



Sen. Don Harmon

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1 AMENDMENT TO HOUSE BILL 4664

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4664 by replacing  
3 everything after the enacting clause with the following:

4 "Article 1.

5 Section 1-5. The Reproductive Health Act is amended by  
6 changing Sections 1-10 and 1-20 as follows:

7 (775 ILCS 55/1-10)

8 Sec. 1-10. Definitions. As used in this Act:

9 "Abortion" means the use of any instrument, medicine,  
10 drug, or any other substance or device to terminate the  
11 pregnancy of an individual known to be pregnant with an  
12 intention other than to increase the probability of a live  
13 birth, to preserve the life or health of the child after live  
14 birth, or to remove a dead fetus.

15 "Advanced practice registered nurse" has the same meaning

1 as it does in Section 50-10 of the Nurse Practice Act.

2 "Assisted reproduction" means a method of achieving a  
3 pregnancy through the handling of human oocytes, sperm,  
4 zygotes, or embryos for the purpose of establishing a  
5 pregnancy. "Assisted reproduction" includes, but is not  
6 limited to, methods of artificial insemination, in vitro  
7 fertilization, embryo transfer, zygote transfer, embryo  
8 biopsy, preimplantation genetic diagnosis, embryo  
9 cryopreservation, oocyte, gamete, zygote, and embryo donation,  
10 and gestational surrogacy.

11 "Department" means the Illinois Department of Public  
12 Health.

13 "Fetal viability" means that, in the professional judgment  
14 of the attending health care professional, based on the  
15 particular facts of the case, there is a significant  
16 likelihood of a fetus' sustained survival outside the uterus  
17 without the application of extraordinary medical measures.

18 "Health care professional" means a person who is licensed  
19 as a physician, advanced practice registered nurse, or  
20 physician assistant.

21 "Health of the patient" means all factors that are  
22 relevant to the patient's health and well-being, including,  
23 but not limited to, physical, emotional, psychological, and  
24 familial health and age.

25 "Maternity care" means the health care provided in  
26 relation to pregnancy, labor and childbirth, and the

1 postpartum period, and includes prenatal care, care during  
2 labor and birthing, and postpartum care extending through  
3 one-year postpartum. Maternity care shall seek to optimize  
4 positive outcomes for the patient, and be provided on the  
5 basis of the physical and psychosocial needs of the patient.  
6 Notwithstanding any of the above, all care shall be subject to  
7 the informed and voluntary consent of the patient, or the  
8 patient's legal proxy, when the patient is unable to give  
9 consent.

10 "Physician" means any person licensed to practice medicine  
11 in all its branches under the Medical Practice Act of 1987.

12 "Physician assistant" has the same meaning as it does in  
13 Section 4 of the Physician Assistant Practice Act of 1987.

14 "Pregnancy" means the human reproductive process,  
15 beginning with the implantation of an embryo.

16 "Prevailing party" has the same meaning as in the Illinois  
17 Civil Rights Act of 2003.

18 "Reproductive health care" means health care offered,  
19 arranged, or furnished for the purpose of preventing  
20 pregnancy, terminating a pregnancy, managing pregnancy loss,  
21 or improving maternal health and birth outcomes. "Reproductive  
22 health care" includes, but is not limited to: contraception;  
23 sterilization; preconception care; assisted reproduction;  
24 maternity care; abortion care; and counseling regarding  
25 reproductive health care.

26 "State" includes any branch, department, agency,

1 instrumentality, and official or other person acting under  
2 color of law of this State or a political subdivision of the  
3 State, including any unit of local government (including a  
4 home rule unit), school district, instrumentality, or public  
5 subdivision.

6 (Source: P.A. 101-13, eff. 6-12-19.)

7 (775 ILCS 55/1-20)

8 Sec. 1-20. Prohibited State actions; causes of action.

9 (a) The State shall not:

10 (1) deny, restrict, interfere with, or discriminate  
11 against an individual's exercise of the fundamental rights  
12 set forth in this Act, including individuals under State  
13 custody, control, or supervision; ~~or~~

14 (2) prosecute, punish, or otherwise deprive any  
15 individual of the individual's rights for any act or  
16 failure to act during the individual's own pregnancy, if  
17 the predominant basis for such prosecution, punishment, or  
18 deprivation of rights is the potential, actual, or  
19 perceived impact on the pregnancy or its outcomes or on  
20 the pregnant individual's own health; ~~or~~

21 (b) Any party aggrieved by conduct or regulation in  
22 violation of this Act may bring a civil lawsuit, in a federal  
23 district court or State circuit court, against the offending  
24 unit of government. Any State claim brought in federal  
25 district court shall be a supplemental claim to a federal

1 claim. Any lawsuit brought pursuant to this Act shall be  
2 commenced within 2 years after the cause of action accrued. If  
3 the court finds that a violation of paragraph (1) or (2) of  
4 subsection (a) has occurred, the court may award actual  
5 damages, and may grant as relief, as the court deems  
6 appropriate, any permanent or preliminary injunction,  
7 temporary restraining order, or other order, including an  
8 order enjoining such violation or ordering such affirmative  
9 action, as may be appropriate.

10 (c) Upon motion, a court shall award reasonable attorney's  
11 fees and costs, including expert witness fees and other  
12 litigation expenses, to a plaintiff who is a prevailing party  
13 in any action brought pursuant to this Section. In awarding  
14 reasonable attorney's fees, the court shall consider the  
15 degree to which the relief obtained relates to the relief  
16 sought.

17 (Source: P.A. 101-13, eff. 6-12-19.)

18 Article 3.

19 Section 3-5. The Wrongful Death Act is amended by changing  
20 Section 2.2 as follows:

21 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

22 Sec. 2.2. The state of gestation or development of a human  
23 being when an injury is caused, when an injury takes effect, or

1 at death, shall not foreclose maintenance of any cause of  
2 action under the law of this State arising from the death of a  
3 human being caused by wrongful act, neglect or default.

4 There shall be no cause of action against a physician or a  
5 medical institution for the wrongful death of a fetus caused  
6 by an abortion where the abortion was permitted by law and the  
7 requisite consent was lawfully given. Provided, however, that  
8 a cause of action is not prohibited where the fetus is  
9 live-born but subsequently dies.

10 There shall be no cause of action against a physician or a  
11 medical institution for the wrongful death of a fetus based on  
12 the alleged misconduct of the physician or medical institution  
13 where the defendant did not know and, under the applicable  
14 standard of good medical care, had no medical reason to know of  
15 the pregnancy of the mother of the fetus. A fertilized egg,  
16 embryo, or fetus does not have independent rights under this  
17 law.

18 (Source: P.A. 81-946.)

19 Article 4.

20 Section 4-5. The Illinois Insurance Code is amended by  
21 changing Section 356z.3a as follows:

22 (215 ILCS 5/356z.3a)

23 Sec. 356z.3a. Billing; emergency services;

1 nonparticipating providers.

2 (a) As used in this Section:

3 "Ancillary services" means:

4 (1) items and services related to emergency medicine,  
5 anesthesiology, pathology, radiology, and neonatology that  
6 are provided by any health care provider;

7 (2) items and services provided by assistant surgeons,  
8 hospitalists, and intensivists;

9 (3) diagnostic services, including radiology and  
10 laboratory services, except for advanced diagnostic  
11 laboratory tests identified on the most current list  
12 published by the United States Secretary of Health and  
13 Human Services under 42 U.S.C. 300gg-132(b) (3);

14 (4) items and services provided by other specialty  
15 practitioners as the United States Secretary of Health and  
16 Human Services specifies through rulemaking under 42  
17 U.S.C. 300gg-132(b) (3); ~~and~~

18 (5) items and services provided by a nonparticipating  
19 provider if there is no participating provider who can  
20 furnish the item or service at the facility; ~~and~~.

21 (6) items and services provided by a nonparticipating  
22 provider if there is no participating provider who will  
23 furnish the item or service because a participating  
24 provider has asserted the participating provider's rights  
25 under the Health Care Right of Conscience Act.

26 "Cost sharing" means the amount an insured, beneficiary,

1 or enrollee is responsible for paying for a covered item or  
2 service under the terms of the policy or certificate. "Cost  
3 sharing" includes copayments, coinsurance, and amounts paid  
4 toward deductibles, but does not include amounts paid towards  
5 premiums, balance billing by out-of-network providers, or the  
6 cost of items or services that are not covered under the policy  
7 or certificate.

8 "Emergency department of a hospital" means any hospital  
9 department that provides emergency services, including a  
10 hospital outpatient department.

11 "Emergency medical condition" has the meaning ascribed to  
12 that term in Section 10 of the Managed Care Reform and Patient  
13 Rights Act.

14 "Emergency medical screening examination" has the meaning  
15 ascribed to that term in Section 10 of the Managed Care Reform  
16 and Patient Rights Act.

17 "Emergency services" means, with respect to an emergency  
18 medical condition:

19 (1) in general, an emergency medical screening  
20 examination, including ancillary services routinely  
21 available to the emergency department to evaluate such  
22 emergency medical condition, and such further medical  
23 examination and treatment as would be required to  
24 stabilize the patient regardless of the department of the  
25 hospital or other facility in which such further  
26 examination or treatment is furnished; or



1           (2) additional items and services for which benefits  
2           are provided or covered under the coverage and that are  
3           furnished by a nonparticipating provider or  
4           nonparticipating emergency facility regardless of the  
5           department of the hospital or other facility in which such  
6           items are furnished after the insured, beneficiary, or  
7           enrollee is stabilized and as part of outpatient  
8           observation or an inpatient or outpatient stay with  
9           respect to the visit in which the services described in  
10          paragraph (1) are furnished. Services after stabilization  
11          cease to be emergency services only when all the  
12          conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and  
13          regulations thereunder are met.

14          "Freestanding Emergency Center" means a facility licensed  
15          under Section 32.5 of the Emergency Medical Services (EMS)  
16          Systems Act.

17          "Health care facility" means, in the context of  
18          non-emergency services, any of the following:

- 19               (1) a hospital as defined in 42 U.S.C. 1395x(e);  
20               (2) a hospital outpatient department;  
21               (3) a critical access hospital certified under 42  
22               U.S.C. 1395i-4(e);  
23               (4) an ambulatory surgical treatment center as defined  
24               in the Ambulatory Surgical Treatment Center Act; or  
25               (5) any recipient of a license under the Hospital  
26               Licensing Act that is not otherwise described in this

1 definition.

2 "Health care provider" means a provider as defined in  
3 subsection (d) of Section 370g. "Health care provider" does  
4 not include a provider of air ambulance or ground ambulance  
5 services.

6 "Health care services" has the meaning ascribed to that  
7 term in subsection (a) of Section 370g.

8 "Health insurance issuer" has the meaning ascribed to that  
9 term in Section 5 of the Illinois Health Insurance Portability  
10 and Accountability Act.

11 "Nonparticipating emergency facility" means, with respect  
12 to the furnishing of an item or service under a policy of group  
13 or individual health insurance coverage, any of the following  
14 facilities that does not have a contractual relationship  
15 directly or indirectly with a health insurance issuer in  
16 relation to the coverage:

17 (1) an emergency department of a hospital;

18 (2) a Freestanding Emergency Center;

19 (3) an ambulatory surgical treatment center as defined  
20 in the Ambulatory Surgical Treatment Center Act; or

21 (4) with respect to emergency services described in  
22 paragraph (2) of the definition of "emergency services", a  
23 hospital.

24 "Nonparticipating provider" means, with respect to the  
25 furnishing of an item or service under a policy of group or  
26 individual health insurance coverage, any health care provider

1 who does not have a contractual relationship directly or  
2 indirectly with a health insurance issuer in relation to the  
3 coverage.

4 "Participating emergency facility" means any of the  
5 following facilities that has a contractual relationship  
6 directly or indirectly with a health insurance issuer offering  
7 group or individual health insurance coverage setting forth  
8 the terms and conditions on which a relevant health care  
9 service is provided to an insured, beneficiary, or enrollee  
10 under the coverage:

11 (1) an emergency department of a hospital;

12 (2) a Freestanding Emergency Center;

13 (3) an ambulatory surgical treatment center as defined  
14 in the Ambulatory Surgical Treatment Center Act; or

15 (4) with respect to emergency services described in  
16 paragraph (2) of the definition of "emergency services", a  
17 hospital.

18 For purposes of this definition, a single case agreement  
19 between an emergency facility and an issuer that is used to  
20 address unique situations in which an insured, beneficiary, or  
21 enrollee requires services that typically occur out-of-network  
22 constitutes a contractual relationship and is limited to the  
23 parties to the agreement.

24 "Participating health care facility" means any health care  
25 facility that has a contractual relationship directly or  
26 indirectly with a health insurance issuer offering group or

1 individual health insurance coverage setting forth the terms  
2 and conditions on which a relevant health care service is  
3 provided to an insured, beneficiary, or enrollee under the  
4 coverage. A single case agreement between an emergency  
5 facility and an issuer that is used to address unique  
6 situations in which an insured, beneficiary, or enrollee  
7 requires services that typically occur out-of-network  
8 constitutes a contractual relationship for purposes of this  
9 definition and is limited to the parties to the agreement.

10 "Participating provider" means any health care provider  
11 that has a contractual relationship directly or indirectly  
12 with a health insurance issuer offering group or individual  
13 health insurance coverage setting forth the terms and  
14 conditions on which a relevant health care service is provided  
15 to an insured, beneficiary, or enrollee under the coverage.

16 "Qualifying payment amount" has the meaning given to that  
17 term in 42 U.S.C. 300gg-111(a)(3)(E) and the regulations  
18 promulgated thereunder.

19 "Recognized amount" means the lesser of the amount  
20 initially billed by the provider or the qualifying payment  
21 amount.

22 "Stabilize" means "stabilization" as defined in Section 10  
23 of the Managed Care Reform and Patient Rights Act.

24 "Treating provider" means a health care provider who has  
25 evaluated the individual.

26 "Visit" means, with respect to health care services

1 furnished to an individual at a health care facility, health  
2 care services furnished by a provider at the facility, as well  
3 as equipment, devices, telehealth services, imaging services,  
4 laboratory services, and preoperative and postoperative  
5 services regardless of whether the provider furnishing such  
6 services is at the facility.

7 (b) Emergency services. When a beneficiary, insured, or  
8 enrollee receives emergency services from a nonparticipating  
9 provider or a nonparticipating emergency facility, the health  
10 insurance issuer shall ensure that the beneficiary, insured,  
11 or enrollee shall incur no greater out-of-pocket costs than  
12 the beneficiary, insured, or enrollee would have incurred with  
13 a participating provider or a participating emergency  
14 facility. Any cost-sharing requirements shall be applied as  
15 though the emergency services had been received from a  
16 participating provider or a participating facility. Cost  
17 sharing shall be calculated based on the recognized amount for  
18 the emergency services. If the cost sharing for the same item  
19 or service furnished by a participating provider would have  
20 been a flat-dollar copayment, that amount shall be the  
21 cost-sharing amount unless the provider has billed a lesser  
22 total amount. In no event shall the beneficiary, insured,  
23 enrollee, or any group policyholder or plan sponsor be liable  
24 to or billed by the health insurance issuer, the  
25 nonparticipating provider, or the nonparticipating emergency  
26 facility for any amount beyond the cost sharing calculated in

1 accordance with this subsection with respect to the emergency  
2 services delivered. Administrative requirements or limitations  
3 shall be no greater than those applicable to emergency  
4 services received from a participating provider or a  
5 participating emergency facility.

6 (b-5) Non-emergency services at participating health care  
7 facilities.

8 (1) When a beneficiary, insured, or enrollee utilizes  
9 a participating health care facility and, due to any  
10 reason, covered ancillary services are provided by a  
11 nonparticipating provider during or resulting from the  
12 visit, the health insurance issuer shall ensure that the  
13 beneficiary, insured, or enrollee shall incur no greater  
14 out-of-pocket costs than the beneficiary, insured, or  
15 enrollee would have incurred with a participating provider  
16 for the ancillary services. Any cost-sharing requirements  
17 shall be applied as though the ancillary services had been  
18 received from a participating provider. Cost sharing shall  
19 be calculated based on the recognized amount for the  
20 ancillary services. If the cost sharing for the same item  
21 or service furnished by a participating provider would  
22 have been a flat-dollar copayment, that amount shall be  
23 the cost-sharing amount unless the provider has billed a  
24 lesser total amount. In no event shall the beneficiary,  
25 insured, enrollee, or any group policyholder or plan  
26 sponsor be liable to or billed by the health insurance

1 issuer, the nonparticipating provider, or the  
2 participating health care facility for any amount beyond  
3 the cost sharing calculated in accordance with this  
4 subsection with respect to the ancillary services  
5 delivered. In addition to ancillary services, the  
6 requirements of this paragraph shall also apply with  
7 respect to covered items or services furnished as a result  
8 of unforeseen, urgent medical needs that arise at the time  
9 an item or service is furnished, regardless of whether the  
10 nonparticipating provider satisfied the notice and consent  
11 criteria under paragraph (2) of this subsection.

12 (2) When a beneficiary, insured, or enrollee utilizes  
13 a participating health care facility and receives  
14 non-emergency covered health care services other than  
15 those described in paragraph (1) of this subsection from a  
16 nonparticipating provider during or resulting from the  
17 visit, the health insurance issuer shall ensure that the  
18 beneficiary, insured, or enrollee incurs no greater  
19 out-of-pocket costs than the beneficiary, insured, or  
20 enrollee would have incurred with a participating provider  
21 unless the nonparticipating provider~~r~~ or the participating  
22 health care facility on behalf of the nonparticipating  
23 provider~~r~~ satisfies the notice and consent criteria  
24 provided in 42 U.S.C. 300gg-132 and regulations  
25 promulgated thereunder. If the notice and consent criteria  
26 are not satisfied, then:

1 (A) any cost-sharing requirements shall be applied  
2 as though the health care services had been received  
3 from a participating provider;

4 (B) cost sharing shall be calculated based on the  
5 recognized amount for the health care services; and

6 (C) in no event shall the beneficiary, insured,  
7 enrollee, or any group policyholder or plan sponsor be  
8 liable to or billed by the health insurance issuer,  
9 the nonparticipating provider, or the participating  
10 health care facility for any amount beyond the cost  
11 sharing calculated in accordance with this subsection  
12 with respect to the health care services delivered.

13 (c) Notwithstanding any other provision of this Code,  
14 except when the notice and consent criteria are satisfied for  
15 the situation in paragraph (2) of subsection (b-5), any  
16 benefits a beneficiary, insured, or enrollee receives for  
17 services under the situations in subsection ~~subsections~~ (b) or  
18 (b-5) are assigned to the nonparticipating providers or the  
19 facility acting on their behalf. Upon receipt of the  
20 provider's bill or facility's bill, the health insurance  
21 issuer shall provide the nonparticipating provider or the  
22 facility with a written explanation of benefits that specifies  
23 the proposed reimbursement and the applicable deductible,  
24 copayment, or coinsurance amounts owed by the insured,  
25 beneficiary, or enrollee. The health insurance issuer shall  
26 pay any reimbursement subject to this Section directly to the



1 nonparticipating provider or the facility.

2 (d) For bills assigned under subsection (c), the  
3 nonparticipating provider or the facility may bill the health  
4 insurance issuer for the services rendered, and the health  
5 insurance issuer may pay the billed amount or attempt to  
6 negotiate reimbursement with the nonparticipating provider or  
7 the facility. Within 30 calendar days after the provider or  
8 facility transmits the bill to the health insurance issuer,  
9 the issuer shall send an initial payment or notice of denial of  
10 payment with the written explanation of benefits to the  
11 provider or facility. If attempts to negotiate reimbursement  
12 for services provided by a nonparticipating provider do not  
13 result in a resolution of the payment dispute within 30 days  
14 after receipt of written explanation of benefits by the health  
15 insurance issuer, then the health insurance issuer or  
16 nonparticipating provider or the facility may initiate binding  
17 arbitration to determine payment for services provided on a  
18 per-bill ~~per-bill~~ basis. The party requesting arbitration  
19 shall notify the other party arbitration has been initiated  
20 and state its final offer before arbitration. In response to  
21 this notice, the nonrequesting party shall inform the  
22 requesting party of its final offer before the arbitration  
23 occurs. Arbitration shall be initiated by filing a request  
24 with the Department of Insurance.

25 (e) The Department of Insurance shall publish a list of  
26 approved arbitrators or entities that shall provide binding

1 arbitration. These arbitrators shall be American Arbitration  
2 Association or American Health Lawyers Association trained  
3 arbitrators. Both parties must agree on an arbitrator from the  
4 Department of Insurance's or its approved entity's list of  
5 arbitrators. If no agreement can be reached, then a list of 5  
6 arbitrators shall be provided by the Department of Insurance  
7 or the approved entity. From the list of 5 arbitrators, the  
8 health insurance issuer can veto 2 arbitrators and the  
9 provider or facility can veto 2 arbitrators. The remaining  
10 arbitrator shall be the chosen arbitrator. This arbitration  
11 shall consist of a review of the written submissions by both  
12 parties. The arbitrator shall not establish a rebuttable  
13 presumption that the qualifying payment amount should be the  
14 total amount owed to the provider or facility by the  
15 combination of the issuer and the insured, beneficiary, or  
16 enrollee. Binding arbitration shall provide for a written  
17 decision within 45 days after the request is filed with the  
18 Department of Insurance. Both parties shall be bound by the  
19 arbitrator's decision. The arbitrator's expenses and fees,  
20 together with other expenses, not including attorney's fees,  
21 incurred in the conduct of the arbitration, shall be paid as  
22 provided in the decision.

23 (f) (Blank).

24 (g) Section 368a of this Act shall not apply during the  
25 pendency of a decision under subsection (d). Upon the issuance  
26 of the arbitrator's decision, Section 368a applies with

1 respect to the amount, if any, by which the arbitrator's  
2 determination exceeds the issuer's initial payment under  
3 subsection (c), or the entire amount of the arbitrator's  
4 determination if initial payment was denied. Any interest  
5 required to be paid to a provider under Section 368a shall not  
6 accrue until after 30 days of an arbitrator's decision as  
7 provided in subsection (d), but in no circumstances longer  
8 than 150 days from the date the nonparticipating  
9 facility-based provider billed for services rendered.

10 (h) Nothing in this Section shall be interpreted to change  
11 the prudent layperson provisions with respect to emergency  
12 services under the Managed Care Reform and Patient Rights Act.

13 (i) Nothing in this Section shall preclude a health care  
14 provider from billing a beneficiary, insured, or enrollee for  
15 reasonable administrative fees, such as service fees for  
16 checks returned for nonsufficient funds and missed  
17 appointments.

18 (j) Nothing in this Section shall preclude a beneficiary,  
19 insured, or enrollee from assigning benefits to a  
20 nonparticipating provider when the notice and consent criteria  
21 are satisfied under paragraph (2) of subsection (b-5) or in  
22 any other situation not described in subsection ~~subsections~~  
23 (b) or (b-5).

24 (k) Except when the notice and consent criteria are  
25 satisfied under paragraph (2) of subsection (b-5), if an  
26 individual receives health care services under the situations

1 described in subsection ~~subsections~~ (b) or (b-5), no referral  
2 requirement or any other provision contained in the policy or  
3 certificate of coverage shall deny coverage, reduce benefits,  
4 or otherwise defeat the requirements of this Section for  
5 services that would have been covered with a participating  
6 provider. However, this subsection shall not be construed to  
7 preclude a provider contract with a health insurance issuer,  
8 or with an administrator or similar entity acting on the  
9 issuer's behalf, from imposing requirements on the  
10 participating provider, participating emergency facility, or  
11 participating health care facility relating to the referral of  
12 covered individuals to nonparticipating providers.

13 (l) Except if the notice and consent criteria are  
14 satisfied under paragraph (2) of subsection (b-5),  
15 cost-sharing amounts calculated in conformity with this  
16 Section shall count toward any deductible or out-of-pocket  
17 maximum applicable to in-network coverage.

18 (m) The Department has the authority to enforce the  
19 requirements of this Section in the situations described in  
20 subsections (b) and (b-5), and in any other situation for  
21 which 42 U.S.C. Chapter 6A, Subchapter XXV, Parts D or E and  
22 regulations promulgated thereunder would prohibit an  
23 individual from being billed or liable for emergency services  
24 furnished by a nonparticipating provider or nonparticipating  
25 emergency facility or for non-emergency health care services  
26 furnished by a nonparticipating provider at a participating

1 health care facility.

2 (n) This Section does not apply with respect to air  
3 ambulance or ground ambulance services. This Section does not  
4 apply to any policy of excepted benefits or to short-term,  
5 limited-duration health insurance coverage.

6 (Source: P.A. 102-901, eff. 7-1-22; revised 8-19-22.)

7 Article 5.

8 Section 5-5. The Counties Code is amended by changing  
9 Section 5-1069.3 as follows:

10 (55 ILCS 5/5-1069.3)

11 Sec. 5-1069.3. Required health benefits. If a county,  
12 including a home rule county, is a self-insurer for purposes  
13 of providing health insurance coverage for its employees, the  
14 coverage shall include coverage for the post-mastectomy care  
15 benefits required to be covered by a policy of accident and  
16 health insurance under Section 356t and the coverage required  
17 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,  
18 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
19 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
20 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,  
21 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, ~~and~~ 356z.51, ~~and~~  
22 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59 of the  
23 Illinois Insurance Code. The coverage shall comply with

1 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
2 Insurance Code. The Department of Insurance shall enforce the  
3 requirements of this Section. The requirement that health  
4 benefits be covered as provided in this Section is an  
5 exclusive power and function of the State and is a denial and  
6 limitation under Article VII, Section 6, subsection (h) of the  
7 Illinois Constitution. A home rule county to which this  
8 Section applies must comply with every provision of this  
9 Section.

10 Rulemaking authority to implement Public Act 95-1045, if  
11 any, is conditioned on the rules being adopted in accordance  
12 with all provisions of the Illinois Administrative Procedure  
13 Act and all rules and procedures of the Joint Committee on  
14 Administrative Rules; any purported rule not so adopted, for  
15 whatever reason, is unauthorized.

16 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
17 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
18 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
19 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
20 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
21 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
22 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
23 revised 12-13-22.)

24 Section 5-10. The Illinois Municipal Code is amended by  
25 changing Section 10-4-2.3 as follows:

1 (65 ILCS 5/10-4-2.3)

2 Sec. 10-4-2.3. Required health benefits. If a  
3 municipality, including a home rule municipality, is a  
4 self-insurer for purposes of providing health insurance  
5 coverage for its employees, the coverage shall include  
6 coverage for the post-mastectomy care benefits required to be  
7 covered by a policy of accident and health insurance under  
8 Section 356t and the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,  
10 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
11 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
12 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
13 356z.45, 356z.46, 356z.47, 356z.48, ~~and 356z.51, and 356z.53,~~  
14 356z.54, 356z.56, 356z.57, and 356z.59 of the Illinois  
15 Insurance Code. The coverage shall comply with Sections  
16 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
17 Code. The Department of Insurance shall enforce the  
18 requirements of this Section. The requirement that health  
19 benefits be covered as provided in this is an exclusive power  
20 and function of the State and is a denial and limitation under  
21 Article VII, Section 6, subsection (h) of the Illinois  
22 Constitution. A home rule municipality to which this Section  
23 applies must comply with every provision of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if  
25 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

5 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
6 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
7 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
8 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
9 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
10 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
11 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
12 revised 12-13-22.)

13 Section 5-15. The School Code is amended by changing  
14 Section 10-22.3f as follows:

15 (105 ILCS 5/10-22.3f)

16 Sec. 10-22.3f. Required health benefits. Insurance  
17 protection and benefits for employees shall provide the  
18 post-mastectomy care benefits required to be covered by a  
19 policy of accident and health insurance under Section 356t and  
20 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
21 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,  
22 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
23 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
24 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~



1 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59  
2 of the Illinois Insurance Code. Insurance policies shall  
3 comply with Section 356z.19 of the Illinois Insurance Code.  
4 The coverage shall comply with Sections 155.22a, 355b, and  
5 370c of the Illinois Insurance Code. The Department of  
6 Insurance shall enforce the requirements of this Section.

7 Rulemaking authority to implement Public Act 95-1045, if  
8 any, is conditioned on the rules being adopted in accordance  
9 with all provisions of the Illinois Administrative Procedure  
10 Act and all rules and procedures of the Joint Committee on  
11 Administrative Rules; any purported rule not so adopted, for  
12 whatever reason, is unauthorized.

13 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
14 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
15 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
16 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;  
17 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.  
18 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,  
19 eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

20 Section 5-20. The Limited Health Service Organization Act  
21 is amended by changing Section 4003 as follows:

22 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

23 Sec. 4003. Illinois Insurance Code provisions. Limited  
24 health service organizations shall be subject to the

1 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
2 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
3 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,  
4 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,  
5 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
6 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,  
7 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,  
8 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII  
9 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance  
10 Code. For purposes of the Illinois Insurance Code, except for  
11 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited  
12 health service organizations in the following categories are  
13 deemed to be domestic companies:

14 (1) a corporation under the laws of this State; or

15 (2) a corporation organized under the laws of another  
16 state, 30% or more of the enrollees of which are residents  
17 of this State, except a corporation subject to  
18 substantially the same requirements in its state of  
19 organization as is a domestic company under Article VIII  
20 1/2 of the Illinois Insurance Code.

21 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
22 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.  
23 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,  
24 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
25 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.  
26 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

1 Article 7.

2 Section 7-5. The Medical Practice Act of 1987 is amended  
3 by changing Sections 22 as follows:

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

5 (Section scheduled to be repealed on January 1, 2027)

6 Sec. 22. Disciplinary action.

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

14 (1) (Blank).

15 (2) (Blank).

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

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

23 (5) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,  
2 defraud, or harm the public.

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

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

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

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

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

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

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

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

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

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

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

18          (16) Abandonment of a patient.

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

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

1 physician.

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

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

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

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

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

1 neglected child as defined in the Abused and Neglected  
2 Child Reporting Act.

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

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

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

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

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

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

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

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

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

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

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

24           (35) Failure to report to the Department surrender of  
25 a license or authorization to practice as a medical  
26 doctor, a doctor of osteopathy, a doctor of osteopathic



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

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

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

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

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

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

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

1           (42) Entering into an excessive number of written  
2 collaborative agreements with licensed advanced practice  
3 registered nurses resulting in an inability to adequately  
4 collaborate.

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

7           (44) Violating the Compassionate Use of Medical  
8 Cannabis Program Act.

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

13           (46) Repeated failure to adequately collaborate with a  
14 licensed prescribing psychologist.

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

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

25           (49) Entering into an excessive number of written  
26 collaborative agreements with licensed physician

1 assistants resulting in an inability to adequately  
2 collaborate.

3 (50) Repeated failure to adequately collaborate with a  
4 physician assistant.

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

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

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

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

25 The Department, upon the recommendation of the Medical  
26 Board, shall adopt rules which set forth standards to be used

1 in determining:

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

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

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

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

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

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

1 involved in providing the mental or physical examination and  
2 evaluation, or both. The multidisciplinary team shall be led  
3 by a physician licensed to practice medicine in all of its  
4 branches and may consist of one or more or a combination of  
5 physicians licensed to practice medicine in all of its  
6 branches, licensed chiropractic physicians, licensed clinical  
7 psychologists, licensed clinical social workers, licensed  
8 clinical professional counselors, and other professional and  
9 administrative staff. Any examining physician or member of the  
10 multidisciplinary team may require any person ordered to  
11 submit to an examination and evaluation pursuant to this  
12 Section to submit to any additional supplemental testing  
13 deemed necessary to complete any examination or evaluation  
14 process, including, but not limited to, blood testing,  
15 urinalysis, psychological testing, or neuropsychological  
16 testing. The Medical Board or the Department may order the  
17 examining physician or any member of the multidisciplinary  
18 team to provide to the Department or the Medical Board any and  
19 all records, including business records, that relate to the  
20 examination and evaluation, including any supplemental testing  
21 performed. The Medical Board or the Department may order the  
22 examining physician or any member of the multidisciplinary  
23 team to present testimony concerning this examination and  
24 evaluation of the licensee, permit holder, or applicant,  
25 including testimony concerning any supplemental testing or  
26 documents relating to the examination and evaluation. No

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

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

18 An individual licensed under this Act, affected under this  
19 Section, shall be afforded an opportunity to demonstrate to  
20 the Medical Board that he or she can resume practice in  
21 compliance with acceptable and prevailing standards under the  
22 provisions of his or her license.

