

## Rep. Anna Moeller

## Filed: 2/28/2024

	10300HB2895ham002 LRB103 30	134 CES 69920 a
1	1 AMENDMENT TO HOUSE BILL 2895	
2	2 AMENDMENT NO Amend House Bill 28	95 by replacing
3	3 everything after the enacting clause with the fo	ollowing:
4	4 "Section 5. The Ambulatory Surgical Treatment	ment Center Act
5	is amended by changing Section 6.5 as follows:	
6	6 (210 ILCS 5/6.5)	
7	7 Sec. 6.5. Clinical privileges; adva	nced practice
8	8 registered nurses. All ambulatory surgical tr	eatment centers
9	9 (ASTC) licensed under this Act shall comply wit	h the following
10	0 requirements:	
11	1 (1) No ASTC policy, rule, regulation	n, or practice
12	2 shall be inconsistent with the provision	on of adequate
13	3 collaboration and consultation in accordan	ce with Section
14	4 54.5 of the Medical Practice Act of 1987.	
15	5 (2) Operative surgical procedures shall	ll be performed
16	only by a physician licensed to practice in	medicine in all

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its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatric physician licensed under the Podiatric Medical Practice Act of 1987, with medical membership and surgical clinical privileges granted by the consulting committee of the ASTC. A licensed physician, dentist, or podiatric physician may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatric physician, licensed advanced practice registered nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery by the consulting committee of the ASTC. Payment for services rendered by an assistant in surgery is not an ambulatory surgical treatment center employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing

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care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

- (3) An advanced practice registered nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice registered nursing services in an ambulatory surgical treatment center. An advanced practice registered nurse must possess clinical privileges granted by the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. Individual advanced practice registered nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advanced practice registered nurse's role in providing care for his or her patients, except as otherwise provided in the consulting staff policies. The consulting medical staff committee shall periodically review the services of advanced practice registered nurses granted privileges.
- (4) (Blank). The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or

1	Board eligible, is recommended. Anesthesia services may
2	only be administered pursuant to the order of a physician
3	licensed to practice medicine in all its branches,
4	licensed dentist, or licensed podiatric physician.
5	(A) The individuals who, with clinical privileges
6	granted by the medical staff and ASTC, may administer
7	anesthesia services are limited to the following:
8	(i) an anesthesiologist; or
9	(ii) a physician licensed to practice medicine
10	in all its branches; or
11	(iii) a dentist with authority to administer
12	anesthesia under Section 8.1 of the Illinois
13	Dental Practice Act; or
14	(iv) a licensed certified registered nurse
15	anesthetist; or
16	(v) a podiatric physician licensed under the
17	Podiatric Medical Practice Act of 1987.
18	(B) For anesthesia services, <u>a certified</u>
19	registered nurse anesthetist shall seek consultation
20	regarding development of an anesthesia plan and
21	treatment of patients as is appropriate to the
22	certified registered nurse anesthetist's level of
23	expertise and scope of practice and as is warranted by
24	the needs of the patient an anesthesiologist shall
25	participate through discussion of and agreement with
26	the anesthesia plan and shall remain physically

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present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with clinical privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff consulting committee in consultation with the anesthesia service and included in the medical staff consulting committee policies.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting requirements of Section 65-35 of the Nurse Practice Act to provide anesthesia and related services ordered by a licensed physician, dentist, or podiatric Licensed certified registered nurse <del>physician</del>. anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia and related services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatric physician in accordance with the

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medical staff consulting committee policies of a 1 licensed ambulatory surgical treatment center. 2

- (D) In accordance with the medical staff consulting committee policies of a licensed ambulatory surgical treatment center, a certified registered nurse anesthetist with clinical privileges may perform acts of advanced assessment and diagnosis and may provide such functions for which the certified registered nurse anesthetist is educationally and experientially prepared. A certified registered nurse anesthetist shall practice in accordance with the scope and all standards of the appropriate national professional nursing association.
- (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.) 14
- 15 Section 10. The Hospital Licensing Act is amended by 16 changing Section 10.7 as follows:
- (210 ILCS 85/10.7) 17
- 18 10.7. Clinical privileges; advanced practice registered nurses. All hospitals licensed under this Act 19 20 shall comply with the following requirements:
- 21 (1) No hospital policy, rule, regulation, or practice 22 shall be inconsistent with the provision of adequate 2.3 collaboration and consultation in accordance with Section 54.5 of the Medical Practice Act of 1987. 24

