

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 3. The Regulatory Sunset Act is amended by  
5 changing Sections 4.32 and 4.37 as follows:

6 (5 ILCS 80/4.32)

7 Sec. 4.32. Acts repealed on January 1, 2022. The following  
8 Acts are repealed on January 1, 2022:

9 The Boxing and Full-contact Martial Arts Act.

10 The Cemetery Oversight Act.

11 The Collateral Recovery Act.

12 The Community Association Manager Licensing and  
13 Disciplinary Act.

14 The Crematory Regulation Act.

15 The Detection of Deception Examiners Act.

16 The Home Inspector License Act.

17 The Illinois Health Information Exchange and Technology  
18 Act.

19 ~~The Medical Practice Act of 1987.~~

20 The Registered Interior Designers Act.

21 The Massage Licensing Act.

22 The Petroleum Equipment Contractors Licensing Act.

23 The Radiation Protection Act of 1990.

1 The Real Estate Appraiser Licensing Act of 2002.

2 The Water Well and Pump Installation Contractor's License  
3 Act.

4 (Source: P.A. 100-920, eff. 8-17-18; 101-316, eff. 8-9-19;  
5 101-614, eff. 12-20-19; 101-639, eff. 6-12-20.)

6 (5 ILCS 80/4.37)

7 Sec. 4.37. Acts and Articles repealed on January 1, 2027.

8 The following are repealed on January 1, 2027:

9 The Clinical Psychologist Licensing Act.

10 The Illinois Optometric Practice Act of 1987.

11 Articles II, III, IV, V, VI, VIIA, VIIB, VIIC, XVII, XXXI,  
12 XXXI 1/4, and XXXI 3/4 of the Illinois Insurance Code.

13 The Boiler and Pressure Vessel Repairer Regulation Act.

14 The Marriage and Family Therapy Licensing Act.

15 The Medical Practice Act of 1987.

16 (Source: P.A. 99-572, eff. 7-15-16; 99-909, eff. 12-16-16;  
17 99-910, eff. 12-16-16; 99-911, eff. 12-16-16; 100-201, eff.  
18 8-18-17; 100-372, eff. 8-25-17.)

19 Section 5. The Medical Practice Act of 1987 is amended by  
20 changing Sections 2, 7, 7.5, 8, 8.1, 9, 9.3, 17, 18, 19, 21,  
21 22, 23, 24, 25, 35, 36, 37, 38, 39, 40, 41, 42, 44, and 47 and  
22 by adding Sections 7.1 and 7.2 as follows:

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

1 (Section scheduled to be repealed on January 1, 2022)

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

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

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

10 "Chiropractic physician" means a person licensed to treat  
11 human ailments without the use of drugs and without operative  
12 surgery. Nothing in this Act shall be construed to prohibit a  
13 chiropractic physician from providing advice regarding the use  
14 of non-prescription products or from administering atmospheric  
15 oxygen. Nothing in this Act shall be construed to authorize a  
16 chiropractic physician to prescribe drugs.

17 "Department" means the Department of Financial and  
18 Professional Regulation.

19 "Disciplinary action" means revocation, suspension,  
20 probation, supervision, practice modification, reprimand,  
21 required education, fines or any other action taken by the  
22 Department against a person holding a license.

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

24 "Email address of record" means the designated email  
25 address recorded by the Department in the applicant's  
26 application file or the licensee's license file, as maintained

1 by the Department's licensure maintenance unit.

2 "Final determination" means the governing body's final  
3 action taken under the procedure followed by a health care  
4 institution, or professional association or society, against  
5 any person licensed under the Act in accordance with the  
6 bylaws or rules and regulations of such health care  
7 institution, or professional association or society.

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

9 "Impaired" means the inability to practice medicine with  
10 reasonable skill and safety due to physical or mental  
11 disabilities as evidenced by a written determination or  
12 written consent based on clinical evidence including  
13 deterioration through the aging process or loss of motor  
14 skill, or abuse of drugs or alcohol, of sufficient degree to  
15 diminish a person's ability to deliver competent patient care.

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

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

18 "Physician" means a person licensed under the Medical  
19 Practice Act to practice medicine in all of its branches or a  
20 chiropractic physician.

21 "Professional association" means an association or society  
22 of persons licensed under this Act, and operating within the  
23 State of Illinois, including but not limited to, medical  
24 societies, osteopathic organizations, and chiropractic  
25 organizations, but this term shall not be deemed to include  
26 hospital medical staffs.

1 "Program of care, counseling, or treatment" means a  
2 written schedule of organized treatment, care, counseling,  
3 activities, or education, satisfactory to the Medical  
4 ~~Disciplinary~~ Board, designed for the purpose of restoring an  
5 impaired person to a condition whereby the impaired person can  
6 practice medicine with reasonable skill and safety of a  
7 sufficient degree to deliver competent patient care.

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

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

12 "Secretary" means the Secretary ~~of the Department~~ of  
13 Financial and Professional Regulation.

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

15 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

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

17 Sec. 7. Medical Disciplinary Board.

18 (A) There is hereby created the Illinois State Medical  
19 Disciplinary Board. The Disciplinary Board shall consist of 11  
20 members, to be appointed by the Governor by and with the advice  
21 and consent of the Senate. All members shall be residents of  
22 the State, not more than 6 of whom shall be members of the same  
23 political party. All members shall be voting members. Five  
24 members shall be physicians licensed to practice medicine in  
25 all of its branches in Illinois possessing the degree of

1 doctor of medicine. One member shall be a physician licensed  
2 to practice medicine in all its branches in Illinois  
3 possessing the degree of doctor of osteopathy or osteopathic  
4 medicine. One member shall be a chiropractic physician  
5 licensed to practice in Illinois and possessing the degree of  
6 doctor of chiropractic. Four members shall be members of the  
7 public, who shall not be engaged in any way, directly or  
8 indirectly, as providers of health care.

9 (B) Members of the Disciplinary Board shall be appointed  
10 for terms of 4 years. Upon the expiration of the term of any  
11 member, their successor shall be appointed for a term of 4  
12 years by the Governor by and with the advice and consent of the  
13 Senate. The Governor shall fill any vacancy for the remainder  
14 of the unexpired term with the advice and consent of the  
15 Senate. Upon recommendation of the Board, any member of the  
16 Disciplinary Board may be removed by the Governor for  
17 misfeasance, malfeasance, or wilful neglect of duty, after  
18 notice, and a public hearing, unless such notice and hearing  
19 shall be expressly waived in writing. Each member shall serve  
20 on the Disciplinary Board until their successor is appointed  
21 and qualified. No member of the Disciplinary Board shall serve  
22 more than 2 consecutive 4 year terms.

23 In making appointments the Governor shall attempt to  
24 insure that the various social and geographic regions of the  
25 State of Illinois are properly represented.

26 In making the designation of persons to act for the

1 several professions represented on the Disciplinary Board, the  
2 Governor shall give due consideration to recommendations by  
3 members of the respective professions and by organizations  
4 therein.

5 (C) The Disciplinary Board shall annually elect one of its  
6 voting members as chairperson and one as vice chairperson. No  
7 officer shall be elected more than twice in succession to the  
8 same office. Each officer shall serve until their successor  
9 has been elected and qualified.

10 (D) (Blank).

11 (E) Six voting members of the Disciplinary Board, at least  
12 4 of whom are physicians, shall constitute a quorum. A vacancy  
13 in the membership of the Disciplinary Board shall not impair  
14 the right of a quorum to exercise all the rights and perform  
15 all the duties of the Disciplinary Board. Any action taken by  
16 the Disciplinary Board under this Act may be authorized by  
17 resolution at any regular or special meeting and each such  
18 resolution shall take effect immediately. The Disciplinary  
19 Board shall meet at least quarterly.

