1 AN ACT concerning regulation.

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

4 Section 5. The Medical Practice Act of 1987 is amended by 5 changing Sections 9 and 22 as follows:

6 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)
7 (Section scheduled to be repealed on January 1, 2027)
8 Sec. 9. Application for license. Each applicant for a
9 license shall:

10 (A) Make application on blank forms prepared and11 furnished by the Department.

12 (B) Submit evidence satisfactory to the Department13 that the applicant:

14 (1) is of good moral character. In determining moral character under this Section, the Department may 15 16 take into consideration whether the applicant has engaged in conduct or activities 17 which would constitute grounds for discipline under this Act. The 18 19 Department may also request the applicant to submit, and may consider as evidence of moral character, 20 21 endorsements from 2 or 3 individuals licensed under 22 this Act;

23

(2) has the preliminary and professional education

```
1
```

required by this Act;

2

(3) (blank); and

3 (4) is physically, mentally, and professionally capable of practicing medicine with 4 reasonable 5 judgment, skill, and safety. In determining physical and mental capacity under this Section, the Medical 6 7 Board may, upon a showing of a possible incapacity or conduct or activities that would constitute grounds 8 9 for discipline under this Act, compel any applicant to 10 submit to a mental or physical examination and 11 evaluation, or both, as provided for in Section 22 of 12 this Act. The Medical Board may condition or restrict any license, subject to the same terms and conditions 13 as are provided for the Medical Board under Section 22 14 of this Act. Any such condition of a restricted 15 16 license shall provide that the Chief Medical Coordinator or Deputy Medical Coordinator shall have 17 authority to review the subject physician's 18 the 19 compliance with such conditions or restrictions, 20 including, where appropriate, the physician's record 21 of treatment and counseling regarding the impairment, 22 to the extent permitted by applicable federal statutes 23 and regulations safeguarding the confidentiality of 24 medical records of patients. The Medical Board, in 25 determining mental capacity, shall consider the latest recommendations of the Federation of State Medical 26

HB3109 Engrossed - 3 - LRB103 29825 AMQ 56233 b

Boards.

2 In determining professional capacity under this 3 Section, an individual may be required to complete such additional testing, training, or remedial education as the 4 5 Medical Board may deem necessary in order to establish the applicant's present capacity to practice medicine with 6 reasonable judgment, skill, and safety. The Medical Board 7 8 may consider the following criteria, as they relate to an 9 applicant, as part of its determination of professional 10 capacity:

(1) Medical research in an established research facility, hospital, college or university, or private corporation.

14

1

(2) Specialized training or education.

15 (3) Publication of original work in learned,16 medical, or scientific journals.

17 (4) Participation in federal, State, local, or
 18 international public health programs or organizations.

19 (5) Professional service in a federal veterans or20 military institution.

(6) Any other professional activities deemed to
 maintain and enhance the clinical capabilities of the
 applicant.

Any applicant applying for a license to practice medicine in all of its branches or for a license as a chiropractic physician who has not been engaged in the HB3109 Engrossed - 4 - LRB103 29825 AMQ 56233 b

active practice of medicine or has not been enrolled in a
 medical program for 2 years prior to application must
 submit proof of professional capacity to the Medical
 Board.

5 Any applicant applying for a temporary license that 6 has not been engaged in the active practice of medicine or 7 has not been enrolled in a medical program for longer than 8 5 years prior to application must submit proof of 9 professional capacity to the Medical Board.

10 (C) Designate specifically the name, location, and 11 kind of professional school, college, or institution of 12 which the applicant is a graduate and the category under 13 which the applicant seeks, and will undertake, to 14 practice.

15 (D) Pay to the Department at the time of application16 the required fees.

17 (E) Pursuant to Department rules, as required, pass an
18 examination authorized by the Department to determine the
19 applicant's fitness to receive a license.

20 (F) Complete the application process within 3 years 21 from the date of application. If the process has not been 22 completed within 3 years, the application shall expire, 23 application fees shall be forfeited, and the applicant 24 must reapply and meet the requirements in effect at the 25 time of reapplication.

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

HB3109 Engrossed - 5 - LRB103 29825 AMQ 56233 b

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

3 Sec. 22. Disciplinary action.

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

11

(1) (Blank).

12

(2) (Blank).

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

19

(4) Gross negligence in practice under this Act.

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

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

25

(7) Habitual or excessive use or abuse of drugs

HB3109 Engrossed - 6 - LRB103 29825 AMQ 56233 b

1 2

3

5

defined in law as controlled substances, of alcohol, or of any other substances which results in the inability to practice with reasonable judgment, skill, or safety.

4

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

6 (9) Fraud or misrepresentation in applying for, or 7 procuring, a license under this Act or in connection with 8 applying for renewal of a license under this Act.