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(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatric physician licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted at the hospital. A licensed physician, dentist, or podiatric physician may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatric physician, licensed advanced practice registered nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery at the hospital. Payment for services rendered by an assistant in surgery who is not a hospital employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered

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nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

- (3) An advanced practice registered nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice registered nursing services in a hospital. An advanced practice registered nurse must possess clinical privileges recommended by the medical staff and granted by the hospital in order to provide services. Individual advanced practice registered nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advanced practice registered nurse's role in providing care for his or her patients, except as otherwise provided in medical staff bylaws. The medical staff shall periodically review services of advanced practice registered nurses granted privileges. This review shall be conducted in accordance with item (2) of subsection (a) of Section 10.8 this Act for advanced practice registered nurses employed by the hospital.
- (4) (Blank). The anesthesia service shall be under the direction of a physician licensed to practice medicine in

1	all its branches who has had specialized preparation or
2	experience in the area or who has completed a residency in
3	anesthesiology. An anesthesiologist, Board certified or
4	Board eligible, is recommended. Anesthesia services may
5	only be administered pursuant to the order of a physician
6	licensed to practice medicine in all its branches,
7	licensed dentist, or licensed podiatric physician.
8	(A) The individuals who, with clinical privileges
9	granted at the hospital, may administer anesthesia
10	services are limited to the following:
11	(i) an anesthesiologist; or
12	(ii) a physician licensed to practice medicine
13	in all its branches; or
14	(iii) a dentist with authority to administer
15	anesthesia under Section 8.1 of the Illinois
16	Dental Practice Act; or
17	(iv) a licensed certified registered nurse
18	anesthetist; or
19	(v) a podiatric physician licensed under the
20	Podiatric Medical Practice Act of 1987.
21	(B) For anesthesia services, <u>a certified</u>
22	registered nurse anesthetist shall seek consultation
23	regarding development of an anesthesia plan and
24	treatment of patients as is appropriate to the
25	certified registered nurse anesthetist's level of
26	expertise and scope of practice and as is warranted by

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the needs of the patient an anesthesiologist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24 hour availability of anesthesiologists with medical staff privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff and licensed hospital in consultation with the anesthesia service.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a collaborative agreement meeting written requirements of Section 65-35 of the Nurse Practice Act to provide anesthesia and related services ordered by a licensed physician, dentist, or podiatric physician. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia and related services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with

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_	by the operation	<del>g physician,</del>	<del>-operating</del>	<del>dentist,</del>	<del>or</del>
2	operating podiat	<del>ric physician</del>	in accorda	ance with	the
3	hospital's alter	<del>native</del> policy.			

- (D) In accordance with the hospital's policies, a certified registered nurse anesthetist with clinical privileges may perform acts of advanced assessment and diagnosis and may provide such functions for which the CRNA is educationally and experientially prepared. A certified registered nurse anesthetist shall practice in accordance with the scope and all standards of the appropriate national professional nursing association.
- (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.) 12
- 13 Section 15. The Medical Practice Act of 1987 is amended by 14 changing Section 54.5 as follows:
- (225 ILCS 60/54.5) 15
- 16 (Section scheduled to be repealed on January 1, 2027)
- 17 Sec. 54.5. Physician delegation of authority to physician 18 assistants, advanced practice registered nurses without full practice authority, and prescribing psychologists. 19
  - (a) Physicians licensed to practice medicine in all its branches may delegate care and treatment responsibilities to a physician assistant under quidelines in accordance with the requirements of the Physician Assistant Practice Act of 1987.
- 24 A physician licensed to practice medicine in all its branches

