



Sen. Celina Villanueva

Filed: 1/9/2023

10200HB4664sam003

LRB102 24218 LNS 42576 a

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.

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 was
3 discovered.

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

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

12 Article 3.

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

15 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

16 Sec. 2.2. The state of gestation or development of a human
17 being when an injury is caused, when an injury takes effect, or
18 at death, shall not foreclose maintenance of any cause of
19 action under the law of this State arising from the death of a
20 human being caused by wrongful act, neglect or default.

21 There shall be no cause of action against a health care
22 professional, a medical institution, or the pregnant person
23 ~~physician or a medical institution~~ for the wrongful death of a

1 fetus caused by an abortion where the abortion was permitted
2 by law and the requisite consent was lawfully given. Provided,
3 however, that a cause of action is not prohibited where the
4 fetus is live-born but subsequently dies.

5 There shall be no cause of action against a physician or a
6 medical institution for the wrongful death of a fetus based on
7 the alleged misconduct of the physician or medical institution
8 where the defendant did not know and, under the applicable
9 standard of good medical care, had no medical reason to know of
10 the pregnancy of the mother of the fetus.

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

12 Article 4.

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

15 (215 ILCS 5/356z.3a)

16 Sec. 356z.3a. Billing; emergency services;
17 nonparticipating providers.

18 (a) As used in this Section:

19 "Ancillary services" means:

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

23 (2) items and services provided by assistant surgeons,

1 hospitalists, and intensivists;

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

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

11 (5) items and services provided by a nonparticipating
12 provider if there is no participating provider who can
13 furnish the item or service at the facility; ~~and~~

14 (6) items and services provided by a nonparticipating
15 provider if there is no participating provider who will
16 furnish the item or service because a participating
17 provider has asserted the participating provider's rights
18 under the Health Care Right of Conscience Act.

19 "Cost sharing" means the amount an insured, beneficiary,
20 or enrollee is responsible for paying for a covered item or
21 service under the terms of the policy or certificate. "Cost
22 sharing" includes copayments, coinsurance, and amounts paid
23 toward deductibles, but does not include amounts paid towards
24 premiums, balance billing by out-of-network providers, or the
25 cost of items or services that are not covered under the policy
26 or certificate.

1 "Emergency department of a hospital" means any hospital
2 department that provides emergency services, including a
3 hospital outpatient department.

4 "Emergency medical condition" has the meaning ascribed to
5 that term in Section 10 of the Managed Care Reform and Patient
6 Rights Act.

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

10 "Emergency services" means, with respect to an emergency
11 medical condition:

12 (1) in general, an emergency medical screening
13 examination, including ancillary services routinely
14 available to the emergency department to evaluate such
15 emergency medical condition, and such further medical
16 examination and treatment as would be required to
17 stabilize the patient regardless of the department of the
18 hospital or other facility in which such further
19 examination or treatment is furnished; or

20 (2) additional items and services for which benefits
21 are provided or covered under the coverage and that are
22 furnished by a nonparticipating provider or
23 nonparticipating emergency facility regardless of the
24 department of the hospital or other facility in which such
25 items are furnished after the insured, beneficiary, or
26 enrollee is stabilized and as part of outpatient

1 observation or an inpatient or outpatient stay with
2 respect to the visit in which the services described in
3 paragraph (1) are furnished. Services after stabilization
4 cease to be emergency services only when all the
5 conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and
6 regulations thereunder are met.

7 "Freestanding Emergency Center" means a facility licensed
8 under Section 32.5 of the Emergency Medical Services (EMS)
9 Systems Act.

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

- 12 (1) a hospital as defined in 42 U.S.C. 1395x(e);
- 13 (2) a hospital outpatient department;
- 14 (3) a critical access hospital certified under 42
15 U.S.C. 1395i-4(e);
- 16 (4) an ambulatory surgical treatment center as defined
17 in the Ambulatory Surgical Treatment Center Act; or
- 18 (5) any recipient of a license under the Hospital
19 Licensing Act that is not otherwise described in this
20 definition.

21 "Health care provider" means a provider as defined in
22 subsection (d) of Section 370g. "Health care provider" does
23 not include a provider of air ambulance or ground ambulance
24 services.

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

1 "Health insurance issuer" has the meaning ascribed to that
2 term in Section 5 of the Illinois Health Insurance Portability
3 and Accountability Act.

4 "Nonparticipating emergency facility" means, with respect
5 to the furnishing of an item or service under a policy of group
6 or individual health insurance coverage, any of the following
7 facilities that does not have a contractual relationship
8 directly or indirectly with a health insurance issuer in
9 relation to the coverage:

10 (1) an emergency department of a hospital;

11 (2) a Freestanding Emergency Center;

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

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

17 "Nonparticipating provider" means, with respect to the
18 furnishing of an item or service under a policy of group or
19 individual health insurance coverage, any health care provider
20 who does not have a contractual relationship directly or
21 indirectly with a health insurance issuer in relation to the
22 coverage.

23 "Participating emergency facility" means any of the
24 following facilities that has a contractual relationship
25 directly or indirectly with a health insurance issuer offering
26 group or individual health insurance coverage setting forth

1 the terms and conditions on which a relevant health care
2 service is provided to an insured, beneficiary, or enrollee
3 under the coverage:

4 (1) an emergency department of a hospital;

5 (2) a Freestanding Emergency Center;

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

8 (4) with respect to emergency services described in
9 paragraph (2) of the definition of "emergency services", a
10 hospital.

11 For purposes of this definition, a single case agreement
12 between an emergency facility and an issuer that is used to
13 address unique situations in which an insured, beneficiary, or
14 enrollee requires services that typically occur out-of-network
15 constitutes a contractual relationship and is limited to the
16 parties to the agreement.

17 "Participating health care facility" means any health care
18 facility that has a contractual relationship directly or
19 indirectly with a health insurance issuer offering group or
20 individual health insurance coverage setting forth the terms
21 and conditions on which a relevant health care service is
22 provided to an insured, beneficiary, or enrollee under the
23 coverage. A single case agreement between an emergency
24 facility and an issuer that is used to address unique
25 situations in which an insured, beneficiary, or enrollee
26 requires services that typically occur out-of-network

1 constitutes a contractual relationship for purposes of this
2 definition and is limited to the parties to the agreement.

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

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

12 "Recognized amount" means the lesser of the amount
13 initially billed by the provider or the qualifying payment
14 amount.

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

17 "Treating provider" means a health care provider who has
18 evaluated the individual.

19 "Visit" means, with respect to health care services
20 furnished to an individual at a health care facility, health
21 care services furnished by a provider at the facility, as well
22 as equipment, devices, telehealth services, imaging services,
23 laboratory services, and preoperative and postoperative
24 services regardless of whether the provider furnishing such
25 services is at the facility.

26 (b) Emergency services. When a beneficiary, insured, or

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

25 (b-5) Non-emergency services at participating health care
26 facilities.

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

1 of unforeseen, urgent medical needs that arise at the time
2 an item or service is furnished, regardless of whether the
3 nonparticipating provider satisfied the notice and consent
4 criteria under paragraph (2) of this subsection.

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

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

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

25 (C) in no event shall the beneficiary, insured,
26 enrollee, or any group policyholder or plan sponsor be

1 liable to or billed by the health insurance issuer,
2 the nonparticipating provider, or the participating
3 health care facility for any amount beyond the cost
4 sharing calculated in accordance with this subsection
5 with respect to the health care services delivered.

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

21 (d) For bills assigned under subsection (c), the
22 nonparticipating provider or the facility may bill the health
23 insurance issuer for the services rendered, and the health
24 insurance issuer may pay the billed amount or attempt to
25 negotiate reimbursement with the nonparticipating provider or
26 the facility. Within 30 calendar days after the provider or

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

18 (e) The Department of Insurance shall publish a list of
19 approved arbitrators or entities that shall provide binding
20 arbitration. These arbitrators shall be American Arbitration
21 Association or American Health Lawyers Association trained
22 arbitrators. Both parties must agree on an arbitrator from the
23 Department of Insurance's or its approved entity's list of
24 arbitrators. If no agreement can be reached, then a list of 5
25 arbitrators shall be provided by the Department of Insurance
26 or the approved entity. From the list of 5 arbitrators, the

1 health insurance issuer can veto 2 arbitrators and the
2 provider or facility can veto 2 arbitrators. The remaining
3 arbitrator shall be the chosen arbitrator. This arbitration
4 shall consist of a review of the written submissions by both
5 parties. The arbitrator shall not establish a rebuttable
6 presumption that the qualifying payment amount should be the
7 total amount owed to the provider or facility by the
8 combination of the issuer and the insured, beneficiary, or
9 enrollee. Binding arbitration shall provide for a written
10 decision within 45 days after the request is filed with the
11 Department of Insurance. Both parties shall be bound by the
12 arbitrator's decision. The arbitrator's expenses and fees,
13 together with other expenses, not including attorney's fees,
14 incurred in the conduct of the arbitration, shall be paid as
15 provided in the decision.

16 (f) (Blank).

17 (g) Section 368a of this Act shall not apply during the
18 pendency of a decision under subsection (d). Upon the issuance
19 of the arbitrator's decision, Section 368a applies with
20 respect to the amount, if any, by which the arbitrator's
21 determination exceeds the issuer's initial payment under
22 subsection (c), or the entire amount of the arbitrator's
23 determination if initial payment was denied. Any interest
24 required to be paid to a provider under Section 368a shall not
25 accrue until after 30 days of an arbitrator's decision as
26 provided in subsection (d), but in no circumstances longer

1 than 150 days from the date the nonparticipating
2 facility-based provider billed for services rendered.

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

6 (i) Nothing in this Section shall preclude a health care
7 provider from billing a beneficiary, insured, or enrollee for
8 reasonable administrative fees, such as service fees for
9 checks returned for nonsufficient funds and missed
10 appointments.

11 (j) Nothing in this Section shall preclude a beneficiary,
12 insured, or enrollee from assigning benefits to a
13 nonparticipating provider when the notice and consent criteria
14 are satisfied under paragraph (2) of subsection (b-5) or in
15 any other situation not described in subsection ~~subsections~~
16 (b) or (b-5).

17 (k) Except when the notice and consent criteria are
18 satisfied under paragraph (2) of subsection (b-5), if an
19 individual receives health care services under the situations
20 described in subsection ~~subsections~~ (b) or (b-5), no referral
21 requirement or any other provision contained in the policy or
22 certificate of coverage shall deny coverage, reduce benefits,
23 or otherwise defeat the requirements of this Section for
24 services that would have been covered with a participating
25 provider. However, this subsection shall not be construed to
26 preclude a provider contract with a health insurance issuer,

1 or with an administrator or similar entity acting on the
2 issuer's behalf, from imposing requirements on the
3 participating provider, participating emergency facility, or
4 participating health care facility relating to the referral of
5 covered individuals to nonparticipating providers.

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

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

21 (n) This Section does not apply with respect to air
22 ambulance or ground ambulance services. This Section does not
23 apply to any policy of excepted benefits or to short-term,
24 limited-duration health insurance coverage.

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

1 Article 5.

2 Section 5-5. The Counties Code is amended by changing
3 Section 5-1069.3 as follows:

4 (55 ILCS 5/5-1069.3)

5 Sec. 5-1069.3. Required health benefits. If a county,
6 including a home rule county, is a self-insurer for purposes
7 of providing health insurance coverage for its employees, the
8 coverage shall include coverage for the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
12 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
13 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
14 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
15 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, and 356z.51, and
16 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
17 the Illinois Insurance Code. The coverage shall comply with
18 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
19 Insurance Code. The Department of Insurance shall enforce the
20 requirements of this Section. The requirement that health
21 benefits be covered as provided in this Section is an
22 exclusive power and function of the State and is a denial and
23 limitation under Article VII, Section 6, subsection (h) of the
24 Illinois Constitution. A home rule county to which this

1 Section applies must comply with every provision of this
2 Section.

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

9 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
11 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
12 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
13 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
14 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
16 revised 12-13-22.)

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

19 (65 ILCS 5/10-4-2.3)

20 Sec. 10-4-2.3. Required health benefits. If a
21 municipality, including a home rule municipality, is a
22 self-insurer for purposes of providing health insurance
23 coverage for its employees, the coverage shall include
24 coverage for the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t and the coverage required under Sections 356g,
3 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
4 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
5 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
6 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
7 356z.45, 356z.46, 356z.47, 356z.48, ~~and~~ 356z.51, ~~and~~ 356z.53,
8 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the
9 Illinois Insurance Code. The coverage shall comply with
10 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
11 Insurance Code. The Department of Insurance shall enforce the
12 requirements of this Section. The requirement that health
13 benefits be covered as provided in this is an exclusive power
14 and function of the State and is a denial and limitation under
15 Article VII, Section 6, subsection (h) of the Illinois
16 Constitution. A home rule municipality to which this Section
17 applies must comply with every provision of this Section.

18 Rulemaking authority to implement Public Act 95-1045, if
19 any, is conditioned on the rules being adopted in accordance
20 with all provisions of the Illinois Administrative Procedure
21 Act and all rules and procedures of the Joint Committee on
22 Administrative Rules; any purported rule not so adopted, for
23 whatever reason, is unauthorized.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
26 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,

1 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
2 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
3 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
4 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
5 revised 12-13-22.)

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

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,
14 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
15 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
18 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
19 356z.60 of the Illinois Insurance Code. Insurance policies
20 shall comply with Section 356z.19 of the Illinois Insurance
21 Code. The coverage shall comply with Sections 155.22a, 355b,
22 and 370c of the Illinois Insurance Code. The Department of
23 Insurance shall enforce the requirements of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if

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

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

13 Section 5-17. The Network Adequacy and Transparency Act is
14 amended by changing Section 10 as follows:

15 (215 ILCS 124/10)

16 Sec. 10. Network adequacy.

17 (a) An insurer providing a network plan shall file a
18 description of all of the following with the Director:

19 (1) The written policies and procedures for adding
20 providers to meet patient needs based on increases in the
21 number of beneficiaries, changes in the
22 patient-to-provider ratio, changes in medical and health
23 care capabilities, and increased demand for services.

24 (2) The written policies and procedures for making

1 referrals within and outside the network.

2 (3) The written policies and procedures on how the
3 network plan will provide 24-hour, 7-day per week access
4 to network-affiliated primary care, emergency services,
5 and women's ~~woman's~~ principal health care providers.

6 An insurer shall not prohibit a preferred provider from
7 discussing any specific or all treatment options with
8 beneficiaries irrespective of the insurer's position on those
9 treatment options or from advocating on behalf of
10 beneficiaries within the utilization review, grievance, or
11 appeals processes established by the insurer in accordance
12 with any rights or remedies available under applicable State
13 or federal law.

14 (b) Insurers must file for review a description of the
15 services to be offered through a network plan. The description
16 shall include all of the following:

17 (1) A geographic map of the area proposed to be served
18 by the plan by county service area and zip code, including
19 marked locations for preferred providers.

20 (2) As deemed necessary by the Department, the names,
21 addresses, phone numbers, and specialties of the providers
22 who have entered into preferred provider agreements under
23 the network plan.

24 (3) The number of beneficiaries anticipated to be
25 covered by the network plan.

26 (4) An Internet website and toll-free telephone number

1 for beneficiaries and prospective beneficiaries to access
2 current and accurate lists of preferred providers,
3 additional information about the plan, as well as any
4 other information required by Department rule.

5 (5) A description of how health care services to be
6 rendered under the network plan are reasonably accessible
7 and available to beneficiaries. The description shall
8 address all of the following:

9 (A) the type of health care services to be
10 provided by the network plan;

11 (B) the ratio of physicians and other providers to
12 beneficiaries, by specialty and including primary care
13 physicians and facility-based physicians when
14 applicable under the contract, necessary to meet the
15 health care needs and service demands of the currently
16 enrolled population;

17 (C) the travel and distance standards for plan
18 beneficiaries in county service areas; and

19 (D) a description of how the use of telemedicine,
20 telehealth, or mobile care services may be used to
21 partially meet the network adequacy standards, if
22 applicable.

23 (6) A provision ensuring that whenever a beneficiary
24 has made a good faith effort, as evidenced by accessing
25 the provider directory, calling the network plan, and
26 calling the provider, to utilize preferred providers for a

1 covered service and it is determined the insurer does not
2 have the appropriate preferred providers due to
3 insufficient number, type, ~~or~~ unreasonable travel distance
4 or delay, or preferred providers refusing to provide a
5 covered service because it is contrary to the conscience
6 of the preferred providers, as protected by the Health
7 Care Right of Conscience Act, the insurer shall ensure,
8 directly or indirectly, by terms contained in the payer
9 contract, that the beneficiary will be provided the
10 covered service at no greater cost to the beneficiary than
11 if the service had been provided by a preferred provider.
12 This paragraph (6) does not apply to: (A) a beneficiary
13 who willfully chooses to access a non-preferred provider
14 for health care services available through the panel of
15 preferred providers, or (B) a beneficiary enrolled in a
16 health maintenance organization. In these circumstances,
17 the contractual requirements for non-preferred provider
18 reimbursements shall apply unless Section 356z.3a of the
19 Illinois Insurance Code requires otherwise. In no event
20 shall a beneficiary who receives care at a participating
21 health care facility be required to search for
22 participating providers under the circumstances described
23 in subsection ~~subsections~~ (b) or (b-5) of Section 356z.3a
24 of the Illinois Insurance Code except under the
25 circumstances described in paragraph (2) of subsection
26 (b-5).

1 (7) A provision that the beneficiary shall receive
2 emergency care coverage such that payment for this
3 coverage is not dependent upon whether the emergency
4 services are performed by a preferred or non-preferred
5 provider and the coverage shall be at the same benefit
6 level as if the service or treatment had been rendered by a
7 preferred provider. For purposes of this paragraph (7),
8 "the same benefit level" means that the beneficiary is
9 provided the covered service at no greater cost to the
10 beneficiary than if the service had been provided by a
11 preferred provider. This provision shall be consistent
12 with Section 356z.3a of the Illinois Insurance Code.

13 (8) A limitation that, if the plan provides that the
14 beneficiary will incur a penalty for failing to
15 pre-certify inpatient hospital treatment, the penalty may
16 not exceed \$1,000 per occurrence in addition to the plan
17 cost sharing provisions.

18 (c) The network plan shall demonstrate to the Director a
19 minimum ratio of providers to plan beneficiaries as required
20 by the Department.

21 (1) The ratio of physicians or other providers to plan
22 beneficiaries shall be established annually by the
23 Department in consultation with the Department of Public
24 Health based upon the guidance from the federal Centers
25 for Medicare and Medicaid Services. The Department shall
26 not establish ratios for vision or dental providers who

1 provide services under dental-specific or vision-specific
2 benefits. The Department shall consider establishing
3 ratios for the following physicians or other providers:

4 (A) Primary Care;

5 (B) Pediatrics;

6 (C) Cardiology;

7 (D) Gastroenterology;

8 (E) General Surgery;

9 (F) Neurology;

10 (G) OB/GYN;

11 (H) Oncology/Radiation;

12 (I) Ophthalmology;

13 (J) Urology;

14 (K) Behavioral Health;

15 (L) Allergy/Immunology;

16 (M) Chiropractic;

17 (N) Dermatology;

18 (O) Endocrinology;

19 (P) Ears, Nose, and Throat (ENT)/Otolaryngology;

20 (Q) Infectious Disease;

21 (R) Nephrology;

22 (S) Neurosurgery;

23 (T) Orthopedic Surgery;

24 (U) Physiatry/Rehabilitative;

25 (V) Plastic Surgery;

26 (W) Pulmonary;

- 1 (X) Rheumatology;
2 (Y) Anesthesiology;
3 (Z) Pain Medicine;
4 (AA) Pediatric Specialty Services;
5 (BB) Outpatient Dialysis; and
6 (CC) HIV.

7 (2) The Director shall establish a process for the
8 review of the adequacy of these standards, along with an
9 assessment of additional specialties to be included in the
10 list under this subsection (c).

11 (d) The network plan shall demonstrate to the Director
12 maximum travel and distance standards for plan beneficiaries,
13 which shall be established annually by the Department in
14 consultation with the Department of Public Health based upon
15 the guidance from the federal Centers for Medicare and
16 Medicaid Services. These standards shall consist of the
17 maximum minutes or miles to be traveled by a plan beneficiary
18 for each county type, such as large counties, metro counties,
19 or rural counties as defined by Department rule.

20 The maximum travel time and distance standards must
21 include standards for each physician and other provider
22 category listed for which ratios have been established.

23 The Director shall establish a process for the review of
24 the adequacy of these standards along with an assessment of
25 additional specialties to be included in the list under this
26 subsection (d).

1 (d-5)(1) Every insurer shall ensure that beneficiaries
2 have timely and proximate access to treatment for mental,
3 emotional, nervous, or substance use disorders or conditions
4 in accordance with the provisions of paragraph (4) of
5 subsection (a) of Section 370c of the Illinois Insurance Code.
6 Insurers shall use a comparable process, strategy, evidentiary
7 standard, and other factors in the development and application
8 of the network adequacy standards for timely and proximate
9 access to treatment for mental, emotional, nervous, or
10 substance use disorders or conditions and those for the access
11 to treatment for medical and surgical conditions. As such, the
12 network adequacy standards for timely and proximate access
13 shall equally be applied to treatment facilities and providers
14 for mental, emotional, nervous, or substance use disorders or
15 conditions and specialists providing medical or surgical
16 benefits pursuant to the parity requirements of Section 370c.1
17 of the Illinois Insurance Code and the federal Paul Wellstone
18 and Pete Domenici Mental Health Parity and Addiction Equity
19 Act of 2008. Notwithstanding the foregoing, the network
20 adequacy standards for timely and proximate access to
21 treatment for mental, emotional, nervous, or substance use
22 disorders or conditions shall, at a minimum, satisfy the
23 following requirements:

24 (A) For beneficiaries residing in the metropolitan
25 counties of Cook, DuPage, Kane, Lake, McHenry, and Will,
26 network adequacy standards for timely and proximate access

1 to treatment for mental, emotional, nervous, or substance
2 use disorders or conditions means a beneficiary shall not
3 have to travel longer than 30 minutes or 30 miles from the
4 beneficiary's residence to receive outpatient treatment
5 for mental, emotional, nervous, or substance use disorders
6 or conditions. Beneficiaries shall not be required to wait
7 longer than 10 business days between requesting an initial
8 appointment and being seen by the facility or provider of
9 mental, emotional, nervous, or substance use disorders or
10 conditions for outpatient treatment or to wait longer than
11 20 business days between requesting a repeat or follow-up
12 appointment and being seen by the facility or provider of
13 mental, emotional, nervous, or substance use disorders or
14 conditions for outpatient treatment; however, subject to
15 the protections of paragraph (3) of this subsection, a
16 network plan shall not be held responsible if the
17 beneficiary or provider voluntarily chooses to schedule an
18 appointment outside of these required time frames.

19 (B) For beneficiaries residing in Illinois counties
20 other than those counties listed in subparagraph (A) of
21 this paragraph, network adequacy standards for timely and
22 proximate access to treatment for mental, emotional,
23 nervous, or substance use disorders or conditions means a
24 beneficiary shall not have to travel longer than 60
25 minutes or 60 miles from the beneficiary's residence to
26 receive outpatient treatment for mental, emotional,

1 nervous, or substance use disorders or conditions.
2 Beneficiaries shall not be required to wait longer than 10
3 business days between requesting an initial appointment
4 and being seen by the facility or provider of mental,
5 emotional, nervous, or substance use disorders or
6 conditions for outpatient treatment or to wait longer than
7 20 business days between requesting a repeat or follow-up
8 appointment and being seen by the facility or provider of
9 mental, emotional, nervous, or substance use disorders or
10 conditions for outpatient treatment; however, subject to
11 the protections of paragraph (3) of this subsection, a
12 network plan shall not be held responsible if the
13 beneficiary or provider voluntarily chooses to schedule an
14 appointment outside of these required time frames.

15 (2) For beneficiaries residing in all Illinois counties,
16 network adequacy standards for timely and proximate access to
17 treatment for mental, emotional, nervous, or substance use
18 disorders or conditions means a beneficiary shall not have to
19 travel longer than 60 minutes or 60 miles from the
20 beneficiary's residence to receive inpatient or residential
21 treatment for mental, emotional, nervous, or substance use
22 disorders or conditions.

23 (3) If there is no in-network facility or provider
24 available for a beneficiary to receive timely and proximate
25 access to treatment for mental, emotional, nervous, or
26 substance use disorders or conditions in accordance with the

1 network adequacy standards outlined in this subsection, the
2 insurer shall provide necessary exceptions to its network to
3 ensure admission and treatment with a provider or at a
4 treatment facility in accordance with the network adequacy
5 standards in this subsection.

