



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB1600

Introduced 2/19/2009, by Sen. Heather Steans

SYNOPSIS AS INTRODUCED:

See Index

Amends the Nurse Practice Act. Removes references to a written collaborative agreement throughout the Act. Provides that an advanced practice nurse's scope of practice includes collaboration and consultation with or referral to a physician or other appropriate health-care professional for patient care needs that exceed the APN's scope of practice, education, or experience. Provides that as part of the professional scope of advanced practice nursing, an advanced practice nurse possesses prescriptive authority appropriate to his or her specialty, scope of practice, education, and experience. Such prescriptive authority shall include the authority to prescribe, select, order, administer, store, accept samples of, and dispense over-the-counter medications, legend drugs, medical gases, certain controlled substances, and other preparations, including botanical and herbal remedies. Amends various other Acts to make related changes. Effective immediately.

LRB096 04505 ASK 14559 b

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Identification Card Act is amended
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois
9 Identification Card to any natural person who is a resident of
10 the State of Illinois who applies for such card, or renewal
11 thereof, or who applies for a standard Illinois Identification
12 Card upon release as a committed person on parole, mandatory
13 supervised release, final discharge, or pardon from the
14 Department of Corrections by submitting an identification card
15 issued by the Department of Corrections under Section 3-14-1 of
16 the Unified Code of Corrections, together with the prescribed
17 fees. No identification card shall be issued to any person who
18 holds a valid foreign state identification card, license, or
19 permit unless the person first surrenders to the Secretary of
20 State the valid foreign state identification card, license, or
21 permit. The card shall be prepared and supplied by the
22 Secretary of State and shall include a photograph of the
23 applicant. The applicant, upon receipt of a card and prior to

1 its use for any purpose, shall affix his signature thereon in
2 the space provided therefor. The Illinois Identification Card
3 may be used for identification purposes in any lawful situation
4 only by the person to whom it was issued. As used in this Act,
5 "photograph" means any color photograph or digitally produced
6 and captured image of an applicant for an identification card.
7 As used in this Act, "signature" means the name of a person as
8 written by that person and captured in a manner acceptable to
9 the Secretary of State.

10 (b) The Secretary of State shall issue a special Illinois
11 Identification Card, which shall be known as an Illinois
12 Disabled Person Identification Card, to any natural person who
13 is a resident of the State of Illinois, who is a disabled
14 person as defined in Section 4A of this Act, who applies for
15 such card, or renewal thereof. No Disabled Person
16 Identification Card shall be issued to any person who holds a
17 valid foreign state identification card, license, or permit
18 unless the person first surrenders to the Secretary of State
19 the valid foreign state identification card, license, or
20 permit. The Secretary of State shall charge no fee to issue
21 such card. The card shall be prepared and supplied by the
22 Secretary of State, and shall include a photograph of the
23 applicant, a designation indicating that the card is an
24 Illinois Disabled Person Identification Card, and shall
25 include a comprehensible designation of the type and
26 classification of the applicant's disability as set out in

1 Section 4A of this Act. If the applicant so requests, the card
2 shall include a description of the applicant's disability and
3 any information about the applicant's disability or medical
4 history which the Secretary determines would be helpful to the
5 applicant in securing emergency medical care. The applicant,
6 upon receipt of such a card and prior to its use for any
7 purpose, shall have affixed thereon in the space provided
8 therefor his signature or mark. If a mark is used in lieu of a
9 signature, such mark shall be affixed to the card in the
10 presence of two witnesses who attest to the authenticity of the
11 mark. The Illinois Disabled Person Identification Card may be
12 used for identification purposes in any lawful situation by the
13 person to whom it was issued.

14 The Illinois Disabled Person Identification Card may be
15 used as adequate documentation of disability in lieu of a
16 physician's determination of disability, a determination of
17 disability from a physician assistant who has been delegated
18 the authority to make this determination by his or her
19 supervising physician, a determination of disability from an
20 advanced practice nurse ~~who has a written collaborative~~
21 ~~agreement with a collaborating physician that authorizes the~~
22 ~~advanced practice nurse to make this determination,~~ or any
23 other documentation of disability whenever any State law
24 requires that a disabled person provide such documentation of
25 disability, however an Illinois Disabled Person Identification
26 Card shall not qualify the cardholder to participate in any

1 program or to receive any benefit which is not available to all
2 persons with like disabilities. Notwithstanding any other
3 provisions of law, an Illinois Disabled Person Identification
4 Card, or evidence that the Secretary of State has issued an
5 Illinois Disabled Person Identification Card, shall not be used
6 by any person other than the person named on such card to prove
7 that the person named on such card is a disabled person or for
8 any other purpose unless the card is used for the benefit of
9 the person named on such card, and the person named on such
10 card consents to such use at the time the card is so used.

11 An optometrist's determination of a visual disability
12 under Section 4A of this Act is acceptable as documentation for
13 the purpose of issuing an Illinois Disabled Person
14 Identification Card.

15 When medical information is contained on an Illinois
16 Disabled Person Identification Card, the Office of the
17 Secretary of State shall not be liable for any actions taken
18 based upon that medical information.

19 (c) Beginning January 1, 1986, the Secretary of State shall
20 provide that each original or renewal Illinois Identification
21 Card or Illinois Disabled Person Identification Card issued to
22 a person under the age of 21, shall be of a distinct nature
23 from those Illinois Identification Cards or Illinois Disabled
24 Person Identification Cards issued to individuals 21 years of
25 age or older. The color designated for Illinois Identification
26 Cards or Illinois Disabled Person Identification Cards for

1 persons under the age of 21 shall be at the discretion of the
2 Secretary of State.

3 (c-1) Beginning January 1, 2003, each original or renewal
4 Illinois Identification Card or Illinois Disabled Person
5 Identification Card issued to a person under the age of 21
6 shall display the date upon which the person becomes 18 years
7 of age and the date upon which the person becomes 21 years of
8 age.

9 (d) The Secretary of State may issue a Senior Citizen
10 discount card, to any natural person who is a resident of the
11 State of Illinois who is 60 years of age or older and who
12 applies for such a card or renewal thereof. The Secretary of
13 State shall charge no fee to issue such card. The card shall be
14 issued in every county and applications shall be made available
15 at, but not limited to, nutrition sites, senior citizen centers
16 and Area Agencies on Aging. The applicant, upon receipt of such
17 card and prior to its use for any purpose, shall have affixed
18 thereon in the space provided therefor his signature or mark.

19 (e) The Secretary of State, in his or her discretion, may
20 designate on each Illinois Identification Card or Illinois
21 Disabled Person Identification Card a space where the card
22 holder may place a sticker or decal, issued by the Secretary of
23 State, of uniform size as the Secretary may specify, that shall
24 indicate in appropriate language that the card holder has
25 renewed his or her Illinois Identification Card or Illinois
26 Disabled Person Identification Card.

1 (Source: P.A. 95-762, eff. 1-1-09; 95-779, eff. 1-1-09; revised
2 9-5-08.)

