



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB2895

Introduced 2/16/2023, by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

210 ILCS 5/6.5	
225 ILCS 60/54.5	
225 ILCS 65/65-35	was 225 ILCS 65/15-15
225 ILCS 65/65-45	was 225 ILCS 65/15-25

Amends the Nurse Practice Act. Provides that a certified registered nurse anesthetist providing anesthesia services outside the hospital, ambulatory surgical treatment center, or hospital affiliate shall enter into a written collaborative agreement with a physician, podiatric physician, or dentist. Removes provisions providing that a certified registered nurse anesthetist, an anesthesiologist, a physician, a dentist, or a podiatric physician must participate through discussion of an agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services. Makes corresponding changes in the Ambulatory Surgical Treatment Center Act and the Medical Practice Act of 1987. Effective immediately.

LRB103 30134 AMQ 56558 b

1 AN ACT concerning regulation.

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

4 Section 5. The Ambulatory Surgical Treatment Center Act is
5 amended by changing Section 6.5 as follows:

6 (210 ILCS 5/6.5)

7 Sec. 6.5. Clinical privileges; advanced practice
8 registered nurses. All ambulatory surgical treatment centers
9 (ASTC) licensed under this Act shall comply with the following
10 requirements:

11 (1) No ASTC policy, rule, regulation, or practice
12 shall be inconsistent with the provision of adequate
13 collaboration and consultation in accordance with Section
14 54.5 of the Medical Practice Act of 1987.

15 (2) Operative surgical procedures shall be performed
16 only by a physician licensed to practice medicine in all
17 its branches under the Medical Practice Act of 1987, a
18 dentist licensed under the Illinois Dental Practice Act,
19 or a podiatric physician licensed under the Podiatric
20 Medical Practice Act of 1987, with medical staff
21 membership and surgical clinical privileges granted by the
22 consulting committee of the ASTC. A licensed physician,
23 dentist, or podiatric physician may be assisted by a

1 physician licensed to practice medicine in all its
2 branches, dentist, dental assistant, podiatric physician,
3 licensed advanced practice registered nurse, licensed
4 physician assistant, licensed registered nurse, licensed
5 practical nurse, surgical assistant, surgical technician,
6 or other individuals granted clinical privileges to assist
7 in surgery by the consulting committee of the ASTC.
8 Payment for services rendered by an assistant in surgery
9 who is not an ambulatory surgical treatment center
10 employee shall be paid at the appropriate non-physician
11 modifier rate if the payor would have made payment had the
12 same services been provided by a physician.

13 (2.5) A registered nurse licensed under the Nurse
14 Practice Act and qualified by training and experience in
15 operating room nursing shall be present in the operating
16 room and function as the circulating nurse during all
17 invasive or operative procedures. For purposes of this
18 paragraph (2.5), "circulating nurse" means a registered
19 nurse who is responsible for coordinating all nursing
20 care, patient safety needs, and the needs of the surgical
21 team in the operating room during an invasive or operative
22 procedure.

23 (3) An advanced practice registered nurse is not
24 required to possess prescriptive authority or a written
25 collaborative agreement meeting the requirements of the
26 Nurse Practice Act to provide advanced practice registered

1 nursing services in an ambulatory surgical treatment
2 center. An advanced practice registered nurse must possess
3 clinical privileges granted by the consulting medical
4 staff committee and ambulatory surgical treatment center
5 in order to provide services. Individual advanced practice
6 registered nurses may also be granted clinical privileges
7 to order, select, and administer medications, including
8 controlled substances, to provide delineated care. The
9 attending physician must determine the advanced practice
10 registered nurse's role in providing care for his or her
11 patients, except as otherwise provided in the consulting
12 staff policies. The consulting medical staff committee
13 shall periodically review the services of advanced
14 practice registered nurses granted privileges.

15 (4) The anesthesia service shall be under the
16 direction of a physician licensed to practice medicine in
17 all its branches who has had specialized preparation or
18 experience in the area or who has completed a residency in
19 anesthesiology. An anesthesiologist, Board certified or
20 Board eligible, is recommended. Anesthesia services may
21 only be administered upon the request ~~pursuant to the~~
22 ~~order~~ of a physician licensed to practice medicine in all
23 its branches, licensed dentist, or licensed podiatric
24 physician.

