplinary~~ Board when the
11 association or society renders a final determination that a
12 person has committed unprofessional conduct related
13 directly to patient care or that a person may have a mental
14 or physical disability that may endanger patients under
15 that person's care.

16 (3) Professional liability insurers. Every insurance
17 company which offers policies of professional liability
18 insurance to persons licensed under this Act, or any other
19 entity which seeks to indemnify the professional liability
20 of a person licensed under this Act, shall report to the
21 Medical ~~Disciplinary~~ Board the settlement of any claim or
22 cause of action, or final judgment rendered in any cause of
23 action, which alleged negligence in the furnishing of
24 medical care by such licensed person when such settlement
25 or final judgment is in favor of the plaintiff.

26 (4) State's Attorneys. The State's Attorney of each

1 county shall report to the Medical ~~Disciplinary~~ Board,
2 within 5 days, any instances in which a person licensed
3 under this Act is convicted of any felony or Class A
4 misdemeanor. The State's Attorney of each county may report
5 to the Medical ~~Disciplinary~~ Board through a verified
6 complaint any instance in which the State's Attorney
7 believes that a physician has willfully violated the notice
8 requirements of the Parental Notice of Abortion Act of
9 1995.

10 (5) State agencies. All agencies, boards, commissions,
11 departments, or other instrumentalities of the government
12 of the State of Illinois shall report to the Medical
13 ~~Disciplinary~~ Board any instance arising in connection with
14 the operations of such agency, including the
15 administration of any law by such agency, in which a person
16 licensed under this Act has either committed an act or acts
17 which may be a violation of this Act or which may
18 constitute unprofessional conduct related directly to
19 patient care or which indicates that a person licensed
20 under this Act may have a mental or physical disability
21 that may endanger patients under that person's care.

22 (B) Mandatory reporting. All reports required by items
23 (34), (35), and (36) of subsection (A) of Section 22 and by
24 Section 23 shall be submitted to the Medical ~~Disciplinary~~ Board
25 in a timely fashion. Unless otherwise provided in this Section,
26 the reports shall be filed in writing within 60 days after a

1 determination that a report is required under this Act. All
2 reports shall contain the following information:

3 (1) The name, address and telephone number of the
4 person making the report.

5 (2) The name, address and telephone number of the
6 person who is the subject of the report.

7 (3) The name and date of birth of any patient or
8 patients whose treatment is a subject of the report, if
9 available, or other means of identification if such
10 information is not available, identification of the
11 hospital or other healthcare facility where the care at
12 issue in the report was rendered, provided, however, no
13 medical records may be revealed.

14 (4) A brief description of the facts which gave rise to
15 the issuance of the report, including the dates of any
16 occurrences deemed to necessitate the filing of the report.

17 (5) If court action is involved, the identity of the
18 court in which the action is filed, along with the docket
19 number and date of filing of the action.

20 (6) Any further pertinent information which the
21 reporting party deems to be an aid in the evaluation of the
22 report.

23 The Medical ~~Disciplinary~~ Board or Department may also
24 exercise the power under Section 38 of this Act to subpoena
25 copies of hospital or medical records in mandatory report cases
26 alleging death or permanent bodily injury. Appropriate rules

1 shall be adopted by the Department with the approval of the
2 Medical Disciplinary Board.

3 When the Department has received written reports
4 concerning incidents required to be reported in items (34),
5 (35), and (36) of subsection (A) of Section 22, the licensee's
6 failure to report the incident to the Department under those
7 items shall not be the sole grounds for disciplinary action.