3 Section 10. The School Code is amended by changing Sections
4 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

5 (105 ILCS 5/22-30)

6 Sec. 22-30. Self-administration of medication.

7 (a) In this Section:

8 "Epinephrine auto-injector" means a medical device for
9 immediate self-administration by a person at risk of
10 anaphylaxis.

11 "Medication" means a medicine, prescribed by (i) a
12 physician licensed to practice medicine in all its branches,
13 (ii) a physician assistant who has been delegated the authority
14 to prescribe asthma medications by his or her supervising
15 physician, or (iii) an advanced practice ~~registered~~ nurse ~~who~~
16 ~~has a written collaborative agreement with a collaborating~~
17 ~~physician that delegates the authority to prescribe asthma~~
18 ~~medications~~, for a pupil that pertains to the pupil's asthma
19 and that has an individual prescription label.

20 "Self-administration" means a pupil's discretionary use of
21 his or her prescribed asthma medication.

22 (b) A school, whether public or nonpublic, must permit the
23 self-administration of medication by a pupil with asthma or the
24 use of an epinephrine auto-injector by a pupil, provided that:

1 (1) the parents or guardians of the pupil provide to
2 the school written authorization for the
3 self-administration of medication or use of an epinephrine
4 auto-injector; and

5 (2) the parents or guardians of the pupil provide to
6 the school a written statement from the pupil's physician,
7 physician assistant, or advanced practice registered nurse
8 containing the following information:

9 (A) the name and purpose of the medication or
10 epinephrine auto-injector;

11 (B) the prescribed dosage; and

12 (C) the time or times at which or the special
13 circumstances under which the medication or
14 epinephrine auto-injector is to be administered.

15 The information provided shall be kept on file in the office of
16 the school nurse or, in the absence of a school nurse, the
17 school's administrator.

18 (c) The school district or nonpublic school must inform the
19 parents or guardians of the pupil, in writing, that the school
20 district or nonpublic school and its employees and agents are
21 to incur no liability, except for willful and wanton conduct,
22 as a result of any injury arising from the self-administration
23 of medication or use of an epinephrine auto-injector by the
24 pupil. The parents or guardians of the pupil must sign a
25 statement acknowledging that the school district or nonpublic
26 school is to incur no liability, except for willful and wanton

1 conduct, as a result of any injury arising from the
2 self-administration of medication or use of an epinephrine
3 auto-injector by the pupil and that the parents or guardians
4 must indemnify and hold harmless the school district or
5 nonpublic school and its employees and agents against any
6 claims, except a claim based on willful and wanton conduct,
7 arising out of the self-administration of medication or use of
8 an epinephrine auto-injector by the pupil.

9 (d) The permission for self-administration of medication
10 or use of an epinephrine auto-injector is effective for the
11 school year for which it is granted and shall be renewed each
12 subsequent school year upon fulfillment of the requirements of
13 this Section.

14 (e) Provided that the requirements of this Section are
15 fulfilled, a pupil with asthma may possess and use his or her
16 medication or a pupil may possess and use an epinephrine
17 auto-injector (i) while in school, (ii) while at a
18 school-sponsored activity, (iii) while under the supervision
19 of school personnel, or (iv) before or after normal school
20 activities, such as while in before-school or after-school care
21 on school-operated property.

22 (Source: P.A. 94-792, eff. 5-19-06.)

23 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

24 Sec. 24-5. Physical fitness and professional growth.

25 School boards shall require of new employees evidence of

1 physical fitness to perform duties assigned and freedom from
2 communicable disease, including tuberculosis. Such evidence
3 shall consist of a physical examination and a tuberculin skin
4 test and, if appropriate, an x-ray, made by a physician
5 licensed in Illinois or any other state to practice medicine
6 and surgery in all its branches, an advanced practice nurse ~~who~~
7 ~~has a written collaborative agreement with a collaborating~~
8 ~~physician that authorizes the advanced practice nurse to~~
9 ~~perform health examinations~~, or a physician assistant who has
10 been delegated the authority to perform health examinations by
11 his or her supervising physician not more than 90 days
12 preceding time of presentation to the board and cost of such
13 examination shall rest with the employee. The board may from
14 time to time require an examination of any employee by a
15 physician licensed in Illinois to practice medicine and surgery
16 in all its branches, an advanced practice nurse ~~who has a~~
17 ~~written collaborative agreement with a collaborating physician~~
18 ~~that authorizes the advanced practice nurse to perform health~~
19 ~~examinations~~, or a physician assistant who has been delegated
20 the authority to perform health examinations by his or her
21 supervising physician and shall pay the expenses thereof from
22 school funds. School boards may require teachers in their
23 employ to furnish from time to time evidence of continued
24 professional growth.

25 (Source: P.A. 94-350, eff. 7-28-05.)

1 (105 ILCS 5/24-6) (from Ch. 122, par. 24-6)

2 Sec. 24-6. Sick leave. The school boards of all school
3 districts, including special charter districts, but not
4 including school districts in municipalities of 500,000 or
5 more, shall grant their full-time teachers, and also shall
6 grant such of their other employees as are eligible to
7 participate in the Illinois Municipal Retirement Fund under the
8 "600-Hour Standard" established, or under such other
9 eligibility participation standard as may from time to time be
10 established, by rules and regulations now or hereafter
11 promulgated by the Board of that Fund under Section 7-198 of
12 the Illinois Pension Code, as now or hereafter amended, sick
13 leave provisions not less in amount than 10 days at full pay in
14 each school year. If any such teacher or employee does not use
15 the full amount of annual leave thus allowed, the unused amount
16 shall be allowed to accumulate to a minimum available leave of
17 180 days at full pay, including the leave of the current year.
18 Sick leave shall be interpreted to mean personal illness,
19 quarantine at home, serious illness or death in the immediate
20 family or household, or birth, adoption, or placement for
21 adoption. The school board may require a certificate from a
22 physician licensed in Illinois to practice medicine and surgery
23 in all its branches, an advanced practice nurse ~~who has a~~
24 ~~written collaborative agreement with a collaborating physician~~
25 ~~that authorizes the advanced practice nurse to perform health~~
26 ~~examinations~~, or a physician assistant who has been delegated

1 the authority to perform health examinations by his or her
2 supervising physician, or if the treatment is by prayer or
3 spiritual means, that of a spiritual adviser or practitioner of
4 such person's faith, as a basis for pay during leave after an
5 absence of 3 days for personal illness, or as it may deem
6 necessary in other cases. If the school board does require a
7 certificate as a basis for pay during leave of less than 3
8 days, the school board shall pay, from school funds, the
9 expenses incurred by the teachers or other employees in
10 obtaining the certificate.

11 If, by reason of any change in the boundaries of school
12 districts, or by reason of the creation of a new school
13 district, the employment of a teacher is transferred to a new
14 or different board, the accumulated sick leave of such teacher
15 is not thereby lost, but is transferred to such new or
16 different district.

17 For purposes of this Section, "immediate family" shall
18 include parents, spouse, brothers, sisters, children,
19 grandparents, grandchildren, parents-in-law, brothers-in-law,
20 sisters-in-law, and legal guardians.

21 (Source: P.A. 94-350, eff. 7-28-05; 95-151, eff. 8-14-07.)