6 (e) Except for network plans solely offered as a group
7 health plan, these ratio and time and distance standards apply
8 to the lowest cost-sharing tier of any tiered network.

9 (f) The network plan may consider use of other health care
10 service delivery options, such as telemedicine or telehealth,
11 mobile clinics, and centers of excellence, or other ways of
12 delivering care to partially meet the requirements set under
13 this Section.

14 (g) Except for the requirements set forth in subsection
15 (d-5), insurers who are not able to comply with the provider
16 ratios and time and distance standards established by the
17 Department may request an exception to these requirements from
18 the Department. The Department may grant an exception in the
19 following circumstances:

20 (1) if no providers or facilities meet the specific
21 time and distance standard in a specific service area and
22 the insurer (i) discloses information on the distance and
23 travel time points that beneficiaries would have to travel
24 beyond the required criterion to reach the next closest
25 contracted provider outside of the service area and (ii)
26 provides contact information, including names, addresses,

1 and phone numbers for the next closest contracted provider
2 or facility;

3 (2) if patterns of care in the service area do not
4 support the need for the requested number of provider or
5 facility type and the insurer provides data on local
6 patterns of care, such as claims data, referral patterns,
7 or local provider interviews, indicating where the
8 beneficiaries currently seek this type of care or where
9 the physicians currently refer beneficiaries, or both; or

10 (3) other circumstances deemed appropriate by the
11 Department consistent with the requirements of this Act.

12 (h) Insurers are required to report to the Director any
13 material change to an approved network plan within 15 days
14 after the change occurs and any change that would result in
15 failure to meet the requirements of this Act. Upon notice from
16 the insurer, the Director shall reevaluate the network plan's
17 compliance with the network adequacy and transparency
18 standards of this Act.

19 (Source: P.A. 102-144, eff. 1-1-22; 102-901, eff. 7-1-22;
20 revised 9-2-22.)

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

23 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

24 Sec. 4003. Illinois Insurance Code provisions. Limited

1 health service organizations shall be subject to the
2 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
3 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
4 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
5 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,
6 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
7 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,
8 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
9 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII
10 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance
11 Code. Nothing in this Section shall require a limited health
12 care plan to cover any service that is not a limited health
13 service. For purposes of the Illinois Insurance Code, except
14 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
15 limited health service organizations in the following
16 categories are deemed to be domestic companies:

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

18 (2) a corporation organized under the laws of another
19 state, 30% or more of the enrollees of which are residents
20 of this State, except a corporation subject to
21 substantially the same requirements in its state of
22 organization as is a domestic company under Article VIII
23 1/2 of the Illinois Insurance Code.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
26 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,

1 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
2 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
3 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

4 Article 6.

5 Section 6-5. The Criminal Identification Act is amended by
6 changing Section 3.2 as follows:

7 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

8 Sec. 3.2.

9 (a) It is the duty of any person conducting or operating a
10 medical facility, or any physician or nurse as soon as
11 treatment permits to notify the local law enforcement agency
12 of that jurisdiction upon the application for treatment of a
13 person who is not accompanied by a law enforcement officer,
14 when it reasonably appears that the person requesting
15 treatment has received:

16 (1) any injury resulting from the discharge of a
17 firearm; or

18 (2) any injury sustained in the commission of or as a
19 victim of a criminal offense.

20 Any hospital, physician or nurse shall be forever held
21 harmless from any civil liability for their reasonable
22 compliance with the provisions of this Section.

23 (b) Notwithstanding subsection (a), nothing in this

1 Section shall be construed to require the reporting of lawful
2 health care activity, whether such activity may constitute a
3 violation of another state's law.

4 (c) As used in this Section:

5 "Lawful health care" means health care that is not
6 unlawful under the laws of this State, including on any theory
7 of vicarious, joint, several, or conspiracy liability.

8 "Lawful health care activity" means seeking, providing,
9 receiving, assisting in seeking, providing, or receiving,
10 providing material support for, or traveling to obtain lawful
11 health care.

12 (Source: P.A. 86-1475.)

13 Article 7.

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

16 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

18 Sec. 22. Disciplinary action.

19 (A) The Department may revoke, suspend, place on
20 probation, reprimand, refuse to issue or renew, or take any
21 other disciplinary or non-disciplinary action as the
22 Department may deem proper with regard to the license or
23 permit of any person issued under this Act, including imposing

1 fines not to exceed \$10,000 for each violation, upon any of the
2 following grounds:

3 (1) (Blank).

4 (2) (Blank).

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

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

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

15 (6) Obtaining any fee by fraud, deceit, or
16 misrepresentation.

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

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

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

26 (10) Making a false or misleading statement regarding

1 their skill or the efficacy or value of the medicine,
2 treatment, or remedy prescribed by them at their direction
3 in the treatment of any disease or other condition of the
4 body or mind.

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

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

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

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

25 (15) A finding by the Medical Board that the
26 registrant after having his or her license placed on

1 probationary status or subjected to conditions or
2 restrictions violated the terms of the probation or failed
3 to comply with such terms or conditions.

4 (16) Abandonment of a patient.

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

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

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

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

23 (21) Willfully making or filing false records or
24 reports in his or her practice as a physician, including,
25 but not limited to, false records to support claims
26 against the medical assistance program of the Department

1 of Healthcare and Family Services (formerly Department of
2 Public Aid) under the Illinois Public Aid Code.

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

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

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

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

1 (26) A pattern of practice or other behavior which
2 demonstrates incapacity or incompetence to practice under
3 this Act.

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

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

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

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

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

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

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

26 (34) Failure to report to the Department any adverse

1 final action taken against them by another licensing
2 jurisdiction (any other state or any territory of the
3 United States or any foreign state or country), by any
4 peer review body, by any health care institution, by any
5 professional society or association related to practice
6 under this Act, by any governmental agency, by any law
7 enforcement agency, or by any court for acts or conduct
8 similar to acts or conduct which would constitute grounds
9 for action as defined in this Section.

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

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

25 (37) Failure to provide copies of medical records as
26 required by law.

1 (38) Failure to furnish the Department, its
2 investigators or representatives, relevant information,
3 legally requested by the Department after consultation
4 with the Chief Medical Coordinator or the Deputy Medical
5 Coordinator.

6 (39) Violating the Health Care Worker Self-Referral
7 Act.

8 (40) (Blank). ~~Willful failure to provide notice when~~
9 ~~notice is required under the Parental Notice of Abortion~~
10 ~~Act of 1995.~~

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

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

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

19 (44) Violating the Compassionate Use of Medical
20 Cannabis Program Act.

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

25 (46) Repeated failure to adequately collaborate with a
26 licensed prescribing psychologist.

1 (47) 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 (48) 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 (49) Entering into an excessive number of written
12 collaborative agreements with licensed physician
13 assistants resulting in an inability to adequately
14 collaborate.

15 (50) Repeated failure to adequately collaborate with a
16 physician assistant.

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

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

20 The entry of an order or judgment by any circuit court
21 establishing that any person holding a license under this Act
22 is a person in need of mental treatment operates as a
23 suspension of that license. That person may resume his or her
24 practice only upon the entry of a Departmental order based
25 upon a finding by the Medical Board that the person has been
26 determined to be recovered from mental illness by the court

1 and upon the Medical Board's recommendation that the person be
2 permitted to resume his or her practice.

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

11 The Department, upon the recommendation of the Medical
12 Board, shall adopt rules which set forth standards to be used
13 in determining:

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

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

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

23 (d) what constitutes gross negligence in the practice
24 of medicine.

25 However, no such rule shall be admissible into evidence in
26 any civil action except for review of a licensing or other

1 disciplinary action under this Act.

2 In enforcing this Section, the Medical Board, upon a
3 showing of a possible violation, may compel any individual who
4 is licensed to practice under this Act or holds a permit to
5 practice under this Act, or any individual who has applied for
6 licensure or a permit pursuant to this Act, to submit to a
7 mental or physical examination and evaluation, or both, which
8 may include a substance abuse or sexual offender evaluation,
9 as required by the Medical Board and at the expense of the
10 Department. The Medical Board shall specifically designate the
11 examining physician licensed to practice medicine in all of
12 its branches or, if applicable, the multidisciplinary team
13 involved in providing the mental or physical examination and
14 evaluation, or both. The multidisciplinary team shall be led
15 by a physician licensed to practice medicine in all of its
16 branches and may consist of one or more or a combination of
17 physicians licensed to practice medicine in all of its
18 branches, licensed chiropractic physicians, licensed clinical
19 psychologists, licensed clinical social workers, licensed
20 clinical professional counselors, and other professional and
21 administrative staff. Any examining physician or member of the
22 multidisciplinary team may require any person ordered to
23 submit to an examination and evaluation pursuant to this
24 Section to submit to any additional supplemental testing
25 deemed necessary to complete any examination or evaluation
26 process, including, but not limited to, blood testing,

1 urinalysis, psychological testing, or neuropsychological
2 testing. The Medical Board or the Department may order the
3 examining physician or any member of the multidisciplinary
4 team to provide to the Department or the Medical Board any and
5 all records, including business records, that relate to the
6 examination and evaluation, including any supplemental testing
7 performed. The Medical Board or the Department may order the
8 examining physician or any member of the multidisciplinary
9 team to present testimony concerning this examination and
10 evaluation of the licensee, permit holder, or applicant,
11 including testimony concerning any supplemental testing or
12 documents relating to the examination and evaluation. No
13 information, report, record, or other documents in any way
14 related to the examination and evaluation shall be excluded by
15 reason of any common law or statutory privilege relating to
16 communication between the licensee, permit holder, or
17 applicant and the examining physician or any member of the
18 multidisciplinary team. No authorization is necessary from the
19 licensee, permit holder, or applicant ordered to undergo an
20 evaluation and examination for the examining physician or any
21 member of the multidisciplinary team to provide information,
22 reports, records, or other documents or to provide any
23 testimony regarding the examination and evaluation. The
24 individual to be examined may have, at his or her own expense,
25 another physician of his or her choice present during all
26 aspects of the examination. Failure of any individual to

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

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

4 An individual licensed under this Act, affected under this
5 Section, shall be afforded an opportunity to demonstrate to
6 the Medical 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 The Department may promulgate rules for the imposition of
10 fines in disciplinary cases, not to exceed \$10,000 for each
11 violation of this Act. Fines may be imposed in conjunction
12 with other forms of disciplinary action, but shall not be the
13 exclusive disposition of any disciplinary action arising out
14 of conduct resulting in death or injury to a patient. Any funds
15 collected from such fines shall be deposited in the Illinois
16 State Medical Disciplinary Fund.

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

21 (B) The Department shall revoke the license or permit
22 issued under this Act to practice medicine or a chiropractic
23 physician who has been convicted a second time of committing
24 any felony under the Illinois Controlled Substances Act or the
25 Methamphetamine Control and Community Protection Act, or who
26 has been convicted a second time of committing a Class 1 felony

1 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
2 person whose license or permit is revoked under this
3 subsection B shall be prohibited from practicing medicine or
4 treating human ailments without the use of drugs and without
5 operative surgery.

6 (C) 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 to practice medicine
10 to a physician:

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

15 (2) for experimental treatment for Lyme disease or
16 other tick-borne diseases, including, but not limited to,
17 the prescription of or treatment with long-term
18 antibiotics; ~~or~~

19 (3) based solely upon the physician providing,
20 authorizing, recommending, aiding, assisting, referring
21 for, or otherwise participating in any health care
22 service, so long as the care was not unlawful under the
23 laws of this State, regardless of whether the patient was
24 a resident of this State or another state; or

25 (4) based upon the physician's license being revoked
26 or suspended, or the physician being otherwise disciplined

1 by any other state, if that revocation, suspension, or
2 other form of discipline was based solely on the physician
3 violating another state's laws prohibiting the provision
4 of, authorization of, recommendation of, aiding or
5 assisting in, referring for, or participation in any
6 health care service if that health care service as
7 provided would not have been unlawful under the laws of
8 this State and is consistent with the standards of conduct
9 for the physician if it occurred in Illinois.

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

21 (E) The conduct specified in subsection (C) shall not
22 trigger reporting requirements under Section 23, constitute
23 grounds for suspension under Section 25, or be included on the
24 physician's profile required under Section 10 of the Patients'
25 Right to Know Act.

26 (F) An applicant seeking licensure, certification, or

1 authorization pursuant to this Act and who has been subject to
2 disciplinary action by a duly authorized professional
3 disciplinary agency of another jurisdiction solely on the
4 basis of having provided, authorized, recommended, aided,
5 assisted, referred for, or otherwise participated in health
6 care shall not be denied such licensure, certification, or
7 authorization, unless the Department determines that the
8 action would have constituted professional misconduct in this
9 State; however, nothing in this Section shall be construed as
10 prohibiting the Department from evaluating the conduct of the
11 applicant and making a determination regarding the licensure,
12 certification, or authorization to practice a profession under
13 this Act.

14 (G) The Department may adopt rules to implement the
15 changes made by this amendatory Act of the 102nd General
16 Assembly.

17 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
18 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
19 8-20-21; 102-813, eff. 5-13-22.)

20 Section 7-10. The Nurse Practice Act is amended by
21 changing Sections 65-65 and 70-5 as follows:

22 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

24 Sec. 65-65. Reports relating to APRN professional conduct

1 and capacity.

2 (a) Entities Required to Report.

3 (1) Health Care Institutions. The chief administrator
4 or executive officer of a health care institution licensed
5 by the Department of Public Health, which provides the
6 minimum due process set forth in Section 10.4 of the
7 Hospital Licensing Act, shall report to the Board when an
8 advanced practice registered nurse's organized
9 professional staff clinical privileges are terminated or
10 are restricted based on a final determination, in
11 accordance with that institution's bylaws or rules and
12 regulations, that (i) a person has either committed an act
13 or acts that may directly threaten patient care and that
14 are not of an administrative nature or (ii) that a person
15 may have a mental or physical disability that may endanger
16 patients under that person's care. The chief administrator
17 or officer shall also report if an advanced practice
18 registered nurse accepts voluntary termination or
19 restriction of clinical privileges in lieu of formal
20 action based upon conduct related directly to patient care
21 and not of an administrative nature, or in lieu of formal
22 action seeking to determine whether a person may have a
23 mental or physical disability that may endanger patients
24 under that person's care. The Department shall provide by
25 rule for the reporting to it of all instances in which a
26 person licensed under this Article, who is impaired by

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

21 (2) Professional Associations. The President or chief
22 executive officer of an association or society of persons
23 licensed under this Article, operating within this State,
24 shall report to the Board when the association or society
25 renders a final determination that a person licensed under
26 this Article has committed unprofessional conduct related

1 directly to patient care or that a person may have a mental
2 or physical disability that may endanger patients under
3 the person's care.

4 (3) Professional Liability Insurers. Every insurance
5 company that offers policies of professional liability
6 insurance to persons licensed under this Article, or any
7 other entity that seeks to indemnify the professional
8 liability of a person licensed under this Article, shall
9 report to the Board the settlement of any claim or cause of
10 action, or final judgment rendered in any cause of action,
11 that alleged negligence in the furnishing of patient care
12 by the licensee when the settlement or final judgment is
13 in favor of the plaintiff. Such insurance company shall
14 not take any adverse action, including, but not limited
15 to, denial or revocation of coverage, or rate increases,
16 against a person licensed under this Act with respect to
17 coverage for services provided in Illinois if based solely
18 on the person providing, authorizing, recommending,
19 aiding, assisting, referring for, or otherwise
20 participating in health care services this State in
21 violation of another state's law, or a revocation or other
22 adverse action against the person's license in another
23 state for violation of such law if that health care
24 service as provided would have been lawful and consistent
25 with the standards of conduct for physicians if it
26 occurred in Illinois. Notwithstanding this provision, it

1 is against public policy to require coverage for an
2 illegal action.

3 (4) State's Attorneys. The State's Attorney of each
4 county shall report to the Board all instances in which a
5 person licensed under this Article is convicted or
6 otherwise found guilty of the commission of a felony.

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

19 (b) Mandatory Reporting. All reports required under items
20 (16) and (17) of subsection (a) of Section 70-5 shall be
21 submitted to the Board in a timely fashion. The reports shall
22 be filed in writing within 60 days after a determination that a
23 report is required under this Article. All reports shall
24 contain the following information:

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

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

3 (3) The name or other means of identification of any
4 patient or patients whose treatment is a subject of the
5 report, except that no medical records may be revealed
6 without the written consent of the patient or patients.

7 (4) A brief description of the facts that gave rise to
8 the issuance of the report, including, but not limited to,
9 the dates of any occurrences deemed to necessitate the
10 filing of the report.

11 (5) If court action is involved, the identity of the
12 court in which the action is filed, the docket number, and
13 date of filing of the action.

14 (6) Any further pertinent information that the
15 reporting party deems to be an aid in the evaluation of the
16 report.

17 Nothing contained in this Section shall be construed to in
18 any way waive or modify the confidentiality of medical reports
19 and committee reports to the extent provided by law. Any
20 information reported or disclosed shall be kept for the
21 confidential use of the Board, the Board's attorneys, the
22 investigative staff, and authorized clerical staff and shall
23 be afforded the same status as is provided information
24 concerning medical studies in Part 21 of Article VIII of the
25 Code of Civil Procedure.

26 (c) Immunity from Prosecution. An individual or

1 organization acting in good faith, and not in a willful and
2 wanton manner, in complying with this Section by providing a
3 report or other information to the Board, by assisting in the
4 investigation or preparation of a report or information, by
5 participating in proceedings of the Board, or by serving as a
6 member of the Board shall not, as a result of such actions, be
7 subject to criminal prosecution or civil damages.

8 (d) Indemnification. Members of the Board, the Board's
9 attorneys, the investigative staff, advanced practice
10 registered nurses or physicians retained under contract to
11 assist and advise in the investigation, and authorized
12 clerical staff shall be indemnified by the State for any
13 actions (i) occurring within the scope of services on the
14 Board, (ii) performed in good faith, and (iii) not willful and
15 wanton in nature. The Attorney General shall defend all
16 actions taken against those persons unless he or she
17 determines either that there would be a conflict of interest
18 in the representation or that the actions complained of were
19 not performed in good faith or were willful and wanton in
20 nature. If the Attorney General declines 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
25 performed in good faith or were willful and wanton in nature.
26 The member shall notify the Attorney General within 7 days of

1 receipt of notice of the initiation of an action involving
2 services of the Board. Failure to so notify the Attorney
3 General shall constitute an absolute waiver of the right to a
4 defense and indemnification. The Attorney General shall
5 determine within 7 days after receiving the notice whether he
6 or she will undertake to represent the member.

7 (e) Deliberations of Board. Upon the receipt of a report
8 called for by this Section, other than those reports of
9 impaired persons licensed under this Article required pursuant
10 to the rules of the Board, the Board shall notify in writing by
11 certified or registered mail or by email to the email address
12 of record the person who is the subject of the report. The
13 notification shall be made within 30 days of receipt by the
14 Board of the report. The notification shall include a written
15 notice setting forth the person's right to examine the report.
16 Included in the notification shall be the address at which the
17 file is maintained, the name of the custodian of the reports,
18 and the telephone number at which the custodian may be
19 reached. The person who is the subject of the report shall
20 submit a written statement responding to, clarifying, adding
21 to, or proposing to amend the report previously filed. The
22 statement shall become a permanent part of the file and shall
23 be received by the Board no more than 30 days after the date on
24 which the person was notified of the existence of the original
25 report. The Board shall review all reports received by it and
26 any supporting information and responding statements submitted

1 by persons who are the subject of reports. The review by the
2 Board shall be in a timely manner but in no event shall the
3 Board's initial review of the material contained in each
4 disciplinary file be less than 61 days nor more than 180 days
5 after the receipt of the initial report by the Board. When the
6 Board makes its initial review of the materials contained
7 within its disciplinary files, the Board shall, in writing,
8 make a determination as to whether there are sufficient facts
9 to warrant further investigation or action. Failure to make
10 that determination within the time provided shall be deemed to
11 be a determination that there are not sufficient facts to
12 warrant further investigation or action. Should the Board find
13 that there are not sufficient facts to warrant further
14 investigation or action, the report shall be accepted for
15 filing and the matter shall be deemed closed and so reported.
16 The individual or entity filing the original report or
17 complaint and the person who is the subject of the report or
18 complaint shall be notified in writing by the Board of any
19 final action on their report or complaint.

20 (f) (Blank).

21 (g) Any violation of this Section shall constitute a Class
22 A misdemeanor.

23 (h) If a person violates the provisions of this Section,
24 an action may be brought in the name of the People of the State
25 of Illinois, through the Attorney General of the State of
26 Illinois, for an order enjoining the violation or for an order

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

10 (i) The Department may adopt rules to implement the
11 changes made by this amendatory Act of the 102nd General
12 Assembly.

13 (Source: P.A. 99-143, eff. 7-27-15; 100-513, eff. 1-1-18.)

14 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

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

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

25 (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, summarily
14 suspend, place on probation, reprimand, refuse to issue or
15 renew, or take any other disciplinary or non-disciplinary
16 action against the license or permit issued under this Act to
17 practice as a registered nurse or an advanced practice
18 registered nurse based solely upon the registered nurse or
19 advanced practice registered nurse providing, authorizing,
20 recommending, aiding, assisting, referring for, or otherwise
21 participating in any health care service, so long as the care
22 was not unlawful under the laws of this State, regardless of
23 whether the patient was a resident of this State or another
24 state.

25 (b-10) The Department shall not revoke, suspend, summarily
26 suspend, place on prohibition, reprimand, refuse to issue or

1 renew, or take any other disciplinary or non-disciplinary
2 action against the license or permit issued under this Act to
3 practice as a registered nurse or an advanced practice
4 registered nurse based upon the registered nurse's or advanced
5 practice registered nurse's license being revoked or
6 suspended, or the registered nurse or advanced practice
7 registered nurse being otherwise disciplined by any other
8 state, if that revocation, suspension, or other form of
9 discipline was based solely on the registered nurse or
10 advanced practice registered nurse violating another state's
11 laws prohibiting the provision of, authorization of,
12 recommendation of, aiding or assisting in, referring for, or
13 participation in any health care service if that health care
14 service as provided would not have been unlawful under the
15 laws of this State and is consistent with the standards of
16 conduct for the registered nurse or advanced practice
17 registered nurse practicing in Illinois.

18 (b-15) The conduct specified in subsections (b-5) and
19 (b-10) shall not trigger reporting requirements under Section
20 65-65 or constitute grounds for suspension under Section
21 70-60.

22 (b-20) An applicant seeking licensure, certification, or
23 authorization under this Act who has been subject to
24 disciplinary action by a duly authorized professional
25 disciplinary agency of another jurisdiction solely on the
26 basis of having provided, authorized, recommended, aided,

1 assisted, referred for, or otherwise participated in health
2 care shall not be denied such licensure, certification, or
3 authorization, unless the Department determines that such
4 action would have constituted professional misconduct in this
5 State; however, nothing in this Section shall be construed as
6 prohibiting the Department from evaluating the conduct of such
7 applicant and making a determination regarding the licensure,
8 certification, or authorization to practice a profession under
9 this Act.

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

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

1 (e) In enforcing this Act, the Department, upon a showing
2 of a possible violation, may compel an individual licensed to
3 practice under this Act or who has applied for licensure under
4 this Act, to submit to a mental or physical examination, or
5 both, as required by and at the expense of the Department. The
6 Department may order the examining physician to present
7 testimony concerning the mental or physical examination of the
8 licensee or applicant. No information shall be excluded by
9 reason of any common law or statutory privilege relating to
10 communications between the licensee or applicant and the
11 examining physician. The examining physicians shall be
12 specifically designated by the Department. The individual to
13 be examined may have, at his or her own expense, another
14 physician of his or her choice present during all aspects of
15 this examination. Failure of an individual to submit to a
16 mental or physical examination, when directed, shall result in
17 an automatic 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, as defined by rule.

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 (e), the Department may require that individual to

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

25 An individual licensed under this Act and affected under
26 this subsection (e) shall be afforded an opportunity to

1 demonstrate to the Department that he or she can resume
2 practice in compliance with nursing standards under the
3 provisions of his or her license.

4 (f) The Department may adopt rules to implement the
5 changes made by this amendatory Act of the 102nd General
6 Assembly.

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

8 Section 7-15. The Pharmacy Practice Act is amended by
9 changing Sections 30 and 30.1 as follows:

10 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

12 Sec. 30. Refusal, revocation, suspension, or other
13 discipline.

14 (a) The Department may refuse to issue or renew, or may
15 revoke a license, or may suspend, place on probation, fine, or
16 take any disciplinary or non-disciplinary action as the
17 Department may deem proper, including fines not to exceed
18 \$10,000 for each violation, with regard to any licensee for
19 any one or combination of the following causes:

20 1. Material misstatement in furnishing information to
21 the Department.

22 2. Violations of this Act, or the rules promulgated
23 hereunder.

