



Executive Committee

Adopted in House Comm. on May 07, 2009

09600SB0318ham001

LRB096 08980 ASK 25928 a

1 AMENDMENT TO SENATE BILL 318

2 AMENDMENT NO. _____. Amend Senate Bill 318 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Medical Practice Act of 1987 is amended by
5 changing Section 54.5 and by adding Section 54.2 as follows:

6 (225 ILCS 60/54.2 new)

7 (Section scheduled to be repealed on December 31, 2010)

8 Sec. 54.2. Physician delegation of authority.

9 (a) Nothing in this Act shall be construed to limit the
10 delegation of patient care tasks or duties by a physician, to a
11 licensed practical nurse, a registered professional nurse, or
12 other licensed person practicing within the scope of his or her
13 individual licensing Act. Delegation by a physician licensed to
14 practice medicine in all its branches to physician assistants
15 or advanced practice nurses is also addressed in Section 54.5
16 of this Act. No physician may delegate any patient care task or

1 duty that is statutorily or by rule mandated to be performed by
2 a physician.

3 (b) In an office or practice setting and within a
4 physician-patient relationship, a physician may delegate
5 patient care tasks or duties to an unlicensed person who
6 possesses appropriate training and experience provided a
7 health care professional, who is practicing within the scope of
8 such licensed professional's individual licensing Act, is on
9 site to provide assistance.

10 (c) Any such patient care task or duty delegated to a
11 licensed or unlicensed person must be within the scope of
12 practice, education, training, or experience of the delegating
13 physician and within the context of a physician-patient
14 relationship.

15 (d) Nothing in this Section shall be construed to affect
16 referrals for professional services required by law.

17 (e) The Department shall have the authority to promulgate
18 rules concerning a physician's delegation, including but not
19 limited to, the use of light emitting devices for patient care
20 or treatment.

21 (225 ILCS 60/54.5)

22 (Section scheduled to be repealed on December 31, 2010)

23 Sec. 54.5. Physician delegation of authority to physician
24 assistants and advanced practice nurses.

25 (a) Physicians licensed to practice medicine in all its

1 branches may delegate care and treatment responsibilities to a
2 physician assistant under guidelines in accordance with the
3 requirements of the Physician Assistant Practice Act of 1987. A
4 physician licensed to practice medicine in all its branches may
5 enter into supervising physician agreements with no more than 2
6 physician assistants.

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

20 (1) The agreement is written to promote the exercise of
21 professional judgment by the advanced practice nurse
22 commensurate with his or her education and experience. The
23 agreement need not describe the exact steps that an
24 advanced practice nurse must take with respect to each
25 specific condition, disease, or symptom, but must specify
26 those procedures that require a physician's presence as the

1 procedures are being performed.

2 (2) Practice guidelines and orders are developed and
3 approved jointly by the advanced practice nurse and
4 collaborating physician, as needed, based on the practice
5 of the practitioners. Such guidelines and orders and the
6 patient services provided thereunder are periodically
7 reviewed by the collaborating physician.

8 (3) The advance practice nurse provides services the
9 collaborating physician generally provides to his or her
10 patients in the normal course of clinical practice, except
11 as set forth in subsection (b-5) of this Section. With
12 respect to labor and delivery, the collaborating physician
13 must provide delivery services in order to participate with
14 a certified nurse midwife.

15 (4) The collaborating physician and advanced practice
16 nurse meet in person at least once a month to provide
17 collaboration and consultation.

18 (5) 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 (6) The agreement contains provisions detailing notice
23 for termination or change of status involving a written
24 collaborative agreement, except when such notice is given
25 for just cause.

26 (b-5) An anesthesiologist or physician licensed to

1 practice medicine in all its branches may collaborate with a
2 certified registered nurse anesthetist in accordance with
3 Section 65-35 of the Nurse Practice Act for the provision of
4 anesthesia services. With respect to the provision of
5 anesthesia services, the collaborating anesthesiologist or
6 physician shall have training and experience in the delivery of
7 anesthesia services consistent with Department rules.
8 Collaboration shall be adequate if:

9 (1) an anesthesiologist or a physician participates in
10 the joint formulation and joint approval of orders or
11 guidelines and periodically reviews such orders and the
12 services provided patients under such orders; and

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

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

26 (c) The supervising physician shall have access to the

1 medical records of all patients attended by a physician
2 assistant. The collaborating physician shall have access to the
3 medical records of all patients attended to by an advanced
4 practice nurse.

