



Sen. Ann Gillespie

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LRB103 25028 SPS 60039 a

1 AMENDMENT TO SENATE BILL 218

2 AMENDMENT NO. _____. Amend Senate Bill 218 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Physician Assistant Practice Act of 1987
5 is amended by changing Sections 4 and 21 and by adding Sections
6 7.6 and 7.9 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8 (Section scheduled to be repealed on January 1, 2028)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

1 physician assistant by the National Commission on the
2 Certification of Physician Assistants or equivalent successor
3 agency and performs procedures in collaboration with a
4 physician as defined in this Act. A physician assistant may
5 perform such procedures within the specialty of the
6 collaborating physician, except that such physician shall
7 exercise such direction, collaboration, and control over such
8 physician assistants as will assure that patients shall
9 receive quality medical care. Physician assistants shall be
10 capable of performing a variety of tasks within the specialty
11 of medical care in collaboration with a physician.
12 Collaboration with the physician assistant shall not be
13 construed to necessarily require the personal presence of the
14 collaborating physician at all times at the place where
15 services are rendered, as long as there is communication
16 available for consultation by radio, telephone or
17 telecommunications within established guidelines as determined
18 by the physician/physician assistant team. The collaborating
19 physician may delegate tasks and duties to the physician
20 assistant. Delegated tasks or duties shall be consistent with
21 physician assistant education, training, and experience. The
22 delegated tasks or duties shall be specific to the practice
23 setting and shall be implemented and reviewed under a written
24 collaborative agreement established by the physician or
25 physician/physician assistant team. A physician assistant,
26 acting as an agent of the physician, shall be permitted to

1 transmit the collaborating physician's orders as determined by
2 the institution's by-laws, policies, procedures, or job
3 description within which the physician/physician assistant
4 team practices. Physician assistants shall practice only in
5 accordance with a written collaborative agreement.

6 Any person who holds an active license or permit issued
7 pursuant to the Medical Practice Act of 1987 shall have that
8 license automatically placed into inactive status upon
9 issuance of a physician assistant license. Any person who
10 holds an active license as a physician assistant who is issued
11 a license or permit pursuant to the Medical Practice Act of
12 1987 shall have his or her physician assistant license
13 automatically placed into inactive status.

14 3.5. "Physician assistant practice" means the performance
15 of procedures within the specialty of the collaborating
16 physician. Physician assistants shall be capable of performing
17 a variety of tasks within the specialty of medical care of the
18 collaborating physician. Collaboration with the physician
19 assistant shall not be construed to necessarily require the
20 personal presence of the collaborating physician at all times
21 at the place where services are rendered, as long as there is
22 communication available for consultation by radio, telephone,
23 telecommunications, or electronic communications. The
24 collaborating physician may delegate tasks and duties to the
25 physician assistant. Delegated tasks or duties shall be
26 consistent with physician assistant education, training, and

1 experience. The delegated tasks or duties shall be specific to
2 the practice setting and shall be implemented and reviewed
3 under a written collaborative agreement established by the
4 physician or physician/physician assistant team. A physician
5 assistant shall be permitted to transmit the collaborating
6 physician's orders as determined by the institution's bylaws,
7 policies, or procedures or the job description within which
8 the physician/physician assistant team practices. Physician
9 assistants shall practice only in accordance with a written
10 collaborative agreement, except as provided in Section 7.5 of
11 this Act.

12 4. "Board" means the Medical Licensing Board constituted
13 under the Medical Practice Act of 1987.

14 5. (Blank).

15 6. "Physician" means a person licensed to practice
16 medicine in all of its branches under the Medical Practice Act
17 of 1987.

18 7. "Collaborating physician" means the physician who,
19 within his or her specialty and expertise, may delegate a
20 variety of tasks and procedures to the physician assistant.
21 Such tasks and procedures shall be delegated in accordance
22 with a written collaborative agreement when such agreement is
23 required under this Act.

