



Sen. Cristina Castro

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10300SB2214sam002

LRB103 06052 SPS 59616 a

1 AMENDMENT TO SENATE BILL 2214

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2214 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the  
5 Certified Anesthesiologist Assistant Practice Act.

6 Section 5. Findings. The practice of anesthesiology is the  
7 practice of medicine. The practice as a certified  
8 anesthesiologist assistant in this State is declared to affect  
9 the public health, safety, and welfare and to be subject to  
10 regulation and control in the public interest. The purpose and  
11 legislative intent of this Act is to encourage and promote the  
12 more effective utilization of the skills of anesthesiologists  
13 by enabling them to delegate certain medical care to certified  
14 anesthesiologist assistants where such delegation is  
15 consistent with the health and welfare of the patient and is  
16 conducted at the direction of and under the responsible

1 supervision of an anesthesiologist.

2 It is further declared to be a matter of public health and  
3 concern that the practice as a certified anesthesiologist  
4 assistant, as defined in this Act, merit and receive the  
5 confidence of the public and that only qualified persons be  
6 authorized to practice as a certified anesthesiologist  
7 assistant in this State. This Act shall be liberally construed  
8 to best carry out these subjects and purposes.

9 Section 10. Definitions. As used in this Act:

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

14 "Anesthesiologist" means a physician licensed to practice  
15 medicine in all its branches by the Department who has  
16 completed a residency in anesthesiology approved by the  
17 American Board of Anesthesiology or the American Osteopathic  
18 Board of Anesthesiology, is board eligible or board certified,  
19 holds an unrestricted license, and is actively engaged in  
20 clinical practice.

21 "Board" means the Illinois State Medical Board constituted  
22 under the Medical Practice Act of 1987.

23 "Certified anesthesiologist assistant" means an individual  
24 licensed by the Department to provide anesthesia services  
25 under the supervision of an anesthesiologist.

1 "Department" means the Department of Financial and  
2 Professional Regulation.

3 "Email address of record" means the designated email  
4 address recorded by the Department in the applicant's  
5 application file or the licensee's license file, as maintained  
6 by the Department's licensure maintenance unit.

7 "Secretary" means the Secretary of Financial and  
8 Professional Regulation.

9 "Supervision" means overseeing the activities of, and  
10 accepting responsibility for, the medical services rendered by  
11 the certified anesthesiologist assistant and maintaining  
12 physical proximity that allows the anesthesiologist to return  
13 to reestablish direct contact with the patient to meet medical  
14 needs and address any urgent or emergent clinical problems at  
15 all times that medical services are rendered by the certified  
16 anesthesiologist assistant.

17 Section 15. Address of record; email address of record.

18 All applicants and licensees shall:

19 (1) provide a valid address and email address to the  
20 Department, which shall serve as the address of record and  
21 email address of record, respectively, at the time of  
22 application for licensure or renewal of a license; and

23 (2) inform the Department of any change of address of  
24 record or email address of record within 14 days after  
25 such change either through the Department's website or by

1           contacting the Department's licensure maintenance unit.

2           Section 20. Powers and duties of the Department. Subject  
3 to the provisions of this Act, the Department shall exercise  
4 the following functions, powers, and duties:

5           (1) Conduct or authorize examinations to ascertain the  
6 qualifications and fitness of candidates for a license to  
7 engage in the practice of certified anesthesiologist  
8 assistant, pass upon the qualifications of applicants for  
9 licenses, and issue licenses to those who are found to be  
10 fit and qualified.

11           (2) Adopt rules required for the administration and  
12 enforcement of this Act.

13           (3) Prescribe forms to be issued or electronic means  
14 for the administration and enforcement of this Act and  
15 rules adopted pursuant to this Act.

16           (4) Conduct investigations related to possible  
17 violations of this Act and rules adopted pursuant to this  
18 Act.

19           (5) Conduct hearings on proceedings to refuse to issue  
20 or renew licenses or to revoke, suspend, place on  
21 probation, reprimand, or otherwise discipline a license  
22 under this Act or take other nondisciplinary action.

23           Section 25. Applicability. This Act does not prohibit:

24           (1) Any person licensed in this State under any other

1 Act from engaging in the practice for which the person is  
2 licensed.

3 (2) The practice as a certified anesthesiologist  
4 assistant by a person who is employed by the United States  
5 government or any bureau, division, or agency thereof  
6 while in the discharge of the employee's official duties.

7 (3) The practice as a certified anesthesiologist  
8 assistant that is included in the certified  
9 anesthesiologist assistant's program of study by students  
10 enrolled in schools.

11 Section 30. Title; advertising; billing.

12 (a) No certified anesthesiologist assistant shall use the  
13 title of doctor or associate with the licensee's name or any  
14 other term in the clinical setting or while in contact with  
15 patients under the licensee's care that would indicate to  
16 other persons that the licensee is qualified to engage in the  
17 general independent practice of anesthesiology or  
18 interventional pain management.

19 (b) A licensee shall include in every advertisement for  
20 services regulated under this Act the licensee's title as it  
21 appears on the license or the initials authorized under this  
22 Act.

23 (c) A certified anesthesiologist assistant shall not be  
24 allowed to bill patients or in any way charge for services.  
25 Nothing in this Act, however, shall be so construed as to

1 prevent the employer of a certified anesthesiologist assistant  
2 from charging for services rendered by the certified  
3 anesthesiologist assistant. Payment for services rendered by a  
4 certified anesthesiologist assistant shall be made to the  
5 certified anesthesiologist assistant's employer if the payor  
6 would have made payment had the services been provided by an  
7 anesthesiologist.

8 Section 35. Supervision requirements.

9 (a) As used in this Section, "supervision" means the use  
10 of the powers of direction and decision to coordinate, direct,  
11 and inspect the accomplishment of another, and to oversee the  
12 implementation of the anesthesiologist's intentions.

13 (b) A certified anesthesiologist assistant may deliver  
14 medical care only under the supervision of an anesthesiologist  
15 and only as described in a supervision agreement between the  
16 certified anesthesiologist assistant and an anesthesiologist  
17 who represents the certified anesthesiologist assistant's  
18 employer. The supervising anesthesiologist shall be  
19 immediately available at all times while supervising a  
20 certified anesthesiologist assistant. The Department shall  
21 establish by rule the maximum number of certified  
22 anesthesiologist assistants that may be supervised by the  
23 supervising anesthesiologist and that number shall align with  
24 the national standards and maximum ratio set by the Centers  
25 for Medicare and Medicaid Services.

1           For the purposes of this Section, "immediately available"  
2 means the medically directing anesthesiologist being in such  
3 physical proximity to allow the anesthesiologist to return to  
4 reestablish direct contact with the patient to meet the  
5 patient's medical needs and address any urgent or emergent  
6 problems. These responsibilities may also be met through  
7 careful coordination among anesthesiologists of the same group  
8 or department. It is recognized that the design and size of  
9 various facilities, the severity of patient illnesses, and the  
10 complexity and demands of the particular surgical procedures  
11 make it impossible to define a specific time or distance for  
12 physical proximity.

13           (c) A certified anesthesiologist assistant's practice may  
14 not exceed the licensee's education and training, the scope of  
15 practice of the supervising anesthesiologist, and the practice  
16 outlined in the certified anesthesiologist assistant  
17 supervision agreement. A medical care task assigned by the  
18 supervising anesthesiologist to the certified anesthesiologist  
19 assistant may not be delegated by the certified  
20 anesthesiologist assistant to another person, except for the  
21 preceptorship of a student in an anesthesiologist assistant  
22 training program.

23           (d) A certified anesthesiologist assistant may assist only  
24 the supervising anesthesiologist in the delivery of medical  
25 care and may perform medical care tasks as well as any other  
26 tasks within the scope of training and education of the

1 certified anesthesiologist assistant as assigned by the  
2 supervising anesthesiologist.