23 The Department may promulgate rules for the imposition of  
24 fines in disciplinary cases, not to exceed \$10,000 for each  
25 violation of this Act. Fines may be imposed in conjunction  
26 with other forms of disciplinary action, but shall not be the



1 exclusive disposition of any disciplinary action arising out  
2 of conduct resulting in death or injury to a patient. Any funds  
3 collected from such fines shall be deposited in the Illinois  
4 State Medical Disciplinary Fund.

5 All fines imposed under this Section shall be paid within  
6 60 days after the effective date of the order imposing the fine  
7 or in accordance with the terms set forth in the order imposing  
8 the fine.

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

20 (C) The Department shall not revoke, suspend, place on  
21 probation, reprimand, refuse to issue or renew, or take any  
22 other disciplinary or non-disciplinary action against the  
23 license or permit issued under this Act to practice medicine  
24 to a physician:

25 (1) based solely upon the recommendation of the  
26 physician to an eligible patient regarding, or

1 prescription for, or treatment with, an investigational  
2 drug, biological product, or device; ~~or~~

3 (2) for experimental treatment for Lyme disease or  
4 other tick-borne diseases, including, but not limited to,  
5 the prescription of or treatment with long-term  
6 antibiotics; or -

7 (3) based solely upon the license of a physician being  
8 revoked or the physician otherwise being disciplined by  
9 any state or territory other than this State for the  
10 provision of, authorization of, referral for, or  
11 participation in any health care, medical service, or  
12 procedure if the revocation or disciplinary action was  
13 based solely on a violation of the other state's law  
14 prohibiting the provision of, authorization of, referral  
15 for, or participation in such health care, medical  
16 service, or procedure performed in any state for any  
17 person and such conduct is permissible under Illinois law.  
18 The Department retains the ability to discipline a  
19 physician for care provided that would otherwise  
20 constitute dishonorable, unethical, or unprofessional  
21 conduct, immoral conduct, or gross negligence under 68  
22 Ill. Adm. Code 1285.240.

23 (D) (Blank). ~~The Medical Board shall recommend to the~~  
24 ~~Department civil penalties and any other appropriate~~  
25 ~~discipline in disciplinary cases when the Medical Board finds~~  
26 ~~that a physician willfully performed an abortion with actual~~

1 ~~knowledge that the person upon whom the abortion has been~~  
2 ~~performed is a minor or an incompetent person without notice~~  
3 ~~as required under the Parental Notice of Abortion Act of 1995.~~  
4 ~~Upon the Medical Board's recommendation, the Department shall~~  
5 ~~impose, for the first violation, a civil penalty of \$1,000 and~~  
6 ~~for a second or subsequent violation, a civil penalty of~~  
7 ~~\$5,000.~~

8 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
9 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.  
10 8-20-21; 102-813, eff. 5-13-22.)

11 Section 7-10. The Nurse Practice Act is amended by  
12 changing Section 70-5 as follows:

13 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

15 Sec. 70-5. Grounds for disciplinary action.

16 (a) The Department may refuse to issue or to renew, or may  
17 revoke, suspend, place on probation, reprimand, or take other  
18 disciplinary or non-disciplinary action as the Department may  
19 deem appropriate, including fines not to exceed \$10,000 per  
20 violation, with regard to a license for any one or combination  
21 of the causes set forth in subsection (b) below. All fines  
22 collected under this Section shall be deposited in the Nursing  
23 Dedicated and Professional Fund.

24 (b) Grounds for disciplinary action include the following:

1           (1) Material deception in furnishing information to  
2 the Department.

3           (2) Material violations of any provision of this Act  
4 or violation of the rules of or final administrative  
5 action of the Secretary, after consideration of the  
6 recommendation of the Board.

7           (3) Conviction by plea of guilty or nolo contendere,  
8 finding of guilt, jury verdict, or entry of judgment or by  
9 sentencing of any crime, including, but not limited to,  
10 convictions, preceding sentences of supervision,  
11 conditional discharge, or first offender probation, under  
12 the laws of any jurisdiction of the United States: (i)  
13 that is a felony; or (ii) that is a misdemeanor, an  
14 essential element of which is dishonesty, or that is  
15 directly related to the practice of the profession.

16           (4) A pattern of practice or other behavior which  
17 demonstrates incapacity or incompetency to practice under  
18 this Act.

19           (5) Knowingly aiding or assisting another person in  
20 violating any provision of this Act or rules.

21           (6) Failing, within 90 days, to provide a response to  
22 a request for information in response to a written request  
23 made by the Department by certified or registered mail or  
24 by email to the email address of record.

25           (7) Engaging in dishonorable, unethical, or  
26 unprofessional conduct of a character likely to deceive,

1 defraud, or harm the public, as defined by rule.

2 (8) Unlawful taking, theft, selling, distributing, or  
3 manufacturing of any drug, narcotic, or prescription  
4 device.

5 (9) Habitual or excessive use or addiction to alcohol,  
6 narcotics, stimulants, or any other chemical agent or drug  
7 that could result in a licensee's inability to practice  
8 with reasonable judgment, skill, or safety.

9 (10) Discipline by another U.S. jurisdiction or  
10 foreign nation, if at least one of the grounds for the  
11 discipline is the same or substantially equivalent to  
12 those set forth in this Section.

13 (11) A finding that the licensee, after having her or  
14 his license placed on probationary status or subject to  
15 conditions or restrictions, has violated the terms of  
16 probation or failed to comply with such terms or  
17 conditions.

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

25 (13) Willful omission to file or record, or willfully  
26 impeding the filing or recording or inducing another

1 person to omit to file or record medical reports as  
2 required by law.

3 (13.5) Willfully failing to report an instance of  
4 suspected child abuse or neglect as required by the Abused  
5 and Neglected Child Reporting Act.

6 (14) Gross negligence in the practice of practical,  
7 professional, or advanced practice registered nursing.

8 (15) Holding oneself out to be practicing nursing  
9 under any name other than one's own.

10 (16) Failure of a licensee to report to the Department  
11 any adverse final action taken against him or her by  
12 another licensing jurisdiction of the United States or any  
13 foreign state or country, any peer review body, any health  
14 care institution, any professional or nursing society or  
15 association, any governmental agency, any law enforcement  
16 agency, or any court or a nursing liability claim related  
17 to acts or conduct similar to acts or conduct that would  
18 constitute grounds for action as defined in this Section.

19 (17) Failure of a licensee to report to the Department  
20 surrender by the licensee of a license or authorization to  
21 practice nursing or advanced practice registered nursing  
22 in another state or jurisdiction or current surrender by  
23 the licensee of membership on any nursing staff or in any  
24 nursing or advanced practice registered nursing or  
25 professional association or society while under  
26 disciplinary investigation by any of those authorities or

1 bodies for acts or conduct similar to acts or conduct that  
2 would constitute grounds for action as defined by this  
3 Section.

4 (18) Failing, within 60 days, to provide information  
5 in response to a written request made by the Department.

6 (19) Failure to establish and maintain records of  
7 patient care and treatment as required by law.

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

11 (21) Allowing another person or organization to use  
12 the licensee's license to deceive the public.

13 (22) Willfully making or filing false records or  
14 reports in the licensee's practice, including, but not  
15 limited to, false records to support claims against the  
16 medical assistance program of the Department of Healthcare  
17 and Family Services (formerly Department of Public Aid)  
18 under the Illinois Public Aid Code.

19 (23) Attempting to subvert or cheat on a licensing  
20 examination administered under this Act.

21 (24) Immoral conduct in the commission of an act,  
22 including, but not limited to, sexual abuse, sexual  
23 misconduct, or sexual exploitation, related to the  
24 licensee's practice.

25 (25) Willfully or negligently violating the  
26 confidentiality between nurse and patient except as

1 required by law.

2 (26) Practicing under a false or assumed name, except  
3 as provided by law.

4 (27) The use of any false, fraudulent, or deceptive  
5 statement in any document connected with the licensee's  
6 practice.

7 (28) Directly or indirectly giving to or receiving  
8 from a person, firm, corporation, partnership, or  
9 association a fee, commission, rebate, or other form of  
10 compensation for professional services not actually or  
11 personally rendered. Nothing in this paragraph (28)  
12 affects any bona fide independent contractor or employment  
13 arrangements among health care professionals, health  
14 facilities, health care providers, or other entities,  
15 except as otherwise prohibited by law. Any employment  
16 arrangements may include provisions for compensation,  
17 health insurance, pension, or other employment benefits  
18 for the provision of services within the scope of the  
19 licensee's practice under this Act. Nothing in this  
20 paragraph (28) shall be construed to require an employment  
21 arrangement to receive professional fees for services  
22 rendered.

23 (29) A violation of the Health Care Worker  
24 Self-Referral Act.

25 (30) Physical illness, mental illness, or disability  
26 that results in the inability to practice the profession



1 with reasonable judgment, skill, or safety.

2 (31) Exceeding the terms of a collaborative agreement  
3 or the prescriptive authority delegated to a licensee by  
4 his or her collaborating physician or podiatric physician  
5 in guidelines established under a written collaborative  
6 agreement.

7 (32) Making a false or misleading statement regarding  
8 a licensee's skill or the efficacy or value of the  
9 medicine, treatment, or remedy prescribed by him or her in  
10 the course of treatment.

11 (33) Prescribing, selling, administering,  
12 distributing, giving, or self-administering a drug  
13 classified as a controlled substance (designated product)  
14 or narcotic for other than medically accepted therapeutic  
15 purposes.

16 (34) Promotion of the sale of drugs, devices,  
17 appliances, or goods provided for a patient in a manner to  
18 exploit the patient for financial gain.

19 (35) Violating State or federal laws, rules, or  
20 regulations relating to controlled substances.

21 (36) Willfully or negligently violating the  
22 confidentiality between an advanced practice registered  
23 nurse, collaborating physician, dentist, or podiatric  
24 physician and a patient, except as required by law.

25 (37) Willfully failing to report an instance of  
26 suspected abuse, neglect, financial exploitation, or

1 self-neglect of an eligible adult as defined in and  
2 required by the Adult Protective Services Act.

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

9 (39) A violation of any provision of this Act or any  
10 rules adopted under this Act.

11 (40) Violating the Compassionate Use of Medical  
12 Cannabis Program Act.

13 (b-5) The Department shall not revoke, suspend, place on  
14 probation, reprimand, refuse to issue or renew, or take any  
15 other disciplinary or non-disciplinary action against the  
16 license or permit issued under this Act to practice as a  
17 registered nurse or an advanced practice registered nurse  
18 based solely upon the license of a registered nurse or  
19 advanced practice registered nurse being revoked or otherwise  
20 being disciplined by any state or territory other than this  
21 State for the provision of, authorization of, referral for, or  
22 participation in any health care, medical service, or  
23 procedure if the revocation or disciplinary action was based  
24 solely on a violation of the other state's law prohibiting the  
25 provision of, authorization of, referral for, or participation  
26 in such health care, medical service, or procedure performed

1 in any state for any person and such conduct is permissible  
2 under Illinois law. The Department retains the ability to  
3 discipline a registered nurse or advanced practice registered  
4 nurse for care provided that would otherwise constitute  
5 dishonorable, unethical, or unprofessional conduct, immoral  
6 conduct, or gross negligence under 68 Ill. Adm. Code 1300.90.

7 (c) The determination by a circuit court that a licensee  
8 is subject to involuntary admission or judicial admission as  
9 provided in the Mental Health and Developmental Disabilities  
10 Code, as amended, operates as an automatic suspension. The  
11 suspension will end only upon a finding by a court that the  
12 patient is no longer subject to involuntary admission or  
13 judicial admission and issues an order so finding and  
14 discharging the patient; and upon the recommendation of the  
15 Board to the Secretary that the licensee be allowed to resume  
16 his or her practice.

17 (d) The Department may refuse to issue or may suspend or  
18 otherwise discipline the license of any person who fails to  
19 file a return, or to pay the tax, penalty or interest shown in  
20 a filed return, or to pay any final assessment of the tax,  
21 penalty, or interest as required by any tax Act administered  
22 by the Department of Revenue, until such time as the  
23 requirements of any such tax Act are satisfied.

24 (e) In enforcing this Act, the Department, upon a showing  
25 of a possible violation, may compel an individual licensed to  
26 practice under this Act or who has applied for licensure under

1 this Act, to submit to a mental or physical examination, or  
2 both, as required by and at the expense of the Department. The  
3 Department may order the examining physician to present  
4 testimony concerning the mental or physical examination of the  
5 licensee or applicant. No information shall be excluded by  
6 reason of any common law or statutory privilege relating to  
7 communications between the licensee or applicant and the  
8 examining physician. The examining physicians shall be  
9 specifically designated by the Department. The individual to  
10 be examined may have, at his or her own expense, another  
11 physician of his or her choice present during all aspects of  
12 this examination. Failure of an individual to submit to a  
13 mental or physical examination, when directed, shall result in  
14 an automatic suspension without hearing.

15 All substance-related violations shall mandate an  
16 automatic substance abuse assessment. Failure to submit to an  
17 assessment by a licensed physician who is certified as an  
18 addictionist or an advanced practice registered nurse with  
19 specialty certification in addictions may be grounds for an  
20 automatic suspension, as defined by rule.

21 If the Department finds an individual unable to practice  
22 or unfit for duty because of the reasons set forth in this  
23 subsection (e), the Department may require that individual to  
24 submit to a substance abuse evaluation or treatment by  
25 individuals or programs approved or designated by the  
26 Department, as a condition, term, or restriction for

1 continued, restored, or renewed licensure to practice; or, in  
2 lieu of evaluation or treatment, the Department may file, or  
3 the Board may recommend to the Department to file, a complaint  
4 to immediately suspend, revoke, or otherwise discipline the  
5 license of the individual. An individual whose license was  
6 granted, continued, restored, renewed, disciplined, or  
7 supervised subject to such terms, conditions, or restrictions,  
8 and who fails to comply with such terms, conditions, or  
9 restrictions, shall be referred to the Secretary for a  
10 determination as to whether the individual shall have his or  
11 her license suspended immediately, pending a hearing by the  
12 Department.

13 In instances in which the Secretary immediately suspends a  
14 person's license under this subsection (e), a hearing on that  
15 person's license must be convened by the Department within 15  
16 days after the suspension and completed without appreciable  
17 delay. The Department and Board shall have the authority to  
18 review the subject individual's record of treatment and  
19 counseling regarding the impairment to the extent permitted by  
20 applicable federal statutes and regulations safeguarding the  
21 confidentiality of medical records.

22 An individual licensed under this Act and affected under  
23 this subsection (e) shall be afforded an opportunity to  
24 demonstrate to the Department that he or she can resume  
25 practice in compliance with nursing standards under the  
26 provisions of his or her license.

1 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

2 Section 7-15. The Pharmacy Practice Act is amended by  
3 changing Section 30 as follows:

4 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

6 Sec. 30. Refusal, revocation, suspension, or other  
7 discipline.

8 (a) The Department may refuse to issue or renew, or may  
9 revoke a license, or may suspend, place on probation, fine, or  
10 take any disciplinary or non-disciplinary action as the  
11 Department may deem proper, including fines not to exceed  
12 \$10,000 for each violation, with regard to any licensee for  
13 any one or combination of the following causes:

14 1. Material misstatement in furnishing information to  
15 the Department.

16 2. Violations of this Act, or the rules promulgated  
17 hereunder.

18 3. Making any misrepresentation for the purpose of  
19 obtaining licenses.

20 4. A pattern of conduct which demonstrates  
21 incompetence or unfitness to practice.

22 5. Aiding or assisting another person in violating any  
23 provision of this Act or rules.

24 6. Failing, within 60 days, to respond to a written

1 request made by the Department for information.

2 7. Engaging in unprofessional, dishonorable, or  
3 unethical conduct of a character likely to deceive,  
4 defraud or harm the public as defined by rule.

5 8. Adverse action taken by another state or  
6 jurisdiction against a license or other authorization to  
7 practice as a pharmacy, pharmacist, registered certified  
8 pharmacy technician, or registered pharmacy technician  
9 that is the same or substantially equivalent to those set  
10 forth in this Section, a certified copy of the record of  
11 the action taken by the other state or jurisdiction being  
12 prima facie evidence thereof.

13 9. Directly or indirectly giving to or receiving from  
14 any person, firm, corporation, partnership, or association  
15 any fee, commission, rebate or other form of compensation  
16 for any professional services not actually or personally  
17 rendered. Nothing in this item 9 affects any bona fide  
18 independent contractor or employment arrangements among  
19 health care professionals, health facilities, health care  
20 providers, or other entities, except as otherwise  
21 prohibited by law. Any employment arrangements may include  
22 provisions for compensation, health insurance, pension, or  
23 other employment benefits for the provision of services  
24 within the scope of the licensee's practice under this  
25 Act. Nothing in this item 9 shall be construed to require  
26 an employment arrangement to receive professional fees for

1 services rendered.

2 10. A finding by the Department that the licensee,  
3 after having his license placed on probationary status,  
4 has violated the terms of probation.

5 11. Selling or engaging in the sale of drug samples  
6 provided at no cost by drug manufacturers.

7 12. Physical illness, including, but not limited to,  
8 deterioration through the aging process, or loss of motor  
9 skill which results in the inability to practice the  
10 profession with reasonable judgment, skill or safety.

11 13. A finding that licensure or registration has been  
12 applied for or obtained by fraudulent means.

13 14. Conviction by plea of guilty or nolo contendere,  
14 finding of guilt, jury verdict, or entry of judgment or  
15 sentencing, including, but not limited to, convictions,  
16 preceding sentences of supervision, conditional discharge,  
17 or first offender probation, under the laws of any  
18 jurisdiction of the United States that is (i) a felony or  
19 (ii) a misdemeanor, an essential element of which is  
20 dishonesty, or that is directly related to the practice of  
21 pharmacy, or involves controlled substances.

22 15. Habitual or excessive use or addiction to alcohol,  
23 narcotics, stimulants or any other chemical agent or drug  
24 which results in the inability to practice with reasonable  
25 judgment, skill or safety.

26 16. Willfully making or filing false records or



1 reports in the practice of pharmacy, including, but not  
2 limited to, false records to support claims against the  
3 medical assistance program of the Department of Healthcare  
4 and Family Services (formerly Department of Public Aid)  
5 under the Public Aid Code.

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

14 18. Dispensing prescription drugs without receiving a  
15 written or oral prescription in violation of law.

16 19. Upon a finding of a substantial discrepancy in a  
17 Department audit of a prescription drug, including  
18 controlled substances, as that term is defined in this Act  
19 or in the Illinois Controlled Substances Act.

20 20. Physical or mental illness or any other impairment  
21 or disability, including, without limitation: (A)  
22 deterioration through the aging process or loss of motor  
23 skills that results in the inability to practice with  
24 reasonable judgment, skill or safety; or (B) mental  
25 incompetence, as declared by a court of competent  
26 jurisdiction.

1           21. Violation of the Health Care Worker Self-Referral  
2 Act.

3           22. Failing to sell or dispense any drug, medicine, or  
4 poison in good faith. "Good faith", for the purposes of  
5 this Section, has the meaning ascribed to it in subsection  
6 (u) of Section 102 of the Illinois Controlled Substances  
7 Act. "Good faith", as used in this item (22), shall not be  
8 limited to the sale or dispensing of controlled  
9 substances, but shall apply to all prescription drugs.

10           23. Interfering with the professional judgment of a  
11 pharmacist by any licensee under this Act, or the  
12 licensee's agents or employees.

13           24. Failing to report within 60 days to the Department  
14 any adverse final action taken against a pharmacy,  
15 pharmacist, registered pharmacy technician, or registered  
16 certified pharmacy technician by another licensing  
17 jurisdiction in any other state or any territory of the  
18 United States or any foreign jurisdiction, any  
19 governmental agency, any law enforcement agency, or any  
20 court for acts or conduct similar to acts or conduct that  
21 would constitute grounds for discipline as defined in this  
22 Section.

23           25. Failing to comply with a subpoena issued in  
24 accordance with Section 35.5 of this Act.

25           26. Disclosing protected health information in  
26 violation of any State or federal law.

1           27. Willfully failing to report an instance of  
2 suspected abuse, neglect, financial exploitation, or  
3 self-neglect of an eligible adult as defined in and  
4 required by the Adult Protective Services Act.

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

11           29. Using advertisements or making solicitations that  
12 may jeopardize the health, safety, or welfare of patients,  
13 including, but not ~~be~~ limited to, the use of  
14 advertisements or solicitations that:

15                 (A) are false, fraudulent, deceptive, or  
16                 misleading; or

17                 (B) include any claim regarding a professional  
18                 service or product or the cost or price thereof that  
19                 cannot be substantiated by the licensee.

20           30. Requiring a pharmacist to participate in the use  
21 or distribution of advertisements or in making  
22 solicitations that may jeopardize the health, safety, or  
23 welfare of patients.

24           31. Failing to provide a working environment for all  
25 pharmacy personnel that protects the health, safety, and  
26 welfare of a patient, which includes, but is not limited

1 to, failing to:

2 (A) employ sufficient personnel to prevent  
3 fatigue, distraction, or other conditions that  
4 interfere with a pharmacist's ability to practice with  
5 competency and safety or creates an environment that  
6 jeopardizes patient care;

7 (B) provide appropriate opportunities for  
8 uninterrupted rest periods and meal breaks;

9 (C) provide adequate time for a pharmacist to  
10 complete professional duties and responsibilities,  
11 including, but not limited to:

12 (i) drug utilization review;

13 (ii) immunization;

14 (iii) counseling;

15 (iv) verification of the accuracy of a  
16 prescription; and

17 (v) all other duties and responsibilities of a  
18 pharmacist as listed in the rules of the  
19 Department.

20 32. Introducing or enforcing external factors, such as  
21 productivity or production quotas or other programs  
22 against pharmacists, student pharmacists or pharmacy  
23 technicians, to the extent that they interfere with the  
24 ability of those individuals to provide appropriate  
25 professional services to the public.

26 33. Providing an incentive for or inducing the

1 transfer of a prescription for a patient absent a  
2 professional rationale.

3 (b) The Department may refuse to issue or may suspend the  
4 license of any person who fails to file a return, or to pay the  
5 tax, penalty or interest shown in a filed return, or to pay any  
6 final assessment of tax, penalty or interest, as required by  
7 any tax Act administered by the Illinois Department of  
8 Revenue, until such time as the requirements of any such tax  
9 Act are satisfied.

10 (c) The Department shall revoke any license issued under  
11 the provisions of this Act or any prior Act of this State of  
12 any person who has been convicted a second time of committing  
13 any felony under the Illinois Controlled Substances Act, or  
14 who has been convicted a second time of committing a Class 1  
15 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid  
16 Code. A person whose license issued under the provisions of  
17 this Act or any prior Act of this State is revoked under this  
18 subsection (c) shall be prohibited from engaging in the  
19 practice of pharmacy in this State.

20 (c-5) The Department shall not revoke, suspend, place on  
21 probation, reprimand, refuse to issue or renew, or take any  
22 other disciplinary or non-disciplinary action against the  
23 license or permit issued under this Act to practice as a  
24 registered pharmacist, student pharmacist, registered pharmacy  
25 technician, or certified pharmacy technician based solely upon  
26 the license of the registered pharmacist, student pharmacist,

1 registered pharmacy technician, or certified pharmacy  
2 technician being revoked or otherwise being disciplined by any  
3 state or territory other than this State for the provision of,  
4 authorization of, referral for, or participation in any health  
5 care, medical service, dispensing, consultation, or procedure,  
6 including the practice of pharmacy, medication therapy  
7 management services, or pharmacist care, if the revocation or  
8 disciplinary action was based solely on a violation of the  
9 other state's law prohibiting the provision of, authorization  
10 of, referral for, or participation in any such health care,  
11 medical service, dispensing, consultation, or procedure,  
12 including the practice of pharmacy, medication therapy  
13 management services, or pharmacist care, performed in any  
14 state for any person and such conduct is permissible under  
15 Illinois law. The Department retains the ability to discipline  
16 a registered pharmacist, student pharmacist, registered  
17 pharmacy technician, or certified pharmacy technician for care  
18 provided that would otherwise constitute unprofessional and  
19 unethical conduct under 68 Ill. Adm. Code 1330.30

20 (d) Fines may be imposed in conjunction with other forms  
21 of disciplinary action, but shall not be the exclusive  
22 disposition of any disciplinary action arising out of conduct  
23 resulting in death or injury to a patient. Fines shall be paid  
24 within 60 days or as otherwise agreed to by the Department. Any  
25 funds collected from such fines shall be deposited in the  
26 Illinois State Pharmacy Disciplinary Fund.

1           (e) The entry of an order or judgment by any circuit court  
2           establishing that any person holding a license or certificate  
3           under this Act is a person in need of mental treatment operates  
4           as a suspension of that license. A licensee may resume his or  
5           her practice only upon the entry of an order of the Department  
6           based upon a finding by the Board that he or she has been  
7           determined to be recovered from mental illness by the court  
8           and upon the Board's recommendation that the licensee be  
9           permitted to resume his or her practice.

10          (f) The Department shall issue quarterly to the Board a  
11          status of all complaints related to the profession received by  
12          the Department.

13          (g) In enforcing this Section, the Board or the  
14          Department, upon a showing of a possible violation, may compel  
15          any licensee or applicant for licensure under this Act to  
16          submit to a mental or physical examination or both, as  
17          required by and at the expense of the Department. The  
18          examining physician, or multidisciplinary team involved in  
19          providing physical and mental examinations led by a physician  
20          consisting of one or a combination of licensed physicians,  
21          licensed clinical psychologists, licensed clinical social  
22          workers, licensed clinical professional counselors, and other  
23          professional and administrative staff, shall be those  
24          specifically designated by the Department. The Board or the  
25          Department may order the examining physician or any member of  
26          the multidisciplinary team to present testimony concerning

1 this mental or physical examination of the licensee or  
2 applicant. No information, report, or other documents in any  
3 way related to the examination shall be excluded by reason of  
4 any common law or statutory privilege relating to  
5 communication between the licensee or applicant and the  
6 examining physician or any member of the multidisciplinary  
7 team. The individual to be examined may have, at his or her own  
8 expense, another physician of his or her choice present during  
9 all aspects of the examination. Failure of any individual to  
10 submit to a mental or physical examination when directed shall  
11 result in the automatic suspension of his or her license until  
12 such time as the individual submits to the examination. If the  
13 Board or Department finds a pharmacist, registered certified  
14 pharmacy technician, or registered pharmacy technician unable  
15 to practice because of the reasons set forth in this Section,  
16 the Board or Department shall require such pharmacist,  
17 registered certified pharmacy technician, or registered  
18 pharmacy technician to submit to care, counseling, or  
19 treatment by physicians or other appropriate health care  
20 providers approved or designated by the Department as a  
21 condition for continued, restored, or renewed licensure to  
22 practice. Any pharmacist, registered certified pharmacy  
23 technician, or registered pharmacy technician whose license  
24 was granted, continued, restored, renewed, disciplined, or  
25 supervised, subject to such terms, conditions, or  
26 restrictions, and who fails to comply with such terms,



1 conditions, or restrictions or to complete a required program  
2 of care, counseling, or treatment, as determined by the chief  
3 pharmacy coordinator, shall be referred to the Secretary for a  
4 determination as to whether the licensee shall have his or her  
5 license suspended immediately, pending a hearing by the Board.  
6 In instances in which the Secretary immediately suspends a  
7 license under this subsection (g), a hearing upon such  
8 person's license must be convened by the Board within 15 days  
9 after such suspension and completed without appreciable delay.  
10 The Department and Board shall have the authority to review  
11 the subject pharmacist's, registered certified pharmacy  
12 technician's, or registered pharmacy technician's record of  
13 treatment and counseling regarding the impairment.

14 (h) An individual or organization acting in good faith,  
15 and not in a willful and wanton manner, in complying with this  
16 Section by providing a report or other information to the  
17 Board, by assisting in the investigation or preparation of a  
18 report or information, by participating in proceedings of the  
19 Board, or by serving as a member of the Board shall not, as a  
20 result of such actions, be subject to criminal prosecution or  
21 civil damages. Any person who reports a violation of this  
22 Section to the Department is protected under subsection (b) of  
23 Section 15 of the Whistleblower Act.

24 (i) Members of the Board shall have no liability in any  
25 action based upon any disciplinary proceedings or other  
26 activity performed in good faith as a member of the Board. The

1 Attorney General shall defend all such actions unless he or  
2 she determines either that there would be a conflict of  
3 interest in such representation or that the actions complained  
4 of were not in good faith or were willful and wanton.

5 If the Attorney General declines representation, the  
6 member shall have the right to employ counsel of his or her  
7 choice, whose fees shall be provided by the State, after  
8 approval by the Attorney General, unless there is a  
9 determination by a court that the member's actions were not in  
10 good faith or were willful and wanton.

11 The member must notify the Attorney General within 7 days  
12 of receipt of notice of the initiation of any action involving  
13 services of the Board. Failure to so notify the Attorney  
14 General shall constitute an absolute waiver of the right to a  
15 defense and indemnification.

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

19 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;  
20 revised 12-9-22.)

21 Article 8.

22 Section 8-1. The Illinois Administrative Procedure Act is  
23 amended by adding Section 5-45.35 as follows:

1 (5 ILCS 100/5-45.35 new)

2 Sec. 5-45.35. Emergency rulemaking; temporary licenses for  
3 reproductive health care. To provide for the expeditious and  
4 timely implementation of subsection (j) of Section 66 of the  
5 Medical Practice Act of 1987, subsection (j) of Section  
6 65-11.5 of the Nurse Practice Act, and subsection (j) of  
7 Section 9.7 of the Physician Assistant Practice Act of 1987,  
8 emergency rules implementing the issuance of temporary permits  
9 to applicants who are licensed to practice as a physician,  
10 advanced practice registered nurse, or physician assistant in  
11 another state may be adopted in accordance with Section 5-45  
12 by the Department of Financial and Professional Regulation.  
13 The adoption of emergency rules authorized by Section 5-45 and  
14 this Section is deemed to be necessary for the public  
15 interest, safety, and welfare.

16 This Section is repealed one year after the effective date  
17 of this amendatory Act of the 102nd General Assembly.

18 Section 8-5. The Physician Assistant Practice Act of 1987  
19 is amended by changing Sections 4, 21, 22.2, 22.3, 22.5, 22.6,  
20 22.7, 22.8, 22.9, and 22.10 and by adding Section 9.7 as  
21 follows:

22 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

24 Sec. 4. Definitions. In this Act:

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

3           2. "Secretary" means the Secretary of Financial and  
4 Professional Regulation.