20 (F) Each member, and member-officer, of the Disciplinary  
21 Board shall receive a per diem stipend as the Secretary shall  
22 determine. Each member shall be paid their necessary expenses  
23 while engaged in the performance of their duties.

24 (G) The Secretary shall select a Chief Medical Coordinator  
25 and not less than 2 Deputy Medical Coordinators who shall not  
26 be members of the Disciplinary Board. Each medical coordinator

1 shall be a physician licensed to practice medicine in all of  
2 its branches, and the Secretary shall set their rates of  
3 compensation. The Secretary shall assign at least one medical  
4 coordinator to a region composed of Cook County and such other  
5 counties as the Secretary may deem appropriate, and such  
6 medical coordinator or coordinators shall locate their office  
7 in Chicago. The Secretary shall assign at least one medical  
8 coordinator to a region composed of the balance of counties in  
9 the State, and such medical coordinator or coordinators shall  
10 locate their office in Springfield. The Chief Medical  
11 Coordinator shall be the chief enforcement officer of this  
12 Act. None of the functions, powers, or duties of the  
13 Department with respect to policies regarding enforcement or  
14 discipline under this Act, including the adoption of such  
15 rules as may be necessary for the administration of this Act,  
16 shall be exercised by the Department except upon review of the  
17 Disciplinary Board.

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



1           (H) Upon the specific request of the Disciplinary Board,  
2 signed by either the chairperson, vice chairperson, or a  
3 medical coordinator of the Disciplinary Board, the Department  
4 of Human Services, the Department of Healthcare and Family  
5 Services, the Department of State Police, or any other law  
6 enforcement agency located in this State shall make available  
7 any and all information that they have in their possession  
8 regarding a particular case then under investigation by the  
9 Disciplinary Board.

10           (I) Members of the Disciplinary Board shall be immune from  
11 suit in any action based upon any disciplinary proceedings or  
12 other acts performed in good faith as members of the  
13 Disciplinary Board.

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

1 immune from civil suit.

2 (K) This Section is inoperative when a majority of the  
3 Medical Board is appointed. This Section is repealed one year  
4 after the effective date of this amendatory Act of the 102nd  
5 General Assembly.

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

7 (225 ILCS 60/7.1 new)

8 Sec. 7.1. Medical Board.

9 (A) There is hereby created the Illinois State Medical  
10 Board. The Medical Board shall consist of 17 members, to be  
11 appointed by the Governor by and with the advice and consent of  
12 the Senate. All members shall be residents of the State, not  
13 more than 8 of whom shall be members of the same political  
14 party. All members shall be voting members. Eight members  
15 shall be physicians licensed to practice medicine in all of  
16 its branches in Illinois possessing the degree of doctor of  
17 medicine. Two members shall be physicians licensed to practice  
18 medicine in all its branches in Illinois possessing the degree  
19 of doctor of osteopathy or osteopathic medicine. Two of the  
20 physician members shall be physicians who collaborate with  
21 physician assistants. Two members shall be chiropractic  
22 physicians licensed to practice in Illinois and possessing the  
23 degree of doctor of chiropractic. Two members shall be  
24 physician assistants licensed to practice in Illinois. Three  
25 members shall be members of the public, who shall not be

1 engaged in any way, directly or indirectly, as providers of  
2 health care.

3 (B) Members of the Medical Board shall be appointed for  
4 terms of 4 years. Upon the expiration of the term of any  
5 member, their successor shall be appointed for a term of 4  
6 years by the Governor by and with the advice and consent of the  
7 Senate. The Governor shall fill any vacancy for the remainder  
8 of the unexpired term with the advice and consent of the  
9 Senate. Upon recommendation of the Medical Board, any member  
10 of the Medical Board may be removed by the Governor for  
11 misfeasance, malfeasance, or willful neglect of duty, after  
12 notice, and a public hearing, unless such notice and hearing  
13 shall be expressly waived in writing. Each member shall serve  
14 on the Medical Board until their successor is appointed and  
15 qualified. No member of the Medical Board shall serve more  
16 than 2 consecutive 4-year terms.

17 In making appointments the Governor shall attempt to  
18 ensure that the various social and geographic regions of the  
19 State of Illinois are properly represented.

20 In making the designation of persons to act for the  
21 several professions represented on the Medical Board, the  
22 Governor shall give due consideration to recommendations by  
23 members of the respective professions and by organizations  
24 therein.

25 (C) The Medical Board shall annually elect one of its  
26 voting members as chairperson and one as vice chairperson. No

1 officer shall be elected more than twice in succession to the  
2 same office. Each officer shall serve until their successor  
3 has been elected and qualified.

4 (D) A majority of the Medical Board members currently  
5 appointed shall constitute a quorum. A vacancy in the  
6 membership of the Medical Board shall not impair the right of a  
7 quorum to exercise all the rights and perform all the duties of  
8 the Medical Board. Any action taken by the Medical Board under  
9 this Act may be authorized by resolution at any regular or  
10 special meeting and each such resolution shall take effect  
11 immediately. The Medical Board shall meet at least quarterly.

12 (E) Each member shall be paid their necessary expenses  
13 while engaged in the performance of their duties.

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

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

8 (G) The Secretary shall employ, in conformity with the  
9 Personnel Code, investigators who are college graduates with  
10 at least 2 years of investigative experience or one year of  
11 advanced medical education. Upon the written request of the  
12 Medical Board, the Secretary shall employ, in conformity with  
13 the Personnel Code, such other professional, technical,  
14 investigative, and clerical help, either on a full or  
15 part-time basis as the Medical Board deems necessary for the  
16 proper performance of its duties.

17 (H) Upon the specific request of the Medical Board, signed  
18 by either the chairperson, vice chairperson, or a medical  
19 coordinator of the Medical Board, the Department of Human  
20 Services, the Department of Healthcare and Family Services,  
21 the Department of State Police, or any other law enforcement  
22 agency located in this State shall make available any and all  
23 information that they have in their possession regarding a  
24 particular case then under investigation by the Medical Board.

25 (I) Members of the Medical Board shall be immune from suit  
26 in any action based upon any disciplinary proceedings or other

1 acts performed in good faith as members of the Medical Board.

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

16 (225 ILCS 60/7.2 new)

17 Sec. 7.2. Medical Board appointment. All members of the  
18 Medical Licensing Board and the Medical Disciplinary Board  
19 shall serve as members of the Medical Board. A majority of the  
20 Medical Board members shall be appointed within 260 days after  
21 the effective date of this amendatory Act of the 102nd General  
22 Assembly. The Medical Licensing Board and Medical Disciplinary  
23 Board shall exercise all functions, powers, and duties  
24 enumerated in this Act to the Medical Board. All functions,  
25 powers, and duties enumerated in this Act to the Medical

1 Licensing Board and Medical Disciplinary Board shall dissolve  
2 at such time when a majority of the Medical Board is appointed.  
3 This Section is repealed one year after the effective date of  
4 this amendatory Act of the 102nd General Assembly.

5 (225 ILCS 60/7.5)

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

7 Sec. 7.5. Complaint Committee.

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

21 (b) The Complaint Committee shall meet at least twice a  
22 month to exercise its functions and duties set forth in  
23 subsection (c) below. At least 2 members of the Medical  
24 ~~Disciplinary~~ Board shall be in attendance in order for any  
25 business to be transacted by the Complaint Committee. The

1 Complaint Committee shall make every effort to consider  
2 expeditiously and take prompt action on each item on its  
3 agenda.