3 (e) An anesthesiologist who represents a certified  
4 anesthesiologist assistant's employer shall review the  
5 supervision agreement with the certified anesthesiologist  
6 assistant at least annually. The supervision agreement shall  
7 be available for inspection at the location where the  
8 certified anesthesiologist assistant practices. The  
9 supervision agreement may limit the practice of a certified  
10 anesthesiologist assistant to less than the full scope of  
11 practice authorized under this Act.

12 (f) A certified anesthesiologist assistant shall be  
13 employed by a health care provider that is licensed in this  
14 State for the primary purpose of providing the medical  
15 services of physicians or that is an entity. If a certified  
16 anesthesiologist assistant's employer is not an  
17 anesthesiologist, the employer shall provide for, and not  
18 interfere with, an anesthesiologist's supervision of the  
19 certified anesthesiologist assistant.

20 (g) A student in an anesthesiologist assistant training  
21 program may assist only an anesthesiologist in the delivery of  
22 medical care and may perform only medical care tasks assigned  
23 by the anesthesiologist. An anesthesiologist may delegate the  
24 preceptorship of a student in an anesthesiologist assistant  
25 training program to a qualified anesthesia provider. This  
26 Section shall not be interpreted to limit the number of other



1 qualified anesthesia providers an anesthesiologist may  
2 supervise.

3 (h) A student in an anesthesiologist assistant training  
4 program shall be identified as a student anesthesiologist  
5 assistant or an anesthesiologist assistant student and may not  
6 be identified as an "intern", "resident", or "fellow".

7 Section 40. Application for licensure. An application for  
8 an original license shall be made to the Department in writing  
9 on forms or electronically as prescribed by the Department and  
10 shall be accompanied by the required fee, which shall not be  
11 refundable. An application shall require information that, in  
12 the judgment of the Department, will enable the Department to  
13 pass on the qualifications of the applicant for a license.

14 An applicant has 3 years from the date of application to  
15 complete the application process. If the process has not been  
16 completed in 3 years, the application shall be denied, the fee  
17 shall be forfeited, and the applicant must reapply and meet  
18 the requirements in effect at the time of reapplication.

19 Section 45. Social security number on license application.  
20 In addition to any other information required to be contained  
21 in the application, every application for an original license  
22 under this Act shall include the applicant's social security  
23 number or federal individual taxpayer identification number,  
24 which shall be retained in the agency's records pertaining to

1 the license.

2 As soon as practical, the Department shall assign a  
3 customer's identification number to each applicant for a  
4 license. Every application for a renewal or restored license  
5 shall require the applicant's customer identification number.

6 Section 50. Qualifications for licensure. A person shall  
7 be qualified for licensure as a certified anesthesiologist  
8 assistant and the Department may issue a certified  
9 anesthesiologist assistant license to such person, if the  
10 person has done all of the following:

11 (1) Applied in writing or electronically in a form and  
12 substance satisfactory to the Department and has not  
13 violated any of the provisions of this Act or the rules  
14 adopted under this Act. The Department may take into  
15 consideration any felony conviction of the applicant but  
16 shall deny the application if any conviction constitutes a  
17 bar to licensure or is otherwise prohibited as provided by  
18 law.

19 (2) Submitted evidence satisfactory to the Department  
20 that the applicant has:

21 (A) obtained a master's degree in anesthesia from  
22 an anesthesiologist assistant program approved by the  
23 Department; and

24 (B) passed an examination approved by the  
25 Department.

1           (3) Complied with all applicable rules of the  
2           Department.

3           Section 55. Endorsement. Upon payment of the required fee,  
4           the Department may, in its discretion, license as a certified  
5           anesthesiologist assistant any person who is a certified  
6           anesthesiologist assistant licensed in another jurisdiction,  
7           if the requirements for licensure in that jurisdiction were on  
8           the date of licensure either substantially equivalent to the  
9           requirements in force in this State on that date or equivalent  
10          to the requirements of this Act and the rules adopted under  
11          this Act and not otherwise prohibited by law.

12          Section 60. Criminal history records background check.  
13          Each applicant for licensure under Sections 40, 50, and 55  
14          shall have the applicant's fingerprints submitted to the  
15          Illinois State Police in an electronic format that complies  
16          with the form and manner for requesting and furnishing  
17          criminal history record information as prescribed by the  
18          Illinois State Police. These fingerprints shall be checked  
19          against the Illinois State Police and Federal Bureau of  
20          Investigation criminal history record databases now and  
21          hereafter filed. The Illinois State Police shall charge  
22          applicants a fee for conducting the criminal history records  
23          check, which shall be deposited into the State Police Services  
24          Fund and shall not exceed the actual cost of the records check.

1 The Illinois State Police shall furnish, pursuant to positive  
2 identification, records of Illinois convictions to the  
3 Department. The Department may require applicants to pay a  
4 separate fingerprinting fee, either to the Department or to a  
5 vendor designated or approved by the Department. The  
6 Department, in its discretion, may allow an applicant who does  
7 not have reasonable access to a designated vendor to provide  
8 the applicant's fingerprints in an alternative manner. The  
9 Department may adopt any rules necessary to implement this  
10 Section.

11 Section 65. Fees; deposit of fees and fines.

12 (a) The fees for the administration and enforcement of  
13 this Act, including, but not limited to, fees for original  
14 licensure, renewal, and restoration, shall be set by rule. The  
15 fees shall not be refundable.

16 (b) All of the fees and fines collected under this Act  
17 shall be deposited into the Illinois State Medical  
18 Disciplinary Fund and be appropriated to the Department for  
19 the ordinary and contingent expenses of the Department in the  
20 administration and enforcement of this Act.

21 Section 70. Checks or order to Department dishonored  
22 because of insufficient funds. Any person who delivers a check  
23 or other payment to the Department that is returned to the  
24 Department unpaid by the financial institution upon which it

1 is drawn shall pay to the Department, in addition to the amount  
2 already owed to the Department, a fine of \$50. The fines  
3 imposed by this Section are in addition to any other  
4 discipline provided under this Act for unlicensed practice or  
5 practice on a nonrenewed license. The Department shall notify  
6 the person that payment of fees and fines shall be paid to the  
7 Department by certified check or money order within 30  
8 calendar days after the notification. If, after the expiration  
9 of 30 days after the date of the notification, the person has  
10 failed to submit the necessary remittance, the Department  
11 shall automatically terminate the license or deny the  
12 application, without hearing. If, after termination or denial,  
13 the person seeks a license, the person shall apply to the  
14 Department for restoration or issuance of the license and pay  
15 all fees and fines due to the Department. The Department may  
16 establish a fee for the processing of an application for  
17 restoration of a license to pay all expenses of processing  
18 this application. The Secretary may waive the fines due under  
19 this Section in individual cases in which the Secretary finds  
20 that the fines would be unreasonable or unnecessarily  
21 burdensome.

22 Section 75. Identification. No person may designate  
23 oneself as a certified anesthesiologist assistant, use or  
24 assume the title "certified anesthesiologist assistant", or  
25 append to the person's name the words or letters "certified

1 anesthesiologist assistant" or "C.A.A." or any other titles,  
2 letters, or designation that represents or may tend to  
3 represent the person as a certified anesthesiologist assistant  
4 unless the person is licensed as a certified anesthesiologist  
5 assistant by the Department. A certified anesthesiologist  
6 assistant shall be clearly identified as a certified  
7 anesthesiologist assistant.

8 Section 80. Unlicensed practice; violation; civil penalty.

9 (a) Any person who practices, offers to practice, attempts  
10 to practice, or holds oneself out to practice as a certified  
11 anesthesiologist assistant without being licensed under this  
12 Act shall, in addition to any other penalty provided by law,  
13 pay a civil penalty to the Department in an amount not to  
14 exceed \$10,000 for each offense as determined by the  
15 Department. The civil penalty shall be assessed by the  
16 Department after a hearing is held in accordance with the  
17 provisions set forth in this Act regarding the provision of a  
18 hearing for the discipline of a licensee.

