

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 Physician Assistant Practice Act of 1987 is
5 amended by changing Sections 4, 7, 7.5, and 7.7 and by adding
6 Section 7.6 as follows:

7 (225 ILCS 95/4) (from Ch. 111, par. 4604)

8 (Section scheduled to be repealed on January 1, 2028)

9 Sec. 4. Definitions. In this Act:

10 1. "Department" means the Department of Financial and
11 Professional Regulation.

12 2. "Secretary" means the Secretary of Financial and
13 Professional Regulation.

14 3. "Physician assistant" means any person not holding an
15 active license or permit issued by the Department pursuant to
16 the Medical Practice Act of 1987 who has been certified as a
17 physician assistant by the National Commission on the
18 Certification of Physician Assistants or equivalent successor
19 agency and performs procedures in collaboration with a
20 physician as defined in this Act. A physician assistant may
21 perform such procedures within the specialty of the
22 collaborating physician, except that such physician shall
23 exercise such direction, collaboration, and control over such

1 physician assistants as will assure that patients shall
2 receive quality medical care. Physician assistants shall be
3 capable of performing a variety of tasks within the specialty
4 of medical care in collaboration with a physician.
5 Collaboration with the physician assistant shall not be
6 construed to necessarily require the personal presence of the
7 collaborating physician at all times at the place where
8 services are rendered, as long as there is communication
9 available for consultation by radio, telephone or
10 telecommunications within established guidelines as determined
11 by the physician/physician assistant team. The collaborating
12 physician may delegate tasks and duties to the physician
13 assistant. Delegated tasks or duties shall be consistent with
14 physician assistant education, training, and experience. The
15 delegated tasks or duties shall be specific to the practice
16 setting and shall be implemented and reviewed under a written
17 collaborative agreement established by the physician or
18 physician/physician assistant team. A physician assistant,
19 acting as an agent of the physician, shall be permitted to
20 transmit the collaborating physician's orders as determined by
21 the institution's by-laws, policies, procedures, or job
22 description within which the physician/physician assistant
23 team practices. Physician assistants shall practice only in
24 accordance with a written collaborative agreement.

25 Any person who holds an active license or permit issued
26 pursuant to the Medical Practice Act of 1987 shall have that

1 license automatically placed into inactive status upon
2 issuance of a physician assistant license. Any person who
3 holds an active license as a physician assistant who is issued
4 a license or permit pursuant to the Medical Practice Act of
5 1987 shall have his or her physician assistant license
6 automatically placed into inactive status.

7 3.5. "Physician assistant practice" means the performance
8 of procedures within the specialty of the collaborating
9 physician. Physician assistants shall be capable of performing
10 a variety of tasks within the specialty of medical care of the
11 collaborating physician. Collaboration with the physician
12 assistant shall not be construed to necessarily require the
13 personal presence of the collaborating physician at all times
14 at the place where services are rendered, as long as there is
15 communication available for consultation by radio, telephone,
16 telecommunications, or electronic communications. The
17 collaborating physician may delegate tasks and duties to the
18 physician assistant. Delegated tasks or duties shall be
19 consistent with physician assistant education, training, and
20 experience. The delegated tasks or duties shall be specific to
21 the practice setting and shall be implemented and reviewed
22 under a written collaborative agreement established by the
23 physician or physician/physician assistant team. A physician
24 assistant shall be permitted to transmit the collaborating
25 physician's orders as determined by the institution's bylaws,
26 policies, or procedures or the job description within which

1 the physician/physician assistant team practices. Physician
2 assistants shall practice only in accordance with a written
3 collaborative agreement, except as provided in Section 7.5 of
4 this Act.

5 4. "Board" means the Medical Licensing Board constituted
6 under the Medical Practice Act of 1987.

7 5. (Blank).

8 6. "Physician" means a person licensed to practice
9 medicine in all of its branches under the Medical Practice Act
10 of 1987.

11 7. "Collaborating physician" means the physician who,
12 within his or her specialty and expertise, may delegate a
13 variety of tasks and procedures to the physician assistant.
14 Such tasks and procedures shall be delegated in accordance
15 with a written collaborative agreement.

16 8. (Blank).

17 9. "Address of record" means the designated address
18 recorded by the Department in the applicant's or licensee's
19 application file or license file maintained by the
20 Department's licensure maintenance unit.