25 (A) The individuals who, with clinical privileges
26 granted by the medical staff and ASTC, may administer

1 anesthesia services are limited to the following:

2 (i) an anesthesiologist; or

3 (ii) a physician licensed to practice medicine
4 in all its branches; or

5 (iii) a dentist with authority to administer
6 anesthesia under Section 8.1 of the Illinois
7 Dental Practice Act; or

8 (iv) a licensed certified registered nurse
9 anesthetist; or

10 (v) a podiatric physician licensed under the
11 Podiatric Medical Practice Act of 1987.

12 (B) (Blank). ~~For anesthesia services, an~~
13 ~~anesthesiologist shall participate through discussion~~
14 ~~of and agreement with the anesthesia plan and shall~~
15 ~~remain physically present and be available on the~~
16 ~~premises during the delivery of anesthesia services~~
17 ~~for diagnosis, consultation, and treatment of~~
18 ~~emergency medical conditions. In the absence of~~
19 ~~24 hour availability of anesthesiologists with~~
20 ~~clinical privileges, an alternate policy (requiring~~
21 ~~participation, presence, and availability of a~~
22 ~~physician licensed to practice medicine in all its~~
23 ~~branches) shall be developed by the medical staff~~
24 ~~consulting committee in consultation with the~~
25 ~~anesthesia service and included in the medical staff~~
26 ~~consulting committee policies.~~

1 (C) A certified registered nurse anesthetist is
2 not required to possess prescriptive authority or a
3 written collaborative agreement meeting the
4 requirements of Section 65-35 of the Nurse Practice
5 Act to provide anesthesia services ~~ordered by a~~
6 ~~licensed physician, dentist, or podiatric physician.~~
7 Licensed certified registered nurse anesthetists are
8 authorized to select, order, and administer drugs and
9 apply the appropriate medical devices in the provision
10 of anesthesia services ~~under the anesthesia plan~~
11 ~~agreed with by the anesthesiologist or, in the absence~~
12 ~~of an available anesthesiologist with clinical~~
13 ~~privileges, agreed with by the operating physician,~~
14 ~~operating dentist, or operating podiatric physician in~~
15 accordance with the medical staff consulting committee
16 policies of a licensed ambulatory surgical treatment
17 center.

18 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

19 Section 10. The Medical Practice Act of 1987 is amended by
20 changing Section 54.5 as follows:

21 (225 ILCS 60/54.5)

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

23 Sec. 54.5. Physician delegation of authority to physician
24 assistants, advanced practice registered nurses without full

1 practice authority, and prescribing psychologists.

2 (a) Physicians licensed to practice medicine in all its
3 branches may delegate care and treatment responsibilities to a
4 physician assistant under guidelines in accordance with the
5 requirements of the Physician Assistant Practice Act of 1987.
6 A physician licensed to practice medicine in all its branches
7 may enter into collaborative agreements with no more than 7
8 full-time equivalent physician assistants, except in a
9 hospital, hospital affiliate, or ambulatory surgical treatment
10 center as set forth by Section 7.7 of the Physician Assistant
11 Practice Act of 1987 and as provided in subsection (a-5).

12 (a-5) A physician licensed to practice medicine in all its
13 branches may collaborate with more than 7 physician assistants
14 when the services are provided in a federal primary care
15 health professional shortage area with a Health Professional
16 Shortage Area score greater than or equal to 12, as determined
17 by the United States Department of Health and Human Services.

18 The collaborating physician must keep appropriate
19 documentation of meeting this exemption and make it available
20 to the Department upon request.

21 (b) A physician licensed to practice medicine in all its
22 branches in active clinical practice may collaborate with an
23 advanced practice registered nurse in accordance with the
24 requirements of the Nurse Practice Act. Collaboration is for
25 the purpose of providing medical consultation, and no
26 employment relationship is required. A written collaborative

1 agreement shall conform to the requirements of Section 65-35
2 of the Nurse Practice Act. The written collaborative agreement
3 shall be for services in the same area of practice or specialty
4 as the collaborating physician in his or her clinical medical
5 practice. A written collaborative agreement shall be adequate
6 with respect to collaboration with advanced practice
7 registered nurses if all of the following apply:

8 (1) The agreement is written to promote the exercise
9 of professional judgment by the advanced practice
10 registered nurse commensurate with his or her education
11 and experience.