8 Nothing contained in this Section shall act to in any way,
9 waive or modify the confidentiality of medical reports and
10 committee reports to the extent provided by law. Any
11 information reported or disclosed shall be kept for the
12 confidential use of the Medical Disciplinary Board, the Medical
13 Coordinators, the Medical Disciplinary Board's attorneys, the
14 medical investigative staff, and authorized clerical staff, as
15 provided in this Act, and shall be afforded the same status as
16 is provided information concerning medical studies in Part 21
17 of Article VIII of the Code of Civil Procedure, except that the
18 Department may disclose information and documents to a federal,
19 State, or local law enforcement agency pursuant to a subpoena
20 in an ongoing criminal investigation or to a health care
21 licensing body or medical licensing authority of this State or
22 another state or jurisdiction pursuant to an official request
23 made by that licensing body or medical licensing authority.
24 Furthermore, information and documents disclosed to a federal,
25 State, or local law enforcement agency may be used by that
26 agency only for the investigation and prosecution of a criminal

1 offense, or, in the case of disclosure to a health care
2 licensing body or medical licensing authority, only for
3 investigations and disciplinary action proceedings with regard
4 to a license. Information and documents disclosed to the
5 Department of Public Health may be used by that Department only
6 for investigation and disciplinary action regarding the
7 license of a health care institution licensed by the Department
8 of Public Health.

9 (C) Immunity from prosecution. Any individual or
10 organization acting in good faith, and not in a wilful and
11 wanton manner, in complying with this Act by providing any
12 report or other information to the Medical Disciplinary Board
13 or a peer review committee, or assisting in the investigation
14 or preparation of such information, or by voluntarily reporting
15 to the Medical Disciplinary Board or a peer review committee
16 information regarding alleged errors or negligence by a person
17 licensed under this Act, or by participating in proceedings of
18 the Medical Disciplinary Board or a peer review committee, or
19 by serving as a member of the Medical Disciplinary Board or a
20 peer review committee, shall not, as a result of such actions,
21 be subject to criminal prosecution or civil damages.

22 (D) Indemnification. Members of the Medical Disciplinary
23 Board, ~~the Licensing Board,~~ the Medical Coordinators, the
24 Medical Disciplinary Board's attorneys, the medical
25 investigative staff, physicians retained under contract to
26 assist and advise the medical coordinators in the

1 investigation, and authorized clerical staff shall be
2 indemnified by the State for any actions occurring within the
3 scope of services on the Medical ~~Disciplinary~~ Board ~~or~~
4 ~~Licensing Board~~, done in good faith and not wilful and wanton
5 in nature. The Attorney General shall defend all such actions
6 unless he or she determines either that there would be a
7 conflict of interest in such representation or that the actions
8 complained of were not in good faith or were wilful and wanton.

9 Should the Attorney General decline representation, the
10 member shall have the right to employ counsel of his or her
11 choice, whose fees shall be provided by the State, after
12 approval by the Attorney General, unless there is a
13 determination by a court that the member's actions were not in
14 good faith or were wilful and wanton.

15 The member must notify the Attorney General within 7 days
16 of receipt of notice of the initiation of any action involving
17 services of the Medical ~~Disciplinary~~ Board. Failure to so
18 notify the Attorney General shall constitute an absolute waiver
19 of the right to a defense and indemnification.

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

23 (E) Deliberations of Medical ~~Disciplinary~~ Board. Upon the
24 receipt of any report called for by this Act, other than those
25 reports of impaired persons licensed under this Act required
26 pursuant to the rules of the Medical ~~Disciplinary~~ Board, the

1 Medical ~~Disciplinary~~ Board shall notify in writing, by
2 certified mail or email, the person who is the subject of the
3 report. Such notification shall be made within 30 days of
4 receipt by the Medical ~~Disciplinary~~ Board of the report.

5 The notification shall include a written notice setting
6 forth the person's right to examine the report. Included in
7 such notification shall be the address at which the file is
8 maintained, the name of the custodian of the reports, and the
9 telephone number at which the custodian may be reached. The
10 person who is the subject of the report shall submit a written
11 statement responding, clarifying, adding to, or proposing the
12 amending of the report previously filed. The person who is the
13 subject of the report shall also submit with the written
14 statement any medical records related to the report. The
15 statement and accompanying medical records shall become a
16 permanent part of the file and must be received by the Medical
17 ~~Disciplinary~~ Board no more than 30 days after the date on which
18 the person was notified by the Medical ~~Disciplinary~~ Board of
19 the existence of the original report.

