



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB1008

Introduced 1/12/2023, by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

20 ILCS 535/5
20 ILCS 535/15
225 ILCS 60/22

from Ch. 111, par. 4400-22

Amends the Administration of Psychotropic Medications to Children Act. Requires the Department of Children and Family Services to maintain a record of certain information for every youth in care prescribed or provided psychotropic medication, including, but not limited to: (1) a list of the prescribed psychotropic medications; (2) the consent date for each prescribed psychotropic medication; and (3) the date the youth assented for each prescribed psychotropic medication. Requires the Department to collect all necessary information to complete its required annual report to the General Assembly and to use the information to analyze prescribing patterns by population for youth for whom the Department is legally responsible (DCFS youth). Requires the Department to ensure that on an annual basis all persons licensed to practice medicine who prescribe psychotropic medication to DCFS youth are provided with comprehensive up-to-date medical guidelines regarding the prescribing of such medications. Requires the Department to include in its annual report to the General Assembly information on the total number of requests the Department received requesting consent to provide psychotropic medication to DCFS youth and the total number of these requests that the Department denied; and other specified data. Requires the Department to post the annual report on its website. Provides that the Department of Financial and Professional Regulation may take certain disciplinary or non-disciplinary actions against any person issued a license or permit under the Act who commits repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and medical reason.

LRB103 04878 KTG 49888 b

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

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

7 (20 ILCS 535/5)

8 Sec. 5. Administration of psychotropic medications.

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

15 (1) ~~(a)~~ The role of the Department in the
16 administration of psychotropic medications to youth for
17 whom it is legally responsible and who are in facilities
18 operated by the Illinois Department of Corrections or the
19 Illinois Department of Juvenile Justice.

20 (2) ~~(b)~~ Provisions regarding the administration of
21 psychotropic medications for youth for whom the Department
22 is legally responsible and who are in residential
23 facilities, group homes, transitional living programs, or

1 foster homes where the youth is under the age of 18 or
2 where the youth is 18 or older and has provided the
3 Department with appropriate consent.

4 (3) ~~(e)~~ Provisions regarding the administration of
5 psychotropic medications for youth for whom the Department
6 is legally responsible and who are in psychiatric
7 hospitals.

8 (4) ~~(d)~~ Provisions concerning the emergency use of
9 psychotropic medications, including appropriate and timely
10 reporting.

11 (5) ~~(e)~~ Provisions prohibiting the administration of
12 psychotropic medications to persons for whom the
13 Department is legally responsible as punishment for bad
14 behavior, for the convenience of staff or caregivers, or
15 as a substitute for adequate mental health care or other
16 services.

17 (6) ~~(f)~~ The creation of a committee to develop, post
18 on a website, and periodically review materials listing
19 which psychotropic medications are approved for use with
20 youth for whom the Department has legal responsibility.
21 The materials shall include guidelines for the use of
22 psychotropic medications and may include the acceptable
23 range of dosages, contraindications, and time limits, if
24 any, and such other topics necessary to ensure the safe
25 and appropriate use of psychotropic medications.

26 (7) ~~(g)~~ Provisions regarding the appointment,

1 qualifications, and training of employees of the
2 Department who are authorized to consent to the
3 administration of psychotropic medications to youth for
4 whom the Department has legal responsibility, including
5 the scope of the authority of such persons.

6 (8) ~~(h)~~ Provisions regarding training and materials
7 for parents, foster parents, and relative caretakers
8 concerning the rules governing the use of psychotropic
9 medications with youth for whom the Department has legal
10 responsibility.

11 (9) ~~(i)~~ With respect to any youth under the age of 18
12 for whom the Department has legal responsibility and who
13 does not assent to the administration of recommended
14 psychotropic medication, provisions providing standards
15 and procedures for reviewing the youth's concerns. With
16 respect to any youth over the age of 18 for whom the
17 Department has legal responsibility and who does not
18 consent to the administration of recommended psychotropic
19 medication, provisions providing standards and procedures
20 for reviewing the youth's concerns upon the youth's
21 request and with the youth's consent. Standards and
22 procedures developed under this subsection shall not be
23 inconsistent with the Mental Health and Developmental
24 Disabilities Code.