19 (b) The Department has the authority and power to  
20 investigate any and all unlicensed activity.

21 (c) The civil penalty shall be paid within 60 days after  
22 the effective date of the order imposing the civil penalty.  
23 The order shall constitute a judgment and may be filed and  
24 execution had thereon in the same manner as any judgment from  
25 any court of record.

1           Section 85. Expiration and renewal of license. The  
2 expiration date and renewal period for each license issued  
3 under this Act shall be set by rule. Renewal shall be  
4 conditioned on paying the required fee and by meeting such  
5 other requirements as may be established by law or rule,  
6 including completion of continuing education.

7           Any certified anesthesiologist assistant who has permitted  
8 the license to expire or who has had the license on inactive  
9 status may have the license restored by making application to  
10 the Department and filing proof acceptable to the Department  
11 of the individual's fitness to have the license restored, and  
12 by paying the required fees. Proof of fitness may include  
13 sworn evidence certifying to active lawful practice in another  
14 jurisdiction.

15           If the certified anesthesiologist assistant has not  
16 maintained an active practice in another jurisdiction  
17 satisfactory to the Department, the Department shall  
18 determine, by an evaluation program established by rule, the  
19 individual's fitness for restoration of the license and shall  
20 establish procedures and requirements for such restoration.

21           However, any certified anesthesiologist assistant whose  
22 license expired while the individual was (i) in federal  
23 service on active duty with the Armed Forces of the United  
24 States, or the State Militia called into service or training,  
25 or (ii) in training or education under the supervision of the

1 United States preliminary to induction into the military  
2 service, may have the individual's license restored without  
3 paying any lapsed renewal fees if within 2 years after  
4 honorable termination of such service, training, or education  
5 the individual furnishes the Department with satisfactory  
6 evidence to the effect that the individual has been so engaged  
7 and that the individual's service, training, or education has  
8 been so terminated.

9 Section 90. Inactive status. Any certified  
10 anesthesiologist assistant who notifies the Department in  
11 writing on forms prescribed by the Department, may elect to  
12 place the license on an inactive status and shall, subject to  
13 rules of the Department, be excused from payment of renewal  
14 fees until the individual notifies the Department in writing  
15 of the individual's intention to restore the license.

16 Any certified anesthesiologist assistant requesting  
17 restoration from inactive status shall be required to pay the  
18 current renewal fee and shall be required to restore the  
19 license, as provided in Section 85.

20 Any certified anesthesiologist assistant whose license is  
21 in an inactive status shall not practice in this State.

22 Any certified anesthesiologist assistant who engages in  
23 practice while the license is lapsed or on inactive status  
24 shall be considered to be practicing without a license, which  
25 shall be grounds for discipline under Sections 80 and 95.



1 Section 95. Grounds for disciplinary action.

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

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

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

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

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

24 (5) Professional incompetence.

25 (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 certified anesthesiologist assistant's  
10 inability to practice with reasonable judgment, skill, or  
11 safety.

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

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

1           (12) A finding by the Board that the licensee, after  
2           having the licensee's license placed on probationary  
3           status has violated the terms of probation.

4           (13) Abandonment of a patient.

5           (14) Willfully making or filing false records or  
6           reports in the certified anesthesiologist assistant's  
7           practice, including, but not limited to, false records  
8           filed with State agencies or departments.

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

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

17          (17) 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          (18) Gross negligence resulting in the permanent  
25          injury or death of a patient.

26          (19) Employment of fraud, deception, or any unlawful

1 means in applying for or securing a license as a certified  
2 anesthesiologist assistant.

3 (20) Exceeding the authority delegated to the  
4 certified anesthesiologist assistant by the certified  
5 anesthesiologist assistant's supervising  
6 anesthesiologist.

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

10 (22) Violation of the Health Care Worker Self-Referral  
11 Act.

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

14 (24) Making a false or misleading statement regarding  
15 the certified anesthesiologist assistant's skill or the  
16 efficacy or value of the medicine, treatment, or remedy  
17 prescribed by the certified anesthesiologist assistant in  
18 the course of treatment.

19 (25) Allowing another person to use the certified  
20 anesthesiologist assistant's license to practice.

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

25 (27) Promotion of the sale of drugs, devices,  
26 appliances, or goods provided for a patient in a manner to

1 exploit the patient for financial gain.

2 (28) A pattern of practice or other behavior that  
3 demonstrates incapacity or incompetence to practice under  
4 this Act.

5 (29) Violating State or federal laws, rules, or  
6 regulations relating to controlled substances or other  
7 legend drugs or ephedra as defined in the Ephedra  
8 Prohibition Act.

9 (30) Failure to establish and maintain records of  
10 patient care and treatment as required by law.

11 (31) Attempting to subvert or cheat on the designated  
12 examination for licensure.

13 (32) Willfully or negligently violating the  
14 confidentiality between the certified anesthesiologist  
15 assistant and patient, except as required by law.

16 (33) Willfully failing to report an instance of  
17 suspected abuse, neglect, financial exploitation, or  
18 self-neglect of an eligible adult as defined in and  
19 required by the Adult Protective Services Act.

20 (34) Being named as an abuser in a verified report by  
21 the Department on Aging under the Adult Protective  
22 Services Act and upon proof by clear and convincing  
23 evidence that the licensee abused, neglected, or  
24 financially exploited an eligible adult as defined in the  
25 Adult Protective Services Act.

26 (35) Failure to report to the Department an adverse

1 final action taken against the certified anesthesiologist  
2 assistant by another licensing jurisdiction of the United  
3 States or a foreign state or country, a peer review body, a  
4 health care institution, a professional society or  
5 association, a governmental agency, a law enforcement  
6 agency, or a court for acts or conduct similar to acts or  
7 conduct that would constitute grounds for action under  
8 this Section.

9 (36) Failure to provide copies of records of patient  
10 care or treatment, except as required by law.

11 (37) Violating the Compassionate Use of Medical  
12 Cannabis Program Act.

13 (b) The Department may, without a hearing, refuse to issue  
14 or renew or may suspend the license of any person who (i) fails  
15 to file a return, or to pay the tax, penalty, or interest shown  
16 in a filed return, or to pay any final assessment of the tax,  
17 penalty, or interest as required by any tax Act administered  
18 by the Department of Revenue, until the requirements of any  
19 such tax Act are satisfied or (ii) fails to pay any  
20 court-ordered child support as determined by a court order or  
21 by referral from the Department of Healthcare and Family  
22 Services, until the requirements of any such court order are  
23 satisfied.

24 (c) The determination by a circuit court that a licensee  
25 is subject to involuntary admission or judicial admission as  
26 provided in the Mental Health and Developmental Disabilities

1 Code operates as an automatic suspension. The suspension will  
2 end only upon a finding by a court that the patient is no  
3 longer subject to involuntary admission or judicial admission  
4 and issues an order so finding and discharging the patient,  
5 and upon the recommendation of the Board to the Secretary that  
6 the licensee be allowed to resume the licensee's practice.

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

14 The Department shall specifically designate the examining  
15 physician licensed to practice medicine in all of its branches  
16 or, if applicable, the multidisciplinary team involved in  
17 providing the mental or physical examination or both. The  
18 multidisciplinary team shall be led by a physician licensed to  
19 practice medicine in all of its branches and may consist of one  
20 or more or a combination of physicians licensed to practice  
21 medicine in all of its branches, licensed clinical  
22 psychologists, licensed clinical social workers, licensed  
23 clinical professional counselors, and other professional and  
24 administrative staff. Any examining physician or member of the  
25 multidisciplinary team may require any person ordered to  
26 submit to an examination pursuant to this Section to submit to

1 any additional supplemental testing deemed necessary to  
2 complete any examination or evaluation process, including, but  
3 not limited to, blood testing, urinalysis, psychological  
4 testing, or neuropsychological testing.