9 (10) Making a false or misleading statement regarding 10 their skill or the efficacy or value of the medicine, 11 treatment, or remedy prescribed by them at their direction 12 in the treatment of any disease or other condition of the 13 body or mind.

14 (11) Allowing another person or organization to use15 their license, procured under this Act, to practice.

16 (12)Adverse action taken by another state or 17 jurisdiction against a license or other authorization to practice as a medical doctor, doctor of osteopathy, doctor 18 19 of osteopathic medicine, or doctor of chiropractic, a 20 certified copy of the record of the action taken by the 21 other state or jurisdiction being prima facie evidence 22 thereof. This includes any adverse action taken by a State 23 or federal agency that prohibits a medical doctor, doctor 24 of osteopathy, doctor of osteopathic medicine, or doctor 25 of chiropractic from providing services to the agency's 26 participants.

HB3109 Engrossed - 7 - LRB103 29825 AMQ 56233 b

(13) Violation of any provision of this Act or of the 1 2 Medical Practice Act prior to the repeal of that Act, or violation of the rules, or a final administrative action 3 Secretary, after consideration 4 of the of the 5 recommendation of the Medical Board.

6 (14) Violation of the prohibition against fee 7 splitting in Section 22.2 of this Act.

8 (15) A finding by the Medical Board that the 9 registrant after having his or her license placed on 10 probationary status or subjected to conditions or 11 restrictions violated the terms of the probation or failed 12 to comply with such terms or conditions.

13

(16) Abandonment of a patient.

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

19 (18) Promotion of the sale of drugs, devices, 20 appliances, or goods provided for a patient in such manner 21 as to exploit the patient for financial gain of the 22 physician.

(19) Offering, undertaking, or agreeing to cure or
treat disease by a secret method, procedure, treatment, or
medicine, or the treating, operating, or prescribing for
any human condition by a method, means, or procedure which

- 8 - LRB103 29825 AMQ 56233 b

1 the licensee refuses to divulge upon demand of the 2 Department.

3 (20) Immoral conduct in the commission of any act 4 including, but not limited to, commission of an act of 5 sexual misconduct related to the licensee's practice.

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

12 (22) Willful omission to file or record, or willfully 13 impeding the filing or recording, or inducing another 14 person to omit to file or record, medical reports as 15 required by law, or willfully failing to report an 16 instance of suspected abuse or neglect as required by law.

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

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

HB3109 Engrossed - 9 - LRB103 29825 AMQ 56233 b

(25) Gross and willful and continued overcharging for 1 professional services, including filing false statements 2 for collection of fees for which services are not 3 rendered, including, but not limited to, filing such false 4 5 statements for collection of monies for services not rendered from the medical assistance program of 6 the 7 Department of Healthcare and Family Services (formerly 8 Department of Public Aid) under the Illinois Public Aid 9 Code.

10 (26) A pattern of practice or other behavior which 11 demonstrates incapacity or incompetence to practice under 12 this Act.

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

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

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

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

(31) The use of any false, fraudulent, or deceptive
 statement in any document connected with practice under

this Act. 1

5

6

7

2 (32) Aiding and abetting an individual not licensed 3 under this Act in the practice of a profession licensed under this Act. 4

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

(34) Failure to report to the Department any adverse 8 9 final action taken against them by another licensing 10 jurisdiction (any other state or any territory of the 11 United States or any foreign state or country), by any 12 peer review body, by any health care institution, by any professional society or association related to practice 13 14 under this Act, by any governmental agency, by any law 15 enforcement agency, or by any court for acts or conduct 16 similar to acts or conduct which would constitute grounds 17 for action as defined in this Section.

(35) Failure to report to the Department surrender of 18 19 a license or authorization to practice as a medical 20 doctor, a doctor of osteopathy, a doctor of osteopathic 21 medicine, or doctor of chiropractic in another state or 22 jurisdiction, or surrender of membership on any medical 23 staff or in any medical or professional association or 24 society, while under disciplinary investigation by any of 25 those authorities or bodies, for acts or conduct similar 26 to acts or conduct which would constitute grounds for HB3109 Engrossed - 11 - LRB103 29825 AMQ 56233 b

1 action as defined in this Section.

2 (36) Failure to report to the Department any adverse 3 judgment, settlement, or award arising from a liability 4 claim related to acts or conduct similar to acts or 5 conduct which would constitute grounds for action as 6 defined in this Section.

7 (37) Failure to provide copies of medical records as
8 required by law.

9 (38)Failure furnish the to Department, its 10 investigators or representatives, relevant information, 11 legally requested by the Department after consultation 12 with the Chief Medical Coordinator or the Deputy Medical 13 Coordinator.