5 (d) (Blank). ~~Nothing in this Act shall be construed to~~
6 ~~limit the delegation of tasks or duties by a physician licensed~~
7 ~~to practice medicine in all its branches to a licensed~~
8 ~~practical nurse, a registered professional nurse, or other~~
9 ~~persons.~~

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

20 (Source: P.A. 95-639, eff. 10-5-07.)

21 Section 10. The Nurse Practice Act is amended by changing
22 Section 65-35 as follows:

23 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

24 (Section scheduled to be repealed on January 1, 2018)

1 Sec. 65-35. Written collaborative agreements.

2 (a) A written collaborative agreement is required for all
3 advanced practice nurses engaged in clinical practice, except
4 for advanced practice nurses who are authorized to practice in
5 a hospital or ambulatory surgical treatment center.

6 (a-5) If an advanced practice nurse engages in clinical
7 practice outside of a hospital or ambulatory surgical treatment
8 center in which he or she is authorized to practice, the
9 advanced practice nurse must have a written collaborative
10 agreement.

11 (b) A written collaborative agreement shall describe the
12 working relationship of the advanced practice nurse with the
13 collaborating physician or podiatrist and shall authorize the
14 categories of care, treatment, or procedures to be performed by
15 the advanced practice nurse. A collaborative agreement with a
16 dentist must be in accordance with subsection (c-10) of this
17 Section. Collaboration does not require an employment
18 relationship between the collaborating physician and advanced
19 practice nurse. Collaboration means the relationship under
20 which an advanced practice nurse works with a collaborating
21 physician or podiatrist in an active clinical practice to
22 deliver health care services in accordance with (i) the
23 advanced practice nurse's training, education, and experience
24 and (ii) collaboration and consultation as documented in a
25 jointly developed written collaborative agreement.

26 The agreement shall be defined to promote the exercise of

1 professional judgment by the advanced practice nurse
2 commensurate with his or her education and experience. The
3 services to be provided by the advanced practice nurse shall be
4 services that the collaborating physician or podiatrist is
5 authorized to and generally provides to his or her patients in
6 the normal course of his or her clinical medical practice,
7 except as set forth in subsection (c-5) of this Section. The
8 agreement need not describe the exact steps that an advanced
9 practice nurse must take with respect to each specific
10 condition, disease, or symptom but must specify which
11 authorized procedures require the presence of the
12 collaborating physician or podiatrist as the procedures are
13 being performed. The collaborative relationship under an
14 agreement shall not be construed to require the personal
15 presence of a physician or podiatrist at all times at the place
16 where services are rendered. Methods of communication shall be
17 available for consultation with the collaborating physician or
18 podiatrist in person or by telecommunications in accordance
19 with established written guidelines as set forth in the written
20 agreement.

21 (c) Collaboration and consultation under all collaboration
22 agreements shall be adequate if a collaborating physician or
23 podiatrist does each of the following:

24 (1) Participates in the joint formulation and joint
25 approval of orders or guidelines with the advanced practice
26 nurse and he or she periodically reviews such orders and

1 the services provided patients under such orders in
2 accordance with accepted standards of medical practice and
3 advanced practice nursing practice.

4 (2) Meets in person with the advanced practice nurse at
5 least once a month to provide collaboration and
6 consultation. In the case of anesthesia services provided
7 by a certified registered nurse anesthetist, an
8 anesthesiologist, physician, dentist, or podiatrist must
9 participate through discussion of and agreement with the
10 anesthesia plan and remain physically present and
11 available on the premises during the delivery of anesthesia
12 services for diagnosis, consultation, and treatment of
13 emergency medical conditions.