5           3. "Physician assistant" means any person not holding an  
6 active license or permit issued by the Department pursuant to  
7 the Medical Practice Act of 1987 who has been certified as a  
8 physician assistant by the National Commission on the  
9 Certification of Physician Assistants or equivalent successor  
10 agency and performs procedures in collaboration with a  
11 physician as defined in this Act. A physician assistant may  
12 perform such procedures within the specialty of the  
13 collaborating physician, except that such physician shall  
14 exercise such direction, collaboration, and control over such  
15 physician assistants as will assure that patients shall  
16 receive quality medical care. Physician assistants shall be  
17 capable of performing a variety of tasks within the specialty  
18 of medical care in collaboration with a physician.  
19 Collaboration with the physician assistant shall not be  
20 construed to necessarily require the personal presence of the  
21 collaborating physician at all times at the place where  
22 services are rendered, as long as there is communication  
23 available for consultation by radio, telephone or  
24 telecommunications within established guidelines as determined  
25 by the physician/physician assistant team. The collaborating  
26 physician may delegate tasks and duties to the physician

1 assistant. Delegated tasks or duties shall be consistent with  
2 physician assistant education, training, and experience. The  
3 delegated tasks or duties shall be specific to the practice  
4 setting and shall be implemented and reviewed under a written  
5 collaborative agreement established by the physician or  
6 physician/physician assistant team. A physician assistant,  
7 acting as an agent of the physician, shall be permitted to  
8 transmit the collaborating physician's orders as determined by  
9 the institution's by-laws, policies, procedures, or job  
10 description within which the physician/physician assistant  
11 team practices. Physician assistants shall practice only in  
12 accordance with a written collaborative agreement.

13 Any person who holds an active license or permit issued  
14 pursuant to the Medical Practice Act of 1987 shall have that  
15 license automatically placed into inactive status upon  
16 issuance of a physician assistant license. Any person who  
17 holds an active license as a physician assistant who is issued  
18 a license or permit pursuant to the Medical Practice Act of  
19 1987 shall have his or her physician assistant license  
20 automatically placed into inactive status.

21 3.5. "Physician assistant practice" means the performance  
22 of procedures within the specialty of the collaborating  
23 physician. Physician assistants shall be capable of performing  
24 a variety of tasks within the specialty of medical care of the  
25 collaborating physician. Collaboration with the physician  
26 assistant shall not be construed to necessarily require the

1 personal presence of the collaborating physician at all times  
2 at the place where services are rendered, as long as there is  
3 communication available for consultation by radio, telephone,  
4 telecommunications, or electronic communications. The  
5 collaborating physician may delegate tasks and duties to the  
6 physician assistant. Delegated tasks or duties shall be  
7 consistent with physician assistant education, training, and  
8 experience. The delegated tasks or duties shall be specific to  
9 the practice setting and shall be implemented and reviewed  
10 under a written collaborative agreement established by the  
11 physician or physician/physician assistant team. A physician  
12 assistant shall be permitted to transmit the collaborating  
13 physician's orders as determined by the institution's bylaws,  
14 policies, or procedures or the job description within which  
15 the physician/physician assistant team practices. Physician  
16 assistants shall practice only in accordance with a written  
17 collaborative agreement, except as provided in Section 7.5 of  
18 this Act.

19 4. "Board" means the Medical Licensing Board constituted  
20 under the Medical Practice Act of 1987.

21 5. (Blank). ~~"Disciplinary Board" means the Medical~~  
22 ~~Disciplinary Board constituted under the Medical Practice Act~~  
23 ~~of 1987.~~

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

1           7. "Collaborating physician" means the physician who,  
2 within his or her specialty and expertise, may delegate a  
3 variety of tasks and procedures to the physician assistant.  
4 Such tasks and procedures shall be delegated in accordance  
5 with a written collaborative agreement.

6           8. (Blank).

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

11          10. "Hospital affiliate" means a corporation, partnership,  
12 joint venture, limited liability company, or similar  
13 organization, other than a hospital, that is devoted primarily  
14 to the provision, management, or support of health care  
15 services and that directly or indirectly controls, is  
16 controlled by, or is under common control of the hospital. For  
17 the purposes of this definition, "control" means having at  
18 least an equal or a majority ownership or membership interest.  
19 A hospital affiliate shall be 100% owned or controlled by any  
20 combination of hospitals, their parent corporations, or  
21 physicians licensed to practice medicine in all its branches  
22 in Illinois. "Hospital affiliate" does not include a health  
23 maintenance organization regulated under the Health  
24 Maintenance Organization Act.

25          11. "Email address of record" means the designated email  
26 address recorded by the Department in the applicant's

1 application file or the licensee's license file, as maintained  
2 by the Department's licensure maintenance unit.

3 12. "Reproductive health care" means health care offered,  
4 arranged, or furnished for the purpose of preventing  
5 pregnancy, terminating a pregnancy, managing pregnancy loss,  
6 or improving maternal health and birth outcomes. "Reproductive  
7 health care" includes, but is not limited to, contraception,  
8 sterilization, preconception care, maternity care, abortion  
9 care, and counseling regarding reproductive health care as  
10 defined in the Reproductive Health Act.

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

12 (225 ILCS 95/9.7 new)

13 Sec. 9.7. Temporary permit for reproductive health care.

14 (a) The Department may issue a temporary permit to an  
15 applicant who is licensed to practice as a physician assistant  
16 in another state. The temporary permit will authorize the  
17 practice of providing reproductive health care to patients in  
18 this State, with a collaborating physician in this State, if  
19 all of the following apply:

20 (1) The Department determines that the applicant's  
21 services will improve the welfare of Illinois residents  
22 and non-residents requiring reproductive health care  
23 services.

24 (2) The applicant has obtained certification by the  
25 National Commission on Certification of Physician



1 Assistants or its successor agency; the applicant has  
2 submitted verification of licensure status in good  
3 standing in the applicant's current state or territory of  
4 licensure; and the applicant can furnish the Department  
5 with a certified letter upon request from that  
6 jurisdiction attesting to the fact that the applicant has  
7 no pending action or violations against the applicant's  
8 license.

9 The Department shall not consider a physician  
10 assistant's license being revoked or otherwise disciplined  
11 by any state or territory for the provision of,  
12 authorization of, or participation in any health care,  
13 medical service, or procedure related to an abortion on  
14 the basis that such health care, medical service, or  
15 procedure related to an abortion is unlawful or prohibited  
16 in that state or territory, if the provision,  
17 authorization of, or participation in that health care,  
18 medical service, or procedure related to an abortion is  
19 not unlawful or prohibited in this State.

20 (3) The applicant has sufficient training and  
21 possesses the appropriate core competencies to provide  
22 reproductive health care services, and is physically,  
23 mentally, and professionally capable of practicing as a  
24 physician assistant with reasonable judgment, skill, and  
25 safety and in accordance with applicable standards of  
26 care.

1           (4) The applicant has met the written collaborating  
2           agreement requirements under subsection (a) of Section  
3           7.5.

4           (5) The applicant will be working pursuant to an  
5           agreement with a sponsoring licensed hospital, medical  
6           office, clinic, or other medical facility providing  
7           reproductive health care services. Such agreement shall be  
8           executed by an authorized representative of the licensed  
9           hospital, medical office, clinic, or other medical  
10           facility, certifying that the physician assistant holds an  
11           active license and is in good standing in the state in  
12           which they are licensed. If an applicant for a temporary  
13           permit has been previously disciplined by another  
14           jurisdiction, except as described in paragraph (2) of  
15           subsection (a), further review may be conducted pursuant  
16           to the Civil Administrative Code of Illinois and this Act.  
17           The application shall include the physician assistant's  
18           name, contact information, state of licensure, and license  
19           number.

20           (6) Payment of a \$75 fee.

21           The sponsoring licensed hospital, medical office, clinic,  
22           or other medical facility engaged in the agreement with the  
23           applicant shall notify the Department should the applicant at  
24           any point leave or become separate from the sponsor.

25           The Department may adopt rules to carry out this Section.

26           (b) A temporary permit under this Section shall expire 2

1 years after the date of issuance. The temporary permit may be  
2 renewed for a \$45 fee for an additional 2 years. A holder of a  
3 temporary permit may only renew one time.

4 (c) The temporary permit shall only permit the holder to  
5 practice as a physician assistant with a collaborating  
6 physician who provides reproductive health care services with  
7 the sponsor specified on the permit.

8 (d) An application for the temporary permit shall be made  
9 to the Department, in writing, on forms prescribed by the  
10 Department, and shall be accompanied by a non-refundable fee  
11 of \$75. The Department shall grant or deny an applicant a  
12 temporary permit within 60 days of receipt of a completed  
13 application. The Department shall notify the applicant of any  
14 deficiencies in the applicant's application materials  
15 requiring corrections in a timely manner.

16 (e) An applicant for a temporary permit may be requested  
17 to appear before the Board to respond to questions concerning  
18 the applicant's qualifications to receive the permit. An  
19 applicant's refusal to appear before the Board may be grounds  
20 for denial of the application by the Department.

21 (f) The Secretary may summarily cancel any temporary  
22 permit issued pursuant to this Section, without a hearing, if  
23 the Secretary finds that evidence in his or her possession  
24 indicates that a permit holder's continuation in practice  
25 would constitute an imminent danger to the public or violate  
26 any provision of this Act or its rules. If the Secretary

1 summarily cancels a temporary permit issued pursuant to this  
2 Section or Act, the permit holder may petition the Department  
3 for a hearing in accordance with the provisions of Section  
4 22.11 to restore his or her permit, unless the permit holder  
5 has exceeded his or her renewal limit.

6 (g) In addition to terminating any temporary permit issued  
7 pursuant to this Section or Act, the Department may issue a  
8 monetary penalty not to exceed \$10,000 upon the temporary  
9 permit holder and may notify any state in which the temporary  
10 permit holder has been issued a permit that his or her Illinois  
11 permit has been terminated and the reasons for that  
12 termination. The monetary penalty shall be paid within 60 days  
13 after the effective date of the order imposing the penalty.  
14 The order shall constitute a judgment and may be filed, and  
15 execution had thereon in the same manner as any judgment from  
16 any court of record. It is the intent of the General Assembly  
17 that a permit issued pursuant to this Section shall be  
18 considered a privilege and not a property right.

19 (h) While working in Illinois, all temporary permit  
20 holders are subject to all statutory and regulatory  
21 requirements of this Act in the same manner as a licensee.  
22 Failure to adhere to all statutory and regulatory requirements  
23 may result in revocation or other discipline of the temporary  
24 permit.

25 (i) If the Department becomes aware of a violation  
26 occurring at the licensed hospital, medical office, clinic, or

1 other medical facility, or occurring via telehealth services,  
2 the Department shall notify the Department of Public Health.

3 (j) The Department may adopt emergency rules pursuant to  
4 this Section. The General Assembly finds that the adoption of  
5 rules to implement a temporary permit for reproductive health  
6 is deemed an emergency and necessary for the public interest,  
7 safety, and welfare.

8 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

10 Sec. 21. Grounds for disciplinary action.

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

18 (1) Material misstatement in furnishing information to  
19 the Department.

20 (2) Violations of this Act, or the rules adopted under  
21 this Act.

22 (3) Conviction by plea of guilty or nolo contendere,  
23 finding of guilt, jury verdict, or entry of judgment or  
24 sentencing, including, but not limited to, convictions,  
25 preceding sentences of supervision, conditional discharge,

1 or first offender probation, under the laws of any  
2 jurisdiction of the United States that is: (i) a felony;  
3 or (ii) a misdemeanor, an essential element of which is  
4 dishonesty, or that is directly related to the practice of  
5 the profession.

6 (4) Making any misrepresentation for the purpose of  
7 obtaining licenses.

8 (5) Professional incompetence.

9 (6) Aiding or assisting another person in violating  
10 any provision of this Act or its rules.

11 (7) Failing, within 60 days, to provide information in  
12 response to a written request made by the Department.

13 (8) Engaging in dishonorable, unethical, or  
14 unprofessional conduct, as defined by rule, of a character  
15 likely to deceive, defraud, or harm the public.

16 (9) Habitual or excessive use or addiction to alcohol,  
17 narcotics, stimulants, or any other chemical agent or drug  
18 that results in a physician assistant's inability to  
19 practice with reasonable judgment, skill, or safety.

20 (10) Discipline by another U.S. jurisdiction or  
21 foreign nation, if at least one of the grounds for  
22 discipline is the same or substantially equivalent to  
23 those set forth in this Section.

24 (11) Directly or indirectly giving to or receiving  
25 from any person, firm, corporation, partnership, or  
26 association any fee, commission, rebate or other form of

1 compensation for any professional services not actually or  
2 personally rendered. Nothing in this paragraph (11)  
3 affects any bona fide independent contractor or employment  
4 arrangements, which may include provisions for  
5 compensation, health insurance, pension, or other  
6 employment benefits, with persons or entities authorized  
7 under this Act for the provision of services within the  
8 scope of the licensee's practice under this Act.

9 (12) A finding by the ~~Disciplinary~~ Board that the  
10 licensee, after having his or her license placed on  
11 probationary status, has violated the terms of probation.

12 (13) Abandonment of a patient.

13 (14) Willfully making or filing false records or  
14 reports in his or her practice, including but not limited  
15 to false records filed with State ~~state~~ agencies or  
16 departments.

17 (15) Willfully failing to report an instance of  
18 suspected child abuse or neglect as required by the Abused  
19 and Neglected Child Reporting Act.

20 (16) Physical illness, or mental illness or impairment  
21 that results in the inability to practice the profession  
22 with reasonable judgment, skill, or safety, including, but  
23 not limited to, deterioration through the aging process or  
24 loss of motor skill.

25 (17) Being named as a perpetrator in an indicated  
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and  
2 upon proof by clear and convincing evidence that the  
3 licensee has caused a child to be an abused child or  
4 neglected child as defined in the Abused and Neglected  
5 Child Reporting Act.

6 (18) (Blank).

7 (19) Gross negligence resulting in permanent injury or  
8 death of a patient.

9 (20) Employment of fraud, deception or any unlawful  
10 means in applying for or securing a license as a physician  
11 assistant.

12 (21) Exceeding the authority delegated to him or her  
13 by his or her collaborating physician in a written  
14 collaborative agreement.

15 (22) Immoral conduct in the commission of any act,  
16 such as sexual abuse, sexual misconduct, or sexual  
17 exploitation related to the licensee's practice.

18 (23) Violation of the Health Care Worker Self-Referral  
19 Act.

20 (24) Practicing under a false or assumed name, except  
21 as provided by law.

22 (25) Making a false or misleading statement regarding  
23 his or her skill or the efficacy or value of the medicine,  
24 treatment, or remedy prescribed by him or her in the  
25 course of treatment.

26 (26) Allowing another person to use his or her license



1 to practice.

2 (27) Prescribing, selling, administering,  
3 distributing, giving, or self-administering a drug  
4 classified as a controlled substance for other than  
5 medically accepted therapeutic purposes.

6 (28) Promotion of the sale of drugs, devices,  
7 appliances, or goods provided for a patient in a manner to  
8 exploit the patient for financial gain.

9 (29) A pattern of practice or other behavior that  
10 demonstrates incapacity or incompetence to practice under  
11 this Act.

12 (30) Violating State or federal laws or regulations  
13 relating to controlled substances or other legend drugs or  
14 ephedra as defined in the Ephedra Prohibition Act.

15 (31) Exceeding the prescriptive authority delegated by  
16 the collaborating physician or violating the written  
17 collaborative agreement delegating that authority.

18 (32) Practicing without providing to the Department a  
19 notice of collaboration or delegation of prescriptive  
20 authority.

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

23 (34) Attempting to subvert or cheat on the examination  
24 of the National Commission on Certification of Physician  
25 Assistants or its successor agency.

26 (35) Willfully or negligently violating the

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

3 (36) Willfully failing to report an instance of  
4 suspected abuse, neglect, financial exploitation, or  
5 self-neglect of an eligible adult as defined in and  
6 required by the Adult Protective Services Act.

7 (37) Being named as an abuser in a verified report by  
8 the Department on Aging under the Adult Protective  
9 Services Act and upon proof by clear and convincing  
10 evidence that the licensee abused, neglected, or  
11 financially exploited an eligible adult as defined in the  
12 Adult Protective Services Act.

13 (38) Failure to report to the Department an adverse  
14 final action taken against him or her by another licensing  
15 jurisdiction of the United States or a foreign state or  
16 country, a peer review body, a health care institution, a  
17 professional society or association, a governmental  
18 agency, a law enforcement agency, or a court acts or  
19 conduct similar to acts or conduct that would constitute  
20 grounds for action under this Section.

21 (39) Failure to provide copies of records of patient  
22 care or treatment, except as required by law.

23 (40) Entering into an excessive number of written  
24 collaborative agreements with licensed physicians  
25 resulting in an inability to adequately collaborate.

26 (41) Repeated failure to adequately collaborate with a

1 collaborating physician.

2 (42) Violating the Compassionate Use of Medical  
3 Cannabis Program Act.

4 (b) The Department may, without a hearing, refuse to issue  
5 or renew or may suspend the license of any person who fails to  
6 file a return, or to pay the tax, penalty or interest shown in  
7 a filed return, or to pay any final assessment of the tax,  
8 penalty, or interest as required by any tax Act administered  
9 by the Illinois Department of Revenue, until such time as the  
10 requirements of any such tax Act are satisfied.

11 (b-5) The Department shall not revoke, suspend, place on  
12 probation, reprimand, refuse to issue or renew, or take any  
13 other disciplinary or non-disciplinary action against the  
14 license or permit issued under this Act to practice as a  
15 physician assistant based solely upon the license of a  
16 physician assistant being revoked or otherwise being  
17 disciplined by any state or territory other than this State  
18 for the provision of, authorization of, referral for, or  
19 participation in any health care, medical service, or  
20 procedure if the revocation or disciplinary action was based  
21 solely on a violation of the other state's law prohibiting the  
22 provision of, authorization of, referral for, or participation  
23 in such health care, medical service, or procedure in any  
24 state for any person and such conduct is permissible under  
25 Illinois law. The Department retains the ability to discipline  
26 a physician assistant for care provided that would otherwise

1 constitute dishonorable, unethical, or unprofessional conduct,  
2 immoral conduct, or gross negligence under 68 Ill. Adm. Code  
3 1350.130.

4 (c) The determination by a circuit court that a licensee  
5 is subject to involuntary admission or judicial admission as  
6 provided in the Mental Health and Developmental Disabilities  
7 Code operates as an automatic suspension. The suspension will  
8 end only upon a finding by a court that the patient is no  
9 longer subject to involuntary admission or judicial admission  
10 and issues an order so finding and discharging the patient,  
11 and upon the recommendation of the ~~Disciplinary~~ Board to the  
12 Secretary that the licensee be allowed to resume his or her  
13 practice.

14 (d) In enforcing this Section, the Department upon a  
15 showing of a possible violation may compel an individual  
16 licensed to practice under this Act, or who has applied for  
17 licensure under this Act, to submit to a mental or physical  
18 examination, or both, which may include a substance abuse or  
19 sexual offender evaluation, as required by and at the expense  
20 of the Department.

21 The Department shall specifically designate the examining  
22 physician licensed to practice medicine in all of its branches  
23 or, if applicable, the multidisciplinary team involved in  
24 providing the mental or physical examination or both. The  
25 multidisciplinary team shall be led by a physician licensed to  
26 practice medicine in all of its branches and may consist of one

1 or more or a combination of physicians licensed to practice  
2 medicine in all of its branches, licensed clinical  
3 psychologists, licensed clinical social workers, licensed  
4 clinical professional counselors, and other professional and  
5 administrative staff. Any examining physician or member of the  
6 multidisciplinary team may require any person ordered to  
7 submit to an examination pursuant to this Section to submit to  
8 any additional supplemental testing deemed necessary to  
9 complete any examination or evaluation process, including, but  
10 not limited to, blood testing, urinalysis, psychological  
11 testing, or neuropsychological testing.

12 The Department may order the examining physician or any  
13 member of the multidisciplinary team to provide to the  
14 Department any and all records, including business records,  
15 that relate to the examination and evaluation, including any  
16 supplemental testing performed.

17 The Department may order the examining physician or any  
18 member of the multidisciplinary team to present testimony  
19 concerning the mental or physical examination of the licensee  
20 or applicant. No information, report, record, or other  
21 documents in any way related to the examination shall be  
22 excluded by reason of any common law or statutory privilege  
23 relating to communications between the licensee or applicant  
24 and the examining physician or any member of the  
25 multidisciplinary team. No authorization is necessary from the  
26 licensee or applicant ordered to undergo an examination for

1 the examining physician or any member of the multidisciplinary  
2 team to provide information, reports, records, or other  
3 documents or to provide any testimony regarding the  
4 examination and evaluation.

5 The individual to be examined may have, at his or her own  
6 expense, another physician of his or her choice present during  
7 all aspects of this examination. However, that physician shall  
8 be present only to observe and may not interfere in any way  
9 with the examination.

10 Failure of an individual to submit to a mental or physical  
11 examination, when ordered, shall result in an automatic  
12 suspension of his or her license until the individual submits  
13 to the examination.

14 If the Department finds an individual unable to practice  
15 because of the reasons set forth in this Section, the  
16 Department may require that individual to submit to care,  
17 counseling, or treatment by physicians approved or designated  
18 by the Department, as a condition, term, or restriction for  
19 continued, reinstated, or renewed licensure to practice; or,  
20 in lieu of care, counseling, or treatment, the Department may  
21 file a complaint to immediately suspend, revoke, or otherwise  
22 discipline the license of the individual. An individual whose  
23 license was granted, continued, reinstated, renewed,  
24 disciplined, or supervised subject to such terms, conditions,  
25 or restrictions, and who fails to comply with such terms,  
26 conditions, or restrictions, shall be referred to the

1 Secretary for a determination as to whether the individual  
2 shall have his or her license suspended immediately, pending a  
3 hearing by the Department.

4 In instances in which the Secretary immediately suspends a  
5 person's license under this Section, a hearing on that  
6 person's license must be convened by the Department within 30  
7 days after the suspension and completed without appreciable  
8 delay. The Department shall have the authority to review the  
9 subject individual's record of treatment and counseling  
10 regarding the impairment to the extent permitted by applicable  
11 federal statutes and regulations safeguarding the  
12 confidentiality of medical records.

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

18 (e) An individual or organization acting in good faith,  
19 and not in a willful and wanton manner, in complying with this  
20 Section by providing a report or other information to the  
21 Board, by assisting in the investigation or preparation of a  
22 report or information, by participating in proceedings of the  
23 Board, or by serving as a member of the Board, shall not be  
24 subject to criminal prosecution or civil damages as a result  
25 of such actions.

26 (f) Members of the Board ~~and the Disciplinary Board~~ shall

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

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

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

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

22 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

23 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

25 Sec. 22.2. Investigation; notice; hearing. The Department



1 may investigate the actions of any applicant or of any person  
2 or persons holding or claiming to hold a license. The  
3 Department shall, before suspending, revoking, placing on  
4 probationary status, or taking any other disciplinary action  
5 as the Department may deem proper with regard to any license,  
6 at least 30 days prior to the date set for the hearing, notify  
7 the applicant or licensee in writing of any charges made and  
8 the time and place for a hearing of the charges before the  
9 ~~Disciplinary~~ Board, direct him or her to file his or her  
10 written answer thereto to the ~~Disciplinary~~ Board under oath  
11 within 20 days after the service on him or her of such notice  
12 and inform him or her that if he or she fails to file such  
13 answer default will be taken against him or her and his or her  
14 license may be suspended, revoked, placed on probationary  
15 status, or have other disciplinary action, including limiting  
16 the scope, nature or extent of his or her practice, as the  
17 Department may deem proper taken with regard thereto. Written  
18 or electronic notice may be served by personal delivery,  
19 email, or mail to the applicant or licensee at his or her  
20 address of record or email address of record. At the time and  
21 place fixed in the notice, the Department shall proceed to  
22 hear the charges and the parties or their counsel shall be  
23 accorded ample opportunity to present such statements,  
24 testimony, evidence, and argument as may be pertinent to the  
25 charges or to the defense thereto. The Department may continue  
26 such hearing from time to time. In case the applicant or

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

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

11 (225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

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

13 Sec. 22.3. The Department, at its expense, shall preserve  
14 a record of all proceedings at the formal hearing of any case  
15 involving the refusal to issue, renew or discipline of a  
16 license. The notice of hearing, complaint and all other  
17 documents in the nature of pleadings and written motions filed  
18 in the proceedings, the transcript of testimony, the report of  
19 the ~~Disciplinary~~ Board or hearing officer and orders of the  
20 Department shall be the record of such proceeding.

21 (Source: P.A. 85-981.)

22 (225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

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

24 Sec. 22.5. Subpoena power; oaths. The Department shall

1 have power to subpoena and bring before it any person and to  
2 take testimony either orally or by deposition or both, with  
3 the same fees and mileage and in the same manner as prescribed  
4 by law in judicial proceedings in civil cases in circuit  
5 courts of this State.

6 The Secretary, the designated hearing officer, and any  
7 member of the ~~Disciplinary~~ Board designated by the Secretary  
8 shall each have power to administer oaths to witnesses at any  
9 hearing which the Department is authorized to conduct under  
10 this Act and any other oaths required or authorized to be  
11 administered by the Department under this Act.

12 (Source: P.A. 95-703, eff. 12-31-07.)

13 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

15 Sec. 22.6. At the conclusion of the hearing, the  
16 ~~Disciplinary~~ Board shall present to the Secretary a written  
17 report of its findings of fact, conclusions of law, and  
18 recommendations. The report shall contain a finding whether or  
19 not the accused person violated this Act or failed to comply  
20 with the conditions required in this Act. The ~~Disciplinary~~  
21 Board shall specify the nature of the violation or failure to  
22 comply, and shall make its recommendations to the Secretary.

23 The report of findings of fact, conclusions of law, and  
24 recommendation of the ~~Disciplinary~~ Board shall be the basis  
25 for the Department's order or refusal or for the granting of a

1 license or permit. If the Secretary disagrees in any regard  
2 with the report of the ~~Disciplinary~~ Board, the Secretary may  
3 issue an order in contravention thereof. The finding is not  
4 admissible in evidence against the person in a criminal  
5 prosecution brought for the violation of this Act, but the  
6 hearing and finding are not a bar to a criminal prosecution  
7 brought for the violation of this Act.

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

9 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

11 Sec. 22.7. Hearing officer. Notwithstanding the provisions  
12 of Section 22.2 of this Act, the Secretary shall have the  
13 authority to appoint any attorney duly licensed to practice  
14 law in the State of Illinois to serve as the hearing officer in  
15 any action for refusal to issue or renew, or for discipline of,  
16 a license. The hearing officer shall have full authority to  
17 conduct the hearing. The hearing officer shall report his or  
18 her findings of fact, conclusions of law, and recommendations  
19 to the ~~Disciplinary~~ Board and the Secretary. The ~~Disciplinary~~  
20 Board shall have 60 days from receipt of the report to review  
21 the report of the hearing officer and present their findings  
22 of fact, conclusions of law, and recommendations to the  
23 Secretary. If the ~~Disciplinary~~ Board fails to present its  
24 report within the 60-day period, the respondent may request in  
25 writing a direct appeal to the Secretary, in which case the

1 Secretary may issue an order based upon the report of the  
2 hearing officer and the record of the proceedings or issue an  
3 order remanding the matter back to the hearing officer for  
4 additional proceedings in accordance with the order.  
5 Notwithstanding any other provision of this Section, if the  
6 Secretary, upon review, determines that substantial justice  
7 has not been done in the revocation, suspension, or refusal to  
8 issue or renew a license or other disciplinary action taken as  
9 the result of the entry of the hearing officer's report, the  
10 Secretary may order a rehearing by the same or other  
11 examiners. If the Secretary disagrees in any regard with the  
12 report of the ~~Disciplinary~~ Board or hearing officer, he or she  
13 may issue an order in contravention thereof.

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

15 (225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

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

17 Sec. 22.8. In any case involving the refusal to issue,  
18 renew or discipline of a license, a copy of the ~~Disciplinary~~  
19 Board's report shall be served upon the respondent by the  
20 Department, either personally or as provided in this Act for  
21 the service of the notice of hearing. Within 20 days after such  
22 service, the respondent may present to the Department a motion  
23 in writing for a rehearing, which motion shall specify the  
24 particular grounds therefor. If no motion for rehearing is  
25 filed, then upon the expiration of the time specified for

1 filing such a motion, or if a motion for rehearing is denied,  
2 then upon such denial the Secretary may enter an order in  
3 accordance with recommendations of the ~~Disciplinary~~ Board  
4 except as provided in Section 22.6 or 22.7 of this Act. If the  
5 respondent shall order from the reporting service, and pay for  
6 a transcript of the record within the time for filing a motion  
7 for rehearing, the 20 day period within which such a motion may  
8 be filed shall commence upon the delivery of the transcript to  
9 the respondent.

10 (Source: P.A. 95-703, eff. 12-31-07.)

11 (225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

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

13 Sec. 22.9. Whenever the Secretary is satisfied that  
14 substantial justice has not been done in the revocation,  
15 suspension or refusal to issue or renew a license, the  
16 Secretary may order a rehearing by the same or another hearing  
17 officer or ~~Disciplinary~~ Board.

18 (Source: P.A. 95-703, eff. 12-31-07.)

19 (225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

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

21 Sec. 22.10. Order or certified copy; prima facie proof. An  
22 order or a certified copy thereof, over the seal of the  
23 Department and purporting to be signed by the Secretary, shall  
24 be prima facie proof that:

1 (a) the signature is the genuine signature of the  
2 Secretary;

3 (b) the Secretary is duly appointed and qualified; and

4 (c) the ~~Disciplinary~~ Board and the members thereof are  
5 qualified to act.

6 (Source: P.A. 95-703, eff. 12-31-07.)

7 Section 8-10. The Medical Practice Act of 1987 is amended  
8 by changing Section 2 and by adding Section 66 as follows:

9 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

10 (Section scheduled to be repealed on January 1, 2027)

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

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

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

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

1 chiropractic physician to prescribe drugs.

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

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

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

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

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

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

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



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

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

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

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

19 "Reproductive health care" means health care offered,  
20 arranged, or furnished for the purpose of preventing  
21 pregnancy, terminating a pregnancy, managing pregnancy loss,  
22 or improving maternal health and birth outcomes. Reproductive  
23 health care includes, but is not limited to, contraception,  
24 sterilization, preconception care, maternity care, abortion  
25 care, and counseling regarding reproductive health care as  
26 defined in the Reproductive Health Act.

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

3 "Secretary" means the Secretary of Financial and  
4 Professional Regulation.

5 (Source: P.A. 102-20, eff. 1-1-22.)

6 (225 ILCS 60/66 new)

7 Sec. 66. Temporary permit for reproductive health care.

8 (a) The Department may issue a temporary permit to an  
9 applicant who is licensed to practice as a physician in  
10 another state. The temporary permit will authorize the  
11 practice of providing reproductive health care to patients in  
12 this State if all of the following apply:

13 (1) The Department determines that the applicant's  
14 services will improve the welfare of Illinois residents  
15 and non-residents requiring reproductive health care  
16 services.

17 (2) The applicant has graduated from a medical program  
18 officially recognized by the jurisdiction in which it is  
19 located for the purpose of receiving a license to practice  
20 medicine in all of its branches, and maintains an  
21 equivalent authorization to practice medicine in good  
22 standing in the applicant's current state or territory of  
23 licensure; and the applicant can furnish the Department  
24 with a certified letter upon request from that  
25 jurisdiction attesting to the fact that the applicant has

1       no pending action or violations against the applicant's  
2       license.

3       The Department shall not consider a physician license  
4       being revoked or otherwise disciplined by any state or  
5       territory for the provision of, authorization of, or  
6       participation in any health care, medical service, or  
7       procedure related to an abortion on the basis that such  
8       health care, medical service, or procedure related to an  
9       abortion is unlawful or prohibited in that state or  
10       territory, if the provision of, authorization of, or  
11       participation in that health care, medical service, or  
12       procedure related to an abortion is not unlawful or  
13       prohibited in this State.

14       (3) The applicant has sufficient training and  
15       possesses the appropriate core competencies to provide  
16       reproductive health care services, and is physically,  
17       mentally, and professionally capable of practicing  
18       medicine with reasonable judgment, skill, and safety and  
19       in accordance with applicable standards of care.