25 (10) ~~(j)~~ Provisions ensuring that, subject to all
26 relevant confidentiality laws, service plans for youth for

1 whom the Department has legal responsibility include the
2 following information:

3 (A) ~~(1)~~ Identification by name and dosage of the
4 psychotropic medication known by the Department to
5 have been administered to the youth since the last
6 service plan.

7 (B) ~~(2)~~ The benefits of the psychotropic
8 medication.

9 (C) ~~(3)~~ The negative side effects of the
10 psychotropic medication.

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

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

15 (2) the consent date for each psychotropic medication
16 prescribed;

17 (3) the date the youth assented for each psychotropic
18 medication prescribed;

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

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

21 (6) the youth's weight.

22 (c) The Department shall collect all necessary information
23 to complete the annual report required under Section 15 and
24 use this information to analyze prescribing patterns by
25 population for youth for whom the Department is legally
26 responsible.

1 (d) The Department may contract for consulting services
2 from a psychiatrist who has expertise and specializes in
3 pediatric care for the purposes of the analysis required under
4 subsection (c).

5 (e) The Department, in cooperation with the Department of
6 Healthcare and Family Services, shall ensure that on an annual
7 basis all persons licensed under the Medical Practice Act of
8 1987 to practice medicine in all of its branches who prescribe
9 psychotropic medication to youth for whom the Department is
10 legally responsible are provided with comprehensive,
11 up-to-date medical guidelines regarding the prescribing of
12 such medications to youth in care.

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

14 (20 ILCS 535/15)

15 Sec. 15. Annual report.

16 (a) No later than December 31 of each year, the Department
17 shall prepare and submit an annual report, covering the
18 previous fiscal year, to the General Assembly concerning the
19 administration of psychotropic medication to persons for whom
20 it is legally responsible. This report shall include, but is
21 not limited to, the following:

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

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

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

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

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

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

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

19 (8) The total number of requests the Department
20 received requesting consent to provide psychotropic
21 medication to youth for whom the Department is legally
22 responsible and the total number of these requests that
23 the Department denied.

24 (9) The number of physicians who prescribed
25 psychotropic medication to youth for whom the Department
26 is legally responsible and obtained the consent of the

1 Department as guardian.

2 (10) The number of physicians who have prescribed
3 psychotropic medication to youth for whom the Department
4 is legally responsible without the consent of the
5 Department as guardian.

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

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

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

18 Prior to the release of this data, personal identifiers,
19 such as name, date of birth, address, and Social Security
20 number, shall be removed and a unique identifier shall be
21 submitted.

22 (b) The requirement for reporting to the General Assembly
23 shall be satisfied by filing copies of the report as required
24 by Section 3.1 of the General Assembly Organization Act and by
25 filing additional copies with the State Government Report
26 Distribution Center for the General Assembly as required under

1 paragraph (t) of Section 7 of the State Library Act.

2 (c) No later than December 31, 2024, and December 31 of
3 each year thereafter, the Department shall post on its website
4 each annual report required under this Section.

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

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

8 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

10 Sec. 22. Disciplinary action.

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

18 (1) (Blank).

19 (2) (Blank).

20 (3) A plea of guilty or nolo contendere, finding of
21 guilt, jury verdict, or entry of judgment or sentencing,
22 including, but not limited to, convictions, preceding
23 sentences of supervision, conditional discharge, or first
24 offender probation, under the laws of any jurisdiction of

1 the United States of any crime that is a felony.

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

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

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

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

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

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

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

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

24 (12) Adverse action taken by another state or
25 jurisdiction against a license or other authorization to
26 practice as a medical doctor, doctor of osteopathy, doctor

1 of osteopathic medicine or doctor of chiropractic, a
2 certified copy of the record of the action taken by the
3 other state or jurisdiction being prima facie evidence
4 thereof. This includes any adverse action taken by a State
5 or federal agency that prohibits a medical doctor, doctor
6 of osteopathy, doctor of osteopathic medicine, or doctor
7 of chiropractic from providing services to the agency's
8 participants.

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

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

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

21 (16) Abandonment of a patient.

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

1 (18) Promotion of the sale of drugs, devices,
2 appliances, or goods provided for a patient in such manner
3 as to exploit the patient for financial gain of the
4 physician.

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

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

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

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

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

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

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

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

18 (26) A pattern of practice or other behavior which
19 demonstrates incapacity or incompetence to practice under
20 this Act.