21 10. "Hospital affiliate" means a corporation, partnership,
22 joint venture, limited liability company, or similar
23 organization, other than a hospital, that is devoted primarily
24 to the provision, management, or support of health care
25 services and that directly or indirectly controls, is
26 controlled by, or is under common control of the hospital. For

1 the purposes of this definition, "control" means having at
2 least an equal or a majority ownership or membership interest.
3 A hospital affiliate shall be 100% owned or controlled by any
4 combination of hospitals, their parent corporations, or
5 physicians licensed to practice medicine in all its branches
6 in Illinois. "Hospital affiliate" does not include a health
7 maintenance organization regulated under the Health
8 Maintenance Organization Act.

9 11. "Email address of record" means the designated email
10 address recorded by the Department in the applicant's
11 application file or the licensee's license file, as maintained
12 by the Department's licensure maintenance unit.

13 12. "Federally qualified health center" means a health
14 center funded under Section 330 of the federal Public Health
15 Service Act.

16 (Source: P.A. 102-1117, eff. 1-13-23.)

17 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

19 Sec. 7. Collaboration requirements.

20 (a) A collaborating physician shall determine the number
21 of physician assistants to collaborate with, provided the
22 physician is able to provide adequate collaboration as
23 outlined in the written collaborative agreement required under
24 Section 7.5 of this Act and consideration is given to the
25 nature of the physician's practice, complexity of the patient

1 population, and the experience of each physician assistant. A
2 collaborating physician may collaborate with a maximum of 7
3 full-time equivalent physician assistants as described in
4 Section 54.5 of the Medical Practice Act of 1987. As used in
5 this Section, "full-time equivalent" means the equivalent of
6 40 hours per week per individual. Physicians and physician
7 assistants who work in a hospital, hospital affiliate,
8 federally qualified health center, or ambulatory surgical
9 treatment center as defined by Section 7.7 of this Act are
10 exempt from the collaborative ratio restriction requirements
11 of this Section. A physician assistant shall be able to hold
12 more than one professional position. A collaborating physician
13 shall file a notice of collaboration of each physician
14 assistant according to the rules of the Department.

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

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

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

26 A physician assistant may be employed by a practice group

1 or other entity employing multiple physicians at one or more
2 locations. In that case, one of the physicians practicing at a
3 location shall be designated the collaborating physician. The
4 other physicians with that practice group or other entity who
5 practice in the same general type of practice or specialty as
6 the collaborating physician may collaborate with the physician
7 assistant with respect to their patients.

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

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

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

22 (225 ILCS 95/7.5)

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

24 Sec. 7.5. Written collaborative agreements; prescriptive
25 authority.

1 (a) A written collaborative agreement is required for all
2 physician assistants to practice in the State, except as
3 provided in Section 7.7 of this Act.

4 (1) A written collaborative agreement shall describe
5 the working relationship of the physician assistant with
6 the collaborating physician and shall describe the
7 categories of care, treatment, or procedures to be
8 provided by the physician assistant. The written
9 collaborative agreement shall promote the exercise of
10 professional judgment by the physician assistant
11 commensurate with his or her education and experience. The
12 services to be provided by the physician assistant shall
13 be services that the collaborating physician is authorized
14 to and generally provides to his or her patients in the
15 normal course of his or her clinical medical practice. The
16 written collaborative agreement need not describe the
17 exact steps that a physician assistant must take with
18 respect to each specific condition, disease, or symptom
19 but must specify which authorized procedures require the
20 presence of the collaborating physician as the procedures
21 are being performed. The relationship under a written
22 collaborative agreement shall not be construed to require
23 the personal presence of a physician at the place where
24 services are rendered. Methods of communication shall be
25 available for consultation with the collaborating
26 physician in person or by telecommunications or electronic

1 communications as set forth in the written collaborative
2 agreement. For the purposes of this Act, "generally
3 provides to his or her patients in the normal course of his
4 or her clinical medical practice" means services, not
5 specific tasks or duties, the collaborating physician
6 routinely provides individually or through delegation to
7 other persons so that the physician has the experience and
8 ability to collaborate and provide consultation.

9 (2) The written collaborative agreement shall be
10 adequate if a physician does each of the following:

11 (A) Participates in the joint formulation and
12 joint approval of orders or guidelines with the
13 physician assistant and he or she periodically reviews
14 such orders and the services provided patients under
15 such orders in accordance with accepted standards of
16 medical practice and physician assistant practice.

17 (B) Provides consultation at least once a month.

18 (3) A copy of the signed, written collaborative
19 agreement must be available to the Department upon request
20 from both the physician assistant and the collaborating
21 physician.

22 (4) A physician assistant shall inform each
23 collaborating physician of all written collaborative
24 agreements he or she has signed and provide a copy of these
25 to any collaborating physician upon request.