12 (2) The advanced practice registered nurse provides
13 services based upon a written collaborative agreement with
14 the collaborating physician, except as set forth in
15 subsection (b-5) of this Section. With respect to labor
16 and delivery, the collaborating physician must provide
17 delivery services in order to participate with a certified
18 nurse midwife.

19 (3) Methods of communication are available with the
20 collaborating physician in person or through
21 telecommunications for consultation, collaboration, and
22 referral as needed to address patient care needs.

23 ~~(b-5) An anesthesiologist or physician licensed to~~
24 ~~practice medicine in all its branches may collaborate with a~~
25 ~~certified registered nurse anesthetist in accordance with~~
26 ~~Section 65-35 of the Nurse Practice Act for the provision of~~

1 ~~anesthesia services. With respect to the provision of~~
2 ~~anesthesia services, the collaborating anesthesiologist or~~
3 ~~physician shall have training and experience in the delivery~~
4 ~~of anesthesia services consistent with Department rules.~~
5 ~~Collaboration shall be adequate if: (1) an anesthesiologist or~~
6 ~~a physician participates in the joint formulation and joint~~
7 ~~approval of orders or guidelines and periodically reviews such~~
8 ~~orders and the services provided patients under such orders;~~
9 ~~and (2) for anesthesia services, the anesthesiologist or~~
10 ~~physician participates through discussion of and agreement~~
11 ~~with the anesthesia plan and is physically present and~~
12 ~~available on the premises during the delivery of anesthesia~~
13 ~~services for diagnosis, consultation, and treatment of~~
14 ~~emergency medical conditions. Anesthesia services in a~~
15 ~~hospital shall be conducted in accordance with Section 10.7 of~~
16 ~~the Hospital Licensing Act and in an ambulatory surgical~~
17 ~~treatment center in accordance with Section 6.5 of the~~
18 ~~Ambulatory Surgical Treatment Center Act.~~

19 (b-10) (Blank). ~~The anesthesiologist or operating~~
20 ~~physician must agree with the anesthesia plan prior to the~~
21 ~~delivery of services.~~

22 (c) The collaborating physician shall have access to the
23 medical records of all patients attended by a physician
24 assistant. The collaborating physician shall have access to
25 the medical records of all patients attended to by an advanced
26 practice registered nurse.

1 (d) (Blank).

2 (e) A physician shall not be liable for the acts or
3 omissions of a prescribing psychologist, physician assistant,
4 or advanced practice registered nurse solely on the basis of
5 having signed a supervision agreement or guidelines or a
6 collaborative agreement, an order, a standing medical order, a
7 standing delegation order, or other order or guideline
8 authorizing a prescribing psychologist, physician assistant,
9 or advanced practice registered nurse to perform acts, unless
10 the physician has reason to believe the prescribing
11 psychologist, physician assistant, or advanced practice
12 registered nurse lacked the competency to perform the act or
13 acts or commits willful and wanton misconduct.

14 (f) A collaborating physician may, but is not required to,
15 delegate prescriptive authority to an advanced practice
16 registered nurse as part of a written collaborative agreement,
17 and the delegation of prescriptive authority shall conform to
18 the requirements of Section 65-40 of the Nurse Practice Act.

19 (g) A collaborating physician may, but is not required to,
20 delegate prescriptive authority to a physician assistant as
21 part of a written collaborative agreement, and the delegation
22 of prescriptive authority shall conform to the requirements of
23 Section 7.5 of the Physician Assistant Practice Act of 1987.

24 (h) (Blank).

25 (i) A collaborating physician shall delegate prescriptive
26 authority to a prescribing psychologist as part of a written

1 collaborative agreement, and the delegation of prescriptive
2 authority shall conform to the requirements of Section 4.3 of
3 the Clinical Psychologist Licensing Act.

4 (j) As set forth in Section 22.2 of this Act, a licensee
5 under this Act may not directly or indirectly divide, share,
6 or split any professional fee or other form of compensation
7 for professional services with anyone in exchange for a
8 referral or otherwise, other than as provided in Section 22.2.

9 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
10 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.
11 8-14-18.)

12 Section 15. The Nurse Practice Act is amended by changing
13 Sections 65-35 and 65-45 as follows:

14 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

16 Sec. 65-35. Written collaborative agreements.

17 (a) A written collaborative agreement is required for all
18 advanced practice registered nurses engaged in clinical
19 practice prior to meeting the requirements of Section 65-43,
20 except for advanced practice registered nurses who are
21 privileged to practice in a hospital, hospital affiliate, or
22 ambulatory surgical treatment center.