22 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

23 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
24 custody or control of any child between the ages of 7 and 17
25 years (unless the child has already graduated from high school)

1 shall cause such child to attend some public school in the
2 district wherein the child resides the entire time it is in
3 session during the regular school term, except as provided in
4 Section 10-19.1, and during a required summer school program
5 established under Section 10-22.33B; provided, that the
6 following children shall not be required to attend the public
7 schools:

8 1. Any child attending a private or a parochial school
9 where children are taught the branches of education taught
10 to children of corresponding age and grade in the public
11 schools, and where the instruction of the child in the
12 branches of education is in the English language;

13 2. Any child who is physically or mentally unable to
14 attend school, such disability being certified to the
15 county or district truant officer by a competent physician
16 licensed in Illinois to practice medicine and surgery in
17 all its branches, an advanced practice nurse ~~who has a~~
18 ~~written collaborative agreement with a collaborating~~
19 ~~physician that authorizes the advanced practice nurse to~~
20 ~~perform health examinations~~, a physician assistant who has
21 been delegated the authority to perform health
22 examinations by his or her supervising physician, or a
23 Christian Science practitioner residing in this State and
24 listed in the Christian Science Journal; or who is excused
25 for temporary absence for cause by the principal or teacher
26 of the school which the child attends; the exemptions in

1 this paragraph (2) do not apply to any female who is
2 pregnant or the mother of one or more children, except
3 where a female is unable to attend school due to a
4 complication arising from her pregnancy and the existence
5 of such complication is certified to the county or district
6 truant officer by a competent physician;

7 3. Any child necessarily and lawfully employed
8 according to the provisions of the law regulating child
9 labor may be excused from attendance at school by the
10 county superintendent of schools or the superintendent of
11 the public school which the child should be attending, on
12 certification of the facts by and the recommendation of the
13 school board of the public school district in which the
14 child resides. In districts having part time continuation
15 schools, children so excused shall attend such schools at
16 least 8 hours each week;

17 4. Any child over 12 and under 14 years of age while in
18 attendance at confirmation classes;

19 5. Any child absent from a public school on a
20 particular day or days or at a particular time of day for
21 the reason that he is unable to attend classes or to
22 participate in any examination, study or work requirements
23 on a particular day or days or at a particular time of day,
24 because the tenets of his religion forbid secular activity
25 on a particular day or days or at a particular time of day.
26 Each school board shall prescribe rules and regulations

1 relative to absences for religious holidays including, but
2 not limited to, a list of religious holidays on which it
3 shall be mandatory to excuse a child; but nothing in this
4 paragraph 5 shall be construed to limit the right of any
5 school board, at its discretion, to excuse an absence on
6 any other day by reason of the observance of a religious
7 holiday. A school board may require the parent or guardian
8 of a child who is to be excused from attending school due
9 to the observance of a religious holiday to give notice,
10 not exceeding 5 days, of the child's absence to the school
11 principal or other school personnel. Any child excused from
12 attending school under this paragraph 5 shall not be
13 required to submit a written excuse for such absence after
14 returning to school; and

15 6. Any child 16 years of age or older who (i) submits
16 to a school district evidence of necessary and lawful
17 employment pursuant to paragraph 3 of this Section and (ii)
18 is enrolled in a graduation incentives program pursuant to
19 Section 26-16 of this Code or an alternative learning
20 opportunities program established pursuant to Article 13B
21 of this Code.

22 (Source: P.A. 93-858, eff. 1-1-05; 94-350, eff. 7-28-05.)

23 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

24 Sec. 27-8.1. Health examinations and immunizations.

25 (1) In compliance with rules and regulations which the

1 Department of Public Health shall promulgate, and except as
2 hereinafter provided, all children in Illinois shall have a
3 health examination as follows: within one year prior to
4 entering kindergarten or the first grade of any public,
5 private, or parochial elementary school; upon entering the
6 sixth and ninth grades of any public, private, or parochial
7 school; prior to entrance into any public, private, or
8 parochial nursery school; and, irrespective of grade,
9 immediately prior to or upon entrance into any public, private,
10 or parochial school or nursery school, each child shall present
11 proof of having been examined in accordance with this Section
12 and the rules and regulations promulgated hereunder. Any child
13 who received a health examination within one year prior to
14 entering the fifth grade for the 2007-2008 school year is not
15 required to receive an additional health examination in order
16 to comply with the provisions of Public Act 95-422 when he or
17 she attends school for the 2008-2009 school year, unless the
18 child is attending school for the first time as provided in
19 this paragraph.

20 A tuberculosis skin test screening shall be included as a
21 required part of each health examination included under this
22 Section if the child resides in an area designated by the
23 Department of Public Health as having a high incidence of
24 tuberculosis. Additional health examinations of pupils,
25 including eye examinations, may be required when deemed
26 necessary by school authorities. Parents are encouraged to have

1 their children undergo eye examinations at the same points in
2 time required for health examinations.

3 (1.5) In compliance with rules adopted by the Department of
4 Public Health and except as otherwise provided in this Section,
5 all children in kindergarten and the second and sixth grades of
6 any public, private, or parochial school shall have a dental
7 examination. Each of these children shall present proof of
8 having been examined by a dentist in accordance with this
9 Section and rules adopted under this Section before May 15th of
10 the school year. If a child in the second or sixth grade fails
11 to present proof by May 15th, the school may hold the child's
12 report card until one of the following occurs: (i) the child
13 presents proof of a completed dental examination or (ii) the
14 child presents proof that a dental examination will take place
15 within 60 days after May 15th. The Department of Public Health
16 shall establish, by rule, a waiver for children who show an
17 undue burden or a lack of access to a dentist. Each public,
18 private, and parochial school must give notice of this dental
19 examination requirement to the parents and guardians of
20 students at least 60 days before May 15th of each school year.

21 (1.10) Except as otherwise provided in this Section, all
22 children enrolling in kindergarten in a public, private, or
23 parochial school on or after the effective date of this
24 amendatory Act of the 95th General Assembly and any student
25 enrolling for the first time in a public, private, or parochial
26 school on or after the effective date of this amendatory Act of

1 the 95th General Assembly shall have an eye examination. Each
2 of these children shall present proof of having been examined
3 by a physician licensed to practice medicine in all of its
4 branches or a licensed optometrist within the previous year, in
5 accordance with this Section and rules adopted under this
6 Section, before October 15th of the school year. If the child
7 fails to present proof by October 15th, the school may hold the
8 child's report card until one of the following occurs: (i) the
9 child presents proof of a completed eye examination or (ii) the
10 child presents proof that an eye examination will take place
11 within 60 days after October 15th. The Department of Public
12 Health shall establish, by rule, a waiver for children who show
13 an undue burden or a lack of access to a physician licensed to
14 practice medicine in all of its branches who provides eye
15 examinations or to a licensed optometrist. Each public,
16 private, and parochial school must give notice of this eye
17 examination requirement to the parents and guardians of
18 students in compliance with rules of the Department of Public
19 Health. Nothing in this Section shall be construed to allow a
20 school to exclude a child from attending because of a parent's
21 or guardian's failure to obtain an eye examination for the
22 child.

