



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB0077

Introduced 1/14/2021, by Rep. Mary E. Flowers

#### SYNOPSIS AS INTRODUCED:

20 ILCS 535/5

20 ILCS 535/7 new

225 ILCS 60/22

from Ch. 111, par. 4400-22

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

LRB102 03608 SPS 13621 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

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

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

7 (20 ILCS 535/5)

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

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

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

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

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

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

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

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

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

1     contraindications, and time limits, if any, and such other  
2     topics necessary to ensure the safe and appropriate use of  
3     psychotropic medications.

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

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

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

25          (j) Provisions ensuring that, subject to all relevant  
26    confidentiality laws, service plans for youth for whom the

1 Department has legal responsibility include the following  
2 information:

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

7 (2) The benefits of the psychotropic medication.

8 (3) The negative side effects of the psychotropic  
9 medication.

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

11 (20 ILCS 535/7 new)

12 Sec. 7. Annual reports on prescribing patterns.

13 (a) No later than December 31, 2021, and December 31 of  
14 each year thereafter, the Department shall prepare and submit  
15 an annual report, covering the previous fiscal year, to the  
16 General Assembly concerning the administration of psychotropic  
17 medication to youth for whom it is legally responsible. This  
18 report shall include, but is not limited to, pharmacy claims  
19 data for youth for whom the Department is legally responsible  
20 for each of the following:

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

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

1           (3) The number of physicians who have prescribed  
2           psychotropic medication to youth for whom the Department  
3           is legally responsible with consent of the guardian.

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

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

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

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

15               (2) the consent date for each psychotropic medication  
16               prescribed;

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

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

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

20               (6) the youth's weight.

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

25          (d) Using information gathered from subsection (a), the  
26          Department shall analyze prescribing patterns by population

1 for youth for whom it is legally responsible.

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

4 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

6 Sec. 22. Disciplinary action.

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

14 (1) (Blank).

15 (2) (Blank).

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

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

23 (5) Engaging in dishonorable, unethical, or  
24 unprofessional conduct of a character likely to deceive,

1 defraud or harm the public.

2 (6) Obtaining any fee by fraud, deceit, or  
3 misrepresentation.

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

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

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

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

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

20 (12) Adverse action taken by another state or  
21 jurisdiction against a license or other authorization to  
22 practice as a medical doctor, doctor of osteopathy, doctor  
23 of osteopathic medicine or doctor of chiropractic, a  
24 certified copy of the record of the action taken by the  
25 other state or jurisdiction being prima facie evidence  
26 thereof. This includes any adverse action taken by a State



1 or federal agency that prohibits a medical doctor, doctor  
2 of osteopathy, doctor of osteopathic medicine, or doctor  
3 of chiropractic from providing services to the agency's  
4 participants.

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

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

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

17 (16) Abandonment of a patient.

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

23 (18) Promotion of the sale of drugs, devices,  
24 appliances, or goods provided for a patient in such manner  
25 as to exploit the patient for financial gain of the  
26 physician.

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

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

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

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

21          (23) Being named as a perpetrator in an indicated  
22          report by the Department of Children and Family Services  
23          under the Abused and Neglected Child Reporting Act, and  
24          upon proof by clear and convincing evidence that the  
25          licensee has caused a child to be an abused child or  
26          neglected child as defined in the Abused and Neglected

1 Child Reporting Act.

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

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

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

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

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

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

26 (30) Willfully or negligently violating the

1 confidentiality between physician and patient except as  
2 required by law.

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

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

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

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

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

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

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

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

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

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

20 (40) Willful failure to provide notice when notice is  
21 required under the Parental Notice of Abortion Act of  
22 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  
19 Services Act, and upon proof by clear and convincing  
20 evidence that the licensee abused, neglected, or  
21 financially exploited an eligible adult as defined in the  
22 Adult Protective 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           (51) Repeated acts of clearly excessive prescribing,  
4           furnishing, or administering psychotropic medications to a  
5           minor without a good faith prior examination of the  
6           patient and medical reason therefor.

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

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

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

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



1 by the Illinois Department of Revenue.

2 The Department, upon the recommendation of the  
3 Disciplinary Board, shall adopt rules which set forth  
4 standards to be used in determining:

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

7 (b) what constitutes dishonorable, unethical, or  
8 unprofessional conduct of a character likely to deceive,  
9 defraud, or harm the public;

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

14 (d) what constitutes gross negligence in the practice  
15 of medicine.

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

19 In enforcing this Section, the Disciplinary Board or the  
20 Licensing Board, upon a showing of a possible violation, may  
21 compel, in the case of the Disciplinary Board, any individual  
22 who is licensed to practice under this Act or holds a permit to  
23 practice under this Act, or, in the case of the Licensing  
24 Board, any individual who has applied for licensure or a  
25 permit pursuant to this Act, to submit to a mental or physical  
26 examination and evaluation, or both, which may include a

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

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

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

1           An individual licensed under this Act, affected under this  
2 Section, shall be afforded an opportunity to demonstrate to  
3 the Disciplinary Board that he or she ~~they~~ can resume practice  
4 in compliance with acceptable and prevailing standards under  
5 the provisions of his or her ~~their~~ license.

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

14           All fines imposed under this Section shall be paid within  
15 60 days after the effective date of the order imposing the fine  
16 or in accordance with the terms set forth in the order imposing  
17 the fine.

18           (B) The Department shall revoke the license or permit  
19 issued under this Act to practice medicine or a chiropractic  
20 physician who has been convicted a second time of committing  
21 any felony under the Illinois Controlled Substances Act or the  
22 Methamphetamine Control and Community Protection Act, or who  
23 has been convicted a second time of committing a Class 1 felony  
24 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A  
25 person whose license or permit is revoked under this  
26 subsection B shall be prohibited from practicing medicine or

1 treating human ailments without the use of drugs and without  
2 operative surgery.

3 (C) The Department shall not revoke, suspend, place on  
4 probation, reprimand, refuse to issue or renew, or take any  
5 other disciplinary or non-disciplinary action against the  
6 license or permit issued under this Act to practice medicine  
7 to a physician:

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

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

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

26 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;

1 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.  
2 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,  
3 eff. 8-9-19; revised 9-20-19.)