20       (4) The applicant will be working pursuant to an  
21       agreement with a sponsoring licensed hospital, medical  
22       office, clinic, or other medical facility providing  
23       abortion or other reproductive health care services. Such  
24       agreement shall be executed by an authorized  
25       representative of the licensed hospital, medical office,  
26       clinic, or other medical facility, certifying that the

1       physician holds an active license and is in good standing  
2       in the state in which they are licensed. If an applicant  
3       for a temporary permit has been previously disciplined by  
4       another jurisdiction, except as described in paragraph (2)  
5       of subsection (a), further review may be conducted  
6       pursuant to the Civil Administrative Code of Illinois and  
7       this Act. The application shall include the physician's  
8       name, contact information, state of licensure, and license  
9       number.

10       (5) Payment of a \$75 fee.

11       The sponsoring licensed hospital, medical office, clinic,  
12       or other medical facility engaged in the agreement with the  
13       applicant shall notify the Department should the applicant at  
14       any point leave or become separate from the sponsor.

15       The Department may adopt rules pursuant to this Section.

16       (b) A temporary permit under this Section shall expire 2  
17       years after the date of issuance. The temporary permit may be  
18       renewed for a \$45 fee for an additional 2 years. A holder of a  
19       temporary permit may only renew one time.

20       (c) The temporary permit shall only permit the holder to  
21       practice medicine within the scope of providing reproductive  
22       health care services at the location or locations specified on  
23       the permit.

24       (d) An application for the temporary permit shall be made  
25       to the Department, in writing, on forms prescribed by the  
26       Department, and shall be accompanied by a non-refundable fee

1 of \$75. The Department shall grant or deny an applicant a  
2 temporary permit within 60 days of receipt of a completed  
3 application. The Department shall notify the applicant of any  
4 deficiencies in the applicant's application materials  
5 requiring corrections in a timely manner.

6 (e) An applicant for temporary permit may be requested to  
7 appear before the Board to respond to questions concerning the  
8 applicant's qualifications to receive the permit. An  
9 applicant's refusal to appear before the Illinois State  
10 Medical Board may be grounds for denial of the application by  
11 the Department.

12 (f) The Secretary may summarily cancel any temporary  
13 permit issued pursuant to this Section, without a hearing, if  
14 the Secretary finds that evidence in his or her possession  
15 indicates that a permit holder's continuation in practice  
16 would constitute an imminent danger to the public or violate  
17 any provision of this Act or its rules. If the Secretary  
18 summarily cancels a temporary permit issued pursuant to this  
19 Section or Act, the permit holder may petition the Department  
20 for a hearing in accordance with the provisions of Section 43  
21 of this Act to restore his or her permit, unless the permit  
22 holder has exceeded his or her renewal limit.

23 (g) In addition to terminating any temporary permit issued  
24 pursuant to this Section or Act, the Department may issue a  
25 monetary penalty not to exceed \$10,000 upon the temporary  
26 permit holder and may notify any state in which the temporary

1 permit holder has been issued a permit that his or her Illinois  
2 permit has been terminated and the reasons for the  
3 termination. The monetary penalty shall be paid within 60 days  
4 after the effective date of the order imposing the penalty.  
5 The order shall constitute a judgment and may be filed and  
6 execution had thereon in the same manner as any judgment from  
7 any court of record. It is the intent of the General Assembly  
8 that a permit issued pursuant to this Section shall be  
9 considered a privilege and not a property right.

10 (h) While working in Illinois, all temporary permit  
11 holders are subject to all statutory and regulatory  
12 requirements of this Act in the same manner as a licensee.  
13 Failure to adhere to all statutory and regulatory requirements  
14 may result in revocation or other discipline of the temporary  
15 permit.

16 (i) If the Department becomes aware of a violation  
17 occurring at the licensed hospital, medical office, clinic, or  
18 other medical facility or via telehealth practice, the  
19 Department shall notify the Department of Public Health.

20 (j) The Department may adopt emergency rules pursuant to  
21 this Section. The General Assembly finds that the adoption of  
22 rules to implement a temporary permit for reproductive health  
23 is deemed an emergency and necessary for the public interest,  
24 safety, and welfare.

25 Section 8-15. The Nurse Practice Act is amended by

1 changing Section 50-10 and by adding Sections 65-11 and  
2 65-11.5 as follows:

3 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

5 Sec. 50-10. Definitions. Each of the following terms, when  
6 used in this Act, shall have the meaning ascribed to it in this  
7 Section, except where the context clearly indicates otherwise:

8 "Academic year" means the customary annual schedule of  
9 courses at a college, university, or approved school,  
10 customarily regarded as the school year as distinguished from  
11 the calendar year.

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

16 "Advanced practice registered nurse" or "APRN" means a  
17 person who has met the qualifications for a (i) certified  
18 nurse midwife (CNM); (ii) certified nurse practitioner (CNP);  
19 (iii) certified registered nurse anesthetist (CRNA); or (iv)  
20 clinical nurse specialist (CNS) and has been licensed by the  
21 Department. All advanced practice registered nurses licensed  
22 and practicing in the State of Illinois shall use the title  
23 APRN and may use specialty credentials CNM, CNP, CRNA, or CNS  
24 after their name. All advanced practice registered nurses may  
25 only practice in accordance with national certification and

1 this Act.

2 "Advisory Board" means the Illinois Nursing Workforce  
3 Center Advisory Board.

4 "Approved program of professional nursing education" and  
5 "approved program of practical nursing education" are programs  
6 of professional or practical nursing, respectively, approved  
7 by the Department under the provisions of this Act.

8 "Board" means the Board of Nursing appointed by the  
9 Secretary.

10 "Center" means the Illinois Nursing Workforce Center.

11 "Collaboration" means a process involving 2 or more health  
12 care professionals working together, each contributing one's  
13 respective area of expertise to provide more comprehensive  
14 patient care.

15 "Competence" means an expected and measurable level of  
16 performance that integrates knowledge, skills, abilities, and  
17 judgment based on established scientific knowledge and  
18 expectations for nursing practice.

19 "Comprehensive nursing assessment" means the gathering of  
20 information about the patient's physiological, psychological,  
21 sociological, and spiritual status on an ongoing basis by a  
22 registered professional nurse and is the first step in  
23 implementing and guiding the nursing plan of care.

24 "Consultation" means the process whereby an advanced  
25 practice registered nurse seeks the advice or opinion of  
26 another health care professional.



1 "Credentialed" means the process of assessing and  
2 validating the qualifications of a health care professional.

3 "Dentist" means a person licensed to practice dentistry  
4 under the Illinois Dental Practice Act.

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

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

11 "Focused nursing assessment" means an appraisal of an  
12 individual's status and current situation, contributing to the  
13 comprehensive nursing assessment performed by the registered  
14 professional nurse or advanced practice registered nurse or  
15 the assessment by the physician assistant, physician, dentist,  
16 podiatric physician, or other licensed health care  
17 professional, as determined by the Department, supporting  
18 ongoing data collection, and deciding who needs to be informed  
19 of the information and when to inform.

20 "Full practice authority" means the authority of an  
21 advanced practice registered nurse licensed in Illinois and  
22 certified as a nurse practitioner, clinical nurse specialist,  
23 or nurse midwife to practice without a written collaborative  
24 agreement and:

25 (1) to be fully accountable to patients for the  
26 quality of advanced nursing care rendered;

1           (2) to be fully accountable for recognizing limits of  
2           knowledge and experience and for planning for the  
3           management of situations beyond the advanced practice  
4           registered nurse's expertise; the full practice authority  
5           for advanced practice registered nurses includes accepting  
6           referrals from, consulting with, collaborating with, or  
7           referring to other health care professionals as warranted  
8           by the needs of the patient; and

9           (3) to possess the authority to prescribe medications,  
10          including Schedule II through V controlled substances, as  
11          provided in Section 65-43.

12          "Hospital affiliate" means a corporation, partnership,  
13          joint venture, limited liability company, or similar  
14          organization, other than a hospital, that is devoted primarily  
15          to the provision, management, or support of health care  
16          services and that directly or indirectly controls, is  
17          controlled by, or is under common control of the hospital. For  
18          the purposes of this definition, "control" means having at  
19          least an equal or a majority ownership or membership interest.  
20          A hospital affiliate shall be 100% owned or controlled by any  
21          combination of hospitals, their parent corporations, or  
22          physicians licensed to practice medicine in all its branches  
23          in Illinois. "Hospital affiliate" does not include a health  
24          maintenance organization regulated under the Health  
25          Maintenance Organization Act.

26          "Impaired nurse" means a nurse licensed under this Act who

1 is unable to practice with reasonable skill and safety because  
2 of a physical or mental disability as evidenced by a written  
3 determination or written consent based on clinical evidence,  
4 including loss of motor skills, abuse of drugs or alcohol, or a  
5 psychiatric disorder, of sufficient degree to diminish his or  
6 her ability to deliver competent patient care.

7 "License-pending advanced practice registered nurse" means  
8 a registered professional nurse who has completed all  
9 requirements for licensure as an advanced practice registered  
10 nurse except the certification examination and has applied to  
11 take the next available certification exam and received a  
12 temporary permit from the Department.

13 "License-pending registered nurse" means a person who has  
14 passed the Department-approved registered nurse licensure exam  
15 and has applied for a license from the Department. A  
16 license-pending registered nurse shall use the title "RN lic  
17 pend" on all documentation related to nursing practice.

18 "Nursing intervention" means any treatment based on  
19 clinical nursing judgment or knowledge that a nurse performs.  
20 An individual or entity shall not mandate that a registered  
21 professional nurse delegate nursing interventions if the  
22 registered professional nurse determines it is inappropriate  
23 to do so. A nurse shall not be subject to disciplinary or any  
24 other adverse action for refusing to delegate a nursing  
25 intervention based on patient safety.

26 "Physician" means a person licensed to practice medicine

1 in all its branches under the Medical Practice Act of 1987.

2 "Podiatric physician" means a person licensed to practice  
3 podiatry under the Podiatric Medical Practice Act of 1987.

4 "Practical nurse" or "licensed practical nurse" means a  
5 person who is licensed as a practical nurse under this Act and  
6 practices practical nursing as defined in this Act. Only a  
7 practical nurse licensed under this Act is entitled to use the  
8 title "licensed practical nurse" and the abbreviation  
9 "L.P.N.".

10 "Practical nursing" means the performance of nursing  
11 interventions requiring the nursing knowledge, judgment, and  
12 skill acquired by means of completion of an approved practical  
13 nursing education program. Practical nursing includes  
14 assisting in the nursing process under the guidance of a  
15 registered professional nurse or an advanced practice  
16 registered nurse. The practical nurse may work under the  
17 direction of a licensed physician, dentist, podiatric  
18 physician, or other health care professional determined by the  
19 Department.

20 "Privileged" means the authorization granted by the  
21 governing body of a healthcare facility, agency, or  
22 organization to provide specific patient care services within  
23 well-defined limits, based on qualifications reviewed in the  
24 credentialing process.

25 "Registered Nurse" or "Registered Professional Nurse"  
26 means a person who is licensed as a professional nurse under

1 this Act and practices nursing as defined in this Act. Only a  
2 registered nurse licensed under this Act is entitled to use  
3 the titles "registered nurse" and "registered professional  
4 nurse" and the abbreviation, "R.N.".

5 "Registered professional nursing practice" means a  
6 scientific process founded on a professional body of knowledge  
7 that includes, but is not limited to, the protection,  
8 promotion, and optimization of health and abilities,  
9 prevention of illness and injury, development and  
10 implementation of the nursing plan of care, facilitation of  
11 nursing interventions to alleviate suffering, care  
12 coordination, and advocacy in the care of individuals,  
13 families, groups, communities, and populations. "Registered  
14 professional nursing practice" does not include the act of  
15 medical diagnosis or prescription of medical therapeutic or  
16 corrective measures.

17 "Reproductive health care" means health care offered,  
18 arranged, or furnished for the purpose of preventing  
19 pregnancy, terminating a pregnancy, managing pregnancy loss,  
20 or improving maternal health and birth outcomes. "Reproductive  
21 health care" includes, but is not limited to, contraception,  
22 sterilization, preconception care, maternity care, abortion  
23 care, and counseling regarding reproductive health care as  
24 defined in the Reproductive Health Act.

25 "Professional assistance program for nurses" means a  
26 professional assistance program that meets criteria

1 established by the Board of Nursing and approved by the  
2 Secretary, which provides a non-disciplinary treatment  
3 approach for nurses licensed under this Act whose ability to  
4 practice is compromised by alcohol or chemical substance  
5 addiction.

6 "Secretary" means the Secretary of Financial and  
7 Professional Regulation.

8 "Unencumbered license" means a license issued in good  
9 standing.

10 "Written collaborative agreement" means a written  
11 agreement between an advanced practice registered nurse and a  
12 collaborating physician, dentist, or podiatric physician  
13 pursuant to Section 65-35.

14 (Source: P.A. 99-173, eff. 7-29-15; 99-330, eff. 1-1-16;  
15 99-642, eff. 7-28-16; 100-513, eff. 1-1-18; revised 2-28-22.)

16 (225 ILCS 65/65-11 new)

17 Sec. 65-11. Temporary permit for advanced practice  
18 registered nurses for reproductive health care.

19 (a) The Department may issue a temporary permit to an  
20 applicant who is licensed to practice as an advanced practice  
21 registered nurse in another state. The temporary permit will  
22 authorize the practice of providing reproductive health care  
23 to patients in this State, with a collaborating physician in  
24 this State, if all of the following apply:

25 (1) The Department determines that the applicant's

1 services will improve the welfare of Illinois residents  
2 and non-residents requiring reproductive health care  
3 services.

4 (2) The applicant has obtained a graduate degree  
5 appropriate for national certification in a clinical  
6 advanced practice registered nursing specialty or a  
7 graduate degree or post-master's certificate from a  
8 graduate level program in a clinical advanced practice  
9 registered nursing specialty; the applicant has submitted  
10 verification of licensure status in good standing in the  
11 applicant's current state or territory of licensure; and  
12 the applicant can furnish the Department with a certified  
13 letter upon request from that jurisdiction attesting to  
14 the fact that the applicant has no pending action or  
15 violations against the applicant's license.

16 The Department shall not consider an advanced practice  
17 registered nurse's license being revoked or otherwise  
18 disciplined by any state or territory for the provision  
19 of, authorization of, or participation in any health care,  
20 medical service, or procedure related to an abortion on  
21 the basis that such health care, medical service, or  
22 procedure related to an abortion is unlawful or prohibited  
23 in that state or territory, if the provision of,  
24 authorization of, or participation in that health care,  
25 medical service, or procedure related to an abortion is  
26 not unlawful or prohibited in this State.

1           (3) The applicant has sufficient training and  
2           possesses the appropriate core competencies to provide  
3           reproductive health care services, and is physically,  
4           mentally, and professionally capable of practicing as an  
5           advanced practice registered nurse with reasonable  
6           judgment, skill, and safety and in accordance with  
7           applicable standards of care.

8           (4) The applicant has met the written collaborating  
9           agreement requirements under Section 65-35.

10           (5) The applicant will be working pursuant to an  
11           agreement with a sponsoring licensed hospital, medical  
12           office, clinic, or other medical facility providing  
13           reproductive health care services. Such agreement shall be  
14           executed by an authorized representative of the licensed  
15           hospital, medical office, clinic, or other medical  
16           facility, certifying that the advanced practice registered  
17           nurse holds an active license and is in good standing in  
18           the state in which they are licensed. If an applicant for a  
19           temporary permit has been previously disciplined by  
20           another jurisdiction, except as described in paragraph (2)  
21           of subsection (a), further review may be conducted  
22           pursuant to the Civil Administrative Code of Illinois and  
23           this Act. The application shall include the advanced  
24           practice registered nurse's name, contact information,  
25           state of licensure, and license number.

26           (6) Payment of a \$75 fee.



1       The sponsoring licensed hospital, medical office, clinic,  
2 or other medical facility engaged in the agreement with the  
3 applicant shall notify the Department should the applicant at  
4 any point leave or become separate from the sponsor.

5       The Department may adopt rules to carry out this Section.

6       (b) A temporary permit under this Section shall expire 2  
7 years after the date of issuance. The temporary permit may be  
8 renewed for a \$45 fee for an additional 2 years. A holder of a  
9 temporary permit may only renew one time.

10       (c) The temporary permit shall only permit the holder to  
11 practice as an advanced practice registered nurse with a  
12 collaborating physician who provides reproductive health care  
13 services at the location or locations specified on the permit  
14 or via telehealth.

15       (d) An application for the temporary permit shall be made  
16 to the Department, in writing, on forms prescribed by the  
17 Department, and shall be accompanied by a non-refundable fee  
18 of \$75. The Department shall grant or deny an applicant a  
19 temporary permit within 60 days of receipt of a completed  
20 application. The Department shall notify the applicant of any  
21 deficiencies in the applicant's application materials  
22 requiring corrections in a timely manner.

23       (e) An applicant for temporary permit may be requested to  
24 appear before the Board to respond to questions concerning the  
25 applicant's qualifications to receive the permit. An  
26 applicant's refusal to appear before the Board of Nursing may

1 be grounds for denial of the application by the Department.

2 (f) The Secretary may summarily cancel any temporary  
3 permit issued pursuant to this Section, without a hearing, if  
4 the Secretary finds that evidence in his or her possession  
5 indicates that a permit holder's continuation in practice  
6 would constitute an imminent danger to the public or violate  
7 any provision of this Act or its rules.

8 If the Secretary summarily cancels a temporary permit  
9 issued pursuant to this Section or Act, the permit holder may  
10 petition the Department for a hearing in accordance with the  
11 provisions of Section 70-125 to restore his or her permit,  
12 unless the permit holder has exceeded his or her renewal  
13 limit.

14 (g) In addition to terminating any temporary permit issued  
15 pursuant to this Section or Act, the Department may issue a  
16 monetary penalty not to exceed \$10,000 upon the temporary  
17 permit holder and may notify any state in which the temporary  
18 permit holder has been issued a permit that his or her Illinois  
19 permit has been terminated and the reasons for the  
20 termination. The monetary penalty shall be paid within 60 days  
21 after the effective date of the order imposing the penalty.  
22 The order shall constitute a judgment and may be filed, and  
23 execution had thereon in the same manner as any judgment from  
24 any court of record. It is the intent of the General Assembly  
25 that a permit issued pursuant to this Section shall be  
26 considered a privilege and not a property right.

1       (h) While working in Illinois, all temporary permit  
2 holders are subject to all statutory and regulatory  
3 requirements of this Act in the same manner as a licensee.  
4 Failure to adhere to all statutory and regulatory requirements  
5 may result in revocation or other discipline of the temporary  
6 permit.

7       (i) If the Department becomes aware of a violation  
8 occurring at the licensed hospital, medical office, clinic, or  
9 other medical facility, or via telehealth service, the  
10 Department shall notify the Illinois Department of Public  
11 Health.

12       (j) The Department may adopt emergency rules pursuant to  
13 this Section. The General Assembly finds that the adoption of  
14 rules to implement a temporary permit for reproductive health  
15 is deemed an emergency and necessary for the public interest,  
16 safety, and welfare.

17       (225 ILCS 65/65-11.5 new)

18       Sec. 65-11.5. Temporary permit for full practice advanced  
19 practice registered nurses for reproductive health care.

20       (a) The Department may issue a full practice advanced  
21 practice registered nurse temporary permit to an applicant who  
22 is licensed to practice as an advanced practice registered  
23 nurse in another state. The temporary permit will authorize  
24 the practice of providing reproductive health care to patients  
25 in this State if all of the following apply:

1           (1) The Department determines that the applicant's  
2           services will improve the welfare of Illinois residents  
3           and non-residents requiring reproductive health care  
4           services.

5           (2) The applicant has obtained a graduate degree  
6           appropriate for national certification in a clinical  
7           advanced practice registered nursing specialty or a  
8           graduate degree or post-master's certificate from a  
9           graduate level program in a clinical advanced practice  
10           registered nursing specialty; the applicant is certified  
11           as a nurse practitioner, nurse midwife, or clinical nurse  
12           specialist; the applicant has submitted verification of  
13           licensure status in good standing in the applicant's  
14           current state or territory of licensure; and the applicant  
15           can furnish the Department with a certified letter upon  
16           request from that jurisdiction attesting to the fact that  
17           the applicant has no pending action or violations against  
18           the applicant's license.

19           The Department shall not consider an advanced practice  
20           registered nurse's license being revoked or otherwise  
21           disciplined by any state or territory for the provision  
22           of, authorization of, or participation in any health care,  
23           medical service, or procedure related to an abortion on  
24           the basis that such health care, medical service, or  
25           procedure related to an abortion is unlawful or prohibited  
26           in that state or territory, if the provision of,

1 authorization of, or participation in that health care,  
2 medical service, or procedure related to an abortion is  
3 not unlawful or prohibited in this State.

4 (3) The applicant has sufficient training and  
5 possesses the appropriate core competencies to provide  
6 reproductive health care services, and is physically,  
7 mentally, and professionally capable of practicing as an  
8 advanced practice registered nurse with reasonable  
9 judgment, skill, and safety and in accordance with  
10 applicable standards of care.

11 (4) The applicant will be working pursuant to an  
12 agreement with a sponsoring licensed hospital, medical  
13 office, clinic, or other medical facility providing  
14 reproductive health care services. Such agreement shall be  
15 executed by an authorized representative of the licensed  
16 hospital, medical office, clinic, or other medical  
17 facility, certifying that the advanced practice registered  
18 nurse holds an active license and is in good standing in  
19 the state in which they are licensed. If an applicant for a  
20 temporary permit has been previously disciplined by  
21 another jurisdiction, except as described in paragraph (2)  
22 of subsection (a), further review may be conducted  
23 pursuant to the Civil Administrative Code of Illinois and  
24 this Act. The application shall include the advanced  
25 practice registered nurse's name, contact information,  
26 state of licensure, and license number.

1           (5) Payment of a \$75 fee.

2           The sponsoring licensed hospital, medical office, clinic,  
3 or other medical facility engaged in the agreement with the  
4 applicant shall notify the Department should the applicant at  
5 any point leave or become separate from the sponsor.

6           The Department may adopt rules to carry out this Section.

7           (b) A temporary permit under this Section shall expire 2  
8 years after the date of issuance. The temporary permit may be  
9 renewed for a \$45 fee for an additional 2 years. A holder of a  
10 temporary permit may only renew one time.

11           (c) The temporary permit shall only permit the holder to  
12 practice as a full practice advanced practice registered nurse  
13 within the scope of providing reproductive health care  
14 services at the location or locations specified on the permit  
15 or via telehealth service.

16           (d) An application for the temporary permit shall be made  
17 to the Department, in writing, on forms prescribed by the  
18 Department, and shall be accompanied by a non-refundable fee  
19 of \$75.

20           (e) An applicant for temporary permit may be requested to  
21 appear before the Board to respond to questions concerning the  
22 applicant's qualifications to receive the permit. An  
23 applicant's refusal to appear before the Board of Nursing may  
24 be grounds for denial of the application by the Department.

25           (f) The Secretary may summarily cancel any temporary  
26 permit issued pursuant to this Section, without a hearing, if

1 the Secretary finds that evidence in his or her possession  
2 indicates that a permit holder's continuation in practice  
3 would constitute an imminent danger to the public or violate  
4 any provision of this Act or its rules.

5 If the Secretary summarily cancels a temporary permit  
6 issued pursuant to this Section or Act, the permit holder may  
7 petition the Department for a hearing in accordance with the  
8 provisions of Section 70-125 of this Act to restore his or her  
9 permit, unless the permit holder has exceeded his or her  
10 renewal limit.

11 (g) In addition to terminating any temporary permit issued  
12 pursuant to this Section or Act, the Department may issue a  
13 monetary penalty not to exceed \$10,000 upon the temporary  
14 permit holder and may notify any state in which the temporary  
15 permit holder has been issued a permit that his or her Illinois  
16 permit has been terminated and the reasons for the  
17 termination. The monetary penalty shall be paid within 60 days  
18 after the effective date of the order imposing the penalty.  
19 The order shall constitute a judgment and may be filed, and  
20 execution had thereon in the same manner as any judgment from  
21 any court of record. It is the intent of the General Assembly  
22 that a permit issued pursuant to this Section shall be  
23 considered a privilege and not a property right.

24 (h) While working in Illinois, all temporary permit  
25 holders are subject to all statutory and regulatory  
26 requirements of this Act in the same manner as a licensee.

1 Failure to adhere to all statutory and regulatory requirements  
2 may result in revocation or other discipline of the temporary  
3 permit.

4 (i) If the Department becomes aware of a violation  
5 occurring at the licensed hospital, medical office, clinic, or  
6 other medical facility, or via telehealth service, the  
7 Department shall notify the Department of Public Health.

8 (j) The Department may adopt emergency rules pursuant to  
9 this Section. The General Assembly finds that the adoption of  
10 rules to implement a temporary permit for reproductive health  
11 is deemed an emergency and necessary for the public interest,  
12 safety, and welfare.

13 Article 9.

14 Section 9-5. The Behavior Analyst Licensing Act is amended  
15 by changing Section 60 as follows:

16 (225 ILCS 6/60)

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

18 Sec. 60. Grounds for disciplinary action.

19 (a) The Department may refuse to issue or renew a license,  
20 or may suspend, revoke, place on probation, reprimand, or take  
21 any other disciplinary or nondisciplinary action deemed  
22 appropriate by the Department, including the imposition of  
23 fines not to exceed \$10,000 for each violation, with regard to



1 any license issued under the provisions of this Act for any one  
2 or a combination of the following grounds:

3 (1) material misstatements in furnishing information  
4 to the Department or to any other State agency or in  
5 furnishing information to any insurance company with  
6 respect to a claim on behalf of a licensee or a patient;

7 (2) violations or negligent or intentional disregard  
8 of this Act or its rules;

9 (3) conviction of or entry of a plea of guilty or nolo  
10 contendere, finding of guilt, jury verdict, or entry of  
11 judgment or sentencing, including, but not limited to,  
12 convictions, preceding sentences of supervision,  
13 conditional discharge, or first offender probation, under  
14 the laws of any jurisdiction of the United States that is  
15 (i) a felony or (ii) a misdemeanor, an essential element  
16 of which is dishonesty, or that is directly related to the  
17 practice of behavior analysis;

18 (4) fraud or misrepresentation in applying for or  
19 procuring a license under this Act or in connection with  
20 applying for renewal or restoration of a license under  
21 this Act;

22 (5) professional incompetence;

23 (6) gross negligence in practice under this Act;

24 (7) aiding or assisting another person in violating  
25 any provision of this Act or its rules;

26 (8) failing to provide information within 60 days in

1 response to a written request made by the Department;

2 (9) engaging in dishonorable, unethical, or  
3 unprofessional conduct of a character likely to deceive,  
4 defraud, or harm the public as defined by the rules of the  
5 Department or violating the rules of professional conduct  
6 adopted by the Department;

7 (10) habitual or excessive use or abuse of drugs  
8 defined in law as controlled substances, of alcohol, or of  
9 any other substances that results in the inability to  
10 practice with reasonable judgment, skill, or safety;

11 (11) adverse action taken by another state or  
12 jurisdiction if at least one of the grounds for the  
13 discipline is the same or substantially equivalent to  
14 those set forth in this Section;

15 (12) directly or indirectly giving to or receiving  
16 from any person, firm, corporation, partnership, or  
17 association any fee, commission, rebate, or other form of  
18 compensation for any professional service not actually  
19 rendered; nothing in this paragraph affects any bona fide  
20 independent contractor or employment arrangements among  
21 health care professionals, health facilities, health care  
22 providers, or other entities, except as otherwise  
23 prohibited by law; any employment arrangements may include  
24 provisions for compensation, health insurance, pension, or  
25 other employment benefits for the provision of services  
26 within the scope of the licensee's practice under this

1 Act; nothing in this paragraph shall be construed to  
2 require an employment arrangement to receive professional  
3 fees for services rendered;

4 (13) a finding by the Department that the licensee,  
5 after having the license placed on probationary status,  
6 has violated the terms of probation or failed to comply  
7 with those terms;

8 (14) abandonment, without cause, of a client;

9 (15) willfully making or filing false records or  
10 reports relating to a licensee's practice, including, but  
11 not limited to, false records filed with federal or State  
12 agencies or departments;

13 (16) willfully failing to report an instance of  
14 suspected child abuse or neglect as required by the Abused  
15 and Neglected Child Reporting Act;

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

23 (18) physical illness, mental illness, or any other  
24 impairment or disability, including, but not limited to,  
25 deterioration through the aging process, or loss of motor  
26 skills that results in the inability to practice the

1 profession with reasonable judgment, skill, or safety;

2 (19) solicitation of professional services by using  
3 false or misleading advertising;

4 (20) violation of the Health Care Worker Self-Referral  
5 Act;

6 (21) willfully failing to report an instance of  
7 suspected abuse, neglect, financial exploitation, or  
8 self-neglect of an eligible adult as defined in and  
9 required by the Adult Protective Services Act; or

10 (22) being named as an abuser in a verified report by  
11 the Department on Aging under the Adult Protective  
12 Services Act, and upon proof by clear and convincing  
13 evidence that the licensee abused, neglected, or  
14 financially exploited an eligible adult as defined in the  
15 Adult Protective Services Act.

16 (b) The determination by a court that a licensee is  
17 subject to involuntary admission or judicial admission as  
18 provided in the Mental Health and Developmental Disabilities  
19 Code shall result in an automatic suspension of the licensee's  
20 license. The suspension shall end upon a finding by a court  
21 that the licensee is no longer subject to involuntary  
22 admission or judicial admission and issues an order so finding  
23 and discharging the patient, and upon the recommendation of  
24 the Board to the Secretary that the licensee be allowed to  
25 resume professional practice.

26 (c) The Department shall refuse to issue or renew or may

1 suspend the license of a person who (i) fails to file a tax  
2 return, pay the tax, penalty, or interest shown in a filed tax  
3 return, or pay any final assessment of tax, penalty, or  
4 interest, as required by any tax Act administered by the  
5 Department of Revenue, until the requirements of the tax Act  
6 are satisfied or (ii) has failed to pay any court-ordered  
7 child support as determined by a court order or by referral  
8 from the Department of Healthcare and Family Services.

9 (c-5) The Department shall not revoke, suspend, place on  
10 probation, reprimand, refuse to issue or renew, or take any  
11 other disciplinary or non-disciplinary action against a  
12 licensed behavior analyst or a licensed assistant behavior  
13 analyst based solely upon the license of the behavior analyst  
14 or assistant behavior analyst being revoked or the licensee  
15 being otherwise disciplined by any state or territory other  
16 than this State for the provision of, authorization of,  
17 referral for, or participation in any health care or  
18 consultation, including behavior analysis, if the revocation  
19 or disciplinary action was based solely on a violation of the  
20 other state's law prohibiting the provision of, authorization  
21 of, referral for, or participation in any such health care or  
22 consultation, including behavior analysis, performed in any  
23 state for any person and such conduct is consistent with the  
24 behavior analyst or assistant behavior analysts scope of  
25 practice and is permissible under Illinois law. The Department  
26 retains the ability to discipline a licensed behavior analyst

1 or licensed assistant behavior analyst for conduct that would  
2 otherwise constitute unprofessional and unethical conduct.

3 (d) In enforcing this Section, the Department, upon a  
4 showing of a possible violation, may compel a person licensed  
5 to practice under this Act, or who has applied for licensure  
6 under this Act, to submit to a mental or physical examination,  
7 or both, which may include a substance abuse or sexual  
8 offender evaluation, as required by and at the expense of the  
9 Department.

