



Rep. Mary E. Flowers

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1 AMENDMENT TO HOUSE BILL 77

2 AMENDMENT NO. _____. Amend House Bill 77 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Administration of Psychotropic Medications
5 to Children Act is amended by changing Sections 5 and 15 as
6 follows:

7 (20 ILCS 535/5)

8 Sec. 5. Administration of psychotropic medications.

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

15 (1) ~~(a)~~ The role of the Department in the
16 administration of psychotropic medications to youth for

1 whom it is legally responsible and who are in facilities
2 operated by the Illinois Department of Corrections or the
3 Illinois Department of Juvenile Justice.

4 (2) ~~(b)~~ Provisions regarding the administration of
5 psychotropic medications for youth for whom the Department
6 is legally responsible and who are in residential
7 facilities, group homes, transitional living programs, or
8 foster homes where the youth is under the age of 18 or
9 where the youth is 18 or older and has provided the
10 Department with appropriate consent.

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

15 (4) ~~(d)~~ Provisions concerning the emergency use of
16 psychotropic medications, including appropriate and timely
17 reporting.

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

24 (6) ~~(f)~~ The creation of a committee to develop, post
25 on a website, and periodically review materials listing
26 which psychotropic medications are approved for use with

1 youth for whom the Department has legal responsibility.
2 The materials shall include guidelines for the use of
3 psychotropic medications and may include the acceptable
4 range of dosages, contraindications, and time limits, if
5 any, and such other topics necessary to ensure the safe
6 and appropriate use of psychotropic medications.

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

13 (8) ~~(h)~~ Provisions regarding training and materials
14 for parents, foster parents, and relative caretakers
15 concerning the rules governing the use of psychotropic
16 medications with youth for whom the Department has legal
17 responsibility.

18 (9) ~~(i)~~ With respect to any youth under the age of 18
19 for whom the Department has legal responsibility and who
20 does not assent to the administration of recommended
21 psychotropic medication, provisions providing standards
22 and procedures for reviewing the youth's concerns. With
23 respect to any youth over the age of 18 for whom the
24 Department has legal responsibility and who does not
25 consent to the administration of recommended psychotropic
26 medication, provisions providing standards and procedures

1 for reviewing the youth's concerns upon the youth's
2 request and with the youth's consent. Standards and
3 procedures developed under this subsection shall not be
4 inconsistent with the Mental Health and Developmental
5 Disabilities Code.

6 (10) ~~(j)~~ Provisions ensuring that, subject to all
7 relevant confidentiality laws, service plans for youth for
8 whom the Department has legal responsibility include the
9 following information:

10 (A) ~~(1)~~ Identification by name and dosage of the
11 psychotropic medication known by the Department to
12 have been administered to the youth since the last
13 service plan.

14 (B) ~~(2)~~ The benefits of the psychotropic
15 medication.

16 (C) ~~(3)~~ The negative side effects of the
17 psychotropic medication.

18 (b) The Department shall maintain a record of the
19 following information for every youth in care prescribed or
20 provided psychotropic medication:

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

22 (2) the consent date for each psychotropic medication
23 prescribed;

24 (3) the date the youth assented for each psychotropic
25 medication prescribed;

26 (4) the prescriber's name and contact information;

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

2 (6) the youth's weight.

3 (c) The Department shall collect all necessary information
4 to complete the annual report required under Section 15 and
5 use this information to analyze prescribing patterns by
6 population for youth for whom the Department is legally
7 responsible.

8 (d) The Department may contract for consulting services
9 from a psychiatrist who has expertise and specializes in
10 pediatric care for the purposes of the analysis required under
11 subsection (c).

12 (e) The Department, in cooperation with the Department of
13 Healthcare and Family Services, shall ensure that on an annual
14 basis all persons licensed under the Medical Practice Act of
15 1987 to practice medicine in all of its branches who prescribe
16 psychotropic medication to youth for whom the Department is
17 legally responsible are provided with comprehensive,
18 up-to-date medical guidelines regarding the prescribing of
19 such medications to youth in care.

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

21 (20 ILCS 535/15)

22 Sec. 15. Annual report.

23 (a) No later than December 31 of each year, the Department
24 shall prepare and submit an annual report, covering the
25 previous fiscal year, to the General Assembly concerning the

1 administration of psychotropic medication to persons for whom
2 it is legally responsible. This report shall include, but is
3 not limited to, the following:

4 (1) The number of violations of any rule enacted
5 pursuant to Section 5 of this Act.