24 3. Making any misrepresentation for the purpose of

1 obtaining licenses.

2 4. A pattern of conduct which demonstrates
3 incompetence or unfitness to practice.

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

6 6. Failing, within 60 days, to respond to a written
7 request made by the Department for information.

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

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

19 9. Directly or indirectly giving to or receiving from
20 any person, firm, corporation, partnership, or association
21 any fee, commission, rebate or other form of compensation
22 for any professional services not actually or personally
23 rendered. Nothing in this item 9 affects any bona fide
24 independent contractor or employment arrangements among
25 health care professionals, health facilities, health care
26 providers, or other entities, except as otherwise

1 prohibited by law. Any employment arrangements may include
2 provisions for compensation, health insurance, pension, or
3 other employment benefits for the provision of services
4 within the scope of the licensee's practice under this
5 Act. Nothing in this item 9 shall be construed to require
6 an employment arrangement to receive professional fees for
7 services rendered.

8 10. A finding by the Department that the licensee,
9 after having his license placed on probationary status,l
10 has violated the terms of probation.

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

13 12. Physical illness, including,l but not limited to,
14 deterioration through the aging process, or loss of motor
15 skill which results in the inability to practice the
16 profession with reasonable judgment, skill or safety.

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

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

1 pharmacy or involves controlled substances.

2 15. Habitual or excessive use or addiction to alcohol,
3 narcotics, stimulants or any other chemical agent or drug
4 which results in the inability to practice with reasonable
5 judgment, skill or safety.

6 16. Willfully making or filing false records or
7 reports in the practice of pharmacy, including, but not
8 limited to, false records to support claims against the
9 medical assistance program of the Department of Healthcare
10 and Family Services (formerly Department of Public Aid)
11 under the Public Aid Code.

12 17. Gross and willful overcharging for professional
13 services including filing false statements for collection
14 of fees for which services are not rendered, including,
15 but not limited to, filing false statements for collection
16 of monies for services not rendered from the medical
17 assistance program of the Department of Healthcare and
18 Family Services (formerly Department of Public Aid) under
19 the Public Aid Code.

20 18. Dispensing prescription drugs without receiving a
21 written or oral prescription in violation of law.

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

26 20. Physical or mental illness or any other impairment

1 or disability, including, without limitation: (A)
2 deterioration through the aging process or loss of motor
3 skills that results in the inability to practice with
4 reasonable judgment, skill or safety; or (B) mental
5 incompetence, as declared by a court of competent
6 jurisdiction.

7 21. Violation of the Health Care Worker Self-Referral
8 Act.

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

16 23. Interfering with the professional judgment of a
17 pharmacist by any licensee under this Act, or the
18 licensee's agents or employees.

19 24. Failing to report within 60 days to the Department
20 any adverse final action taken against a pharmacy,
21 pharmacist, registered pharmacy technician, or registered
22 certified pharmacy technician by another licensing
23 jurisdiction in any other state or any territory of the
24 United States or any foreign jurisdiction, any
25 governmental agency, any law enforcement agency, or any
26 court for acts or conduct similar to acts or conduct that

1 would constitute grounds for discipline as defined in this
2 Section.

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

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

7 27. Willfully failing to report an instance of
8 suspected abuse, neglect, financial exploitation, or
9 self-neglect of an eligible adult as defined in and
10 required by the Adult Protective Services Act.

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

17 29. Using advertisements or making solicitations that
18 may jeopardize the health, safety, or welfare of patients,
19 including, but not ~~be~~ limited to, the use of
20 advertisements or solicitations that:

21 (A) are false, fraudulent, deceptive, or
22 misleading; or

23 (B) include any claim regarding a professional
24 service or product or the cost or price thereof that
25 cannot be substantiated by the licensee.

26 30. Requiring a pharmacist to participate in the use

1 or distribution of advertisements or in making
2 solicitations that may jeopardize the health, safety, or
3 welfare of patients.

4 31. Failing to provide a working environment for all
5 pharmacy personnel that protects the health, safety, and
6 welfare of a patient, which includes, but is not limited
7 to, failing to:

8 (A) employ sufficient personnel to prevent
9 fatigue, distraction, or other conditions that
10 interfere with a pharmacist's ability to practice with
11 competency and safety or creates an environment that
12 jeopardizes patient care;

13 (B) provide appropriate opportunities for
14 uninterrupted rest periods and meal breaks;

15 (C) provide adequate time for a pharmacist to
16 complete professional duties and responsibilities,
17 including, but not limited to:

18 (i) drug utilization review;

19 (ii) immunization;

20 (iii) counseling;

21 (iv) verification of the accuracy of a
22 prescription; and

23 (v) all other duties and responsibilities of a
24 pharmacist as listed in the rules of the
25 Department.

26 32. Introducing or enforcing external factors, such as

1 productivity or production quotas or other programs
2 against pharmacists, student pharmacists or pharmacy
3 technicians, to the extent that they interfere with the
4 ability of those individuals to provide appropriate
5 professional services to the public.

6 33. Providing an incentive for or inducing the
7 transfer of a prescription for a patient absent a
8 professional rationale.

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

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

26 (c-5) The Department shall not revoke, suspend, summarily

1 suspend, place on prohibition, reprimand, refuse to issue or
2 renew, or take any other disciplinary or non-disciplinary
3 action against the license or permit issued under this Act to
4 practice as a pharmacist, registered pharmacy technician, or
5 registered certified pharmacy technician based solely upon the
6 pharmacist, registered pharmacy technician, or registered
7 certified pharmacy technician providing, authorizing,
8 recommending, aiding, assisting, referring for, or otherwise
9 participating in any health care service, so long as the care
10 was not unlawful under the laws of this State, regardless of
11 whether the patient was a resident of this State or another
12 state.

13 (c-10) The Department shall not revoke, suspend, summarily
14 suspend, place on prohibition, reprimand, refuse to issue or
15 renew, or take any other disciplinary or non-disciplinary
16 action against the license or permit issued under this Act to
17 practice as a pharmacist, registered pharmacy technician, or
18 registered certified pharmacy technician based upon the
19 pharmacist's, registered pharmacy technician's, or registered
20 certified pharmacy technician's license being revoked or
21 suspended, or the pharmacist being otherwise disciplined by
22 any other state, if that revocation, suspension, or other form
23 of discipline was based solely on the pharmacist, registered
24 pharmacy technician, or registered certified pharmacy
25 technician violating another state's laws prohibiting the
26 provision of, authorization of, recommendation of, aiding or

1 assisting in, referring for, or participation in any health
2 care service if that health care service as provided would not
3 have been unlawful under the laws of this State and is
4 consistent with the standards of conduct for a pharmacist,
5 registered pharmacy technician, or registered certified
6 pharmacy technician practicing in Illinois.

7 (c-15) The conduct specified in subsections (c-5) and
8 (c-10) shall not constitute grounds for suspension under
9 Section 35.16.

10 (c-20) An applicant seeking licensure, certification, or
11 authorization pursuant to this Act who has been subject to
12 disciplinary action by a duly authorized professional
13 disciplinary agency of another jurisdiction solely on the
14 basis of having provided, authorized, recommended, aided,
15 assisted, referred for, or otherwise participated in health
16 care shall not be denied such licensure, certification, or
17 authorization, unless the Department determines that such
18 action would have constituted professional misconduct in this
19 State; however, nothing in this Section shall be construed as
20 prohibiting the Department from evaluating the conduct of such
21 applicant and making a determination regarding the licensure,
22 certification, or authorization to practice a profession under
23 this Act.

24 (d) Fines may be imposed in conjunction with other forms
25 of disciplinary action, but shall not be the exclusive
26 disposition of any disciplinary action arising out of conduct

1 resulting in death or injury to a patient. Fines shall be paid
2 within 60 days or as otherwise agreed to by the Department. Any
3 funds collected from such fines shall be deposited in the
4 Illinois State Pharmacy Disciplinary Fund.

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

14 (f) The Department shall issue quarterly to the Board a
15 status of all complaints related to the profession received by
16 the Department.

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

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

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

18 (h) 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, as a
24 result of such actions, be subject to criminal prosecution or
25 civil damages. Any person who reports a violation of this
26 Section to the Department is protected under subsection (b) of

1 Section 15 of the Whistleblower Act.

2 (i) Members of the Board shall have no liability in any
3 action based upon any disciplinary proceedings or other
4 activity performed in good faith as a member of the Board. The
5 Attorney General shall defend all such actions unless he or
6 she determines either that there would be a conflict of
7 interest in such representation or that the actions complained
8 of were not in good faith or were willful and wanton.

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

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

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

23 (j) The Department may adopt rules to implement the
24 changes made by this amendatory Act of the 102nd General
25 Assembly.

26 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;

1 revised 12-9-22.)

2 (225 ILCS 85/30.1)

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

4 Sec. 30.1. Reporting.

5 (a) When a pharmacist, registered certified pharmacy
6 technician, or a registered pharmacy technician licensed by
7 the Department is terminated for actions which may have
8 threatened patient safety, the pharmacy or
9 pharmacist-in-charge, pursuant to the policies and procedures
10 of the pharmacy at which he or she is employed, shall report
11 the termination to the chief pharmacy coordinator. Such
12 reports shall be strictly confidential and may be reviewed and
13 considered only by the members of the Board or by authorized
14 Department staff. Such reports, and any records associated
15 with such reports, are exempt from public disclosure and the
16 Freedom of Information Act. Although the reports are exempt
17 from disclosure, any formal complaint filed against a licensee
18 or registrant by the Department or any order issued by the
19 Department against a licensee, registrant, or applicant shall
20 be a public record, except as otherwise prohibited by law. A
21 pharmacy shall not take any adverse action, including, but not
22 limited to, disciplining or terminating a pharmacist,
23 registered certified pharmacy technician, or registered
24 pharmacy technician, as a result of an adverse action against
25 the person's license or clinical privileges or other

1 disciplinary action by another state or health care
2 institution that resulted from the pharmacist's, registered
3 certified pharmacy technician's, or registered pharmacy
4 technician's provision of, authorization of, recommendation
5 of, aiding or assistance with, referral for, or participation
6 in any health care service, if the adverse action was based
7 solely on a violation of the other state's law prohibiting the
8 provision such health care and related services in the state
9 or for a resident of the state.

10 (b) The report shall be submitted to the chief pharmacy
11 coordinator in a timely fashion. Unless otherwise provided in
12 this Section, the reports shall be filed in writing, on forms
13 provided by the Department, within 60 days after a pharmacy's
14 determination that a report is required under this Act. All
15 reports shall contain only the following information:

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

18 (2) The name, license number, and last known address
19 and telephone number of the person who is the subject of
20 the report.

21 (3) A brief description of the facts which gave rise
22 to the issuance of the report, including dates of
23 occurrence.

24 (c) The contents of any report and any records associated
25 with such report shall be strictly confidential and may only
26 be reviewed by:

- 1 (1) members of the Board of Pharmacy;
- 2 (2) the Board of Pharmacy's designated attorney;
- 3 (3) administrative personnel assigned to open mail
4 containing reports, to process and distribute reports to
5 authorized persons, and to communicate with senders of
6 reports;
- 7 (4) Department investigators and Department
8 prosecutors; or
- 9 (5) attorneys from the Office of the Illinois Attorney
10 General representing the Department in litigation in
11 response to specific disciplinary action the Department
12 has taken or initiated against a specific individual
13 pursuant to this Section.

14 (d) Whenever a pharmacy or pharmacist-in-charge makes a
15 report and provides any records associated with that report to
16 the Department, acts in good faith, and not in a willful and
17 wanton manner, the person or entity making the report and the
18 pharmacy or health care institution employing him or her shall
19 not, as a result of such actions, be subject to criminal
20 prosecution or civil damages.

21 (e) The Department may adopt rules to implement the
22 changes made by this amendatory Act of the 102nd General
23 Assembly.

24 (Source: P.A. 99-863, eff. 8-19-16.)

25 Article 8.

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

3 (5 ILCS 100/5-45.35 new)

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

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

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

1 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

3 Sec. 4. Definitions. In this Act:

4 1. "Department" means the Department of Financial and
5 Professional Regulation.

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

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

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

16 Any person who holds an active license or permit issued
17 pursuant to the Medical Practice Act of 1987 shall have that
18 license automatically placed into inactive status upon
19 issuance of a physician assistant license. Any person who
20 holds an active license as a physician assistant who is issued
21 a license or permit pursuant to the Medical Practice Act of
22 1987 shall have his or her physician assistant license
23 automatically placed into inactive status.

24 3.5. "Physician assistant practice" means the performance
25 of procedures within the specialty of the collaborating
26 physician. Physician assistants shall be capable of performing

1 a variety of tasks within the specialty of medical care of the
2 collaborating physician. Collaboration with the physician
3 assistant shall not be construed to necessarily require the
4 personal presence of the collaborating physician at all times
5 at the place where services are rendered, as long as there is
6 communication available for consultation by radio, telephone,
7 telecommunications, or electronic communications. The
8 collaborating physician may delegate tasks and duties to the
9 physician assistant. Delegated tasks or duties shall be
10 consistent with physician assistant education, training, and
11 experience. The delegated tasks or duties shall be specific to
12 the practice setting and shall be implemented and reviewed
13 under a written collaborative agreement established by the
14 physician or physician/physician assistant team. A physician
15 assistant shall be permitted to transmit the collaborating
16 physician's orders as determined by the institution's bylaws,
17 policies, or procedures or the job description within which
18 the physician/physician assistant team practices. Physician
19 assistants shall practice only in accordance with a written
20 collaborative agreement, except as provided in Section 7.5 of
21 this Act.

22 4. "Board" means the Medical Licensing Board constituted
23 under the Medical Practice Act of 1987.

24 5. (Blank). ~~"Disciplinary Board" means the Medical~~
25 ~~Disciplinary Board constituted under the Medical Practice Act~~
26 ~~of 1987.~~

1 6. "Physician" means a person licensed to practice
2 medicine in all of its branches under the Medical Practice Act
3 of 1987.

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

9 8. (Blank).

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

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

1 Maintenance Organization Act.

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

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

7 (225 ILCS 95/9.7 new)

8 Sec. 9.7. Temporary permit for health care.

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

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

18 (2) The applicant has obtained certification by the
19 National Commission on Certification of Physician
20 Assistants or its successor agency; the applicant has
21 submitted verification of licensure status 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 will not consider a physician
4 assistant's license being revoked or otherwise disciplined
5 by any state or territory based solely on the physician
6 providing, authorizing, recommending, aiding, assisting,
7 referring for, or otherwise participating in any health
8 care service that is unlawful or prohibited in that state
9 or territory, if the provision of, authorization of, or
10 participation in that health care service, medical
11 service, or procedure related to any health care service
12 is not unlawful or prohibited in this State.

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

19 (4) The applicant has met the written collaborative
20 agreement requirements under subsection (a) of Section
21 7.5.

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

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

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

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

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

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

22 (c) The temporary permit shall only permit the holder to
23 practice as a physician assistant with a collaborating
24 physician who provides health care services with the sponsor
25 specified on the permit.

26 (d) An application for the temporary permit shall be made

1 to the Department, in writing, on forms prescribed by the
2 Department, and shall be accompanied by a non-refundable fee
3 of \$75. The Department shall grant or deny an applicant a
4 temporary permit within 60 days of receipt of a completed
5 application. The Department shall notify the applicant of any
6 deficiencies in the applicant's application materials
7 requiring corrections in a timely manner.

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

13 (f) The Secretary may summarily cancel any temporary
14 permit issued pursuant to this Section, without a hearing, if
15 the Secretary finds that evidence in his or her possession
16 indicates that a permit holder's continuation in practice
17 would constitute an imminent danger to the public or violate
18 any provision of this Act or its rules. If the Secretary
19 summarily cancels a temporary permit issued pursuant to this
20 Section or Act, the permit holder may petition the Department
21 for a hearing in accordance with the provisions of Section
22 22.11 to restore his or her permit, unless the permit holder
23 has exceeded his or her renewal limit.

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

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

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

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

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

1 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

3 Sec. 21. Grounds for disciplinary action.

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

11 (1) Material misstatement in furnishing information to
12 the Department.

13 (2) Violations of this Act, or the rules adopted under
14 this Act.

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

24 (4) Making any misrepresentation for the purpose of
25 obtaining licenses.

26 (5) Professional incompetence.

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

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

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

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

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

16 (11) Directly or indirectly giving to or receiving
17 from any person, firm, corporation, partnership, or
18 association any fee, commission, rebate or other form of
19 compensation for any professional services not actually or
20 personally rendered. Nothing in this paragraph (11)
21 affects any bona fide independent contractor or employment
22 arrangements, which may include provisions for
23 compensation, health insurance, pension, or other
24 employment benefits, with persons or entities authorized
25 under this Act for the provision of services within the
26 scope of the licensee's practice under this Act.

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

4 (13) Abandonment of a patient.

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

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

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

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

24 (18) (Blank).

25 (19) Gross negligence resulting in permanent injury or
26 death of a patient.

1 (20) Employment of fraud, deception or any unlawful
2 means in applying for or securing a license as a physician
3 assistant.

4 (21) Exceeding the authority delegated to him or her
5 by his or her collaborating physician in a written
6 collaborative agreement.

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

10 (23) Violation of the Health Care Worker Self-Referral
11 Act.

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

14 (25) Making a false or misleading statement regarding
15 his or her skill or the efficacy or value of the medicine,
16 treatment, or remedy prescribed by him or her in the
17 course of treatment.

18 (26) Allowing another person to use his or her license
19 to practice.

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

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

1 (29) A pattern of practice or other behavior that
2 demonstrates incapacity or incompetence to practice under
3 this Act.

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

7 (31) Exceeding the prescriptive authority delegated by
8 the collaborating physician or violating the written
9 collaborative agreement delegating that authority.

10 (32) Practicing without providing to the Department a
11 notice of collaboration or delegation of prescriptive
12 authority.

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

15 (34) Attempting to subvert or cheat on the examination
16 of the National Commission on Certification of Physician
17 Assistants or its successor agency.

18 (35) Willfully or negligently violating the
19 confidentiality between physician assistant and patient,
20 except as required by law.

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

25 (37) Being named as an abuser in a verified report by
26 the Department on Aging under the Adult Protective

1 Services Act and upon proof by clear and convincing
2 evidence that the licensee abused, neglected, or
3 financially exploited an eligible adult as defined in the
4 Adult Protective Services Act.

5 (38) Failure to report to the Department an adverse
6 final action taken against him or her by another licensing
7 jurisdiction of the United States or a foreign state or
8 country, a peer review body, a health care institution, a
9 professional society or association, a governmental
10 agency, a law enforcement agency, or a court acts or
11 conduct similar to acts or conduct that would constitute
12 grounds for action under this Section.

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

15 (40) Entering into an excessive number of written
16 collaborative agreements with licensed physicians
17 resulting in an inability to adequately collaborate.

18 (41) Repeated failure to adequately collaborate with a
19 collaborating physician.

20 (42) Violating the Compassionate Use of Medical
21 Cannabis Program Act.

22 (b) The Department may, without a hearing, refuse to issue
23 or renew or may suspend the license of any person who fails to
24 file a return, or to pay the tax, penalty or interest shown in
25 a filed return, or to pay any final assessment of the tax,
26 penalty, or interest as required by any tax Act administered

1 by the Illinois Department of Revenue, until such time as the
2 requirements of any such tax Act are satisfied.

3 (b-5) The Department shall not revoke, suspend, summarily
4 suspend, place on prohibition, reprimand, refuse to issue or
5 renew, or take any other disciplinary or non-disciplinary
6 action against the license or permit issued under this Act to
7 practice as a physician assistant based solely upon the
8 physician assistant providing, authorizing, recommending,
9 aiding, assisting, referring for, or otherwise participating
10 in any health care service, so long as the care was not
11 unlawful under the laws of this State, regardless of whether
12 the patient was a resident of this State or another state.

13 (b-10) The Department shall not revoke, suspend, summarily
14 suspend, place on prohibition, reprimand, refuse to issue or
15 renew, or take any other disciplinary or non-disciplinary
16 action against the license or permit issued under this Act to
17 practice as a physician assistant based upon the physician
18 assistant's license being revoked or suspended, or the
19 physician assistant being otherwise disciplined by any other
20 state, if that revocation, suspension, or other form of
21 discipline was based solely on the physician assistant
22 violating another state's laws prohibiting the provision of,
23 authorization of, recommendation of, aiding or assisting in,
24 referring for, or participation in any health care service if
25 that health care service as provided would not have been
26 unlawful under the laws of this State and is consistent with

1 the standards of conduct for a physician assistant practicing
2 in Illinois.

3 (b-15) The conduct specified in subsections (b-5) and
4 (b-10) shall not constitute grounds for suspension under
5 Section 22.13.

6 (b-20) An applicant seeking licensure, certification, or
7 authorization pursuant to this Act who has been subject to
8 disciplinary action by a duly authorized professional
9 disciplinary agency of another jurisdiction solely on the
10 basis of having provided, authorized, recommended, aided,
11 assisted, referred for, or otherwise participated in health
12 care shall not be denied such licensure, certification, or
13 authorization, unless the Department determines that such
14 action would have constituted professional misconduct in this
15 State; however, nothing in this Section shall be construed as
16 prohibiting the Department from evaluating the conduct of such
17 applicant and making a determination regarding the licensure,
18 certification, or authorization to practice a profession under
19 this Act.

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

1 and upon the recommendation of the ~~Disciplinary~~ Board to the
2 Secretary that the licensee be allowed to resume his or her
3 practice.

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

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

1 testing, or neuropsychological testing.

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

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

21 The individual to be examined may have, at his or her own
22 expense, another physician of his or her choice present during
23 all aspects of this examination. However, that physician shall
24 be present only to observe and may not interfere in any way
25 with the examination.

26 Failure of an individual to submit to a mental or physical

1 examination, when ordered, shall result in an automatic
2 suspension of his or her license until the individual submits
3 to the examination.

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

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

1 federal statutes and regulations safeguarding the
2 confidentiality of medical records.

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

8 (e) An individual or organization acting in good faith,
9 and not in a willful and wanton manner, in complying with this
10 Section by providing a report or other information to the
11 Board, by assisting in the investigation or preparation of a
12 report or information, by participating in proceedings of the
13 Board, or by serving as a member of the Board, shall not be
14 subject to criminal prosecution or civil damages as a result
15 of such actions.

16 (f) Members of the Board ~~and the Disciplinary Board~~ shall
17 be indemnified by the State for any actions occurring within
18 the scope of services on the ~~Disciplinary Board or~~ Board, done
19 in good faith and not willful and wanton in nature. The
20 Attorney General shall defend all such actions unless he or
21 she determines either that there would be a conflict of
22 interest in such representation or that the actions complained
23 of were not in good faith or were willful and wanton.

24 If the Attorney General declines representation, the
25 member has the right to employ counsel of his or her choice,
26 whose fees shall be provided by the State, after approval by

1 the Attorney General, unless there is a determination by a
2 court that the member's actions were not in good faith or were
3 willful and wanton.

4 The member must notify the Attorney General within 7 days
5 after receipt of notice of the initiation of any action
6 involving services of the ~~Disciplinary~~ Board. Failure to so
7 notify the Attorney General constitutes an absolute waiver of
8 the right to a defense and indemnification.

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

12 (g) The Department may adopt rules to implement the
13 changes made by this amendatory Act of the 102nd General
14 Assembly.

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

16 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

18 Sec. 22.2. Investigation; notice; hearing. The Department
19 may investigate the actions of any applicant or of any person
20 or persons holding or claiming to hold a license. The
21 Department shall, before suspending, revoking, placing on
22 probationary status, or taking any other disciplinary action
23 as the Department may deem proper with regard to any license,
24 at least 30 days prior to the date set for the hearing, notify
25 the applicant or licensee in writing of any charges made and

1 the time and place for a hearing of the charges before the
2 ~~Disciplinary~~ Board, direct him or her to file his or her
3 written answer thereto to the ~~Disciplinary~~ Board under oath
4 within 20 days after the service on him or her of such notice
5 and inform him or her that if he or she fails to file such
6 answer default will be taken against him or her and his or her
7 license may be suspended, revoked, placed on probationary
8 status, or have other disciplinary action, including limiting
9 the scope, nature or extent of his or her practice, as the
10 Department may deem proper taken with regard thereto. Written
11 or electronic notice may be served by personal delivery,
12 email, or mail to the applicant or licensee at his or her
13 address of record or email address of record. At the time and
14 place fixed in the notice, the Department shall proceed to
15 hear the charges and the parties or their counsel shall be
16 accorded ample opportunity to present such statements,
17 testimony, evidence, and argument as may be pertinent to the
18 charges or to the defense thereto. The Department may continue
19 such hearing from time to time. In case the applicant or
20 licensee, after receiving notice, fails to file an answer, his
21 or her license may in the discretion of the Secretary, having
22 received first the recommendation of the ~~Disciplinary~~ Board,
23 be suspended, revoked, placed on probationary status, or the
24 Secretary may take whatever disciplinary action as he or she
25 may deem proper, including limiting the scope, nature, or
26 extent of such person's practice, without a hearing, if the

1 act or acts charged constitute sufficient grounds for such
2 action under this Act.