5 The Department may order the examining physician or any  
6 member of the multidisciplinary team to provide to the  
7 Department any and all records, including business records,  
8 that relate to the examination and evaluation, including any  
9 supplemental testing performed.

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

24 The individual to be examined may have, at the  
25 individual's own expense, another physician of the  
26 individual's choice present during all aspects of this



1 examination. However, that physician shall be present only to  
2 observe and may not interfere in any way with the examination.

3 Failure of an individual to submit to a mental or physical  
4 examination, when ordered, shall result in an automatic  
5 suspension of the individual's license until the individual  
6 submits to the examination.

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

23 In instances in which the Secretary immediately suspends  
24 an individual's license under this Section, a hearing on that  
25 individual's license must be convened by the Department within  
26 30 days after the suspension and completed without appreciable

1 delay. The Department shall have the authority to review the  
2 subject individual's record of treatment and counseling  
3 regarding the impairment to the extent permitted by applicable  
4 federal statutes and regulations safeguarding the  
5 confidentiality of medical records.

6 An individual licensed under this Act and affected under  
7 this Section shall be afforded an opportunity to demonstrate  
8 to the Department that the individual can resume practice in  
9 compliance with acceptable and prevailing standards under the  
10 provisions of the individual's license.

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

19 (f) Members of the Board shall be indemnified by the State  
20 for any actions occurring within the scope of services of the  
21 Board, done in good faith and not willful and wanton in nature.  
22 The Attorney General shall defend all such actions unless the  
23 Attorney General determines either that there would be a  
24 conflict of interest in such representation or that the  
25 actions complained of were not in good faith or were willful  
26 and wanton.

1           If the Attorney General declines representation, the  
2 member has the right to employ counsel of the member's choice,  
3 whose fees shall be provided by the State, after approval by  
4 the Attorney General, unless there is a determination by a  
5 court that the member's actions were not in good faith or were  
6 willful and wanton.

7           The member must notify the Attorney General within 7 days  
8 after receipt of notice of the initiation of any action  
9 involving services of the Board. Failure to so notify the  
10 Attorney General constitutes an absolute waiver of the right  
11 to a defense and indemnification.

12           The Attorney General shall determine, within 7 days after  
13 receiving such notice, whether the Attorney General will  
14 undertake to represent the member.

15           Section 100. Continuing education. The Department shall  
16 adopt rules for continuing education for persons licensed  
17 under this Act. The continuing education rules shall ensure  
18 that licensees are given the opportunity to participate in  
19 programs sponsored by or through their State or national  
20 professional organizations, hospitals, or other providers of  
21 continuing education. The rules shall also address waivers in  
22 part or in whole for good cause, including, but not limited to,  
23 illness or hardship. Each licensee is responsible for  
24 maintaining records of completion of continuing education and  
25 shall be prepared to produce the records when requested by the

1 Department.

2 Section 105. Violations; injunction; cease and desist  
3 order.

4 (a) If any person violates the provisions of this Act, the  
5 Secretary may, in the name of the People of the State of  
6 Illinois, through the Attorney General, petition for an order  
7 enjoining such violation or for an order enforcing compliance  
8 with this Act. Upon the filing of a verified petition, the  
9 court with appropriate jurisdiction may issue a temporary  
10 restraining order without notice or bond, and may  
11 preliminarily and permanently enjoin such violation. If it is  
12 established that such person has violated or is violating the  
13 injunction, the court may punish the offender for contempt of  
14 court. Proceedings under this Section shall be in addition to  
15 all other remedies and penalties provided by this Act.

16 (b) Whenever, in the opinion of the Department, a person  
17 violates any provision of this Act, the Department may issue a  
18 rule to show cause why an order to cease and desist should not  
19 be entered against such person. The rule shall clearly set  
20 forth the grounds relied upon by the Department and shall  
21 allow at least 7 days from the date of the rule to file an  
22 answer satisfactory to the Department. Failure to answer to  
23 the satisfaction of the Department shall cause an order to  
24 cease and desist to be issued.

1 Section 110. Investigations; notice and hearing.

2 (a) The Department may investigate the actions of any  
3 applicant or of any person holding or claiming to hold a  
4 license under this Act.

5 (b) The Department shall, before disciplining an applicant  
6 or licensee, at least 30 days prior to the date set for the  
7 hearing: (i) notify, in writing, the accused of the charges  
8 made and the time and place for the hearing on the charges,  
9 (ii) direct the person to file a written answer to the charges  
10 under oath within 20 days after the service of the notice, and  
11 (iii) inform the applicant or licensee that failure to file an  
12 answer will result in a default being entered against the  
13 applicant or licensee.

14 (c) Written or electronic notice, and any notice in the  
15 subsequent proceeding, may be served by personal delivery, by  
16 email, or by mail to the applicant or licensee at the  
17 applicant's or licensee's address of record or email address  
18 of record.

19 (d) At the time and place fixed in the notice, the Board or  
20 hearing officer appointed by the Secretary shall proceed to  
21 hear the charges and the parties or their counsel shall be  
22 accorded ample opportunity to present any statements,  
23 testimony, evidence, and argument as may be pertinent to the  
24 charges or to their defense. The Board or hearing officer may  
25 continue the hearing from time to time.

26 (e) In case the person, after receiving the notice, fails

1 to file an answer, the person's license may, in the discretion  
2 of the Secretary, having first received the recommendation of  
3 the Board, be suspended, revoked, or placed on probationary  
4 status, or be subject to whatever disciplinary action the  
5 Secretary deems proper, including limiting the scope, nature,  
6 or extent of the person's practice or the imposition of a fine,  
7 without hearing, if the act or acts charged constitute  
8 sufficient grounds for that action under the Act.

9 Section 115. Record of proceedings; transcript. The  
10 Department, at its expense, shall preserve a record of all  
11 proceedings at the formal hearing of any case. The notice of  
12 hearing, complaint, all other documents in the nature of  
13 pleadings, written motions filed in the proceedings, the  
14 transcript of testimony, the report of the Board, and orders  
15 of the Department shall be in the record of such proceeding.  
16 The Department shall furnish a copy of the record to any person  
17 upon payment of the fee required under Section 2105-115 of the  
18 Department of Professional Regulation Law.

19 Section 120. Subpoenas; depositions; oaths. The Department  
20 shall have the power to subpoena and to bring before it any  
21 person and to take testimony either orally or by deposition,  
22 or both, with the same fees and mileage and in the same manner  
23 as prescribed in civil cases in the courts of this State.

24 The Secretary, the designated hearing officer, and every

1 member of the Board shall have power to administer oaths to  
2 witnesses at any hearing which the Department is authorized to  
3 conduct, and any other oath authorized in any Act administered  
4 by the Department.

5 Section 125. Compelling testimony. Any court, upon  
6 application of the Department, designated hearing officer, or  
7 the applicant or licensee against whom proceedings under this  
8 Act are pending, may enter an order requiring the attendance  
9 of witnesses and their testimony, and the production of  
10 papers, files, books, and records in connection with any  
11 hearing or investigation. The court may compel obedience to  
12 its order by proceedings for contempt.

13 Section 130. Findings and recommendations. At the  
14 conclusion of the hearing, the Board shall present to the  
15 Secretary a written report of its findings of fact,  
16 conclusions of law, and recommendations. The report shall  
17 contain a finding whether or not the licensee violated this  
18 Act or failed to comply with the conditions required in this  
19 Act. The Board shall specify the nature of the violation or  
20 failure to comply, and shall make its recommendations to the  
21 Secretary.

22 Section 135. Hearing; motion for rehearing.

23 (a) The Board or hearing officer appointed by the

1 Secretary shall hear evidence in support of the formal charges  
2 and evidence produced by the licensee. At the conclusion of  
3 the hearing, the Board shall present to the Secretary a  
4 written report of its findings of fact, conclusions of law,  
5 and recommendations.