20 The Medical ~~Disciplinary~~ Board shall review all reports
21 received by it, together with any supporting information and
22 responding statements submitted by persons who are the subject
23 of reports. The review by the Medical ~~Disciplinary~~ Board shall
24 be in a timely manner but in no event, shall the Medical
25 ~~Disciplinary~~ Board's initial review of the material contained
26 in each disciplinary file be less than 61 days nor more than

1 180 days after the receipt of the initial report by the Medical
2 ~~Disciplinary~~ Board.

3 When the Medical ~~Disciplinary~~ Board makes its initial
4 review of the materials contained within its disciplinary
5 files, the Medical ~~Disciplinary~~ Board shall, in writing, make a
6 determination as to whether there are sufficient facts to
7 warrant further investigation or action. Failure to make such
8 determination within the time provided shall be deemed to be a
9 determination that there are not sufficient facts to warrant
10 further investigation or action.

11 Should the Medical ~~Disciplinary~~ Board find that there are
12 not sufficient facts to warrant further investigation, or
13 action, the report shall be accepted for filing and the matter
14 shall be deemed closed and so reported to the Secretary. The
15 Secretary shall then have 30 days to accept the Medical
16 ~~Disciplinary~~ Board's decision or request further
17 investigation. The Secretary shall inform the Medical Board of
18 the decision to request further investigation, including the
19 specific reasons for the decision. The individual or entity
20 filing the original report or complaint and the person who is
21 the subject of the report or complaint shall be notified in
22 writing by the Secretary of any final action on their report or
23 complaint. The Department shall disclose to the individual or
24 entity who filed the original report or complaint, on request,
25 the status of the Medical ~~Disciplinary~~ Board's review of a
26 specific report or complaint. Such request may be made at any

1 time, including prior to the Medical ~~Disciplinary~~ Board's
2 determination as to whether there are sufficient facts to
3 warrant further investigation or action.

4 (F) Summary reports. The Medical ~~Disciplinary~~ Board shall
5 prepare, on a timely basis, but in no event less than once
6 every other month, a summary report of final disciplinary
7 actions taken upon disciplinary files maintained by the Medical
8 ~~Disciplinary~~ Board. The summary reports shall be made available
9 to the public upon request and payment of the fees set by the
10 Department. This publication may be made available to the
11 public on the Department's website. Information or
12 documentation relating to any disciplinary file that is closed
13 without disciplinary action taken shall not be disclosed and
14 shall be afforded the same status as is provided by Part 21 of
15 Article VIII of the Code of Civil Procedure.

16 (G) Any violation of this Section shall be a Class A
17 misdemeanor.

18 (H) If any such person violates the provisions of this
19 Section an action may be brought in the name of the People of
20 the State of Illinois, through the Attorney General of the
21 State of Illinois, for an order enjoining such violation or for
22 an order enforcing compliance with this Section. Upon filing of
23 a verified petition in such court, the court may issue a
24 temporary restraining order without notice or bond and may
25 preliminarily or permanently enjoin such violation, and if it
26 is established that such person has violated or is violating

1 the injunction, the court may punish the offender for contempt
2 of court. Proceedings under this paragraph shall be in addition
3 to, and not in lieu of, all other remedies and penalties
4 provided for by this Section.

5 (Source: P.A. 98-601, eff. 12-30-13; 99-143, eff. 7-27-15.)

6 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 24. Report of violations; medical associations.

9 (a) Any physician licensed under this Act, the Illinois
10 State Medical Society, the Illinois Association of Osteopathic
11 Physicians and Surgeons, the Illinois Chiropractic Society,
12 the Illinois Prairie State Chiropractic Association, or any
13 component societies of any of these 4 groups, and any other
14 person, may report to the Medical ~~Disciplinary~~ Board any
15 information the physician, association, society, or person may
16 have that appears to show that a physician is or may be in
17 violation of any of the provisions of Section 22 of this Act.