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

4 (225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

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

6 Sec. 22.3. The Department, at its expense, shall preserve
7 a record of all proceedings at the formal hearing of any case
8 involving the refusal to issue, renew or discipline of a
9 license. The notice of hearing, complaint and all other
10 documents in the nature of pleadings and written motions filed
11 in the proceedings, the transcript of testimony, the report of
12 the ~~Disciplinary~~ Board or hearing officer and orders of the
13 Department shall be the record of such proceeding.

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

15 (225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

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

17 Sec. 22.5. Subpoena power; oaths. The Department shall
18 have power to subpoena and bring before it any person and to
19 take testimony either orally or by deposition or both, with
20 the same fees and mileage and in the same manner as prescribed
21 by law in judicial proceedings in civil cases in circuit
22 courts of this State.

23 The Secretary, the designated hearing officer, and any
24 member of the ~~Disciplinary~~ Board designated by the Secretary

1 shall each have power to administer oaths to witnesses at any
2 hearing which the Department is authorized to conduct under
3 this Act and any other oaths required or authorized to be
4 administered by the Department under this Act.

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

6 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

8 Sec. 22.6. At the conclusion of the hearing, the
9 ~~Disciplinary~~ Board shall present to the Secretary a written
10 report of its findings of fact, conclusions of law, and
11 recommendations. The report shall contain a finding whether or
12 not the accused person violated this Act or failed to comply
13 with the conditions required in this Act. The ~~Disciplinary~~
14 Board shall specify the nature of the violation or failure to
15 comply, and shall make its recommendations to the Secretary.

16 The report of findings of fact, conclusions of law, and
17 recommendation of the ~~Disciplinary~~ Board shall be the basis
18 for the Department's order or refusal or for the granting of a
19 license or permit. If the Secretary disagrees in any regard
20 with the report of the ~~Disciplinary~~ Board, the Secretary may
21 issue an order in contravention thereof. The finding is not
22 admissible in evidence against the person in a criminal
23 prosecution brought for the violation of this Act, but the
24 hearing and finding are not a bar to a criminal prosecution
25 brought for the violation of this Act.

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

2 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

4 Sec. 22.7. Hearing officer. Notwithstanding the provisions
5 of Section 22.2 of this Act, the Secretary shall have the
6 authority to appoint any attorney duly licensed to practice
7 law in the State of Illinois to serve as the hearing officer in
8 any action for refusal to issue or renew, or for discipline of,
9 a license. The hearing officer shall have full authority to
10 conduct the hearing. The hearing officer shall report his or
11 her findings of fact, conclusions of law, and recommendations
12 to the ~~Disciplinary~~ Board and the Secretary. The ~~Disciplinary~~
13 Board shall have 60 days from receipt of the report to review
14 the report of the hearing officer and present their findings
15 of fact, conclusions of law, and recommendations to the
16 Secretary. If the ~~Disciplinary~~ Board fails to present its
17 report within the 60-day period, the respondent may request in
18 writing a direct appeal to the Secretary, in which case the
19 Secretary may issue an order based upon the report of the
20 hearing officer and the record of the proceedings or issue an
21 order remanding the matter back to the hearing officer for
22 additional proceedings in accordance with the order.
23 Notwithstanding any other provision of this Section, if the
24 Secretary, upon review, determines that substantial justice
25 has not been done in the revocation, suspension, or refusal to

1 issue or renew a license or other disciplinary action taken as
2 the result of the entry of the hearing officer's report, the
3 Secretary may order a rehearing by the same or other
4 examiners. If the Secretary disagrees in any regard with the
5 report of the ~~Disciplinary~~ Board or hearing officer, he or she
6 may issue an order in contravention thereof.

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

8 (225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

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

10 Sec. 22.8. In any case involving the refusal to issue,
11 renew or discipline of a license, a copy of the ~~Disciplinary~~
12 Board's report shall be served upon the respondent by the
13 Department, either personally or as provided in this Act for
14 the service of the notice of hearing. Within 20 days after such
15 service, the respondent may present to the Department a motion
16 in writing for a rehearing, which motion shall specify the
17 particular grounds therefor. If no motion for rehearing is
18 filed, then upon the expiration of the time specified for
19 filing such a motion, or if a motion for rehearing is denied,
20 then upon such denial the Secretary may enter an order in
21 accordance with recommendations of the ~~Disciplinary~~ Board
22 except as provided in Section 22.6 or 22.7 of this Act. If the
23 respondent shall order from the reporting service, and pay for
24 a transcript of the record within the time for filing a motion
25 for rehearing, the 20 day period within which such a motion may

1 be filed shall commence upon the delivery of the transcript to
2 the respondent.

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

4 (225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

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

6 Sec. 22.9. Whenever the Secretary is satisfied that
7 substantial justice has not been done in the revocation,
8 suspension or refusal to issue or renew a license, the
9 Secretary may order a rehearing by the same or another hearing
10 officer or ~~Disciplinary~~ Board.

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

12 (225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

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

14 Sec. 22.10. Order or certified copy; prima facie proof. An
15 order or a certified copy thereof, over the seal of the
16 Department and purporting to be signed by the Secretary, shall
17 be prima facie proof that:

18 (a) the signature is the genuine signature of the
19 Secretary;

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

21 (c) the ~~Disciplinary~~ Board and the members thereof are
22 qualified to act.

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

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

3 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

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

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

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

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

20 "Department" means the Department of Financial and
21 Professional Regulation.

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

1 "Email address of record" means the designated email
2 address recorded by the Department in the applicant's
3 application file or the licensee's license file, as maintained
4 by the Department's licensure maintenance unit.

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

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

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

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

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

23 "Professional association" means an association or society
24 of persons licensed under this Act, and operating within the
25 State of Illinois, including but not limited to, medical
26 societies, osteopathic organizations, and chiropractic

1 organizations, but this term shall not be deemed to include
2 hospital medical staffs.

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

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

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

14 "Secretary" means the Secretary of Financial and
15 Professional Regulation.

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

17 (225 ILCS 60/66 new)

18 Sec. 66. Temporary permit for health care.

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

24 (1) The Department determines that the applicant's
25 services will improve the welfare of Illinois residents

1 and non-residents requiring health care services.

2 (2) The applicant has graduated from a medical program
3 officially recognized by the jurisdiction in which it is
4 located for the purpose of receiving a license to practice
5 medicine in all of its branches, and maintains an
6 equivalent authorization to practice medicine in good
7 standing in the applicant's current state or territory of
8 licensure; and the applicant can furnish the Department
9 with a certified letter upon request from that
10 jurisdiction attesting to the fact that the applicant has
11 no pending action or violations against the applicant's
12 license.

13 The Department will not consider a physician's license
14 being revoked or otherwise disciplined by any state or
15 territory based solely on the physician providing,
16 authorizing, recommending, aiding, assisting, referring
17 for, or otherwise participating in any health care service
18 that is unlawful or prohibited in that state or territory,
19 if the provision of, authorization of, or participation in
20 that health care, medical service, or procedure related to
21 any health care service is not unlawful or prohibited in
22 this State.

23 (3) The applicant has sufficient training and
24 possesses the appropriate core competencies to provide
25 health care services, and is physically, mentally, and
26 professionally capable of practicing medicine with

1 reasonable judgment, skill, and safety and in accordance
2 with applicable standards of care.

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

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

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

24 The Department may adopt rules pursuant to this Section.

25 (b) A temporary permit under this Section shall expire 2
26 years after the date of issuance. The temporary permit may be

1 renewed for a \$45 fee for an additional 2 years. A holder of a
2 temporary permit may only renew one time.

3 (c) The temporary permit shall only permit the holder to
4 practice medicine within the scope of providing health care
5 services at the location or locations specified on the permit.

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

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

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

1 Section or Act, the permit holder may petition the Department
2 for a hearing in accordance with the provisions of Section 43
3 of this Act to restore his or her permit, unless the permit
4 holder has exceeded his or her renewal limit.

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

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

24 (i) If the Department becomes aware of a violation
25 occurring at the licensed hospital, medical office, clinic, or
26 other medical facility or via telehealth practice, the

1 Department shall notify the Department of Public Health.

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

7 Section 8-15. The Nurse Practice Act is amended by adding
8 Sections 65-11 and 65-11.5 as follows:

9 (225 ILCS 65/65-11 new)

10 Sec. 65-11. Temporary permit for advanced practice
11 registered nurses for health care.

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

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

21 (2) The applicant has obtained a graduate degree
22 appropriate for national certification in a clinical
23 advanced practice registered nursing specialty or a
24 graduate degree or post-master's certificate from a

1 graduate level program in a clinical advanced practice
2 registered nursing specialty; the applicant has submitted
3 verification of licensure status in good standing in the
4 applicant's current state or territory of licensure; and
5 the applicant can furnish the Department with a certified
6 letter upon request from that jurisdiction attesting to
7 the fact that the applicant has no pending action or
8 violations against the applicant's license.

9 The Department will not consider an advanced practice
10 registered nurse's license being revoked or otherwise
11 disciplined by any state or territory based solely on the
12 advanced practice registered nurse providing, authorizing,
13 recommending, aiding, assisting, referring for, or
14 otherwise participating in any health care service that is
15 unlawful or prohibited in that state or territory, if the
16 provision of, authorization of, or participation in that
17 health care, medical service, or procedure related to any
18 health care service is not unlawful or prohibited in this
19 State.

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

1 (4) The applicant has met the written collaborative
2 agreement requirements under Section 65-35.

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

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

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

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

25 (b) A temporary permit under this Section shall expire 2
26 years after the date of issuance. The temporary permit may be

1 renewed for a \$45 fee for an additional 2 years. A holder of a
2 temporary permit may only renew one time.

3 (c) The temporary permit shall only permit the holder to
4 practice as an advanced practice registered nurse with a
5 collaborating physician who provides health care services at
6 the location or locations specified on the permit or via
7 telehealth.

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 temporary permit may be requested to
17 appear before the Board to respond to questions concerning the
18 applicant's qualifications to receive the permit. An
19 applicant's refusal to appear before the Board of Nursing may
20 be grounds 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.

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

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

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

26 (i) If the Department becomes aware of a violation

1 occurring at the licensed hospital, medical office, clinic, or
2 other medical facility, or via telehealth service, the
3 Department shall notify the Department of Public Health.

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

9 (225 ILCS 65/65-11.5 new)

10 Sec. 65-11.5. Temporary permit for full practice advanced
11 practice registered nurses for health care.

12 (a) The Department may issue a full practice advanced
13 practice registered nurse temporary permit to an applicant who
14 is licensed to practice as an advanced practice registered
15 nurse in another state. The temporary permit will authorize
16 the practice of providing health care to patients in this
17 State if all of the following apply:

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

21 (2) The applicant has obtained a graduate degree
22 appropriate for national certification in a clinical
23 advanced practice registered nursing specialty or a
24 graduate degree or post-master's certificate from a
25 graduate level program in a clinical advanced practice

1 registered nursing specialty; the applicant is certified
2 as a nurse practitioner, nurse midwife, or clinical nurse
3 specialist; the applicant has submitted verification of
4 licensure status in good standing in the applicant's
5 current state or territory of licensure; and the applicant
6 can furnish the Department with a certified letter upon
7 request from that jurisdiction attesting to the fact that
8 the applicant has no pending action or violations against
9 the applicant's license.

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

21 (3) The applicant has sufficient training and
22 possesses the appropriate core competencies to provide
23 health care services, and is physically, mentally, and
24 professionally capable of practicing as an advanced
25 practice registered nurse with reasonable judgment, skill,
26 and safety and in accordance with applicable standards of

1 care.

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

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

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

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

24 (b) A temporary permit under this Section shall expire 2
25 years after the date of issuance. The temporary permit may be
26 renewed for a \$45 fee for an additional 2 years. A holder of a

1 temporary permit may only renew one time.

2 (c) The temporary permit shall only permit the holder to
3 practice as a full practice advanced practice registered nurse
4 within the scope of providing health care services at the
5 location or locations specified on the permit or via
6 telehealth service.

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

11 (e) An applicant for temporary permit may be requested to
12 appear before the Board to respond to questions concerning the
13 applicant's qualifications to receive the permit. An
14 applicant's refusal to appear before the Board of Nursing may
15 be grounds for denial of the application by the Department.

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

22 If the Secretary summarily cancels a temporary permit
23 issued pursuant to this Section or Act, the permit holder may
24 petition the Department for a hearing in accordance with the
25 provisions of Section 70-125 of this Act to restore his or her
26 permit, unless the permit holder has exceeded his or her

1 renewal limit.

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

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

21 (i) If the Department becomes aware of a violation
22 occurring at the licensed hospital, medical office, clinic, or
23 other medical facility, or via telehealth service, the
24 Department shall notify the Department of Public Health.

25 (j) The Department may adopt emergency rules pursuant to
26 this Section. The General Assembly finds that the adoption of

1 rules to implement a temporary permit for health care services
2 is deemed an emergency and necessary for the public interest,
3 safety, and welfare.

4 Article 9.

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

7 (225 ILCS 6/60)

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

9 Sec. 60. Grounds for disciplinary action.

10 (a) The Department may refuse to issue or renew a license,
11 or may suspend, revoke, place on probation, reprimand, or take
12 any other disciplinary or nondisciplinary action deemed
13 appropriate by the Department, including the imposition of
14 fines not to exceed \$10,000 for each violation, with regard to
15 any license issued under the provisions of this Act for any one
16 or a combination of the following grounds:

17 (1) material misstatements in furnishing information
18 to the Department or to any other State agency or in
19 furnishing information to any insurance company with
20 respect to a claim on behalf of a licensee or a patient;

21 (2) violations or negligent or intentional disregard
22 of this Act or its rules;

23 (3) conviction of or entry of a plea of guilty or nolo

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

9 (4) fraud or misrepresentation in applying for or
10 procuring a license under this Act or in connection with
11 applying for renewal or restoration of a license under
12 this Act;

13 (5) professional incompetence;

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

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

17 (8) failing to provide information within 60 days in
18 response to a written request made by the Department;

19 (9) engaging in dishonorable, unethical, or
20 unprofessional conduct of a character likely to deceive,
21 defraud, or harm the public as defined by the rules of the
22 Department or violating the rules of professional conduct
23 adopted by the Department;

24 (10) habitual or excessive use or abuse of drugs
25 defined in law as controlled substances, of alcohol, or of
26 any other substances that results in the inability to

1 practice with reasonable judgment, skill, or safety;

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

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

21 (13) a finding by the Department that the licensee,
22 after having the license placed on probationary status,
23 has violated the terms of probation or failed to comply
24 with those terms;

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

26 (15) willfully making or filing false records or

1 reports relating to a licensee's practice, including, but
2 not limited to, false records filed with federal or State
3 agencies or departments;

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

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

14 (18) physical illness, mental illness, or any other
15 impairment or disability, including, but not limited to,
16 deterioration through the aging process, or loss of motor
17 skills that results in the inability to practice the
18 profession with reasonable judgment, skill, or safety;

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

21 (20) violation of the Health Care Worker Self-Referral
22 Act;

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

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

7 (b) The determination by a court that a licensee is
8 subject to involuntary admission or judicial admission as
9 provided in the Mental Health and Developmental Disabilities
10 Code shall result in an automatic suspension of the licensee's
11 license. The suspension shall end upon a finding by a court
12 that the licensee is no longer subject to involuntary
13 admission or judicial admission and issues an order so finding
14 and discharging the patient, and upon the recommendation of
15 the Board to the Secretary that the licensee be allowed to
16 resume professional practice.

17 (c) The Department shall refuse to issue or renew or may
18 suspend the license of a person who (i) fails to file a tax
19 return, pay the tax, penalty, or interest shown in a filed tax
20 return, or pay any final assessment of tax, penalty, or
21 interest, as required by any tax Act administered by the
22 Department of Revenue, until the requirements of the tax Act
23 are satisfied or (ii) has failed to pay any court-ordered
24 child support as determined by a court order or by referral
25 from the Department of Healthcare and Family Services.

26 (c-1) The Department shall not revoke, suspend, place on

1 probation, reprimand, refuse to issue or renew, or take any
2 other disciplinary or non-disciplinary action against the
3 license or permit issued under this Act based solely upon the
4 licensed behavior analyst recommending, aiding, assisting,
5 referring for, or participating in any health care service, so
6 long as the care was not unlawful under the laws of this State,
7 regardless of whether the patient was a resident of this State
8 or another state.

9 (c-2) The Department shall not revoke, suspend, place on
10 prohibition, reprimand, refuse to issue or renew, or take any
11 other disciplinary or non-disciplinary action against the
12 license or permit issued under this Act to practice as a
13 licensed behavior analyst based upon the licensed behavior
14 analyst's license being revoked or suspended, or the licensed
15 behavior analyst being otherwise disciplined by any other
16 state, if that revocation, suspension, or other form of
17 discipline was based solely on the licensed behavior analyst
18 violating another state's laws prohibiting the provision of,
19 authorization of, recommendation of, aiding or assisting in,
20 referring for, or participation in any health care service if
21 that health care service as provided would not have been
22 unlawful under the laws of this State and is consistent with
23 the standards of conduct for a licensed behavior analyst
24 practicing in Illinois.

25 (c-3) The conduct specified in subsections (c-1) and (c-2)
26 shall not constitute grounds for suspension under Section 125.

1 (c-4) The Department shall not revoke, suspend, summarily
2 suspend, place on prohibition, reprimand, refuse to issue or
3 renew, or take any other disciplinary or non-disciplinary
4 action against the license or permit issued under this Act to
5 practice as a licensed behavior analyst based solely upon the
6 license of a licensed behavior analyst being revoked or the
7 licensed behavior analyst being otherwise disciplined by any
8 other state or territory other than Illinois for the referral
9 for or having otherwise participated in any health care
10 service, if the revocation or disciplinary action was based
11 solely on a violation of the other state's law prohibiting
12 such health care services in the state, for a resident of the
13 state, or in any other state.

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

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

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

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

1 evaluation.

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

7 (4) The failure of any person to submit to a mental or
8 physical examination without reasonable cause, when
9 ordered, shall result in an automatic suspension of the
10 person's license until the person submits to the
11 examination.

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

1 have the person's license suspended immediately, pending a
2 hearing by the Department.

3 (f) All fines imposed shall be paid within 60 days after
4 the effective date of the order imposing the fine or in
5 accordance with the terms set forth in the order imposing the
6 fine.

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

16 A person licensed under this Act and affected under this
17 Section shall be afforded an opportunity to demonstrate to the
18 Department or Board that the person can resume practice in
19 compliance with acceptable and prevailing standards under the
20 provisions of the person's license.

21 (g) The Department may adopt rules to implement the
22 changes made by this amendatory Act of the 102nd General
23 Assembly.

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

25 Section 9-10. The Clinical Psychologist Licensing Act is

1 amended by changing Section 15 as follows:

2 (225 ILCS 15/15) (from Ch. 111, par. 5365)

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

4 Sec. 15. Disciplinary action; grounds.

5 (a) The Department may refuse to issue, refuse to renew,
6 suspend, or revoke any license, or may place on probation,
7 reprimand, or take other disciplinary or non-disciplinary
8 action deemed appropriate by the Department, including the
9 imposition of fines not to exceed \$10,000 for each violation,
10 with regard to any license issued under the provisions of this
11 Act for any one or a combination of the following reasons:

12 (1) Conviction of, or entry of a plea of guilty or nolo
13 contendere to, any crime that is a felony under the laws of
14 the United States or any state or territory thereof or
15 that is a misdemeanor of which an essential element is
16 dishonesty, or any crime that is directly related to the
17 practice of the profession.

18 (2) Gross negligence in the rendering of clinical
19 psychological services.

20 (3) Using fraud or making any misrepresentation in
21 applying for a license or in passing the examination
22 provided for in this Act.

23 (4) Aiding or abetting or conspiring to aid or abet a
24 person, not a clinical psychologist licensed under this
25 Act, in representing himself or herself as so licensed or

1 in applying for a license under this Act.

2 (5) Violation of any provision of this Act or the
3 rules promulgated thereunder.

4 (6) Professional connection or association with any
5 person, firm, association, partnership or corporation
6 holding himself, herself, themselves, or itself out in any
7 manner contrary to this Act.

8 (7) Unethical, unauthorized or unprofessional conduct
9 as defined by rule. In establishing those rules, the
10 Department shall consider, though is not bound by, the
11 ethical standards for psychologists promulgated by
12 recognized national psychology associations.

13 (8) Aiding or assisting another person in violating
14 any provisions of this Act or the rules promulgated
15 thereunder.

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

18 (10) Habitual or excessive use or addiction to
19 alcohol, narcotics, stimulants, or any other chemical
20 agent or drug that results in a clinical psychologist's
21 inability to practice with reasonable judgment, skill or
22 safety.

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

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

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

19 (14) Willfully making or filing false records or
20 reports, including but not limited to, false records or
21 reports filed with State agencies or departments.

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

26 (16) Willfully failing to report an instance of

1 suspected child abuse or neglect as required by the Abused
2 and Neglected Child Reporting Act.

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

10 (18) Violation of the Health Care Worker Self-Referral
11 Act.

12 (19) Making a material misstatement in furnishing
13 information to the Department, any other State or federal
14 agency, or any other entity.

15 (20) Failing to report to the Department any adverse
16 judgment, settlement, or award arising from a liability
17 claim related to an act or conduct similar to an act or
18 conduct that would constitute grounds for action as set
19 forth in this Section.

20 (21) Failing to report to the Department any adverse
21 final action taken against a licensee or applicant by
22 another licensing jurisdiction, including any other state
23 or territory of the United States or any foreign state or
24 country, or any peer review body, health care institution,
25 professional society or association related to the
26 profession, governmental agency, law enforcement agency,

1 or court for an act or conduct similar to an act or conduct
2 that would constitute grounds for disciplinary action as
3 set forth in this Section.

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

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

12 (24) Exceeding the terms of a collaborative agreement
13 or the prescriptive authority delegated to a licensee by
14 his or her collaborating physician or established under a
15 written collaborative agreement.

16 The entry of an order by any circuit court establishing
17 that any person holding a license under this Act is subject to
18 involuntary admission or judicial admission as provided for in
19 the Mental Health and Developmental Disabilities Code,
20 operates as an automatic suspension of that license. That
21 person may have his or her license restored only upon the
22 determination by a circuit court that the patient is no longer
23 subject to involuntary admission or judicial admission and the
24 issuance of an order so finding and discharging the patient
25 and upon the Board's recommendation to the Department that the
26 license be restored. Where the circumstances so indicate, the

1 Board may recommend to the Department that it require an
2 examination prior to restoring any license so automatically
3 suspended.

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

11 In enforcing this Section, the Department or Board upon a
12 showing of a possible violation may compel any person licensed
13 to practice under this Act, or who has applied for licensure or
14 certification pursuant to this Act, to submit to a mental or
15 physical examination, or both, as required by and at the
16 expense of the Department. The examining physicians or
17 clinical psychologists shall be those specifically designated
18 by the Department. The Board or the Department may order the
19 examining physician or clinical psychologist to present
20 testimony concerning this mental or physical examination of
21 the licensee or applicant. No information shall be excluded by
22 reason of any common law or statutory privilege relating to
23 communications between the licensee or applicant and the
24 examining physician or clinical psychologist. The person to be
25 examined may have, at his or her own expense, another
26 physician or clinical psychologist of his or her choice

1 present during all aspects of the examination. Failure of any
2 person to submit to a mental or physical examination, when
3 directed, shall be grounds for suspension of a license until
4 the person submits to the examination if the Department or
5 Board finds, after notice and hearing, that the refusal to
6 submit to the examination was without reasonable cause.

7 If the Department or Board finds a person unable to
8 practice because of the reasons set forth in this Section, the
9 Department or Board may require that person to submit to care,
10 counseling or treatment by physicians or clinical
11 psychologists approved or designated by the Department, as a
12 condition, term, or restriction for continued, reinstated, or
13 renewed licensure to practice; or, in lieu of care, counseling
14 or treatment, the Board may recommend to the Department to
15 file or the Department may file a complaint to immediately
16 suspend, revoke or otherwise discipline the license of the
17 person. Any person 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 referred
21 to the Secretary for a determination as to whether the person
22 shall have his or her license suspended immediately, pending a
23 hearing by the Board.