6 (2) The number of warnings issued pursuant to
7 subsection (b) of Section 10 of this Act.

8 (3) The number of physicians who have been issued
9 warnings pursuant to subsection (b) of Section 10 of this
10 Act.

11 (4) The number of physicians who have been reported to
12 the Department of Financial and Professional Regulation
13 pursuant to subsection (c) of Section 10 of this Act, and,
14 if available, the results of such reports.

15 (5) The number of facilities that have been reported
16 to the Department of Public Health pursuant to subsection
17 (d) of Section 10 of this Act and, if available, the
18 results of such reports.

19 (6) The number of Department-licensed facilities that
20 have been the subject of licensing complaints pursuant to
21 subsection (f) of Section 10 of this Act, and if
22 available, the results of the complaint investigations.

23 (7) Any recommendations for legislative changes or
24 amendments to any of its rules or procedures established
25 or maintained in compliance with this Act.

26 (8) The total number of requests the Department

1 received requesting consent to provide psychotropic
2 medication to youth for whom the Department is legally
3 responsible and the total number of these requests that
4 the Department denied.

5 (9) The number of physicians who prescribed
6 psychotropic medication to youth for whom the Department
7 is legally responsible and obtained the consent of the
8 Department as guardian.

9 (10) The number of physicians who have prescribed
10 psychotropic medication to youth for whom the Department
11 is legally responsible without the consent of the
12 Department as guardian.

13 (11) The total number of youth for whom the Department
14 is legally responsible who are prescribed at least one
15 psychotropic medication.

16 (12) The total number of youth for whom the Department
17 is legally responsible who received at least one
18 psychotropic medication on an emergency basis, and of
19 those, the number in which Department procedures for
20 emergency consent and notification were followed.

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

25 Prior to the release of this data, personal identifiers,
26 such as name, date of birth, address, and Social Security

1 number, shall be removed and a unique identifier shall be
2 submitted.

3 (b) The requirement for reporting to the General Assembly
4 shall be satisfied by filing copies of the report as required
5 by Section 3.1 of the General Assembly Organization Act and by
6 filing additional copies with the State Government Report
7 Distribution Center for the General Assembly as required under
8 paragraph (t) of Section 7 of the State Library Act.

9 (c) No later than December 31, 2021, and December 31 of
10 each year thereafter, the Department shall post on its website
11 each annual report required under this Section.

12 (Source: P.A. 100-1148, eff. 12-10-18.)

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

15 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

17 Sec. 22. Disciplinary action.

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

1 (1) (Blank).

2 (2) (Blank).

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

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

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

13 (6) Obtaining any fee by fraud, deceit, or
14 misrepresentation.

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

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

21 (9) Fraud or misrepresentation in applying for, or
22 procuring, a license under this Act or in connection with
23 applying for renewal of a license under this Act.

24 (10) Making a false or misleading statement regarding
25 their skill or the efficacy or value of the medicine,
26 treatment, or remedy prescribed by them at their direction

1 in the treatment of any disease or other condition of the
2 body or mind.

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

5 (12) Adverse action taken by another state or
6 jurisdiction against a license or other authorization to
7 practice as a medical doctor, doctor of osteopathy, doctor
8 of osteopathic medicine or doctor of chiropractic, a
9 certified copy of the record of the action taken by the
10 other state or jurisdiction being prima facie evidence
11 thereof. This includes any adverse action taken by a State
12 or federal agency that prohibits a medical doctor, doctor
13 of osteopathy, doctor of osteopathic medicine, or doctor
14 of chiropractic from providing services to the agency's
15 participants.

16 (13) Violation of any provision of this Act or of the
17 Medical Practice Act prior to the repeal of that Act, or
18 violation of the rules, or a final administrative action
19 of the Secretary, after consideration of the
20 recommendation of the Disciplinary Board.

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

23 (15) A finding by the Disciplinary Board that the
24 registrant after having his or her license placed on
25 probationary status or subjected to conditions or
26 restrictions violated the terms of the probation or failed

1 to comply with such terms or conditions.

2 (16) Abandonment of a patient.

3 (17) Prescribing, selling, administering,
4 distributing, giving, or self-administering any drug
5 classified as a controlled substance (designated product)
6 or narcotic for other than medically accepted therapeutic
7 purposes.