24 8. (Blank).

25 9. "Address of record" means the designated address
26 recorded by the Department in the applicant's or licensee's

1 application file or license file maintained by the
2 Department's licensure maintenance unit.

3 10. "Hospital affiliate" means a corporation, partnership,
4 joint venture, limited liability company, or similar
5 organization, other than a hospital, that is devoted primarily
6 to the provision, management, or support of health care
7 services and that directly or indirectly controls, is
8 controlled by, or is under common control of the hospital. For
9 the purposes of this definition, "control" means having at
10 least an equal or a majority ownership or membership interest.
11 A hospital affiliate shall be 100% owned or controlled by any
12 combination of hospitals, their parent corporations, or
13 physicians licensed to practice medicine in all its branches
14 in Illinois. "Hospital affiliate" does not include a health
15 maintenance organization regulated under the Health
16 Maintenance Organization Act.

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

21 12. "Federally qualified health center" means a facility
22 that meets the definition in 42 U.S.C. 1396d(I) (2) (B).

23 13. "Rural health clinic" means a facility that meets the
24 definition in 42 U.S.C. 1396d(I) (1).

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

1 (225 ILCS 95/7.6 new)

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

11 (225 ILCS 95/7.9 new)

12 Sec. 7.9. Optimal practice authority.

13 (a) A physician assistant who practices in a federally
14 qualified health center or a rural health clinic shall be
15 deemed by law to possess the ability to practice without a
16 written collaborative agreement as set forth in this Section.

17 (b) A physician assistant who files with the Department a
18 notarized attestation of completion of at least 250 hours of
19 continuing education or training and at least 4,000 hours of
20 clinical experience after first attaining national
21 certification shall not be required to practice with a written
22 collaborative agreement. Documentation of successful
23 completion shall be provided to the Department upon request.

24 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

2 Sec. 21. Grounds for disciplinary action.

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

10 (1) Material misstatement in furnishing information to
11 the Department.

12 (2) Violations of this Act, or the rules adopted under
13 this Act.

14 (3) Conviction by plea of guilty or nolo contendere,
15 finding of guilt, jury verdict, or entry of judgment or
16 sentencing, including, but not limited to, convictions,
17 preceding sentences of supervision, conditional discharge,
18 or first offender probation, under the laws of any
19 jurisdiction of the United States that is: (i) a felony;
20 or (ii) a misdemeanor, an essential element of which is
21 dishonesty, or that is directly related to the practice of
22 the profession.

23 (4) Making any misrepresentation for the purpose of
24 obtaining licenses.

25 (5) Professional incompetence.

26 (6) Aiding or assisting another person in violating

1 any provision of this Act or its rules.

2 (7) Failing, within 60 days, to provide information in
3 response to a written request made by the Department.

4 (8) Engaging in dishonorable, unethical, or
5 unprofessional conduct, as defined by rule, of a character
6 likely to deceive, defraud, or harm the public.

7 (9) Habitual or excessive use or addiction to alcohol,
8 narcotics, stimulants, or any other chemical agent or drug
9 that results in a physician assistant's inability to
10 practice with reasonable judgment, skill, or safety.

11 (10) Discipline by another U.S. jurisdiction or
12 foreign nation, if at least one of the grounds for
13 discipline is the same or substantially equivalent to
14 those set forth in this Section.

15 (11) Directly or indirectly giving to or receiving
16 from any person, firm, corporation, partnership, or
17 association any fee, commission, rebate or other form of
18 compensation for any professional services not actually or
19 personally rendered. Nothing in this paragraph (11)
20 affects any bona fide independent contractor or employment
21 arrangements, which may include provisions for
22 compensation, health insurance, pension, or other
23 employment benefits, with persons or entities authorized
24 under this Act for the provision of services within the
25 scope of the licensee's practice under this Act.

26 (12) A finding by the Board that the licensee, after

1 having his or her license placed on probationary status,
2 has violated the terms of probation.