6 (b) At the conclusion of the hearing, a copy of the hearing  
7 officer's or Board's report shall be served upon the applicant  
8 or licensee by the Department, either personally or as  
9 provided in this Act for the service of the notice of hearing.  
10 Within 20 calendar days after service, the applicant or  
11 licensee may present to the Secretary a motion in writing for a  
12 rehearing which shall specify the particular grounds for  
13 rehearing. The Department may respond to the motion for  
14 rehearing within 20 calendar days after its service on the  
15 Department. If no motion for rehearing is filed, then upon the  
16 expiration of the time specified for filing such a motion, or  
17 upon denial of a motion for rehearing, the Secretary may enter  
18 an order in accordance with the recommendations of the Board  
19 or hearing officer. If the applicant or licensee orders from  
20 the reporting service and pays for a transcript of the record  
21 within the time for filing a motion for rehearing, the 20-day  
22 period within which a motion may be filed shall commence upon  
23 the delivery of the transcript to the applicant or licensee.

24 (c) If the Secretary disagrees in any regard with the  
25 report of the Board, the Secretary may issue an order contrary  
26 to the report.



1           (d) Whenever the Secretary is not satisfied that  
2 substantial justice has been done, the Secretary may order a  
3 rehearing by the same or another hearing officer.

4           (e) At any point in any investigation or disciplinary  
5 proceeding provided for in this Act, both parties may agree to  
6 a negotiated consent order. The consent order shall be final  
7 upon signature of the Secretary.

8           Section 140. Appointment of a hearing officer.  
9 Notwithstanding any other provision of this Act, the Secretary  
10 has the authority to appoint any attorney duly licensed to  
11 practice law in the State of Illinois to serve as the hearing  
12 officer in any action for refusal to issue or renew a license  
13 or to discipline a licensee. The hearing officer shall have  
14 full authority to conduct the hearing. The hearing officer  
15 shall report the hearing officer's findings of fact,  
16 conclusions of law, and recommendations to the Board.

17           Section 145. Order or certified copy thereof; prima facie  
18 proof. An order or a certified copy thereof, over the seal of  
19 the Department and purporting to be signed by the Secretary,  
20 shall be prima facie proof that:

21           (1) such signature is the genuine signature of the  
22 Secretary;

23           (2) such Secretary is duly appointed and qualified;  
24 and

1           (3) the Board and the members thereof are qualified to  
2           act.

3           Section 150. Restoration. At any time after the successful  
4           completion of the minimum term of probation, suspension, or  
5           revocation of any license, the Department may restore the  
6           license to the licensee upon the written recommendation of the  
7           Board unless after an investigation and hearing the Board or  
8           Secretary determines that restoration is not in the public  
9           interest. Where circumstances of suspension or revocation so  
10          indicate, the Secretary may require an examination of the  
11          licensee prior to restoring the license. No person whose  
12          license has been revoked as authorized in this Act may apply  
13          for restoration of that license until such time as provided  
14          for in the Civil Administrative Code of Illinois.

15          Section 155. Surrender of license. Upon the revocation or  
16          suspension of any license, the licensee shall immediately  
17          surrender the license to the Department. If the licensee fails  
18          to do so, the Department shall have the right to seize the  
19          license.

20          Section 160. Summary suspension of a license. The  
21          Secretary may summarily suspend the license of a certified  
22          anesthesiologist assistant without a hearing simultaneously  
23          with the institution of proceedings for a hearing provided for

1 in this Act if the Secretary finds that evidence in the  
2 Secretary's possession indicates that a licensee's  
3 continuation in practice would constitute an imminent danger  
4 to the public. In the event the Secretary summarily suspends  
5 such license without a hearing, a hearing by the Board or  
6 hearing officer shall be commenced within 30 calendar days  
7 after the suspension has occurred.

8 Section 165. Administrative review.

9 (a) All final administrative decisions of the Secretary  
10 are subject to judicial review pursuant to the Administrative  
11 Review Law and all rules adopted pursuant thereto. The term  
12 "administrative decision" is defined as in Section 3-101 of  
13 the Code of Civil Procedure.

14 (b) Proceedings for judicial review shall be commenced in  
15 the circuit court of the county in which the party applying for  
16 review resides, but if the party is not a resident of Illinois,  
17 the venue shall be in Sangamon County.

18 Section 170. Certification of record; costs. The  
19 Department shall not be required to certify any record to the  
20 court, to file an answer in court, or to otherwise appear in  
21 any court in a judicial review proceeding, unless and until  
22 the Department has received from the plaintiff payment of the  
23 cost of furnishing and certifying the record, which costs  
24 shall be determined by the Department. Failure on the part of

1 the plaintiff to file a receipt in court shall be grounds for  
2 dismissal of the action.

3 Section 175. Confidentiality. All information collected by  
4 the Department in the course of an examination or  
5 investigation of a licensee or applicant, including, but not  
6 limited to, any complaint against a licensee filed with the  
7 Department and information collected to investigate any such  
8 complaint, shall be maintained for the confidential use of the  
9 Department and shall not be disclosed. The Department may not  
10 disclose the information to anyone other than law enforcement  
11 officials, other regulatory agencies that have an appropriate  
12 regulatory interest as determined by the Secretary, or a party  
13 presenting a lawful subpoena to the Department. Information  
14 and documents disclosed to a federal, State, county, or local  
15 law enforcement agency shall not be disclosed by the agency  
16 for any purpose to any other agency or person. A formal  
17 complaint filed against a licensee by the Department or any  
18 order issued by the Department against a licensee or applicant  
19 shall be a public record, except as otherwise prohibited by  
20 law.

21 Section 180. Illinois Administrative Procedure Act. The  
22 Illinois Administrative Procedure Act is hereby expressly  
23 adopted and incorporated herein as if all of the provisions of  
24 that Act were included in this Act, except that the provision

1 of subsection (d) of Section 10-65 of the Illinois  
2 Administrative Procedure Act that provides that at hearings  
3 the licensee has the right to show compliance with all lawful  
4 requirements for retention, continuation, or renewal of the  
5 license is specifically excluded.

6 Section 185. Home rule. It is declared to be the public  
7 policy of this State, pursuant to paragraph (h) of Section 6 of  
8 Article VII of the Illinois Constitution of 1970, that any  
9 power or function set forth in this Act to be exercised by the  
10 State is an exclusive State power or function. Such power or  
11 function shall not be exercised concurrently, either directly  
12 or indirectly, by any unit of local government, including home  
13 rule units, except as otherwise provided in this Act.

14 "Section 900. The Regulatory Sunset Act is amended by  
15 changing Section 4.38 as follows:

16 (5 ILCS 80/4.38)

17 Sec. 4.38. Acts repealed on January 1, 2028. The following  
18 Acts are repealed on January 1, 2028:

19 The Acupuncture Practice Act.

20 The Behavior Analyst Licensing Act.

21 The Certified Anesthesiologist Assistant Practice Act.

22 The Clinical Social Work and Social Work Practice Act.

23 The Dietitian Nutritionist Practice Act.

1 The Elevator Safety and Regulation Act.

2 The Fire Equipment Distributor and Employee Regulation Act  
3 of 2011.

4 The Funeral Directors and Embalmers Licensing Code.

5 The Home Medical Equipment and Services Provider License  
6 Act.

7 The Illinois Petroleum Education and Marketing Act.

8 The Illinois Speech-Language Pathology and Audiology  
9 Practice Act.

10 The Interpreter for the Deaf Licensure Act of 2007.

11 The Music Therapy Licensing and Practice Act.

12 The Naprapathic Practice Act.

13 The Nurse Practice Act.

14 The Nursing Home Administrators Licensing and Disciplinary  
15 Act.

16 The Pharmacy Practice Act.

17 The Physician Assistant Practice Act of 1987.

18 The Podiatric Medical Practice Act of 1987.

19 The Professional Counselor and Clinical Professional  
20 Counselor Licensing and Practice Act.

21 The Wholesale Drug Distribution Licensing Act.

22 (Source: P.A. 102-715, eff. 4-29-22; 102-878, eff. 5-13-22;  
23 102-879, eff. 5-13-22; 102-880, eff. 5-13-22; 102-881, eff.  
24 5-13-22; 102-882, eff. 5-13-22; 102-945, eff. 5-27-22;  
25 102-953, eff. 5-27-22; 102-993, eff. 5-27-22; revised  
26 7-27-22.)".

