

94TH GENERAL ASSEMBLY State of Illinois 2005 and 2006 SB1496

Introduced 2/23/2005, by Sen. Deanna Demuzio

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5 225 ILCS 95/7

from Ch. 111, par. 4607

Amends the Medical Practice Act of 1987. Allows a physician licensed to practice medicine in all its branches to enter into a supervising physician agreement with no more than 4, rather than 2, physician assistants at one time. Amends the Physician Assistant Practice Act. Provides that no more than 4, rather than 2, physician assistants shall be supervised by a supervising physician at one time and that an alternate supervising physician may supervise more than 4, rather than 2, physician assistants. Allows a physician assistant who is licensed under the Act, licensed or certified by another regulatory jurisdiction in the United States, or credentialed as a physician assistant by a federal employer to respond to a need for medical care created by a natural disaster, accident, or other emergency and to render the care that he or she is able to provide without supervision or with supervision, as it is available. Exempts a physician who supervises a physician assistant who is providing medical care in response to a natural disaster, accident, or other emergency from the requirements of the Act as they relate to supervising physicians. Effective immediately.

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1 AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Medical Practice Act of 1987 is amended by 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- 7 (Section scheduled to be repealed on January 1, 2007)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.
 - (a) Physicians licensed to practice medicine in all its branches may delegate care and treatment responsibilities to a physician assistant under guidelines in accordance with the requirements of the Physician Assistant Practice Act of 1987. A physician licensed to practice medicine in all its branches may enter into supervising physician agreements with no more than $\underline{4}$ physician assistants at one time.
- (b) A physician licensed to practice medicine in all its 16 17 branches in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of 18 19 Title 15 of the Nursing and Advanced Practice Nursing Act. Collaboration is for the purpose of providing medical 20 direction, and no employment relationship is required. A 21 shall conform 22 written collaborative agreement to the requirements of Sections 15-15 and 15-20 of the Nursing and 23 Advanced Practice Nursing Act. The written collaborative 24 25 agreement shall be for services the collaborating physician 26 generally provides to his or her patients in the normal course of clinical medical practice. Physician medical direction 27 28 shall be adequate with respect to collaboration with certified nurse practitioners, certified nurse midwives, and clinical 29 nurse specialists if a collaborating physician: 30
 - (1) participates in the joint formulation and joint approval of orders or guidelines with the advanced practice

- nurse and periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice;
 - (2) is on site at least once a month to provide medical direction and consultation; and
 - (3) is available through telecommunications for consultation on medical problems, complications, or emergencies or patient referral.
- (b-5) An anesthesiologist or physician licensed to practice medicine in all its branches may collaborate with a certified registered nurse anesthetist in accordance with Section 15-25 of the Nursing and Advanced Practice Nursing Act. Medical direction for a certified registered nurse anesthetist shall be adequate if:
 - (1) an anesthesiologist or a physician participates in the joint formulation and joint approval of orders or guidelines and periodically reviews such orders and the services provided patients under such orders; and
 - (2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.
- (b-10) The anesthesiologist or operating physician must agree with the anesthesia plan prior to the delivery of services.
- (c) The supervising physician shall have access to the medical records of all patients attended by a physician assistant. The collaborating physician shall have access to the medical records of all patients attended to by an advanced

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- 1 practice nurse.
 - (d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician licensed to practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other personnel.
- 6 (e) A physician shall not be liable for the acts or omissions of a physician assistant or advanced practice nurse 7 solely on the basis of having signed a supervision agreement or 8 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 lacked the competency to perform the act or acts or commits 14 15 willful and wanton misconduct.
- 16 (Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)
- Section 10. The Physician Assistant Practice Act of 1987 is 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. No more than 4 + 2physician assistants shall be supervised by the supervising 22 physician at one time, although a physician assistant shall be 23 24 able to hold more than one professional position. Each 25 supervising physician shall file a notice of supervision of 26 such physician assistant according to the rules Department. However, the alternate supervising physician may 27 28 supervise more than 4 physician assistants when 29 supervising physician is unable to provide such supervision 30 consistent with the definition of alternate physician in Section 4. 31
- Physician assistants shall be supervised only by physicians as defined in this Act who are engaged in clinical practice, or in clinical practice in public health or other

community health facilities.

Nothing in this Act shall be construed to prohibit, in response to a natural disaster, accident, or other emergency, a physician assistant who is licensed under this Act, licensed or certified by another regulatory jurisdiction in the United States, or credentialed as a physician assistant by a federal employer from responding to a need for medical care created by a natural disaster, accident, or other emergency and rendering that care that he or she is able to provide without supervision or with supervision, as it is available.

A physician who supervises a physician assistant who is providing medical care in response to a natural disaster, accident, or other emergency is not required to comply with the statutory requirements of this Act as they relate to supervising physicians.

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

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

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

1 physician assistant activities.

A physician assistant may be employed by a practice group or other entity employing multiple physicians at one or more locations. In that case, one of the physicians practicing at a location shall be designated the supervising physician. The other physicians with that practice group or other entity who practice in the same general type of practice or specialty as the supervising physician may supervise the physician assistant with respect to their patients without being deemed alternate supervising physicians for the purpose of this Act. (Source: P.A. 93-149, eff. 7-10-03.)

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