



Sen. Laura M. Murphy

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10200SB0145sam001

LRB102 04072 SPS 29947 a

1 AMENDMENT TO SENATE BILL 145

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 145 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Physician Assistant Practice Act of 1987  
5 is amended by changing Sections 6, 7, and 21 as follows:

6 (225 ILCS 95/6) (from Ch. 111, par. 4606)

7 (Section scheduled to be repealed on January 1, 2028)

8 Sec. 6. Physician assistant title.

9 (a) No physician assistant shall use the title of doctor,  
10 physician, or associate with his or her name or any other term  
11 that would indicate to other persons that he or she is  
12 qualified to engage in the general practice of medicine.

13 (b) A physician assistant shall verbally identify himself  
14 or herself as a physician assistant, including specialty  
15 certification, to each patient.

16 (c) Nothing in this Act shall be construed to relieve a

1 physician assistant of the professional or legal  
2 responsibility for the care and treatment of persons attended  
3 by him or her.

4 (d) The collaborating physician shall file with the  
5 Department notice of employment, discharge, or collaboration  
6 with a physician assistant within 60 days ~~at the time~~ of  
7 employment, discharge, or assumption of collaboration with a  
8 physician assistant. Nothing in this Section shall prevent a  
9 physician assistant from beginning his or her employment  
10 before the notice of employment or collaboration has been  
11 filed.

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

13 (225 ILCS 95/7) (from Ch. 111, par. 4607)

14 (Section scheduled to be repealed on January 1, 2028)

15 Sec. 7. Collaboration requirements.

16 (a) A collaborating physician shall determine the number  
17 of physician assistants to collaborate with, provided the  
18 physician is able to provide adequate collaboration as  
19 outlined in the written collaborative agreement required under  
20 Section 7.5 of this Act and consideration is given to the  
21 nature of the physician's practice, complexity of the patient  
22 population, and the experience of each physician assistant. A  
23 collaborating physician may collaborate with a maximum of 7  
24 full-time equivalent physician assistants as described in  
25 Section 54.5 of the Medical Practice Act of 1987. As used in

1 this Section, "full-time equivalent" means the equivalent of  
2 40 hours per week per individual. Physicians and physician  
3 assistants who work in a hospital, hospital affiliate, or  
4 ambulatory surgical treatment center as defined by Section 7.7  
5 of this Act are exempt from the collaborative ratio  
6 restriction requirements of this Section. A physician  
7 assistant shall be able to hold more than one professional  
8 position. A physician assistant ~~collaborating physician~~ shall  
9 maintain at the physician assistant's practice location ~~file~~ a  
10 notice of collaboration for each physician with whom the  
11 physician assistant collaborates ~~of each physician assistant~~  
12 according to the rules of the Department.

13 Physician assistants shall collaborate only with  
14 physicians as defined in this Act who are engaged in clinical  
15 practice, or in clinical practice in public health or other  
16 community health facilities.

17 Nothing in this Act shall be construed to limit the  
18 delegation of tasks or duties by a physician to a nurse or  
19 other appropriately trained personnel.

20 Nothing in this Act shall be construed to prohibit the  
21 employment of physician assistants by a hospital, nursing  
22 home, or other health care facility where such physician  
23 assistants function under a collaborating physician.

24 A physician assistant may be employed by a practice group  
25 or other entity employing multiple physicians at one or more  
26 locations. In that case, one of the physicians practicing at a

1 location shall be designated the collaborating physician. The  
2 other physicians with that practice group or other entity who  
3 practice in the same general type of practice or specialty as  
4 the collaborating physician may collaborate with the physician  
5 assistant with respect to their patients.

6 (b) A physician assistant licensed in this State, or  
7 licensed or authorized to practice in any other U.S.  
8 jurisdiction or credentialed by his or her federal employer as  
9 a physician assistant, who is responding to a need for medical  
10 care created by an emergency or by a state or local disaster  
11 may render such care that the physician assistant is able to  
12 provide without collaboration as it is defined in this Section  
13 or with such collaboration as is available.

14 Any physician who collaborates with a physician assistant  
15 providing medical care in response to such an emergency or  
16 state or local disaster shall not be required to meet the  
17 requirements set forth in this Section for a collaborating  
18 physician.