14 (3) Is available through telecommunications for
15 consultation on medical problems, complications, or
16 emergencies or patient referral. In the case of anesthesia
17 services provided by a certified registered nurse
18 anesthetist, an anesthesiologist, physician, dentist, or
19 podiatrist must participate through discussion of and
20 agreement with the anesthesia plan and remain physically
21 present and available on the premises during the delivery
22 of anesthesia services for diagnosis, consultation, and
23 treatment of emergency medical conditions.

24 The agreement must contain provisions detailing notice for
25 termination or change of status involving a written
26 collaborative agreement, except when such notice is given for

1 just cause.

2 (c-5) A certified registered nurse anesthetist, who
3 provides anesthesia services outside of a hospital or
4 ambulatory surgical treatment center shall enter into a written
5 collaborative agreement with an anesthesiologist or the
6 physician licensed to practice medicine in all its branches or
7 the podiatrist performing the procedure. Outside of a hospital
8 or ambulatory surgical treatment center, the certified
9 registered nurse anesthetist may provide only those services
10 that the collaborating podiatrist is authorized to provide
11 pursuant to the Podiatric Medical Practice Act of 1987 and
12 rules adopted thereunder. A certified registered nurse
13 anesthetist may select, order, and administer medication,
14 including controlled substances, and apply appropriate medical
15 devices for delivery of anesthesia services under the
16 anesthesia plan agreed with by the anesthesiologist or the
17 operating physician or operating podiatrist.

18 (c-10) A certified registered nurse anesthetist who
19 provides anesthesia services in a dental office shall enter
20 into a written collaborative agreement with an
21 anesthesiologist or the physician licensed to practice
22 medicine in all its branches or the operating dentist
23 performing the procedure. The agreement shall describe the
24 working relationship of the certified registered nurse
25 anesthetist and dentist and shall authorize the categories of
26 care, treatment, or procedures to be performed by the certified

1 registered nurse anesthetist. In a collaborating dentist's
2 office, the certified registered nurse anesthetist may only
3 provide those services that the operating dentist with the
4 appropriate permit is authorized to provide pursuant to the
5 Illinois Dental Practice Act and rules adopted thereunder. For
6 anesthesia services, an anesthesiologist, physician, or
7 operating dentist shall participate through discussion of and
8 agreement with the anesthesia plan and shall remain physically
9 present and be available on the premises during the delivery of
10 anesthesia services for diagnosis, consultation, and treatment
11 of emergency medical conditions. A certified registered nurse
12 anesthetist may select, order, and administer medication,
13 including controlled substances, and apply appropriate medical
14 devices for delivery of anesthesia services under the
15 anesthesia plan agreed with by the operating dentist.

16 (d) A copy of the signed, written collaborative agreement
17 must be available to the Department upon request from both the
18 advanced practice nurse and the collaborating physician or
19 podiatrist.

20 (e) Nothing in this Act shall be construed to limit the
21 delegation of tasks or duties by a physician to a licensed
22 practical nurse, a registered professional nurse, or other
23 persons in accordance with Section 54.2 of the Medical Practice
24 Act of 1987.

25 (f) An advanced practice nurse shall inform each
26 collaborating physician, dentist, or podiatrist of all

1 collaborative agreements he or she has signed and provide a
2 copy of these to any collaborating physician, dentist, or
3 podiatrist upon request.

4 (Source: P.A. 95-639, eff. 10-5-07.)

5 Section 15. The Physician Assistant Practice Act of 1987 is
6 amended by changing Section 7.5 as follows:

7 (225 ILCS 95/7.5)

8 (Section scheduled to be repealed on January 1, 2018)

9 Sec. 7.5. Prescriptions. A supervising physician may
10 delegate limited prescriptive authority to a physician
11 assistant. This authority may, but is not required to, include
12 prescription and dispensing of legend drugs and legend
13 controlled substances categorized as Schedule III, IV, or V
14 controlled substances, as defined in Article II of the Illinois
15 Controlled Substances Act, as delegated in the written
16 guidelines required by this Act. To prescribe Schedule III, IV,
17 or V controlled substances under this Section, a physician
18 assistant must obtain a mid-level practitioner controlled
19 substances license. Medication orders issued by a physician
20 assistant shall be reviewed periodically by the supervising
21 physician. The supervising physician shall file with the
22 Department notice of delegation of prescriptive authority to a
23 physician assistant and termination of delegation, specifying
24 the authority delegated or terminated. Upon receipt of this