1           Section 905. The Ambulatory Surgical Treatment Center Act  
2 is amended by changing Section 6.5 as follows:

3           (210 ILCS 5/6.5)

4           Sec. 6.5. Clinical privileges; advanced practice  
5 registered nurses. All ambulatory surgical treatment centers  
6 (ASTC) licensed under this Act shall comply with the following  
7 requirements:

8           (1) No ASTC policy, rule, regulation, or practice  
9 shall be inconsistent with the provision of adequate  
10 collaboration and consultation in accordance with Section  
11 54.5 of the Medical Practice Act of 1987.

12           (2) Operative surgical procedures shall be performed  
13 only by a physician licensed to practice medicine in all  
14 its branches under the Medical Practice Act of 1987, a  
15 dentist licensed under the Illinois Dental Practice Act,  
16 or a podiatric physician licensed under the Podiatric  
17 Medical Practice Act of 1987, with medical staff  
18 membership and surgical clinical privileges granted by the  
19 consulting committee of the ASTC. A licensed physician,  
20 dentist, or podiatric physician may be assisted by a  
21 physician licensed to practice medicine in all its  
22 branches, dentist, dental assistant, podiatric physician,  
23 licensed advanced practice registered nurse, licensed  
24 physician assistant, licensed registered nurse, licensed

1 practical nurse, surgical assistant, surgical technician,  
2 licensed certified anesthesiologist assistant, or other  
3 individuals granted clinical privileges to assist in  
4 surgery by the consulting committee of the ASTC. Payment  
5 for services rendered by an assistant in surgery who is  
6 not an ambulatory surgical treatment center employee shall  
7 be paid at the appropriate non-physician modifier rate if  
8 the payor would have made payment had the same services  
9 been provided by a physician.

10 (2.5) A registered nurse licensed under the Nurse  
11 Practice Act and qualified by training and experience in  
12 operating room nursing shall be present in the operating  
13 room and function as the circulating nurse during all  
14 invasive or operative procedures. For purposes of this  
15 paragraph (2.5), "circulating nurse" means a registered  
16 nurse who is responsible for coordinating all nursing  
17 care, patient safety needs, and the needs of the surgical  
18 team in the operating room during an invasive or operative  
19 procedure.

20 (3) An advanced practice registered nurse is not  
21 required to possess prescriptive authority or a written  
22 collaborative agreement meeting the requirements of the  
23 Nurse Practice Act to provide advanced practice registered  
24 nursing services in an ambulatory surgical treatment  
25 center. An advanced practice registered nurse must possess  
26 clinical privileges granted by the consulting medical



1 staff committee and ambulatory surgical treatment center  
2 in order to provide services. Individual advanced practice  
3 registered nurses may also be granted clinical privileges  
4 to order, select, and administer medications, including  
5 controlled substances, to provide delineated care. The  
6 attending physician must determine the advanced practice  
7 registered nurse's role in providing care for his or her  
8 patients, except as otherwise provided in the consulting  
9 staff policies. The consulting medical staff committee  
10 shall periodically review the services of advanced  
11 practice registered nurses granted privileges.

12 (4) The anesthesia service shall be under the  
13 direction of a physician licensed to practice medicine in  
14 all its branches who has had specialized preparation or  
15 experience in the area or who has completed a residency in  
16 anesthesiology. An anesthesiologist, Board certified or  
17 Board eligible, is recommended. Anesthesia services may  
18 only be administered pursuant to the order of a physician  
19 licensed to practice medicine in all its branches,  
20 licensed dentist, or licensed podiatric physician.

21 (A) The individuals who, with clinical privileges  
22 granted by the medical staff and ASTC, may administer  
23 anesthesia services are limited to the following:

24 (i) an anesthesiologist; or

25 (ii) a physician licensed to practice medicine  
26 in all its branches; or

1 (iii) a dentist with authority to administer  
2 anesthesia under Section 8.1 of the Illinois  
3 Dental Practice Act; or

4 (iv) a licensed certified registered nurse  
5 anesthetist; or

6 (v) a podiatric physician licensed under the  
7 Podiatric Medical Practice Act of 1987; ~~or-~~

8 (vi) a licensed certified anesthesiologist  
9 assistant under the supervision of an  
10 anesthesiologist.

11 (B) For anesthesia services, an anesthesiologist  
12 shall participate through discussion of and agreement  
13 with the anesthesia plan and shall remain physically  
14 present and be available on the premises during the  
15 delivery of anesthesia services for diagnosis,  
16 consultation, and treatment of emergency medical  
17 conditions. In the absence of 24-hour availability of  
18 anesthesiologists with clinical privileges, an  
19 alternate policy (requiring participation, presence,  
20 and availability of a physician licensed to practice  
21 medicine in all its branches) shall be developed by  
22 the medical staff consulting committee in consultation  
23 with the anesthesia service and included in the  
24 medical staff consulting committee policies.

25 (C) A certified registered nurse anesthetist is  
26 not required to possess prescriptive authority or a

1 written collaborative agreement meeting the  
2 requirements of Section 65-35 of the Nurse Practice  
3 Act to provide anesthesia services ordered by a  
4 licensed physician, dentist, or podiatric physician.  
5 Licensed certified registered nurse anesthetists are  
6 authorized to select, order, and administer drugs and  
7 apply the appropriate medical devices in the provision  
8 of anesthesia services under the anesthesia plan  
9 agreed with by the anesthesiologist or, in the absence  
10 of an available anesthesiologist with clinical  
11 privileges, agreed with by the operating physician,  
12 operating dentist, or operating podiatric physician in  
13 accordance with the medical staff consulting committee  
14 policies of a licensed ambulatory surgical treatment  
15 center.

16 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

17 Section 910. The Hospital Licensing Act is amended by  
18 changing Section 10.7 as follows:

19 (210 ILCS 85/10.7)

20 Sec. 10.7. Clinical privileges; advanced practice  
21 registered nurses. All hospitals licensed under this Act  
22 shall comply with the following requirements:

23 (1) No hospital policy, rule, regulation, or practice  
24 shall be inconsistent with the provision of adequate

1 collaboration and consultation in accordance with Section  
2 54.5 of the Medical Practice Act of 1987.

3 (2) Operative surgical procedures shall be performed  
4 only by a physician licensed to practice medicine in all  
5 its branches under the Medical Practice Act of 1987, a  
6 dentist licensed under the Illinois Dental Practice Act,  
7 or a podiatric physician licensed under the Podiatric  
8 Medical Practice Act of 1987, with medical staff  
9 membership and surgical clinical privileges granted at the  
10 hospital. A licensed physician, dentist, or podiatric  
11 physician may be assisted by a physician licensed to  
12 practice medicine in all its branches, dentist, dental  
13 assistant, podiatric physician, licensed advanced practice  
14 registered nurse, licensed physician assistant, licensed  
15 registered nurse, licensed practical nurse, surgical  
16 assistant, surgical technician, licensed certified  
17 anesthesiologist assistant, or other individuals granted  
18 clinical privileges to assist in surgery at the hospital.  
19 Payment for services rendered by an assistant in surgery  
20 who is not a hospital employee shall be paid at the  
21 appropriate non-physician modifier rate if the payor would  
22 have made payment had the same services been provided by a  
23 physician.