19 (Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

20 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

22 Sec. 21. Grounds for disciplinary action.

23 (a) The Department may refuse to issue or to renew, or may  
24 revoke, suspend, place on probation, reprimand, or take other  
25 disciplinary or non-disciplinary action with regard to any

1 license issued under this Act as the Department may deem  
2 proper, including the issuance of fines not to exceed \$10,000  
3 for each violation, for any one or combination of the  
4 following causes:

5 (1) Material misstatement in furnishing information to  
6 the Department.

7 (2) Violations of this Act, or the rules adopted under  
8 this Act.

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

18 (4) Making any misrepresentation for the purpose of  
19 obtaining licenses.

20 (5) Professional incompetence.

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

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

25 (8) Engaging in dishonorable, unethical, or  
26 unprofessional conduct, as defined by rule, of a character

1 likely to deceive, defraud, or harm the public.

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

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

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

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

24 (13) Abandonment of a patient.

25 (14) Willfully making or filing false records or  
26 reports in his or her practice, including, but not limited

1 to l false records filed with state agencies or  
2 departments.

3 (15) 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 (16) Physical illness, or mental illness or impairment  
7 that results in the inability to practice the profession  
8 with reasonable judgment, skill, or safety, including, but  
9 not limited to, deterioration through the aging process or  
10 loss of motor skill.

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

18 (18) (Blank).

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

21 (20) Employment of fraud, deception, l or any unlawful  
22 means in applying for or securing a license as a physician  
23 assistant.

24 (21) Exceeding the authority delegated to him or her  
25 by his or her collaborating physician in a written  
26 collaborative agreement.

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

4           (23) Violation of the Health Care Worker Self-Referral  
5           Act.

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

8           (25) Making a false or misleading statement regarding  
9           his or her skill or the efficacy or value of the medicine,  
10          treatment, or remedy prescribed by him or her in the  
11          course of treatment.

12          (26) Allowing another person to use his or her license  
13          to practice.

14          (27)        Prescribing,        selling,        administering,  
15          distributing,   giving,   or self-administering a drug  
16          classified as a controlled substance for other than  
17          medically accepted therapeutic purposes.

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

21          (29)        A pattern of practice or other behavior that  
22          demonstrates incapacity or incompetence to practice under  
23          this Act.

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



1           (31) Exceeding the prescriptive authority delegated by  
2 the collaborating physician or violating the written  
3 collaborative agreement delegating that authority.

4           (32) Practicing without providing to the Department a  
5 notice of ~~collaboration~~ or delegation of prescriptive  
6 authority.

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

9           (34) Attempting to subvert or cheat on the examination  
10 of the National Commission on Certification of Physician  
11 Assistants or its successor agency.

12           (35) Willfully or negligently violating the  
13 confidentiality between physician assistant and patient,  
14 except as required by law.

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

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

25           (38) Failure to report to the Department an adverse  
26 final action taken against him or her by another licensing

1 jurisdiction of the United States or a foreign state or  
2 country, a peer review body, a health care institution, a  
3 professional society or association, a governmental  
4 agency, a law enforcement agency, or a court acts or  
5 conduct similar to acts or conduct that would constitute  
6 grounds for action under this Section.

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

9 (40) Entering into an excessive number of written  
10 collaborative agreements with licensed physicians  
11 resulting in an inability to adequately collaborate.

12 (41) Repeated failure to adequately collaborate with a  
13 collaborating physician.

14 (42) Violating the Compassionate Use of Medical  
15 Cannabis Program Act.

16 (43) Failure to maintain at the physician assistant's  
17 practice location a notice of collaboration for each  
18 physician with whom the physician assistant collaborates,  
19 or failure to provide the notice to the Department upon  
20 request.

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

1 requirements of any such tax Act are satisfied.

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

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

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

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

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

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

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

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

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

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

1 hearing by the Department.

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

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

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

24 (f) Members of the Board and the Disciplinary Board shall  
25 be indemnified by the State for any actions occurring within  
26 the scope of services on the Disciplinary Board or Board, done

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

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

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

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

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