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 Board within 15 days

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

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

12 (b) The Department shall not revoke, suspend, place on
13 probation, reprimand, refuse to issue or renew, or take any
14 other disciplinary or non-disciplinary action against the
15 license or permit issued under this Act based solely upon the
16 licensed clinical psychologist recommending, aiding,
17 assisting, referring for, or participating in any health care
18 service, so long as the care was not unlawful under the laws of
19 this State, regardless of whether the patient was a resident
20 of this State or another state.

21 (c) The Department shall not revoke, suspend, place on
22 prohibition, reprimand, refuse to issue or renew, or take any
23 other disciplinary or non-disciplinary action against the
24 license or permit issued under this Act to practice as a
25 licensed clinical psychologist based upon the licensed
26 clinical psychologist's license being revoked or suspended, or

1 the licensed clinical psychologist being otherwise disciplined
2 by any other state, if that revocation, suspension, or other
3 form of discipline was based solely on the licensed clinical
4 psychologist violating another state's laws prohibiting the
5 provision of, authorization of, recommendation of, aiding or
6 assisting in, referring for, or participation in any health
7 care service if that health care service as provided would not
8 have been unlawful under the laws of this State and is
9 consistent with the standards of conduct for a licensed
10 clinical psychologist practicing in Illinois.

11 (d) The conduct specified in subsections (b) and (c) shall
12 not constitute grounds for suspension under Section 21.6.

13 (e) The Department shall not revoke, suspend, summarily
14 suspend, place on prohibition, reprimand, refuse to issue or
15 renew, or take any other disciplinary or non-disciplinary
16 action against the license or permit issued under this Act to
17 practice as a licensed clinical psychologist based solely upon
18 the license of a licensed clinical psychologist being revoked
19 or the licensed clinical psychologist being otherwise
20 disciplined by any other state or territory other than
21 Illinois for the referral for or having otherwise participated
22 in any health care service, if the revocation or disciplinary
23 action was based solely on a violation of the other state's law
24 prohibiting such health care services in the state, for a
25 resident of the state, or in any other state.

26 (f) The Department may adopt rules to implement the

1 changes made by this amendatory Act of the 102nd General
2 Assembly.

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

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

6 (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

8 Sec. 19. Grounds for disciplinary action.

9 (1) The Department may refuse to issue or renew a license,
10 or may suspend, revoke, place on probation, reprimand, or take
11 any other disciplinary or non-disciplinary action deemed
12 appropriate by the Department, including the imposition of
13 fines not to exceed \$10,000 for each violation, with regard to
14 any license issued under the provisions of this Act for any one
15 or a combination of the following grounds:

16 (a) material misstatements in furnishing information
17 to the Department or to any other State agency or in
18 furnishing information to any insurance company with
19 respect to a claim on behalf of a licensee or a patient;

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

22 (c) conviction of or entry of a plea of guilty or nolo
23 contendere, finding of guilt, jury verdict, or entry of
24 judgment or sentencing, including, but not limited to,

1 convictions, preceding sentences of supervision,
2 conditional discharge, or first offender probation, under
3 the laws of any jurisdiction of the United States that is
4 (i) a felony or (ii) a misdemeanor, an essential element
5 of which is dishonesty, or that is directly related to the
6 practice of the clinical social work or social work
7 professions;

8 (d) fraud or misrepresentation in applying for or
9 procuring a license under this Act or in connection with
10 applying for renewal or restoration of a license under
11 this Act;

12 (e) professional incompetence;

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

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

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

18 (i) engaging in dishonorable, unethical or
19 unprofessional conduct of a character likely to deceive,
20 defraud or harm the public as defined by the rules of the
21 Department, or violating the rules of professional conduct
22 adopted by the Department;

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

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

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

20 (m) a finding by the Department that the licensee,
21 after having the license placed on probationary status,
22 has violated the terms of probation or failed to comply
23 with such terms;

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

25 (o) willfully making or filing false records or
26 reports relating to a licensee's practice, including, but

1 not limited to, false records filed with Federal or State
2 agencies or departments;

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

13 (r) physical illness, mental illness, or any other
14 impairment or disability, including, but not limited to,
15 deterioration through the aging process, or loss of motor
16 skills that results in the inability to practice the
17 profession with reasonable judgment, skill or safety;

18 (s) solicitation of professional services by using
19 false or misleading advertising;

20 (t) violation of the Health Care Worker Self-Referral
21 Act;

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

26 (v) being named as an abuser in a verified report by

1 the Department on Aging under the Adult Protective
2 Services Act, and upon proof by clear and convincing
3 evidence that the licensee abused, neglected, or
4 financially exploited an eligible adult as defined in the
5 Adult Protective Services Act.

6 (2) (Blank).

7 (3) The determination by a court that a licensee is
8 subject to involuntary admission or judicial admission as
9 provided in the Mental Health and Developmental Disabilities
10 Code, will result in an automatic suspension of his license.
11 Such suspension will end upon a finding by a court that the
12 licensee 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 professional practice.

17 (4) The Department shall refuse to issue or renew or may
18 suspend the license of a person who (i) fails to file a return,
19 pay the tax, penalty, or interest shown in a filed return, or
20 pay any final assessment of tax, penalty, or interest, as
21 required by any tax Act administered by the Department of
22 Revenue, until the requirements of the tax Act are satisfied
23 or (ii) has failed to pay any court-ordered child support as
24 determined by a court order or by referral from the Department
25 of Healthcare and Family Services.

26 (4.5) The Department shall not revoke, suspend, summarily

1 suspend, place on prohibition, reprimand, refuse to issue or
2 renew, or take any other disciplinary or non-disciplinary
3 action against a license or permit issued under this Act based
4 solely upon the licensed clinical social worker authorizing,
5 recommending, aiding, assisting, referring for, or otherwise
6 participating in any health care service, so long as the care
7 was not unlawful under the laws of this State, regardless of
8 whether the patient was a resident of this State or another
9 state.

10 (4.10) The Department shall not revoke, suspend, summarily
11 suspend, place on prohibition, reprimand, refuse to issue or
12 renew, or take any other disciplinary or non-disciplinary
13 action against the license or permit issued under this Act to
14 practice as a licensed clinical social worker based upon the
15 licensed clinical social worker's license being revoked or
16 suspended, or the licensed clinical social worker being
17 otherwise disciplined by any other state, if that revocation,
18 suspension, or other form of discipline was based solely on
19 the licensed clinical social worker violating another state's
20 laws prohibiting the provision of, authorization of,
21 recommendation of, aiding or assisting in, referring for, or
22 participation in any health care service if that health care
23 service as provided would not have been unlawful under the
24 laws of this State and is consistent with the standards of
25 conduct for a licensed clinical social worker practicing in
26 Illinois.

1 (4.15) The conduct specified in subsections (4.5) and
2 (4.10) shall not constitute grounds for suspension under
3 Section 32.

4 (4.20) An applicant seeking licensure, certification, or
5 authorization pursuant to this Act who has been subject to
6 disciplinary action by a duly authorized professional
7 disciplinary agency of another jurisdiction solely on the
8 basis of having authorized, recommended, aided, assisted,
9 referred for, or otherwise participated in health care shall
10 not be denied such licensure, certification, or authorization,
11 unless the Department determines that such action would have
12 constituted professional misconduct in this State; however,
13 nothing in this Section shall be construed as prohibiting the
14 Department from evaluating the conduct of such applicant and
15 making a determination regarding the licensure, certification,
16 or authorization to practice a profession under this Act.

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

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

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

1 records, or other documents or to provide any testimony
2 regarding the examination and evaluation.

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

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

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

1 have his or her license suspended immediately, pending a
2 hearing by the Department.

3 (g) All fines imposed shall be paid within 60 days after
4 the effective date of the order imposing the fine or in
5 accordance with the terms set forth in the order imposing the
6 fine.

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

16 A person licensed under this Act and affected under this
17 Section shall be afforded an opportunity to demonstrate to the
18 Department or Board that he or she can resume practice in
19 compliance with acceptable and prevailing standards under the
20 provisions of his or her license.

21 (h) The Department may adopt rules to implement the
22 changes made by this amendatory Act of the 102nd General
23 Assembly.

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

25 Section 9-20. The Marriage and Family Therapy Licensing

1 Act is amended by changing Section 85 as follows:

2 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

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

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

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

12 (1) Material misstatement in furnishing information to
13 the Department.

14 (2) Violation of any provision of this Act or its
15 rules.

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

25 (4) Fraud or misrepresentation in applying for or

1 procuring a license under this Act or in connection with
2 applying for renewal or restoration of a license under
3 this Act or its rules.

4 (5) Professional incompetence.

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

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

8 (8) Failing, within 60 days, to provide information 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 as defined by the rules of the
13 Department, or violating the rules of professional conduct
14 adopted by the Department.

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

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

22 (12) Directly or indirectly giving to or receiving
23 from any person, firm, corporation, partnership, or
24 association any fee, commission, rebate, or other form of
25 compensation for any professional services not actually or
26 personally rendered. Nothing in this paragraph (12)

1 affects any bona fide independent contractor or employment
2 arrangements among health care professionals, health
3 facilities, health care providers, or other entities,
4 except as otherwise prohibited by law. Any employment
5 arrangements may include provisions for compensation,
6 health insurance, pension, or other employment benefits
7 for the provision of services within the scope of the
8 licensee's practice under this Act. Nothing in this
9 paragraph (12) shall be construed to require an employment
10 arrangement to receive professional fees for services
11 rendered.

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

16 (14) Abandonment of a patient without cause.

17 (15) Willfully making or filing false records or
18 reports relating to a licensee's practice, including but
19 not limited to false records filed with State agencies or
20 departments.

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

24 (17) Being named as a perpetrator in an indicated
25 report by the Department of Children and Family Services
26 under the Abused and Neglected Child Reporting Act and

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

5 (18) Physical illness or mental illness or impairment,
6 including, but not limited to, deterioration through the
7 aging process or loss of motor skill that results in the
8 inability to practice the profession with reasonable
9 judgment, skill, or safety.

10 (19) Solicitation of professional services by using
11 false or misleading advertising.

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

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

17 (22) Gross, willful, and continued overcharging for
18 professional services, including filing false statements
19 for collection of fees or moneys for which services are
20 not rendered.

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

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

25 (25) 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 (26) 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 (b) (Blank).

10 (c) The determination by a circuit court that a licensee
11 is subject to involuntary admission or judicial admission, as
12 provided in the Mental Health and Developmental Disabilities
13 Code, operates as an automatic suspension. The suspension will
14 terminate only upon a finding by a court that the patient is no
15 longer subject to involuntary admission or judicial admission
16 and the issuance of an order so finding and discharging the
17 patient, and upon the recommendation of the Board to the
18 Secretary that the licensee be allowed to resume his or her
19 practice as a licensed marriage and family therapist or an
20 associate licensed marriage and family therapist.

21 (d) The Department shall refuse to issue or may suspend
22 the license of any person who fails to file a return, pay the
23 tax, penalty, or interest shown in a filed return or pay any
24 final assessment of tax, penalty, or interest, as required by
25 any tax Act administered by the Illinois Department of
26 Revenue, until the time the requirements of the tax Act are

1 satisfied.

2 (d-5) The Department shall not revoke, suspend, summarily
3 suspend, place on prohibition, reprimand, refuse to issue or
4 renew, or take any other disciplinary or non-disciplinary
5 action against the license or permit issued under this Act to
6 practice as a marriage and family therapist or associate
7 licensed marriage and family therapist based solely upon the
8 marriage and family therapist or associate licensed marriage
9 and family therapist authorizing, recommending, aiding,
10 assisting, referring for, or otherwise participating in any
11 health care service, so long as the care was not Unlawful under
12 the laws of this State, regardless of whether the patient was a
13 resident of this State or another state.

14 (d-10) The Department shall not revoke, suspend, summarily
15 suspend, place on prohibition, reprimand, refuse to issue or
16 renew, or take any other disciplinary or non-disciplinary
17 action against the license or permit issued under this Act to
18 practice as a marriage and family therapist or associate
19 licensed marriage and family therapist based upon the marriage
20 and family therapist's or associate licensed marriage and
21 family therapist's license being revoked or suspended, or the
22 marriage and family therapist or associate licensed marriage
23 and family therapist being otherwise disciplined by any other
24 state, if that revocation, suspension, or other form of
25 discipline was based solely on the marriage and family
26 therapist or associate licensed marriage and family therapist

1 violating another state's laws prohibiting the provision of,
2 authorization of, recommendation of, aiding or assisting in,
3 referring for, or participation in any health care service if
4 that health care service as provided would not have been
5 unlawful under the laws of this State and is consistent with
6 the standards of conduct for a marriage and family therapist
7 or an associate licensed marriage and family therapist
8 practicing in Illinois.

9 (d-15) The conduct specified in subsections (d-5) or
10 (d-10) shall not constitute grounds for suspension under
11 Section 145.

12 (d-20) An applicant seeking licensure, certification, or
13 authorization pursuant to this Act who has been subject to
14 disciplinary action by a duly authorized professional
15 disciplinary agency of another jurisdiction solely on the
16 basis of having authorized, recommended, aided, assisted,
17 referred for, or otherwise participated in health care shall
18 not be denied such licensure, certification, or authorization,
19 unless the Department determines that such action would have
20 constituted professional misconduct in this State; however,
21 nothing in this Section shall be construed as prohibiting the
22 Department from evaluating the conduct of such applicant and
23 making a determination regarding the licensure, certification,
24 or authorization to practice a profession under this Act.

25 (e) In enforcing this Section, the Department or Board
26 upon a showing of a possible violation may compel an

1 individual licensed to practice under this Act, or who has
2 applied for licensure under this Act, to submit to a mental or
3 physical examination, or both, which may include a substance
4 abuse or sexual offender evaluation, as required by and at the
5 expense of the Department.

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

24 The Department may order the examining physician or any
25 member of the multidisciplinary team to provide to the
26 Department any and all records, including business records,

1 that relate to the examination and evaluation, including any
2 supplemental testing performed.

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

17 The individual 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 this examination. However, that physician shall
20 be present only to observe and may not interfere in any way
21 with the examination.

22 Failure of an individual to submit to a mental or physical
23 examination, when ordered, shall result in an automatic
24 suspension of his or her license until the individual submits
25 to the examination.

26 If the Department or Board finds an individual unable to

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

17 In instances in which the Secretary immediately suspends a
18 person's license under this Section, a hearing on that
19 person's license must be convened by the Department within 30
20 days after the suspension and completed without appreciable
21 delay. The Department and Board shall have the authority to
22 review the subject individual's record of treatment and
23 counseling regarding the impairment to the extent permitted by
24 applicable federal statutes and regulations safeguarding the
25 confidentiality of medical records.

26 An individual licensed under this Act and affected under

1 this Section shall be afforded an opportunity to demonstrate
2 to the Department or Board that he or she can resume practice
3 in compliance with acceptable and prevailing standards under
4 the provisions of his or her license.

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

8 (g) The Department may adopt rules to implement the
9 changes made by this amendatory Act of the 102nd General
10 Assembly.

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

12 Section 9-25. The Professional Counselor and Clinical
13 Professional Counselor Licensing and Practice Act is amended
14 by changing Section 80 as follows:

15 (225 ILCS 107/80)

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

17 Sec. 80. Grounds for discipline.

18 (a) The Department may refuse to issue, renew, or may
19 revoke, suspend, place on probation, reprimand, or take other
20 disciplinary or non-disciplinary action as the Department
21 deems appropriate, including the issuance of fines not to
22 exceed \$10,000 for each violation, with regard to any license
23 for any one or more of the following:

24 (1) Material misstatement in furnishing information to

1 the Department or to any other State agency.

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

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

13 (4) Fraud or any misrepresentation in applying for or
14 procuring a license under this Act or in connection with
15 applying for renewal of a license under this Act.

16 (5) Professional incompetence or gross negligence in
17 the rendering of professional counseling or clinical
18 professional counseling services.

19 (6) Malpractice.

20 (7) Aiding or assisting another person in violating
21 any provision of this Act or any rules.

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

24 (9) Engaging in dishonorable, unethical, or
25 unprofessional conduct of a character likely to deceive,
26 defraud, or harm the public and violating the rules of

1 professional conduct adopted by the Department.

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

6 (11) Discipline by another jurisdiction, the District
7 of Columbia, territory, county, or governmental agency, if
8 at least one of the grounds for the discipline is the same
9 or substantially equivalent to those set forth in this
10 Section.

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

26 (13) A finding by the Board that the licensee, after

1 having the license placed on probationary status, has
2 violated the terms of probation.

3 (14) Abandonment of a client.

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

8 (16) Willfully failing to report an instance of
9 suspected child abuse or neglect as required by the Abused
10 and Neglected Child Reporting Act and in matters
11 pertaining to suspected abuse, neglect, financial
12 exploitation, or self-neglect of adults with disabilities
13 and older adults as set forth in the Adult Protective
14 Services 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) Physical or mental illness or disability,
23 including, but not limited to, deterioration through the
24 aging process or loss of abilities and skills which
25 results in the inability to practice the profession with
26 reasonable judgment, skill, or safety.

1 (19) Solicitation of professional services by using
2 false or misleading advertising.

3 (20) Allowing one's license under this Act to be used
4 by an unlicensed person in violation of this Act.

5 (21) A finding that licensure has been applied for or
6 obtained by fraudulent means.

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

9 (23) Gross and willful overcharging for professional
10 services including filing statements for collection of
11 fees or monies for which services are not rendered.

12 (24) Rendering professional counseling or clinical
13 professional counseling services without a license or
14 practicing outside the scope of a license.

15 (25) Clinical supervisors failing to adequately and
16 responsibly monitor supervisees.

17 All fines imposed under this Section shall be paid within
18 60 days after the effective date of the order imposing the
19 fine.

20 (b) (Blank).

21 (b-5) The Department may refuse to issue or may suspend
22 without hearing, as provided for in the Code of Civil
23 Procedure, the license of any person who fails to file a
24 return, pay the tax, penalty, or interest shown in a filed
25 return, or pay any final assessment of the tax, penalty, or
26 interest as required by any tax Act administered by the

1 Illinois Department of Revenue, until such time as the
2 requirements of any such tax Act are satisfied in accordance
3 with subsection (g) of Section 2105-15 of the Department of
4 Professional Regulation Law of the Civil Administrative Code
5 of Illinois.

6 (b-10) In cases where the Department of Healthcare and
7 Family Services has previously determined a licensee or a
8 potential licensee is more than 30 days delinquent in the
9 payment of child support and has subsequently certified the
10 delinquency to the Department, the Department may refuse to
11 issue or renew or may revoke or suspend that person's license
12 or may take other disciplinary action against that person
13 based solely upon the certification of delinquency made by the
14 Department of Healthcare and Family Services in accordance
15 with item (5) of subsection (a) of Section 2105-15 of the
16 Department of Professional Regulation Law of the Civil
17 Administrative Code of Illinois.

18 (c) The determination by a court that a licensee is
19 subject to involuntary admission or judicial admission as
20 provided in the Mental Health and Developmental Disabilities
21 Code will result in an automatic suspension of his or her
22 license. The suspension will end upon a finding by a court that
23 the licensee is no longer subject to involuntary admission or
24 judicial admission, the issuance of an order so finding and
25 discharging the patient, and the recommendation of the Board
26 to the Secretary that the licensee be allowed to resume

1 professional practice.

2 (c-1) The Department shall not revoke, suspend, summarily
3 suspend, place on prohibition, reprimand, refuse to issue or
4 renew, or take any other disciplinary or non-disciplinary
5 action against the license or permit issued under this Act to
6 practice as a professional counselor or clinical professional
7 counselor based solely upon the professional counselor or
8 clinical professional counselor authorizing, recommending,
9 aiding, assisting, referring for, or otherwise participating
10 in any health care service, so long as the care was not
11 unlawful under the laws of this State, regardless of whether
12 the patient was a resident of this State or another state.

13 (c-2) The Department shall not revoke, suspend, summarily
14 suspend, place on prohibition, reprimand, refuse to issue or
15 renew, or take any other disciplinary or non-disciplinary
16 action against the license or permit issued under this Act to
17 practice as a professional counselor or clinical professional
18 counselor based upon the professional counselor's or clinical
19 professional counselor's license being revoked or suspended,
20 or the professional counselor or clinical professional
21 counselor being otherwise disciplined by any other state, if
22 that revocation, suspension, or other form of discipline was
23 based solely on the professional counselor or clinical
24 professional counselor violating another state's laws
25 prohibiting the provision of, authorization of, recommendation
26 of, aiding or assisting in, referring for, or participation in

1 any health care service if that health care service as
2 provided would not have been unlawful under the laws of this
3 State and is consistent with the standards of conduct for a
4 professional counselor or clinical professional counselor
5 practicing in Illinois.

6 (c-3) The conduct specified in subsections (c-1) and (c-2)
7 shall not constitute grounds for suspension under Section 145.

8 (c-4) An applicant seeking licensure, certification, or
9 authorization pursuant to this Act who has been subject to
10 disciplinary action by a duly authorized professional
11 disciplinary agency of another jurisdiction solely on the
12 basis of having authorized, recommended, aided, assisted,
13 referred for, or otherwise participated in health care shall
14 not be denied such licensure, certification, or authorization,
15 unless the Department determines that such action would have
16 constituted professional misconduct in this State; however,
17 nothing in this Section shall be construed as prohibiting the
18 Department from evaluating the conduct of such applicant and
19 making a determination regarding the licensure, certification,
20 or authorization to practice a profession under this Act.

21 (c-5) In enforcing this Act, the Department, upon a
22 showing of a possible violation, may compel an individual
23 licensed to practice under this Act, or who has applied for
24 licensure under this Act, to submit to a mental or physical
25 examination, or both, as required by and at the expense of the
26 Department. The Department may order the examining physician

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

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

20 If the Department finds an individual unable to practice
21 or unfit for duty because of the reasons set forth in this
22 subsection (c-5), the Department may require that individual
23 to submit to a substance abuse evaluation or treatment by
24 individuals or programs approved or designated by the
25 Department, as a condition, term, or restriction for
26 continued, restored, or renewed licensure to practice; or, in

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

12 A person holding a license under this Act or who has
13 applied for a license under this Act who, because of a physical
14 or mental illness or disability, including, but not limited
15 to, deterioration through the aging process or loss of motor
16 skill, is unable to practice the profession with reasonable
17 judgment, skill, or safety, may be required by the Department
18 to submit to care, counseling, or treatment by physicians
19 approved or designated by the Department as a condition, term,
20 or restriction for continued, reinstated, or renewed licensure
21 to practice. Submission to care, counseling, or treatment as
22 required by the Department shall not be considered discipline
23 of a license. If the licensee refuses to enter into a care,
24 counseling, or treatment agreement or fails to abide by the
25 terms of the agreement, the Department may file a complaint to
26 revoke, suspend, or otherwise discipline the license of the

1 individual. The Secretary may order the license suspended
2 immediately, pending a hearing by the Department. Fines shall
3 not be assessed in disciplinary actions involving physical or
4 mental illness or impairment.

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

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

19 (d) (Blank).

20 (e) The Department may adopt rules to implement the
21 changes made by this amendatory Act of the 102nd General
22 Assembly.

23 (Source: P.A. 102-878, eff. 1-1-23.)

24 Section 9-30. The Registered Surgical Assistant and
25 Registered Surgical Technologist Title Protection Act is

1 amended by changing Section 75 as follows:

2 (225 ILCS 130/75)

3 (Section scheduled to be repealed on January 1, 2024)

4 Sec. 75. Grounds for disciplinary action.

5 (a) The Department may refuse to issue, renew, or restore
6 a registration, may revoke or suspend a registration, or may
7 place on probation, reprimand, or take other disciplinary or
8 non-disciplinary action with regard to a person registered
9 under this Act, including but not limited to the imposition of
10 fines not to exceed \$10,000 for each violation and the
11 assessment of costs as provided for in Section 90, for any one
12 or combination of the following causes:

13 (1) Making a material misstatement in furnishing
14 information to the Department.

15 (2) Violating a provision of this Act or rules adopted
16 under this Act.

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

1 (4) Fraud or misrepresentation in applying for,
2 renewing, restoring, reinstating, or procuring a
3 registration under this Act.

4 (5) Aiding or assisting another person in violating a
5 provision of this Act or its rules.

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

8 (7) Engaging in dishonorable, unethical, or
9 unprofessional conduct of a character likely to deceive,
10 defraud, or harm the public, as defined by rule of the
11 Department.

12 (8) Discipline by another United States jurisdiction,
13 governmental agency, unit of government, or foreign
14 nation, if at least one of the grounds for discipline is
15 the same or substantially equivalent to those set forth in
16 this Section.

17 (9) Directly or indirectly giving to or receiving from
18 a person, firm, corporation, partnership, or association a
19 fee, commission, rebate, or other form of compensation for
20 professional services not actually or personally rendered.
21 Nothing in this paragraph (9) affects any bona fide
22 independent contractor or employment arrangements among
23 health care professionals, health facilities, health care
24 providers, or other entities, except as otherwise
25 prohibited by law. Any employment arrangements may include
26 provisions for compensation, health insurance, pension, or

1 other employment benefits for the provision of services
2 within the scope of the registrant's practice under this
3 Act. Nothing in this paragraph (9) shall be construed to
4 require an employment arrangement to receive professional
5 fees for services rendered.