3 (13) Abandonment of a patient.

4 (14) Willfully making or filing false records or
5 reports in his or her practice, including but not limited
6 to false records filed with State agencies or departments.

7 (15) Willfully failing to report an instance of
8 suspected child abuse or neglect as required by the Abused
9 and Neglected Child Reporting Act.

10 (16) Physical illness, or mental illness or impairment
11 that results in the inability to practice the profession
12 with reasonable judgment, skill, or safety, including, but
13 not limited to, deterioration through the aging process or
14 loss of motor skill.

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

22 (18) (Blank).

23 (19) Gross negligence resulting in permanent injury or
24 death of a patient.

25 (20) Employment of fraud, deception or any unlawful
26 means in applying for or securing a license as a physician

1 assistant.

2 (21) Exceeding the authority delegated to him or her
3 by his or her collaborating physician in a written
4 collaborative agreement when such agreement is required
5 under this Act.

6 (22) Immoral conduct in the commission of any act,
7 such as sexual abuse, sexual misconduct, or sexual
8 exploitation related to the licensee's practice.

9 (23) Violation of the Health Care Worker Self-Referral
10 Act.

11 (24) Practicing under a false or assumed name, except
12 as provided by law.

13 (25) Making a false or misleading statement regarding
14 his or her skill or the efficacy or value of the medicine,
15 treatment, or remedy prescribed by him or her in the
16 course of treatment.

17 (26) Allowing another person to use his or her license
18 to practice.

19 (27) Prescribing, selling, administering,
20 distributing, giving, or self-administering a drug
21 classified as a controlled substance for other than
22 medically accepted therapeutic purposes.

23 (28) Promotion of the sale of drugs, devices,
24 appliances, or goods provided for a patient in a manner to
25 exploit the patient for financial gain.

26 (29) A pattern of practice or other behavior that

1 demonstrates incapacity or incompetence to practice under
2 this Act.

3 (30) Violating State or federal laws or regulations
4 relating to controlled substances or other legend drugs or
5 ephedra as defined in the Ephedra Prohibition Act.

6 (31) Exceeding the prescriptive authority delegated by
7 the collaborating physician or violating the written
8 collaborative agreement delegating that authority.

9 (32) Practicing without providing to the Department a
10 notice of collaboration or delegation of prescriptive
11 authority.

12 (33) Failure to establish and maintain records of
13 patient care and treatment as required by law.

14 (34) Attempting to subvert or cheat on the examination
15 of the National Commission on Certification of Physician
16 Assistants or its successor agency.

17 (35) Willfully or negligently violating the
18 confidentiality between physician assistant and patient,
19 except as required by law.

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

24 (37) Being named as an abuser in a verified report by
25 the Department on Aging under the Adult Protective
26 Services Act and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or
2 financially exploited an eligible adult as defined in the
3 Adult Protective Services Act.

4 (38) Failure to report to the Department an adverse
5 final action taken against him or her by another licensing
6 jurisdiction of the United States or a foreign state or
7 country, a peer review body, a health care institution, a
8 professional society or association, a governmental
9 agency, a law enforcement agency, or a court acts or
10 conduct similar to acts or conduct that would constitute
11 grounds for action under this Section.

12 (39) Failure to provide copies of records of patient
13 care or treatment, except as required by law.

14 (40) Entering into an excessive number of written
15 collaborative agreements with licensed physicians
16 resulting in an inability to adequately collaborate.

17 (41) Repeated failure to adequately collaborate with a
18 collaborating physician.

19 (42) Violating the Compassionate Use of Medical
20 Cannabis Program Act.

21 (b) The Department may, without a hearing, refuse to issue
22 or renew or may suspend the license of any person who fails to
23 file a return, or to pay the tax, penalty or interest shown in
24 a filed return, or to pay any final assessment of the tax,
25 penalty, or interest as required by any tax Act administered
26 by the Illinois Department of Revenue, until such time as the

1 requirements of any such tax Act are satisfied.