4 (c) The Complaint Committee shall have the following  
5 duties and functions:

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

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

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

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

20 (e) Notwithstanding any provision of this Act, the  
21 Department may close a complaint, after investigation and  
22 approval of the Chief Medical Coordinator without review of  
23 the Complaint Committee, in which the allegations of the  
24 complaint if proven would not constitute a violation of the  
25 Act, there is insufficient evidence to prove a violation of  
26 the Act, or there is insufficient cooperation from complaining



1 parties, as determined by the Department.

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

3 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

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

5 Sec. 8. Medical Licensing Board.

6 (A) There is hereby created a Medical Licensing Board. The  
7 Licensing Board shall be composed of 7 members, to be  
8 appointed by the Governor by and with the advice and consent of  
9 the Senate; 5 of whom shall be reputable physicians licensed  
10 to practice medicine in all of its branches in Illinois,  
11 possessing the degree of doctor of medicine; one member shall  
12 be a reputable physician licensed in Illinois to practice  
13 medicine in all of its branches, possessing the degree of  
14 doctor of osteopathy or osteopathic medicine; and one member  
15 shall be a reputable chiropractic physician licensed to  
16 practice in Illinois and possessing the degree of doctor of  
17 chiropractic. Of the 5 members holding the degree of doctor of  
18 medicine, one shall be a full-time or part-time teacher of  
19 professorial rank in the clinical department of an Illinois  
20 school of medicine.

21 (B) Members of the Licensing Board shall be appointed for  
22 terms of 4 years, and until their successors are appointed and  
23 qualified. Appointments to fill vacancies shall be made in the  
24 same manner as original appointments, for the unexpired  
25 portion of the vacated term. No more than 4 members of the

1 Licensing Board shall be members of the same political party  
2 and all members shall be residents of this State. No member of  
3 the Licensing Board may be appointed to more than 2 successive  
4 4 year terms.

5 (C) Members of the Licensing Board shall be immune from  
6 suit in any action based upon any licensing proceedings or  
7 other acts performed in good faith as members of the Licensing  
8 Board.

9 (D) (Blank).

10 (E) The Licensing Board shall annually elect one of its  
11 members as chairperson and one as vice chairperson. No member  
12 shall be elected more than twice in succession to the same  
13 office. Each officer shall serve until his or her successor  
14 has been elected and qualified.

15 (F) None of the functions, powers or duties of the  
16 Department with respect to policies regarding licensure and  
17 examination under this Act, including the promulgation of such  
18 rules as may be necessary for the administration of this Act,  
19 shall be exercised by the Department except upon review of the  
20 Licensing Board.

21 (G) The Licensing Board shall receive the same  
22 compensation as the members of the Disciplinary Board, which  
23 compensation shall be paid out of the Illinois State Medical  
24 Disciplinary Fund.

25 (H) This Section is inoperative when a majority of the  
26 Medical Board is appointed. This Section is repealed one year

1 after the effective date of this amendatory Act of the 102nd  
2 General Assembly.

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

4 (225 ILCS 60/8.1)

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

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

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

19 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

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

21 Sec. 9. Application for license. Each applicant for a  
22 license shall:

23 (A) Make application on blank forms prepared and  
24 furnished by the Department.

1 (B) Submit evidence satisfactory to the Department  
2 that the applicant:

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

12 (2) has the preliminary and professional education  
13 required by this Act;

14 (3) (blank); and

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

1           ~~Medical Disciplinary~~ Board under Section 22 of this  
2           Act. Any such condition of a restricted license shall  
3           provide that the Chief Medical Coordinator or Deputy  
4           Medical Coordinator shall have the authority to review  
5           the subject physician's compliance with such  
6           conditions or restrictions, including, where  
7           appropriate, the physician's record of treatment and  
8           counseling regarding the impairment, to the extent  
9           permitted by applicable federal statutes and  
10          regulations safeguarding the confidentiality of  
11          medical records of patients.

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

21                 (1) Medical research in an established research  
22                 facility, hospital, college or university, or private  
23                 corporation.

24                 (2) Specialized training or education.

25                 (3) Publication of original work in learned,  
26                 medical, or scientific journals.

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

3           (5) Professional service in a federal veterans or  
4 military institution.

5           (6) Any other professional activities deemed to  
6 maintain and enhance the clinical capabilities of the  
7 applicant.

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

15           Any applicant applying for a temporary license that  
16 has not been engaged in the active practice of medicine or  
17 has not been enrolled in a medical program for longer than  
18 5 years prior to application must submit proof of  
19 professional capacity to the Medical ~~Licensing~~ Board.

20           (C) Designate specifically the name, location, and  
21 kind of professional school, college, or institution of  
22 which the applicant is a graduate and the category under  
23 which the applicant seeks, and will undertake, to  
24 practice.

25           (D) Pay to the Department at the time of application  
26 the required fees.

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

4 (F) Complete the application process within 3 years  
5 from the date of application. If the process has not been  
6 completed within 3 years, the application shall expire,  
7 application fees shall be forfeited, and the applicant  
8 must reapply and meet the requirements in effect at the  
9 time of reapplication.

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

11 (225 ILCS 60/9.3)

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

13 Sec. 9.3. Withdrawal of application. Any applicant  
14 applying for a license or permit under this Act may withdraw  
15 his or her application at any time. If an applicant withdraws  
16 his or her application after receipt of a written Notice of  
17 Intent to Deny License or Permit, then the withdrawal shall be  
18 reported to the Federation of State Medical Boards ~~and the~~  
19 ~~National Practitioner Data Bank.~~

20 (Source: P.A. 98-601, eff. 12-30-13; 98-1140, eff. 12-30-14.)

21 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

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

23 Sec. 17. Temporary license. Persons holding the degree of  
24 Doctor of Medicine, persons holding the degree of Doctor of

1 Osteopathy or Doctor of Osteopathic Medicine, and persons  
2 holding the degree of Doctor of Chiropractic or persons who  
3 have satisfied the requirements therefor and are eligible to  
4 receive such degree from a medical, osteopathic, or  
5 chiropractic school, who wish to pursue programs of graduate  
6 or specialty training in this State, may receive without  
7 examination, in the discretion of the Department, a 3-year  
8 temporary license. In order to receive a 3-year temporary  
9 license hereunder, an applicant shall submit evidence  
10 satisfactory to the Department that the applicant:

11 (A) Is of good moral character. In determining moral  
12 character under this Section, the Department may take into  
13 consideration whether the applicant has engaged in conduct  
14 or activities which would constitute grounds for  
15 discipline under this Act. The Department may also request  
16 the applicant to submit, and may consider as evidence of  
17 moral character, endorsements from 2 or 3 individuals  
18 licensed under this Act;

19 (B) Has been accepted or appointed for specialty or  
20 residency training by a hospital situated in this State or  
21 a training program in hospitals or facilities maintained  
22 by the State of Illinois or affiliated training facilities  
23 which is approved by the Department for the purpose of  
24 such training under this Act. The applicant shall indicate  
25 the beginning and ending dates of the period for which the  
26 applicant has been accepted or appointed;



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

5           (D) Is physically, mentally, and professionally  
6 capable of practicing medicine or treating human ailments  
7 without the use of drugs and without operative surgery  
8 with reasonable judgment, skill, and safety. In  
9 determining physical, mental and professional capacity  
10 under this Section, the Medical ~~Licensing~~ Board may, upon  
11 a showing of a possible incapacity, compel an applicant to  
12 submit to a mental or physical examination and evaluation,  
13 or both, and may condition or restrict any temporary  
14 license, subject to the same terms and conditions as are  
15 provided for the Medical ~~Disciplinary~~ Board under Section  
16 22 of this Act. Any such condition of restricted temporary  
17 license shall provide that the Chief Medical Coordinator  
18 or Deputy Medical Coordinator shall have the authority to  
19 review the subject physician's compliance with such  
20 conditions or restrictions, including, where appropriate,  
21 the physician's record of treatment and counseling  
22 regarding the impairment, to the extent permitted by  
23 applicable federal statutes and regulations safeguarding  
24 the confidentiality of medical records of patients.