6 (10) A finding by the Department that the registrant,
7 after having his or her registration placed on
8 probationary status, has violated the terms of probation.

9 (11) Willfully making or filing false records or
10 reports in his or her practice, including but not limited
11 to false records or reports filed with State agencies.

12 (12) Willfully making or signing a false statement,
13 certificate, or affidavit to induce payment.

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

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

24 (15) (Blank).

25 (16) Failure to report to the Department (A) any
26 adverse final action taken against the registrant by

1 another registering or licensing jurisdiction, government
2 agency, law enforcement agency, or any court or (B)
3 liability for conduct that would constitute grounds for
4 action as set forth in this Section.

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

9 (18) Physical or mental illness, including but not
10 limited to deterioration through the aging process or loss
11 of motor skills, which results in the inability to
12 practice the profession for which he or she is registered
13 with reasonable judgment, skill, or safety.

14 (19) Gross malpractice.

15 (20) Immoral conduct in the commission of an act
16 related to the registrant's practice, including but not
17 limited to sexual abuse, sexual misconduct, or sexual
18 exploitation.

19 (21) Violation of the Health Care Worker Self-Referral
20 Act.

21 (b) The Department may refuse to issue or may suspend
22 without hearing the registration of a person who fails to file
23 a return, to pay the tax, penalty, or interest shown in a filed
24 return, or to pay a final assessment of the tax, penalty, or
25 interest as required by a tax Act administered by the
26 Department of Revenue, until the requirements of the tax Act

1 are satisfied in accordance with subsection (g) of Section
2 2105-15 of the Department of Regulation Law of the Civil
3 Administrative Code of Illinois.

4 (b-1) The Department shall not revoke, suspend, summarily
5 suspend, place on probation, reprimand, refuse to issue or
6 renew, or take any other disciplinary or non-disciplinary
7 action against the license issued under this Act to practice
8 as a registered surgical assistant or registered surgical
9 technologist based solely upon the registered surgical
10 assistant or registered surgical technologist providing,
11 authorizing, recommending, aiding, assisting, referring for,
12 or otherwise participating in any health care service, so long
13 as the care was not unlawful under the laws of this State,
14 regardless of whether the patient was a resident of this State
15 or another state.

16 (b-2) The Department shall not revoke, suspend, summarily
17 suspend, place on prohibition, reprimand, refuse to issue or
18 renew, or take any other disciplinary or non-disciplinary
19 action against the license issued under this Act to practice
20 as a registered surgical assistant or registered surgical
21 technologist based upon the registered surgical assistant's or
22 registered surgical technologist's license being revoked or
23 suspended, or the registered surgical assistant's or
24 registered surgical technologist's being otherwise disciplined
25 by any other state, if that revocation, suspension, or other
26 form of discipline was based solely on the registered surgical

1 assistant or registered surgical technologist violating
2 another state's laws prohibiting the provision of,
3 authorization of, recommendation of, aiding or assisting in,
4 referring for, or participation in any health care service if
5 that health care service as provided would not have been
6 unlawful under the laws of this State and is consistent with
7 the standards of conduct for the registered surgical assistant
8 or registered surgical technologist practicing in this State.

9 (b-3) The conduct specified in subsection (b-1) or (b-2)
10 shall not constitute grounds for suspension under Section 145.

11 (b-4) An applicant seeking licensure, certification, or
12 authorization pursuant to this Act who has been subject to
13 disciplinary action by a duly authorized professional
14 disciplinary agency of another jurisdiction solely on the
15 basis of having provided, authorized, recommended, aided,
16 assisted, referred for, or otherwise participated in health
17 care shall not be denied such licensure, certification, or
18 authorization, unless the Department determines that such
19 action would have constituted professional misconduct in this
20 State. Nothing in this Section shall be construed as
21 prohibiting the Department from evaluating the conduct of such
22 applicant and making a determination regarding the licensure,
23 certification, or authorization to practice a profession under
24 this Act.

25 (c) The determination by a circuit court that a registrant
26 is subject to involuntary admission or judicial admission as

1 provided in the Mental Health and Developmental Disabilities
2 Code operates as an automatic suspension. The suspension will
3 end only upon (1) a finding by a court that the patient is no
4 longer subject to involuntary admission or judicial admission,
5 (2) issuance of an order so finding and discharging the
6 patient, and (3) filing of a petition for restoration
7 demonstrating fitness to practice.

8 (d) (Blank).

9 (e) In cases where the Department of Healthcare and Family
10 Services has previously determined a registrant or a potential
11 registrant is more than 30 days delinquent in the payment of
12 child support and has subsequently certified the delinquency
13 to the Department, the Department may refuse to issue or renew
14 or may revoke or suspend that person's registration or may
15 take other disciplinary action against that person based
16 solely upon the certification of delinquency made by the
17 Department of Healthcare and Family Services in accordance
18 with paragraph (5) of subsection (a) of Section 2105-15 of the
19 Department of Professional Regulation Law of the Civil
20 Administrative Code of Illinois.

21 (f) In enforcing this Section, the Department, upon a
22 showing of a possible violation, may compel any individual
23 registered under this Act or any individual who has applied
24 for registration to submit to a mental or physical examination
25 and evaluation, or both, that may include a substance abuse or
26 sexual offender evaluation, at the expense of the Department.

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

20 The Department may order the examining physician or any
21 member of the multidisciplinary team to provide to the
22 Department any and all records, including business records,
23 that relate to the examination and evaluation, including any
24 supplemental testing performed. The Department may order the
25 examining physician or any member of the multidisciplinary
26 team to present testimony concerning this examination and

1 evaluation of the registrant or applicant, including testimony
2 concerning any supplemental testing or documents relating to
3 the examination and evaluation. No information, report,
4 record, or other documents in any way related to the
5 examination and evaluation shall be excluded by reason of any
6 common law or statutory privilege relating to communication
7 between the registrant or applicant and the examining
8 physician or any member of the multidisciplinary team. No
9 authorization is necessary from the registrant or applicant
10 ordered to undergo an evaluation and examination for the
11 examining physician or any member of the multidisciplinary
12 team to provide information, reports, records, or other
13 documents or to provide any testimony regarding the
14 examination and evaluation. The individual to be examined may
15 have, at his or her own expense, another physician of his or
16 her choice present during all aspects of the examination.

17 Failure of any individual to submit to mental or physical
18 examination and evaluation, or both, when directed, shall
19 result in an automatic suspension without a hearing until such
20 time as the individual submits to the examination. If the
21 Department finds a registrant unable to practice because of
22 the reasons set forth in this Section, the Department shall
23 require such registrant to submit to care, counseling, or
24 treatment by physicians approved or designated by the
25 Department as a condition for continued, reinstated, or
26 renewed registration.

1 When the Secretary immediately suspends a registration
2 under this Section, a hearing upon such person's registration
3 must be convened by the Department within 15 days after such
4 suspension and completed without appreciable delay. The
5 Department shall have the authority to review the registrant's
6 record of treatment and counseling regarding the impairment to
7 the extent permitted by applicable federal statutes and
8 regulations safeguarding the confidentiality of medical
9 records.

10 Individuals registered under this Act and affected under
11 this Section shall be afforded an opportunity to demonstrate
12 to the Department that they can resume practice in compliance
13 with acceptable and prevailing standards under the provisions
14 of their registration.

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

19 (f) The Department may adopt rules to implement the
20 changes made by this amendatory Act of the 102nd General
21 Assembly.

22 (Source: P.A. 100-872, eff. 8-14-18.)

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, summarily
17 suspend, place on prohibition, reprimand, refuse to issue or
18 renew, or take any other disciplinary or non-disciplinary
19 action against the license or permit issued under this Act to
20 practice as a genetic counselor based solely upon the genetic
21 counselor authorizing, recommending, aiding, assisting,
22 referring for, or otherwise participating in any health care
23 service, so long as the care was not unlawful under the laws of
24 this State, regardless of whether the patient was a resident
25 of this State or another state.

26 (b-10) The Department shall not revoke, suspend, summarily

1 suspend, place on prohibition, reprimand, refuse to issue or
2 renew, or take any other disciplinary or non-disciplinary
3 action against the license or permit issued under this Act to
4 practice as a genetic counselor based upon the genetic
5 counselor's license being revoked or suspended, or the genetic
6 counselor being otherwise disciplined by any other state, if
7 that revocation, suspension, or other form of discipline was
8 based solely on the genetic counselor violating another
9 state's laws prohibiting the provision of, authorization of,
10 recommendation of, aiding or assisting in, referring for, or
11 participation in any health care service if that health care
12 service as provided would not have been unlawful under the
13 laws of this State and is consistent with the standards of
14 conduct for the genetic counselor if it occurred in Illinois.

15 (b-15) The conduct specified in subsections (b-5) and
16 (b-10) shall not constitute grounds for suspension under
17 Section 160.

18 (b-20) An applicant seeking licensure, certification, or
19 authorization pursuant to this Act who has been subject to
20 disciplinary action by a duly authorized professional
21 disciplinary agency of another jurisdiction solely on the
22 basis of having authorized, recommended, aided, assisted,
23 referred for, or otherwise participated in health care shall
24 not be denied such licensure, certification, or authorization,
25 unless the Department determines that such action would have
26 constituted professional misconduct in this State; however,

1 nothing in this Section shall be construed as prohibiting the
2 Department from evaluating the conduct of such applicant and
3 making a determination regarding the licensure, certification,
4 or authorization to practice a profession under this Act.

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

15 (d) The Department may refuse to issue or renew or may
16 suspend without hearing the license of any person who fails to
17 file a return, to pay the tax penalty or interest shown in a
18 filed return, or to pay any final assessment of the tax,
19 penalty, or interest as required by any Act regarding the
20 payment of taxes administered by the Illinois Department of
21 Revenue until the requirements of the Act are satisfied in
22 accordance with subsection (g) of Section 2105-15 of the Civil
23 Administrative Code of Illinois.

24 (e) In cases where the Department of Healthcare and Family
25 Services has previously determined that a licensee or a
26 potential licensee is more than 30 days delinquent in the

1 payment of child support and has subsequently certified the
2 delinquency to the Department, the Department may refuse to
3 issue or renew or may revoke or suspend that person's license
4 or may take other disciplinary action against that person
5 based solely upon the certification of delinquency made by the
6 Department of Healthcare and Family Services in accordance
7 with item (5) of subsection (a) of Section 2105-15 of the
8 Department of Professional Regulation Law of the Civil
9 Administrative Code of Illinois.

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

14 (g) The Department may adopt rules to implement the
15 changes made by this amendatory Act of the 102nd General
16 Assembly.

17 (Source: P.A. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17;
18 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff.
19 8-14-18.)

20 Article 11.

21 Section 11-5. The Reproductive Health Act is amended by
22 changing Section 1-25 as follows:

23 (775 ILCS 55/1-25)

1 Sec. 1-25. Reporting of abortions performed by health care
2 professionals.

3 (a) A health care professional may provide abortion care
4 in accordance with the health care professional's professional
5 judgment and training and based on accepted standards of
6 clinical practice consistent with the scope of his or her
7 practice under the Medical Practice Act of 1987, the Nurse
8 Practice Act, or the Physician Assistant Practice Act of 1987.
9 An advanced practice registered nurse or physician assistant
10 as defined in this Act may perform aspiration abortion
11 procedures that do not require general anesthesia, consistent
12 with their training and standards of clinical practice and, if
13 applicable, consistent with any collaborative agreement. If
14 the health care professional determines that there is fetal
15 viability, the health care professional may provide abortion
16 care only if, in the professional judgment of the health care
17 professional, the abortion is necessary to protect the life or
18 health of the patient.

19 (b) A report of each abortion performed by a health care
20 professional shall be made to the Department on forms
21 prescribed by it. Such reports shall be transmitted to the
22 Department on a quarterly basis ~~not later than 10 days~~
23 ~~following the end of the month in which the abortion is~~
24 ~~performed.~~

25 (c) The abortion reporting forms prescribed by the
26 Department shall not request or require information that

1 identifies a patient or health care professional by name or
2 any other identifying information, and the Department shall
3 secure anonymity of all patients and health care
4 professionals.

5 (d) All reports received by the Department pursuant to
6 this Section shall be treated as confidential and exempt from
7 the Freedom of Information Act. Such reports shall not be
8 admissible as evidence or discoverable in any action of any
9 kind, in any court, or before any tribunal, board, agency or
10 person. Access to such reports shall be limited to authorized
11 Department staff who shall use the reports for statistical
12 purposes only. Such reports must be destroyed within 2 years
13 after date of receipt. The Department may make aggregate data
14 derived from the reports publicly available so long as such
15 disclosure does not reveal any identifying information about a
16 patient or health care professional.

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

18 Article 12.

19 Section 12-5. The Telehealth Act is amended by changing
20 Sections 10 and 15 as follows:

21 (225 ILCS 150/10)

22 Sec. 10. Practice authority. A health care professional
23 treating a patient located in this State through telehealth

1 services must be licensed or authorized to practice in
2 Illinois. A health care professional with a temporary permit
3 for full practice advanced practice registered nurse for
4 health care, a temporary permit for advanced practice
5 registered nurse for health care, or a temporary permit for
6 health care may treat a patient located in this State through
7 telehealth services in a manner consistent with the health
8 care professional's scope of practice and agreement with a
9 sponsoring entity.

10 (Source: P.A. 102-104, eff. 7-22-21.)

11 (225 ILCS 150/15)

12 Sec. 15. Use of telehealth services.

13 (a) A health care professional may engage in the practice
14 of telehealth services in Illinois to the extent of his or her
15 scope of practice as established in his or her respective
16 licensing Act consistent with the standards of care for
17 in-person services. This Act shall not be construed to alter
18 the scope of practice of any health care professional or
19 authorize the delivery of health care services in a setting or
20 in a manner not otherwise authorized by the laws of this State.

21 (b) Telehealth services provided pursuant to this Section
22 shall be consistent with all federal and State privacy,
23 security, and confidentiality laws, rules, or regulations.

24 (c) A health care professional with a temporary permit for
25 full practice advanced practice registered nurse for health

1 care, a temporary permit for advanced practice registered
2 nurse for health care, or a temporary permit for health care
3 may treat a patient located in this State through telehealth
4 services in a manner consistent with the health care
5 professional's scope of practice and agreement with a
6 sponsoring entity.

7 (Source: P.A. 102-104, eff. 7-22-21.)

8 Article 14.

9 Section 14-5. The Medical Practice Act of 1987 is amended
10 by changing Section 49.5 as follows:

11 (225 ILCS 60/49.5)

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

13 Sec. 49.5. Telemedicine.

14 (a) The General Assembly finds and declares that because
15 of technological advances and changing practice patterns the
16 practice of medicine is occurring with increasing frequency
17 across state lines and across increasing geographical
18 distances within the State of Illinois and that certain
19 technological advances in the practice of medicine are in the
20 public interest. The General Assembly further finds and
21 declares that the practice of medicine is a privilege and that
22 the licensure by this State of practitioners outside this
23 State engaging in medical practice within this State and the

1 ability to discipline those practitioners is necessary for the
2 protection of the public health, welfare, and safety.

3 (b) A person who engages in the practice of telemedicine
4 without a license or permit issued under this Act shall be
5 subject to penalties provided in Section 59. A person with a
6 temporary permit for health care may treat a patient located
7 in this State through telehealth services in a manner
8 consistent with the person's scope of practice and agreement
9 with a sponsoring entity.

10 (c) For purposes of this Act, "telemedicine" means the
11 performance of any of the activities listed in Section 49,
12 including, but not limited to, rendering written or oral
13 opinions concerning diagnosis or treatment of a patient in
14 Illinois by a person in a different location than the patient
15 as a result of transmission of individual patient data by
16 telephonic, electronic, or other means of communication.
17 "Telemedicine" does not include the following:

18 (1) periodic consultations between a person licensed
19 under this Act and a person outside the State of Illinois;

20 (2) a second opinion provided to a person licensed
21 under this Act;

22 (3) diagnosis or treatment services provided to a
23 patient in Illinois following care or treatment originally
24 provided to the patient in the state in which the provider
25 is licensed to practice medicine; and

26 (4) health care services provided to an existing

1 patient while the person licensed under this Act or
2 patient is traveling.

3 (d) Whenever the Department has reason to believe that a
4 person has violated this Section, the Department may issue a
5 rule to show cause why an order to cease and desist should not
6 be entered against that person. The rule shall clearly set
7 forth the grounds relied upon by the Department and shall
8 provide a period of 7 days from the date of the rule to file an
9 answer to the satisfaction of the Department. Failure to
10 answer to the satisfaction of the Department shall cause an
11 order to cease and desist to be issued immediately.

12 (e) An out-of-state person providing a service listed in
13 Section 49 to a patient residing in Illinois through the
14 practice of telemedicine submits himself or herself to the
15 jurisdiction of the courts of this State.

16 (Source: P.A. 100-317, eff. 1-1-18.)

17 Article 16.

18 Section 16-1. Short title. This Article may be cited as
19 the Abortion Care Clinical Training Program Act. References in
20 this Article to "this Act" mean this Article.

21 Section 16-5. Intent. The Program established under this
22 Act is intended to protect access to abortion care in Illinois
23 by ensuring there are a sufficient number of health care

1 professionals appropriately trained to provide abortion care
2 and other reproductive health care services.

3 Section 16-10. Definitions. As used in this Act:

4 "Abortion" has the meaning given to that term in Section
5 1-10 of the Reproductive Health Act.

6 "Coordinating organization" means a nonprofit entity in
7 good standing in any state or jurisdiction in which the
8 organization is registered or incorporated that has
9 demonstrated experience in coordinating or providing abortion
10 care training programs at community-based and hospital-based
11 provider sites.

12 "Department" means the Department of Public Health.

13 "Fund" means the Abortion Care Clinical Training Program
14 Fund.

15 "Health care professional" has the meaning given to that
16 term in Section 1-10 of the Reproductive Health Act.

17 "Program" means the Abortion Care Clinical Training
18 Program.

19 "Reproductive health care" has the meaning given to that
20 term in Section 1-10 of the Reproductive Health Act.

21 "Transportation hub" means an area easily accessible by
22 interstate or interregional transportation, including
23 roadways, railways, buses, air travel, and public
24 transportation.

25 "Underserved community" means a community that lacks a

1 sufficient number of health care providers or facilities to
2 meet the demand for abortion care without waiting periods more
3 than 3 days.

4 Section 16-15. Program administration and reporting.

5 (a) Subject to appropriation to the Fund, the Department
6 shall contract with at least one coordinating organization to
7 administer the Program. The Department shall use the Fund to
8 contract with the coordinating organization.

9 (b) A coordinating organization contracted by the
10 Department to administer the Program shall:

11 (1) submit an annual report to the Department
12 regarding Program performance, including the number of
13 participants enrolled, the demographics of Program
14 participants, the number of participants who successfully
15 complete the Program, the outcome of successful Program
16 participants, and the level of involvement of the
17 participants in providing abortion and other forms of
18 reproductive health care in Illinois; and

19 (2) meet any other requirements established by the
20 Department that are not inconsistent with this Act.

21 (c) The Department shall release the name of any
22 coordinating organization it coordinates with and any entity
23 receiving funds to assist in the implementation of this
24 Program through the coordinating organization. The Department
25 shall not release the name of any individual person or health

1 care professional administering services through or
2 participating in the Program. The Department shall, by rule,
3 establish procedures to ensure that sensitive Program
4 information, including any personal information and
5 information that, if released, could endanger the life or
6 physical safety of program participants, remains confidential.

7 (d) Any coordinating organization or other entity
8 receiving funds to implement this Program is subject to the
9 requirements of the Grant Accountability and Transparency Act.

10 Section 16-20. Coordinating organization duties. A
11 coordinating organization contracted by the Department to
12 administer the Program shall assume the following duties:

13 (1) Administer grants to develop and sustain abortion care
14 training programs at a minimum of 2 community-based provider
15 sites. When selecting community-based provider sites, the
16 coordinating organization shall prioritize sites near
17 transportation hubs and underserved communities.

18 (2) If funding is available, administer grants to:

19 (A) other community-based sites;

20 (B) hospital-based provider sites; and

21 (C) continuing education programs for reproductive
22 health care, including through professional associations
23 and other clinical education programs.

24 (3) Establish training Program requirements that:

25 (A) are consistent with evidence-based training

1 standards;

2 (B) comply with any applicable State or federal law
3 and regulations; and

4 (C) focus on providing culturally congruent care and
5 include implicit bias training.

6 (4) Support abortion care clinical training to health care
7 professionals or individuals seeking to become health care
8 professionals, consistent with the appropriate scope of
9 clinical practice, intended to:

10 (A) expand the number of health care professionals
11 with abortion care training; and

12 (B) increase diversity among health care professionals
13 with abortion care training.

14 (5) Support the identification, recruitment, screening,
15 and placement of qualified reproductive health care
16 professionals at training sites.

17 Section 16-25. Rules. The Department is authorized to
18 adopt rules pursuant to the Illinois Administrative Procedure
19 Act to implement this Act.

20 Section 16-30. Abortion Care Clinical Training Program
21 Fund. The Abortion Care Clinical Training Program Fund is
22 established as a special fund in the State Treasury. The Fund
23 may accept moneys from any public source in the form of grants,
24 deposits, and transfers, and shall be used for administration

1 and implementation of the Abortion Care Clinical Training
2 Program.

3 Section 16-90. The State Finance Act is amended by adding
4 Section 5.990 as follows:

5 (30 ILCS 105/5.990 new)

6 Sec. 5.990. The Abortion Care Clinical Training Program
7 Fund.

8 Article 21.

9 Section 21-5. The Pharmacy Practice Act is amended by
10 changing Section 43 as follows:

11 (225 ILCS 85/43)

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

13 Sec. 43. Dispensation of hormonal contraceptives.

14 (a) The dispensing of hormonal contraceptives to a patient
15 shall be pursuant to a valid prescription, or pursuant to a
16 standing order by a physician licensed to practice medicine in
17 all its branches, a standing order by ~~or~~ the medical director
18 of a local health department, or a standing order by the
19 Department of Public Health pursuant to the following:

20 (1) a pharmacist may dispense no more than a 12-month
21 supply of hormonal contraceptives to a patient;

1 (2) a pharmacist must complete an educational training
2 program accredited by the Accreditation Council for
3 Pharmacy Education and approved by the Department that is
4 related to the patient self-screening risk assessment,
5 patient assessment contraceptive counseling and education,
6 and dispensation of hormonal contraceptives;

7 (3) a pharmacist shall have the patient complete the
8 self-screening risk assessment tool; the self-screening
9 risk assessment tool is to be based on the most current
10 version of the United States Medical Eligibility Criteria
11 for Contraceptive Use published by the federal Centers for
12 Disease Control and Prevention;

13 (4) based upon the results of the self-screening risk
14 assessment and the patient assessment, the pharmacist
15 shall use his or her professional and clinical judgment as
16 to when a patient should be referred to the patient's
17 physician or another health care provider;

18 (5) a pharmacist shall provide, during the patient
19 assessment and consultation, counseling and education
20 about all methods of contraception, including methods not
21 covered under the standing order, and their proper use and
22 effectiveness;

23 (6) the patient consultation shall take place in a
24 private manner; and

25 (7) a pharmacist and pharmacy must maintain
26 appropriate records.

1 (b) The Department may adopt rules to implement this
2 Section.

3 (c) Nothing in this Section shall be interpreted to
4 require a pharmacist to dispense hormonal contraception under
5 a standing order issued by a physician licensed to practice
6 medicine in all its branches or the medical director of a local
7 health department.

8 (d) Notwithstanding any other provision of the law to the
9 contrary, a pharmacist may dispense hormonal contraceptives in
10 conformance with standing orders issued pursuant to this
11 Section without prior establishment of a relationship between
12 the pharmacist and the person receiving hormonal
13 contraception.

14 (e) No employee of the Department of Public Health issuing
15 a standing order pursuant to this Section shall, as a result of
16 the employee's acts or omissions in issuing the standing order
17 pursuant to this Section, be subject to (i) any disciplinary
18 or other adverse action under the Medical Practice Act of
19 1987, (ii) any civil liability, or (iii) any criminal
20 liability.