- 1 may enter into collaborative agreements with no more than 7
- 2 equivalent physician assistants, except full-time
- hospital, hospital affiliate, or ambulatory surgical treatment 3
- center as set forth by Section 7.7 of the Physician Assistant 4
- 5 Practice Act of 1987 and as provided in subsection (a-5).
- (a-5) A physician licensed to practice medicine in all its 6
- branches may collaborate with more than 7 physician assistants 7
- when the services are provided in a federal primary care 8
- health professional shortage area with a Health Professional 9
- 10 Shortage Area score greater than or equal to 12, as determined
- 11 by the United States Department of Health and Human Services.
- 12 The collaborating physician must keep appropriate
- 13 documentation of meeting this exemption and make it available
- 14 to the Department upon request.
- 15 (b) A physician licensed to practice medicine in all its
- 16 branches in active clinical practice may collaborate with an
- advanced practice registered nurse in accordance with the 17
- requirements of the Nurse Practice Act. Collaboration is for 18
- 19 the purpose of providing medical consultation, and no
- 20 employment relationship is required. A written collaborative
- agreement shall conform to the requirements of Section 65-35 2.1
- of the Nurse Practice Act. The written collaborative agreement 22
- 23 shall be for services for which the collaborating physician
- 24 can provide adequate collaboration. A written collaborative
- 25 agreement shall be adequate with respect to collaboration with
- 26 advanced practice registered nurses if all of the following

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- (1) The agreement is written to promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his or her education and experience.
  - (2) The advanced practice registered nurse provides services based upon a written collaborative agreement with collaborating physician, except as set forth in subsection (b-5) of this Section. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.
  - (3) Methods of communication are available with the collaborating physician in person or telecommunications for consultation, collaboration, and referral as needed to address patient care needs.
- An anesthesiologist or physician licensed to practice medicine in all its branches may collaborate with a certified registered nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act for the provision of anesthesia and related services. A written collaborative agreement shall be adequate with respect to collaboration with certified registered nurse anesthetists if all of the following apply:
  - (1) The agreement is written to promote exercise of professional judgment by the certified registered nurse

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1	anesthetist	commensurate	with	his	or	her	education	and
2	experience.							

- (2) The certified registered nurse anesthetist provides service based on a written collaborative agreement with the collaborating physician.
- (3) Methods of communication are available with the collaborating physician in person or through telecommunications for consultation, collaboration, and referral as needed to address patient care needs. With respect to the provision of anesthesia services, the collaborating anesthesiologist or physician shall have training and experience in the delivery of anesthesia services consistent with Department rules. Collaboration shall be adequate if:
- (1) an anesthesiologist or a physician participates in the joint formulation and joint approval of orders or guidelines and periodically reviews such orders and the services provided patients under such orders; and
- (2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Collaboration with respect to an anesthesia and related Anesthesia services in a hospital shall be conducted in accordance

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1 with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with 2 Section 6.5 of the Ambulatory Surgical Treatment Center 3 4 Act.

(b-10) For anesthesia services, a certified registered nurse anesthetist shall consult with the collaborating physician or other appropriate health care professionals regarding development of an anesthesia plan and treatment of a patient as is appropriate to the certified registered nurse anesthetist's level of expertise and scope of practice and as is warranted by the needs of the patient The anesthesiologist or operating physician must agree with the anesthesia plan prior to the delivery of services.

- (c) The collaborating physician shall have access to the medical records of all patients attended by a physician assistant. The collaborating physician shall have access to the medical records of all patients attended to by an advanced practice registered nurse.
- (d) (Blank).
  - (e) A physician shall not be liable for the acts or omissions of a prescribing psychologist, physician assistant, or advanced practice registered nurse solely on the basis of having signed a supervision agreement or guidelines or a collaborative agreement, an order, a standing medical order, a standing delegation order, or other order or guideline authorizing a prescribing psychologist, physician assistant,

- or advanced practice registered nurse to perform acts, unless the physician has reason to believe the prescribing psychologist, physician assistant, or advanced practice registered nurse lacked the competency to perform the act or
- 4 registered nurse lacked the competency to perform the act o
- 6 (f) A collaborating physician may, but is not required to,
  7 delegate prescriptive authority to an advanced practice

acts or commits willful and wanton misconduct.