25           Three-year temporary licenses issued pursuant to this  
26 Section shall be valid only for the period of time designated

1 therein, and may be extended or renewed pursuant to the rules  
2 of the Department, and if a temporary license is thereafter  
3 extended, it shall not extend beyond completion of the  
4 residency program. The holder of a valid 3-year temporary  
5 license shall be entitled thereby to perform only such acts as  
6 may be prescribed by and incidental to his or her program of  
7 residency training; he or she shall not be entitled to  
8 otherwise engage in the practice of medicine in this State  
9 unless fully licensed in this State.

10 A 3-year temporary license may be revoked or suspended by  
11 the Department upon proof that the holder thereof has engaged  
12 in the practice of medicine in this State outside of the  
13 program of his or her residency or specialty training, or if  
14 the holder shall fail to supply the Department, within 10 days  
15 of its request, with information as to his or her current  
16 status and activities in his or her specialty training  
17 program. Such a revocation or suspension shall comply with the  
18 procedures set forth in subsection (d) of Section 37 of this  
19 Act.

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

21 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

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

23 Sec. 18. Visiting professor, physician, or resident  
24 permits.

25 (A) Visiting professor permit.

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

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

12           (b) the person has received a faculty appointment  
13 to teach in a medical, osteopathic or chiropractic  
14 school in Illinois; and

15           (c) the Department may prescribe the information  
16 necessary to establish an applicant's eligibility for  
17 a permit. This information shall include without  
18 limitation (i) a statement from the dean of the  
19 medical school at which the applicant will be employed  
20 describing the applicant's qualifications and (ii) a  
21 statement from the dean of the medical school listing  
22 every affiliated institution in which the applicant  
23 will be providing instruction as part of the medical  
24 school's education program and justifying any clinical  
25 activities at each of the institutions listed by the  
26 dean.

1           (2) Application for visiting professor permits shall  
2           be made to the Department, in writing, on forms prescribed  
3           by the Department and shall be accompanied by the required  
4           fee established by rule, which shall not be refundable.  
5           Any application shall require the information as, in the  
6           judgment of the Department, will enable the Department to  
7           pass on the qualifications of the applicant.

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

13          (4) The applicant may be required to appear before the  
14          Medical Licensing Board for an interview prior to, and as  
15          a requirement for, the issuance of the original permit and  
16          the renewal.

17          (5) Persons holding a permit under this Section shall  
18          only practice medicine in all of its branches or practice  
19          the treatment of human ailments without the use of drugs  
20          and without operative surgery in the State of Illinois in  
21          their official capacity under their contract within the  
22          medical school itself and any affiliated institution in  
23          which the permit holder is providing instruction as part  
24          of the medical school's educational program and for which  
25          the medical school has assumed direct responsibility.

26          (6) After the initial renewal of a visiting professor

1 permit, a visiting professor permit shall be valid until  
2 the last day of the next physician license renewal period,  
3 as set by rule, and may only be renewed for applicants who  
4 meet the following requirements:

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

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

9 For initial renewal, the visiting professor must  
10 successfully pass a general competency examination authorized  
11 by the Department by rule, unless he or she was issued an  
12 initial visiting professor permit on or after January 1, 2007,  
13 but prior to July 1, 2007.

14 (B) Visiting physician permit.

15 (1) The Department may, in its discretion, issue a  
16 temporary visiting physician permit, without examination,  
17 provided:

18 (a) (blank);

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

1           (c) that the person has received an invitation or  
2           appointment to study, demonstrate, or perform a  
3           specific medical, osteopathic, chiropractic or  
4           clinical subject or technique in a medical,  
5           osteopathic, or chiropractic school, a state or  
6           national medical, osteopathic, or chiropractic  
7           professional association or society conference or  
8           meeting, a hospital licensed under the Hospital  
9           Licensing Act, a hospital organized under the  
10          University of Illinois Hospital Act, or a facility  
11          operated pursuant to the Ambulatory Surgical Treatment  
12          Center Act; and

13          (d) that the temporary visiting physician permit  
14          shall only permit the holder to practice medicine in  
15          all of its branches or practice the treatment of human  
16          ailments without the use of drugs and without  
17          operative surgery within the scope of the medical,  
18          osteopathic, chiropractic, or clinical studies, or in  
19          conjunction with the state or national medical,  
20          osteopathic, or chiropractic professional association  
21          or society conference or meeting, for which the holder  
22          was invited or appointed.

23          (2) The application for the temporary visiting  
24          physician permit shall be made to the Department, in  
25          writing, on forms prescribed by the Department, and shall  
26          be accompanied by the required fee established by rule,

1           which shall not be refundable. The application shall  
2           require information that, in the judgment of the  
3           Department, will enable the Department to pass on the  
4           qualification of the applicant, and the necessity for the  
5           granting of a temporary visiting physician permit.

6           (3) A temporary visiting physician permit shall be  
7           valid for no longer than (i) 180 days from the date of  
8           issuance or (ii) until the time the medical, osteopathic,  
9           chiropractic, or clinical studies are completed, or the  
10          state or national medical, osteopathic, or chiropractic  
11          professional association or society conference or meeting  
12          has concluded, whichever occurs first. The temporary  
13          visiting physician permit may be issued multiple times to  
14          a visiting physician under this paragraph (3) as long as  
15          the total number of days it is active do not exceed 180  
16          days within a 365-day period.

17          (4) The applicant for a temporary visiting physician  
18          permit may be required to appear before the Medical  
19          ~~Licensing~~ Board for an interview prior to, and as a  
20          requirement for, the issuance of a temporary visiting  
21          physician permit.

22          (5) A limited temporary visiting physician permit  
23          shall be issued to a physician licensed in another state  
24          who has been requested to perform emergency procedures in  
25          Illinois if he or she meets the requirements as  
26          established by rule.

1 (C) Visiting resident permit.

2 (1) The Department may, in its discretion, issue a  
3 temporary visiting resident permit, without examination,  
4 provided:

5 (a) (blank);

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

13 (c) that the applicant is enrolled in a  
14 postgraduate clinical training program outside the  
15 State of Illinois that is approved by the Department;

16 (d) that the individual has been invited or  
17 appointed for a specific period of time to perform a  
18 portion of that post graduate clinical training  
19 program under the supervision of an Illinois licensed  
20 physician in an Illinois patient care clinic or  
21 facility that is affiliated with the out-of-State post  
22 graduate training program; and

23 (e) that the temporary visiting resident permit  
24 shall only permit the holder to practice medicine in  
25 all of its branches or practice the treatment of human



1 ailments without the use of drugs and without  
2 operative surgery within the scope of the medical,  
3 osteopathic, chiropractic or clinical studies for  
4 which the holder was invited or appointed.

5 (2) The application for the temporary visiting  
6 resident permit shall be made to the Department, in  
7 writing, on forms prescribed by the Department, and shall  
8 be accompanied by the required fee established by rule.  
9 The application shall require information that, in the  
10 judgment of the Department, will enable the Department to  
11 pass on the qualifications of the applicant.