26 (b) A collaborating physician may, but is not required to,

1 delegate prescriptive authority to a physician assistant as
2 part of a written collaborative agreement. This authority may,
3 but is not required to, include prescription of, selection of,
4 orders for, administration of, storage of, acceptance of
5 samples of, and dispensing medical devices, over the counter
6 medications, legend drugs, medical gases, and controlled
7 substances categorized as Schedule II through V controlled
8 substances, as defined in Article II of the Illinois
9 Controlled Substances Act, and other preparations, including,
10 but not limited to, botanical and herbal remedies. The
11 collaborating physician must have a valid, current Illinois
12 controlled substance license and federal registration with the
13 Drug Enforcement Administration to delegate the authority to
14 prescribe controlled substances.

15 (1) To prescribe Schedule II, III, IV, or V controlled
16 substances under this Section, a physician assistant must
17 obtain a mid-level practitioner controlled substances
18 license. Medication orders issued by a physician assistant
19 shall be reviewed periodically by the collaborating
20 physician.

21 (2) The collaborating physician shall file with the
22 Department notice of delegation of prescriptive authority
23 to a physician assistant and termination of delegation,
24 specifying the authority delegated or terminated. Upon
25 receipt of this notice delegating authority to prescribe
26 controlled substances, the physician assistant shall be

1 eligible to register for a mid-level practitioner
2 controlled substances license under Section 303.05 of the
3 Illinois Controlled Substances Act. Nothing in this Act
4 shall be construed to limit the delegation of tasks or
5 duties by the collaborating physician to a nurse or other
6 appropriately trained persons in accordance with Section
7 54.2 of the Medical Practice Act of 1987.

8 (3) In addition to the requirements of this subsection
9 (b), a collaborating physician may, but is not required
10 to, delegate authority to a physician assistant to
11 prescribe Schedule II controlled substances, if all of the
12 following conditions apply:

13 (A) Specific Schedule II controlled substances by
14 oral dosage or topical or transdermal application may
15 be delegated, provided that the delegated Schedule II
16 controlled substances are routinely prescribed by the
17 collaborating physician. This delegation must identify
18 the specific Schedule II controlled substances by
19 either brand name or generic name. Schedule II
20 controlled substances to be delivered by injection or
21 other route of administration may not be delegated.

22 (B) (Blank).

23 (C) Any prescription must be limited to no more
24 than a 30-day supply, with any continuation authorized
25 only after prior approval of the collaborating
26 physician.

1 (D) The physician assistant must discuss the
2 condition of any patients for whom a controlled
3 substance is prescribed monthly with the collaborating
4 physician.

5 (E) The physician assistant meets the education
6 requirements of Section 303.05 of the Illinois
7 Controlled Substances Act.

8 (c) Nothing in this Act shall be construed to limit the
9 delegation of tasks or duties by a physician to a licensed
10 practical nurse, a registered professional nurse, or other
11 persons. Nothing in this Act shall be construed to limit the
12 method of delegation that may be authorized by any means,
13 including, but not limited to, oral, written, electronic,
14 standing orders, protocols, guidelines, or verbal orders.
15 Nothing in this Act shall be construed to authorize a
16 physician assistant to provide health care services required
17 by law or rule to be performed by a physician. Nothing in this
18 Act shall be construed to authorize the delegation or
19 performance of operative surgery. Nothing in this Section
20 shall be construed to preclude a physician assistant from
21 assisting in surgery.

22 (c-5) Nothing in this Section shall be construed to apply
23 to any medication authority, including Schedule II controlled
24 substances of a licensed physician assistant for care provided
25 in a hospital, hospital affiliate, federally qualified health
26 center, or ambulatory surgical treatment center pursuant to

1 Section 7.7 of this Act.

2 (d) (Blank).

3 (e) Nothing in this Section shall be construed to prohibit
4 generic substitution.

5 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

6 (225 ILCS 95/7.6 new)

7 Sec. 7.6. Written collaborative agreement; temporary
8 practice. Any physician assistant required to enter into a
9 written collaborative agreement with a collaborating physician
10 is authorized to continue to practice for up to 90 days after
11 the termination of a written collaborative agreement, provided
12 the physician assistant seeks any necessary collaboration at a
13 local hospital and refers patients who require services beyond
14 the training and experience of the physician assistant to a
15 physician or other health care provider.

16 (225 ILCS 95/7.7)

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

18 Sec. 7.7. Physician assistants in hospitals, hospital
19 affiliates, federally qualified health centers, or ambulatory
20 surgical treatment centers.