18 (b) The Department may enter into agreements with the
19 Illinois State Medical Society, the Illinois Association of
20 Osteopathic Physicians and Surgeons, the Illinois Prairie
21 State Chiropractic Association, or the Illinois Chiropractic
22 Society to allow these organizations to assist the Medical
23 ~~Disciplinary~~ Board in the review of alleged violations of this
24 Act. Subject to the approval of the Department, any
25 organization party to such an agreement may subcontract with

1 other individuals or organizations to assist in review.

2 (c) Any physician, association, society, or person
3 participating in good faith in the making of a report under
4 this Act or participating in or assisting with an investigation
5 or review under this Act shall have immunity from any civil,
6 criminal, or other liability that might result by reason of
7 those actions.

8 (d) The medical information in the custody of an entity
9 under contract with the Department participating in an
10 investigation or review shall be privileged and confidential to
11 the same extent as are information and reports under the
12 provisions of Part 21 of Article VIII of the Code of Civil
13 Procedure.

14 (e) Upon request by the Department after a mandatory report
15 has been filed with the Department, an attorney for any party
16 seeking to recover damages for injuries or death by reason of
17 medical, hospital, or other healing art malpractice shall
18 provide patient records related to the physician involved in
19 the disciplinary proceeding to the Department within 30 days of
20 the Department's request for use by the Department in any
21 disciplinary matter under this Act. An attorney who provides
22 patient records to the Department in accordance with this
23 requirement shall not be deemed to have violated any
24 attorney-client privilege. Notwithstanding any other provision
25 of law, consent by a patient shall not be required for the
26 provision of patient records in accordance with this

1 requirement.

2 (f) For the purpose of any civil or criminal proceedings,
3 the good faith of any physician, association, society or person
4 shall be presumed.

5 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 25. The Secretary of the Department may, upon receipt
9 of a written communication from the Secretary of Human
10 Services, the Director of Healthcare and Family Services
11 (formerly Director of Public Aid), or the Director of Public
12 Health that continuation of practice of a person licensed under
13 this Act constitutes an immediate danger to the public, and
14 after consultation with the Chief Medical Coordinator or Deputy
15 Medical Coordinator, immediately suspend the license of such
16 person without a hearing. In instances in which the Secretary
17 immediately suspends a license under this Section, a hearing
18 upon such person's license must be convened by the Medical
19 ~~Disciplinary~~ Board within 15 days after such suspension and
20 completed without appreciable delay. Such hearing is to be held
21 to determine whether to recommend to the Secretary that the
22 person's license be revoked, suspended, placed on probationary
23 status or reinstated, or whether such person should be subject
24 to other disciplinary action. In the hearing, the written
25 communication and any other evidence submitted therewith may be

1 introduced as evidence against such person; provided however,
2 the person, or their counsel, shall have the opportunity to
3 discredit, impeach and submit evidence rebutting such
4 evidence.

5 (Source: P.A. 97-622, eff. 11-23-11.)

6 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 35. The Secretary shall have the authority to appoint
9 an attorney duly licensed to practice law in the State of
10 Illinois to serve as the hearing officer in any action to
11 suspend, revoke, place on probationary status, or take any
12 other disciplinary action with regard to a license. The hearing
13 officer shall have full authority to conduct the hearing. The
14 hearing officer shall report his findings and recommendations
15 to the Medical Disciplinary Board ~~or Licensing Board~~ within 30
16 days of the receipt of the record. The Medical Disciplinary
17 Board ~~or Licensing Board~~ shall have 60 days from receipt of the
18 report to review the report of the hearing officer and present
19 their findings of fact, conclusions of law and recommendations
20 to the Secretary.

21 (Source: P.A. 100-429, eff. 8-25-17.)