1 notice delegating authority to prescribe Schedule III, IV, or V
2 controlled substances, the physician assistant shall be
3 eligible to register for a mid-level practitioner controlled
4 substances license under Section 303.05 of the Illinois
5 Controlled Substances Act. Nothing in this Act shall be
6 construed to limit the delegation of tasks or duties by the
7 supervising physician to a nurse or other appropriately trained
8 persons in accordance with Section 54.2 of the Medical Practice
9 Act of 1987 ~~personnel~~.

10 The Department shall establish by rule the minimum
11 requirements for written guidelines to be followed under this
12 Section.

13 (Source: P.A. 90-116, eff. 7-14-97; 90-818, eff. 3-23-99.)

14 Section 20. The Podiatric Medical Practice Act of 1987 is
15 amended by changing Section 20.5 as follows:

16 (225 ILCS 100/20.5)

17 (Section scheduled to be repealed on January 1, 2018)

18 Sec. 20.5. Delegation of authority to advanced practice
19 nurses.

20 (a) A podiatrist in active clinical practice may
21 collaborate with an advanced practice nurse in accordance with
22 the requirements of the Nurse Practice Act. Collaboration shall
23 be for the purpose of providing podiatric consultation and no
24 employment relationship shall be required. A written

1 collaborative agreement shall conform to the requirements of
2 Section 65-35 of the Nurse Practice Act. The written
3 collaborative agreement shall be for services the
4 collaborating podiatrist generally provides to his or her
5 patients in the normal course of clinical podiatric practice,
6 except as set forth in item (3) of this subsection (a). A
7 written collaborative agreement and podiatric collaboration
8 and consultation shall be adequate with respect to advanced
9 practice nurses if all of the following apply:

10 (1) The agreement is written to promote the exercise of
11 professional judgment by the advanced practice nurse
12 commensurate with his or her education and experience. The
13 agreement need not describe the exact steps that an
14 advanced practice nurse must take with respect to each
15 specific condition, disease, or symptom, but must specify
16 which procedures require a podiatrist's presence as the
17 procedures are being performed.

18 (2) Practice guidelines and orders are developed and
19 approved jointly by the advanced practice nurse and
20 collaborating podiatrist, as needed, based on the practice
21 of the practitioners. Such guidelines and orders and the
22 patient services provided thereunder are periodically
23 reviewed by the collaborating podiatrist.

24 (3) The advance practice nurse provides services that
25 the collaborating podiatrist generally provides to his or
26 her patients in the normal course of clinical practice.

1 With respect to the provision of anesthesia services by a
2 certified registered nurse anesthetist, the collaborating
3 podiatrist must have training and experience in the
4 delivery of anesthesia consistent with Department rules.

5 (4) The collaborating podiatrist and the advanced
6 practice nurse meet in person at least once a month to
7 provide collaboration and consultation.

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

12 (6) With respect to the provision of anesthesia
13 services by a certified registered nurse anesthetist, an
14 anesthesiologist, physician, or podiatrist shall
15 participate through discussion of and agreement with the
16 anesthesia plan and shall remain physically present and be
17 available on the premises during the delivery of anesthesia
18 services for diagnosis, consultation, and treatment of
19 emergency medical conditions. The anesthesiologist or
20 operating podiatrist must agree with the anesthesia plan
21 prior to the delivery of services.

22 (7) The agreement contains provisions detailing notice
23 for termination or change of status involving a written
24 collaborative agreement, except when such notice is given
25 for just cause.

26 (b) The collaborating podiatrist shall have access to the

1 records of all patients attended to by an advanced practice
2 nurse.

3 (c) Nothing in this Section shall be construed to limit the
4 delegation of tasks or duties by a podiatrist to a licensed
5 practical nurse, a registered professional nurse, or other
6 appropriately trained persons.

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

15 (Source: P.A. 95-639, eff. 10-5-07.)

16 Section 99. Effective date. This Act takes effect January
17 1, 2010."