- 8 registered nurse as part of a written collaborative agreement,
- 9 and the delegation of prescriptive authority shall conform to
- 10 the requirements of Section 65-40 of the Nurse Practice Act.
- 11 (g) A collaborating physician may, but is not required to,
- 12 delegate prescriptive authority to a physician assistant as
- part of a written collaborative agreement, and the delegation
- of prescriptive authority shall conform to the requirements of
- 15 Section 7.5 of the Physician Assistant Practice Act of 1987.
- 16 (h) (Blank).

- 17 (i) A collaborating physician shall delegate prescriptive
- authority to a prescribing psychologist as part of a written
- 19 collaborative agreement, and the delegation of prescriptive
- 20 authority shall conform to the requirements of Section 4.3 of
- 21 the Clinical Psychologist Licensing Act.
- 22 (j) As set forth in Section 22.2 of this Act, a licensee
- 23 under this Act may not directly or indirectly divide, share,
- or split any professional fee or other form of compensation
- 25 for professional services with anyone in exchange for a
- referral or otherwise, other than as provided in Section 22.2.

- 1 (Source: P.A. 103-228, eff. 1-1-24.)
- 2 Section 20. The Nurse Practice Act is amended by changing
- 3 Sections 65-35 and 65-45 and by adding Section 65-70 as
- 4 follows:
- (225 ILCS 65/65-35) (was 225 ILCS 65/15-15) 5
- 6 (Section scheduled to be repealed on January 1, 2028)
- 7 Sec. 65-35. Written collaborative agreements.
- 8 (a) A written collaborative agreement is required for all
- 9 advanced practice registered nurses engaged in clinical
- practice prior to meeting the requirements of Section 65-43, 10
- 11 except for advanced practice registered nurses who are
- 12 privileged to practice in a hospital, hospital affiliate, or
- 13 ambulatory surgical treatment center.
- 14 (a-5) If an advanced practice registered nurse engages in
- clinical practice outside of a hospital, hospital affiliate, 15
- or ambulatory surgical treatment center in which he or she is 16
- privileged to practice, the advanced practice registered nurse 17
- 18 must have a written collaborative agreement, except as set
- 19 forth in Section 65-43 and 65-70.
- 20 (b) A written collaborative agreement shall describe the
- 21 relationship of the advanced practice registered nurse with
- 22 the collaborating physician and shall describe the categories
- 23 of care, treatment, or procedures to be provided by the
- 24 advanced practice registered nurse. A collaborative agreement

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with a podiatric physician must be in accordance with subsection (c-5) or (c-15) of this Section. A collaborative agreement with a dentist must be in accordance with subsection (c-10) of this Section. A collaborative agreement with a podiatric physician must be in accordance with subsection (c-5) of this Section. Collaboration does not require an employment relationship between the collaborating physician and the advanced practice registered nurse.

The collaborative relationship under an agreement shall not be construed to require the personal presence of a collaborating physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician in person or by telecommunications or electronic communications as set forth in the written agreement.

- Absent an employment relationship, a written (b-5)collaborative agreement may not (1) restrict the categories of patients of an advanced practice registered nurse within the scope of the advanced practice registered nurses training and experience, (2) limit third party payors or government health programs, such as the medical assistance program or Medicare with which the advanced practice registered nurse contracts, or (3) limit the geographic area or practice location of the advanced practice registered nurse in this State.
- (c) In the case of anesthesia services provided by a certified registered nurse anesthetist, a certified registered

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anesthetist shall seek consultation regarding nurse development of an anesthesia plan and treatment of patients as is appropriate to the certified registered nurse anesthetist's level of expertise and scope of practice and as is warranted by the needs of the patient an anesthesiologist, a physician, a dentist, or a podiatric physician must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