21 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

22 Article 22.

23 Section 22-5. The Birth Center Licensing Act is amended by
24 changing Sections 5 and 30 as follows:

1 (210 ILCS 170/5)

2 Sec. 5. Definitions. In this Act:

3 "Birth center" means a designated site, other than a
4 hospital:

5 (1) in which births are planned to occur following a
6 normal, uncomplicated, and low-risk pregnancy;

7 (2) that is not the pregnant person's usual place of
8 residence;

9 (3) that is ~~exclusively~~ dedicated to serving the
10 childbirth-related needs of pregnant persons and their
11 newborns, and has no more than 10 beds;

12 (4) that offers prenatal care and community education
13 services and coordinates these services with other health
14 care services available in the community; and

15 (5) that does not provide general anesthesia or
16 surgery.

17 "Certified nurse midwife" means an advanced practice
18 registered nurse licensed in Illinois under the Nurse Practice
19 Act with full practice authority or who is delegated such
20 authority as part of a written collaborative agreement with a
21 physician who is associated with the birthing center or who
22 has privileges at a nearby birthing hospital.

23 "Department" means the Illinois Department of Public
24 Health.

25 "Hospital" does not include places where pregnant females

1 are received, cared for, or treated during delivery if it is in
2 a licensed birth center, nor include any facility required to
3 be licensed as a birth center.

4 "Licensed certified professional midwife" means a person
5 who has successfully met the requirements under Section 45 of
6 the Licensed Certified Professional Midwife Practice Act and
7 holds an active license to practice as a licensed certified
8 professional midwife in Illinois.

9 "Physician" means a physician licensed to practice
10 medicine in all its branches in Illinois.

11 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

12 (210 ILCS 170/30)

13 Sec. 30. Minimum standards.

14 (a) The Department's rules adopted pursuant to Section 60
15 of this Act shall contain minimum standards to protect the
16 health and safety of a patient of a birth center. In adopting
17 rules for birth centers, the Department shall consider:

18 (1) the Commission for the Accreditation of Birth
19 Centers' Standards for Freestanding Birth Centers;

20 (2) the American Academy of Pediatrics and American
21 College of Obstetricians and Gynecologists Guidelines for
22 Perinatal Care; and

23 (3) the Regionalized Perinatal Health Care Code.

24 (b) Nothing in this Section shall be construed to prohibit
25 a facility licensed as a birth center from offering other

1 sexual health care or reproductive health care subject to any
2 applicable laws, rules, regulations, or licensing requirements
3 for those services. In this subsection, "reproductive health
4 care" has the same meaning as used in Section 1-10 of the
5 Reproductive Health Act.

6 (Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22.)

7 Article 24.

8 Section 24-5. The Counties Code is amended by changing
9 Section 3-4006 as follows:

10 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

11 Sec. 3-4006. Duties of public defender. The Public
12 Defender, as directed by the court, shall act as attorney,
13 without fee, before any court within any county for all
14 persons who are held in custody or who are charged with the
15 commission of any criminal offense, and who the court finds
16 are unable to employ counsel.

17 The Public Defender shall be the attorney, without fee,
18 when so appointed by the court under ~~Section 1-20 of the~~
19 ~~Juvenile Court Act or~~ Section 1-5 of the Juvenile Court Act of
20 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
21 ~~of Abortion Act of 1983 for any party who the court finds is~~
22 ~~financially unable to employ counsel.~~

23 In cases subject to Section 5-170 of the Juvenile Court

1 Act of 1987 involving a minor who was under 15 years of age at
2 the time of the commission of the offense, that occurs in a
3 county with a full-time public defender office, a public
4 defender, without fee or appointment, may represent and have
5 access to a minor during a custodial interrogation. In cases
6 subject to Section 5-170 of the Juvenile Court Act of 1987
7 involving a minor who was under 15 years of age at the time of
8 the commission of the offense, that occurs in a county without
9 a full-time public defender, the law enforcement agency
10 conducting the custodial interrogation shall ensure that the
11 minor is able to consult with an attorney who is under contract
12 with the county to provide public defender services.
13 Representation by the public defender shall terminate at the
14 first court appearance if the court determines that the minor
15 is not indigent.

16 Every court shall, with the consent of the defendant and
17 where the court finds that the rights of the defendant would be
18 prejudiced by the appointment of the public defender, appoint
19 counsel other than the public defender, except as otherwise
20 provided in Section 113-3 of the "Code of Criminal Procedure
21 of 1963". That counsel shall be compensated as is provided by
22 law. He shall also, in the case of the conviction of any such
23 person, prosecute any proceeding in review which in his
24 judgment the interests of justice require.

25 In counties with a population over 3,000,000, the public
26 defender, without fee or appointment and with the concurrence

1 of the county board, may act as attorney to noncitizens in
2 immigration cases. Representation by the public defender in
3 immigration cases shall be limited to those arising in
4 immigration courts located within the geographical boundaries
5 of the county where the public defender has been appointed to
6 office unless the board authorizes the public defender to
7 provide representation outside the county.

8 (Source: P.A. 102-410, eff. 1-1-22.)

9 Section 24-10. The Consent by Minors to Health Care
10 Services Act is amended by changing Section 1.5 as follows:

11 (410 ILCS 210/1.5)

12 Sec. 1.5. Consent by minor seeking care for limited
13 primary care services.

14 (a) The consent to the performance of primary care
15 services by a physician licensed to practice medicine in all
16 its branches, a licensed advanced practice registered nurse, a
17 licensed physician assistant, a chiropractic physician, or a
18 licensed optometrist executed by a minor seeking care is not
19 voidable because of such minority, and for such purpose, a
20 minor seeking care is deemed to have the same legal capacity to
21 act and has the same powers and obligations as has a person of
22 legal age under the following circumstances:

23 (1) the health care professional reasonably believes
24 that the minor seeking care understands the benefits and

1 risks of any proposed primary care or services; and

2 (2) the minor seeking care is identified in writing as
3 a minor seeking care by:

4 (A) an adult relative;

5 (B) a representative of a homeless service agency
6 that receives federal, State, county, or municipal
7 funding to provide those services or that is otherwise
8 sanctioned by a local continuum of care;

9 (C) an attorney licensed to practice law in this
10 State;

11 (D) a public school homeless liaison or school
12 social worker;

13 (E) a social service agency providing services to
14 at risk, homeless, or runaway youth; or

15 (F) a representative of a religious organization.

16 (b) A health care professional rendering primary care
17 services under this Section shall not incur civil or criminal
18 liability for failure to obtain valid consent or professional
19 discipline for failure to obtain valid consent if he or she
20 relied in good faith on the representations made by the minor
21 or the information provided under paragraph (2) of subsection
22 (a) of this Section. Under such circumstances, good faith
23 shall be presumed.

24 (c) The confidential nature of any communication between a
25 health care professional described in Section 1 of this Act
26 and a minor seeking care is not waived (1) by the presence, at

1 the time of communication, of any additional persons present
2 at the request of the minor seeking care, (2) by the health
3 care professional's disclosure of confidential information to
4 the additional person with the consent of the minor seeking
5 care, when reasonably necessary to accomplish the purpose for
6 which the additional person is consulted, or (3) by the health
7 care professional billing a health benefit insurance or plan
8 under which the minor seeking care is insured, is enrolled, or
9 has coverage for the services provided.

10 (d) Nothing in this Section shall be construed to limit or
11 expand a minor's existing powers and obligations under any
12 federal, State, or local law. ~~Nothing in this Section shall be~~
13 ~~construed to affect the Parental Notice of Abortion Act of~~
14 ~~1995.~~ Nothing in this Section affects the right or authority
15 of a parent or legal guardian to verbally, in writing, or
16 otherwise authorize health care services to be provided for a
17 minor in their absence.

18 (e) For the purposes of this Section:

19 "Minor seeking care" means a person at least 14 years of
20 age but less than 18 years of age who is living separate and
21 apart from his or her parents or legal guardian, whether with
22 or without the consent of a parent or legal guardian who is
23 unable or unwilling to return to the residence of a parent, and
24 managing his or her own personal affairs. "Minor seeking care"
25 does not include minors who are under the protective custody,
26 temporary custody, or guardianship of the Department of

1 Children and Family Services.

2 "Primary care services" means health care services that
3 include screening, counseling, immunizations, medication, and
4 treatment of illness and conditions customarily provided by
5 licensed health care professionals in an out-patient setting,
6 eye care services, excluding advanced optometric procedures,
7 provided by optometrists, and services provided by
8 chiropractic physicians according to the scope of practice of
9 chiropractic physicians under the Medical Practice Act of
10 1987. "Primary care services" does not include invasive care,
11 beyond standard injections, laceration care, or non-surgical
12 fracture care.

13 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
14 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

15 Section 24-15. The Medical Practice Act of 1987 is amended
16 by changing Section 23 as follows:

17 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

19 Sec. 23. Reports relating to professional conduct and
20 capacity.

21 (A) Entities required to report.

22 (1) Health care institutions. The chief administrator
23 or executive officer of any health care institution
24 licensed by the Illinois Department of Public Health shall

1 report to the Medical Board when any person's clinical
2 privileges are terminated or are restricted based on a
3 final determination made in accordance with that
4 institution's by-laws or rules and regulations that a
5 person has either committed an act or acts which may
6 directly threaten patient care or that a person may have a
7 mental or physical disability that may endanger patients
8 under that person's care. Such officer also shall report
9 if a person accepts voluntary termination or restriction
10 of clinical privileges in lieu of formal action based upon
11 conduct related directly to patient care or in lieu of
12 formal action seeking to determine whether a person may
13 have a mental or physical disability that may endanger
14 patients under that person's care. The Medical Board
15 shall, by rule, provide for the reporting to it by health
16 care institutions of all instances in which a person,
17 licensed under this Act, who is impaired by reason of age,
18 drug or alcohol abuse or physical or mental impairment, is
19 under supervision and, where appropriate, is in a program
20 of rehabilitation. Such reports shall be strictly
21 confidential and may be reviewed and considered only by
22 the members of the Medical Board, or by authorized staff
23 as provided by rules of the Medical Board. Provisions
24 shall be made for the periodic report of the status of any
25 such person not less than twice annually in order that the
26 Medical Board shall have current information upon which to

1 determine the status of any such person. Such initial and
2 periodic reports of impaired physicians shall not be
3 considered records within the meaning of the State Records
4 Act and shall be disposed of, following a determination by
5 the Medical Board that such reports are no longer
6 required, in a manner and at such time as the Medical Board
7 shall determine by rule. The filing of such reports shall
8 be construed as the filing of a report for purposes of
9 subsection (C) of this Section. Such health care
10 institution shall not take any adverse action, including,
11 but not limited to, restricting or terminating any
12 person's clinical privileges, as a result of an adverse
13 action against a person's license or clinical privileges
14 or other disciplinary action by another state or health
15 care institution that resulted from the person's provision
16 of, authorization of, recommendation of, aiding or
17 assistance with, referral for, or participation in any
18 health care service if the adverse action was based solely
19 on a violation of the other state's law prohibiting the
20 provision of such health care and related services in the
21 state or for a resident of the state if that health care
22 service would not have been unlawful under the laws of
23 this State and is consistent with the standards of conduct
24 for physicians practicing in Illinois.

25 (1.5) Clinical training programs. The program director
26 of any post-graduate clinical training program shall

1 report to the Medical Board if a person engaged in a
2 post-graduate clinical training program at the
3 institution, including, but not limited to, a residency or
4 fellowship, separates from the program for any reason
5 prior to its conclusion. The program director shall
6 provide all documentation relating to the separation if,
7 after review of the report, the Medical Board determines
8 that a review of those documents is necessary to determine
9 whether a violation of this Act occurred.

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

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

1 by such licensed person when such settlement or final
2 judgment is in favor of the plaintiff. Such insurance
3 company shall not take any adverse action, including, but
4 not limited to, denial or revocation of coverage, or rate
5 increases, against a person licensed under this Act with
6 respect to coverage for services provided in the State if
7 based solely on the person providing, authorizing,
8 recommending, aiding, assisting, referring for, or
9 otherwise participating in health care services in this
10 State in violation of another state's law, or a revocation
11 or other adverse action against the person's license in
12 another state for violation of such law if that health
13 care service as provided would have been lawful and
14 consistent with the standards of conduct for physicians if
15 it occurred in the State. Notwithstanding this provision,
16 it is against public policy to require coverage for an
17 illegal action.

18 (4) State's Attorneys. The State's Attorney of each
19 county shall report to the Medical Board, within 5 days,
20 any instances in which a person licensed under this Act is
21 convicted of any felony or Class A misdemeanor. ~~The~~
22 ~~State's Attorney of each county may report to the Medical~~
23 ~~Board through a verified complaint any instance in which~~
24 ~~the State's Attorney believes that a physician has~~
25 ~~willfully violated the notice requirements of the Parental~~
26 ~~Notice of Abortion Act of 1995.~~

1 (5) State agencies. All agencies, boards, commissions,
2 departments, or other instrumentalities of the government
3 of the State of Illinois shall report to the Medical Board
4 any instance arising in connection with the operations of
5 such agency, including the administration of any law by
6 such agency, in which a person licensed under this Act has
7 either committed an act or acts which may be a violation of
8 this Act or which may constitute unprofessional conduct
9 related directly to patient care or which indicates that a
10 person licensed under this Act may have a mental or
11 physical disability that may endanger patients under that
12 person's care.

13 (B) Mandatory reporting. All reports required by items
14 (34), (35), and (36) of subsection (A) of Section 22 and by
15 Section 23 shall be submitted to the Medical Board in a timely
16 fashion. Unless otherwise provided in this Section, the
17 reports shall be filed in writing within 60 days after a
18 determination that a report is required under this Act. All
19 reports shall contain the following information:

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

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

24 (3) The name and date of birth of any patient or
25 patients whose treatment is a subject of the report, if
26 available, or other means of identification if such

1 information is not available, identification of the
2 hospital or other healthcare facility where the care at
3 issue in the report was rendered, provided, however, no
4 medical records may be revealed.

5 (4) A brief description of the facts which gave rise
6 to the issuance of the report, including the dates of any
7 occurrences deemed to necessitate the filing of the
8 report.

9 (5) If court action is involved, the identity of the
10 court in which the action is filed, along with the docket
11 number and date of filing of the action.

12 (6) Any further pertinent information which the
13 reporting party deems to be an aid in the evaluation of the
14 report.

15 The Medical Board or Department may also exercise the
16 power under Section 38 of this Act to subpoena copies of
17 hospital or medical records in mandatory report cases alleging
18 death or permanent bodily injury. Appropriate rules shall be
19 adopted by the Department with the approval of the Medical
20 Board.

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

26 Nothing contained in this Section shall act to, in any

1 way, waive or modify the confidentiality of medical reports
2 and committee reports to the extent provided by law. Any
3 information reported or disclosed shall be kept for the
4 confidential use of the Medical Board, the Medical
5 Coordinators, the Medical Board's attorneys, the medical
6 investigative staff, and authorized clerical staff, as
7 provided in this Act, and shall be afforded the same status as
8 is provided information concerning medical studies in Part 21
9 of Article VIII of the Code of Civil Procedure, except that the
10 Department may disclose information and documents to a
11 federal, State, or local law enforcement agency pursuant to a
12 subpoena in an ongoing criminal investigation or to a health
13 care licensing body or medical licensing authority of this
14 State or another state or jurisdiction pursuant to an official
15 request made by that licensing body or medical licensing
16 authority. Furthermore, information and documents disclosed to
17 a federal, State, or local law enforcement agency may be used
18 by that agency only for the investigation and prosecution of a
19 criminal offense, or, in the case of disclosure to a health
20 care licensing body or medical licensing authority, only for
21 investigations and disciplinary action proceedings with regard
22 to a license. Information and documents disclosed to the
23 Department of Public Health may be used by that Department
24 only for investigation and disciplinary action regarding the
25 license of a health care institution licensed by the
26 Department of Public Health.

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

14 (D) Indemnification. Members of the Medical Board, the
15 Medical Coordinators, the Medical Board's attorneys, the
16 medical investigative staff, physicians retained under
17 contract to assist and advise the medical coordinators in the
18 investigation, and authorized clerical staff shall be
19 indemnified by the State for any actions occurring within the
20 scope of services on the Medical Board, done in good faith and
21 not wilful and wanton in nature. The Attorney General shall
22 defend all such actions unless he or she determines either
23 that there would be a conflict of interest in such
24 representation or that the actions complained of were not in
25 good faith or were wilful and wanton.

26 Should the Attorney General decline representation, the

1 member shall have the right to employ counsel of his or her
2 choice, whose fees shall be provided by the State, after
3 approval by the Attorney General, unless there is a
4 determination by a court that the member's actions were not in
5 good faith or were wilful and wanton.

6 The member must notify the Attorney General within 7 days
7 of receipt of notice of the initiation of any action involving
8 services of the Medical Board. Failure to so notify the
9 Attorney General shall constitute an absolute waiver of the
10 right to a defense and indemnification.

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

14 (E) Deliberations of Medical Board. Upon the receipt of
15 any report called for by this Act, other than those reports of
16 impaired persons licensed under this Act required pursuant to
17 the rules of the Medical Board, the Medical Board shall notify
18 in writing, by mail or email, the person who is the subject of
19 the report. Such notification shall be made within 30 days of
20 receipt by the Medical Board of the report.

21 The notification shall include a written notice setting
22 forth the person's right to examine the report. Included in
23 such notification shall be the address at which the file is
24 maintained, the name of the custodian of the reports, and the
25 telephone number at which the custodian may be reached. The
26 person who is the subject of the report shall submit a written

1 statement responding, clarifying, adding to, or proposing the
2 amending of the report previously filed. The person who is the
3 subject of the report shall also submit with the written
4 statement any medical records related to the report. The
5 statement and accompanying medical records shall become a
6 permanent part of the file and must be received by the Medical
7 Board no more than 30 days after the date on which the person
8 was notified by the Medical Board of the existence of the
9 original report.

10 The Medical Board shall review all reports received by it,
11 together with any supporting information and responding
12 statements submitted by persons who are the subject of
13 reports. The review by the Medical Board shall be in a timely
14 manner but in no event, shall the Medical Board's initial
15 review of the material contained in each disciplinary file be
16 less than 61 days nor more than 180 days after the receipt of
17 the initial report by the Medical Board.

18 When the Medical Board makes its initial review of the
19 materials contained within its disciplinary files, the Medical
20 Board shall, in writing, make a determination as to whether
21 there are sufficient facts to warrant further investigation or
22 action. Failure to make such determination within the time
23 provided shall be deemed to be a determination that there are
24 not sufficient facts to warrant further investigation or
25 action.

26 Should the Medical Board find that there are not

1 sufficient facts to warrant further investigation, or action,
2 the report shall be accepted for filing and the matter shall be
3 deemed closed and so reported to the Secretary. The Secretary
4 shall then have 30 days to accept the Medical Board's decision
5 or request further investigation. The Secretary shall inform
6 the Medical Board of the decision to request further
7 investigation, including the specific reasons for the
8 decision. The individual or entity filing the original report
9 or complaint and the person who is the subject of the report or
10 complaint shall be notified in writing by the Secretary of any
11 final action on their report or complaint. The Department
12 shall disclose to the individual or entity who filed the
13 original report or complaint, on request, the status of the
14 Medical Board's review of a specific report or complaint. Such
15 request may be made at any time, including prior to the Medical
16 Board's determination as to whether there are sufficient facts
17 to warrant further investigation or action.

18 (F) Summary reports. The Medical Board shall prepare, on a
19 timely basis, but in no event less than once every other month,
20 a summary report of final disciplinary actions taken upon
21 disciplinary files maintained by the Medical Board. The
22 summary reports shall be made available to the public upon
23 request and payment of the fees set by the Department. This
24 publication may be made available to the public on the
25 Department's website. Information or documentation relating to
26 any disciplinary file that is closed without disciplinary

1 action taken shall not be disclosed and shall be afforded the
2 same status as is provided by Part 21 of Article VIII of the
3 Code of Civil Procedure.

4 (G) Any violation of this Section shall be a Class A
5 misdemeanor.

6 (H) If any such person violates the provisions of this
7 Section an action may be brought in the name of the People of
8 the State of Illinois, through the Attorney General of the
9 State of Illinois, for an order enjoining such violation or
10 for an order enforcing compliance with this Section. Upon
11 filing of a verified petition in such court, the court may
12 issue a temporary restraining order without notice or bond and
13 may preliminarily or permanently enjoin such violation, and if
14 it is established that such person has violated or is
15 violating the injunction, the court may punish the offender
16 for contempt of court. Proceedings under this paragraph shall
17 be in addition to, and not in lieu of, all other remedies and
18 penalties provided for by this Section.

19 (I) The Department may adopt rules to implement the
20 changes made by this amendatory Act of the 102nd General
21 Assembly.

22 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

23 Article 26.

24 Section 26-5. The Illinois Parentage Act of 2015 is

1 amended by changing Sections 704 and 709 as follows:

2 (750 ILCS 46/704)

3 Sec. 704. Withdrawal of consent of intended parent or
4 donor. An intended parent or donor may withdraw consent to use
5 his or her gametes in a writing or legal pleading with notice
6 to the other participants. An intended parent who withdraws
7 consent under this Section prior to the insemination or embryo
8 transfer is not a parent of any resulting child. If a donor
9 withdraws consent to his or her donation prior to the
10 insemination or the combination of gametes, the intended
11 parent is not the parent of any resulting child. If the
12 intended parent or parents no longer wish to use any remaining
13 cryopreserved fertilized ovum for medical purposes, the terms
14 of the most recent informed consent of the intended parent or
15 parents executed at the fertility center or a marital
16 settlement agreement under a judgment of dissolution of
17 marriage, judgment of legal separation, or judgment of
18 dissolution of civil union governs the disposition of the
19 fertilized ovum.

20 (Source: P.A. 99-763, eff. 1-1-17.)

21 (750 ILCS 46/709)

22 Sec. 709. Establishment of parentage; requirements of
23 Gestational Surrogacy Act.

24 (a) In the event of gestational surrogacy, in addition to

1 the requirements of the Gestational Surrogacy Act, a
2 parent-child relationship is established between a person and
3 a child if all of the following conditions are met prior to the
4 birth of the child:

5 (1) The gestational surrogate certifies that she did
6 not provide a gamete for the child, and that she is
7 carrying the child for the intended parents.

8 (2) The spouse, if any, of the gestational surrogate
9 certifies that he or she did not provide a gamete for the
10 child.

11 (3) Each intended parent, or the parent's legally
12 authorized designee if an intended parent dies, certifies
13 that the child being carried by the gestational surrogate
14 was conceived using at least one of the intended parents'
15 gametes.

16 (4) A physician licensed in the state in which the
17 fertilized ovum was inseminated or transferred to the
18 gestational surrogate certifies that the child being
19 carried by the gestational surrogate was conceived using
20 the gamete or gametes of at least one of the intended
21 parents, and that neither the gestational surrogate nor
22 the gestational surrogate's spouse, if any, provided
23 gametes for the child being carried by the gestational
24 surrogate.

25 (5) The attorneys for the intended parents and the
26 gestational surrogate each certify that the parties

1 entered into a gestational surrogacy agreement intended to
2 satisfy the requirements of the Gestational Surrogacy Act.

3 (b) All certifications under this Section shall be in
4 writing and witnessed by 2 competent adults who are not the
5 gestational surrogate, gestational surrogate's spouse, if any,
6 or an intended parent. Certifications shall be on forms
7 prescribed by the Illinois Department of Public Health and
8 shall be executed prior to the birth of the child. All
9 certifications shall be provided, prior to the birth of the
10 child, to both the hospital where the gestational surrogate
11 anticipates the delivery will occur and to the Illinois
12 Department of Public Health.

13 (c) Parentage established in accordance with this Section
14 has the full force and effect of a judgment entered under this
15 Act.

16 (d) The Illinois Department of Public Health shall adopt
17 rules to implement this Section.

18 (Source: P.A. 99-763, eff. 1-1-17.)

19 Article 27.

20 Section 27-5. The Illinois Insurance Code is amended by
21 changing Section 356z.4a as follows:

22 (215 ILCS 5/356z.4a)

23 Sec. 356z.4a. Coverage for abortion.

1 (a) Except as otherwise provided in this Section, no
2 individual or group policy of accident and health insurance
3 that provides pregnancy-related benefits may be issued,
4 amended, delivered, or renewed in this State after the
5 effective date of this amendatory Act of the 101st General
6 Assembly unless the policy provides a covered person with
7 coverage for abortion care. Regardless of whether the policy
8 otherwise provides prescription drug benefits, abortion care
9 coverage must include medications that are obtained through a
10 prescription and used to terminate a pregnancy, regardless of
11 whether there is proof of a pregnancy.

12 (b) Coverage for abortion care may not impose any
13 deductible, coinsurance, waiting period, or other cost-sharing
14 limitation that is greater than that required for other
15 pregnancy-related benefits covered by the policy.

16 (c) Except as otherwise authorized under this Section, a
17 policy shall not impose any restrictions or delays on the
18 coverage required under this Section.

19 (d) This Section does not, pursuant to 42 U.S.C.
20 18054(a)(6), apply to a multistate plan that does not provide
21 coverage for abortion.