22 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

23 (Section scheduled to be repealed on January 1, 2022)

24 Sec. 36. Investigation; notice.

1 (a) Upon the motion of either the Department or the Medical
2 ~~Disciplinary~~ Board or upon the verified complaint in writing of
3 any person setting forth facts which, if proven, would
4 constitute grounds for suspension or revocation under Section
5 22 of this Act, the Department shall investigate the actions of
6 any person, so accused, who holds or represents that he or she
7 holds a license. Such person is hereinafter called the accused.

8 (b) The Department shall, before suspending, revoking,
9 placing on probationary status, or taking any other
10 disciplinary action as the Department may deem proper with
11 regard to any license at least 30 days prior to the date set
12 for the hearing, notify the accused in writing of any charges
13 made and the time and place for a hearing of the charges before
14 the Medical ~~Disciplinary~~ Board, direct him or her to file his
15 or her written answer thereto to the Medical ~~Disciplinary~~ Board
16 under oath within 20 days after the service on him or her of
17 such notice and inform him or her that if he or she fails to
18 file such answer default will be taken against him or her and
19 his or her license may be suspended, revoked, placed on
20 probationary status, or have other disciplinary action,
21 including limiting the scope, nature or extent of his or her
22 practice, as the Department may deem proper taken with regard
23 thereto. The Department shall, at least 14 days prior to the
24 date set for the hearing, notify in writing any person who
25 filed a complaint against the accused of the time and place for
26 the hearing of the charges against the accused before the

1 Medical Disciplinary Board and inform such person whether he or
2 she may provide testimony at the hearing.

3 (c) (Blank).

4 (d) Such written notice and any notice in such proceedings
5 thereafter may be served by personal delivery, email to the
6 respondent's email address of record, or mail to the
7 respondent's address of record.

8 (e) All information gathered by the Department during its
9 investigation including information subpoenaed under Section
10 23 or 38 of this Act and the investigative file shall be kept
11 for the confidential use of the Secretary, the Medical
12 Disciplinary Board, the Medical Coordinators, persons employed
13 by contract to advise the Medical Coordinator or the
14 Department, the Medical Disciplinary Board's attorneys, the
15 ~~medical~~ investigative staff, and authorized clerical staff, as
16 provided in this Act and shall be afforded the same status as
17 is provided information concerning medical studies in Part 21
18 of Article VIII of the Code of Civil Procedure, except that the
19 Department may disclose information and documents to a federal,
20 State, or local law enforcement agency pursuant to a subpoena
21 in an ongoing criminal investigation to a health care licensing
22 body of this State or another state or jurisdiction pursuant to
23 an official request made by that licensing body. Furthermore,
24 information and documents disclosed to a federal, State, or
25 local law enforcement agency may be used by that agency only
26 for the investigation and prosecution of a criminal offense or,

1 in the case of disclosure to a health care licensing body, only
2 for investigations and disciplinary action proceedings with
3 regard to a license issued by that licensing body.

4 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
5 revised 9-20-19.)

6 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 37. Disciplinary actions.

9 (a) At the time and place fixed in the notice, the Medical
10 ~~Disciplinary~~ Board provided for in this Act shall proceed to
11 hear the charges, and the accused person shall be accorded
12 ample opportunity to present in person, or by counsel, such
13 statements, testimony, evidence and argument as may be
14 pertinent to the charges or to any defense thereto. The Medical
15 ~~Disciplinary~~ Board may continue such hearing from time to time.
16 If the Medical ~~Disciplinary~~ Board is not sitting at the time
17 and place fixed in the notice or at the time and place to which
18 the hearing has been continued, the Department shall continue
19 such hearing for a period not to exceed 30 days.

20 (b) In case the accused person, after receiving notice,
21 fails to file an answer, their license may, in the discretion
22 of the Secretary, having received first the recommendation of
23 the Medical ~~Disciplinary~~ Board, be suspended, revoked or placed
24 on probationary status, or the Secretary may take whatever
25 disciplinary action as he or she may deem proper, including

1 limiting the scope, nature, or extent of said person's
2 practice, without a hearing, if the act or acts charged
3 constitute sufficient grounds for such action under this Act.