(c-5) A certified registered nurse anesthetist, who provides anesthesia and related services outside of a hospital or ambulatory surgical treatment center shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the podiatric physician performing the procedure. The collaborative agreement may, but is not required to, include the following terms: (i) that the certified registered nurse anesthetist providing anesthesia services and the anesthesiologist, physician, or podiatric physician participate through discussion of and reach agreement on the anesthesia plan or (ii) that anesthesia services shall only be delivered when the anesthesiologist, physician, or podiatric physician is present and available on the premises for diagnosis, consultation, and treatment of emergency medical conditions. Outside of a hospital or ambulatory surgical

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

(c-10) A certified registered nurse anesthetist who provides anesthesia services in a dental office shall enter а written collaborative agreement with anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and dentist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. The collaborative agreement may, but is not required to, include the following terms: (i) that the certified registered nurse anesthetist providing anesthesia services and the anesthesiologist, physician, or podiatric physician participate through discussion of and reach agreement on the anesthesia plan or (ii) that anesthesia services shall only be delivered when the

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anesthesiologist, physician, or podiatric physician is present and available on the premises for diagnosis, consultation, and treatment of emergency medical conditions. In a collaborating dentist's office, the certified registered nurse anesthetist may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted thereunder. For anesthesia services, a certified registered nurse anesthetist shall seek consultation regarding development of an anesthesia plan and treatment of patients as is appropriate to the certified registered nurse anesthetist's level of expertise and scope of practice and as is warranted by the needs of the patient an anesthesiologist, physician, or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and appropriate medical devices for delivery of anesthesia and related services under the anesthesia plan agreed with by the operating dentist.

(c-15) An advanced practice registered nurse who had a written collaborative agreement with a podiatric physician immediately before the effective date of Public Act 100-513

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- 1 may continue in that collaborative relationship or enter into a new written collaborative relationship with a podiatric 2 3 physician under the requirements of this Section and Section 4 65-40, as those Sections existed immediately before the 5 amendment of those Sections by Public Act 100-513 with regard to a written collaborative agreement between an advanced 6 practice registered nurse and a podiatric physician. 7
  - (d) A copy of the signed, written collaborative agreement must be available to the Department upon request from both the advanced practice registered nurse and the collaborating physician, dentist, or podiatric physician.
  - (e) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons in accordance with Section 54.2 of the Medical Practice Act of 1987. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders.
  - (e-5) Nothing in this Act shall be construed to authorize an advanced practice registered nurse to provide health care services required by law or rule to be performed by a physician. The scope of practice of an advanced practice registered nurse does not include operative surgery. Nothing in this Section shall be construed to preclude an advanced

- 1 practice registered nurse from assisting in surgery.
- 2 (f) An advanced practice registered nurse shall inform
- each collaborating physician, dentist, or podiatric physician 3
- 4 of all collaborative agreements he or she has signed and
- 5 provide a copy of these to any collaborating physician,
- dentist, or podiatric physician upon request. 6
- 7 (q) (Blank).
- (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18; 8
- 9 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)
- (225 ILCS 65/65-45) (was 225 ILCS 65/15-25) 10
- (Section scheduled to be repealed on January 1, 2028) 11
- Sec. 65-45. Advanced practice registered nursing in 12
- 13 hospitals, hospital affiliates, or ambulatory surgical
- 14 treatment centers.
- 15 (a) An advanced practice registered nurse may provide
- services in a hospital or a hospital affiliate as those terms 16
- are defined in the Hospital Licensing Act or the University of 17
- 18 Illinois Hospital Act or a licensed ambulatory surgical
- 19 treatment center without a written collaborative agreement
- pursuant to Section 65-35 of this Act. An advanced practice 20
- 21 registered nurse must possess clinical privileges recommended
- 22 by the hospital medical staff and granted by the hospital or
- 23 the consulting medical staff committee and ambulatory surgical
- 24 treatment center in order to provide services. The medical
- 25 staff or consulting medical staff committee shall periodically