10 (1) The Department shall specifically designate the  
11 examining physician licensed to practice medicine in all  
12 of its branches or, if applicable, the multidisciplinary  
13 team involved in providing the mental or physical  
14 examination or both. The multidisciplinary team shall be  
15 led by a physician licensed to practice medicine in all of  
16 its branches and may consist of one or more or a  
17 combination of physicians licensed to practice medicine in  
18 all of its branches, licensed clinical psychologists,  
19 licensed clinical professional counselors, and other  
20 professional and administrative staff. Any examining  
21 physician or member of the multidisciplinary team may  
22 require any person ordered to submit to an examination  
23 pursuant to this Section to submit to any additional  
24 supplemental testing deemed necessary to complete any  
25 examination or evaluation process, including, but not  
26 limited to, blood testing, urinalysis, psychological

1 testing, or neuropsychological testing.

2 (2) The Department may order the examining physician  
3 or any member of the multidisciplinary team to present  
4 testimony concerning this mental or physical examination  
5 of the licensee or applicant. No information, report,  
6 record, or other documents in any way related to the  
7 examination shall be excluded by reason of any common law  
8 or statutory privilege relating to communications between  
9 the licensee or applicant and the examining physician or  
10 any member of the multidisciplinary team. No authorization  
11 is necessary from the licensee or applicant ordered to  
12 undergo an examination for the examining physician or any  
13 member of the multidisciplinary team to provide  
14 information, reports, records, or other documents or to  
15 provide any testimony regarding the examination and  
16 evaluation.

17 (3) The person to be examined may have, at the  
18 person's own expense, another physician of the person's  
19 choice present during all aspects of the examination.  
20 However, that physician shall be present only to observe  
21 and may not interfere in any way with the examination.

22 (4) The failure of any person to submit to a mental or  
23 physical examination without reasonable cause, when  
24 ordered, shall result in an automatic suspension of the  
25 person's license until the person submits to the  
26 examination.

1           (e) If the Department finds a person unable to practice  
2 because of the reasons set forth in this Section, the  
3 Department or Board may require that person to submit to care,  
4 counseling, or treatment by physicians approved or designated  
5 by the Department or Board, as a condition, term, or  
6 restriction for continued, reinstated, or renewed licensure to  
7 practice; or, in lieu of care, counseling, or treatment, the  
8 Department may file, or the Board may recommend to the  
9 Department to file, a complaint to immediately suspend,  
10 revoke, or otherwise discipline the license of the person. Any  
11 person whose license was granted, continued, reinstated,  
12 renewed, disciplined, or supervised subject to the terms,  
13 conditions, or restrictions, and who fails to comply with the  
14 terms, conditions, or restrictions, shall be referred to the  
15 Secretary for a determination as to whether the person shall  
16 have the person's license suspended immediately, pending a  
17 hearing by the Department.

18           (f) All fines imposed shall be paid within 60 days after  
19 the effective date of the order imposing the fine or in  
20 accordance with the terms set forth in the order imposing the  
21 fine.

22           If the Secretary immediately suspends a person's license  
23 under this subsection, a hearing on that person's license must  
24 be convened by the Department within 30 days after the  
25 suspension and completed without appreciable delay. The  
26 Department and Board shall have the authority to review the



1 subject person's record of treatment and counseling regarding  
2 the impairment, to the extent permitted by applicable federal  
3 statutes and regulations safeguarding the confidentiality of  
4 medical records.

5 A person licensed under this Act and affected under this  
6 Section shall be afforded an opportunity to demonstrate to the  
7 Department or Board that the person can resume practice in  
8 compliance with acceptable and prevailing standards under the  
9 provisions of the person's license.

10 (Source: P.A. 102-953, eff. 5-27-22.)

11 Section 9-10. The Clinical Psychologist Licensing Act is  
12 amended by changing Section 15 as follows:

13 (225 ILCS 15/15) (from Ch. 111, par. 5365)

14 (Section scheduled to be repealed on January 1, 2027)

15 Sec. 15. Disciplinary action; grounds. The Department may  
16 refuse to issue, refuse to renew, suspend, or revoke any  
17 license, or may place on probation, reprimand, or take other  
18 disciplinary or non-disciplinary action deemed appropriate by  
19 the Department, including the imposition of fines not to  
20 exceed \$10,000 for each violation, with regard to any license  
21 issued under the provisions of this Act for any one or a  
22 combination of the following reasons:

23 (1) Conviction of, or entry of a plea of guilty or nolo  
24 contendere to, any crime that is a felony under the laws of

1 the United States or any state or territory thereof or  
2 that is a misdemeanor of which an essential element is  
3 dishonesty, or any crime that is directly related to the  
4 practice of the profession.

5 (2) Gross negligence in the rendering of clinical  
6 psychological services.

7 (3) Using fraud or making any misrepresentation in  
8 applying for a license or in passing the examination  
9 provided for in this Act.

10 (4) Aiding or abetting or conspiring to aid or abet a  
11 person, not a clinical psychologist licensed under this  
12 Act, in representing himself or herself as so licensed or  
13 in applying for a license under this Act.

14 (5) Violation of any provision of this Act or the  
15 rules promulgated thereunder.

16 (6) Professional connection or association with any  
17 person, firm, association, partnership or corporation  
18 holding himself, herself, themselves, or itself out in any  
19 manner contrary to this Act.

20 (7) Unethical, unauthorized or unprofessional conduct  
21 as defined by rule. In establishing those rules, the  
22 Department shall consider, though is not bound by, the  
23 ethical standards for psychologists promulgated by  
24 recognized national psychology associations.

25 (8) Aiding or assisting another person in violating  
26 any provisions of this Act or the rules promulgated

1           thereunder.

2           (9) Failing to provide, within 60 days, information in  
3 response to a written request made by the Department.

4           (10) Habitual or excessive use or addiction to  
5 alcohol, narcotics, stimulants, or any other chemical  
6 agent or drug that results in a clinical psychologist's  
7 inability to practice with reasonable judgment, skill or  
8 safety.

9           (11) Discipline by another state, territory, the  
10 District of Columbia or foreign country, if at least one  
11 of the grounds for the discipline is the same or  
12 substantially equivalent to those set forth herein.

13           (12) Directly or indirectly giving or receiving from  
14 any person, firm, corporation, association or partnership  
15 any fee, commission, rebate, or other form of compensation  
16 for any professional service not actually or personally  
17 rendered. Nothing in this paragraph (12) affects any bona  
18 fide independent contractor or employment arrangements  
19 among health care professionals, health facilities, health  
20 care providers, or other entities, except as otherwise  
21 prohibited by law. Any employment arrangements may include  
22 provisions for compensation, health insurance, pension, or  
23 other employment benefits for the provision of services  
24 within the scope of the licensee's practice under this  
25 Act. Nothing in this paragraph (12) shall be construed to  
26 require an employment arrangement to receive professional

1 fees for services rendered.

2 (13) A finding that the licensee, after having his or  
3 her license placed on probationary status, has violated  
4 the terms of probation.

5 (14) Willfully making or filing false records or  
6 reports, including but not limited to, false records or  
7 reports filed with State agencies or departments.

8 (15) Physical illness, including but not limited to,  
9 deterioration through the aging process, mental illness or  
10 disability that results in the inability to practice the  
11 profession with reasonable judgment, skill and safety.

12 (16) Willfully failing to report an instance of  
13 suspected child abuse or neglect as required by the Abused  
14 and Neglected Child Reporting Act.

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

22 (18) Violation of the Health Care Worker Self-Referral  
23 Act.

24 (19) Making a material misstatement in furnishing  
25 information to the Department, any other State or federal  
26 agency, or any other entity.

1           (20) Failing to report to the Department any adverse  
2 judgment, settlement, or award arising from a liability  
3 claim related to an act or conduct similar to an act or  
4 conduct that would constitute grounds for action as set  
5 forth in this Section.

6           (21) Failing to report to the Department any adverse  
7 final action taken against a licensee or applicant by  
8 another licensing jurisdiction, including any other state  
9 or territory of the United States or any foreign state or  
10 country, or any peer review body, health care institution,  
11 professional society or association related to the  
12 profession, governmental agency, law enforcement agency,  
13 or court for an act or conduct similar to an act or conduct  
14 that would constitute grounds for disciplinary action as  
15 set forth in this Section.

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

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

24           (24) Exceeding the terms of a collaborative agreement  
25 or the prescriptive authority delegated to a licensee by  
26 his or her collaborating physician or established under a

1 written collaborative agreement.

2 The entry of an order by any circuit court establishing  
3 that any person holding a license under this Act is subject to  
4 involuntary admission or judicial admission as provided for in  
5 the Mental Health and Developmental Disabilities Code,  
6 operates as an automatic suspension of that license. That  
7 person may have his or her license restored only upon the  
8 determination by a circuit court that the patient is no longer  
9 subject to involuntary admission or judicial admission and the  
10 issuance of an order so finding and discharging the patient  
11 and upon the Board's recommendation to the Department that the  
12 license be restored. Where the circumstances so indicate, the  
13 Board may recommend to the Department that it require an  
14 examination prior to restoring any license so automatically  
15 suspended.

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

23 In enforcing this Section, the Department or Board upon a  
24 showing of a possible violation may compel any person licensed  
25 to practice under this Act, or who has applied for licensure or  
26 certification pursuant to this Act, to submit to a mental or

1 physical examination, or both, as required by and at the  
2 expense of the Department. The examining physicians or  
3 clinical psychologists shall be those specifically designated  
4 by the Department. The Board or the Department may order the  
5 examining physician or clinical psychologist to present  
6 testimony concerning this mental or physical examination of  
7 the licensee or applicant. No information shall be excluded by  
8 reason of any common law or statutory privilege relating to  
9 communications between the licensee or applicant and the  
10 examining physician or clinical psychologist. The person to be  
11 examined may have, at his or her own expense, another  
12 physician or clinical psychologist of his or her choice  
13 present during all aspects of the examination. Failure of any  
14 person to submit to a mental or physical examination, when  
15 directed, shall be grounds for suspension of a license until  
16 the person submits to the examination if the Department or  
17 Board finds, after notice and hearing, that the refusal to  
18 submit to the examination was without reasonable cause.

19 If the Department or Board finds a person unable to  
20 practice because of the reasons set forth in this Section, the  
21 Department or Board may require that person to submit to care,  
22 counseling or treatment by physicians or clinical  
23 psychologists approved or designated by the Department, as a  
24 condition, term, or restriction for continued, reinstated, or  
25 renewed licensure to practice; or, in lieu of care, counseling  
26 or treatment, the Board may recommend to the Department to

1 file or the Department may file a complaint to immediately  
2 suspend, revoke or otherwise discipline the license of the  
3 person. Any person whose license was granted, continued,  
4 reinstated, renewed, disciplined or supervised subject to such  
5 terms, conditions or restrictions, and who fails to comply  
6 with such terms, conditions or restrictions, shall be referred  
7 to the Secretary for a determination as to whether the person  
8 shall have his or her license suspended immediately, pending a  
9 hearing by the Board.

10 The Department shall not revoke, suspend, place on  
11 probation, reprimand, refuse to issue or renew, or take any  
12 other disciplinary or non-disciplinary action against the  
13 license or permit issued under this Act based solely upon the  
14 license of a clinical psychologist or a prescribing  
15 psychologist otherwise being disciplined by any state or  
16 territory other than this State for the provision of,  
17 authorization of, referral for, or participation in any health  
18 care practice if the revocation or disciplinary action was  
19 based solely on a violation of the other state's law  
20 prohibiting the provision of, authorization of, referral for,  
21 or participation in any such health care practice performed in  
22 any state for any person and such conduct is permissible under  
23 Illinois law. The Department retains the ability to discipline  
24 a clinical psychologist or prescribing psychologist for care  
25 provided that would otherwise constitute unethical,  
26 unauthorized, or unprofessional conduct pursuant to 68 Ill.



1 Adm. Code 1400.50.

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

11 A person licensed under this Act and affected under this  
12 Section shall be afforded an opportunity to demonstrate to the  
13 Board that he or she can resume practice in compliance with  
14 acceptable and prevailing standards under the provisions of  
15 his or her license.

16 (Source: P.A. 98-668, eff. 6-25-14; 99-572, eff. 7-15-16.)

17 Section 9-15. The Clinical Social Work and Social Work  
18 Practice Act is amended by changing Section 19 as follows:

19 (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

21 Sec. 19. Grounds for disciplinary action.

22 (1) The Department may refuse to issue or renew a license,  
23 or may suspend, revoke, place on probation, reprimand, or take  
24 any other disciplinary or non-disciplinary action deemed

1 appropriate by the Department, including the imposition of  
2 fines not to exceed \$10,000 for each violation, with regard to  
3 any license issued under the provisions of this Act for any one  
4 or a combination of the following grounds:

5 (a) material misstatements in furnishing information  
6 to the Department or to any other State agency or in  
7 furnishing information to any insurance company with  
8 respect to a claim on behalf of a licensee or a patient;

9 (b) violations or negligent or intentional disregard  
10 of this Act, or any of the rules promulgated hereunder;

11 (c) conviction of or entry of a plea of guilty or nolo  
12 contendere, finding of guilt, jury verdict, or entry of  
13 judgment or sentencing, including, but not limited to,  
14 convictions, preceding sentences of supervision,  
15 conditional discharge, or first offender probation, under  
16 the laws of any jurisdiction of the United States that is  
17 (i) a felony or (ii) a misdemeanor, an essential element  
18 of which is dishonesty, or that is directly related to the  
19 practice of the clinical social work or social work  
20 professions;

21 (d) fraud or misrepresentation in applying for or  
22 procuring a license under this Act or in connection with  
23 applying for renewal or restoration of a license under  
24 this Act;

25 (e) professional incompetence;

26 (f) gross negligence in practice under this Act;

1 (g) aiding or assisting another person in violating  
2 any provision of this Act or its rules;

3 (h) failing to provide information within 60 days in  
4 response to a written request made by the Department;

5 (i) engaging in dishonorable, unethical or  
6 unprofessional conduct of a character likely to deceive,  
7 defraud or harm the public as defined by the rules of the  
8 Department, or violating the rules of professional conduct  
9 adopted by the Department;

10 (j) habitual or excessive use or abuse of drugs  
11 defined in law as controlled substances, of alcohol, or of  
12 any other substances that results in the inability to  
13 practice with reasonable judgment, skill, or safety;

14 (k) adverse action taken by another state or  
15 jurisdiction, if at least one of the grounds for the  
16 discipline is the same or substantially equivalent to  
17 those set forth in this Section;

18 (l) directly or indirectly giving to or receiving from  
19 any person, firm, corporation, partnership, or association  
20 any fee, commission, rebate or other form of compensation  
21 for any professional service not actually rendered.  
22 Nothing in this paragraph (l) affects any bona fide  
23 independent contractor or employment arrangements among  
24 health care professionals, health facilities, health care  
25 providers, or other entities, except as otherwise  
26 prohibited by law. Any employment arrangements may include

1 provisions for compensation, health insurance, pension, or  
2 other employment benefits for the provision of services  
3 within the scope of the licensee's practice under this  
4 Act. Nothing in this paragraph (l) shall be construed to  
5 require an employment arrangement to receive professional  
6 fees for services rendered;

7 (m) a finding by the Department that the licensee,  
8 after having the license placed on probationary status,  
9 has violated the terms of probation or failed to comply  
10 with such terms;

11 (n) abandonment, without cause, of a client;

12 (o) willfully making or filing false records or  
13 reports relating to a licensee's practice, including, but  
14 not limited to, false records filed with Federal or State  
15 agencies or departments;

16 (p) willfully failing to report an instance of  
17 suspected child abuse or neglect as required by the Abused  
18 and Neglected Child Reporting Act;

19 (q) 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 (r) physical illness, mental illness, or any other

1 impairment or disability, including, but not limited to,  
2 deterioration through the aging process, or loss of motor  
3 skills that results in the inability to practice the  
4 profession with reasonable judgment, skill or safety;

5 (s) solicitation of professional services by using  
6 false or misleading advertising;

7 (t) violation of the Health Care Worker Self-Referral  
8 Act;

9 (u) willfully failing to report an instance of  
10 suspected abuse, neglect, financial exploitation, or  
11 self-neglect of an eligible adult as defined in and  
12 required by the Adult Protective Services Act; or

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

19 (2) (Blank).

20 (3) The determination by a court that a licensee is  
21 subject to involuntary admission or judicial admission as  
22 provided in the Mental Health and Developmental Disabilities  
23 Code, will result in an automatic suspension of his license.  
24 Such suspension will end upon a finding by a court that the  
25 licensee is no longer subject to involuntary admission or  
26 judicial admission and issues an order so finding and

1 discharging the patient, and upon the recommendation of the  
2 Board to the Secretary that the licensee be allowed to resume  
3 professional practice.

4 (4) The Department shall refuse to issue or renew or may  
5 suspend the license of a person who (i) fails to file a return,  
6 pay the tax, penalty, or interest shown in a filed return, or  
7 pay any final assessment of tax, penalty, or interest, as  
8 required by any tax Act administered by the Department of  
9 Revenue, until the requirements of the tax Act are satisfied  
10 or (ii) has failed to pay any court-ordered child support as  
11 determined by a court order or by referral from the Department  
12 of Healthcare and Family Services.

13 (4.5) The Department shall not revoke, suspend, place on  
14 probation, reprimand, refuse to issue or renew, or take any  
15 other disciplinary or non-disciplinary action against the  
16 license or permit issued under this Act based solely upon the  
17 license of a clinical social worker or social worker otherwise  
18 being disciplined by any state or territory other than this  
19 State for the provision of, authorization of, referral for, or  
20 participation in any practice of social worker or treatment  
21 procedures if the revocation or disciplinary action was based  
22 solely on a violation of the other state's law prohibiting the  
23 provision of, authorization of, referral for, or participation  
24 in any such practice of social work or treatment procedure  
25 performed in any state for any person and such conduct is  
26 permissible under Illinois law. The Department retains the

1 ability to discipline a clinical social worker or social  
2 worker for care provided that would otherwise constitute  
3 unethical, unauthorized, or unprofessional conduct pursuant to  
4 68 Ill. Adm. Code 1470.96.

5 (5) (a) In enforcing this Section, the Department or Board,  
6 upon a showing of a possible violation, may compel a person  
7 licensed to practice under this Act, or who has applied for  
8 licensure under this Act, to submit to a mental or physical  
9 examination, or both, which may include a substance abuse or  
10 sexual offender evaluation, as required by and at the expense  
11 of the Department.

12 (b) The Department shall specifically designate the  
13 examining physician licensed to practice medicine in all of  
14 its branches or, if applicable, the multidisciplinary team  
15 involved in providing the mental or physical examination or  
16 both. The multidisciplinary team shall be led by a physician  
17 licensed to practice medicine in all of its branches and may  
18 consist of one or more or a combination of physicians licensed  
19 to practice medicine in all of its branches, licensed clinical  
20 psychologists, licensed clinical social workers, licensed  
21 clinical professional counselors, and other professional and  
22 administrative staff. Any examining physician or member of the  
23 multidisciplinary team may require any person ordered to  
24 submit to an examination pursuant to this Section to submit to  
25 any additional supplemental testing deemed necessary to  
26 complete any examination or evaluation process, including, but

1 not limited to, blood testing, urinalysis, psychological  
2 testing, or neuropsychological testing.

3 (c) The Board or the Department may order the examining  
4 physician or any member of the multidisciplinary team to  
5 present testimony concerning this mental or physical  
6 examination of the licensee or applicant. No information,  
7 report, record, or other documents in any way related to the  
8 examination shall be excluded by reason of any common law or  
9 statutory privilege relating to communications between the  
10 licensee or applicant and the examining physician or any  
11 member of the multidisciplinary team. No authorization is  
12 necessary from the licensee or applicant ordered to undergo an  
13 examination for the examining physician or any member of the  
14 multidisciplinary team to provide information, reports,  
15 records, or other documents or to provide any testimony  
16 regarding the examination and evaluation.

17 (d) The person to be examined may have, at his or her own  
18 expense, another physician of his or her choice present during  
19 all aspects of the examination. However, that physician shall  
20 be present only to observe and may not interfere in any way  
21 with the examination.

22 (e) Failure of any person to submit to a mental or physical  
23 examination without reasonable cause, when ordered, shall  
24 result in an automatic suspension of his or her license until  
25 the person submits to the examination.

26 (f) If the Department or Board finds a person unable to



1 practice because of the reasons set forth in this Section, the  
2 Department or Board may require that person to submit to care,  
3 counseling, or treatment by physicians approved or designated  
4 by the Department or Board, as a condition, term, or  
5 restriction for continued, reinstated, or renewed licensure to  
6 practice; or, in lieu of care, counseling or treatment, the  
7 Department may file, or the Board may recommend to the  
8 Department to file, a complaint to immediately suspend,  
9 revoke, or otherwise discipline the license of the person. Any  
10 person whose license was granted, continued, reinstated,  
11 renewed, disciplined or supervised subject to such terms,  
12 conditions or restrictions, and who fails to comply with such  
13 terms, conditions, or restrictions, shall be referred to the  
14 Secretary for a determination as to whether the person shall  
15 have his or her license suspended immediately, pending a  
16 hearing by the Department.

17 (g) All fines imposed shall be paid within 60 days after  
18 the effective date of the order imposing the fine or in  
19 accordance with the terms set forth in the order imposing the  
20 fine.

21 In instances in which the Secretary immediately suspends a  
22 person's license under this Section, a hearing on that  
23 person's license must be convened by the Department within 30  
24 days after the suspension and completed without appreciable  
25 delay. The Department and Board shall have the authority to  
26 review the subject person's record of treatment and counseling

1 regarding the impairment, to the extent permitted by  
2 applicable federal statutes and regulations safeguarding the  
3 confidentiality of medical records.

4 A person licensed under this Act and affected under this  
5 Section shall be afforded an opportunity to demonstrate to the  
6 Department or Board that he or she can resume practice in  
7 compliance with acceptable and prevailing standards under the  
8 provisions of his or her license.

9 (Source: P.A. 100-414, eff. 8-25-17.)

10 Section 9-20. The Marriage and Family Therapy Licensing  
11 Act is amended by changing Section 85 as follows:

12 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

13 (Section scheduled to be repealed on January 1, 2027)

14 Sec. 85. Refusal, revocation, or suspension.

15 (a) The Department may refuse to issue or renew a license,  
16 or may revoke, suspend, reprimand, place on probation, or take  
17 any other disciplinary or non-disciplinary action as the  
18 Department may deem proper, including the imposition of fines  
19 not to exceed \$10,000 for each violation, with regard to any  
20 license issued under the provisions of this Act for any one or  
21 combination of the following grounds:

22 (1) Material misstatement in furnishing information to  
23 the Department.

24 (2) Violation of any provision of this Act or its

1 rules.

2 (3) Conviction of or entry of a plea of guilty or nolo  
3 contendere, finding of guilt, jury verdict, or entry of  
4 judgment or sentencing, including, but not limited to,  
5 convictions, preceding sentences of supervision,  
6 conditional discharge, or first offender probation, under  
7 the laws of any jurisdiction of the United States that is  
8 (i) a felony or (ii) a misdemeanor, an essential element  
9 of which is dishonesty or that is directly related to the  
10 practice of the profession.

11 (4) Fraud or misrepresentation in applying for or  
12 procuring a license under this Act or in connection with  
13 applying for renewal or restoration of a license under  
14 this Act or its rules.

15 (5) Professional incompetence.

16 (6) Gross negligence in practice under this Act.

17 (7) Aiding or assisting another person in violating  
18 any provision of this Act or its rules.

19 (8) Failing, within 60 days, to provide information in  
20 response to a written request made by the Department.

21 (9) Engaging in dishonorable, unethical, or  
22 unprofessional conduct of a character likely to deceive,  
23 defraud or harm the public as defined by the rules of the  
24 Department, or violating the rules of professional conduct  
25 adopted by the Department.

26 (10) Habitual or excessive use or abuse of drugs

1 defined in law as controlled substances, of alcohol, or  
2 any other substance that results in the inability to  
3 practice with reasonable judgment, skill, or safety.

4 (11) Discipline by another jurisdiction if at least  
5 one of the grounds for the discipline is the same or  
6 substantially equivalent to those set forth in this Act.

7 (12) Directly or indirectly giving to or receiving  
8 from any person, firm, corporation, partnership, or  
9 association any fee, commission, rebate, or other form of  
10 compensation for any professional services not actually or  
11 personally rendered. Nothing in this paragraph (12)  
12 affects any bona fide independent contractor or employment  
13 arrangements among health care professionals, health  
14 facilities, health care providers, or other entities,  
15 except as otherwise prohibited by law. Any employment  
16 arrangements may include provisions for compensation,  
17 health insurance, pension, or other employment benefits  
18 for the provision of services within the scope of the  
19 licensee's practice under this Act. Nothing in this  
20 paragraph (12) shall be construed to require an employment  
21 arrangement to receive professional fees for services  
22 rendered.

23 (13) A finding by the Department that the licensee,  
24 after having his or her license placed on probationary  
25 status, has violated the terms of probation or failed to  
26 comply with the terms.

1 (14) Abandonment of a patient without cause.

2 (15) Willfully making or filing false records or  
3 reports relating to a licensee's practice, including but  
4 not limited to false records filed with State agencies or  
5 departments.

6 (16) Willfully failing to report an instance of  
7 suspected child abuse or neglect as required by the Abused  
8 and Neglected Child Reporting Act.

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

16 (18) Physical illness or mental illness or impairment,  
17 including, but not limited to, deterioration through the  
18 aging process or loss of motor skill that results in the  
19 inability to practice the profession with reasonable  
20 judgment, skill, or safety.

21 (19) Solicitation of professional services by using  
22 false or misleading advertising.

23 (20) A pattern of practice or other behavior that  
24 demonstrates incapacity or incompetence to practice under  
25 this Act.

26 (21) Practicing under a false or assumed name, except

1 as provided by law.

2 (22) Gross, willful, and continued overcharging for  
3 professional services, including filing false statements  
4 for collection of fees or moneys for which services are  
5 not rendered.

6 (23) Failure to establish and maintain records of  
7 patient care and treatment as required by law.

8 (24) Cheating on or attempting to subvert the  
9 licensing examinations administered under this Act.

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

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

20 (b) (Blank).

21 (c) The determination by a circuit court that a licensee  
22 is subject to involuntary admission or judicial admission, as  
23 provided in the Mental Health and Developmental Disabilities  
24 Code, operates as an automatic suspension. The suspension will  
25 terminate only upon a finding by a court that the patient is no  
26 longer subject to involuntary admission or judicial admission

1 and the issuance of an order so finding and discharging the  
2 patient, and upon the recommendation of the Board to the  
3 Secretary that the licensee be allowed to resume his or her  
4 practice as a licensed marriage and family therapist or an  
5 associate licensed marriage and family therapist.

6 (d) The Department shall refuse to issue or may suspend  
7 the license of any person who fails to file a return, pay the  
8 tax, penalty, or interest shown in a filed return or pay any  
9 final assessment of tax, penalty, or interest, as required by  
10 any tax Act administered by the Illinois Department of  
11 Revenue, until the time the requirements of the tax Act are  
12 satisfied.

13 (d-5) The Department shall not revoke, suspend, place on  
14 probation, reprimand, refuse to issue or renew, or take any  
15 other disciplinary or non-disciplinary action against the  
16 license or permit issued under this Act based solely upon the  
17 license of a marriage and family therapist or associate  
18 marriage and family therapist otherwise being disciplined by  
19 any state or territory other than this State for the provision  
20 of, authorization of, referral for, or participation in any  
21 practice of marriage and family therapy if the revocation or  
22 disciplinary action was based solely on a violation of the  
23 other state's law prohibiting the provision of, authorization  
24 of, referral for, or participation in any such practice of  
25 marriage and family therapy performed in any state for any  
26 person and such conduct is permissible under Illinois law. The

1 Department retains the ability to discipline a marriage and  
2 family therapist or an associate marriage and family therapist  
3 for care provided that would otherwise constitute unethical,  
4 unauthorized, or unprofessional conduct pursuant to 68 Ill.  
5 Adm. Code 1283.100.

6 (e) In enforcing this Section, the Department or Board  
7 upon a showing of a possible violation may compel an  
8 individual licensed to practice under this Act, or who has  
9 applied for licensure under this Act, to submit to a mental or  
10 physical examination, or both, which may include a substance  
11 abuse or sexual offender evaluation, as required by and at the  
12 expense of the Department.

13 The Department shall specifically designate the examining  
14 physician licensed to practice medicine in all of its branches  
15 or, if applicable, the multidisciplinary team involved in  
16 providing the mental or physical examination or both. The  
17 multidisciplinary team shall be led by a physician licensed to  
18 practice medicine in all of its branches and may consist of one  
19 or more or a combination of physicians licensed to practice  
20 medicine in all of its branches, licensed clinical  
21 psychologists, licensed clinical social workers, licensed  
22 clinical professional counselors, licensed marriage and family  
23 therapists, and other professional and administrative staff.  
24 Any examining physician or member of the multidisciplinary  
25 team may require any person ordered to submit to an  
26 examination and evaluation pursuant to this Section to submit



1 to any additional supplemental testing deemed necessary to  
2 complete any examination or evaluation process, including, but  
3 not limited to, blood testing, urinalysis, psychological  
4 testing, or neuropsychological testing.

5 The Department may order the examining physician or any  
6 member of the multidisciplinary team to provide to the  
7 Department any and all records, including business records,  
8 that relate to the examination and evaluation, including any  
9 supplemental testing performed.

10 The Department or Board may order the examining physician  
11 or any member of the multidisciplinary team to present  
12 testimony concerning the mental or physical examination of the  
13 licensee or applicant. No information, report, record, or  
14 other documents in any way related to the examination shall be  
15 excluded by reason of any common law or statutory privilege  
16 relating to communications between the licensee or applicant  
17 and the examining physician or any member of the  
18 multidisciplinary team. No authorization is necessary from the  
19 licensee or applicant ordered to undergo an examination for  
20 the examining physician or any member of the multidisciplinary  
21 team to provide information, reports, records, or other  
22 documents or to provide any testimony regarding the  
23 examination and evaluation.

24 The individual to be examined may have, at his or her own  
25 expense, another physician of his or her choice present during  
26 all aspects of this examination. However, that physician shall

1 be present only to observe and may not interfere in any way  
2 with the examination.

3 Failure of an individual to submit to a mental or physical  
4 examination, when ordered, shall result in an automatic  
5 suspension of his or her license until the individual submits  
6 to the examination.

7 If the Department or Board finds an individual unable to  
8 practice because of the reasons set forth in this Section, the  
9 Department or Board may require that individual to submit to  
10 care, counseling, or treatment by physicians approved or  
11 designated by the Department or Board, as a condition, term,  
12 or restriction for continued, reinstated, or renewed licensure  
13 to practice; or, in lieu of care, counseling, or treatment,  
14 the Department may file, or the Board may recommend to the  
15 Department to file, a complaint to immediately suspend,  
16 revoke, or otherwise discipline the license of the individual.  
17 An individual whose license was granted, continued,  
18 reinstated, renewed, disciplined or supervised subject to such  
19 terms, conditions, or restrictions, and who fails to comply  
20 with such terms, conditions, or restrictions, shall be  
21 referred to the Secretary for a determination as to whether  
22 the individual shall have his or her license suspended  
23 immediately, pending a hearing by the Department.

24 In instances in which the Secretary immediately suspends a  
25 person's license under this Section, a hearing on that  
26 person's license must be convened by the Department within 30

1 days after the suspension and completed without appreciable  
2 delay. The Department and Board shall have the authority to  
3 review the subject individual's record of treatment and  
4 counseling regarding the impairment to the extent permitted by  
5 applicable federal statutes and regulations safeguarding the  
6 confidentiality of medical records.

7 An individual licensed under this Act and affected under  
8 this Section shall be afforded an opportunity to demonstrate  
9 to the Department or Board that he or she can resume practice  
10 in compliance with acceptable and prevailing standards under  
11 the provisions of his or her license.

12 (f) A fine shall be paid within 60 days after the effective  
13 date of the order imposing the fine or in accordance with the  
14 terms set forth in the order imposing the fine.

15 (Source: P.A. 100-372, eff. 8-25-17; 100-872, eff. 8-14-18.)