4 (c) The Medical ~~Disciplinary~~ Board has the authority to
5 recommend to the Secretary that probation be granted or that
6 other disciplinary or non-disciplinary action, including the
7 limitation of the scope, nature or extent of a person's
8 practice, be taken as it deems proper. If disciplinary or
9 non-disciplinary action, other than suspension or revocation,
10 is taken, the Medical ~~Disciplinary~~ Board may recommend that the
11 Secretary impose reasonable limitations and requirements upon
12 the accused registrant to insure compliance with the terms of
13 the probation or other disciplinary action including, but not
14 limited to, regular reporting by the accused to the Department
15 of their actions, placing themselves under the care of a
16 qualified physician for treatment, or limiting their practice
17 in such manner as the Secretary may require.

18 (d) The Secretary, after consultation with the Chief
19 Medical Coordinator or Deputy Medical Coordinator, may
20 temporarily suspend the license of a physician without a
21 hearing, simultaneously with the institution of proceedings
22 for a hearing provided under this Section if the Secretary
23 finds that evidence in his or her possession indicates that a
24 physician's continuation in practice would constitute an
25 immediate danger to the public. In the event that the Secretary
26 suspends, temporarily, the license of a physician without a

1 hearing, a hearing by the Medical ~~Disciplinary~~ Board shall be
2 held within 15 days after such suspension has occurred and
3 shall be concluded without appreciable delay.

4 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

5 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

6 (Section scheduled to be repealed on January 1, 2022)

7 Sec. 38. Subpoena; oaths.

8 (a) The Medical ~~Disciplinary~~ Board or Department has power
9 to subpoena and bring before it any person in this State and to
10 take testimony either orally or by deposition, or both, with
11 the same fees and mileage and in the same manner as is
12 prescribed by law for judicial procedure in civil cases.

13 (b) The Medical ~~Disciplinary~~ Board, upon a determination
14 that probable cause exists that a violation of one or more of
15 the grounds for discipline listed in Section 22 has occurred or
16 is occurring, may subpoena the medical and hospital records of
17 individual patients of physicians licensed under this Act,
18 provided, that prior to the submission of such records to the
19 Medical ~~Disciplinary~~ Board, all information indicating the
20 identity of the patient shall be removed and deleted.
21 Notwithstanding the foregoing, the Medical ~~Disciplinary~~ Board
22 and Department shall possess the power to subpoena copies of
23 hospital or medical records in mandatory report cases under
24 Section 23 alleging death or permanent bodily injury when
25 consent to obtain records is not provided by a patient or legal

1 representative. Prior to submission of the records to the
2 Medical ~~Disciplinary~~ Board, all information indicating the
3 identity of the patient shall be removed and deleted. All
4 medical records and other information received pursuant to
5 subpoena shall be confidential and shall be afforded the same
6 status as is provided information concerning medical studies in
7 Part 21 of Article VIII of the Code of Civil Procedure. The use
8 of such records shall be restricted to members of the Medical
9 ~~Disciplinary~~ Board, the medical coordinators, and appropriate
10 staff of the Department designated by the Medical ~~Disciplinary~~
11 Board for the purpose of determining the existence of one or
12 more grounds for discipline of the physician as provided for by
13 Section 22 of this Act. Any such review of individual patients'
14 records shall be conducted by the Medical ~~Disciplinary~~ Board in
15 strict confidentiality, provided that such patient records
16 shall be admissible in a disciplinary hearing, before the
17 Medical ~~Disciplinary~~ Board, when necessary to substantiate the
18 grounds for discipline alleged against the physician licensed
19 under this Act, and provided further, that nothing herein shall
20 be deemed to supersede the provisions of Part 21 of Article
21 VIII of the "Code of Civil Procedure", as now or hereafter
22 amended, to the extent applicable.