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review the services of all advanced practice registered nurses granted clinical privileges, including any care provided in a hospital affiliate. Authority may also be granted when recommended by the hospital medical staff and granted by the hospital or recommended by the consulting medical staff ambulatory surgical treatment committee and center individual advanced practice registered nurses to select, order, and administer medications, including controlled substances, to provide delineated care. In a hospital, hospital affiliate, or ambulatory surgical treatment center, the attending physician shall determine an advanced practice registered nurse's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

- (a-2) An advanced practice registered nurse privileged to order medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the advanced practice registered nurse and the attending or discharging physician.
- (a-3) Advanced practice registered nurses practicing in a hospital or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.
- 25 (a-4) An advanced practice registered nurse meeting the 26 requirements of Section 65-43 or 65-70 may be privileged to

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complete discharge orders and prescriptions under the advanced practice registered nurse's name.

(a-5) For anesthesia services provided by a certified registered nurse anesthetist, certified registered nurse anesthetist shall seek consultation regarding development of an anesthesia plan and treatment of patients as is appropriate to the certified registered nurse anesthetist's level of expertise and scope of practice and as is warranted by the needs of the patient an anesthesiologist, physician, dentist, or podiatric physician shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions, unless hospital policy adopted pursuant to clause (B) of subdivision (3) of Section 10.7 of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to clause (B) of subdivision (3) of Section 6.5 of the Ambulatory Surgical Treatment Center Act provides otherwise. A certified registered nurse anesthetist may select, order, and administer medication for anesthesia and related services under the anesthesia plan agreed to by the anesthesiologist or the physician, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

(b) An advanced practice registered nurse who provides

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1 services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and, in an ambulatory 2 surgical treatment center, in accordance with Section 6.5 of 3 4 the Ambulatory Surgical Treatment Center Act. Nothing in this 5 Act shall be construed to require an advanced practice registered nurse to have a collaborative agreement to practice 6 in a hospital, hospital affiliate, or ambulatory surgical 7 8 treatment center.

(c) Advanced practice registered nurses certified as nurse practitioners, nurse midwives, or clinical nurse specialists practicing in a hospital affiliate may be, but are not required to be, privileged to prescribe Schedule II through V controlled substances when such authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over-the-counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies.

To prescribe controlled substances under this subsection (c), an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical

- 1 specialist must obtain a controlled substance license.
- 2 Medication orders shall be reviewed periodically by the
- 3 appropriate hospital affiliate physicians committee or its
- 4 physician designee.

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- The hospital affiliate shall file with the Department notice of a grant of prescriptive authority consistent with this subsection (c) and termination of such a grant of authority, in accordance with rules of the Department. Upon receipt of this notice of grant of authority to prescribe any Schedule II through V controlled substances, the licensed advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist may register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.
  - In addition, a hospital affiliate may, but is not required to, privilege an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist to prescribe any Schedule II controlled substances, if all of the following conditions apply:
    - (1) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by advanced practice registered nurses in their area of certification; the privileging documents must identify the specific

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1	Schedule II controlled substances by either brand name or
2	generic name; privileges to prescribe or dispense Schedule
3	II controlled substances to be delivered by injection or
4	other route of administration may not be granted;

- (2) any privileges must be controlled substances limited to the practice of the advanced practice registered nurse;
- (3) any prescription must be limited to no more than a 30-day supply;
- (4) the advanced practice registered nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee; and
- (5) the advanced practice registered nurse must meet the education requirements of Section 303.05 of the Illinois Controlled Substances Act.
- (d) An advanced practice registered nurse meeting the requirements of Section 65-43 may be privileged to prescribe controlled substances categorized as Schedule II through V in accordance with Section 65-43.
- 22 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)
- 23 (225 ILCS 65/65-70 new)
- Sec. 65-70. Conditions under which a written collaborative
- 25 <u>agreement not required.</u>

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(a) An Illinois-licensed advanced practice registered nurse certified as a certified registered nurse anesthetist shall be deemed by law to possess the ability to practice without a written collaborative agreement as set forth in this Act.