21 (a) A physician assistant may provide services in a
22 hospital as defined in the Hospital Licensing Act, a hospital
23 affiliate as defined in the University of Illinois Hospital
24 Act, a federally qualified health center, or a licensed

1 ambulatory surgical treatment center as defined in the
2 Ambulatory Surgical Treatment Center Act without a written
3 collaborative agreement pursuant to Section 7.5 of this Act
4 only in accordance with this Section. A physician assistant
5 must possess clinical privileges recommended by (i) the
6 hospital medical staff and granted by the hospital, (ii) the
7 physician committee and federally qualified health center, or
8 (iii) the consulting medical staff committee and ambulatory
9 surgical treatment center in order to provide services. The
10 medical staff, physician committee, or consulting medical
11 staff committee shall periodically review the services of
12 physician assistants granted clinical privileges, including
13 any care provided in a hospital affiliate or federally
14 qualified health center. Authority may also be granted when
15 recommended by the hospital medical staff and granted by the
16 hospital, recommended by the physician committee and granted
17 by the federally qualified health center, or recommended by
18 the consulting medical staff committee and ambulatory surgical
19 treatment center to individual physician assistants to select,
20 order, and administer medications, including controlled
21 substances, to provide delineated care. In a hospital,
22 hospital affiliate, federally qualified health center, or
23 ambulatory surgical treatment center, the attending physician
24 shall determine a physician assistant's role in providing care
25 for his or her patients, except as otherwise provided in the
26 medical staff bylaws or consulting committee policies.

1 (a-5) Physician assistants practicing in a hospital
2 affiliate or a federally qualified health center may be, but
3 are not required to be, granted authority to prescribe
4 Schedule II through V controlled substances when such
5 authority is recommended by the appropriate physician
6 committee of the hospital affiliate and granted by the
7 hospital affiliate or recommended by the physician committee
8 of the federally qualified health center and granted by the
9 federally qualified health center. This authority may, but is
10 not required to, include prescription of, selection of, orders
11 for, administration of, storage of, acceptance of samples of,
12 and dispensing over-the-counter medications, legend drugs,
13 medical gases, and controlled substances categorized as
14 Schedule II through V controlled substances, as defined in
15 Article II of the Illinois Controlled Substances Act, and
16 other preparations, including, but not limited to, botanical
17 and herbal remedies.

18 To prescribe controlled substances under this subsection
19 (a-5), a physician assistant must obtain a mid-level
20 practitioner controlled substance license. Medication orders
21 shall be reviewed periodically by the appropriate hospital
22 affiliate physicians committee or its physician designee or by
23 the physician committee of a federally qualified health
24 center.

25 The hospital affiliate or federally qualified health
26 center shall file with the Department notice of a grant of

1 prescriptive authority consistent with this subsection (a-5)
2 and termination of such a grant of authority in accordance
3 with rules of the Department. Upon receipt of this notice of
4 grant of authority to prescribe any Schedule II through V
5 controlled substances, the licensed physician assistant may
6 register for a mid-level practitioner controlled substance
7 license under Section 303.05 of the Illinois Controlled
8 Substances Act.

9 In addition, a hospital affiliate or a federally qualified
10 health center may, but is not required to, grant authority to a
11 physician assistant to prescribe any Schedule II controlled
12 substances if all of the following conditions apply:

13 (1) specific Schedule II controlled substances by oral
14 dosage or topical or transdermal application may be
15 designated, provided that the designated Schedule II
16 controlled substances are routinely prescribed by
17 physician assistants in their area of certification; this
18 grant of authority must identify the specific Schedule II
19 controlled substances by either brand name or generic
20 name; authority to prescribe or dispense Schedule II
21 controlled substances to be delivered by injection or
22 other route of administration may not be granted;

23 (2) any grant of authority must be controlled
24 substances limited to the practice of the physician
25 assistant;

26 (3) any prescription must be limited to no more than a

1 30-day supply;

2 (4) the physician assistant must discuss the condition
3 of any patients for whom a controlled substance is
4 prescribed monthly with the appropriate physician
5 committee of the hospital affiliate or its physician
6 designee, or the physician committee of a federally
7 qualified health center; and

8 (5) the physician assistant must meet the education
9 requirements of Section 303.05 of the Illinois Controlled
10 Substances Act.

11 (b) A physician assistant granted authority to order
12 medications including controlled substances may complete
13 discharge prescriptions provided the prescription is in the
14 name of the physician assistant and the attending or
15 discharging physician.

16 (c) Physician assistants practicing in a hospital,
17 hospital affiliate, federally qualified health center, or an
18 ambulatory surgical treatment center are not required to
19 obtain a mid-level controlled substance license to order
20 controlled substances under Section 303.05 of the Illinois
21 Controlled Substances Act.

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