24 (2.5) A registered nurse licensed under the Nurse  
25 Practice Act and qualified by training and experience in  
26 operating room nursing shall be present in the operating

1 room and function as the circulating nurse during all  
2 invasive or operative procedures. For purposes of this  
3 paragraph (2.5), "circulating nurse" means a registered  
4 nurse who is responsible for coordinating all nursing  
5 care, patient safety needs, and the needs of the surgical  
6 team in the operating room during an invasive or operative  
7 procedure.

8 (3) An advanced practice registered nurse is not  
9 required to possess prescriptive authority or a written  
10 collaborative agreement meeting the requirements of the  
11 Nurse Practice Act to provide advanced practice registered  
12 nursing services in a hospital. An advanced practice  
13 registered nurse must possess clinical privileges  
14 recommended by the medical staff and granted by the  
15 hospital in order to provide services. Individual advanced  
16 practice registered nurses may also be granted clinical  
17 privileges to order, select, and administer medications,  
18 including controlled substances, to provide delineated  
19 care. The attending physician must determine the advanced  
20 practice registered nurse's role in providing care for his  
21 or her patients, except as otherwise provided in medical  
22 staff bylaws. The medical staff shall periodically review  
23 the services of advanced practice registered nurses  
24 granted privileges. This review shall be conducted in  
25 accordance with item (2) of subsection (a) of Section 10.8  
26 of this Act for advanced practice registered nurses

1 employed by the hospital.

2 (4) The anesthesia service shall be under the  
3 direction of a physician licensed to practice medicine in  
4 all its branches who has had specialized preparation or  
5 experience in the area or who has completed a residency in  
6 anesthesiology. An anesthesiologist, Board certified or  
7 Board eligible, is recommended. Anesthesia services may  
8 only be administered pursuant to the order of a physician  
9 licensed to practice medicine in all its branches,  
10 licensed dentist, or licensed podiatric physician.

11 (A) The individuals who, with clinical privileges  
12 granted at the hospital, may administer anesthesia  
13 services are limited to the following:

14 (i) an anesthesiologist; or

15 (ii) a physician licensed to practice medicine  
16 in all its branches; or

17 (iii) a dentist with authority to administer  
18 anesthesia under Section 8.1 of the Illinois  
19 Dental Practice Act; or

20 (iv) a licensed certified registered nurse  
21 anesthetist; or

22 (v) a podiatric physician licensed under the  
23 Podiatric Medical Practice Act of 1987; ~~or-~~

24 (vi) a licensed certified anesthesiologist  
25 assistant under the supervision of an  
26 anesthesiologist.

1           (B) For anesthesia services, an anesthesiologist  
2 shall participate through discussion of and agreement  
3 with the anesthesia plan and shall remain physically  
4 present and be available on the premises during the  
5 delivery of anesthesia services for diagnosis,  
6 consultation, and treatment of emergency medical  
7 conditions. In the absence of 24-hour availability of  
8 anesthesiologists with medical staff privileges, an  
9 alternate policy (requiring participation, presence,  
10 and availability of a physician licensed to practice  
11 medicine in all its branches) shall be developed by  
12 the medical staff and licensed hospital in  
13 consultation with the anesthesia service.

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

1 operating dentist, or operating podiatric physician in  
2 accordance with the hospital's alternative policy.  
3 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

4 Section 915. The Medical Practice Act of 1987 is amended  
5 by changing Sections 7.1 and 54.5 and by adding Section 54.7 as  
6 follows:

7 (225 ILCS 60/7.1)

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

9 Sec. 7.1. Medical Board.

10 (A) There is hereby created the Illinois State Medical  
11 Board. The Medical Board shall consist of 18 ~~17~~ members, to be  
12 appointed by the Governor by and with the advice and consent of  
13 the Senate. All members shall be residents of the State, not  
14 more than 9 ~~8~~ of whom shall be members of the same political  
15 party. All members shall be voting members. Eight members  
16 shall be physicians licensed to practice medicine in all of  
17 its branches in Illinois possessing the degree of doctor of  
18 medicine. Two members shall be physicians licensed to practice  
19 medicine in all its branches in Illinois possessing the degree  
20 of doctor of osteopathy or osteopathic medicine. Two of the  
21 physician members shall be physicians who collaborate with  
22 physician assistants. Two members shall be chiropractic  
23 physicians licensed to practice in Illinois and possessing the  
24 degree of doctor of chiropractic. Two members shall be



1 physician assistants licensed to practice in Illinois. One  
2 member shall be a certified anesthesiologist assistant  
3 licensed to practice in Illinois. Three members shall be  
4 members of the public, who shall not be engaged in any way,  
5 directly or indirectly, as providers of health care.

6 (B) Members of the Medical Board shall be appointed for  
7 terms of 4 years. Upon the expiration of the term of any  
8 member, their successor shall be appointed for a term of 4  
9 years by the Governor by and with the advice and consent of the  
10 Senate. The Governor shall fill any vacancy for the remainder  
11 of the unexpired term with the advice and consent of the  
12 Senate. Upon recommendation of the Medical Board, any member  
13 of the Medical Board may be removed by the Governor for  
14 misfeasance, malfeasance, or willful neglect of duty, after  
15 notice, and a public hearing, unless such notice and hearing  
16 shall be expressly waived in writing. Each member shall serve  
17 on the Medical Board until their successor is appointed and  
18 qualified. No member of the Medical Board shall serve more  
19 than 2 consecutive 4-year terms.

20 In making appointments the Governor shall attempt to  
21 ensure that the various social and geographic regions of the  
22 State of Illinois are properly represented.

23 In making the designation of persons to act for the  
24 several professions represented on the Medical Board, the  
25 Governor shall give due consideration to recommendations by  
26 members of the respective professions and by organizations

1       therein.

2           (C) The Medical Board shall annually elect one of its  
3 voting members as chairperson and one as vice chairperson. No  
4 officer shall be elected more than twice in succession to the  
5 same office. Each officer shall serve until their successor  
6 has been elected and qualified.

7           (D) A majority of the Medical Board members currently  
8 appointed shall constitute a quorum. A vacancy in the  
9 membership of the Medical Board shall not impair the right of a  
10 quorum to exercise all the rights and perform all the duties of  
11 the Medical Board. Any action taken by the Medical Board under  
12 this Act may be authorized by resolution at any regular or  
13 special meeting and each such resolution shall take effect  
14 immediately. The Medical Board shall meet at least quarterly.

15           (E) Each member shall be paid their necessary expenses  
16 while engaged in the performance of their duties.

17           (F) The Secretary shall select a Chief Medical Coordinator  
18 and not less than 2 Deputy Medical Coordinators who shall not  
19 be members of the Medical Board. Each medical coordinator  
20 shall be a physician licensed to practice medicine in all of  
21 its branches, and the Secretary shall set their rates of  
22 compensation. The Secretary shall assign at least one medical  
23 coordinator to a region composed of Cook County and such other  
24 counties as the Secretary may deem appropriate, and such  
25 medical coordinator or coordinators shall locate their office  
26 in Chicago. The Secretary shall assign at least one medical

1 coordinator to a region composed of the balance of counties in  
2 the State, and such medical coordinator or coordinators shall  
3 locate their office in Springfield. The Chief Medical  
4 Coordinator shall be the chief enforcement officer of this  
5 Act. None of the functions, powers, or duties of the  
6 Department with respect to policies regarding enforcement or  
7 discipline under this Act, including the adoption of such  
8 rules as may be necessary for the administration of this Act,  
9 shall be exercised by the Department except upon review of the  
10 Medical Board.

11 (G) The Secretary shall employ, in conformity with the  
12 Personnel Code, investigators who are college graduates with  
13 at least 2 years of investigative experience or one year of  
14 advanced medical education. Upon the written request of the  
15 Medical Board, the Secretary shall employ, in conformity with  
16 the Personnel Code, such other professional, technical,  
17 investigative, and clerical help, either on a full or  
18 part-time basis as the Medical Board deems necessary for the  
19 proper performance of its duties.