23 (2) The Department of Public Health shall promulgate rules
24 and regulations specifying the examinations and procedures
25 that constitute a health examination, which shall include the
26 collection of data relating to obesity (including at a minimum,

1 date of birth, gender, height, weight, blood pressure, and date
2 of exam), and a dental examination and may recommend by rule
3 that certain additional examinations be performed. The rules
4 and regulations of the Department of Public Health shall
5 specify that a tuberculosis skin test screening shall be
6 included as a required part of each health examination included
7 under this Section if the child resides in an area designated
8 by the Department of Public Health as having a high incidence
9 of tuberculosis. The Department of Public Health shall specify
10 that a diabetes screening as defined by rule shall be included
11 as a required part of each health examination. Diabetes testing
12 is not required.

13 Physicians licensed to practice medicine in all of its
14 branches, advanced practice nurses ~~who have a written~~
15 ~~collaborative agreement with a collaborating physician which~~
16 ~~authorizes them to perform health examinations,~~ or physician
17 assistants who have been delegated the performance of health
18 examinations by their supervising physician shall be
19 responsible for the performance of the health examinations,
20 other than dental examinations, eye examinations, and vision
21 and hearing screening, and shall sign all report forms required
22 by subsection (4) of this Section that pertain to those
23 portions of the health examination for which the physician,
24 advanced practice nurse, or physician assistant is
25 responsible. If a registered nurse performs any part of a
26 health examination, then a physician licensed to practice

1 medicine in all of its branches must review and sign all
2 required report forms. Licensed dentists shall perform all
3 dental examinations and shall sign all report forms required by
4 subsection (4) of this Section that pertain to the dental
5 examinations. Physicians licensed to practice medicine in all
6 its branches or licensed optometrists shall perform all eye
7 examinations required by this Section and shall sign all report
8 forms required by subsection (4) of this Section that pertain
9 to the eye examination. For purposes of this Section, an eye
10 examination shall at a minimum include history, visual acuity,
11 subjective refraction to best visual acuity near and far,
12 internal and external examination, and a glaucoma evaluation,
13 as well as any other tests or observations that in the
14 professional judgment of the doctor are necessary. Vision and
15 hearing screening tests, which shall not be considered
16 examinations as that term is used in this Section, shall be
17 conducted in accordance with rules and regulations of the
18 Department of Public Health, and by individuals whom the
19 Department of Public Health has certified. In these rules and
20 regulations, the Department of Public Health shall require that
21 individuals conducting vision screening tests give a child's
22 parent or guardian written notification, before the vision
23 screening is conducted, that states, "Vision screening is not a
24 substitute for a complete eye and vision evaluation by an eye
25 doctor. Your child is not required to undergo this vision
26 screening if an optometrist or ophthalmologist has completed

1 and signed a report form indicating that an examination has
2 been administered within the previous 12 months."

3 (3) Every child shall, at or about the same time as he or
4 she receives a health examination required by subsection (1) of
5 this Section, present to the local school proof of having
6 received such immunizations against preventable communicable
7 diseases as the Department of Public Health shall require by
8 rules and regulations promulgated pursuant to this Section and
9 the Communicable Disease Prevention Act.

10 (4) The individuals conducting the health examination,
11 dental examination, or eye examination shall record the fact of
12 having conducted the examination, and such additional
13 information as required, including for a health examination
14 data relating to obesity (including at a minimum, date of
15 birth, gender, height, weight, blood pressure, and date of
16 exam), on uniform forms which the Department of Public Health
17 and the State Board of Education shall prescribe for statewide
18 use. The examiner shall summarize on the report form any
19 condition that he or she suspects indicates a need for special
20 services, including for a health examination factors relating
21 to obesity. The individuals confirming the administration of
22 required immunizations shall record as indicated on the form
23 that the immunizations were administered.

24 (5) If a child does not submit proof of having had either
25 the health examination or the immunization as required, then
26 the child shall be examined or receive the immunization, as the

1 case may be, and present proof by October 15 of the current
2 school year, or by an earlier date of the current school year
3 established by a school district. To establish a date before
4 October 15 of the current school year for the health
5 examination or immunization as required, a school district must
6 give notice of the requirements of this Section 60 days prior
7 to the earlier established date. If for medical reasons one or
8 more of the required immunizations must be given after October
9 15 of the current school year, or after an earlier established
10 date of the current school year, then the child shall present,
11 by October 15, or by the earlier established date, a schedule
12 for the administration of the immunizations and a statement of
13 the medical reasons causing the delay, both the schedule and
14 the statement being issued by the physician, advanced practice
15 nurse, physician assistant, registered nurse, or local health
16 department that will be responsible for administration of the
17 remaining required immunizations. If a child does not comply by
18 October 15, or by the earlier established date of the current
19 school year, with the requirements of this subsection, then the
20 local school authority shall exclude that child from school
21 until such time as the child presents proof of having had the
22 health examination as required and presents proof of having
23 received those required immunizations which are medically
24 possible to receive immediately. During a child's exclusion
25 from school for noncompliance with this subsection, the child's
26 parents or legal guardian shall be considered in violation of

1 Section 26-1 and subject to any penalty imposed by Section
2 26-10. This subsection (5) does not apply to dental
3 examinations and eye examinations.

4 (6) Every school shall report to the State Board of
5 Education by November 15, in the manner which that agency shall
6 require, the number of children who have received the necessary
7 immunizations and the health examination (other than a dental
8 examination or eye examination) as required, indicating, of
9 those who have not received the immunizations and examination
10 as required, the number of children who are exempt from health
11 examination and immunization requirements on religious or
12 medical grounds as provided in subsection (8). Every school
13 shall report to the State Board of Education by June 30, in the
14 manner that the State Board requires, the number of children
15 who have received the required dental examination, indicating,
16 of those who have not received the required dental examination,
17 the number of children who are exempt from the dental
18 examination on religious grounds as provided in subsection (8)
19 of this Section and the number of children who have received a
20 waiver under subsection (1.5) of this Section. Every school
21 shall report to the State Board of Education by June 30, in the
22 manner that the State Board requires, the number of children
23 who have received the required eye examination, indicating, of
24 those who have not received the required eye examination, the
25 number of children who are exempt from the eye examination as
26 provided in subsection (8) of this Section, the number of

1 children who have received a waiver under subsection (1.10) of
2 this Section, and the total number of children in noncompliance
3 with the eye examination requirement. This reported
4 information shall be provided to the Department of Public
5 Health by the State Board of Education.

6 (7) Upon determining that the number of pupils who are
7 required to be in compliance with subsection (5) of this
8 Section is below 90% of the number of pupils enrolled in the
9 school district, 10% of each State aid payment made pursuant to
10 Section 18-8.05 to the school district for such year may be
11 withheld by the State Board of Education until the number of
12 students in compliance with subsection (5) is the applicable
13 specified percentage or higher.