23 (a-5) If an advanced practice registered nurse engages in
24 clinical practice outside of a hospital, hospital affiliate,

1 or ambulatory surgical treatment center in which he or she is
2 privileged to practice, the advanced practice registered nurse
3 must have a written collaborative agreement, except as set
4 forth in Section 65-43.

5 (b) A written collaborative agreement shall describe the
6 relationship of the advanced practice registered nurse with
7 the collaborating physician and shall describe the categories
8 of care, treatment, or procedures to be provided by the
9 advanced practice registered nurse. A collaborative agreement
10 with a podiatric physician must be in accordance with
11 subsection (c-5) or (c-15) of this Section. A certified
12 registered nurse anesthetist providing anesthesia services
13 outside the hospital, ambulatory surgical treatment center, or
14 hospital affiliate shall enter into a written collaborative
15 agreement with a physician, podiatric physician, or dentist. A
16 collaborative agreement with a dentist must be in accordance
17 with subsection (c-10) of this Section. A collaborative
18 agreement with a podiatric physician must be in accordance
19 with subsection (c-5) of this Section. Collaboration does not
20 require an employment relationship between the collaborating
21 physician and the advanced practice registered nurse.

22 The collaborative relationship under an agreement shall
23 not be construed to require the personal presence of a
24 collaborating physician at the place where services are
25 rendered. Methods of communication shall be available for
26 consultation with the collaborating physician in person or by

1 telecommunications or electronic communications as set forth
2 in the written agreement.

3 (b-5) Absent an employment relationship, a written
4 collaborative agreement may not (1) restrict the categories of
5 patients of an advanced practice registered nurse within the
6 scope of the advanced practice registered nurses training and
7 experience, (2) limit third party payors or government health
8 programs, such as the medical assistance program or Medicare
9 with which the advanced practice registered nurse contracts,
10 or (3) limit the geographic area or practice location of the
11 advanced practice registered nurse in this State.

12 (c) (Blank). ~~In the case of anesthesia services provided~~
13 ~~by a certified registered nurse anesthetist, an~~
14 ~~anesthesiologist, a physician, a dentist, or a podiatric~~
15 ~~physician must participate through discussion of and agreement~~
16 ~~with the anesthesia plan and remain physically present and~~
17 ~~available on the premises during the delivery of anesthesia~~
18 ~~services for diagnosis, consultation, and treatment of~~
19 ~~emergency medical conditions.~~

20 (c-5) A certified registered nurse anesthetist, who
21 provides anesthesia services outside of a hospital or
22 ambulatory surgical treatment center shall enter into a
23 written collaborative agreement with an anesthesiologist or
24 the physician licensed to practice medicine in all its
25 branches or the podiatric physician performing the procedure.
26 Outside of a hospital or ambulatory surgical treatment center,

1 the certified registered nurse anesthetist may provide only
2 those services that the collaborating podiatric physician is
3 authorized to provide pursuant to the Podiatric Medical
4 Practice Act of 1987 and rules adopted thereunder. A certified
5 registered nurse anesthetist may select, order, and administer
6 medication, including controlled substances, and apply
7 appropriate medical devices for delivery of anesthesia
8 services under the anesthesia plan agreed with by the
9 anesthesiologist or the operating physician or operating
10 podiatric physician.

11 (c-10) A certified registered nurse anesthetist who
12 provides anesthesia services in a dental office shall enter
13 into a written collaborative agreement with an
14 anesthesiologist or the physician licensed to practice
15 medicine in all its branches or the operating dentist
16 performing the procedure. The agreement shall describe the
17 working relationship of the certified registered nurse
18 anesthetist and dentist and shall authorize the categories of
19 care, treatment, or procedures to be performed by the
20 certified registered nurse anesthetist. In a collaborating
21 dentist's office, the certified registered nurse anesthetist
22 may only provide those services that the operating dentist
23 with the appropriate permit is authorized to provide pursuant
24 to the Illinois Dental Practice Act and rules adopted
25 thereunder. For anesthesia services, an anesthesiologist,
26 physician, or operating dentist shall participate through

1 discussion of and agreement with the anesthesia plan and shall
2 remain physically present and be available on the premises
3 during the delivery of anesthesia services for diagnosis,
4 consultation, and treatment of emergency medical conditions. A
5 certified registered nurse anesthetist may select, order, and
6 administer medication, including controlled substances, and
7 apply appropriate medical devices for delivery of anesthesia
8 services under the anesthesia plan agreed with by the
9 operating dentist.