16 Section 9-25. The Professional Counselor and Clinical  
17 Professional Counselor Licensing and Practice Act is amended  
18 by changing Section 80 as follows:

19 (225 ILCS 107/80)

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

21 Sec. 80. Grounds for discipline.

22 (a) The Department may refuse to issue, renew, or may  
23 revoke, suspend, place on probation, reprimand, or take other  
24 disciplinary or non-disciplinary action as the Department

1 deems appropriate, including the issuance of fines not to  
2 exceed \$10,000 for each violation, with regard to any license  
3 for any one or more of the following:

4 (1) Material misstatement in furnishing information to  
5 the Department or to any other State agency.

6 (2) Violations or negligent or intentional disregard  
7 of this Act or rules adopted under this Act.

8 (3) Conviction by plea of guilty or nolo contendere,  
9 finding of guilt, jury verdict, or entry of judgment or by  
10 sentencing of any crime, including, but not limited to,  
11 convictions, preceding sentences of supervision,  
12 conditional discharge, or first offender probation, under  
13 the laws of any jurisdiction of the United States: (i)  
14 that is a felony or (ii) that is a misdemeanor, an  
15 essential element of which is dishonesty, or that is  
16 directly related to the practice of the profession.

17 (4) Fraud or any misrepresentation in applying for or  
18 procuring a license under this Act or in connection with  
19 applying for renewal of a license under this Act.

20 (5) Professional incompetence or gross negligence in  
21 the rendering of professional counseling or clinical  
22 professional counseling services.

23 (6) Malpractice.

24 (7) Aiding or assisting another person in violating  
25 any provision of this Act or any rules.

26 (8) Failing to provide information within 60 days in

1 response to a written request made by the Department.

2 (9) Engaging in dishonorable, unethical, or  
3 unprofessional conduct of a character likely to deceive,  
4 defraud, or harm the public and violating the rules of  
5 professional conduct adopted by the Department.

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

10 (11) Discipline by another jurisdiction, the District  
11 of Columbia, territory, county, or governmental agency, if  
12 at least one of the grounds for the discipline is the same  
13 or substantially equivalent to those set forth in this  
14 Section.

15 (12) Directly or indirectly giving to or receiving  
16 from any person, firm, corporation, partnership, or  
17 association any fee, commission, rebate or other form of  
18 compensation for any professional service not actually  
19 rendered. Nothing in this paragraph (12) affects any bona  
20 fide independent contractor or employment arrangements  
21 among health care professionals, health facilities, health  
22 care providers, or other entities, except as otherwise  
23 prohibited by law. Any employment arrangements may include  
24 provisions for compensation, health insurance, pension, or  
25 other employment benefits for the provision of services  
26 within the scope of the licensee's practice under this

1 Act. Nothing in this paragraph (12) shall be construed to  
2 require an employment arrangement to receive professional  
3 fees for services rendered.

4 (13) A finding by the Board that the licensee, after  
5 having the license placed on probationary status, has  
6 violated the terms of probation.

7 (14) Abandonment of a client.

8 (15) Willfully filing false reports relating to a  
9 licensee's practice, including but not limited to false  
10 records filed with federal or State agencies or  
11 departments.

12 (16) Willfully failing to report an instance of  
13 suspected child abuse or neglect as required by the Abused  
14 and Neglected Child Reporting Act and in matters  
15 pertaining to suspected abuse, neglect, financial  
16 exploitation, or self-neglect of adults with disabilities  
17 and older adults as set forth in the Adult Protective  
18 Services Act.

19 (17) Being named as a perpetrator in an indicated  
20 report by the Department of Children and Family Services  
21 pursuant to the Abused and Neglected Child Reporting Act,  
22 and 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 (18) Physical or mental illness or disability,

1 including, but not limited to, deterioration through the  
2 aging process or loss of abilities and skills which  
3 results in the inability to practice the profession with  
4 reasonable judgment, skill, or safety.

5 (19) Solicitation of professional services by using  
6 false or misleading advertising.

7 (20) Allowing one's license under this Act to be used  
8 by an unlicensed person in violation of this Act.

9 (21) A finding that licensure has been applied for or  
10 obtained by fraudulent means.

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

13 (23) Gross and willful overcharging for professional  
14 services including filing statements for collection of  
15 fees or monies for which services are not rendered.

16 (24) Rendering professional counseling or clinical  
17 professional counseling services without a license or  
18 practicing outside the scope of a license.

19 (25) Clinical supervisors failing to adequately and  
20 responsibly monitor supervisees.

21 All fines imposed under this Section shall be paid within  
22 60 days after the effective date of the order imposing the  
23 fine.

24 (b) (Blank).

25 (b-5) The Department may refuse to issue or may suspend  
26 without hearing, as provided for in the Code of Civil

1 Procedure, the license of any person who fails to file a  
2 return, pay the tax, penalty, or interest shown in a filed  
3 return, or pay any final assessment of the tax, penalty, or  
4 interest as required by any tax Act administered by the  
5 Illinois Department of Revenue, until such time as the  
6 requirements of any such tax Act are satisfied in accordance  
7 with subsection (g) of Section 2105-15 of the Department of  
8 Professional Regulation Law of the Civil Administrative Code  
9 of Illinois.

10 (b-10) In cases where the Department of Healthcare and  
11 Family Services has previously determined a licensee or a  
12 potential licensee is more than 30 days delinquent in the  
13 payment of child support and has subsequently certified the  
14 delinquency to the Department, the Department may refuse to  
15 issue or renew or may revoke or suspend that person's license  
16 or may take other disciplinary action against that person  
17 based solely upon the certification of delinquency made by the  
18 Department of Healthcare and Family Services in accordance  
19 with item (5) of subsection (a) of Section 2105-15 of the  
20 Department of Professional Regulation Law of the Civil  
21 Administrative Code of Illinois.

22 (c) The determination by a court that a licensee is  
23 subject to involuntary admission or judicial admission as  
24 provided in the Mental Health and Developmental Disabilities  
25 Code will result in an automatic suspension of his or her  
26 license. The suspension will end upon a finding by a court that



1 the licensee is no longer subject to involuntary admission or  
2 judicial admission, the issuance of an order so finding and  
3 discharging the patient, and the recommendation of the Board  
4 to the Secretary that the licensee be allowed to resume  
5 professional practice.

6 (c-1) The Department shall not revoke, suspend, place on  
7 probation, reprimand, refuse to issue or renew, or take any  
8 other disciplinary or non-disciplinary action against the  
9 license or permit issued under this Act based solely upon the  
10 license of professional counselor or a clinical professional  
11 counselor otherwise being disciplined by any state or  
12 territory other than this State for the provision of,  
13 authorization of, supervision of, referral for, or  
14 participation in any practice of counseling if the revocation  
15 or disciplinary action was based solely on a violation of the  
16 other state's law prohibiting the provision of, authorization  
17 of, referral for, supervision of, or participation in any such  
18 practice of counseling performed in any state for any person  
19 and such conduct is permissible under Illinois law. The  
20 Department retains the ability to discipline a professional  
21 counselor or a clinical professional counselor for care  
22 provided that would otherwise constitute unethical,  
23 unauthorized, or unprofessional conduct pursuant to 68 Ill.  
24 Adm. Code 1375.225.

25 (c-5) In enforcing this Act, the Department, upon a  
26 showing of a possible violation, may compel an individual

1 licensed to practice under this Act, or who has applied for  
2 licensure under this Act, to submit to a mental or physical  
3 examination, or both, as required by and at the expense of the  
4 Department. The Department may order the examining physician  
5 to present testimony concerning the mental or physical  
6 examination of the licensee or applicant. No information shall  
7 be excluded by reason of any common law or statutory privilege  
8 relating to communications between the licensee or applicant  
9 and the examining physician. The examining physicians shall be  
10 specifically designated by the Department. The individual to  
11 be examined may have, at his or her own expense, another  
12 physician of his or her choice present during all aspects of  
13 this examination. The examination shall be performed by a  
14 physician licensed to practice medicine in all its branches.  
15 Failure of an individual to submit to a mental or physical  
16 examination, when directed, shall result in an automatic  
17 suspension without hearing.

18 All substance-related violations shall mandate an  
19 automatic substance abuse assessment. Failure to submit to an  
20 assessment by a licensed physician who is certified as an  
21 addictionist or an advanced practice registered nurse with  
22 specialty certification in addictions may be grounds for an  
23 automatic suspension.

24 If the Department finds an individual unable to practice  
25 or unfit for duty because of the reasons set forth in this  
26 subsection (c-5), the Department may require that individual

1 to submit to a substance abuse evaluation or treatment by  
2 individuals or programs approved or designated by the  
3 Department, as a condition, term, or restriction for  
4 continued, restored, or renewed licensure to practice; or, in  
5 lieu of evaluation or treatment, the Department may file, or  
6 the Board may recommend to the Department to file, a complaint  
7 to immediately suspend, revoke, or otherwise discipline the  
8 license of the individual. An individual whose license was  
9 granted, continued, restored, renewed, disciplined, or  
10 supervised subject to such terms, conditions, or restrictions,  
11 and who fails to comply with such terms, conditions, or  
12 restrictions, shall be referred to the Secretary for a  
13 determination as to whether the individual shall have his or  
14 her license suspended immediately, pending a hearing by the  
15 Department.

16 A person holding a license under this Act or who has  
17 applied for a license under this Act who, because of a physical  
18 or mental illness or disability, including, but not limited  
19 to, deterioration through the aging process or loss of motor  
20 skill, is unable to practice the profession with reasonable  
21 judgment, skill, or safety, may be required by the Department  
22 to submit to care, counseling, or treatment by physicians  
23 approved or designated by the Department as a condition, term,  
24 or restriction for continued, reinstated, or renewed licensure  
25 to practice. Submission to care, counseling, or treatment as  
26 required by the Department shall not be considered discipline

1 of a license. If the licensee refuses to enter into a care,  
2 counseling, or treatment agreement or fails to abide by the  
3 terms of the agreement, the Department may file a complaint to  
4 revoke, suspend, or otherwise discipline the license of the  
5 individual. The Secretary may order the license suspended  
6 immediately, pending a hearing by the Department. Fines shall  
7 not be assessed in disciplinary actions involving physical or  
8 mental illness or impairment.

9 In instances in which the Secretary immediately suspends a  
10 person's license under this Section, a hearing on that  
11 person's license must be convened by the Department within 15  
12 days after the suspension and completed without appreciable  
13 delay. The Department shall have the authority to review the  
14 subject individual's record of treatment and counseling  
15 regarding the impairment to the extent permitted by applicable  
16 federal statutes and regulations safeguarding the  
17 confidentiality of medical records.

18 An individual licensed under this Act and affected under  
19 this Section shall be afforded an opportunity to demonstrate  
20 to the Department that he or she can resume practice in  
21 compliance with acceptable and prevailing standards under the  
22 provisions of his or her license.

23 (d) (Blank).

24 (Source: P.A. 102-878, eff. 1-1-23.)

25 Section 9-30. The Licensed Certified Professional Midwife

1 Practice Act is amended by changing Section 100 as follows:

2 (225 ILCS 64/100)

3 (Section scheduled to be repealed on January 1, 2027)

4 Sec. 100. Grounds for disciplinary action.

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

12 (1) Material misstatement in furnishing information to  
13 the Department.

14 (2) Violations of this Act, or the rules adopted under  
15 this Act.

16 (3) Conviction by plea of guilty or nolo contendere,  
17 finding of guilt, jury verdict, or entry of judgment or  
18 sentencing, including, but not limited to, convictions,  
19 preceding sentences of supervision, conditional discharge,  
20 or first offender probation, under the laws of any  
21 jurisdiction of the United States that is: (i) a felony;  
22 or (ii) a misdemeanor, an essential element of which is  
23 dishonesty, or that is directly related to the practice of  
24 the profession.

25 (4) Making any misrepresentation for the purpose of

1 obtaining licenses.

2 (5) Professional incompetence.

3 (6) Aiding or assisting another person in violating  
4 any provision of this Act or its rules.

5 (7) Failing, within 60 days, to provide information in  
6 response to a written request made by the Department.

7 (8) Engaging in dishonorable, unethical, or  
8 unprofessional conduct, as defined by rule, of a character  
9 likely to deceive, defraud, or harm the public.

10 (9) Habitual or excessive use or addiction to alcohol,  
11 narcotics, stimulants, or any other chemical agent or drug  
12 that results in a midwife's inability to practice with  
13 reasonable judgment, skill, or safety.

14 (10) Discipline by another U.S. jurisdiction or  
15 foreign nation, if at least one of the grounds for  
16 discipline is the same or substantially equivalent to  
17 those set forth in this Section.

18 (11) Directly or indirectly giving to or receiving  
19 from any person, firm, corporation, partnership, or  
20 association any fee, commission, rebate or other form of  
21 compensation for any professional services not actually or  
22 personally rendered. Nothing in this paragraph affects any  
23 bona fide independent contractor or employment  
24 arrangements, including provisions for compensation,  
25 health insurance, pension, or other employment benefits,  
26 with persons or entities authorized under this Act for the

1 provision of services within the scope of the licensee's  
2 practice under this Act.

3 (12) A finding by the Department that the licensee,  
4 after having his or her license placed on probationary  
5 status, has violated the terms of probation.

6 (13) Abandonment of a patient.

7 (14) Willfully making or filing false records or  
8 reports in his or her practice, including, but not limited  
9 to, false records filed with state agencies or  
10 departments.

11 (15) Willfully failing to report an instance of  
12 suspected child abuse or neglect as required by the Abused  
13 and Neglected Child Reporting Act.

14 (16) Physical illness, or mental illness or impairment  
15 that results in the inability to practice the profession  
16 with reasonable judgment, skill, or safety, including, but  
17 not limited to, deterioration through the aging process or  
18 loss of motor skill.

19 (17) 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 (18) Gross negligence resulting in permanent injury or

1 death of a patient.

2 (19) Employment of fraud, deception, or any unlawful  
3 means in applying for or securing a license as a licensed  
4 certified profession midwife.

5 (21) Immoral conduct in the commission of any act,  
6 including sexual abuse, sexual misconduct, or sexual  
7 exploitation related to the licensee's practice.

8 (22) Violation of the Health Care Worker Self-Referral  
9 Act.

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

12 (24) Making a false or misleading statement regarding  
13 his or her skill or the efficacy or value of the medicine,  
14 treatment, or remedy prescribed by him or her in the  
15 course of treatment.

16 (25) Allowing another person to use his or her license  
17 to practice.

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

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

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



1 this Act.

2 (29) Violating State or federal laws, rules, or  
3 regulations relating to controlled substances or other  
4 legend drugs or ephedra as defined in the Ephedra  
5 Prohibition Act.

6 (30) Failure to establish and maintain records of  
7 patient care and treatment as required by law.

8 (31) Attempting to subvert or cheat on the examination  
9 of the North American Registry of Midwives or its  
10 successor agency.

11 (32) Willfully or negligently violating the  
12 confidentiality between licensed certified profession  
13 midwives and patient, except as required by law.

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

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

24 (35) Failure to report to the Department an adverse  
25 final action taken against him or her by another licensing  
26 jurisdiction of the United States or a foreign state or

1 country, a peer review body, a health care institution, a  
2 professional society or association, a governmental  
3 agency, a law enforcement agency, or a court.

4 (36) Failure to provide copies of records of patient  
5 care or treatment, except as required by law.

6 (37) Failure of a licensee to report to the Department  
7 surrender by the licensee of a license or authorization to  
8 practice in another state or jurisdiction or current  
9 surrender by the licensee of membership professional  
10 association or society while under disciplinary  
11 investigation by any of those authorities or bodies for  
12 acts or conduct similar to acts or conduct that would  
13 constitute grounds for action under this Section.

14 (38) Failing, within 90 days, to provide a response to  
15 a request for information in response to a written request  
16 made by the Department by certified or registered mail or  
17 by email to the email address of record.

18 (39) Failure to supervise a midwife assistant or  
19 student midwife including, but not limited to, allowing a  
20 midwife assistant or student midwife to exceed their  
21 scope.

22 (40) Failure to adequately inform a patient about  
23 their malpractice liability insurance coverage and the  
24 policy limits of the coverage.

25 (41) Failure to submit an annual report to the  
26 Department of Public Health.

1           (42) Failure to disclose active cardiopulmonary  
2           resuscitation certification or neonatal resuscitation  
3           provider status to clients.

4           (43) Engaging in one of the prohibited practices  
5           provided for in Section 85 of this Act.

6           (b) The Department may, without a hearing, refuse to issue  
7           or renew or may suspend the license of any person who fails to  
8           file a return, or to pay the tax, penalty, or interest shown in  
9           a filed return, or to pay any final assessment of the tax,  
10          penalty, or interest as required by any tax Act administered  
11          by the Department of Revenue, until the requirements of any  
12          such tax Act are satisfied.

13          (c) The determination by a circuit court that a licensee  
14          is subject to involuntary admission or judicial admission as  
15          provided in the Mental Health and Developmental Disabilities  
16          Code operates as an automatic suspension. The suspension will  
17          end only upon a finding by a court that the patient is no  
18          longer subject to involuntary admission or judicial admission  
19          and issues an order so finding and discharging the patient,  
20          and upon the recommendation of the Board to the Secretary that  
21          the licensee be allowed to resume his or her practice.

22          The Department shall not revoke, suspend, place on  
23          probation, reprimand, refuse to issue or renew, or take any  
24          other disciplinary or non-disciplinary action against the  
25          license, certificate, or permit issued under this Act based  
26          solely upon the license or certificate of a certified nurse

1 midwife, a certified professional midwife, a midwife  
2 assistant, or a qualified midwife preceptor otherwise being  
3 disciplined by any state or territory other than this State  
4 for the provision of, authorization of, supervision of,  
5 referral for consultation for, or participation in any  
6 practice of midwifery or supportive services if the revocation  
7 or disciplinary action was based solely on a violation of the  
8 other state's law prohibiting the provision of, authorization  
9 of, referral for, supervision of, consultation for, or  
10 participation in any such practice of midwifery or supportive  
11 services performed in any state for any person and such  
12 conduct is permissible under Illinois law. The Department  
13 retains the ability to discipline a certified nurse midwife, a  
14 certified professional midwife, a midwife assistant, or a  
15 qualified midwife preceptor for care provided that would  
16 otherwise constitute unethical, unauthorized, or  
17 unprofessional conduct or prohibited practice.

18 (d) In enforcing this Section, the Department, upon a  
19 showing of a possible violation, may compel an individual  
20 licensed to practice under this Act, or who has applied for  
21 licensure under this Act, to submit to a mental or physical  
22 examination, or both, including a substance abuse or sexual  
23 offender evaluation, as required by and at the expense of the  
24 Department.

25 The Department shall specifically designate the examining  
26 physician licensed to practice medicine in all of its branches

1 or, if applicable, the multidisciplinary team involved in  
2 providing the mental or physical examination 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 clinical  
7 psychologists, licensed clinical social workers, licensed  
8 clinical professional counselors, and other professional and  
9 administrative staff. Any examining physician or member of the  
10 multidisciplinary team may require any person ordered to  
11 submit to an examination pursuant to this Section to submit to  
12 any additional supplemental testing deemed necessary to  
13 complete any examination or evaluation process, including, but  
14 not limited to, blood testing, urinalysis, psychological  
15 testing, or neuropsychological testing.

16 The Department may order the examining physician or any  
17 member of the multidisciplinary team to provide to the  
18 Department any and all records, including business records,  
19 that relate to the examination and evaluation, including any  
20 supplemental testing performed.

21 The Department may order the examining physician or any  
22 member of the multidisciplinary team to present testimony  
23 concerning the mental or physical examination of the licensee  
24 or applicant. No information, report, record, or other  
25 documents in any way related to the examination shall be  
26 excluded by reason of any common law or statutory privilege

1 relating to communications between the licensee or applicant  
2 and the examining physician or any member of the  
3 multidisciplinary team. No authorization is necessary from the  
4 licensee or applicant ordered to undergo an examination for  
5 the examining physician or any member of the multidisciplinary  
6 team to provide information, reports, records, or other  
7 documents or to provide any testimony regarding the  
8 examination and evaluation.

9 The individual to be examined may have, at his or her own  
10 expense, another physician of his or her choice present during  
11 all aspects of this examination. However, that physician shall  
12 be present only to observe and may not interfere in any way  
13 with the examination.

14 Failure of an individual to submit to a mental or physical  
15 examination, when ordered, shall result in an automatic  
16 suspension of his or her license until the individual submits  
17 to the examination.

18 If the Department finds an individual unable to practice  
19 because of the reasons set forth in this Section, the  
20 Department may require that individual to submit to care,  
21 counseling, or treatment by physicians approved or designated  
22 by the Department, as a condition, term, or restriction for  
23 continued, reinstated, or renewed licensure to practice; or,  
24 in lieu of care, counseling, or treatment, the Department may  
25 file a complaint to immediately suspend, revoke, or otherwise  
26 discipline the license of the individual. An individual whose

1 license was granted, continued, reinstated, renewed,  
2 disciplined, or supervised subject to such terms, conditions,  
3 or restrictions, and who fails to comply with such terms,  
4 conditions, or restrictions, shall be referred to the  
5 Secretary for a determination as to whether the individual  
6 shall have his or her license suspended immediately, pending a  
7 hearing by the Department.

8 In instances in which the Secretary immediately suspends a  
9 person's license under this Section, a hearing on that  
10 person's license must be convened by the Department within 30  
11 days after the suspension and completed without appreciable  
12 delay. The Department shall have the authority to review the  
13 subject individual's record of treatment and counseling  
14 regarding the impairment to the extent permitted by applicable  
15 federal statutes and regulations safeguarding the  
16 confidentiality of medical records.

17 An individual licensed under this Act and affected under  
18 this Section shall be afforded an opportunity to demonstrate  
19 to the Department that he or she can resume practice in  
20 compliance with acceptable and prevailing standards under the  
21 provisions of his or her license.

22 (Source: P.A. 102-683, eff. 10-1-22.)

23 Section 9-35. The Genetic Counselor Licensing Act is  
24 amended by changing Section 95 as follows:

1 (225 ILCS 135/95)

2 (Section scheduled to be repealed on January 1, 2025)

3 Sec. 95. Grounds for discipline.

4 (a) The Department may refuse to issue, renew, or may  
5 revoke, suspend, place on probation, reprimand, or take other  
6 disciplinary or non-disciplinary action as the Department  
7 deems appropriate, including the issuance of fines not to  
8 exceed \$10,000 for each violation, with regard to any license  
9 for any one or more of the following:

10 (1) Material misstatement in furnishing information to  
11 the Department or to any other State agency.

12 (2) Violations or negligent or intentional disregard  
13 of this Act, or any of its rules.

14 (3) Conviction by plea of guilty or nolo contendere,  
15 finding of guilt, jury verdict, or entry of judgment or  
16 sentencing, including, but not limited to, convictions,  
17 preceding sentences of supervision, conditional discharge,  
18 or first offender probation, under the laws of any  
19 jurisdiction of the United States: (i) that is a felony or  
20 (ii) that is a misdemeanor, an essential element of which  
21 is dishonesty, or that is directly related to the practice  
22 of genetic counseling.

23 (4) Making any misrepresentation for the purpose of  
24 obtaining a license, or violating any provision of this  
25 Act or its rules.

26 (5) Negligence in the rendering of genetic counseling



1 services.

2 (6) Failure to provide genetic testing results and any  
3 requested information to a referring physician licensed to  
4 practice medicine in all its branches, advanced practice  
5 registered nurse, or physician assistant.

6 (7) Aiding or assisting another person in violating  
7 any provision of this Act or any rules.

8 (8) Failing to provide information within 60 days in  
9 response to a written request made by the Department.

10 (9) Engaging in dishonorable, unethical, or  
11 unprofessional conduct of a character likely to deceive,  
12 defraud, or harm the public and violating the rules of  
13 professional conduct adopted by the Department.

14 (10) Failing to maintain the confidentiality of any  
15 information received from a client, unless otherwise  
16 authorized or required by law.

17 (10.5) Failure to maintain client records of services  
18 provided and provide copies to clients upon request.

19 (11) Exploiting a client for personal advantage,  
20 profit, or interest.

21 (12) Habitual or excessive use or addiction to  
22 alcohol, narcotics, stimulants, or any other chemical  
23 agent or drug which results in inability to practice with  
24 reasonable skill, judgment, or safety.

25 (13) Discipline by another governmental agency or unit  
26 of government, by any jurisdiction of the United States,

1 or by a foreign nation, if at least one of the grounds for  
2 the discipline is the same or substantially equivalent to  
3 those set forth in this Section.

4 (14) Directly or indirectly giving to or receiving  
5 from any person, firm, corporation, partnership, or  
6 association any fee, commission, rebate, or other form of  
7 compensation for any professional service not actually  
8 rendered. Nothing in this paragraph (14) affects any bona  
9 fide independent contractor or employment arrangements  
10 among health care professionals, health facilities, health  
11 care providers, or other entities, except as otherwise  
12 prohibited by law. Any employment arrangements may include  
13 provisions for compensation, health insurance, pension, or  
14 other employment benefits for the provision of services  
15 within the scope of the licensee's practice under this  
16 Act. Nothing in this paragraph (14) shall be construed to  
17 require an employment arrangement to receive professional  
18 fees for services rendered.

19 (15) A finding by the Department that the licensee,  
20 after having the license placed on probationary status,  
21 has violated the terms of probation.

22 (16) Failing to refer a client to other health care  
23 professionals when the licensee is unable or unwilling to  
24 adequately support or serve the client.

25 (17) Willfully filing false reports relating to a  
26 licensee's practice, including but not limited to false

1 records filed with federal or State agencies or  
2 departments.

3 (18) Willfully failing to report an instance of  
4 suspected child abuse or neglect as required by the Abused  
5 and Neglected Child Reporting Act.

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

13 (20) Physical or mental disability, including  
14 deterioration through the aging process or loss of  
15 abilities and skills which results in the inability to  
16 practice the profession with reasonable judgment, skill,  
17 or safety.

18 (21) Solicitation of professional services by using  
19 false or misleading advertising.

20 (22) Failure to file a return, or to pay the tax,  
21 penalty of interest shown in a filed return, or to pay any  
22 final assessment of tax, penalty or interest, as required  
23 by any tax Act administered by the Illinois Department of  
24 Revenue or any successor agency or the Internal Revenue  
25 Service or any successor agency.

26 (23) Fraud or making any misrepresentation in applying

1 for or procuring a license under this Act or in connection  
2 with applying for renewal of a license under this Act.

3 (24) Practicing or attempting to practice under a name  
4 other than the full name as shown on the license or any  
5 other legally authorized name.

6 (25) Gross overcharging for professional services,  
7 including filing statements for collection of fees or  
8 monies for which services are not rendered.

9 (26) (Blank).

10 (27) Charging for professional services not rendered,  
11 including filing false statements for the collection of  
12 fees for which services are not rendered.

13 (28) Allowing one's license under this Act to be used  
14 by an unlicensed person in violation of this Act.

15 (b) (Blank).

16 (b-5) The Department shall not revoke, suspend, place on  
17 probation, reprimand, refuse to issue or renew, or take any  
18 other disciplinary or non-disciplinary action against the  
19 license, certificate, or permit issued under this Act based  
20 solely upon the license or certificate of a genetic counselor  
21 otherwise being disciplined by any state or territory other  
22 than this State for the provision of, authorization of,  
23 supervision of, referral for consultation for, or  
24 participation in any genetic counseling or genetic testing if  
25 the revocation or disciplinary action was based solely on a  
26 violation of the other state's law prohibiting the provision

1 of, authorization of, referral for, supervision of,  
2 consultation for, or participation in any such practice of  
3 genetic counseling or genetic testing performed in any state  
4 for any person and such conduct is permissible under Illinois  
5 law. The Department retains the ability to discipline a  
6 genetic counselor for care provided that would otherwise  
7 constitute unethical, unauthorized, or unprofessional conduct  
8 or prohibited practice.

9 (c) The determination by a court that a licensee is  
10 subject to involuntary admission or judicial admission as  
11 provided in the Mental Health and Developmental Disabilities  
12 Code will result in an automatic suspension of his or her  
13 license. The suspension will end upon a finding by a court that  
14 the licensee is no longer subject to involuntary admission or  
15 judicial admission, the issuance of an order so finding and  
16 discharging the patient, and the determination of the  
17 Secretary that the licensee be allowed to resume professional  
18 practice.

19 (d) The Department may refuse to issue or renew or may  
20 suspend without hearing the license of any person who fails to  
21 file a return, to pay the tax penalty or interest shown in a  
22 filed return, or to pay any final assessment of the tax,  
23 penalty, or interest as required by any Act regarding the  
24 payment of taxes administered by the Illinois Department of  
25 Revenue until the requirements of the Act are satisfied in  
26 accordance with subsection (g) of Section 2105-15 of the Civil

1 Administrative Code of Illinois.

2 (e) In cases where the Department of Healthcare and Family  
3 Services has previously determined that a licensee or a  
4 potential licensee is more than 30 days delinquent in the  
5 payment of child support and has subsequently certified the  
6 delinquency to the Department, the Department may refuse to  
7 issue or renew or may revoke or suspend that person's license  
8 or may take other disciplinary action against that person  
9 based solely upon the certification of delinquency made by the  
10 Department of Healthcare and Family Services in accordance  
11 with item (5) of subsection (a) of Section 2105-15 of the  
12 Department of Professional Regulation Law of the Civil  
13 Administrative Code of Illinois.

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

18 (Source: P.A. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17;  
19 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff.  
20 8-14-18.)

21 Article 10.

22 Section 10-5. The Department of Professional Regulation  
23 Law of the Civil Administrative Code of Illinois is amended by  
24 adding Section 2105-405 as follows:

1 (20 ILCS 2105/2105-405 new)

2 Sec. 2105-405. Continuing education; reproductive health.

3 (a) As used in this Section, "health care professional"  
4 means a person licensed or registered by the Department under  
5 the following Acts: the Medical Practice Act of 1987, the  
6 Nurse Practice Act, the Clinical Psychologist Licensing Act,  
7 the Illinois Physical Therapy Act, the Physician Assistant  
8 Practice Act of 1987, the Clinical Social Work and Social Work  
9 Practice Act, the Illinois Occupational Therapy Practice Act,  
10 the Podiatric Medical Practice Act of 1987, the Professional  
11 Counselor and Clinical Professional Counselor Licensing and  
12 Practice Act. "Reproductive health care" has the meaning given  
13 to that term in Section 1-10 of the Reproductive Health Act.

14 (b) For license or registration renewals occurring on or  
15 after January 1, 2024, a health care professional who has  
16 continuing education requirements must complete at least a  
17 2-hour course in training on reproductive health care. This  
18 training shall include, but is not limited to, contraception,  
19 abortion, maternity care, and effective communication  
20 strategies.

21 This requirement shall only apply to a health care  
22 professional who provides reproductive health care in the  
23 practice of the health care professional's profession. A  
24 health care professional may count these 2 hours for  
25 completion of this course toward meeting the minimum credit

1 hours required for continuing education. Any training on  
2 reproductive health care applied to meet any other State  
3 licensure requirement, professional accreditation or  
4 certification requirement, or health care institutional  
5 practice agreement may count toward the continuing education  
6 requirement under this Section.

7 (c) The Department may adopt rules for the implementation  
8 of this Section.