14 (8) Parents or legal guardians who object to health,
15 dental, or eye examinations or any part thereof, or to
16 immunizations, on religious grounds shall not be required to
17 submit their children or wards to the examinations or
18 immunizations to which they so object if such parents or legal
19 guardians present to the appropriate local school authority a
20 signed statement of objection, detailing the grounds for the
21 objection. If the physical condition of the child is such that
22 any one or more of the immunizing agents should not be
23 administered, the examining physician, advanced practice
24 nurse, or physician assistant responsible for the performance
25 of the health examination shall endorse that fact upon the
26 health examination form. Exempting a child from the health,

1 dental, or eye examination does not exempt the child from
2 participation in the program of physical education training
3 provided in Sections 27-5 through 27-7 of this Code.

4 (9) For the purposes of this Section, "nursery schools"
5 means those nursery schools operated by elementary school
6 systems or secondary level school units or institutions of
7 higher learning.

8 (Source: P.A. 95-331, eff. 8-21-07; 95-422, eff. 8-24-07;
9 95-496, eff. 8-28-07; 95-671, eff. 1-1-08; 95-737, eff.
10 7-16-08; 95-876, eff. 8-21-08.)

11 Section 15. The Ambulatory Surgical Treatment Center Act is
12 amended by changing Section 6.5 as follows:

13 (210 ILCS 5/6.5)

14 Sec. 6.5. Clinical privileges; advanced practice nurses.
15 All ambulatory surgical treatment centers (ASTC) licensed
16 under this Act shall comply with the following requirements:

17 (1) No ASTC policy, rule, regulation, or practice shall be
18 inconsistent with the provision of adequate collaboration and
19 consultation in accordance with Section 54.5 of the Medical
20 Practice Act of 1987.

21 (2) Operative surgical procedures shall be performed only
22 by a physician licensed to practice medicine in all its
23 branches under the Medical Practice Act of 1987, a dentist
24 licensed under the Illinois Dental Practice Act, or a

1 podiatrist licensed under the Podiatric Medical Practice Act of
2 1987, with medical staff membership and surgical clinical
3 privileges granted by the consulting committee of the ASTC. A
4 licensed physician, dentist, or podiatrist may be assisted by a
5 physician licensed to practice medicine in all its branches,
6 dentist, dental assistant, podiatrist, licensed advanced
7 practice nurse, licensed physician assistant, licensed
8 registered nurse, licensed practical nurse, surgical
9 assistant, surgical technician, or other individuals granted
10 clinical privileges to assist in surgery by the consulting
11 committee of the ASTC. Payment for services rendered by an
12 assistant in surgery who is not an ambulatory surgical
13 treatment center employee shall be paid at the appropriate
14 non-physician modifier rate if the payor would have made
15 payment had the same services been provided by a physician.

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

25 ~~(3) An advanced practice nurse is not required to possess~~
26 ~~prescriptive authority or a written collaborative agreement~~

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

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

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

- 1 (i) an anesthesiologist; or
2 (ii) a physician licensed to practice medicine in
3 all its branches; or
4 (iii) a dentist with authority to administer
5 anesthesia under Section 8.1 of the Illinois Dental
6 Practice Act; or
7 (iv) a licensed certified registered nurse
8 anesthetist; or
9 (v) a podiatrist licensed under the Podiatric
10 Medical Practice Act of 1987.

11 (B) (Blank). ~~For anesthesia services, an~~
12 ~~anesthesiologist shall participate through discussion of~~
13 ~~and agreement with the anesthesia plan and shall remain~~
14 ~~physically present and be available on the premises during~~
15 ~~the 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 alternate~~
19 ~~policy (requiring participation, presence, and~~
20 ~~availability of a physician licensed to practice medicine~~
21 ~~in all its branches) shall be developed by the medical~~
22 ~~staff consulting committee in consultation with the~~
23 ~~anesthesia service and included in the medical staff~~
24 ~~consulting committee policies.~~

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

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

14 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
15 95-911, eff. 8-26-08.)

16 Section 20. The Illinois Clinical Laboratory and Blood Bank
17 Act is amended by changing Section 7-101 as follows:

18 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

19 Sec. 7-101. Examination of specimens. A clinical
20 laboratory shall examine specimens only at the request of (i) a
21 licensed physician, (ii) a licensed dentist, (iii) a licensed
22 podiatrist, (iv) a therapeutic optometrist for diagnostic or
23 therapeutic purposes related to the use of diagnostic topical
24 or therapeutic ocular pharmaceutical agents, as defined in

1 subsections (c) and (d) of Section 15.1 of the Illinois
2 Optometric Practice Act of 1987, (v) a licensed physician
3 assistant in accordance with the written guidelines required
4 under subdivision (3) of Section 4 and under Section 7.5 of the
5 Physician Assistant Practice Act of 1987, (v-A) an advanced
6 practice nurse, ~~in accordance with the written collaborative~~
7 ~~agreement required under Section 65-35 of the Nurse Practice~~
8 ~~Act,~~ or (vi) an authorized law enforcement agency or, in the
9 case of blood alcohol, at the request of the individual for
10 whom the test is to be performed in compliance with Sections
11 11-501 and 11-501.1 of the Illinois Vehicle Code. If the
12 request to a laboratory is oral, the physician or other
13 authorized person shall submit a written request to the
14 laboratory within 48 hours. If the laboratory does not receive
15 the written request within that period, it shall note that fact
16 in its records. For purposes of this Section, a request made by
17 electronic mail or fax constitutes a written request.

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

19 Section 25. The Hospital Licensing Act is amended by
20 changing Section 10.7 as follows:

21 (210 ILCS 85/10.7)

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

1 (1) No hospital policy, rule, regulation, or practice shall
2 be inconsistent with the provision of adequate collaboration
3 and consultation in accordance with Section 54.5 of the Medical
4 Practice Act of 1987.

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

23 (2.5) A registered nurse licensed under the Nurse Practice
24 Act and qualified by training and experience in operating room
25 nursing shall be present in the operating room and function as
26 the circulating nurse during all invasive or operative

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

6 ~~(3) An advanced practice nurse is not required to possess~~
7 ~~prescriptive authority or a written collaborative agreement~~
8 ~~meeting the requirements of the Nurse Practice Act to provide~~
9 ~~advanced practice nursing services in a hospital.~~ An advanced
10 practice nurse must possess clinical privileges recommended by
11 the medical staff and granted by the hospital in order to
12 provide services. Individual advanced practice nurses may also
13 be granted clinical privileges to order, select, and administer
14 medications, including controlled substances, to provide
15 delineated care. ~~The attending physician must determine the~~
16 ~~advance practice nurse's role in providing care for his or her~~
17 ~~patients, except as otherwise provided in medical staff bylaws.~~

18 The medical staff shall periodically review the services of
19 advanced practice nurses granted privileges. This review shall
20 be conducted in accordance with item (2) of subsection (a) of
21 Section 10.8 of this Act for advanced practice nurses employed
22 by the hospital.

23 (4) The anesthesia service shall be under the direction of
24 a physician licensed to practice medicine in all its branches
25 who has had specialized preparation or experience in the area
26 or who has completed a residency in anesthesiology. An

1 anesthesiologist, Board certified or Board eligible, is
2 recommended. Anesthesia services may only be administered
3 pursuant to the order of a physician licensed to practice
4 medicine in all its branches, licensed dentist, or licensed
5 podiatrist.