8 (18) Promotion of the sale of drugs, devices,
9 appliances, or goods provided for a patient in such manner
10 as to exploit the patient for financial gain of the
11 physician.

12 (19) Offering, undertaking, or agreeing to cure or
13 treat disease by a secret method, procedure, treatment, or
14 medicine, or the treating, operating, or prescribing for
15 any human condition by a method, means, or procedure which
16 the licensee refuses to divulge upon demand of the
17 Department.

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

21 (21) Willfully making or filing false records or
22 reports in his or her practice as a physician, including,
23 but not limited to, false records to support claims
24 against the medical assistance program of the Department
25 of Healthcare and Family Services (formerly Department of
26 Public Aid) under the Illinois Public Aid Code.

1 (22) Willful omission to file or record, or willfully
2 impeding the filing or recording, or inducing another
3 person to omit to file or record, medical reports as
4 required by law, or willfully failing to report an
5 instance of suspected abuse or neglect as required by law.

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

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

16 (25) Gross and willful and continued overcharging for
17 professional services, including filing false statements
18 for collection of fees for which services are not
19 rendered, including, but not limited to, filing such false
20 statements for collection of monies for services not
21 rendered from the medical assistance program of the
22 Department of Healthcare and Family Services (formerly
23 Department of Public Aid) under the Illinois Public Aid
24 Code.

25 (26) A pattern of practice or other behavior which
26 demonstrates incapacity or incompetence to practice under

1 this Act.

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

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

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

11 (30) Willfully or negligently violating the
12 confidentiality between physician and patient except as
13 required by law.

14 (31) The use of any false, fraudulent, or deceptive
15 statement in any document connected with practice under
16 this Act.

17 (32) Aiding and abetting an individual not licensed
18 under this Act in the practice of a profession licensed
19 under this Act.

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

23 (34) Failure to report to the Department any adverse
24 final action taken against them by another licensing
25 jurisdiction (any other state or any territory of the
26 United States or any foreign state or country), by any

1 peer review body, by any health care institution, by any
2 professional society or association related to practice
3 under this Act, by any governmental agency, by any law
4 enforcement agency, or by any court for acts or conduct
5 similar to acts or conduct which would constitute grounds
6 for action as defined in this Section.

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

17 (36) Failure to report to the Department any adverse
18 judgment, settlement, or award arising from a liability
19 claim related to acts or conduct similar to acts or
20 conduct which would constitute grounds for action as
21 defined in this Section.

22 (37) Failure to provide copies of medical records as
23 required by law.

24 (38) Failure to furnish the Department, its
25 investigators or representatives, relevant information,
26 legally requested by the Department after consultation

1 with the Chief Medical Coordinator or the Deputy Medical
2 Coordinator.

3 (39) Violating the Health Care Worker Self-Referral
4 Act.

5 (40) Willful failure to provide notice when notice is
6 required under the Parental Notice of Abortion Act of
7 1995.

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

10 (42) Entering into an excessive number of written
11 collaborative agreements with licensed advanced practice
12 registered nurses resulting in an inability to adequately
13 collaborate.

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

16 (44) Violating the Compassionate Use of Medical
17 Cannabis Program Act.

18 (45) Entering into an excessive number of written
19 collaborative agreements with licensed prescribing
20 psychologists resulting in an inability to adequately
21 collaborate.

22 (46) Repeated failure to adequately collaborate with a
23 licensed prescribing psychologist.

24 (47) Willfully failing to report an instance of
25 suspected abuse, neglect, financial exploitation, or
26 self-neglect of an eligible adult as defined in and

1 required by the Adult Protective Services Act.

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

8 (49) Entering into an excessive number of written
9 collaborative agreements with licensed physician
10 assistants resulting in an inability to adequately
11 collaborate.

12 (50) Repeated failure to adequately collaborate with a
13 physician assistant.

14 (51) Repeated acts of clearly excessive prescribing,
15 furnishing, or administering psychotropic medications to a
16 minor without a good faith prior examination of the
17 patient and medical reason therefor.

