



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

HB2557

Introduced 02/18/05, by Rep. Angelo Saviano - Gary Hannig -
Elizabeth Coulson

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5

225 ILCS 95/7

from Ch. 111, par. 4607

Amends the Medical Practice Act of 1987 and the Physician Assistant Practice Act of 1987 to allow supervising physicians to supervise more than 2 physician assistants. Effective immediately.

LRB094 10647 RAS 41005 b

1 AN ACT concerning physician assistants.

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7 (Section scheduled to be repealed on January 1, 2007)

8 Sec. 54.5. Physician delegation of authority.

9 (a) Physicians licensed to practice medicine in all its
10 branches may delegate care and treatment responsibilities to a
11 physician assistant under guidelines in accordance with the
12 requirements of the Physician Assistant Practice Act of 1987. A
13 physician licensed to practice medicine in all its branches may
14 enter into supervising physician agreements with ~~no more than 2~~
15 physician assistants.

16 (b) A physician licensed to practice medicine in all its
17 branches in active clinical practice may collaborate with an
18 advanced practice nurse in accordance with the requirements of
19 Title 15 of the Nursing and Advanced Practice Nursing Act.
20 Collaboration is for the purpose of providing medical
21 direction, and no employment relationship is required. A
22 written collaborative agreement shall conform to the
23 requirements of Sections 15-15 and 15-20 of the Nursing and
24 Advanced Practice Nursing Act. The written collaborative
25 agreement shall be for services the collaborating physician
26 generally provides to his or her patients in the normal course
27 of clinical medical practice. Physician medical direction
28 shall be adequate with respect to collaboration with certified
29 nurse practitioners, certified nurse midwives, and clinical
30 nurse specialists if a collaborating physician:

31 (1) participates in the joint formulation and joint
32 approval of orders or guidelines with the advanced practice

1 nurse and periodically reviews such orders and the services
2 provided patients under such orders in accordance with
3 accepted standards of medical practice and advanced
4 practice nursing practice;

5 (2) is on site at least once a month to provide medical
6 direction and consultation; and

7 (3) is available through telecommunications for
8 consultation on medical problems, complications, or
9 emergencies or patient referral.

10 (b-5) An anesthesiologist or physician licensed to
11 practice medicine in all its branches may collaborate with a
12 certified registered nurse anesthetist in accordance with
13 Section 15-25 of the Nursing and Advanced Practice Nursing Act.
14 Medical direction for a certified registered nurse anesthetist
15 shall be adequate if:

16 (1) an anesthesiologist or a physician participates in
17 the joint formulation and joint approval of orders or
18 guidelines and periodically reviews such orders and the
19 services provided patients under such orders; and

20 (2) for anesthesia services, the anesthesiologist or
21 physician participates through discussion of and agreement
22 with the anesthesia plan and is physically present and
23 available on the premises during the delivery of anesthesia
24 services for diagnosis, consultation, and treatment of
25 emergency medical conditions. Anesthesia services in a
26 hospital shall be conducted in accordance with Section 10.7
27 of the Hospital Licensing Act and in an ambulatory surgical
28 treatment center in accordance with Section 6.5 of the
29 Ambulatory Surgical Treatment Center Act.

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

33 (c) The supervising physician shall have access to the
34 medical records of all patients attended by a physician
35 assistant. The collaborating physician shall have access to the
36 medical records of all patients attended to by an advanced

1 practice nurse.

2 (d) Nothing in this Act shall be construed to limit the
3 delegation of tasks or duties by a physician licensed to
4 practice medicine in all its branches to a licensed practical
5 nurse, a registered professional nurse, or other personnel.

6 (e) A physician shall not be liable for the acts or
7 omissions of a physician assistant or advanced practice nurse
8 solely on the basis of having signed a supervision agreement or
9 guidelines or a collaborative agreement, an order, a standing
10 medical order, a standing delegation order, or other order or
11 guideline authorizing a physician assistant or advanced
12 practice nurse to perform acts, unless the physician has reason
13 to believe the physician assistant or advanced practice nurse
14 lacked the competency to perform the act or acts or commits
15 willful and wanton misconduct.

16 (Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

17 Section 10. The Physician Assistant Practice Act of 1987 is
18 amended by changing Section 7 as follows:

19 (225 ILCS 95/7) (from Ch. 111, par. 4607)

20 (Section scheduled to be repealed on January 1, 2008)

21 Sec. 7. Supervision requirements. Physician ~~No more than 2~~
22 ~~physician~~ assistants shall be supervised by the supervising
23 physician, although a physician assistant shall be able to hold
24 more than one professional position. Each supervising
25 physician shall file a notice of supervision of such physician
26 assistant according to the rules of the Department. ~~However,~~
27 ~~the alternate supervising physician may supervise more than 2~~
28 ~~physician assistants when the supervising physician is unable~~
29 ~~to provide such supervision consistent with the definition of~~
30 ~~alternate physician in Section 4.~~ Physician assistants
31 shall be supervised only by physicians as defined in this Act
32 who are engaged in clinical practice, or in clinical practice
33 in public health or other community health facilities.

34 Nothing in this Act shall be construed to limit the

1 delegation of tasks or duties by a physician to a nurse or
2 other appropriately trained personnel.

3 Nothing in this Act shall be construed to prohibit the
4 employment of physician assistants by a hospital, nursing home
5 or other health care facility where such physician assistants
6 function under the supervision of a supervising physician.

7 Physician assistants may be employed by the Department of
8 Corrections or the Department of Human Services (as successor
9 to the Department of Mental Health and Developmental
10 Disabilities) for service in facilities maintained by such
11 Departments and affiliated training facilities in programs
12 conducted under the authority of the Director of Corrections or
13 the Secretary of Human Services. Each physician assistant
14 employed by the Department of Corrections or the Department of
15 Human Services (as successor to the Department of Mental Health
16 and Developmental Disabilities) shall be under the supervision
17 of a physician engaged in clinical practice and direct patient
18 care. Duties of each physician assistant employed by such
19 Departments are limited to those within the scope of practice
20 of the supervising physician who is fully responsible for all
21 physician assistant activities.

22 A physician assistant may be employed by a practice group
23 or other entity employing multiple physicians at one or more
24 locations. In that case, one of the physicians practicing at a
25 location shall be designated the supervising physician. The
26 other physicians with that practice group or other entity who
27 practice in the same general type of practice or specialty as
28 the supervising physician may supervise the physician
29 assistant with respect to their patients without being deemed
30 alternate supervising physicians for the purpose of this Act.

31 (Source: P.A. 93-149, eff. 7-10-03.)

32 Section 99. Effective date. This Act takes effect upon
33 becoming law.