14 (39) Violating the Health Care Worker Self-Referral15 Act.

16

(40) (Blank).

17 (41) Failure to establish and maintain records of18 patient care and treatment as required by this law.

19 (42) Entering into an excessive number of written 20 collaborative agreements with licensed advanced practice 21 registered nurses resulting in an inability to adequately 22 collaborate.

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

25 (44) Violating the Compassionate Use of Medical
 26 Cannabis Program Act.

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

5 (46) Repeated failure to adequately collaborate with a
6 licensed prescribing psychologist.

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

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

17 (49) Entering into an excessive number of written 18 collaborative agreements with licensed physician 19 assistants resulting in an inability to adequately 20 collaborate.

(50) Repeated failure to adequately collaborate with aphysician assistant.

Except for actions involving the ground numbered (26), all proceedings to suspend, revoke, place on probationary status, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the foregoing

grounds, must be commenced within 5 years next after receipt 1 2 by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described 3 herein. Except for the grounds numbered (8), (9), (26), and 4 5 (29), no action shall be commenced more than 10 years after the date of the incident or act alleged to have violated this 6 7 Section. For actions involving the ground numbered (26), a 8 pattern of practice or other behavior includes all incidents 9 alleged to be part of the pattern of practice or other behavior 10 that occurred, or a report pursuant to Section 23 of this Act 11 received, within the 10-year period preceding the filing of 12 the complaint. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to 13 final judgment of any civil action in favor of the plaintiff, 14 15 such claim, cause of action, or civil action being grounded on 16 the allegation that a person licensed under this Act was 17 negligent in providing care, the Department shall have an additional period of 2 years from the date of notification to 18 the Department under Section 23 of this Act of such settlement 19 20 or final judgment in which to investigate and commence formal disciplinary proceedings under Section 36 of this Act, except 21 22 as otherwise provided by law. The time during which the holder 23 of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement 24 25 of disciplinary action by the Department.

26

The entry of an order or judgment by any circuit court

HB3109 Engrossed - 14 - LRB103 29825 AMQ 56233 b

establishing that any person holding a license under this Act 1 2 is a person in need of mental treatment operates as a 3 suspension of that license. That person may resume his or her practice only upon the entry of a Departmental order based 4 5 upon a finding by the Medical Board that the person has been determined to be recovered from mental illness by the court 6 and upon the Medical Board's recommendation that the person be 7 8 permitted to resume his or her practice.

9 The Department may refuse to issue or take disciplinary 10 action concerning the license of any person who fails to file a 11 return, or to pay the tax, penalty, or interest shown in a 12 filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the 13 Illinois Department of Revenue, until such time as 14 the 15 requirements of any such tax Act are satisfied as determined 16 by the Illinois Department of Revenue.

17 The Department, upon the recommendation of the Medical 18 Board, shall adopt rules which set forth standards to be used 19 in determining:

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

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

(c) what constitutes immoral conduct in the commission
of any act, including, but not limited to, commission of

HB3109 Engrossed - 15 - LRB103 29825 AMQ 56233 b

1 an act of sexual misconduct related to the licensee's 2 practice; and

3 (d) what constitutes gross negligence in the practice4 of medicine.

5 However, no such rule shall be admissible into evidence in 6 any civil action except for review of a licensing or other 7 disciplinary action under this Act.

8 In enforcing this Section, the Medical Board, upon a 9 showing of a possible violation, may compel any individual who 10 is licensed to practice under this Act or holds a permit to 11 practice under this Act, or any individual who has applied for 12 licensure or a permit pursuant to this Act, to submit to a mental or physical examination and evaluation, or both, which 13 may include a substance abuse or sexual offender evaluation, 14 15 as required by the Medical Board and at the expense of the 16 Department. The Medical Board shall specifically designate the 17 examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team 18 involved in providing the mental or physical examination and 19 20 evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its 21 22 branches and may consist of one or more or a combination of 23 physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical 24 psychologists, licensed clinical social workers, licensed 25 26 clinical professional counselors, and other professional and HB3109 Engrossed - 16 - LRB103 29825 AMQ 56233 b

administrative staff. Any examining physician or member of the 1 2 multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this 3 Section to submit to any additional supplemental testing 4 5 deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, 6 7 urinalysis, psychological testing, or neuropsychological 8 testing. The Medical Board or the Department may order the 9 examining physician or any member of the multidisciplinary 10 team to provide to the Department or the Medical Board any and 11 all records, including business records, that relate to the 12 examination and evaluation, including any supplemental testing performed. The Medical Board or the Department may order the 13 14 examining physician or any member of the multidisciplinary team to present testimony concerning this examination and 15 16 evaluation of the licensee, permit holder, or applicant, 17 including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No 18 19 information, report, record, or other documents in any way 20 related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to 21 22 communication between the licensee, permit holder, or 23 applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the 24 25 licensee, permit holder, or applicant ordered to undergo an 26 evaluation and examination for the examining physician or any