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

24 (28) Physical illness, including, but not limited to,
25 deterioration through the aging process, or loss of motor
26 skill which results in a physician's inability to practice

1 under this Act with reasonable judgment, skill, or safety.

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

4 (30) Willfully or negligently violating the
5 confidentiality between physician and patient except as
6 required by law.

7 (31) The use of any false, fraudulent, or deceptive
8 statement in any document connected with practice under
9 this Act.

10 (32) Aiding and abetting an individual not licensed
11 under this Act in the practice of a profession licensed
12 under this Act.

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

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

26 (35) Failure to report to the Department surrender of

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

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

15 (37) Failure to provide copies of medical records as
16 required by law.

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

22 (39) Violating the Health Care Worker Self-Referral
23 Act.

24 (40) Willful failure to provide notice when notice is
25 required under the Parental Notice of Abortion Act of
26 1995.

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

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

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

9 (44) Violating the Compassionate Use of Medical
10 Cannabis Program Act.

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

15 (46) Repeated failure to adequately collaborate with a
16 licensed prescribing psychologist.

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

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

1 (49) Entering into an excessive number of written
2 collaborative agreements with licensed physician
3 assistants resulting in an inability to adequately
4 collaborate.

5 (50) Repeated failure to adequately collaborate with a
6 physician assistant.

7 (51) Repeated acts of clearly excessive prescribing,
8 furnishing, or administering psychotropic medications to a
9 minor without a good faith prior examination of the
10 patient and medical reason therefor.

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

1 cause of action in favor of the claimant or the reduction to
2 final judgment of any civil action in favor of the plaintiff,
3 such claim, cause of action, or civil action being grounded on
4 the allegation that a person licensed under this Act was
5 negligent in providing care, the Department shall have an
6 additional period of 2 years from the date of notification to
7 the Department under Section 23 of this Act of such settlement
8 or final judgment in which to investigate and commence formal
9 disciplinary proceedings under Section 36 of this Act, except
10 as otherwise provided by law. The time during which the holder
11 of the license was outside the State of Illinois shall not be
12 included within any period of time limiting the commencement
13 of disciplinary action by the Department.

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

23 The Department may refuse to issue or take disciplinary
24 action concerning the license of any person who fails to file a
25 return, or to pay the tax, penalty, or interest shown in a
26 filed return, or to pay any final assessment of tax, penalty,

1 or interest, as required by any tax Act administered by the
2 Illinois Department of Revenue, until such time as the
3 requirements of any such tax Act are satisfied as determined
4 by the Illinois Department of Revenue.

5 The Department, upon the recommendation of the Medical
6 Board, shall adopt rules which set forth standards to be used
7 in determining:

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

10 (b) what constitutes dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud, or harm the public;

13 (c) what constitutes immoral conduct in the commission
14 of any act, including, but not limited to, commission of
15 an act of sexual misconduct related to the licensee's
16 practice; and

17 (d) what constitutes gross negligence in the practice
18 of medicine.

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

22 In enforcing this Section, the Medical Board, upon a
23 showing of a possible violation, may compel any individual who
24 is licensed to practice under this Act or holds a permit to
25 practice under this Act, or any individual who has applied for
26 licensure or a permit pursuant to this Act, to submit to a

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

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

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

24 An individual licensed under this Act, affected under this
25 Section, shall be afforded an opportunity to demonstrate to
26 the Medical Board that he or she can resume practice in

1 compliance with acceptable and prevailing standards under the
2 provisions of his or her license.

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

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

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

26 (C) 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 to practice medicine
4 to a physician:

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

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

13 (D) The Medical Board shall recommend to the Department
14 civil penalties and any other appropriate discipline in
15 disciplinary cases when the Medical Board finds that a
16 physician willfully performed an abortion with actual
17 knowledge that the person upon whom the abortion has been
18 performed is a minor or an incompetent person without notice
19 as required under the Parental Notice of Abortion Act of 1995.
20 Upon the Medical Board's recommendation, the Department shall
21 impose, for the first violation, a civil penalty of \$1,000 and
22 for a second or subsequent violation, a civil penalty of
23 \$5,000.

24 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
25 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
26 8-20-21; 102-813, eff. 5-13-22.)