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

16 (4) The applicant for a temporary visiting resident  
17 permit may be required to appear before the Medical  
18 ~~Licensing~~ Board for an interview prior to, and as a  
19 requirement for, the issuance of a temporary visiting  
20 resident permit.

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

22 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

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

24 Sec. 19. Licensure by endorsement. The Department may, in  
25 its discretion, issue a license by endorsement to any person

1 who is currently licensed to practice medicine in all of its  
2 branches, or a chiropractic physician, in any other state,  
3 territory, country or province, upon the following conditions  
4 and submitting evidence satisfactory to the Department of the  
5 following:

6 (A) (Blank);

7 (B) That the applicant is of good moral character. In  
8 determining moral character under this Section, the  
9 Department may take into consideration whether the  
10 applicant has engaged in conduct or activities which would  
11 constitute grounds for discipline under this Act. The  
12 Department may also request the applicant to submit, and  
13 may consider as evidence of moral character, endorsements  
14 from 2 or 3 individuals licensed under this Act;

15 (C) That the applicant is physically, mentally and  
16 professionally capable of practicing medicine with  
17 reasonable judgment, skill and safety. In determining  
18 physical, mental and professional capacity under this  
19 Section the Medical Licensing Board may, upon a showing of  
20 a possible incapacity, compel an applicant to submit to a  
21 mental or physical examination and evaluation, or both, in  
22 the same manner as provided in Section 22 and may  
23 condition or restrict any license, subject to the same  
24 terms and conditions as are provided for the Medical  
25 ~~Disciplinary~~ Board under Section 22 of this Act.

26 (D) That if the applicant seeks to practice medicine

1 in all of its branches:

2 (1) if the applicant was licensed in another  
3 jurisdiction prior to January 1, 1988, that the  
4 applicant has satisfied the educational requirements  
5 of paragraph (1) of subsection (A) or paragraph (2) of  
6 subsection (A) of Section 11 of this Act; or

7 (2) if the applicant was licensed in another  
8 jurisdiction after December 31, 1987, that the  
9 applicant has satisfied the educational requirements  
10 of paragraph (A) (2) of Section 11 of this Act; and

11 (3) the requirements for a license to practice  
12 medicine in all of its branches in the particular  
13 state, territory, country or province in which the  
14 applicant is licensed are deemed by the Department to  
15 have been substantially equivalent to the requirements  
16 for a license to practice medicine in all of its  
17 branches in force in this State at the date of the  
18 applicant's license;

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

22 (1) the applicant is a graduate of a chiropractic  
23 school or college approved by the Department at the  
24 time of their graduation;

25 (2) the requirements for the applicant's license  
26 to practice the treatment of human ailments without

1           the use of drugs are deemed by the Department to have  
2           been substantially equivalent to the requirements for  
3           a license to practice in this State at the date of the  
4           applicant's license;

5           (F) That the Department may, in its discretion, issue  
6           a license by endorsement to any graduate of a medical or  
7           osteopathic college, reputable and in good standing in the  
8           judgment of the Department, who has passed an examination  
9           for admission to the United States Public Health Service,  
10          or who has passed any other examination deemed by the  
11          Department to have been at least equal in all substantial  
12          respects to the examination required for admission to any  
13          such medical corps;

14          (G) That applications for licenses by endorsement  
15          shall be filed with the Department, under oath, on forms  
16          prepared and furnished by the Department, and shall set  
17          forth, and applicants therefor shall supply such  
18          information respecting the life, education, professional  
19          practice, and moral character of applicants as the  
20          Department may require to be filed for its use;

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

23          In the exercise of its discretion under this Section, the  
24          Department is empowered to consider and evaluate each  
25          applicant on an individual basis. It may take into account,  
26          among other things: the extent to which the applicant will

1 bring unique experience and skills to the State of Illinois or  
2 the extent to which there is or is not available to the  
3 Department authentic and definitive information concerning the  
4 quality of medical education and clinical training which the  
5 applicant has had. Under no circumstances shall a license be  
6 issued under the provisions of this Section to any person who  
7 has previously taken and failed the written examination  
8 conducted by the Department for such license. In the exercise  
9 of its discretion under this Section, the Department may  
10 require an applicant to successfully complete an examination  
11 as recommended by the Medical Licensing Board. The Department  
12 may also request the applicant to submit, and may consider as  
13 evidence of moral character, evidence from 2 or 3 individuals  
14 licensed under this Act. Applicants have 3 years from the date  
15 of application to complete the application process. If the  
16 process has not been completed within 3 years, the application  
17 shall be denied, the fees shall be forfeited, and the  
18 applicant must reapply and meet the requirements in effect at  
19 the time of reapplication.

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

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

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

23 Sec. 21. License renewal; reinstatement; inactive status;  
24 disposition and collection of fees.

25 (A) Renewal. The expiration date and renewal period for

1 each license issued under this Act shall be set by rule. The  
2 holder of a license may renew the license by paying the  
3 required fee. The holder of a license may also renew the  
4 license within 90 days after its expiration by complying with  
5 the requirements for renewal and payment of an additional fee.  
6 A license renewal within 90 days after expiration shall be  
7 effective retroactively to the expiration date.

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

14 (B) Reinstatement. Any licensee who has permitted his or  
15 her license to lapse or who has had his or her license on  
16 inactive status may have his or her license reinstated by  
17 making application to the Department and filing proof  
18 acceptable to the Department of his or her fitness to have the  
19 license reinstated, including evidence certifying to active  
20 practice in another jurisdiction satisfactory to the  
21 Department, proof of meeting the continuing education  
22 requirements for one renewal period, and by paying the  
23 required reinstatement fee.

24 If the licensee has not maintained an active practice in  
25 another jurisdiction satisfactory to the Department, the  
26 Medical Licensing Board shall determine, by an evaluation

1 program established by rule, the applicant's fitness to resume  
2 active status and may require the licensee to complete a  
3 period of evaluated clinical experience and may require  
4 successful completion of a practical examination specified by  
5 the Medical Licensing Board.

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

20 (C) Inactive licenses. Any licensee who notifies the  
21 Department, in writing on forms prescribed by the Department,  
22 may elect to place his or her license on an inactive status and  
23 shall, subject to rules of the Department, be excused from  
24 payment of renewal fees until he or she notifies the  
25 Department in writing of his or her desire to resume active  
26 status.

1 Any licensee requesting reinstatement from inactive status  
2 shall be required to pay the current renewal fee, provide  
3 proof of meeting the continuing education requirements for the  
4 period of time the license is inactive not to exceed one  
5 renewal period, and shall be required to reinstate his or her  
6 license as provided in subsection (B).

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

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

21 Moneys in the Fund may be transferred to the Professions  
22 Indirect Cost Fund as authorized under Section 2105-300 of the  
23 Department of Professional Regulation Law of the Civil  
24 Administrative Code of Illinois.

25 All earnings received from investment of monies in the  
26 Illinois State Medical Disciplinary Fund shall be deposited in



1 the Illinois State Medical Disciplinary Fund and shall be used  
2 for the same purposes as fees deposited in such Fund.

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

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

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

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

20 (4) Before July 1, 2018, the fee for the renewal of a  
21 license for a resident of Illinois shall be calculated at  
22 the rate of \$230 per year, and beginning on July 1, 2018  
23 and until January 1, 2020, the fee for the renewal of a  
24 license shall be \$167, except for licensees who were  
25 issued a license within 12 months of the expiration date  
26 of the license, before July 1, 2018, the fee for the

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

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

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

20 (7) The fee for the issuance of a license with a change  
21 of name or address other than during the renewal period is  
22 \$20. No fee is required for name and address changes on  
23 Department records when no updated license is issued.