member of the multidisciplinary team to provide information, 1 2 reports, records, or other documents or to provide anv 3 testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, 4 5 another physician of his or her choice present during all aspects of the examination. Failure of any individual to 6 7 submit to mental or physical examination and evaluation, or both, when directed, shall result in an automatic suspension, 8 9 without hearing, until such time as the individual submits to 10 the examination. If the Medical Board finds a physician unable 11 to practice following an examination and evaluation because of 12 the reasons set forth in this Section, the Medical Board shall require such physician to submit to care, counseling, or 13 14 treatment by physicians, or other health care professionals, 15 approved or designated by the Medical Board, as a condition 16 for issued, continued, reinstated, or renewed licensure to 17 practice. Any physician, whose license was granted pursuant to Section 9, 17, or 19 of this Act, or, continued, reinstated, 18 19 renewed, disciplined, or supervised, subject to such terms, 20 conditions, or restrictions who shall fail to comply with such terms, conditions, or restrictions, or to complete a required 21 22 program of care, counseling, or treatment, as determined by 23 the Chief Medical Coordinator or Deputy Medical Coordinators, shall be referred to the Secretary for a determination as to 24 25 whether the licensee shall have his or her license suspended 26 immediately, pending a hearing by the Medical Board. Ιn

HB3109 Engrossed - 18 - LRB103 29825 AMQ 56233 b

instances in which the Secretary immediately suspends a 1 2 license under this Section, a hearing upon such person's license must be convened by the Medical Board within 15 days 3 after such suspension and completed without appreciable delay. 4 5 The Medical Board shall have the authority to review the 6 subject physician's record of treatment and counseling 7 impairment, to the extent permitted regarding the by 8 applicable federal statutes and regulations safeguarding the 9 confidentiality of medical records.

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

15 <u>The Medical Board, in determining mental capacity of an</u> 16 <u>individual licensed under this Act, shall consider the latest</u> 17 <u>recommendations of the Federation of State Medical Boards.</u>

The Department may promulgate rules for the imposition of 18 fines in disciplinary cases, not to exceed \$10,000 for each 19 violation of this Act. Fines may be imposed in conjunction 20 with other forms of disciplinary action, but shall not be the 21 22 exclusive disposition of any disciplinary action arising out 23 of conduct resulting in death or injury to a patient. Any funds collected from such fines shall be deposited in the Illinois 24 25 State Medical Disciplinary Fund.

26 All fines imposed under this Section shall be paid within

HB3109 Engrossed - 19 - LRB103 29825 AMQ 56233 b

60 days after the effective date of the order imposing the fine
 or in accordance with the terms set forth in the order imposing
 the fine.

(B) The Department shall revoke the license or permit 4 5 issued under this Act to practice medicine or a chiropractic physician who has been convicted a second time of committing 6 7 any felony under the Illinois Controlled Substances Act or the 8 Methamphetamine Control and Community Protection Act, or who 9 has been convicted a second time of committing a Class 1 felony 10 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A 11 person whose license or permit is revoked under this 12 subsection B shall be prohibited from practicing medicine or 13 treating human ailments without the use of drugs and without 14 operative surgery.

15 (C) The Department shall not revoke, suspend, place on 16 probation, reprimand, refuse to issue or renew, or take any 17 other disciplinary or non-disciplinary action against the 18 license or permit issued under this Act to practice medicine 19 to a physician:

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

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

1 antibiotics;

2 (3) based solely upon the physician providing, 3 authorizing, recommending, aiding, assisting, referring 4 for, or otherwise participating in any health care 5 service, so long as the care was not unlawful under the 6 laws of this State, regardless of whether the patient was 7 a resident of this State or another state; or

8 (4) based upon the physician's license being revoked 9 or suspended, or the physician being otherwise disciplined 10 by any other state, if that revocation, suspension, or 11 other form of discipline was based solely on the physician 12 violating another state's laws prohibiting the provision 13 authorization of, recommendation of, aiding or of, 14 assisting in, referring for, or participation in any 15 health care service if that health care service as 16 provided would not have been unlawful under the laws of 17 this State and is consistent with the standards of conduct for the physician if it occurred in Illinois. 18

19 (D) (Blank).

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

(F) An applicant seeking licensure, certification, or
 authorization pursuant to this Act and who has been subject to

HB3109 Engrossed - 21 - LRB103 29825 AMQ 56233 b

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

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

16 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 17 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff. 18 8-20-21; 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23.)