23 (c) The Secretary, hearing officer, and any member of the
24 Medical ~~Disciplinary~~ Board each have power to administer oaths
25 at any hearing which the Medical ~~Disciplinary~~ Board or
26 Department is authorized by law to conduct.

1 (d) The Medical ~~Disciplinary~~ Board, upon a determination
2 that probable cause exists that a violation of one or more of
3 the grounds for discipline listed in Section 22 has occurred or
4 is occurring on the business premises of a physician licensed
5 under this Act, may issue an order authorizing an appropriately
6 qualified investigator employed by the Department to enter upon
7 the business premises with due consideration for patient care
8 of the subject of the investigation so as to inspect the
9 physical premises and equipment and furnishings therein. No
10 such order shall include the right of inspection of business,
11 medical, or personnel records located on the premises. For
12 purposes of this Section, "business premises" is defined as the
13 office or offices where the physician conducts the practice of
14 medicine. Any such order shall expire and become void five
15 business days after its issuance by the Medical ~~Disciplinary~~
16 Board. The execution of any such order shall be valid only
17 during the normal business hours of the facility or office to
18 be inspected.

19 (Source: P.A. 101-316, eff. 8-9-19.)

20 (225 ILCS 60/39) (from Ch. 111, par. 4400-39)

21 (Section scheduled to be repealed on January 1, 2022)

22 Sec. 39. Certified shorthand reporter; record. The
23 Department, at its expense, shall provide a certified shorthand
24 reporter to take down the testimony and preserve a record of
25 all proceedings at the hearing of any case wherein a license

1 may be revoked, suspended, placed on probationary status, or
2 other disciplinary action taken with regard thereto in
3 accordance with Section 2105-115 of the Department of
4 Professional Regulation Law of the Civil Administrative Code of
5 Illinois. The notice of hearing, complaint and all other
6 documents in the nature of pleadings and written motions filed
7 in the proceedings, the transcript of testimony, the report of
8 the hearing officer, exhibits, the report of the Medical Board,
9 and the orders of the Department constitute the record of the
10 proceedings.

11 (Source: P.A. 100-429, eff. 8-25-17; 101-316, eff. 8-9-19.)

12 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

13 (Section scheduled to be repealed on January 1, 2022)

14 Sec. 40. Findings and recommendations; rehearing.

15 (a) The Medical ~~Disciplinary~~ Board shall present to the
16 Secretary a written report of its findings and recommendations.
17 A copy of such report shall be served upon the accused person,
18 either personally or by mail or email. Within 20 days after
19 such service, the accused person may present to the Department
20 his or her motion, in writing, for a rehearing, which written
21 motion shall specify the particular ground therefor. If the
22 accused person orders and pays for a transcript of the record
23 as provided in Section 39, the time elapsing thereafter and
24 before such transcript is ready for delivery to them shall not
25 be counted as part of such 20 days.

1 (b) At the expiration of the time allowed for filing a
2 motion for rehearing, the Secretary may take the action
3 recommended by the Medical Disciplinary Board. Upon the
4 suspension, revocation, placement on probationary status, or
5 the taking of any other disciplinary action, including the
6 limiting of the scope, nature, or extent of one's practice,
7 deemed proper by the Department, with regard to the license or
8 permit, the accused shall surrender his or her license or
9 permit to the Department, if ordered to do so by the
10 Department, and upon his or her failure or refusal so to do,
11 the Department may seize the same.

12 (c) (Blank). ~~Each order of revocation, suspension, or other~~
13 ~~disciplinary action shall contain a brief, concise statement of~~
14 ~~the ground or grounds upon which the Department's action is~~
15 ~~based, as well as the specific terms and conditions of such~~
16 ~~action. This document shall be retained as a permanent record~~
17 ~~by the Disciplinary Board and the Secretary.~~

18 (d) (Blank). ~~The Department shall at least annually publish~~
19 ~~a list of the names of all persons disciplined under this Act~~
20 ~~in the preceding 12 months. Such lists shall be available by~~
21 ~~the Department on its website.~~

22 (e) In those instances where an order of revocation,
23 suspension, or other disciplinary action has been rendered by
24 virtue of a physician's physical illness, including, but not
25 limited to, deterioration through the aging process, or loss of
26 motor skill which results in a physician's inability to

1 practice medicine with reasonable judgment, skill, or safety,
2 the Department shall only permit this document, and the record
3 of the hearing incident thereto, to be observed, inspected,
4 viewed, or copied pursuant to court order.