20 (H) Upon the specific request of the Medical Board, signed  
21 by either the chairperson, vice chairperson, or a medical  
22 coordinator of the Medical Board, the Department of Human  
23 Services, the Department of Healthcare and Family Services,  
24 the Department of State Police, or any other law enforcement  
25 agency located in this State shall make available any and all  
26 information that they have in their possession regarding a

1 particular case then under investigation by the Medical Board.

2 (I) Members of the Medical Board shall be immune from suit  
3 in any action based upon any disciplinary proceedings or other  
4 acts performed in good faith as members of the Medical Board.

5 (J) The Medical Board may compile and establish a  
6 statewide roster of physicians and other medical  
7 professionals, including the several medical specialties, of  
8 such physicians and medical professionals, who have agreed to  
9 serve from time to time as advisors to the medical  
10 coordinators. Such advisors shall assist the medical  
11 coordinators or the Medical Board in their investigations and  
12 participation in complaints against physicians. Such advisors  
13 shall serve under contract and shall be reimbursed at a  
14 reasonable rate for the services provided, plus reasonable  
15 expenses incurred. While serving in this capacity, the  
16 advisor, for any act undertaken in good faith and in the  
17 conduct of his or her duties under this Section, shall be  
18 immune from civil suit.

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

20 (225 ILCS 60/54.5)

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

22 Sec. 54.5. Physician delegation of authority to physician  
23 assistants, certified anesthesiologist assistants, advanced  
24 practice registered nurses without full practice authority,  
25 and prescribing psychologists.

1           (a) Physicians licensed to practice medicine in all its  
2 branches may delegate care and treatment responsibilities to a  
3 physician assistant under guidelines in accordance with the  
4 requirements of the Physician Assistant Practice Act of 1987.  
5 A physician licensed to practice medicine in all its branches  
6 may enter into collaborative agreements with no more than 7  
7 full-time equivalent physician assistants, except in a  
8 hospital, hospital affiliate, or ambulatory surgical treatment  
9 center as set forth by Section 7.7 of the Physician Assistant  
10 Practice Act of 1987 and as provided in subsection (a-5).

11           (a-5) A physician licensed to practice medicine in all its  
12 branches may collaborate with more than 7 physician assistants  
13 when the services are provided in a federal primary care  
14 health professional shortage area with a Health Professional  
15 Shortage Area score greater than or equal to 12, as determined  
16 by the United States Department of Health and Human Services.

17           The collaborating physician must keep appropriate  
18 documentation of meeting this exemption and make it available  
19 to the Department upon request.

20           (b) A physician licensed to practice medicine in all its  
21 branches in active clinical practice may collaborate with an  
22 advanced practice registered nurse in accordance with the  
23 requirements of the Nurse Practice Act. Collaboration is for  
24 the purpose of providing medical consultation, and no  
25 employment relationship is required. A written collaborative  
26 agreement shall conform to the requirements of Section 65-35

1 of the Nurse Practice Act. The written collaborative agreement  
2 shall be for services in the same area of practice or specialty  
3 as the collaborating physician in his or her clinical medical  
4 practice. A written collaborative agreement shall be adequate  
5 with respect to collaboration with advanced practice  
6 registered nurses if all of the following apply:

7 (1) The agreement is written to promote the exercise  
8 of professional judgment by the advanced practice  
9 registered nurse commensurate with his or her education  
10 and experience.

11 (2) The advanced practice registered nurse provides  
12 services based upon a written collaborative agreement with  
13 the collaborating physician, except as set forth in  
14 subsection (b-5) of this Section. With respect to labor  
15 and delivery, the collaborating physician must provide  
16 delivery services in order to participate with a certified  
17 nurse midwife.

18 (3) Methods of communication are available with the  
19 collaborating physician in person or through  
20 telecommunications for consultation, collaboration, and  
21 referral as needed to address patient care needs.

22 (b-5) An anesthesiologist or physician licensed to  
23 practice medicine in all its branches may collaborate with a  
24 certified registered nurse anesthetist in accordance with  
25 Section 65-35 of the Nurse Practice Act for the provision of  
26 anesthesia services. With respect to the provision of

1 anesthesia services, the collaborating anesthesiologist or  
2 physician shall have training and experience in the delivery  
3 of anesthesia services consistent with Department rules.  
4 Collaboration shall be adequate if:

5 (1) an anesthesiologist or a physician participates in  
6 the joint formulation and joint approval of orders or  
7 guidelines and periodically reviews such orders and the  
8 services provided patients under such orders; and

9 (2) for anesthesia services, the anesthesiologist or  
10 physician participates through discussion of and agreement  
11 with the anesthesia plan and is physically present and  
12 available on the premises during the delivery of  
13 anesthesia services for diagnosis, consultation, and  
14 treatment of emergency medical conditions. Anesthesia  
15 services in a hospital shall be conducted in accordance  
16 with Section 10.7 of the Hospital Licensing Act and in an  
17 ambulatory surgical treatment center in accordance with  
18 Section 6.5 of the Ambulatory Surgical Treatment Center  
19 Act.

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

23 (b-15) Under delegation from a supervising  
24 anesthesiologist, a certified anesthesiologist assistant  
25 licensed under the Certified Anesthesiologist Assistant  
26 Practice Act is authorized to select, order, and administer

1 drugs, performing skill sets within the scope of the certified  
2 anesthesiologist assistant's education and training, and apply  
3 the appropriate medical devices in the provision of anesthesia  
4 services under the anesthesia plan agreed to by the  
5 supervising anesthesiologist.

6 (c) The collaborating physician shall have access to the  
7 medical records of all patients attended by a physician  
8 assistant. The collaborating physician shall have access to  
9 the medical records of all patients attended to by an advanced  
10 practice registered nurse.

11 (d) (Blank).

12 (e) A physician shall not be liable for the acts or  
13 omissions of a prescribing psychologist, physician assistant,  
14 or advanced practice registered nurse solely on the basis of  
15 having signed a supervision agreement or guidelines or a  
16 collaborative agreement, an order, a standing medical order, a  
17 standing delegation order, or other order or guideline  
18 authorizing a prescribing psychologist, physician assistant,  
19 or advanced practice registered nurse to perform acts, unless  
20 the physician has reason to believe the prescribing  
21 psychologist, physician assistant, or advanced practice  
22 registered nurse lacked the competency to perform the act or  
23 acts or commits willful and wanton misconduct.

24 (f) A collaborating physician may, but is not required to,  
25 delegate prescriptive authority to an advanced practice  
26 registered nurse as part of a written collaborative agreement,



1 and the delegation of prescriptive authority shall conform to  
2 the requirements of Section 65-40 of the Nurse Practice Act.

3 (g) A collaborating physician may, but is not required to,  
4 delegate prescriptive authority to a physician assistant as  
5 part of a written collaborative agreement, and the delegation  
6 of prescriptive authority shall conform to the requirements of  
7 Section 7.5 of the Physician Assistant Practice Act of 1987.

8 (h) (Blank).

9 (i) A collaborating physician shall delegate prescriptive  
10 authority to a prescribing psychologist as part of a written  
11 collaborative agreement, and the delegation of prescriptive  
12 authority shall conform to the requirements of Section 4.3 of  
13 the Clinical Psychologist Licensing Act.

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

19 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;  
20 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.  
21 8-14-18.)

22 (225 ILCS 60/54.7 new)

23 Sec. 54.7. Certified anesthesiologist assistants;  
24 administration of anesthesia. Nothing in this Act precludes a  
25 certified anesthesiologist assistant licensed under the

1 Certified Anesthesiologist Assistant Practice Act from  
2 selecting, ordering, and administering drugs, perform skill  
3 sets within the scope of the certified anesthesiologist  
4 assistant's education and training, and applying the  
5 appropriate medical devices in the provision of anesthesia  
6 services under the anesthesia plan agreed to by the  
7 supervising anesthesiologist licensed to practice medicine in  
8 this State.".