9 Article 11.

10 Section 11-5. The Reproductive Health Act is amended by  
11 changing Section 1-25 as follows:

12 (775 ILCS 55/1-25)

13 Sec. 1-25. Reporting of abortions performed by health care  
14 professionals.

15 (a) A health care professional may provide abortion care  
16 in accordance with the health care professional's professional  
17 judgment and training and based on accepted standards of  
18 clinical practice consistent with the scope of his or her  
19 practice under the Medical Practice Act of 1987, ~~the Nurse~~  
20 ~~Practice Act, or the Physician Assistant Practice Act of 1987.~~  
21 Notwithstanding any prohibition on operative surgery in the  
22 applicable practice act, an advanced practice registered nurse  
23 or physician assistant as defined in this Act may perform



1 abortion procedures that do not require general anesthesia,  
2 consistent with their training and standards of clinical  
3 practice and, if applicable, consistent with any collaborative  
4 agreement. If the health care professional determines that  
5 there is fetal viability, the health care professional may  
6 provide abortion care only if, in the professional judgment of  
7 the health care professional, the abortion is necessary to  
8 protect the life or health of the patient.

9 (b) A report of each abortion performed by a health care  
10 professional shall be made to the Department on forms  
11 prescribed by it. Such reports shall be transmitted to the  
12 Department not later than 10 days following the end of the  
13 month in which the abortion is performed.

14 (c) The abortion reporting forms prescribed by the  
15 Department shall not request or require information that  
16 identifies a patient by name or any other identifying  
17 information, and the Department shall secure anonymity of all  
18 patients and health care professionals.

19 (d) All reports received by the Department pursuant to  
20 this Section shall be treated as confidential and exempt from  
21 the Freedom of Information Act. Access to such reports shall  
22 be limited to authorized Department staff who shall use the  
23 reports for statistical purposes only. Such reports must be  
24 destroyed within 2 years after date of receipt.

25 (Source: P.A. 101-13, eff. 6-12-19.)

1 Article 12.

2 Section 12-5. The Telehealth Act is amended by changing  
3 Sections 10 and 15 as follows:

4 (225 ILCS 150/10)

5 Sec. 10. Practice authority. A health care professional  
6 treating a patient located in this State through telehealth  
7 services must be licensed or authorized to practice in  
8 Illinois. A health care professional with a temporary permit  
9 for full practice advanced practice registered nurse for  
10 reproductive health care, a temporary permit for advanced  
11 practice registered nurse for reproductive health care, or a  
12 temporary permit for reproductive health care may treat a  
13 patient located in this State through telehealth services in a  
14 manner consistent with the health care professional's scope of  
15 practice and agreement with a sponsoring entity.

16 (Source: P.A. 102-104, eff. 7-22-21.)

17 (225 ILCS 150/15)

18 Sec. 15. Use of telehealth services.

19 (a) A health care professional may engage in the practice  
20 of telehealth services in Illinois to the extent of his or her  
21 scope of practice as established in his or her respective  
22 licensing Act consistent with the standards of care for  
23 in-person services. This Act shall not be construed to alter

1 the scope of practice of any health care professional or  
2 authorize the delivery of health care services in a setting or  
3 in a manner not otherwise authorized by the laws of this State.

4 (b) Telehealth services provided pursuant to this Section  
5 shall be consistent with all federal and State privacy,  
6 security, and confidentiality laws, rules, or regulations.

7 (c) A health care professional with a temporary permit for  
8 full practice advanced practice registered nurse for  
9 reproductive health care, a temporary permit for advanced  
10 practice registered nurse for reproductive health care, or a  
11 temporary permit for reproductive health care may treat a  
12 patient located in this State through telehealth services in a  
13 manner consistent with the health care professional's scope of  
14 practice and agreement with a sponsoring entity.

15 (Source: P.A. 102-104, eff. 7-22-21.)

16 Article 14.

17 Section 14-5. The Medical Practice Act of 1987 is amended  
18 by changing Section 49.5 as follows:

19 (225 ILCS 60/49.5)

20 (Section scheduled to be repealed on January 1, 2027)

21 Sec. 49.5. Telemedicine.

22 (a) The General Assembly finds and declares that because  
23 of technological advances and changing practice patterns the

1 practice of medicine is occurring with increasing frequency  
2 across state lines and across increasing geographical  
3 distances within the State of Illinois and that certain  
4 technological advances in the practice of medicine are in the  
5 public interest. The General Assembly further finds and  
6 declares that the practice of medicine is a privilege and that  
7 the licensure by this State of practitioners outside this  
8 State engaging in medical practice within this State and the  
9 ability to discipline those practitioners is necessary for the  
10 protection of the public health, welfare, and safety.

11 (b) A person who engages in the practice of telemedicine  
12 without a license issued under this Act shall be subject to  
13 penalties provided in Section 59. A health care professional  
14 with a temporary permit for full practice advanced practice  
15 registered nurse for reproductive health care, a temporary  
16 permit for advanced practice registered nurse for reproductive  
17 health care, or a temporary permit for reproductive health  
18 care may treat a patient located in this State through  
19 telehealth services in a manner consistent with the health  
20 care professional's scope of practice and agreement with a  
21 sponsoring entity.

22 (c) For purposes of this Act, "telemedicine" means the  
23 performance of any of the activities listed in Section 49,  
24 including, but not limited to, rendering written or oral  
25 opinions concerning diagnosis or treatment of a patient in  
26 Illinois by a person in a different location than the patient

1 as a result of transmission of individual patient data by  
2 telephonic, electronic, or other means of communication.

3 "Telemedicine" does not include the following:

4 (1) periodic consultations between a person licensed  
5 under this Act and a person outside the State of Illinois;

6 (2) a second opinion provided to a person licensed  
7 under this Act;

8 (3) diagnosis or treatment services provided to a  
9 patient in Illinois following care or treatment originally  
10 provided to the patient in the state in which the provider  
11 is licensed to practice medicine; and

12 (4) health care services provided to an existing  
13 patient while the person licensed under this Act or  
14 patient is traveling.

15 (d) Whenever the Department has reason to believe that a  
16 person has violated this Section, the Department may issue a  
17 rule to show cause why an order to cease and desist should not  
18 be entered against that person. The rule shall clearly set  
19 forth the grounds relied upon by the Department and shall  
20 provide a period of 7 days from the date of the rule to file an  
21 answer to the satisfaction of the Department. Failure to  
22 answer to the satisfaction of the Department shall cause an  
23 order to cease and desist to be issued immediately.

24 (e) An out-of-state person providing a service listed in  
25 Section 49 to a patient residing in Illinois through the  
26 practice of telemedicine submits himself or herself to the

1 jurisdiction of the courts of this State.

2 (Source: P.A. 100-317, eff. 1-1-18.)

3 Article 16.

4 Section 16-1. Short title. This Article may be cited as  
5 the Abortion Care Clinical Training Program Act. References in  
6 this Article to "this Act" mean this Article.

7 Section 16-5. Intent. The Program established under this  
8 Act is intended to protect access to abortion care in Illinois  
9 by ensuring there are a sufficient number of health care  
10 professionals appropriately trained to provide abortion care  
11 and other reproductive health care services.

12 Section 16-10. Definitions. As used in this Act:

13 "Abortion" has the meaning given to that term in Section  
14 1-10 of the Reproductive Health Act.

15 "Coordinating organization" means a nonprofit entity in  
16 good standing in any state or jurisdiction in which the  
17 organization is registered or incorporated that has  
18 demonstrated experience in coordinating or providing abortion  
19 care training programs at community-based and hospital-based  
20 provider sites.

21 "Department" means the Department of Public Health.

22 "Fund" means the Abortion Care Clinical Training Program

1 Fund.

2 "Health care professional" has the meaning given to that  
3 term in Section 1-10 of the Reproductive Health Act.

4 "Program" means the Abortion Care Clinical Training  
5 Program.

6 "Reproductive health care" has the meaning given to that  
7 term in Section 1-10 of the Reproductive Health Act.

8 "Transportation hub" means an area easily accessible by  
9 interstate or interregional transportation, including  
10 roadways, railways, buses, air travel, and public  
11 transportation.

12 "Underserved community" means a community that lacks a  
13 sufficient number of health care providers or facilities to  
14 meet the demand for abortion care without waiting periods more  
15 than 3 days.

16 Section 16-15. Program administration and reporting.

17 (a) Subject to appropriation to the Fund, the Department  
18 shall contract with at least one coordinating organization to  
19 administer the Program. The Department shall use the Fund to  
20 contract with the coordinating organization.

21 (b) A coordinating organization contracted by the  
22 Department to administer the Program shall:

23 (1) submit an annual report to the Department  
24 regarding Program performance, including the number of  
25 participants enrolled, the demographics of Program

1 participants, the number of participants who successfully  
2 complete the Program, the outcome of successful Program  
3 participants, and the level of involvement of the  
4 participants in providing abortion and other forms of  
5 reproductive health care in Illinois; and

6 (2) meet any other requirements established by the  
7 Department that are not inconsistent with this Act.

8 (c) The Department shall release the name of any  
9 coordinating organization it coordinates with and any entity  
10 receiving funds to assist in the implementation of this  
11 Program through the coordinating organization. The Department  
12 shall not release the name of any individual person or health  
13 care professional administering services through or  
14 participating in the Program.

15 (d) Any coordinating organization or other entity  
16 receiving funds to implement this Program is subject to the  
17 requirements of the Grant Accountability and Transparency Act.

18 Section 16-20. Coordinating organization duties. A  
19 coordinating organization contracted by the Department to  
20 administer the Program shall assume the following duties:

21 (1) Administer grants to develop and sustain abortion care  
22 training programs at a minimum of 2 community-based provider  
23 sites. When selecting community-based provider sites, the  
24 coordinating organization shall prioritize sites near  
25 transportation hubs and underserved communities.



- 1 (2) If funding is available, administer grants to:
- 2 (A) other community-based sites;
- 3 (B) hospital-based provider sites; and
- 4 (C) continuing education programs for reproductive
- 5 health care, including through professional associations
- 6 and other clinical education programs.
- 7 (3) Establish training Program requirements that:
- 8 (A) are consistent with evidence-based training
- 9 standards;
- 10 (B) comply with any applicable State or federal law
- 11 and regulations; and
- 12 (C) focus on providing culturally congruent care and
- 13 include implicit bias training.
- 14 (4) Support abortion care clinical training to health care
- 15 professionals or individuals seeking to become health care
- 16 professionals, consistent with the appropriate scope of
- 17 clinical practice, intended to:
- 18 (A) expand the number of health care professionals
- 19 with abortion care training; and
- 20 (B) increase diversity among health care professionals
- 21 with abortion care training.
- 22 (5) Support the identification, recruitment, screening,
- 23 and placement of qualified reproductive health care
- 24 professionals at training sites.

25 Section 16-25. Rules. The Department is authorized to

1 adopt rules pursuant to the Illinois Administrative Procedure  
2 Act to implement this Act.

3 Section 16-30. Abortion Care Clinical Training Program  
4 Fund. The Abortion Care Clinical Training Program Fund is  
5 established as a special fund in the State Treasury. The Fund  
6 may accept moneys from any public source in the form of grants,  
7 deposits, and transfers, and shall be used for administration  
8 and implementation of the Abortion Care Clinical Training  
9 Program.

10 Section 16-90. The State Finance Act is amended by adding  
11 Section 5.990 as follows:

12 (30 ILCS 105/5.990 new)

13 Sec. 5.990. The Abortion Care Clinical Training Program  
14 Fund.

15 Article 17.

16 Section 17-1. Short title. This Article may be cited as  
17 the Reproductive Health Resources Information Act. References  
18 in this Article to "this Act" mean this Article.

19 Section 17-5. Findings and intent.

20 (a) Reproductive health care is a fundamental right vital

1 to the overall health, safety, and well-being of individuals  
2 in Illinois.

3 (b) Following the Supreme Court's decision to overturn Roe  
4 v. Wade, numerous states acted quickly to ban abortion care,  
5 leaving Illinois with the burden of ensuring individuals from  
6 other states, in addition to its own residents, have access to  
7 adequate abortion care.

8 (c) Illinois is committed to eliminating obstacles to  
9 accessing abortion care in addition to providing legal  
10 protections.

11 (d) This Act is intended to ensure people have accurate  
12 and comprehensive information about their legal rights and the  
13 practical support services available to them when accessing  
14 abortion services in Illinois.

15 Section 17-10. Definition. As used in this Act,  
16 "Department" means the Department of Public Health.

17 Section 17-15. Reproductive Health Resources Information  
18 website.

19 (a) On or before January 1, 2024, the Department shall  
20 establish a website where the public can access practical  
21 information about abortion services in Illinois.

22 (b) The website shall include, but is not limited to, all  
23 of the following information and resources:

24 (1) A description of an individual's legally protected

1 right to an abortion under State law.

2 (2) The location of abortion providers in the State or  
3 links to information for these providers. Location  
4 information shall be posted and updated in a manner that  
5 allows people to easily identify the health care providers  
6 that provide abortion in the State.

7 (3) Practical support services, such as airfare,  
8 lodging, ground transportation, public transportation,  
9 meals, childcare, doula support, and translation support  
10 to help a person access and obtain an abortion.

11 (4) Payment support resources, including coverage  
12 options, State programs, and other assistance that is  
13 available to help people with the cost of the abortion  
14 procedure and practical support services.

15 (5) A general description of the available types of  
16 abortion.

17 (6) Information to combat misinformation and  
18 disinformation, identify entities that pose as abortion  
19 providers but do not offer medically accurate information  
20 or abortion care, and ensure that people have  
21 comprehensive and medically accurate counseling and  
22 support services.

23 (7) Any other information or resources that will  
24 assist an individual seeking comprehensive and accurate  
25 information about exercising the individual's legal right  
26 to abortion and accessing abortion services in the State.

1           (c) The Department may establish a process for entities  
2 identified pursuant to paragraph (2), (3), or (4) of  
3 subsection (b) to have their information temporarily or  
4 permanently removed from the website if they experience  
5 capacity, safety, or other issues as a result of the website  
6 publishing this information.

7           (d) The Department shall consult with subject matter  
8 experts when determining the information and resources posted  
9 on the websites. Subject matter experts may include, but are  
10 not limited to, the Attorney General, the Department of  
11 Healthcare and Family Services, the Department of Information  
12 Technology, the Youth Health and Safety Task Force, the  
13 Illinois Council on Women and Girls, the Task Force on Infant  
14 and Maternal Mortality Among African Americans Act, and  
15 organizations that represent patients, abortion providers, and  
16 services to help a pregnant person access abortion care.

17           (e) The website shall have mobile capabilities.

18           (f) The Department, in consultation with subject matter  
19 experts, shall review the information and resources on the  
20 website to ensure that it is current and updated at reasonable  
21 intervals, but no less than once every 6 months. The website  
22 shall contain a feature to allow users to report erroneous or  
23 outdated information.

24           (g) The website and informational materials created and  
25 distributed under this Act shall be made available in a manner  
26 to ensure they are accessible to most State residents. The

1 informational materials shall be translated into the 5 most  
2 common languages, other than English, spoken in Illinois.

3 Article 20.

4 Section 20-5. The Illinois Public Aid Code is amended by  
5 adding Section 5-47 as follows:

6 (305 ILCS 5/5-47 new)

7 Sec. 5-47. Long-acting reversible contraception. The  
8 Department of Healthcare and Family Services shall adopt  
9 policies and rates for long-acting reversible contraception by  
10 June 1, 2023 to ensure that reimbursement is not less than  
11 actual acquisition cost. The Department shall submit any  
12 necessary application to the federal Centers for Medicare and  
13 Medicaid Services for the purposes of implementing such  
14 policies and rates.

15 Article 21.

16 Section 21-5. The Pharmacy Practice Act is amended by  
17 changing Section 43 as follows:

18 (225 ILCS 85/43)

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

20 Sec. 43. Dispensation of hormonal contraceptives.

1 (a) The dispensing of hormonal contraceptives to a patient  
2 shall be pursuant to a valid prescription, or pursuant to a  
3 standing order by a physician licensed to practice medicine in  
4 all its branches, a standing order by ~~or~~ the medical director  
5 of a local health department, or a standing order by the  
6 Department of Public Health pursuant to the following:

7 (1) a pharmacist may dispense no more than a 12-month  
8 supply of hormonal contraceptives to a patient;

9 (2) a pharmacist must complete an educational training  
10 program accredited by the Accreditation Council for  
11 Pharmacy Education and approved by the Department that is  
12 related to the patient self-screening risk assessment,  
13 patient assessment contraceptive counseling and education,  
14 and dispensation of hormonal contraceptives;

15 (3) a pharmacist shall have the patient complete the  
16 self-screening risk assessment tool; the self-screening  
17 risk assessment tool is to be based on the most current  
18 version of the United States Medical Eligibility Criteria  
19 for Contraceptive Use published by the federal Centers for  
20 Disease Control and Prevention;

21 (4) based upon the results of the self-screening risk  
22 assessment and the patient assessment, the pharmacist  
23 shall use his or her professional and clinical judgment as  
24 to when a patient should be referred to the patient's  
25 physician or another health care provider;

26 (5) a pharmacist shall provide, during the patient

1 assessment and consultation, counseling and education  
2 about all methods of contraception, including methods not  
3 covered under the standing order, and their proper use and  
4 effectiveness;

5 (6) the patient consultation shall take place in a  
6 private manner; and

7 (7) a pharmacist and pharmacy must maintain  
8 appropriate records.

9 (b) The Department may adopt rules to implement this  
10 Section.

11 (c) Nothing in this Section shall be interpreted to  
12 require a pharmacist to dispense hormonal contraception under  
13 a standing order issued by a physician licensed to practice  
14 medicine in all its branches or the medical director of a local  
15 health department.

16 (d) Notwithstanding any other provision of the law to the  
17 contrary, a pharmacist may dispense hormonal contraceptives in  
18 conformance with standing orders issued pursuant to this  
19 Section without prior establishment of a relationship between  
20 the pharmacist and the person receiving hormonal  
21 contraception.

22 (e) No employee of the Department of Public Health issuing  
23 a standing order pursuant to this Section shall be liable for  
24 injury caused by the pharmacist's or patient's use of the  
25 self-screening assessment or the dispensation of hormonal  
26 contraceptives pursuant to the standing order.



1 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

2 Article 22.

3 Section 22-5. The Birth Center Licensing Act is amended by  
4 changing Section 5 as follows:

5 (210 ILCS 170/5)

6 Sec. 5. Definitions. In this Act:

7 "Birth center" means a designated site, other than a  
8 hospital:

9 (1) in which births are planned to occur following a  
10 normal, uncomplicated, and low-risk pregnancy;

11 (2) that is not the pregnant person's usual place of  
12 residence;

13 (3) that is ~~exclusively~~ dedicated to serving the  
14 childbirth-related needs of pregnant persons and their  
15 newborns, and has no more than 10 beds;

16 (4) that offers prenatal care and community education  
17 services and coordinates these services with other health  
18 care services available in the community; ~~and~~

19 (5) that does not provide general anesthesia or  
20 surgery; ~~and~~

21 (6) that may offer clinical medical reproductive  
22 health services so long as such services are provided by  
23 staff that is licensed and authorized to provide such

1 services pursuant to the applicable scope of practice  
2 under Illinois law and rules.

3 "Certified nurse midwife" means an advanced practice  
4 registered nurse licensed in Illinois under the Nurse Practice  
5 Act with full practice authority or who is delegated such  
6 authority as part of a written collaborative agreement with a  
7 physician who is associated with the birthing center or who  
8 has privileges at a nearby birthing hospital.

9 "Clinical and medical reproductive health care" means  
10 health care offered, arranged, or furnished for the purpose of  
11 preventing pregnancy, terminating a pregnancy, managing  
12 pregnancy loss, or improving maternal health and birth  
13 outcomes. "Clinical and medical reproductive health care"  
14 includes, but is not limited to, contraception, sterilization,  
15 preconception care, testing and treatment for sexually  
16 transmitted infections, maternity care, medical abortion care,  
17 and counseling regarding reproductive health care.

18 "Department" means the Illinois Department of Public  
19 Health.

20 "Hospital" does not include places where pregnant females  
21 are received, cared for, or treated during delivery if it is in  
22 a licensed birth center, nor include any facility required to  
23 be licensed as a birth center.

24 "Licensed certified professional midwife" means a person  
25 who has successfully met the requirements under Section 45 of  
26 the Licensed Certified Professional Midwife Practice Act and

1 holds an active license to practice as a licensed certified  
2 professional midwife in Illinois.

3 "Physician" means a physician licensed to practice  
4 medicine in all its branches in Illinois.

5 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

6 Article 23.

7 Section 23-1. Short title. This Article may be cited as  
8 the Limited Services Pregnancy Facility Deceptive Practices  
9 Act. References in this Article to "this Act" mean this  
10 Article.

11 Section 23-5. Definitions. As used in this Act:

12 "Person" means any natural person or his or her legal  
13 representative, partnership, corporation (domestic and  
14 foreign), company, trust, business entity, or association, and  
15 any agent, employee, salesman, partner, officer, director,  
16 member, stockholder, associate, trustee, or cestui que trust  
17 thereof.

18 "Limited services pregnancy facility" means a person or a  
19 facility, including a mobile facility, that:

20 (1) has a purpose of providing pregnancy-related  
21 services to an individual who is pregnant, or who has  
22 reason to believe the individual may be pregnant;

23 (2) is not licensed by the State to provide health

1 care services; and

2 (3) has the appearance of a licensed medical facility  
3 by virtue of having 2 or more of the following factors  
4 present:

5 (A) the facility or its employees, volunteers, or  
6 agents offer or provide pregnancy testing or pregnancy  
7 diagnosis;

8 (B) the facility or its employees, volunteers, or  
9 agents advertise or solicit patrons with offers to  
10 provide prenatal sonography, pregnancy tests, or  
11 pregnancy options counseling;

12 (C) the facility or its employees, volunteers, or  
13 agents conduct, provide, or perform prenatal  
14 sonography, pregnancy tests, or pregnancy options  
15 counseling;

16 (D) the facility or its employees, agents, or  
17 volunteers collect health information from  
18 individuals;

19 (E) the facility has employees, volunteers, or  
20 agents who are not licensed nurses or physicians but  
21 who dress in clothing or uniforms that are typical of  
22 nurses or physicians;

23 (F) the facility is located on the same premises  
24 as a licensed health care facility or licensed health  
25 care provider, or shares facility space with a  
26 licensed health care provider.

1 "Pregnancy-related services" means any medical service, or  
2 health counseling service, related to pregnancy or pregnancy  
3 prevention, including, but not limited to, contraception and  
4 contraceptive counseling, pregnancy testing, pregnancy  
5 diagnosis, pregnancy options counseling, limited obstetric  
6 ultrasound, obstetric ultrasound, obstetric sonogram, and  
7 prenatal care.

8 Section 23-10. Prohibited conduct.

9 (a) A person or a limited services pregnancy facility  
10 shall not use or employ any deception, fraud, false pretense,  
11 false promise, or misrepresentation, or the concealment,  
12 suppression, or omission of any material fact, with the intent  
13 that others rely upon the concealment, suppression, or  
14 omission of such material fact:

15 (1) to interfere with a person seeking to gain entry  
16 or access to a licensed provider of reproductive health  
17 care services;

18 (2) to induce a person to enter or access the limited  
19 services pregnancy facility;

20 (3) in advertising, soliciting, or otherwise offering  
21 pregnancy-related services; or

22 (4) in conducting, providing, or performing  
23 pregnancy-related services.

24 (b) A violation of this Act is unlawful whether any person  
25 in fact has been misled, deceived, or damaged thereby.

1 Section 23-15. Enforcement by Attorney General.

2 (a) When it appears to the Attorney General that a person  
3 or facility has engaged in, is engaging in, or is about to  
4 engage in any practice declared to be unlawful by this Act;  
5 when the Attorney General receives a written complaint of the  
6 commission of a practice declared to be unlawful under this  
7 Act; or when the Attorney General believes it to be in the  
8 public interest that an investigation should be made to  
9 ascertain whether a person or facility has engaged in, is  
10 engaging in or is about to engage in, any practice declared to  
11 be unlawful by this Act, the Attorney General may:

12 (1) require that person or facility to file on such  
13 terms as the Attorney General prescribes a statement or  
14 report in writing under oath or otherwise, as to all  
15 information as the Attorney General may consider  
16 necessary;

17 (2) examine under oath any person or facility in  
18 connection with the potential violation of this Act;

19 (3) examine any record, book, document, account, or  
20 paper as the Attorney General may consider necessary; and

21 (4) pursuant to an order of a circuit court, impound  
22 any record, book, document, account, or paper that is  
23 produced in accordance with this Act, and retain it in his  
24 or her possession until the completion of all proceedings  
25 in connection with which it is produced.

1           (b) To accomplish the objectives and to carry out the  
2 duties prescribed by this Act, the Attorney General, in  
3 addition to other powers conferred upon the Attorney General  
4 by this Act, may issue subpoenas to any person, administer an  
5 oath or affirmation to any person, conduct hearings in aid of  
6 any investigation or inquiry, prescribe such forms and adopt  
7 such rules as may be necessary, which rules shall have the  
8 force of law.

9           (c) Service by the Attorney General of any notice  
10 requiring a person to file a statement or report, or of a  
11 subpoena upon any person, shall be made:

12                 (1) personally by delivery of a duly executed copy  
13 thereof to the person to be served, or if a person is not a  
14 natural person, in the manner provided in the Civil  
15 Practice Law when a complaint is filed; or

16                 (2) by mailing by certified mail a duly executed copy  
17 thereof to the person to be served at his or her last known  
18 abode or principal place of business within this State.

19           (d) If any person fails or refuses to file any statement or  
20 report, or obey any subpoena issued by the Attorney General,  
21 the Attorney General may file a complaint in the circuit court  
22 for the:

23                 (1) granting of injunctive relief that restrains the  
24 conduct constituting a violation of this Act; and

25                 (2) granting of such other relief as may be required,  
26 until the person files the statement or report, or obeys

1 the subpoena.

2 (e) In the administration of this Act, the Attorney  
3 General may accept an Assurance of Voluntary Compliance with  
4 respect to any method, act, or practice deemed to be violative  
5 of this Act from any person who has engaged in, is engaging in,  
6 or was about to engage in such method, act, or practice.  
7 Evidence of a violation of an Assurance of Voluntary  
8 Compliance shall be prima facie evidence of a violation of  
9 this Act in any subsequent proceeding brought by the Attorney  
10 General against the alleged violator.

11 (f) Whenever the Attorney General has reason to believe  
12 that any person is using, has used, or is about to use any  
13 method, act, or practice declared by this Act to be unlawful,  
14 and that proceedings would be in the public interest, the  
15 Attorney General may bring an action in the name of the People  
16 of the State against such person to restrain by preliminary or  
17 permanent injunction the use of such method, act, or practice.  
18 The court, in its discretion, may exercise all powers  
19 necessary to implement and enforce the injunction.

20 (g) In addition to the remedies herein, the Attorney  
21 General may request and the court may impose a civil penalty in  
22 a sum not to exceed \$50,000 against any person found by the  
23 court to have engaged in any method, act, or practice declared  
24 unlawful under this Act.

25 (h) This Section applies if:

26 (1) a court orders a party to make payments to the



1 Attorney General and the payments are to be used for the  
2 operations of the Office of the Attorney General; or

3 (2) a party agrees, in an Assurance of Voluntary  
4 Compliance under this Act, to make payments to the  
5 Attorney General for the operations of the Office of the  
6 Attorney General.

7 (i) Moneys paid under any of the conditions described in  
8 this Section shall be deposited into the Attorney General  
9 Court Ordered and Voluntary Compliance Payment Projects Fund.  
10 Moneys in the Fund shall be used, subject to appropriation,  
11 for the performance of any function pertaining to the exercise  
12 of the duties of the Attorney General including, but not  
13 limited to, enforcement of any law of this State and  
14 conducting public education programs; however, any moneys in  
15 the Fund that are required by the court or by an agreement to  
16 be used for a particular purpose shall be used for that  
17 purpose.

18 (j) In any action brought under the provisions of this  
19 Act, the Attorney General is entitled to recover costs for the  
20 use of this State.

21 Section 23-20. Waiver or modification. Any waiver or  
22 modification of the rights, provisions, or remedies of this  
23 Act shall be void and unenforceable.

24 Section 23-25. Liberal construction. This Act shall be

1 liberally construed to effect the purposes thereof.

2 Section 23-95. Severability. The provisions of this Act  
3 are severable under Section 1.31 of the Statute on Statutes.

4 Article 24.

5 Section 24-5. The Counties Code is amended by changing  
6 Section 3-4006 as follows:

7 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

8 Sec. 3-4006. Duties of public defender. The Public  
9 Defender, as directed by the court, shall act as attorney,  
10 without fee, before any court within any county for all  
11 persons who are held in custody or who are charged with the  
12 commission of any criminal offense, and who the court finds  
13 are unable to employ counsel.

14 The Public Defender shall be the attorney, without fee,  
15 when so appointed by the court under ~~Section 1-20 of the~~  
16 ~~Juvenile Court Act or~~ Section 1-5 of the Juvenile Court Act of  
17 1987 ~~or by any court under Section 5(b) of the Parental Notice~~  
18 ~~of Abortion Act of 1983 for any party who the court finds is~~  
19 ~~financially unable to employ counsel.~~

20 In cases subject to Section 5-170 of the Juvenile Court  
21 Act of 1987 involving a minor who was under 15 years of age at  
22 the time of the commission of the offense, that occurs in a

1 county with a full-time public defender office, a public  
2 defender, without fee or appointment, may represent and have  
3 access to a minor during a custodial interrogation. In cases  
4 subject to Section 5-170 of the Juvenile Court Act of 1987  
5 involving a minor who was under 15 years of age at the time of  
6 the commission of the offense, that occurs in a county without  
7 a full-time public defender, the law enforcement agency  
8 conducting the custodial interrogation shall ensure that the  
9 minor is able to consult with an attorney who is under contract  
10 with the county to provide public defender services.  
11 Representation by the public defender shall terminate at the  
12 first court appearance if the court determines that the minor  
13 is not indigent.

14 Every court shall, with the consent of the defendant and  
15 where the court finds that the rights of the defendant would be  
16 prejudiced by the appointment of the public defender, appoint  
17 counsel other than the public defender, except as otherwise  
18 provided in Section 113-3 of the "Code of Criminal Procedure  
19 of 1963". That counsel shall be compensated as is provided by  
20 law. He shall also, in the case of the conviction of any such  
21 person, prosecute any proceeding in review which in his  
22 judgment the interests of justice require.

23 In counties with a population over 3,000,000, the public  
24 defender, without fee or appointment and with the concurrence  
25 of the county board, may act as attorney to noncitizens in  
26 immigration cases. Representation by the public defender in

1 immigration cases shall be limited to those arising in  
2 immigration courts located within the geographical boundaries  
3 of the county where the public defender has been appointed to  
4 office unless the board authorizes the public defender to  
5 provide representation outside the county.

6 (Source: P.A. 102-410, eff. 1-1-22.)

7 Section 24-10. The Consent by Minors to Health Care  
8 Services Act is amended by changing Section 1.5 as follows:

9 (410 ILCS 210/1.5)

10 Sec. 1.5. Consent by minor seeking care for limited  
11 primary care services.

12 (a) The consent to the performance of primary care  
13 services by a physician licensed to practice medicine in all  
14 its branches, a licensed advanced practice registered nurse, a  
15 licensed physician assistant, a chiropractic physician, or a  
16 licensed optometrist executed by a minor seeking care is not  
17 voidable because of such minority, and for such purpose, a  
18 minor seeking care is deemed to have the same legal capacity to  
19 act and has the same powers and obligations as has a person of  
20 legal age under the following circumstances:

21 (1) the health care professional reasonably believes  
22 that the minor seeking care understands the benefits and  
23 risks of any proposed primary care or services; and

24 (2) the minor seeking care is identified in writing as

1 a minor seeking care by:

2 (A) an adult relative;

3 (B) a representative of a homeless service agency  
4 that receives federal, State, county, or municipal  
5 funding to provide those services or that is otherwise  
6 sanctioned by a local continuum of care;

7 (C) an attorney licensed to practice law in this  
8 State;

9 (D) a public school homeless liaison or school  
10 social worker;

11 (E) a social service agency providing services to  
12 at risk, homeless, or runaway youth; or

13 (F) a representative of a religious organization.