5 (Source: P.A. 101-316, eff. 8-9-19.)

6 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 41. Administrative review; certification of record.

9 (a) All final administrative decisions of the Department
10 are subject to judicial review pursuant to the Administrative
11 Review Law and its rules. The term "administrative decision" is
12 defined as in Section 3-101 of the Code of Civil Procedure.

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

17 (c) The Department shall not be required to certify any
18 record to the court, to file an answer in court, or to
19 otherwise appear in any court in a judicial review proceeding
20 unless and until the Department has received from the plaintiff
21 payment of the costs of furnishing and certifying the record,
22 which costs shall be determined by the Department. ~~Exhibits~~
23 ~~shall be certified without cost.~~ Failure on the part of the
24 plaintiff to file a receipt in court shall be grounds for
25 dismissal of the action. During the pendency and hearing of any

1 and all judicial proceedings incident to the disciplinary
2 action the sanctions imposed upon the accused by the Department
3 because of acts or omissions related to the delivery of direct
4 patient care as specified in the Department's final
5 administrative decision, shall as a matter of public policy
6 remain in full force and effect in order to protect the public
7 pending final resolution of any of the proceedings.

8 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

9 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

10 (Section scheduled to be repealed on January 1, 2022)

11 Sec. 42. An order of revocation, suspension, placing the
12 license on probationary status, or other formal disciplinary
13 action as the Department may deem proper, or a certified copy
14 thereof, over the seal of the Department and purporting to be
15 signed by the Secretary, is prima facie proof that:

16 (a) Such signature is the genuine signature of the
17 Secretary;

18 (b) The Secretary is duly appointed and qualified; and

19 (c) The Medical ~~Disciplinary~~ Board and the members
20 thereof are qualified.

21 Such proof may be rebutted.

22 (Source: P.A. 97-622, eff. 11-23-11.)

23 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

24 (Section scheduled to be repealed on January 1, 2022)

1 Sec. 47. Administrative Procedure Act. The Illinois
2 Administrative Procedure Act is hereby expressly adopted and
3 incorporated herein as if all of the provisions of that Act
4 were included in this Act, except that the provision of
5 subsection (d) of Section 10-65 of the Illinois Administrative
6 Procedure Act that provides that at hearings the licensee has
7 the right to show compliance with all lawful requirements for
8 retention, continuation or renewal of the license is
9 specifically excluded. For the purposes of this Act the notice
10 required under Section 10-25 of the Illinois Administrative
11 Procedure Act is deemed sufficient when mailed or emailed to
12 the address of record of a party.

13 (Source: P.A. 97-622, eff. 11-23-11.)

14 (225 ILCS 60/8 rep.)

15 (225 ILCS 60/9.3 rep.)

16 (225 ILCS 60/44 rep.)

17 Section 10. The Medical Practice Act of 1987 is amended by
18 repealing Sections 8, 9.3, and 44.

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3	225 ILCS 60/2	from Ch. 111, par. 4400-2
4	225 ILCS 60/7	from Ch. 111, par. 4400-7
5	225 ILCS 60/7.5	
6	225 ILCS 60/8.1	
7	225 ILCS 60/9	from Ch. 111, par. 4400-9
8	225 ILCS 60/17	from Ch. 111, par. 4400-17
9	225 ILCS 60/18	from Ch. 111, par. 4400-18
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1 225 ILCS 60/9.3 rep.

2 225 ILCS 60/44 rep.