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

26 (9) The fee to be paid to have the scoring of an

1 examination, administered by the Department, reviewed and  
2 verified, is \$20 plus any fees charged by the applicable  
3 testing service.

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

1 or unnecessarily burdensome.

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

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

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

5 Sec. 22. Disciplinary action.

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

13 (1) (Blank).

14 (2) (Blank).

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

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

22 (5) Engaging in dishonorable, unethical, or  
23 unprofessional conduct of a character likely to deceive,  
24 defraud or harm the public.

25 (6) Obtaining any fee by fraud, deceit, or

1           misrepresentation.

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

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

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

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

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

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

1 of chiropractic from providing services to the agency's  
2 participants.

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

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

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

15 (16) Abandonment of a patient.

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

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

25 (19) Offering, undertaking, or agreeing to cure or  
26 treat disease by a secret method, procedure, treatment, or

1 medicine, or the treating, operating, or prescribing for  
2 any human condition by a method, means, or procedure which  
3 the licensee refuses to divulge upon demand of the  
4 Department.

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

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

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

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

26 (24) Solicitation of professional patronage by any

1 corporation, agents or persons, or profiting from those  
2 representing themselves to be agents of the licensee.

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

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

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

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

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

24 (30) Willfully or negligently violating the  
25 confidentiality between physician and patient except as  
26 required by law.



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

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

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

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

20           (35) Failure to report to the Department surrender of  
21 a license or authorization to practice as a medical  
22 doctor, a doctor of osteopathy, a doctor of osteopathic  
23 medicine, or doctor of chiropractic in another state or  
24 jurisdiction, or surrender of membership on any medical  
25 staff or in any medical or professional association or  
26 society, while under disciplinary investigation by any of

1 those authorities or bodies, for acts or conduct similar  
2 to acts or conduct which would constitute grounds for  
3 action as defined in this Section.

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

9 (37) Failure to provide copies of medical records as  
10 required by law.

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

16 (39) Violating the Health Care Worker Self-Referral  
17 Act.

18 (40) Willful failure to provide notice when notice is  
19 required under the Parental Notice of Abortion Act of  
20 1995.

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

23 (42) Entering into an excessive number of written  
24 collaborative agreements with licensed advanced practice  
25 registered nurses resulting in an inability to adequately  
26 collaborate.

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

3           (44) Violating the Compassionate Use of Medical  
4 Cannabis Program Act.

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

9           (46) Repeated failure to adequately collaborate with a  
10 licensed prescribing psychologist.

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

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

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

25           (50) Repeated failure to adequately collaborate with a  
26 physician assistant.

1           Except for actions involving the ground numbered (26), all  
2 proceedings to suspend, revoke, place on probationary status,  
3 or take any other disciplinary action as the Department may  
4 deem proper, with regard to a license on any of the foregoing  
5 grounds, must be commenced within 5 years next after receipt  
6 by the Department of a complaint alleging the commission of or  
7 notice of the conviction order for any of the acts described  
8 herein. Except for the grounds numbered (8), (9), (26), and  
9 (29), no action shall be commenced more than 10 years after the  
10 date of the incident or act alleged to have violated this  
11 Section. For actions involving the ground numbered (26), a  
12 pattern of practice or other behavior includes all incidents  
13 alleged to be part of the pattern of practice or other behavior  
14 that occurred, or a report pursuant to Section 23 of this Act  
15 received, within the 10-year period preceding the filing of  
16 the complaint. In the event of the settlement of any claim or  
17 cause of action in favor of the claimant or the reduction to  
18 final judgment of any civil action in favor of the plaintiff,  
19 such claim, cause of action, or civil action being grounded on  
20 the allegation that a person licensed under this Act was  
21 negligent in providing care, the Department shall have an  
22 additional period of 2 years from the date of notification to  
23 the Department under Section 23 of this Act of such settlement  
24 or final judgment in which to investigate and commence formal  
25 disciplinary proceedings under Section 36 of this Act, except  
26 as otherwise provided by law. The time during which the holder

1 of the license was outside the State of Illinois shall not be  
2 included within any period of time limiting the commencement  
3 of disciplinary action by the Department.

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

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

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

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

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

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

8 (d) what constitutes gross negligence in the practice  
9 of medicine.

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

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

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

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



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

23 An individual licensed under this Act, affected under this  
24 Section, shall be afforded an opportunity to demonstrate to  
25 the Medical Disciplinary Board that he or she ~~they~~ can resume  
26 practice in compliance with acceptable and prevailing

1 standards under the provisions of his or her ~~their~~ license.

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

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

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

25 (C) The Department shall not revoke, suspend, place on  
26 probation, reprimand, refuse to issue or renew, or take any

1 other disciplinary or non-disciplinary action against the  
2 license or permit issued under this Act to practice medicine  
3 to a physician:

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

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

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

23 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;  
24 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.  
25 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,  
26 eff. 8-9-19; revised 9-20-19.)

1 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

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

5 (A) Entities required to report.

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

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

21 (1.5) Clinical training programs. The program director  
22 of any post-graduate clinical training program shall  
23 report to the Medical ~~Disciplinary~~ Board if a person  
24 engaged in a post-graduate clinical training program at  
25 the institution, including, but not limited to, a  
26 residency or fellowship, separates from the program for

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

7 (2) Professional associations. The President or chief  
8 executive officer of any association or society, of  
9 persons licensed under this Act, operating within this  
10 State shall report to the Medical Disciplinary Board when  
11 the association or society renders a final determination  
12 that a 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  
23 of 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  
5 report to the Medical ~~Disciplinary~~ Board through a  
6 verified complaint any instance in which the State's  
7 Attorney believes that a physician has willfully violated  
8 the notice requirements of the Parental Notice of Abortion  
9 Act of 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  
16 person licensed under this Act has either committed an act  
17 or acts 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~~  
25 Board in a timely fashion. Unless otherwise provided in this  
26 Section, the reports shall be filed in writing within 60 days

1 after a determination that a report is required under this  
2 Act. All 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  
15 to the issuance of the report, including the dates of any  
16 occurrences deemed to necessitate the filing of the  
17 report.

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

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

24 The Medical ~~Disciplinary~~ Board or Department may also  
25 exercise the power under Section 38 of this Act to subpoena  
26 copies of hospital or medical records in mandatory report



1 cases alleging death or permanent bodily injury. Appropriate  
2 rules shall be adopted by the Department with the approval of  
3 the Medical ~~Disciplinary~~ Board.

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

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

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

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

25 (D) Indemnification. Members of the Medical ~~Disciplinary~~  
26 Board, ~~the Licensing Board,~~ the Medical Coordinators, the

1 Medical ~~Disciplinary~~ Board's attorneys, the medical  
2 investigative staff, physicians retained under contract to  
3 assist and advise the medical coordinators in the  
4 investigation, and authorized clerical staff shall be  
5 indemnified by the State for any actions occurring within the  
6 scope of services on the Medical ~~Disciplinary Board or~~  
7 ~~Licensing~~ Board, done in good faith and not wilful and wanton  
8 in nature. The Attorney General shall defend all such actions  
9 unless he or she determines either that there would be a  
10 conflict of interest in such representation or that the  
11 actions complained of were not in good faith or were wilful and  
12 wanton.

