

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 Medical Practice Act of 1987 is amended by
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on January 1, 2027)

8 Sec. 54.5. Physician delegation of authority to physician
9 assistants, advanced practice registered nurses without full
10 practice authority, and prescribing psychologists.

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

21 (a-5) A physician licensed to practice medicine in all its
22 branches may collaborate with more than 7 physician assistants
23 when the services are provided in a federal primary care

1 health professional shortage area with a Health Professional
2 Shortage Area score greater than or equal to 12, as determined
3 by the United States Department of Health and Human Services.

4 The collaborating physician must keep appropriate
5 documentation of meeting this exemption and make it available
6 to the Department upon request.

7 (b) A physician licensed to practice medicine in all its
8 branches in active clinical practice may collaborate with an
9 advanced practice registered nurse in accordance with the
10 requirements of the Nurse Practice Act. Collaboration is for
11 the purpose of providing medical consultation, and no
12 employment relationship is required. A written collaborative
13 agreement shall conform to the requirements of Section 65-35
14 of the Nurse Practice Act. The written collaborative agreement
15 shall be for services for which the collaborating physician
16 can provide adequate collaboration ~~in the same area of~~
17 ~~practice or specialty as the collaborating physician in his or~~
18 ~~her clinical medical practice.~~ A written collaborative
19 agreement shall be adequate with respect to collaboration with
20 advanced practice registered nurses if all of the following
21 apply:

22 (1) The agreement is written to promote the exercise
23 of professional judgment by the advanced practice
24 registered nurse commensurate with his or her education
25 and experience.

26 (2) The advanced practice registered nurse provides

1 services based upon a written collaborative agreement with
2 the collaborating physician, except as set forth in
3 subsection (b-5) of this Section. With respect to labor
4 and delivery, the collaborating physician must provide
5 delivery services in order to participate with a certified
6 nurse midwife.

7 (3) Methods of communication are available with the
8 collaborating physician in person or through
9 telecommunications for consultation, collaboration, and
10 referral as needed to address patient care needs.

11 (b-5) An anesthesiologist or physician licensed to
12 practice medicine in all its branches may collaborate with a
13 certified registered nurse anesthetist in accordance with
14 Section 65-35 of the Nurse Practice Act for the provision of
15 anesthesia services. With respect to the provision of
16 anesthesia services, the collaborating anesthesiologist or
17 physician shall have training and experience in the delivery
18 of anesthesia services consistent with Department rules.
19 Collaboration shall be adequate if:

20 (1) an anesthesiologist or a physician participates in
21 the joint formulation and joint approval of orders or
22 guidelines and periodically reviews such orders and the
23 services provided patients under such orders; and

24 (2) for anesthesia services, the anesthesiologist or
25 physician participates through discussion of and agreement
26 with the anesthesia plan and is physically present and

1 available on the premises during the delivery of
2 anesthesia services for diagnosis, consultation, and
3 treatment of emergency medical conditions. Anesthesia
4 services in a hospital shall be conducted in accordance
5 with Section 10.7 of the Hospital Licensing Act and in an
6 ambulatory surgical treatment center in accordance with
7 Section 6.5 of the Ambulatory Surgical Treatment Center
8 Act.

9 (b-10) The anesthesiologist or operating physician must
10 agree with the anesthesia plan prior to the delivery of
11 services.

12 (c) The collaborating physician shall have access to the
13 medical records of all patients attended by a physician
14 assistant. The collaborating physician shall have access to
15 the medical records of all patients attended to by an advanced
16 practice registered nurse.

17 (d) (Blank).

18 (e) A physician shall not be liable for the acts or
19 omissions of a prescribing psychologist, physician assistant,
20 or advanced practice registered nurse solely on the basis of
21 having signed a supervision agreement or guidelines or a
22 collaborative agreement, an order, a standing medical order, a
23 standing delegation order, or other order or guideline
24 authorizing a prescribing psychologist, physician assistant,
25 or advanced practice registered nurse to perform acts, unless
26 the physician has reason to believe the prescribing

1 psychologist, physician assistant, or advanced practice
2 registered nurse lacked the competency to perform the act or
3 acts or commits willful and wanton misconduct.

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

9 (g) A collaborating physician may, but is not required to,
10 delegate prescriptive authority to a physician assistant as
11 part of a written collaborative agreement, and the delegation
12 of prescriptive authority shall conform to the requirements of
13 Section 7.5 of the Physician Assistant Practice Act of 1987.

14 (h) (Blank).

15 (i) A collaborating physician shall delegate prescriptive
16 authority to a prescribing psychologist as part of a written
17 collaborative agreement, and the delegation of prescriptive
18 authority shall conform to the requirements of Section 4.3 of
19 the Clinical Psychologist Licensing Act.

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

25 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
26 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.

1 8-14-18.)