6 (A) The individuals who, with clinical privileges
7 granted at the hospital, may administer anesthesia
8 services are limited to the following:

9 (i) an anesthesiologist; or

10 (ii) a physician licensed to practice medicine in
11 all its branches; or

12 (iii) a dentist with authority to administer
13 anesthesia under Section 8.1 of the Illinois Dental
14 Practice Act; or

15 (iv) a licensed certified registered nurse
16 anesthetist; or

17 (v) a podiatrist licensed under the Podiatric
18 Medical Practice Act of 1987.

19 (B) (Blank). ~~For anesthesia services, an~~
20 ~~anesthesiologist shall participate through discussion of~~
21 ~~and agreement with the anesthesia plan and shall remain~~
22 ~~physically present and be available on the premises during~~
23 ~~the delivery of anesthesia services for diagnosis,~~
24 ~~consultation, and treatment of emergency medical~~
25 ~~conditions. In the absence of 24-hour availability of~~
26 ~~anesthesiologists with medical staff privileges, an~~

1 ~~alternate policy (requiring participation, presence, and~~
2 ~~availability of a physician licensed to practice medicine~~
3 ~~in all its branches) shall be developed by the medical~~
4 ~~staff and licensed hospital in consultation with the~~
5 ~~anesthesia service.~~

6 (C) ~~A certified registered nurse anesthetist is not~~
7 ~~required to possess prescriptive authority or a written~~
8 ~~collaborative agreement meeting the requirements of~~
9 ~~Section 65-35 of the Nurse Practice Act to provide~~
10 ~~anesthesia services ordered by a licensed physician,~~
11 ~~dentist, or podiatrist.~~ Licensed certified registered
12 nurse anesthetists are authorized to select, order, and
13 administer drugs and apply ~~the~~ appropriate medical devices
14 in the provision of anesthesia services. ~~under the~~
15 ~~anesthesia plan agreed with by the anesthesiologist or, in~~
16 ~~the absence of an available anesthesiologist with clinical~~
17 ~~privileges, agreed with by the operating physician,~~
18 ~~operating dentist, or operating podiatrist in accordance~~
19 ~~with the hospital's alternative policy.~~

20 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
21 95-911, eff. 8-26-08.)

22 Section 30. The Illinois Insurance Code is amended by
23 changing Sections 356g.5 and 356z.1 as follows:

24 (215 ILCS 5/356g.5)

1 Sec. 356g.5. Clinical breast exam.

2 (a) The General Assembly finds that clinical breast
3 examinations are a critical tool in the early detection of
4 breast cancer, while the disease is in its earlier and
5 potentially more treatable stages. Insurer reimbursement of
6 clinical breast examinations is essential to the effort to
7 reduce breast cancer deaths in Illinois.

8 (b) Every insurer shall provide, in each group or
9 individual policy, contract, or certificate of accident or
10 health insurance issued or renewed for persons who are
11 residents of Illinois, coverage for complete and thorough
12 clinical breast examinations as indicated by guidelines of
13 practice, performed by a physician licensed to practice
14 medicine in all its branches, an advanced practice nurse ~~who~~
15 ~~has a collaborative agreement with a collaborating physician~~
16 ~~that authorizes breast examinations,~~ or a physician assistant
17 who has been delegated authority to provide breast
18 examinations, to check for lumps and other changes for the
19 purpose of early detection and prevention of breast cancer as
20 follows:

21 (1) at least every 3 years for women at least 20 years
22 of age but less than 40 years of age; and

23 (2) annually for women 40 years of age or older.

24 (c) Upon approval of a nationally recognized separate and
25 distinct clinical breast exam code that is compliant with all
26 State and federal laws, rules, and regulations, public and

1 private insurance plans shall take action to cover clinical
2 breast exams on a separate and distinct basis.

3 (Source: P.A. 95-189, eff. 8-16-07.)

4 (215 ILCS 5/356z.1)

5 Sec. 356z.1. Prenatal HIV testing. An individual or group
6 policy of accident and health insurance that provides maternity
7 coverage and is amended, delivered, issued, or renewed after
8 the effective date of this amendatory Act of the 92nd General
9 Assembly must provide coverage for prenatal HIV testing ordered
10 by an attending physician licensed to practice medicine in all
11 its branches, or by a physician assistant or advanced practice
12 registered nurse ~~who has a written collaborative agreement with~~
13 ~~a collaborating physician that authorizes these services,~~
14 including but not limited to orders consistent with the
15 recommendations of the American College of Obstetricians and
16 Gynecologists or the American Academy of Pediatrics.

17 (Source: P.A. 92-130, eff. 7-20-01.)

18 Section 35. The Illinois Dental Practice Act is amended by
19 changing Section 8.1 as follows:

20 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

21 (Section scheduled to be repealed on January 1, 2016)

22 Sec. 8.1. Permit for the administration of anesthesia and
23 sedation.

1 (a) No licensed dentist shall administer general
2 anesthesia, deep sedation, or conscious sedation without first
3 applying for and obtaining a permit for such purpose from the
4 Department. The Department shall issue such permit only after
5 ascertaining that the applicant possesses the minimum
6 qualifications necessary to protect public safety. A person
7 with a dental degree who administers anesthesia, deep sedation,
8 or conscious sedation in an approved hospital training program
9 under the supervision of either a licensed dentist holding such
10 permit or a physician licensed to practice medicine in all its
11 branches shall not be required to obtain such permit.

12 (b) In determining the minimum permit qualifications that
13 are necessary to protect public safety, the Department, by
14 rule, shall:

15 (1) establish the minimum educational and training
16 requirements necessary for a dentist to be issued an
17 appropriate permit;

18 (2) establish the standards for properly equipped
19 dental facilities (other than licensed hospitals and
20 ambulatory surgical treatment centers) in which general
21 anesthesia, deep sedation, or conscious sedation is
22 administered, as necessary to protect public safety;

23 (3) establish minimum requirements for all persons who
24 assist the dentist in the administration of general
25 anesthesia, deep sedation, or conscious sedation,
26 including minimum training requirements for each member of

1 the dental team, monitoring requirements, recordkeeping
2 requirements, and emergency procedures; and

3 (4) ensure that the dentist and all persons assisting
4 the dentist or monitoring the administration of general
5 anesthesia, deep sedation, or conscious sedation maintain
6 current certification in Basic Life Support (BLS).

7 (5) establish continuing education requirements in
8 sedation techniques for dentists who possess a permit under
9 this Section.

10 When establishing requirements under this Section, the
11 Department shall consider the current American Dental
12 Association guidelines on sedation and general anesthesia, the
13 current "Guidelines for Monitoring and Management of Pediatric
14 Patients During and After Sedation for Diagnostic and
15 Therapeutic Procedures" established by the American Academy of
16 Pediatrics and the American Academy of Pediatric Dentistry, and
17 the current parameters of care and Office Anesthesia Evaluation
18 (OAE) Manual established by the American Association of Oral
19 and Maxillofacial Surgeons.