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

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

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

1 (E) Deliberations of Medical ~~Disciplinary~~ Board. Upon the  
2 receipt of any report called for by this Act, other than those  
3 reports of impaired persons licensed under this Act required  
4 pursuant to the rules of the Medical ~~Disciplinary~~ Board, the  
5 Medical ~~Disciplinary~~ Board shall notify in writing, by  
6 ~~certified~~ mail or email, the person who is the subject of the  
7 report. Such notification shall be made within 30 days of  
8 receipt by the Medical ~~Disciplinary~~ Board of the report.

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

24 The Medical ~~Disciplinary~~ Board shall review all reports  
25 received by it, together with any supporting information and  
26 responding statements submitted by persons who are the subject

1 of reports. The review by the Medical ~~Disciplinary~~ Board shall  
2 be in a timely manner but in no event, shall the Medical  
3 ~~Disciplinary~~ Board's initial review of the material contained  
4 in each disciplinary file be less than 61 days nor more than  
5 180 days after the receipt of the initial report by the Medical  
6 ~~Disciplinary~~ Board.

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

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

1 complaint. The Department shall disclose to the individual or  
2 entity who filed the original report or complaint, on request,  
3 the status of the Medical ~~Disciplinary~~ Board's review of a  
4 specific report or complaint. Such request may be made at any  
5 time, including prior to the Medical ~~Disciplinary~~ Board's  
6 determination as to whether there are sufficient facts to  
7 warrant further investigation or action.

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

20 (G) Any violation of this Section shall be a Class A  
21 misdemeanor.

22 (H) If any such person violates the provisions of this  
23 Section an action may be brought in the name of the People of  
24 the State of Illinois, through the Attorney General of the  
25 State of Illinois, for an order enjoining such violation or  
26 for an order enforcing compliance with this Section. Upon

1 filing of a verified petition in such court, the court may  
2 issue a temporary restraining order without notice or bond and  
3 may preliminarily or permanently enjoin such violation, and if  
4 it is established that such person has violated or is  
5 violating the injunction, the court may punish the offender  
6 for contempt of court. Proceedings under this paragraph shall  
7 be in addition to, and not in lieu of, all other remedies and  
8 penalties provided for by this Section.

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

10 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

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

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

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

22 (b) The Department may enter into agreements with the  
23 Illinois State Medical Society, the Illinois Association of  
24 Osteopathic Physicians and Surgeons, the Illinois Prairie  
25 State Chiropractic Association, or the Illinois Chiropractic

1 Society to allow these organizations to assist the Medical  
2 ~~Disciplinary~~ Board in the review of alleged violations of this  
3 Act. Subject to the approval of the Department, any  
4 organization party to such an agreement may subcontract with  
5 other individuals or organizations to assist in review.

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

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

18 (e) Upon request by the Department after a mandatory  
19 report has been filed with the Department, an attorney for any  
20 party seeking to recover damages for injuries or death by  
21 reason of medical, hospital, or other healing art malpractice  
22 shall provide patient records related to the physician  
23 involved in the disciplinary proceeding to the Department  
24 within 30 days of the Department's request for use by the  
25 Department in any disciplinary matter under this Act. An  
26 attorney who provides patient records to the Department in



1 accordance with this requirement shall not be deemed to have  
2 violated any attorney-client privilege. Notwithstanding any  
3 other provision of law, consent by a patient shall not be  
4 required for the provision of patient records in accordance  
5 with this requirement.

6 (f) For the purpose of any civil or criminal proceedings,  
7 the good faith of any physician, association, society or  
8 person shall be presumed.

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

10 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

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

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

1 Secretary that the person's license be revoked, suspended,  
2 placed on probationary status or reinstated, or whether such  
3 person should be subject to other disciplinary action. In the  
4 hearing, the written communication and any other evidence  
5 submitted therewith may be introduced as evidence against such  
6 person; provided however, the person, or their counsel, shall  
7 have the opportunity to discredit, impeach and submit evidence  
8 rebutting such evidence.

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

10 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

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

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

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

1 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

3 Sec. 36. Investigation; notice.

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

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

1 practice, as the Department may deem proper taken with regard  
2 thereto. The Department shall, at least 14 days prior to the  
3 date set for the hearing, notify in writing any person who  
4 filed a complaint against the accused of the time and place for  
5 the hearing of the charges against the accused before the  
6 Medical Disciplinary Board and inform such person whether he  
7 or she may provide testimony at the hearing.

8 (c) (Blank).

9 (d) Such written notice and any notice in such proceedings  
10 thereafter may be served by personal delivery, email to the  
11 respondent's email address of record, or mail to the  
12 respondent's address of record.

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

1 licensing body of this State or another state or jurisdiction  
2 pursuant to an official request made by that licensing body.  
3 Furthermore, information and documents disclosed to a federal,  
4 State, or local law enforcement agency may be used by that  
5 agency only for the investigation and prosecution of a  
6 criminal offense or, in the case of disclosure to a health care  
7 licensing body, only for investigations and disciplinary  
8 action proceedings with regard to a license issued by that  
9 licensing body.

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

12 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

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

14 Sec. 37. Disciplinary actions.

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

1 (b) In case the accused person, after receiving notice,  
2 fails to file an answer, their license may, in the discretion  
3 of the Secretary, having received first the recommendation of  
4 the Medical ~~Disciplinary~~ Board, be suspended, revoked or  
5 placed on probationary status, or the Secretary may take  
6 whatever disciplinary action as he or she may deem proper,  
7 including limiting the scope, nature, or extent of said  
8 person's practice, without a hearing, if the act or acts  
9 charged constitute sufficient grounds for such action under  
10 this Act.

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

25 (d) The Secretary, after consultation with the Chief  
26 Medical Coordinator or Deputy Medical Coordinator, may

1 temporarily suspend the license of a physician without a  
2 hearing, simultaneously with the institution of proceedings  
3 for a hearing provided under this Section if the Secretary  
4 finds that evidence in his or her possession indicates that a  
5 physician's continuation in practice would constitute an  
6 immediate danger to the public. In the event that the  
7 Secretary suspends, temporarily, the license of a physician  
8 without a hearing, a hearing by the Medical Disciplinary Board  
9 shall be held within 15 days after such suspension has  
10 occurred and shall be concluded without appreciable delay.

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

12 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

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

14 Sec. 38. Subpoena; oaths.

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

20 (b) The Medical Disciplinary Board or Department, upon a  
21 determination that probable cause exists that a violation of  
22 one or more of the grounds for discipline listed in Section 22  
23 has occurred or is occurring, may subpoena the medical and  
24 hospital records of individual patients of physicians licensed  
25 under this Act, provided, that prior to the submission of such

1 records to the Medical ~~Disciplinary~~ Board, all information  
2 indicating the identity of the patient shall be removed and  
3 deleted. Notwithstanding the foregoing, the Medical  
4 ~~Disciplinary~~ Board and Department shall possess the power to  
5 subpoena copies of hospital or medical records in mandatory  
6 report cases under Section 23 alleging death or permanent  
7 bodily injury when consent to obtain records is not provided  
8 by a patient or legal representative. Prior to submission of  
9 the records to the Medical ~~Disciplinary~~ Board, all information  
10 indicating the identity of the patient shall be removed and  
11 deleted. All medical records and other information received  
12 pursuant to subpoena shall be confidential and shall be  
13 afforded the same status as is provided information concerning  
14 medical studies in Part 21 of Article VIII of the Code of Civil  
15 Procedure. The use of such records shall be restricted to  
16 members of the Medical ~~Disciplinary~~ Board, the medical  
17 coordinators, and appropriate staff of the Department  
18 designated by the Medical ~~Disciplinary~~ Board for the purpose  
19 of determining the existence of one or more grounds for  
20 discipline of the physician as provided for by Section 22 of  
21 this Act. Any such review of individual patients' records  
22 shall be conducted by the Medical ~~Disciplinary~~ Board in strict  
23 confidentiality, provided that such patient records shall be  
24 admissible in a disciplinary hearing, before the Medical  
25 ~~Disciplinary~~ Board, when necessary to substantiate the grounds  
26 for discipline alleged against the physician licensed under



1 this Act, and provided further, that nothing herein shall be  
2 deemed to supersede the provisions of Part 21 of Article VIII  
3 of the "~~Code of Civil Procedure~~", ~~as now or hereafter amended~~,  
4 to the extent applicable.