(b) An advanced practice registered nurse certified as a certified registered nurse anesthetist who (i) has attained national certification and completed a professional practice doctorate or (ii) files with the Department a notarized attestation of completion of at least 250 hours of continuing education or training and at least 4,000 hours of clinical experience after first attaining national certification, shall not require a written collaborative agreement. Documentation of successful completion shall be provided to the Department upon request. Continuing education or training hours required by this subsection shall be in the certified registered nurse anesthetist's area of certification as set forth by Department rule.

The clinical experience must be in the certified registered nurse anesthetist's area of certification. The clinical experience shall be in collaboration with a physician or physicians or a certified registered nurse anesthetist with full practice authority. Completion of the clinical experience must be attested to by the collaborating physician or physicians or employer, collaborating certified registered nurse anesthetist and the certified registered nurse

Τ	anesthetist. If the collaborating physician or physicians
2	collaborating certified nurse anesthetist, or employer is
3	unable to attest to the completion of the clinical experience,
4	the Department may accept other evidence of clinical
5	experience as established by rule.
6	(c) The scope of practice of a certified registered nurse
7	anesthetist with full practice authority includes:
8	(1) all matters included in subsection (c) of Section
9	65-30 of this Act;
10	(2) practicing without a written collaborative
11	agreement in all practice settings consistent with
12	<pre>national certification;</pre>
13	(3) authority to prescribe both legend drugs and
14	Schedule II through V controlled substances; this
15	authority includes prescription of, selection of, orders
16	for, administration of, storage of, acceptance of samples
17	of, and dispensing over the counter medications, legend
18	drugs, and controlled substances categorized as any
19	Schedule II through V controlled substances, as defined in
20	Article II of the Illinois Controlled Substances Act, and
21	other preparations, including, but not limited to,
22	botanical and herbal remedies;
23	(4) prescribing benzodiazepines or Schedule II
24	narcotic drugs, such as opioids; and
25	(5) authority to obtain an Illinois controlled
26	substance license and a federal Drug Enforcement

- 1 Administration number.
- (d) The Department may adopt rules necessary to administer 2
- this Section, including, but not limited to, requiring the 3
- 4 completion of forms and the payment of fees.
- 5 (e) Nothing in this Act shall be construed to authorize a
- certified registered nurse anesthetist with full practice 6
- authority to provide health care services required by law or 7
- rule to be performed by a physician. 8
- 9 Section 25. The Illinois Dental Practice Act is amended by
- 10 changing Section 8.1 as follows:
- 11 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)
- (Section scheduled to be repealed on January 1, 2026) 12
- 13 Sec. 8.1. Permit for the administration of anesthesia and
- 14 sedation.
- dentist 15 licensed shall administer general
- anesthesia, deep sedation, or conscious sedation without first 16
- applying for and obtaining a permit for such purpose from the 17
- 18 Department. The Department shall issue such permit only after
- 19 ascertaining that the applicant possesses the minimum
- qualifications necessary to protect public safety. A person 20
- 21 with a dental degree who administers anesthesia, deep
- 22 sedation, or conscious sedation in an approved hospital
- 23 training program under the supervision of either a licensed
- dentist holding such permit or a physician licensed to 24

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- 1 practice medicine in all its branches shall not be required to 2 obtain such permit.
  - (b) In determining the minimum permit qualifications that are necessary to protect public safety, the Department, by rule, shall:
    - (1) establish the minimum educational and training requirements necessary for a dentist to be issued an appropriate permit;
    - (2) establish the standards for properly equipped dental facilities (other than licensed hospitals and ambulatory surgical treatment centers) in which general anesthesia, deep sedation, or conscious sedation is administered, as necessary to protect public safety;
    - (3) establish minimum requirements for all persons who assist the dentist in the administration of general anesthesia, deep sedation, or conscious sedation, including minimum training requirements for each member of the dental team, monitoring requirements, recordkeeping requirements, and emergency procedures;
    - (4)ensure that the dentist has completed and maintains current certification in advanced cardiac life support or pediatric advanced life support and all persons assisting the dentist or monitoring the administration of general anesthesia, deep sedation, or conscious sedation maintain current certification in Basic Life Support (BLS); and

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(5) establish continuing education requirements in 1 sedation techniques and airway management for dentists who 2 3 possess a permit under this Section.