14 (b) A health care professional rendering primary care  
15 services under this Section shall not incur civil or criminal  
16 liability for failure to obtain valid consent or professional  
17 discipline for failure to obtain valid consent if he or she  
18 relied in good faith on the representations made by the minor  
19 or the information provided under paragraph (2) of subsection  
20 (a) of this Section. Under such circumstances, good faith  
21 shall be presumed.

22 (c) The confidential nature of any communication between a  
23 health care professional described in Section 1 of this Act  
24 and a minor seeking care is not waived (1) by the presence, at  
25 the time of communication, of any additional persons present  
26 at the request of the minor seeking care, (2) by the health

1 care professional's disclosure of confidential information to  
2 the additional person with the consent of the minor seeking  
3 care, when reasonably necessary to accomplish the purpose for  
4 which the additional person is consulted, or (3) by the health  
5 care professional billing a health benefit insurance or plan  
6 under which the minor seeking care is insured, is enrolled, or  
7 has coverage for the services provided.

8 (d) Nothing in this Section shall be construed to limit or  
9 expand a minor's existing powers and obligations under any  
10 federal, State, or local law. ~~Nothing in this Section shall be~~  
11 ~~construed to affect the Parental Notice of Abortion Act of~~  
12 ~~1995.~~ Nothing in this Section affects the right or authority  
13 of a parent or legal guardian to verbally, in writing, or  
14 otherwise authorize health care services to be provided for a  
15 minor in their absence.

16 (e) For the purposes of this Section:

17 "Minor seeking care" means a person at least 14 years of  
18 age but less than 18 years of age who is living separate and  
19 apart from his or her parents or legal guardian, whether with  
20 or without the consent of a parent or legal guardian who is  
21 unable or unwilling to return to the residence of a parent, and  
22 managing his or her own personal affairs. "Minor seeking care"  
23 does not include minors who are under the protective custody,  
24 temporary custody, or guardianship of the Department of  
25 Children and Family Services.

26 "Primary care services" means health care services that

1 include screening, counseling, immunizations, medication, and  
2 treatment of illness and conditions customarily provided by  
3 licensed health care professionals in an out-patient setting,  
4 eye care services, excluding advanced optometric procedures,  
5 provided by optometrists, and services provided by  
6 chiropractic physicians according to the scope of practice of  
7 chiropractic physicians under the Medical Practice Act of  
8 1987. "Primary care services" does not include invasive care,  
9 beyond standard injections, laceration care, or non-surgical  
10 fracture care.

11 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;  
12 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

13 Section 24-15. The Medical Practice Act of 1987 is amended  
14 by changing Section 23 as follows:

15 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

16 (Section scheduled to be repealed on January 1, 2027)

17 Sec. 23. Reports relating to professional conduct and  
18 capacity.

19 (A) Entities required to report.

20 (1) Health care institutions. The chief administrator  
21 or executive officer of any health care institution  
22 licensed by the Illinois Department of Public Health shall  
23 report to the Medical Board when any person's clinical  
24 privileges are terminated or are restricted based on a

1 final determination made in accordance with that  
2 institution's by-laws or rules and regulations that a  
3 person has either committed an act or acts which may  
4 directly threaten patient care or that a person may have a  
5 mental or physical disability that may endanger patients  
6 under that person's care. Such officer also shall report  
7 if a person accepts voluntary termination or restriction  
8 of clinical privileges in lieu of formal action based upon  
9 conduct related directly to patient care or in lieu of  
10 formal action seeking to determine whether a person may  
11 have a mental or physical disability that may endanger  
12 patients under that person's care. The Medical Board  
13 shall, by rule, provide for the reporting to it by health  
14 care institutions of all instances in which a person,  
15 licensed under this Act, who is impaired by reason of age,  
16 drug or alcohol abuse or physical or mental impairment, is  
17 under supervision and, where appropriate, is in a program  
18 of rehabilitation. Such reports shall be strictly  
19 confidential and may be reviewed and considered only by  
20 the members of the Medical Board, or by authorized staff  
21 as provided by rules of the Medical Board. Provisions  
22 shall be made for the periodic report of the status of any  
23 such person not less than twice annually in order that the  
24 Medical Board shall have current information upon which to  
25 determine the status of any such person. Such initial and  
26 periodic reports of impaired physicians shall not be



1 considered records within the meaning of the State Records  
2 Act and shall be disposed of, following a determination by  
3 the Medical Board that such reports are no longer  
4 required, in a manner and at such time as the Medical Board  
5 shall determine by rule. The filing of such reports shall  
6 be construed as the filing of a report for purposes of  
7 subsection (C) of this Section.

8 (1.5) Clinical training programs. The program director  
9 of any post-graduate clinical training program shall  
10 report to the Medical Board if a person engaged in a  
11 post-graduate clinical training program at the  
12 institution, including, but not limited to, a residency or  
13 fellowship, separates from the program for any reason  
14 prior to its conclusion. The program director shall  
15 provide all documentation relating to the separation if,  
16 after review of the report, the Medical Board determines  
17 that a review of those documents is necessary to determine  
18 whether a violation of this Act occurred.

19 (2) Professional associations. The President or chief  
20 executive officer of any association or society, of  
21 persons licensed under this Act, operating within this  
22 State shall report to the Medical Board when the  
23 association or society renders a final determination that  
24 a person has committed unprofessional conduct related  
25 directly to patient care or that a person may have a mental  
26 or physical disability that may endanger patients under

1 that person's care.

2 (3) Professional liability insurers. Every insurance  
3 company which offers policies of professional liability  
4 insurance to persons licensed under this Act, or any other  
5 entity which seeks to indemnify the professional liability  
6 of a person licensed under this Act, shall report to the  
7 Medical Board the settlement of any claim or cause of  
8 action, or final judgment rendered in any cause of action,  
9 which alleged negligence in the furnishing of medical care  
10 by such licensed person when such settlement or final  
11 judgment is in favor of the plaintiff.

12 (4) State's Attorneys. The State's Attorney of each  
13 county shall report to the Medical Board, within 5 days,  
14 any instances in which a person licensed under this Act is  
15 convicted of any felony or Class A misdemeanor. ~~The~~  
16 ~~State's Attorney of each county may report to the Medical~~  
17 ~~Board through a verified complaint any instance in which~~  
18 ~~the State's Attorney believes that a physician has~~  
19 ~~willfully violated the notice requirements of the Parental~~  
20 ~~Notice of Abortion Act of 1995.~~

21 (5) State agencies. All agencies, boards, commissions,  
22 departments, or other instrumentalities of the government  
23 of the State of Illinois shall report to the Medical Board  
24 any instance arising in connection with the operations of  
25 such agency, including the administration of any law by  
26 such agency, in which a person licensed under this Act has

1           either committed an act or acts which may be a violation of  
2           this Act or which may constitute unprofessional conduct  
3           related directly to patient care or which indicates that a  
4           person licensed under this Act may have a mental or  
5           physical disability that may endanger patients under that  
6           person's care.

7           (B) Mandatory reporting. All reports required by items  
8           (34), (35), and (36) of subsection (A) of Section 22 and by  
9           Section 23 shall be submitted to the Medical Board in a timely  
10          fashion. Unless otherwise provided in this Section, the  
11          reports shall be filed in writing within 60 days after a  
12          determination that a report is required under this Act. All  
13          reports shall contain the following information:

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

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

18                 (3) The name and date of birth of any patient or  
19                 patients whose treatment is a subject of the report, if  
20                 available, or other means of identification if such  
21                 information is not available, identification of the  
22                 hospital or other healthcare facility where the care at  
23                 issue in the report was rendered, provided, however, no  
24                 medical records may be revealed.

25                 (4) A brief description of the facts which gave rise  
26                 to the issuance of the report, including the dates of any

1 occurrences deemed to necessitate the filing of the  
2 report.

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

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

9 The Medical Board or Department may also exercise the  
10 power under Section 38 of this Act to subpoena copies of  
11 hospital or medical records in mandatory report cases alleging  
12 death or permanent bodily injury. Appropriate rules shall be  
13 adopted by the Department with the approval of the Medical  
14 Board.

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

20 Nothing contained in this Section shall act to, in any  
21 way, waive or modify the confidentiality of medical reports  
22 and committee reports to the extent provided by law. Any  
23 information reported or disclosed shall be kept for the  
24 confidential use of the Medical Board, the Medical  
25 Coordinators, the Medical Board's attorneys, the medical  
26 investigative staff, and authorized clerical staff, as

1 provided in this Act, and shall be afforded the same status as  
2 is provided information concerning medical studies in Part 21  
3 of Article VIII of the Code of Civil Procedure, except that the  
4 Department may disclose information and documents to a  
5 federal, State, or local law enforcement agency pursuant to a  
6 subpoena in an ongoing criminal investigation or to a health  
7 care licensing body or medical licensing authority of this  
8 State or another state or jurisdiction pursuant to an official  
9 request made by that licensing body or medical licensing  
10 authority. Furthermore, information and documents disclosed to  
11 a federal, State, or local law enforcement agency may be used  
12 by that agency only for the investigation and prosecution of a  
13 criminal offense, or, in the case of disclosure to a health  
14 care licensing body or medical licensing authority, only for  
15 investigations and disciplinary action proceedings with regard  
16 to a license. Information and documents disclosed to the  
17 Department of Public Health may be used by that Department  
18 only for investigation and disciplinary action regarding the  
19 license of a health care institution licensed by the  
20 Department of Public Health.

21 (C) Immunity from prosecution. Any individual or  
22 organization acting in good faith, and not in a wilful and  
23 wanton manner, in complying with this Act by providing any  
24 report or other information to the Medical Board or a peer  
25 review committee, or assisting in the investigation or  
26 preparation of such information, or by voluntarily reporting

1 to the Medical Board or a peer review committee information  
2 regarding alleged errors or negligence by a person licensed  
3 under this Act, or by participating in proceedings of the  
4 Medical Board or a peer review committee, or by serving as a  
5 member of the Medical Board or a peer review committee, shall  
6 not, as a result of such actions, be subject to criminal  
7 prosecution or civil damages.

8 (D) Indemnification. Members of the Medical Board, the  
9 Medical Coordinators, the Medical Board's attorneys, the  
10 medical investigative staff, physicians retained under  
11 contract to assist and advise the medical coordinators in the  
12 investigation, and authorized clerical staff shall be  
13 indemnified by the State for any actions occurring within the  
14 scope of services on the Medical Board, done in good faith and  
15 not wilful and wanton in nature. The Attorney General shall  
16 defend all such actions unless he or she determines either  
17 that there would be a conflict of interest in such  
18 representation or that the actions complained of were not in  
19 good faith or were wilful and wanton.

20 Should the Attorney General decline representation, the  
21 member shall have the right to employ counsel of his or her  
22 choice, whose fees shall be provided by the State, after  
23 approval by the Attorney General, unless there is a  
24 determination by a court that the member's actions were not in  
25 good faith or were wilful and wanton.

26 The member must notify the Attorney General within 7 days

1 of receipt of notice of the initiation of any action involving  
2 services of the Medical Board. Failure to so notify the  
3 Attorney General shall constitute an absolute waiver of the  
4 right to a defense and indemnification.

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

8 (E) Deliberations of Medical Board. Upon the receipt of  
9 any report called for by this Act, other than those reports of  
10 impaired persons licensed under this Act required pursuant to  
11 the rules of the Medical Board, the Medical Board shall notify  
12 in writing, by mail or email, the person who is the subject of  
13 the report. Such notification shall be made within 30 days of  
14 receipt by the Medical Board of the report.

15 The notification shall include a written notice setting  
16 forth the person's right to examine the report. Included in  
17 such notification shall be the address at which the file is  
18 maintained, the name of the custodian of the reports, and the  
19 telephone number at which the custodian may be reached. The  
20 person who is the subject of the report shall submit a written  
21 statement responding, clarifying, adding to, or proposing the  
22 amending of the report previously filed. The person who is the  
23 subject of the report shall also submit with the written  
24 statement any medical records related to the report. The  
25 statement and accompanying medical records shall become a  
26 permanent part of the file and must be received by the Medical

1 Board no more than 30 days after the date on which the person  
2 was notified by the Medical Board of the existence of the  
3 original report.

4 The Medical Board shall review all reports received by it,  
5 together with any supporting information and responding  
6 statements submitted by persons who are the subject of  
7 reports. The review by the Medical Board shall be in a timely  
8 manner but in no event, shall the Medical Board's initial  
9 review of the material contained in each disciplinary file be  
10 less than 61 days nor more than 180 days after the receipt of  
11 the initial report by the Medical Board.

12 When the Medical Board makes its initial review of the  
13 materials contained within its disciplinary files, the Medical  
14 Board shall, in writing, make a determination as to whether  
15 there are sufficient facts to warrant further investigation or  
16 action. Failure to make such determination within the time  
17 provided shall be deemed to be a determination that there are  
18 not sufficient facts to warrant further investigation or  
19 action.

20 Should the Medical Board find that there are not  
21 sufficient facts to warrant further investigation, or action,  
22 the report shall be accepted for filing and the matter shall be  
23 deemed closed and so reported to the Secretary. The Secretary  
24 shall then have 30 days to accept the Medical Board's decision  
25 or request further investigation. The Secretary shall inform  
26 the Medical Board of the decision to request further



1 investigation, including the specific reasons for the  
2 decision. The individual or entity filing the original report  
3 or complaint and the person who is the subject of the report or  
4 complaint shall be notified in writing by the Secretary of any  
5 final action on their report or complaint. The Department  
6 shall disclose to the individual or entity who filed the  
7 original report or complaint, on request, the status of the  
8 Medical Board's review of a specific report or complaint. Such  
9 request may be made at any time, including prior to the Medical  
10 Board's determination as to whether there are sufficient facts  
11 to warrant further investigation or action.

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

24 (G) Any violation of this Section shall be a Class A  
25 misdemeanor.

26 (H) If any such person violates the provisions of this

1 Section an action may be brought in the name of the People of  
2 the State of Illinois, through the Attorney General of the  
3 State of Illinois, for an order enjoining such violation or  
4 for an order enforcing compliance with this Section. Upon  
5 filing of a verified petition in such court, the court may  
6 issue a temporary restraining order without notice or bond and  
7 may preliminarily or permanently enjoin such violation, and if  
8 it is established that such person has violated or is  
9 violating the injunction, the court may punish the offender  
10 for contempt of court. Proceedings under this paragraph shall  
11 be in addition to, and not in lieu of, all other remedies and  
12 penalties provided for by this Section.

13 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

14 Article 26.

15 Section 26-5. The Illinois Parentage Act of 2015 is  
16 amended by changing Sections 704 and 709 as follows:

17 (750 ILCS 46/704)

18 Sec. 704. Withdrawal of consent of intended parent or  
19 donor. An intended parent or donor may withdraw consent to use  
20 his or her gametes in a writing or legal pleading with notice  
21 to the other participants. An intended parent who withdraws  
22 consent under this Section prior to the insemination or embryo  
23 transfer is not a parent of any resulting child. If a donor

1 withdraws consent to his or her donation prior to the  
2 insemination or the combination of gametes, the intended  
3 parent is not the parent of any resulting child. If the  
4 intended parent or parents no longer wish to use any remaining  
5 cryopreserved fertilized ovum for medical purposes, the terms  
6 of the most recent informed consent of the intended parent or  
7 parents executed at the fertility center or a marital  
8 settlement agreement under a judgment of dissolution of  
9 marriage, judgment of legal separation, or judgment of  
10 dissolution of civil union governs the disposition of the  
11 fertilized ovum.

12 (Source: P.A. 99-763, eff. 1-1-17.)

13 (750 ILCS 46/709)

14 Sec. 709. Establishment of parentage; requirements of  
15 Gestational Surrogacy Act.

16 (a) In the event of gestational surrogacy, in addition to  
17 the requirements of the Gestational Surrogacy Act, a  
18 parent-child relationship is established between a person and  
19 a child if all of the following conditions are met prior to the  
20 birth of the child:

21 (1) The gestational surrogate certifies that she did  
22 not provide a gamete for the child, and that she is  
23 carrying the child for the intended parents.

24 (2) The spouse, if any, of the gestational surrogate  
25 certifies that he or she did not provide a gamete for the

1 child.

2 (3) Each intended parent, or the parent's legally  
3 authorized designee if an intended parent dies, certifies  
4 that the child being carried by the gestational surrogate  
5 was conceived using at least one of the intended parents'  
6 gametes.

7 (4) A physician licensed in the state in which the  
8 fertilized ovum was inseminated or transferred to the  
9 gestational surrogate certifies that the child being  
10 carried by the gestational surrogate was conceived using  
11 the gamete or gametes of at least one of the intended  
12 parents, and that neither the gestational surrogate nor  
13 the gestational surrogate's spouse, if any, provided  
14 gametes for the child being carried by the gestational  
15 surrogate.

16 (5) The attorneys for the intended parents and the  
17 gestational surrogate each certify that the parties  
18 entered into a gestational surrogacy agreement intended to  
19 satisfy the requirements of the Gestational Surrogacy Act.

20 (b) All certifications under this Section shall be in  
21 writing and witnessed by 2 competent adults who are not the  
22 gestational surrogate, gestational surrogate's spouse, if any,  
23 or an intended parent. Certifications shall be on forms  
24 prescribed by the Illinois Department of Public Health and  
25 shall be executed prior to the birth of the child. All  
26 certifications shall be provided, prior to the birth of the

1 child, to both the hospital where the gestational surrogate  
2 anticipates the delivery will occur and to the Illinois  
3 Department of Public Health.

4 (c) Parentage established in accordance with this Section  
5 has the full force and effect of a judgment entered under this  
6 Act.

7 (d) The Illinois Department of Public Health shall adopt  
8 rules to implement this Section.

9 (Source: P.A. 99-763, eff. 1-1-17.)

10 Article 27.

11 Section 27-5. The Illinois Insurance Code is amended by  
12 changing Section 356z.4a as follows:

13 (215 ILCS 5/356z.4a)

14 Sec. 356z.4a. Coverage for abortion.

15 (a) Except as otherwise provided in this Section, no  
16 individual or group policy of accident and health insurance  
17 that provides pregnancy-related benefits may be issued,  
18 amended, delivered, or renewed in this State after the  
19 effective date of this amendatory Act of the 101st General  
20 Assembly unless the policy provides a covered person with  
21 coverage for abortion care. Regardless of whether the policy  
22 otherwise provides prescription drug benefits, abortion care  
23 coverage must include medications prescribed for the purpose

1 of producing an abortion with or without proof of pregnancy.

2 (b) Coverage for abortion care may not impose any  
3 deductible, coinsurance, waiting period, or other cost-sharing  
4 limitation that is greater than that required for other  
5 pregnancy-related benefits covered by the policy.

6 (c) Except as otherwise authorized under this Section, a  
7 policy shall not impose any restrictions or delays on the  
8 coverage required under this Section.

9 (d) This Section does not, pursuant to 42 U.S.C.  
10 18054(a)(6), apply to a multistate plan that does not provide  
11 coverage for abortion.

12 (e) If the Department concludes that enforcement of this  
13 Section may adversely affect the allocation of federal funds  
14 to this State, the Department may grant an exemption to the  
15 requirements, but only to the minimum extent necessary to  
16 ensure the continued receipt of federal funds.

17 (Source: P.A. 101-13, eff. 6-12-19.)

18 Article 28.

19 Section 28-5. Short title. This Article may be cited as  
20 the Lawful Health Care Activity Act. References in this  
21 Article to "this Act" mean this Article.

22 Section 28-10. Definitions. As used in this Act:

23 "Lawful health care" means health care that is not

1 unlawful under the laws of this State, including on any theory  
2 of vicarious, joint, several, or conspiracy liability.

3 "Lawful health care activity" means seeking, providing,  
4 receiving, assisting in seeking, providing, or receiving,  
5 providing material support for, or traveling to obtain lawful  
6 health care.

7 Section 28-15. Conflict of law. Notwithstanding any  
8 general or special law or common law conflict of law rule to  
9 the contrary, the laws of this State shall govern in any case  
10 or controversy heard in this State related to lawful health  
11 care activity.

12 Section 28-20. Limits on execution of foreign judgments.  
13 In any action filed to enforce the judgment of a foreign state,  
14 issued in connection with any litigation concerning lawful  
15 health care, the court hearing the action shall not give any  
16 force or effect to any judgment issued without jurisdiction.

17 Section 28-25. Severability. The provisions of this Act  
18 are severable under Section 1.31 of the Statute on Statutes.

19 Section 28-30. The Uniform Interstate Depositions and  
20 Discovery Act is amended by changing Section 3 and by adding  
21 Section 3.5 as follows:

1 (735 ILCS 35/3)

2 Sec. 3. Issuance of subpoena.

3 (a) To request issuance of a subpoena under this Section,  
4 a party must submit a foreign subpoena to a clerk of court in  
5 the county in which discovery is sought to be conducted in this  
6 State. A request for the issuance of a subpoena under this Act  
7 does not constitute an appearance in the courts of this State.

8 (b) When a party submits a foreign subpoena to a clerk of  
9 court in this State, the clerk, in accordance with that  
10 court's procedure, shall promptly issue a subpoena for service  
11 upon the person to which the foreign subpoena is directed  
12 unless issuance is prohibited by Section 3.5.

13 (c) A subpoena under subsection (b) must:

14 (A) incorporate the terms used in the foreign  
15 subpoena; and

16 (B) contain or be accompanied by the names, addresses,  
17 and telephone numbers of all counsel of record in the  
18 proceeding to which the subpoena relates and of any party  
19 not represented by counsel.

20 (Source: P.A. 99-79, eff. 1-1-16.)

21 (735 ILCS 35/3.5 new)

22 Sec. 3.5. Unenforceable foreign subpoenas.

23 (a) If a request for issuance of a subpoena pursuant to  
24 this Act seeks documents or information related to lawful  
25 health care activity, as defined in the Lawful Health Care



1 Activity Act, or seeks documents in support of any claim that  
2 interferes with rights under the Reproductive Health Act, then  
3 the person or entity requesting the subpoena shall include an  
4 attestation, signed under penalty of perjury, confirming and  
5 identifying that an exemption in subsection (c) applies. Any  
6 false attestation submitted under this Section or the failure  
7 to submit an attestation required by this Section shall be  
8 subject to a statutory penalty of \$10,000 per violation.  
9 Submission of such attestation shall subject the attestor to  
10 the jurisdiction of the courts of this State for any suit,  
11 penalty, or damages arising out of a false attestation under  
12 this Section.

13 (b) No clerk of court shall issue a subpoena based on a  
14 foreign subpoena that:

15 (1) requests information or documents related to  
16 lawful health care activity, as defined in the Lawful  
17 Health Care Activity Act; or

18 (2) is related to the enforcement of another state's  
19 law that would interfere with an individual's rights under  
20 the Reproductive Health Act.

21 (c) A clerk of court may issue the subpoena if the subpoena  
22 includes the attestation as described in subsection (a) and  
23 the subpoena relates to:

24 (1) an out-of-state action founded in tort, contract,  
25 or statute brought by the patient who sought or received  
26 the lawful health care or the patient's authorized legal

1 representative, for damages suffered by the patient or  
2 damages derived from an individual's loss of consortium of  
3 the patient, and for which a similar claim would exist  
4 under the laws of this State; or

5 (2) an out-of-state action founded in contract brought  
6 or sought to be enforced by a party with a contractual  
7 relationship with the individual whose documents or  
8 information are the subject of the subpoena and for which  
9 a similar claim would exist under the laws of this State.

10 (d) Any person or entity served with a subpoena reasonably  
11 believed to be issued in violation of this Section shall not  
12 comply with the subpoena.

13 (e) Any person or entity who is the recipient of, or whose  
14 lawful health care is the subject of, a subpoena reasonably  
15 believed to be issued in violation of this Section may, but is  
16 not required to, move to modify or quash the subpoena.

17 (f) No clerk of court shall issue an order compelling a  
18 person or entity to comply with a subpoena reasonably believed  
19 to be issued in violation of this Section.

20 (g) As used in this Section, "lawful health care" and  
21 "lawful health care activity" have the meanings given to those  
22 terms in Section 28-10 of the Lawful Health Care Activity Act.

23 (h) The Supreme Court shall have jurisdiction to adopt  
24 rules for the implementation of this Section.

25 Section 28-35. The Uniform Act to Secure the Attendance of

1 Witnesses from Within or Without a State in Criminal  
2 Proceedings is amended by changing Section 2 as follows:

3 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

4 Sec. 2. Summoning witness in this state to testify in  
5 another state.

6 If a judge of a court of record in any state which by its  
7 laws has made provision for commanding persons within that  
8 state to attend and testify in this state certifies under the  
9 seal of such court that there is a criminal prosecution  
10 pending in such court, or that a grand jury investigation has  
11 commenced or is about to commence, that a person being within  
12 this state is a material witness in such prosecution, or grand  
13 jury investigation, and his presence will be required for a  
14 specified number of days, upon presentation of such  
15 certificate to any judge of a court in the county in which such  
16 person is, such judge shall fix a time and place for a hearing,  
17 and shall make an order directing the witness to appear at a  
18 time and place certain for the hearing.

19 If at a hearing the judge determines that the witness is  
20 material and necessary, that it will not cause undue hardship  
21 to the witness to be compelled to attend and testify in the  
22 prosecution or a grand jury investigation in the other state,  
23 and that the laws of the state in which the prosecution is  
24 pending, or grand jury investigation has commenced or is about  
25 to commence (and of any other state through which the witness

1 may be required to pass by ordinary course of travel), will  
2 give to him protection from arrest and the service of civil and  
3 criminal process, he shall issue a summons, with a copy of the  
4 certificate attached, directing the witness to attend and  
5 testify in the court where the prosecution is pending, or  
6 where a grand jury investigation has commenced or is about to  
7 commence at a time and place specified in the summons. In any  
8 such hearing the certificate shall be prima facie evidence of  
9 all the facts stated therein.

10 If said certificate recommends that the witness be taken  
11 into immediate custody and delivered to an officer of the  
12 requesting state to assure his attendance in the requesting  
13 state, such judge may, in lieu of notification of the hearing,  
14 direct that such witness be forthwith brought before him for  
15 said hearing; and the judge at the hearing being satisfied of  
16 the desirability of such custody and delivery, for which  
17 determination the certificate shall be prima facie proof of  
18 such desirability may, in lieu of issuing subpoena or summons,  
19 order that said witness be forthwith taken into custody and  
20 delivered to an officer of the requesting state.

21 No subpoena, summons, or order shall be issued for a  
22 witness to provide information or testimony in relation to any  
23 proceeding if the charge is based on conduct that involves  
24 lawful health care activity, as defined by the Lawful Health  
25 Care Activity Act, that is not unlawful under the laws of this  
26 State. This limitation does not apply for the purpose of

1 complying with obligations under Brady v. Maryland (373 U.S.  
2 83) or Giglio v. United States (405 U.S. 150).

3 If the witness, who is summoned as above provided, after  
4 being paid or tendered by some properly authorized person the  
5 sum of 10 cents a mile for each mile by the ordinary travel  
6 route to and from the court where the prosecution is pending  
7 and five dollars for each day that he is required to travel and  
8 attend as a witness, fails without good cause to attend and  
9 testify as directed in the summons, he shall be punished in the  
10 manner provided for the punishment of any witness who disobeys  
11 a summons issued from a court in this state.

12 (Source: Laws 1967, p. 3804.)

13 Section 28-40. The Uniform Criminal Extradition Act is  
14 amended by changing Section 6 as follows:

15 (725 ILCS 225/6) (from Ch. 60, par. 23)

16 Sec. 6. Extradition of persons not present in demanding  
17 state at time of commission of crime.

18 The Governor of this State may also surrender, on demand  
19 of the Executive Authority of any other state, any person in  
20 this State charged in such other state in the manner provided  
21 in Section 3 with committing an act in this State, or in a  
22 third state, intentionally resulting in a crime in the state  
23 whose Executive Authority is making the demand. However, the  
24 Governor of this State shall not surrender such a person if the

1 charge is based on conduct that involves seeking, providing,  
2 receiving, assisting in seeking, providing, or receiving,  
3 providing material support for, or traveling to obtain lawful  
4 health care, as defined by Section 28-10 of the Lawful Health  
5 Care Activity Act, that is not unlawful under the laws of this  
6 State, including a charge based on any theory of vicarious,  
7 joint, several, or conspiracy liability.

8 (Source: Laws 1955, p. 1982.)

9 Article 29.

10 Section 29-5. Short title. This Article may be cited as  
11 the Protecting Reproductive Health Care Services Act.  
12 References in this Article to "this Act" mean this Article.

13 Section 29-10. Definitions. As used in this Act:

14 "Advanced practice registered nurse" has the same meaning  
15 as it does in Section 50-10 of the Nurse Practice Act.

16 "Health care professional" means a person who is licensed  
17 as a physician, advanced practice registered nurse, or  
18 physician assistant.

19 "Person" includes an individual, a partnership, an  
20 association, a limited liability company, or a corporation.

21 "Physician" means any person licensed to practice medicine  
22 in all its branches under the Medical Practice Act of 1987.

23 "Physician assistant" has the same meaning as it does in

1 Section 4 of the Physician Assistant Practice Act of 1987.

2 "Reproductive health care services" means health care  
3 offered, arranged, or furnished for the purpose of preventing  
4 pregnancy, terminating a pregnancy, managing pregnancy loss,  
5 or improving maternal health and birth outcomes. "Reproductive  
6 health care services" includes, but is not limited to:  
7 contraception; sterilization; preconception care; maternity  
8 care; abortion care; and counseling regarding reproductive  
9 health care.

10 Section 29-15. Right of action.

11 (a) When any person has had a judgment entered against  
12 such person, in any state, where liability, in whole or in  
13 part, is based on the alleged provision, receipt, assistance  
14 in receipt or provision, material support for, or any theory  
15 of vicarious, joint, several, or conspiracy liability derived  
16 therefrom, for reproductive health care services that are  
17 permitted under the laws of this State, such person may  
18 recover damages from any party that brought the action leading  
19 to that judgment or has sought to enforce that judgment.

20 (b) Any person aggrieved by conduct in subsection (a)  
21 shall have a right of action in a State circuit court or as a  
22 supplemental claim in federal district court against any party  
23 that brought the action leading to that judgment or has sought  
24 to enforce that judgment. This lawsuit must be brought not  
25 later than 2 years after the violation of subsection (a).

1 (c) If the court finds that a violation of subsection (a)  
2 has occurred, the court may award to the plaintiff:

3 (1) actual damages created by the action that led to  
4 that judgment, including, but not limited to, money  
5 damages in the amount of the judgment in that other state  
6 and costs, expenses, and reasonable attorney's fees spent  
7 in defending the action that resulted in the entry of a  
8 judgment in another state; and

9 (2) costs, expenses, and reasonable attorney's fees,  
10 including expert witness fees and other litigation  
11 expenses, incurred in bringing an action under this Act as  
12 may be allowed by the court.

13 (d) The provisions of this Act shall not apply to a  
14 judgment entered in another state that is based on:

15 (1) an action founded in tort, contract, or statute,  
16 and for which a similar claim would exist under the laws of  
17 this State, brought by the patient who received the  
18 reproductive health care services upon which the original  
19 lawsuit was based or the patient's authorized legal  
20 representative, for damages suffered by the patient or  
21 damages derived from an individual's loss of consortium of  
22 the patient;

23 (2) an action founded in contract, and for which a  
24 similar claim would exist under the laws of this State,  
25 brought or sought to be enforced by a party with a  
26 contractual relationship with the person that is the



1 subject of the judgment entered in another state; or  
2 (3) an action where no part of the acts that formed the  
3 basis for liability occurred in this State.

4 Article 99.

5 Section 99-97. Severability. The provisions of this Act  
6 are severable under Section 1.31 of the Statute on Statutes.

7 Section 99-99. Effective date. This Act takes effect upon  
8 becoming law."