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

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

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

2 (225 ILCS 60/39) (from Ch. 111, par. 4400-39)

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

4 Sec. 39. Certified shorthand reporter; record. The  
5 Department, at its expense, shall provide a certified  
6 shorthand reporter to take down the testimony and preserve a  
7 record of all proceedings at the hearing of any case wherein a  
8 license may be revoked, suspended, placed on probationary  
9 status, or other disciplinary action taken with regard thereto  
10 in accordance with Section 2105-115 of the Department of  
11 Professional Regulation Law of the Civil Administrative Code  
12 of Illinois. The notice of hearing, complaint and all other  
13 documents in the nature of pleadings and written motions filed  
14 in the proceedings, the transcript of testimony, the report of  
15 the hearing officer, exhibits, the report of the Medical  
16 Board, and the orders of the Department constitute the record  
17 of the proceedings.

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

19 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

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

21 Sec. 40. Findings and recommendations; rehearing.

22 (a) The Medical ~~Disciplinary~~ Board shall present to the  
23 Secretary a written report of its findings and  
24 recommendations. A copy of such report shall be served upon

1 the accused person, either personally or by mail or email.  
2 Within 20 days after such service, the accused person may  
3 present to the Department his or her motion, in writing, for a  
4 rehearing, which written motion shall specify the particular  
5 ground therefor. If the accused person orders and pays for a  
6 transcript of the record as provided in Section 39, the time  
7 elapsing thereafter and before such transcript is ready for  
8 delivery to them shall not be counted as part of such 20 days.

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

20 (c) Each order of revocation, suspension, or other  
21 disciplinary action shall contain a brief, concise statement  
22 of the ground or grounds upon which the Department's action is  
23 based, as well as the specific terms and conditions of such  
24 action. This document shall be retained as a permanent record  
25 by the Department ~~Disciplinary Board and the Secretary~~.

26 (d) (Blank). ~~The Department shall at least annually~~

1 ~~publish a list of the names of all persons disciplined under~~  
2 ~~this Act in the preceding 12 months. Such lists shall be~~  
3 ~~available by the Department on its website.~~

4 (e) In those instances where an order of revocation,  
5 suspension, or other disciplinary action has been rendered by  
6 virtue of a physician's physical illness, including, but not  
7 limited to, deterioration through the aging process, or loss  
8 of motor skill which results in a physician's inability to  
9 practice medicine with reasonable judgment, skill, or safety,  
10 the Department shall only permit this document, and the record  
11 of the hearing incident thereto, to be observed, inspected,  
12 viewed, or copied pursuant to court order.

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

14 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

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

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

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

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

25 (c) The Department shall not be required to certify any

1 record to the court, to file an answer in court, or to  
2 otherwise appear in any court in a judicial review proceeding  
3 unless and until the Department has received from the  
4 plaintiff payment of the costs of furnishing and certifying  
5 the record, which costs shall be determined by the Department.  
6 ~~Exhibits shall be certified without cost.~~ Failure on the part  
7 of the plaintiff to file a receipt in court shall be grounds  
8 for dismissal of the action. During the pendency and hearing  
9 of any and all judicial proceedings incident to the  
10 disciplinary action the sanctions imposed upon the accused by  
11 the Department because of acts or omissions related to the  
12 delivery of direct patient care as specified in the  
13 Department's final administrative decision, shall as a matter  
14 of public policy remain in full force and effect in order to  
15 protect the public pending final resolution of any of the  
16 proceedings.

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

18 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

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

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

25 (a) Such signature is the genuine signature of the

1 Secretary;

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

3 (c) The Medical ~~Disciplinary~~ Board and the members  
4 thereof are qualified.

5 Such proof may be rebutted.

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

7 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

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

9 Sec. 44. None of the disciplinary functions, powers and  
10 duties enumerated in this Act shall be exercised by the  
11 Department except upon the action and report in writing of the  
12 Medical ~~Disciplinary~~ Board.

13 In all instances, under this Act, in which the Medical  
14 ~~Disciplinary~~ Board has rendered a recommendation to the  
15 Secretary with respect to a particular physician, the  
16 Secretary may take action contrary to the recommendation of  
17 the Medical Board. In shall, in the event that the Secretary he  
18 ~~or she~~ disagrees with or takes action contrary to the  
19 recommendation of the Medical ~~Disciplinary~~ Board, file with  
20 the Medical ~~Disciplinary~~ Board his or her specific written  
21 reasons of disagreement with the Medical ~~Disciplinary~~ Board.  
22 Such reasons shall be filed within 30 days of the occurrence of  
23 the Secretary's contrary position having been taken.

24 The action and report in writing of a majority of the  
25 Medical ~~Disciplinary~~ Board designated is sufficient authority

1 upon which the Secretary may act.

2 Whenever the Secretary is satisfied that substantial  
3 justice has not been done ~~either in an examination, or in a~~  
4 formal disciplinary action, or refusal to restore a license,  
5 he or she may order a ~~reexamination or rehearing by the same or~~  
6 ~~other examiners.~~

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

8 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

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

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

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

23 Section 99. Effective date. This Section and Section 3  
24 take effect upon becoming law.

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## Statutes amended in order of appearance

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 60/7.1 new	
6	225 ILCS 60/7.2 new	
7	225 ILCS 60/7.5	
8	225 ILCS 60/8	from Ch. 111, par. 4400-8
9	225 ILCS 60/8.1	
10	225 ILCS 60/9	from Ch. 111, par. 4400-9
11	225 ILCS 60/9.3	
12	225 ILCS 60/17	from Ch. 111, par. 4400-17
13	225 ILCS 60/18	from Ch. 111, par. 4400-18
14	225 ILCS 60/19	from Ch. 111, par. 4400-19
15	225 ILCS 60/21	from Ch. 111, par. 4400-21
16	225 ILCS 60/22	from Ch. 111, par. 4400-22
17	225 ILCS 60/23	from Ch. 111, par. 4400-23
18	225 ILCS 60/24	from Ch. 111, par. 4400-24
19	225 ILCS 60/25	from Ch. 111, par. 4400-25
20	225 ILCS 60/35	from Ch. 111, par. 4400-35
21	225 ILCS 60/36	from Ch. 111, par. 4400-36
22	225 ILCS 60/37	from Ch. 111, par. 4400-37
23	225 ILCS 60/38	from Ch. 111, par. 4400-38
24	225 ILCS 60/39	from Ch. 111, par. 4400-39
25	225 ILCS 60/40	from Ch. 111, par. 4400-40



- 1 225 ILCS 60/41 from Ch. 111, par. 4400-41
- 2 225 ILCS 60/42 from Ch. 111, par. 4400-42
- 3 225 ILCS 60/44 from Ch. 111, par. 4400-44
- 4 225 ILCS 60/47 from Ch. 111, par. 4400-47