20 (c) (Blank). ~~A licensed dentist must hold an appropriate~~
21 ~~permit issued under this Section in order to perform dentistry~~
22 ~~while a nurse anesthetist administers conscious sedation, and a~~
23 ~~valid written collaborative agreement must exist between the~~
24 ~~dentist and the nurse anesthetist, in accordance with the~~
25 ~~Nursing and Advanced Practice Nursing Act.~~

26 ~~A licensed dentist must hold an appropriate permit issued~~

1 ~~under this Section in order to perform dentistry while a nurse~~
2 ~~anesthetist administers deep sedation or general anesthesia,~~
3 ~~and a valid written collaborative agreement must exist between~~
4 ~~the dentist and the nurse anesthetist, in accordance with the~~
5 ~~Nursing and Advanced Practice Nursing Act.~~

6 ~~For the purposes of this subsection (c), "nurse~~
7 ~~anesthetist" means a licensed certified registered nurse~~
8 ~~anesthetist who holds a license as an advanced practice nurse.~~

9 (Source: P.A. 95-399, eff. 1-1-08; 95-639, eff. 1-1-08; revised
10 1-22-08.)

11 Section 37. The Medical Practice Act of 1987 is amended by
12 changing Sections 22 and 54.5 as follows:

13 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

15 Sec. 22. Disciplinary action.

16 (A) The Department may revoke, suspend, place on
17 probationary status, refuse to renew, or take any other
18 disciplinary action as the Department may deem proper with
19 regard to the license or visiting professor permit of any
20 person issued under this Act to practice medicine, or to treat
21 human ailments without the use of drugs and without operative
22 surgery upon any of the following grounds:

23 (1) Performance of an elective abortion in any place,
24 locale, facility, or institution other than:

1 (a) a facility licensed pursuant to the Ambulatory
2 Surgical Treatment Center Act;

3 (b) an institution licensed under the Hospital
4 Licensing Act; or

5 (c) an ambulatory surgical treatment center or
6 hospitalization or care facility maintained by the
7 State or any agency thereof, where such department or
8 agency has authority under law to establish and enforce
9 standards for the ambulatory surgical treatment
10 centers, hospitalization, or care facilities under its
11 management and control; or

12 (d) ambulatory surgical treatment centers,
13 hospitalization or care facilities maintained by the
14 Federal Government; or

15 (e) ambulatory surgical treatment centers,
16 hospitalization or care facilities maintained by any
17 university or college established under the laws of
18 this State and supported principally by public funds
19 raised by taxation.

20 (2) Performance of an abortion procedure in a wilful
21 and wanton manner on a woman who was not pregnant at the
22 time the abortion procedure was performed.

23 (3) The conviction of a felony in this or any other
24 jurisdiction, except as otherwise provided in subsection B
25 of this Section, whether or not related to practice under
26 this Act, or the entry of a guilty or nolo contendere plea

1 to a felony charge.

2 (4) Gross negligence in practice under this Act.

3 (5) Engaging in dishonorable, unethical or
4 unprofessional conduct of a character likely to deceive,
5 defraud or harm the public.

6 (6) Obtaining any fee by fraud, deceit, or
7 misrepresentation.

8 (7) Habitual or excessive use or abuse of drugs defined
9 in law as controlled substances, of alcohol, or of any
10 other substances which results in the inability to practice
11 with reasonable judgment, skill or safety.

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

14 (9) Fraud or misrepresentation in applying for, or
15 procuring, a license under this Act or in connection with
16 applying for renewal of a license under this Act.

17 (10) Making a false or misleading statement regarding
18 their skill or the efficacy or value of the medicine,
19 treatment, or remedy prescribed by them at their direction
20 in the treatment of any disease or other condition of the
21 body or mind.

22 (11) Allowing another person or organization to use
23 their license, procured under this Act, to practice.

24 (12) Disciplinary action of another state or
25 jurisdiction against a license or other authorization to
26 practice as a medical doctor, doctor of osteopathy, doctor

1 of osteopathic medicine or doctor of chiropractic, a
2 certified copy of the record of the action taken by the
3 other state or jurisdiction being prima facie evidence
4 thereof.

5 (13) Violation of any provision of this Act or of the
6 Medical Practice Act prior to the repeal of that Act, or
7 violation of the rules, or a final administrative action of
8 the Secretary, after consideration of the recommendation
9 of the Disciplinary Board.

10 (14) Dividing with anyone other than physicians with
11 whom the licensee practices in a partnership, Professional
12 Association, limited liability company, or Medical or
13 Professional Corporation any fee, commission, rebate or
14 other form of compensation for any professional services
15 not actually and personally rendered. Nothing contained in
16 this subsection prohibits persons holding valid and
17 current licenses under this Act from practicing medicine in
18 partnership under a partnership agreement, including a
19 limited liability partnership, in a limited liability
20 company under the Limited Liability Company Act, in a
21 corporation authorized by the Medical Corporation Act, as
22 an association authorized by the Professional Association
23 Act, or in a corporation under the Professional Corporation
24 Act or from pooling, sharing, dividing or apportioning the
25 fees and monies received by them or by the partnership,
26 corporation or association in accordance with the

1 partnership agreement or the policies of the Board of
2 Directors of the corporation or association. Nothing
3 contained in this subsection prohibits 2 or more
4 corporations authorized by the Medical Corporation Act,
5 from forming a partnership or joint venture of such
6 corporations, and providing medical, surgical and
7 scientific research and knowledge by employees of these
8 corporations if such employees are licensed under this Act,
9 or from pooling, sharing, dividing, or apportioning the
10 fees and monies received by the partnership or joint
11 venture in accordance with the partnership or joint venture
12 agreement. Nothing contained in this subsection shall
13 abrogate the right of 2 or more persons, holding valid and
14 current licenses under this Act, to each receive adequate
15 compensation for concurrently rendering professional
16 services to a patient and divide a fee; provided, the
17 patient has full knowledge of the division, and, provided,
18 that the division is made in proportion to the services
19 performed and responsibility assumed by each.

20 (15) A finding by the Medical Disciplinary Board that
21 the registrant after having his or her license placed on
22 probationary status or subjected to conditions or
23 restrictions violated the terms of the probation or failed
24 to comply with such terms or conditions.

25 (16) Abandonment of a patient.

26 (17) Prescribing, selling, administering,

1 distributing, giving or self-administering any drug
2 classified as a controlled substance (designated product)
3 or narcotic for other than medically accepted therapeutic
4 purposes.

5 (18) Promotion of the sale of drugs, devices,
6 appliances or goods provided for a patient in such manner
7 as to exploit the patient for financial gain of the
8 physician.

9 (19) Offering, undertaking or agreeing to cure or treat
10 disease by a secret method, procedure, treatment or
11 medicine, or the treating, operating or prescribing for any
12 human condition by a method, means or procedure which the
13 licensee refuses to divulge upon demand of the Department.

14 (20) Immoral conduct in the commission of any act
15 including, but not limited to, commission of an act of
16 sexual misconduct related to the licensee's practice.