18 Except for actions involving the ground numbered (26), all
19 proceedings to suspend, revoke, place on probationary status,
20 or take any other disciplinary action as the Department may
21 deem proper, with regard to a license on any of the foregoing
22 grounds, must be commenced within 5 years next after receipt
23 by the Department of a complaint alleging the commission of or
24 notice of the conviction order for any of the acts described
25 herein. Except for the grounds numbered (8), (9), (26), and
26 (29), no action shall be commenced more than 10 years after the

1 date of the incident or act alleged to have violated this
2 Section. For actions involving the ground numbered (26), a
3 pattern of practice or other behavior includes all incidents
4 alleged to be part of the pattern of practice or other behavior
5 that occurred, or a report pursuant to Section 23 of this Act
6 received, within the 10-year period preceding the filing of
7 the complaint. In the event of the settlement of any claim or
8 cause of action in favor of the claimant or the reduction to
9 final judgment of any civil action in favor of the plaintiff,
10 such claim, cause of action, or civil action being grounded on
11 the allegation that a person licensed under this Act was
12 negligent in providing care, the Department shall have an
13 additional period of 2 years from the date of notification to
14 the Department under Section 23 of this Act of such settlement
15 or final judgment in which to investigate and commence formal
16 disciplinary proceedings under Section 36 of this Act, except
17 as otherwise provided by law. The time during which the holder
18 of the license was outside the State of Illinois shall not be
19 included within any period of time limiting the commencement
20 of disciplinary action by the Department.

21 The entry of an order or judgment by any circuit court
22 establishing that any person holding a license under this Act
23 is a person in need of mental treatment operates as a
24 suspension of that license. That person may resume his or her
25 ~~their~~ practice only upon the entry of a Departmental order
26 based upon a finding by the Disciplinary Board that the person

1 has ~~they have~~ been determined to be recovered from mental
2 illness by the court and upon the Disciplinary Board's
3 recommendation that the person ~~they~~ be permitted to resume his
4 or her ~~their~~ practice.

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

13 The Department, upon the recommendation of the
14 Disciplinary Board, shall adopt rules which set forth
15 standards to be used in determining:

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

18 (b) what constitutes dishonorable, unethical, or
19 unprofessional conduct of a character likely to deceive,
20 defraud, or harm the public;

21 (c) what constitutes immoral conduct in the commission
22 of any act, including, but not limited to, commission of
23 an act of sexual misconduct related to the licensee's
24 practice; and

25 (d) what constitutes gross negligence in the practice
26 of medicine.

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

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

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

1 member of the multidisciplinary team to provide information,
2 reports, records, or other documents or to provide any
3 testimony regarding the examination and evaluation. The
4 individual to be examined may have, at his or her own expense,
5 another physician of his or her choice present during all
6 aspects of the examination. Failure of any individual to
7 submit to mental or physical examination and evaluation, or
8 both, when directed, shall result in an automatic suspension,
9 without hearing, until such time as the individual submits to
10 the examination. If the Disciplinary Board or Licensing Board
11 finds a physician unable to practice following an examination
12 and evaluation because of the reasons set forth in this
13 Section, the Disciplinary Board or Licensing Board shall
14 require such physician to submit to care, counseling, or
15 treatment by physicians, or other health care professionals,
16 approved or designated by the Disciplinary Board, as a
17 condition for issued, continued, reinstated, or renewed
18 licensure to practice. Any physician, whose license was
19 granted pursuant to Sections 9, 17, or 19 of this Act, or,
20 continued, reinstated, renewed, disciplined or supervised,
21 subject to such terms, conditions, or restrictions who shall
22 fail to comply with such terms, conditions, or restrictions,
23 or to complete a required program of care, counseling, or
24 treatment, as determined by the Chief Medical Coordinator or
25 Deputy Medical Coordinators, shall be referred to the
26 Secretary for a determination as to whether the licensee shall

1 have his or her ~~their~~ license suspended immediately, pending a
2 hearing by the Disciplinary Board. In instances in which the
3 Secretary immediately suspends a license under this Section, a
4 hearing upon such person's license must be convened by the
5 Disciplinary Board within 15 days after such suspension and
6 completed without appreciable delay. The Disciplinary Board
7 shall have the authority to review the subject physician's
8 record of treatment and counseling regarding the impairment,
9 to the extent permitted by applicable federal statutes and
10 regulations safeguarding the confidentiality of medical
11 records.

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

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

25 All fines imposed under this Section shall be paid within
26 60 days after the effective date of the order imposing the fine

1 or in accordance with the terms set forth in the order imposing
2 the fine.

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

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

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

23 (2) for experimental treatment for Lyme disease or
24 other tick-borne diseases, including, but not limited to,
25 the prescription of or treatment with long-term
26 antibiotics.

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

11 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
12 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
13 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,
14 eff. 8-9-19; revised 9-20-19.)".