22 (e) If the Department concludes that enforcement of this
23 Section may adversely affect the allocation of federal funds
24 to this State, the Department may grant an exemption to the
25 requirements, but only to the minimum extent necessary to
26 ensure the continued receipt of federal funds.

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

2 Article 28.

3 Section 28-5. Short title. This Article may be cited as
4 the Lawful Health Care Activity Act. References in this
5 Article to "this Act" mean this Article.

6 Section 28-10. Definitions. As used in this Act:

7 "Lawful health care" means sexual health care that is not
8 unlawful under the laws of this State, including on any theory
9 of vicarious, joint, several, or conspiracy liability.

10 "Lawful health care activity" means seeking, providing,
11 receiving, assisting in seeking, providing, or receiving,
12 providing material support for, or traveling to obtain lawful
13 health care.

14 "Reproductive health care" shall have the same meaning as
15 Section 1-10 of the Reproductive Health Act.

16 "Sexual health care" means health care offered, arranged,
17 or furnished related to reproductive health care, sexually
18 transmitted diseases, sexual health across the life span, or
19 sexual orientation.

20 "Sexual orientation" shall have the same meaning as
21 Section 1-103 of the Illinois Human Rights Act.

22 Section 28-15. Conflict of law. Notwithstanding any

1 general or special law or common law conflict of law rule to
2 the contrary, the laws of this State shall govern in any case
3 or controversy heard in this State related to lawful health
4 care activity.

5 Section 28-20. Limits on execution of foreign judgments.
6 In any action filed to enforce the judgment of a foreign state,
7 issued in connection with any litigation concerning lawful
8 health care, the court hearing the action shall not give any
9 force or effect to any judgment issued without jurisdiction.

10 Section 28-25. Severability. The provisions of this Act
11 are severable under Section 1.31 of the Statute on Statutes.

12 Section 28-30. The Uniform Interstate Depositions and
13 Discovery Act is amended by changing Section 3 and by adding
14 Section 3.5 as follows:

15 (735 ILCS 35/3)

16 Sec. 3. Issuance of subpoena.

17 (a) To request issuance of a subpoena under this Section,
18 a party must submit a foreign subpoena to a clerk of court in
19 the county in which discovery is sought to be conducted in this
20 State. A request for the issuance of a subpoena under this Act
21 does not constitute an appearance in the courts of this State.

22 (b) When a party submits a foreign subpoena to a clerk of

1 court in this State, the clerk, in accordance with that
2 court's procedure, shall promptly issue a subpoena for service
3 upon the person to which the foreign subpoena is directed
4 unless issuance is prohibited by Section 3.5.

5 (c) A subpoena under subsection (b) must:

6 (A) incorporate the terms used in the foreign
7 subpoena; and

8 (B) contain or be accompanied by the names, addresses,
9 and telephone numbers of all counsel of record in the
10 proceeding to which the subpoena relates and of any party
11 not represented by counsel.

12 (Source: P.A. 99-79, eff. 1-1-16.)

13 (735 ILCS 35/3.5 new)

14 Sec. 3.5. Unenforceable foreign subpoenas.

15 (a) If a request for issuance of a subpoena pursuant to
16 this Act seeks documents or information related to lawful
17 health care activity, as defined in the Lawful Health Care
18 Activity Act, or seeks documents in support of any claim that
19 interferes with rights under the Reproductive Health Act, then
20 the person or entity requesting the subpoena shall include an
21 attestation, signed under penalty of perjury, confirming and
22 identifying that an exemption in subsection (c) applies. Any
23 false attestation submitted under this Section or the failure
24 to submit an attestation required by this Section shall be
25 subject to a statutory penalty of \$10,000 per violation.

1 Submission of such attestation shall subject the attestor to
2 the jurisdiction of the courts of this State for any suit,
3 penalty, or damages arising out of a false attestation under
4 this Section.

5 (b) No clerk of court shall issue a subpoena based on a
6 foreign subpoena that:

7 (1) requests information or documents related to
8 lawful health care activity, as defined in the Lawful
9 Health Care Activity Act; or

10 (2) is related to the enforcement of another state's
11 law that would interfere with an individual's rights under
12 the Reproductive Health Act.

13 (c) A clerk of court may issue the subpoena if the subpoena
14 includes the attestation as described in subsection (a) and
15 the subpoena relates to:

16 (1) an out-of-state action founded in tort, contract,
17 or statute brought by the patient who sought or received
18 the lawful health care or the patient's authorized legal
19 representative, for damages suffered by the patient or
20 damages derived from an individual's loss of consortium of
21 the patient, and for which a similar claim would exist
22 under the laws of this State; or

23 (2) an out-of-state action founded in contract brought
24 or sought to be enforced by a party with a contractual
25 relationship with the individual whose documents or
26 information are the subject of the subpoena and for which

1 a similar claim would exist under the laws of this State.

2 (d) Any person or entity served with a subpoena reasonably
3 believed to be issued in violation of this Section shall not
4 comply with the subpoena.

5 (e) Any person or entity who is the recipient of, or whose
6 lawful health care is the subject of, a subpoena reasonably
7 believed to be issued in violation of this Section may, but is
8 not required to, move to modify or quash the subpoena.

9 (f) No court shall issue an order compelling a person or
10 entity to comply with a subpoena found to be in violation of
11 this Section.

12 (g) As used in this Section, "lawful health care" and
13 "lawful health care activity" have the meanings given to those
14 terms in Section 28-10 of the Lawful Health Care Activity Act.

15 (h) The Supreme Court shall have jurisdiction to adopt
16 rules for the implementation of this Section.

17 Section 28-35. The Uniform Act to Secure the Attendance of
18 Witnesses from Within or Without a State in Criminal
19 Proceedings is amended by changing Section 2 as follows:

20 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

21 Sec. 2. Summoning witness in this state to testify in
22 another state.

23 If a judge of a court of record in any state which by its
24 laws has made provision for commanding persons within that

1 state to attend and testify in this state certifies under the
2 seal of such court that there is a criminal prosecution
3 pending in such court, or that a grand jury investigation has
4 commenced or is about to commence, that a person being within
5 this state is a material witness in such prosecution, or grand
6 jury investigation, and his presence will be required for a
7 specified number of days, upon presentation of such
8 certificate to any judge of a court in the county in which such
9 person is, such judge shall fix a time and place for a hearing,
10 and shall make an order directing the witness to appear at a
11 time and place certain for the hearing.

12 If at a hearing the judge determines that the witness is
13 material and necessary, that it will not cause undue hardship
14 to the witness to be compelled to attend and testify in the
15 prosecution or a grand jury investigation in the other state,
16 and that the laws of the state in which the prosecution is
17 pending, or grand jury investigation has commenced or is about
18 to commence (and of any other state through which the witness
19 may be required to pass by ordinary course of travel), will
20 give to him protection from arrest and the service of civil and
21 criminal process, he shall issue a summons, with a copy of the
22 certificate attached, directing the witness to attend and
23 testify in the court where the prosecution is pending, or
24 where a grand jury investigation has commenced or is about to
25 commence at a time and place specified in the summons. In any
26 such hearing the certificate shall be prima facie evidence of

1 all the facts stated therein.

2 If said certificate recommends that the witness be taken
3 into immediate custody and delivered to an officer of the
4 requesting state to assure his attendance in the requesting
5 state, such judge may, in lieu of notification of the hearing,
6 direct that such witness be forthwith brought before him for
7 said hearing; and the judge at the hearing being satisfied of
8 the desirability of such custody and delivery, for which
9 determination the certificate shall be prima facie proof of
10 such desirability may, in lieu of issuing subpoena or summons,
11 order that said witness be forthwith taken into custody and
12 delivered to an officer of the requesting state.

13 No subpoena, summons, or order shall be issued for a
14 witness to provide information or testimony in relation to any
15 proceeding if the charge is based on conduct that involves
16 lawful health care activity, as defined by the Lawful Health
17 Care Activity Act, that is not unlawful under the laws of this
18 State. This limitation does not apply for the purpose of
19 complying with obligations under Brady v. Maryland (373 U.S.
20 83) or Giglio v. United States (405 U.S. 150).

21 If the witness, who is summoned as above provided, after
22 being paid or tendered by some properly authorized person the
23 sum of 10 cents a mile for each mile by the ordinary travel
24 route to and from the court where the prosecution is pending
25 and five dollars for each day that he is required to travel and
26 attend as a witness, fails without good cause to attend and

1 testify as directed in the summons, he shall be punished in the
2 manner provided for the punishment of any witness who disobeys
3 a summons issued from a court in this state.

4 (Source: Laws 1967, p. 3804.)

5 Section 28-40. The Uniform Criminal Extradition Act is
6 amended by changing Section 6 as follows:

7 (725 ILCS 225/6) (from Ch. 60, par. 23)

8 Sec. 6. Extradition of persons not present in demanding
9 state at time of commission of crime.

10 The Governor of this State may also surrender, on demand
11 of the Executive Authority of any other state, any person in
12 this State charged in such other state in the manner provided
13 in Section 3 with committing an act in this State, or in a
14 third state, intentionally resulting in a crime in the state
15 whose Executive Authority is making the demand. However, the
16 Governor of this State shall not surrender such a person if the
17 charge is based on conduct that involves seeking, providing,
18 receiving, assisting in seeking, providing, or receiving,
19 providing material support for, or traveling to obtain lawful
20 health care, as defined by Section 28-10 of the Lawful Health
21 Care Activity Act, that is not unlawful under the laws of this
22 State, including a charge based on any theory of vicarious,
23 joint, several, or conspiracy liability.

24 (Source: Laws 1955, p. 1982.)

1 Article 29.

2 Section 29-5. Short title. This Article may be cited as
3 the Protecting Reproductive Health Care Services Act.
4 References in this Article to "this Act" mean this Article.

5 Section 29-10. Definitions. As used in this Act:

6 "Advanced practice registered nurse" has the same meaning
7 as it does in Section 50-10 of the Nurse Practice Act.

8 "Health care professional" means a person who is licensed
9 as a physician, advanced practice registered nurse, or
10 physician assistant.

11 "Person" includes an individual, a partnership, an
12 association, a limited liability company, or a corporation.

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

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

17 "Reproductive health care services" means health care
18 offered, 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 services" includes, but is not limited to:
22 contraception; sterilization; preconception care; maternity
23 care; abortion care; and counseling regarding reproductive

1 health care.

2 Section 29-15. Right of action.

3 (a) When any person has had a judgment entered against
4 such person, in any state, where liability, in whole or in
5 part, is based on the alleged provision, receipt, assistance
6 in receipt or provision, material support for, or any theory
7 of vicarious, joint, several, or conspiracy liability derived
8 therefrom, for reproductive health care services that are
9 permitted under the laws of this State, such person may
10 recover damages from any party that brought the action leading
11 to that judgment or has sought to enforce that judgment.

12 (b) Any person aggrieved by conduct in subsection (a)
13 shall have a right of action in a State circuit court or as a
14 supplemental claim in federal district court against any party
15 that brought the action leading to that judgment or has sought
16 to enforce that judgment. This lawsuit must be brought not
17 later than 2 years after the violation of subsection (a).

18 (c) If the court finds that a violation of subsection (a)
19 has occurred, the court may award to the plaintiff:

20 (1) actual damages created by the action that led to
21 that judgment, including, but not limited to, money
22 damages in the amount of the judgment in that other state
23 and costs, expenses, and reasonable attorney's fees spent
24 in defending the action that resulted in the entry of a
25 judgment in another state; and

1 (215 ILCS 5/356z.60 new)

2 Sec. 356z.60. Coverage for abortifacients, hormonal
3 therapy, and human immunodeficiency virus pre-exposure
4 prophylaxis and post-exposure prophylaxis.

5 (a) As used in this Section:

6 "Abortifacients" means any medication administered to
7 terminate a pregnancy by a health care professional.

8 "Health care professional" means a physician licensed to
9 practice medicine in all of its branches, licensed advanced
10 practice registered nurse, or physician assistant.

11 "Hormonal therapy medication" means hormonal treatment
12 administered to treat gender dysphoria.

13 "Therapeutic equivalent version" means drugs, devices, or
14 products that can be expected to have the same clinical effect
15 and safety profile when administered to patients under the
16 conditions specified in the labeling and that satisfy the
17 following general criteria:

18 (1) it is approved as safe and effective;

19 (2) it is a pharmaceutical equivalent in that it:

20 (A) contains identical amounts of the same active
21 drug ingredient in the same dosage form and route of
22 administration; and

23 (B) meets compendial or other applicable standards
24 of strength, quality, purity, and identity;

25 (3) it is bioequivalent in that:

1 (A) it does not present a known or potential
2 bioequivalence problem and it meets an acceptable in
3 vitro standard; or

4 (B) if it does present such a known or potential
5 problem, it is shown to meet an appropriate
6 bioequivalence standard;

7 (4) it is adequately labeled; and

8 (5) it is manufactured in compliance with Current Good
9 Manufacturing Practice regulations adopted by the United
10 States Food and Drug Administration.

11 (b) An individual or group policy of accident and health
12 insurance amended, delivered, issued, or renewed in this State
13 after January 1, 2024 shall provide coverage for all
14 abortifacients, hormonal therapy medication, human
15 immunodeficiency virus pre-exposure prophylaxis and
16 post-exposure prophylaxis drugs approved by the United States
17 Food and Drug Administration, and follow-up services related
18 to that coverage, including, but not limited to, management of
19 side effects, medication self-management or adherence
20 counseling, risk reduction strategies, and mental health
21 counseling.

22 (c) The coverage required under subsection (b) is subject
23 to the following conditions:

24 (1) If the United States Food and Drug Administration
25 has approved one or more therapeutic equivalent versions
26 of an abortifacient drug, a policy is not required to

1 include all such therapeutic equivalent versions in its
2 formulary so long as at least one is included and covered
3 without cost sharing and in accordance with this Section.

4 (2) If an individual's attending provider recommends a
5 particular drug approved by the United States Food and
6 Drug Administration based on a determination of medical
7 necessity with respect to that individual, the plan or
8 issuer must defer to the determination of the attending
9 provider and must cover that service or item without cost
10 sharing.

11 (3) If a drug is not covered, plans and issuers must
12 have an easily accessible, transparent, and sufficiently
13 expedient process that is not unduly burdensome on the
14 individual or a provider or other individual acting as a
15 patient's authorized representative to ensure coverage
16 without cost sharing.

17 (d) Except as otherwise provided in this Section, a policy
18 subject to this Section shall not impose a deductible,
19 coinsurance, copayment, or any other cost-sharing requirement
20 on the coverage provided. The provisions of this subsection do
21 not apply to coverage of procedures to the extent such
22 coverage would disqualify a high-deductible health plan from
23 eligibility for a health savings account pursuant to the
24 federal Internal Revenue Code, 26 U.S.C. 223.

25 (e) Except as otherwise authorized under this Section, a
26 policy shall not impose any restrictions or delays on the

1 coverage required under this Section.

2 Section 30-10. The State Employees Group Insurance Act of
3 1971 is amended by changing Section 6.11 as follows:

4 (5 ILCS 375/6.11)

5 (Text of Section before amendment by P.A. 102-768)

6 Sec. 6.11. Required health benefits; Illinois Insurance
7 Code requirements. The program of health benefits shall
8 provide the post-mastectomy care benefits required to be
9 covered by a policy of accident and health insurance under
10 Section 356t of the Illinois Insurance Code. The program of
11 health benefits shall provide the coverage required under
12 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
13 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
14 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
15 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
16 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
17 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
18 356z.60 of the Illinois Insurance Code. The program of health
19 benefits must comply with Sections 155.22a, 155.37, 355b,
20 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
21 Insurance Code. The Department of Insurance shall enforce the
22 requirements of this Section with respect to Sections 370c and
23 370c.1 of the Illinois Insurance Code; all other requirements
24 of this Section shall be enforced by the Department of Central

1 Management Services.

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

8 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
9 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
10 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
11 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
12 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
13 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
14 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
15 revised 12-13-22.)

16 (Text of Section after amendment by P.A. 102-768)

17 Sec. 6.11. Required health benefits; Illinois Insurance
18 Code requirements. The program of health benefits shall
19 provide the post-mastectomy care benefits required to be
20 covered by a policy of accident and health insurance under
21 Section 356t of the Illinois Insurance Code. The program of
22 health benefits shall provide the coverage required under
23 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
24 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
25 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,

1 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
2 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
3 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57,
4 356z.59, and 356z.60 of the Illinois Insurance Code. The
5 program of health benefits must comply with Sections 155.22a,
6 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
7 the Illinois Insurance Code. The Department of Insurance shall
8 enforce the requirements of this Section with respect to
9 Sections 370c and 370c.1 of the Illinois Insurance Code; all
10 other requirements of this Section shall be enforced by the
11 Department of Central Management Services.

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

18 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
19 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
20 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
21 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
22 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
23 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
24 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
25 102-1093, eff. 1-1-23; revised 12-13-22.)

1 Section 30-15. The Health Maintenance Organization Act is
2 amended by changing Section 5-3 as follows:

3 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

4 Sec. 5-3. Insurance Code provisions.

5 (a) Health Maintenance Organizations shall be subject to
6 the provisions of Sections 133, 134, 136, 137, 139, 140,
7 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
8 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
9 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
10 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
11 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
12 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
13 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
14 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
15 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
16 356z.60, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
17 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
18 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
19 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
20 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
21 Illinois Insurance Code.

22 (b) For purposes of the Illinois Insurance Code, except
23 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
24 Health Maintenance Organizations in the following categories
25 are deemed to be "domestic companies":

1 (1) a corporation authorized under the Dental Service
2 Plan Act or the Voluntary Health Services Plans Act;

3 (2) a corporation organized under the laws of this
4 State; or

5 (3) a corporation organized under the laws of another
6 state, 30% or more of the enrollees of which are residents
7 of this State, except a corporation subject to
8 substantially the same requirements in its state of
9 organization as is a "domestic company" under Article VIII
10 1/2 of the Illinois Insurance Code.

11 (c) In considering the merger, consolidation, or other
12 acquisition of control of a Health Maintenance Organization
13 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

14 (1) the Director shall give primary consideration to
15 the continuation of benefits to enrollees and the
16 financial conditions of the acquired Health Maintenance
17 Organization after the merger, consolidation, or other
18 acquisition of control takes effect;

19 (2) (i) the criteria specified in subsection (1) (b) of
20 Section 131.8 of the Illinois Insurance Code shall not
21 apply and (ii) the Director, in making his determination
22 with respect to the merger, consolidation, or other
23 acquisition of control, need not take into account the
24 effect on competition of the merger, consolidation, or
25 other acquisition of control;

26 (3) the Director shall have the power to require the

1 following information:

2 (A) certification by an independent actuary of the
3 adequacy of the reserves of the Health Maintenance
4 Organization sought to be acquired;

5 (B) pro forma financial statements reflecting the
6 combined balance sheets of the acquiring company and
7 the Health Maintenance Organization sought to be
8 acquired as of the end of the preceding year and as of
9 a date 90 days prior to the acquisition, as well as pro
10 forma financial statements reflecting projected
11 combined operation for a period of 2 years;

12 (C) a pro forma business plan detailing an
13 acquiring party's plans with respect to the operation
14 of the Health Maintenance Organization sought to be
15 acquired for a period of not less than 3 years; and

16 (D) such other information as the Director shall
17 require.

18 (d) The provisions of Article VIII 1/2 of the Illinois
19 Insurance Code and this Section 5-3 shall apply to the sale by
20 any health maintenance organization of greater than 10% of its
21 enrollee population (including without limitation the health
22 maintenance organization's right, title, and interest in and
23 to its health care certificates).

24 (e) In considering any management contract or service
25 agreement subject to Section 141.1 of the Illinois Insurance
26 Code, the Director (i) shall, in addition to the criteria

1 specified in Section 141.2 of the Illinois Insurance Code,
2 take into account the effect of the management contract or
3 service agreement on the continuation of benefits to enrollees
4 and the financial condition of the health maintenance
5 organization to be managed or serviced, and (ii) need not take
6 into account the effect of the management contract or service
7 agreement on competition.

8 (f) Except for small employer groups as defined in the
9 Small Employer Rating, Renewability and Portability Health
10 Insurance Act and except for medicare supplement policies as
11 defined in Section 363 of the Illinois Insurance Code, a
12 Health Maintenance Organization may by contract agree with a
13 group or other enrollment unit to effect refunds or charge
14 additional premiums under the following terms and conditions:

15 (i) the amount of, and other terms and conditions with
16 respect to, the refund or additional premium are set forth
17 in the group or enrollment unit contract agreed in advance
18 of the period for which a refund is to be paid or
19 additional premium is to be charged (which period shall
20 not be less than one year); and

21 (ii) the amount of the refund or additional premium
22 shall not exceed 20% of the Health Maintenance
23 Organization's profitable or unprofitable experience with
24 respect to the group or other enrollment unit for the
25 period (and, for purposes of a refund or additional
26 premium, the profitable or unprofitable experience shall

1 be calculated taking into account a pro rata share of the
2 Health Maintenance Organization's administrative and
3 marketing expenses, but shall not include any refund to be
4 made or additional premium to be paid pursuant to this
5 subsection (f)). The Health Maintenance Organization and
6 the group or enrollment unit may agree that the profitable
7 or unprofitable experience may be calculated taking into
8 account the refund period and the immediately preceding 2
9 plan years.

10 The Health Maintenance Organization shall include a
11 statement in the evidence of coverage issued to each enrollee
12 describing the possibility of a refund or additional premium,
13 and upon request of any group or enrollment unit, provide to
14 the group or enrollment unit a description of the method used
15 to calculate (1) the Health Maintenance Organization's
16 profitable experience with respect to the group or enrollment
17 unit and the resulting refund to the group or enrollment unit
18 or (2) the Health Maintenance Organization's unprofitable
19 experience with respect to the group or enrollment unit and
20 the resulting additional premium to be paid by the group or
21 enrollment unit.

22 In no event shall the Illinois Health Maintenance
23 Organization Guaranty Association be liable to pay any
24 contractual obligation of an insolvent organization to pay any
25 refund authorized under this Section.

26 (g) Rulemaking authority to implement Public Act 95-1045,

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

6 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
7 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
8 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
9 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
10 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
11 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
12 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
13 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
14 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
15 eff. 1-1-23; revised 12-13-22.)

16 Section 30-20. The Voluntary Health Services Plans Act is
17 amended by changing Section 10 as follows:

18 (215 ILCS 165/10) (from Ch. 32, par. 604)

19 Sec. 10. Application of Insurance Code provisions. Health
20 services plan corporations and all persons interested therein
21 or dealing therewith shall be subject to the provisions of
22 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
23 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
24 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,

1 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
2 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
3 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
4 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
5 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
6 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3, 367.2,
7 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
8 paragraphs (7) and (15) of Section 367 of the Illinois
9 Insurance Code.

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. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
17 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
18 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
19 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
20 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
21 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
22 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
23 revised 12-13-22.)

24 Section 30-25. The Illinois Public Aid Code is amended by
25 changing Section 5-16.8 as follows:

1 (305 ILCS 5/5-16.8)

2 Sec. 5-16.8. Required health benefits. The medical
3 assistance program shall (i) provide the post-mastectomy care
4 benefits required to be covered by a policy of accident and
5 health insurance under Section 356t and the coverage required
6 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
7 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
8 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.56, 356z.59, and
9 356z.60 of the Illinois Insurance Code, (ii) be subject to the
10 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
11 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
12 subject to the provisions of subsection (d-5) of Section 10 of
13 the Network Adequacy and Transparency Act.

14 The Department, by rule, shall adopt a model similar to
15 the requirements of Section 356z.39 of the Illinois Insurance
16 Code.

17 On and after July 1, 2012, the Department shall reduce any
18 rate of reimbursement for services or other payments or alter
19 any methodologies authorized by this Code to reduce any rate
20 of reimbursement for services or other payments in accordance
21 with Section 5-5e.

22 To ensure full access to the benefits set forth in this
23 Section, on and after January 1, 2016, the Department shall
24 ensure that provider and hospital reimbursement for
25 post-mastectomy care benefits required under this Section are

1 no lower than the Medicare reimbursement rate.

2 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
3 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
4 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
5 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
6 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
7 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
8 eff. 1-1-23; revised 12-14-22.)

9 Article 99.

10 Section 99-95. No acceleration or delay. Where this Act
11 makes changes in a statute that is represented in this Act by
12 text that is not yet or no longer in effect (for example, a
13 Section represented by multiple versions), the use of that
14 text does not accelerate or delay the taking effect of (i) the
15 changes made by this Act or (ii) provisions derived from any
16 other Public Act.

17 Section 99-97. Severability. The provisions of this Act
18 are severable under Section 1.31 of the Statute on Statutes.

19 Section 99-99. Effective date. This Act takes effect upon
20 becoming law."