2 (b-5) The Department shall not revoke, suspend, summarily
3 suspend, place on prohibition, reprimand, refuse to issue or
4 renew, or take any other disciplinary or non-disciplinary
5 action against the license or permit issued under this Act to
6 practice as a physician assistant based solely upon the
7 physician assistant providing, authorizing, recommending,
8 aiding, assisting, referring for, or otherwise participating
9 in any health care service, so long as the care was not
10 unlawful under the laws of this State, regardless of whether
11 the patient was a resident of this State or another state.

12 (b-10) The Department shall not revoke, suspend, summarily
13 suspend, place on prohibition, reprimand, refuse to issue or
14 renew, or take any other disciplinary or non-disciplinary
15 action against the license or permit issued under this Act to
16 practice as a physician assistant based upon the physician
17 assistant's license being revoked or suspended, or the
18 physician assistant being otherwise disciplined by any other
19 state, if that revocation, suspension, or other form of
20 discipline was based solely on the physician assistant
21 violating another state's laws prohibiting the provision of,
22 authorization of, recommendation of, aiding or assisting in,
23 referring for, or participation in any health care service if
24 that health care service as provided would not have been
25 unlawful under the laws of this State and is consistent with
26 the standards of conduct for a physician assistant practicing

1 in Illinois.

2 (b-15) The conduct specified in subsections (b-5) and
3 (b-10) shall not constitute grounds for suspension under
4 Section 22.13.

5 (b-20) An applicant seeking licensure, certification, or
6 authorization pursuant to this Act who has been subject to
7 disciplinary action by a duly authorized professional
8 disciplinary agency of another jurisdiction solely on the
9 basis of having provided, authorized, recommended, aided,
10 assisted, referred for, or otherwise participated in health
11 care shall not be denied such licensure, certification, or
12 authorization, unless the Department determines that such
13 action would have constituted professional misconduct in this
14 State; however, nothing in this Section shall be construed as
15 prohibiting the Department from evaluating the conduct of such
16 applicant and making a determination regarding the licensure,
17 certification, or authorization to practice a profession under
18 this Act.

19 (c) The determination by a circuit court that a licensee
20 is subject to involuntary admission or judicial admission as
21 provided in the Mental Health and Developmental Disabilities
22 Code operates as an automatic suspension. The suspension will
23 end only upon a finding by a court that the patient is no
24 longer subject to involuntary admission or judicial admission
25 and issues an order so finding and discharging the patient,
26 and upon the recommendation of the Board to the Secretary that

1 the licensee be allowed to resume his or her practice.

2 (d) In enforcing this Section, the Department upon a
3 showing of a possible violation may compel an individual
4 licensed to practice under this Act, or who has applied for
5 licensure under this Act, to submit to a mental or physical
6 examination, or both, which may include a substance abuse or
7 sexual offender evaluation, as required by and at the expense
8 of the Department.

9 The Department shall specifically designate the examining
10 physician licensed to practice medicine in all of its branches
11 or, if applicable, the multidisciplinary team involved in
12 providing the mental or physical examination or both. The
13 multidisciplinary team shall be led by a physician licensed to
14 practice medicine in all of its branches and may consist of one
15 or more or a combination of physicians licensed to practice
16 medicine in all of its branches, licensed clinical
17 psychologists, licensed clinical social workers, licensed
18 clinical professional counselors, and other professional and
19 administrative staff. Any examining physician or member of the
20 multidisciplinary team may require any person ordered to
21 submit to an examination pursuant to this Section to submit to
22 any additional supplemental testing deemed necessary to
23 complete any examination or evaluation process, including, but
24 not limited to, blood testing, urinalysis, psychological
25 testing, or neuropsychological testing.

26 The Department may order the examining physician or any

1 member of the multidisciplinary team to provide to the
2 Department any and all records, including business records,
3 that relate to the examination and evaluation, including any
4 supplemental testing performed.