10 (c-15) An advanced practice registered nurse who had a
11 written collaborative agreement with a podiatric physician
12 immediately before the effective date of Public Act 100-513
13 may continue in that collaborative relationship or enter into
14 a new written collaborative relationship with a podiatric
15 physician under the requirements of this Section and Section
16 65-40, as those Sections existed immediately before the
17 amendment of those Sections by Public Act 100-513 with regard
18 to a written collaborative agreement between an advanced
19 practice registered nurse and a podiatric physician.

20 (d) A copy of the signed, written collaborative agreement
21 must be available to the Department upon request from both the
22 advanced practice registered nurse and the collaborating
23 physician, dentist, or podiatric physician.

24 (e) Nothing in this Act shall be construed to limit the
25 delegation of tasks or duties by a physician to a licensed
26 practical nurse, a registered professional nurse, or other

1 persons in accordance with Section 54.2 of the Medical
2 Practice Act of 1987. Nothing in this Act shall be construed to
3 limit the method of delegation that may be authorized by any
4 means, including, but not limited to, oral, written,
5 electronic, standing orders, protocols, guidelines, or verbal
6 orders.

7 (e-5) Nothing in this Act shall be construed to authorize
8 an advanced practice registered nurse to provide health care
9 services required by law or rule to be performed by a
10 physician. The scope of practice of an advanced practice
11 registered nurse does not include operative surgery. Nothing
12 in this Section shall be construed to preclude an advanced
13 practice registered nurse from assisting in surgery.

14 (f) An advanced practice registered nurse shall inform
15 each collaborating physician, dentist, or podiatric physician
16 of all collaborative agreements he or she has signed and
17 provide a copy of these to any collaborating physician,
18 dentist, or podiatric physician upon request.

19 (g) (Blank).

20 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
21 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

22 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

24 Sec. 65-45. Advanced practice registered nursing in
25 hospitals, hospital affiliates, or ambulatory surgical

1 treatment centers.

2 (a) An advanced practice registered nurse may provide
3 services in a hospital or a hospital affiliate as those terms
4 are defined in the Hospital Licensing Act or the University of
5 Illinois Hospital Act or a licensed ambulatory surgical
6 treatment center without a written collaborative agreement
7 pursuant to Section 65-35 of this Act. An advanced practice
8 registered nurse must possess clinical privileges recommended
9 by the hospital medical staff and granted by the hospital or
10 the consulting medical staff committee and ambulatory surgical
11 treatment center in order to provide services. The medical
12 staff or consulting medical staff committee shall periodically
13 review the services of all advanced practice registered nurses
14 granted clinical privileges, including any care provided in a
15 hospital affiliate. Authority may also be granted when
16 recommended by the hospital medical staff and granted by the
17 hospital or recommended by the consulting medical staff
18 committee and ambulatory surgical treatment center to
19 individual advanced practice registered nurses to select,
20 order, and administer medications, including controlled
21 substances, to provide delineated care. In a hospital,
22 hospital affiliate, or ambulatory surgical treatment center,
23 the attending physician shall determine an advanced practice
24 registered nurse's role in providing care for his or her
25 patients, except as otherwise provided in the medical staff
26 bylaws or consulting committee policies.

1 (a-2) An advanced practice registered nurse privileged to
2 order medications, including controlled substances, may
3 complete discharge prescriptions provided the prescription is
4 in the name of the advanced practice registered nurse and the
5 attending or discharging physician.

6 (a-3) Advanced practice registered nurses practicing in a
7 hospital or an ambulatory surgical treatment center are not
8 required to obtain a mid-level controlled substance license to
9 order controlled substances under Section 303.05 of the
10 Illinois Controlled Substances Act.

11 (a-4) An advanced practice registered nurse meeting the
12 requirements of Section 65-43 may be privileged to complete
13 discharge orders and prescriptions under the advanced practice
14 registered nurse's name.