When establishing requirements under this Section, the Department shall consider the current American Dental Association guidelines on sedation and general anesthesia, the current "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" established by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, and the current parameters of care and Office Anesthesia Evaluation (OAE) Manual established by the American Association of Oral and Maxillofacial Surgeons.

(c) A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers conscious sedation, and a valid written collaborative agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nurse Practice Act, unless the nurse anesthetist has full practice authority under the requirements of Section 65-70.

A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers deep sedation or general anesthesia, and a valid written collaborative agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nurse Practice Act, unless the nurse anesthetist has full

- 1 practice authority under the requirements of Section 65-70.
- 2 For the purposes of this subsection (c), "nurse
- 3 anesthetist" means a licensed certified registered nurse
- 4 anesthetist who holds a license as an advanced practice
- 5 registered nurse.
- 6 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18;
- 7 101-162, eff. 7-26-19.)
- 8 Section 30. The Podiatric Medical Practice Act of 1987 is
- 9 amended by changing Section 20.5 as follows:
- 10 (225 ILCS 100/20.5)
- 11 (Section scheduled to be repealed on January 1, 2028)
- 12 Sec. 20.5. Delegation of authority to advanced practice
- 13 registered nurses.
- 14 (a) A podiatric physician in active clinical practice may
- 15 collaborate with an advanced practice registered nurse in
- 16 accordance with the requirements of the Nurse Practice Act.
- 17 Collaboration shall be for the purpose of providing podiatric
- 18 care and no employment relationship shall be required. A
- 19 written collaborative agreement shall conform to the
- 20 requirements of Section 65-35 of the Nurse Practice Act. A
- 21 written collaborative agreement and podiatric physician
- 22 collaboration and consultation shall be adequate with respect
- 23 to advanced practice registered nurses if all of the following
- 24 apply:

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- (1) With respect to the provision of anesthesia services by a certified registered nurse anesthetist, the collaborating podiatric physician must have training and experience in the delivery of anesthesia consistent with Department rules unless the certified registered nurse anesthetist has full practice authority under the requirements of Section 65-70.
- (2) Methods of communication are available with the collaborating podiatric physician in person or through telecommunications or electronic communications consultation, collaboration, and referral as needed to address patient care needs.
- With respect to the provision of anesthesia services by a certified registered nurse anesthetist, certified registered nurse anesthetist shall seek consultation regarding development of an anesthesia plan and treatment of patients as is appropriate to the certified registered nurse anesthetist's level of expertise and scope of practice and as is warranted by the needs of the patient an anesthesiologist, physician, or podiatric physician shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency conditions. The anesthesiologist or operating podiatric

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## physician must agree with the anesthesia plan prior to the delivery of services.

- (b) The collaborating podiatric physician shall have access to the records of all patients attended to by an advanced practice registered nurse.
- (c) Nothing in this Section shall be construed to limit the delegation of tasks or duties by a podiatric physician to a licensed practical nurse, a registered professional nurse, or other appropriately trained persons.
- (d) A podiatric physician shall not be liable for the acts or omissions of an advanced practice registered nurse solely on the basis of having signed guidelines or a collaborative agreement, an order, a standing order, a standing delegation order, or other order or guideline authorizing an advanced practice registered nurse to perform acts, unless the podiatric physician has reason to believe the advanced practice registered nurse lacked the competency to perform the act or acts or commits willful or wanton misconduct.
- (e) A podiatric physician, may, but is not required to delegate prescriptive authority to an advanced practice registered nurse as part of a written collaborative agreement and the delegation of prescriptive authority shall conform to the requirements of Section 65-40 of the Nurse Practice Act.
- 24 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)
  - Section 99. Effective date. This Act takes effect upon

1 becoming law.".