5 The Department may order the examining physician or any
6 member of the multidisciplinary team to present testimony
7 concerning the mental or physical examination of the licensee
8 or applicant. No information, report, record, or other
9 documents in any way related to the examination shall be
10 excluded by reason of any common law or statutory privilege
11 relating to communications between the licensee or applicant
12 and the examining physician or any member of the
13 multidisciplinary team. No authorization is necessary from the
14 licensee or applicant ordered to undergo an examination for
15 the examining physician or any member of the multidisciplinary
16 team to provide information, reports, records, or other
17 documents or to provide any testimony regarding the
18 examination and evaluation.

19 The individual to be examined may have, at his or her own
20 expense, another physician of his or her choice present during
21 all aspects of this examination. However, that physician shall
22 be present only to observe and may not interfere in any way
23 with the examination.

24 Failure of an individual to submit to a mental or physical
25 examination, when ordered, shall result in an automatic
26 suspension of his or her license until the individual submits

1 to the examination.

2 If the Department finds an individual unable to practice
3 because of the reasons set forth in this Section, the
4 Department may require that individual to submit to care,
5 counseling, or treatment by physicians approved or designated
6 by the Department, as a condition, term, or restriction for
7 continued, reinstated, or renewed licensure to practice; or,
8 in lieu of care, counseling, or treatment, the Department may
9 file a complaint to immediately suspend, revoke, or otherwise
10 discipline the license of the individual. An individual whose
11 license was granted, continued, reinstated, renewed,
12 disciplined, or supervised subject to such terms, conditions,
13 or restrictions, and who fails to comply with such terms,
14 conditions, or restrictions, shall be referred to the
15 Secretary for a determination as to whether the individual
16 shall have his or her license suspended immediately, pending a
17 hearing by the Department.

18 In instances in which the Secretary immediately suspends a
19 person's license under this Section, a hearing on that
20 person's license must be convened by the Department within 30
21 days after the suspension and completed without appreciable
22 delay. The Department shall have the authority to review the
23 subject individual's record of treatment and counseling
24 regarding the impairment to the extent permitted by applicable
25 federal statutes and regulations safeguarding the
26 confidentiality of medical records.

1 An individual licensed under this Act and affected under
2 this Section shall be afforded an opportunity to demonstrate
3 to the Department that he or she can resume practice in
4 compliance with acceptable and prevailing standards under the
5 provisions of his or her license.

6 (e) An individual or organization acting in good faith,
7 and not in a willful and wanton manner, in complying with this
8 Section by providing a report or other information to the
9 Board, by assisting in the investigation or preparation of a
10 report or information, by participating in proceedings of the
11 Board, or by serving as a member of the Board, shall not be
12 subject to criminal prosecution or civil damages as a result
13 of such actions.

14 (f) Members of the Board shall be indemnified by the State
15 for any actions occurring within the scope of services on the
16 Board, done in good faith and not willful and wanton in nature.
17 The Attorney General shall defend all such actions unless he
18 or she determines either that there would be a conflict of
19 interest in such representation or that the actions complained
20 of were not in good faith or were willful and wanton.

21 If the Attorney General declines representation, the
22 member has the right to employ counsel of his or her choice,
23 whose fees shall be provided by the State, after approval by
24 the Attorney General, unless there is a determination by a
25 court that the member's actions were not in good faith or were
26 willful and wanton.

1 The member must notify the Attorney General within 7 days
2 after receipt of notice of the initiation of any action
3 involving services of the Board. Failure to so notify the
4 Attorney General constitutes an absolute waiver of the right
5 to a defense and indemnification.

6 The Attorney General shall determine, within 7 days after
7 receiving such notice, whether he or she will undertake to
8 represent the member.

9 (g) The Department may adopt rules to implement the
10 changes made by this amendatory Act of the 102nd General
11 Assembly.

12 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;
13 102-1117, eff. 1-13-23.)".