15 (a-5) For anesthesia services provided by a certified
16 registered nurse anesthetist, an anesthesiologist, physician,
17 dentist, or podiatric physician shall participate through
18 discussion of and agreement with the anesthesia plan and shall
19 remain physically present and be available on the premises
20 during the delivery of anesthesia services for diagnosis,
21 consultation, and treatment of emergency medical conditions,
22 unless hospital policy adopted pursuant to clause (B) of
23 subdivision (3) of Section 10.7 of the Hospital Licensing Act
24 ~~or ambulatory surgical treatment center policy adopted~~
25 ~~pursuant to clause (B) of subdivision (3) of Section 6.5 of the~~
26 ~~Ambulatory Surgical Treatment Center Act~~ provides otherwise. A

1 certified registered nurse anesthetist may select, order, and
2 administer medication for anesthesia services under the
3 anesthesia plan agreed to by the anesthesiologist or the
4 physician, in accordance with hospital alternative policy ~~or~~
5 ~~the medical staff consulting committee policies of a licensed~~
6 ~~ambulatory surgical treatment center.~~

7 (b) An advanced practice registered nurse who provides
8 services in a hospital shall do so in accordance with Section
9 10.7 of the Hospital Licensing Act and, in an ambulatory
10 surgical treatment center, in accordance with Section 6.5 of
11 the Ambulatory Surgical Treatment Center Act. Nothing in this
12 Act shall be construed to require an advanced practice
13 registered nurse to have a collaborative agreement to practice
14 in a hospital, hospital affiliate, or ambulatory surgical
15 treatment center.

16 (c) Advanced practice registered nurses certified as nurse
17 practitioners, nurse midwives, or clinical nurse specialists
18 practicing in a hospital affiliate may be, but are not
19 required to be, privileged to prescribe Schedule II through V
20 controlled substances when such authority is recommended by
21 the appropriate physician committee of the hospital affiliate
22 and granted by the hospital affiliate. This authority may, but
23 is not required to, include prescription of, selection of,
24 orders for, administration of, storage of, acceptance of
25 samples of, and dispensing over-the-counter medications,
26 legend drugs, medical gases, and controlled substances

1 categorized as Schedule II through V controlled substances, as
2 defined in Article II of the Illinois Controlled Substances
3 Act, and other preparations, including, but not limited to,
4 botanical and herbal remedies.

5 To prescribe controlled substances under this subsection
6 (c), an advanced practice registered nurse certified as a
7 nurse practitioner, nurse midwife, or clinical nurse
8 specialist must obtain a controlled substance license.
9 Medication orders shall be reviewed periodically by the
10 appropriate hospital affiliate physicians committee or its
11 physician designee.

12 The hospital affiliate shall file with the Department
13 notice of a grant of prescriptive authority consistent with
14 this subsection (c) and termination of such a grant of
15 authority, in accordance with rules of the Department. Upon
16 receipt of this notice of grant of authority to prescribe any
17 Schedule II through V controlled substances, the licensed
18 advanced practice registered nurse certified as a nurse
19 practitioner, nurse midwife, or clinical nurse specialist may
20 register for a mid-level practitioner controlled substance
21 license under Section 303.05 of the Illinois Controlled
22 Substances Act.

23 In addition, a hospital affiliate may, but is not required
24 to, privilege an advanced practice registered nurse certified
25 as a nurse practitioner, nurse midwife, or clinical nurse
26 specialist to prescribe any Schedule II controlled substances,

1 if all of the following conditions apply:

2 (1) specific Schedule II controlled substances by oral
3 dosage or topical or transdermal application may be
4 designated, provided that the designated Schedule II
5 controlled substances are routinely prescribed by advanced
6 practice registered nurses in their area of certification;
7 the privileging documents must identify the specific
8 Schedule II controlled substances by either brand name or
9 generic name; privileges to prescribe or dispense Schedule
10 II controlled substances to be delivered by injection or
11 other route of administration may not be granted;

12 (2) any privileges must be controlled substances
13 limited to the practice of the advanced practice
14 registered nurse;

15 (3) any prescription must be limited to no more than a
16 30-day supply;

17 (4) the advanced practice registered nurse must
18 discuss the condition of any patients for whom a
19 controlled substance is prescribed monthly with the
20 appropriate physician committee of the hospital affiliate
21 or its physician designee; and

22 (5) the advanced practice registered nurse must meet
23 the education requirements of Section 303.05 of the
24 Illinois Controlled Substances Act.

25 (d) An advanced practice registered nurse meeting the
26 requirements of Section 65-43 may be privileged to prescribe

1 controlled substances categorized as Schedule II through V in
2 accordance with Section 65-43.

3 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.