17 (21) Wilfully making or filing false records or reports
18 in his or her practice as a physician, including, but not
19 limited to, false records to support claims against the
20 medical assistance program of the Department of Healthcare
21 and Family Services (formerly Department of Public Aid)
22 under the Illinois Public Aid Code.

23 (22) Wilful omission to file or record, or wilfully
24 impeding the filing or recording, or inducing another
25 person to omit to file or record, medical reports as
26 required by law, or wilfully failing to report an instance

1 of suspected abuse or neglect as required by law.

2 (23) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act, and
5 upon proof by clear and convincing evidence that the
6 licensee has caused a child to be an abused child or
7 neglected child as defined in the Abused and Neglected
8 Child Reporting Act.

9 (24) Solicitation of professional patronage by any
10 corporation, agents or persons, or profiting from those
11 representing themselves to be agents of the licensee.

12 (25) Gross and wilful and continued overcharging for
13 professional services, including filing false statements
14 for collection of fees for which services are not rendered,
15 including, but not limited to, filing such false statements
16 for collection of monies for services not rendered from the
17 medical assistance program of the Department of Healthcare
18 and Family Services (formerly Department of Public Aid)
19 under the Illinois Public Aid Code.

20 (26) A pattern of practice or other behavior which
21 demonstrates incapacity or incompetence to practice under
22 this Act.

23 (27) Mental illness or disability which results in the
24 inability to practice under this Act with reasonable
25 judgment, skill or safety.

26 (28) Physical illness, including, but not limited to,

1 deterioration through the aging process, or loss of motor
2 skill which results in a physician's inability to practice
3 under this Act with reasonable judgment, skill or safety.

4 (29) Cheating on or attempt to subvert the licensing
5 examinations administered under this Act.

6 (30) Wilfully or negligently violating the
7 confidentiality between physician and patient except as
8 required by law.

9 (31) The use of any false, fraudulent, or deceptive
10 statement in any document connected with practice under
11 this Act.

12 (32) Aiding and abetting an individual not licensed
13 under this Act in the practice of a profession licensed
14 under this Act.

15 (33) Violating state or federal laws or regulations
16 relating to controlled substances, legend drugs, or
17 ephedra, as defined in the Ephedra Prohibition Act.

18 (34) Failure to report to the Department any adverse
19 final action taken against them by another licensing
20 jurisdiction (any other state or any territory of the
21 United States or any foreign state or country), by any peer
22 review body, by any health care institution, by any
23 professional society or association related to practice
24 under this Act, by any governmental agency, by any law
25 enforcement agency, or by any court for acts or conduct
26 similar to acts or conduct which would constitute grounds

1 for action as defined in this Section.

2 (35) Failure to report to the Department surrender of a
3 license or authorization to practice as a medical doctor, a
4 doctor of osteopathy, a doctor of osteopathic medicine, or
5 doctor of chiropractic in another state or jurisdiction, or
6 surrender of membership on any medical staff or in any
7 medical or professional association or society, while
8 under disciplinary investigation by any of those
9 authorities or bodies, for acts or conduct similar to acts
10 or conduct which would constitute grounds for action as
11 defined in this Section.

12 (36) Failure to report to the Department any adverse
13 judgment, settlement, or award arising from a liability
14 claim related to acts or conduct similar to acts or conduct
15 which would constitute grounds for action as defined in
16 this Section.

17 (37) Failure to transfer copies of medical records as
18 required by law.

19 (38) Failure to furnish the Department, its
20 investigators or representatives, relevant information,
21 legally requested by the Department after consultation
22 with the Chief Medical Coordinator or the Deputy Medical
23 Coordinator.

24 (39) Violating the Health Care Worker Self-Referral
25 Act.

26 (40) Willful failure to provide notice when notice is

1 required under the Parental Notice of Abortion Act of 1995.

2 (41) Failure to establish and maintain records of
3 patient care and treatment as required by this law.

4 (42) (Blank). ~~Entering into an excessive number of~~
5 ~~written collaborative agreements with licensed advanced~~
6 ~~practice nurses resulting in an inability to adequately~~
7 ~~collaborate and provide medical direction.~~

8 (43) Repeated failure to adequately collaborate with
9 or provide medical direction to a licensed advanced
10 practice nurse.

11 Except for actions involving the ground numbered (26), all
12 proceedings to suspend, revoke, place on probationary status,
13 or take any other disciplinary action as the Department may
14 deem proper, with regard to a license on any of the foregoing
15 grounds, must be commenced within 5 years next after receipt by
16 the Department of a complaint alleging the commission of or
17 notice of the conviction order for any of the acts described
18 herein. Except for the grounds numbered (8), (9), (26), and
19 (29), no action shall be commenced more than 10 years after the
20 date of the incident or act alleged to have violated this
21 Section. For actions involving the ground numbered (26), a
22 pattern of practice or other behavior includes all incidents
23 alleged to be part of the pattern of practice or other behavior
24 that occurred or a report pursuant to Section 23 of this Act
25 received within the 10-year period preceding the filing of the
26 complaint. In the event of the settlement of any claim or cause

1 of action in favor of the claimant or the reduction to final
2 judgment of any civil action in favor of the plaintiff, such
3 claim, cause of action or civil action being grounded on the
4 allegation that a person licensed under this Act was negligent
5 in providing care, the Department shall have an additional
6 period of 2 years from the date of notification to the
7 Department under Section 23 of this Act of such settlement or
8 final judgment in which to investigate and commence formal
9 disciplinary proceedings under Section 36 of this Act, except
10 as otherwise provided by law. The time during which the holder
11 of the license was outside the State of Illinois shall not be
12 included within any period of time limiting the commencement of
13 disciplinary action by the Department.

14 The entry of an order or judgment by any circuit court
15 establishing that any person holding a license under this Act
16 is a person in need of mental treatment operates as a
17 suspension of that license. That person may resume their
18 practice only upon the entry of a Departmental order based upon
19 a finding by the Medical Disciplinary Board that they have been
20 determined to be recovered from mental illness by the court and
21 upon the Disciplinary Board's recommendation that they be
22 permitted to resume their practice.

23 The Department may refuse to issue or take disciplinary
24 action concerning the license of any person who fails to file a
25 return, or to pay the tax, penalty or interest shown in a filed
26 return, or to pay any final assessment of tax, penalty or

1 interest, as required by any tax Act administered by the
2 Illinois Department of Revenue, until such time as the
3 requirements of any such tax Act are satisfied as determined by
4 the Illinois Department of Revenue.

5 The Department, upon the recommendation of the
6 Disciplinary Board, shall adopt rules which set forth standards
7 to be used in determining:

8 (a) when a person will be deemed sufficiently
9 rehabilitated to warrant the public trust;

10 (b) what constitutes dishonorable, unethical or
11 unprofessional conduct of a character likely to deceive,
12 defraud, or harm the public;

13 (c) what constitutes immoral conduct in the commission
14 of any act, including, but not limited to, commission of an
15 act of sexual misconduct related to the licensee's
16 practice; and

17 (d) what constitutes gross negligence in the practice
18 of medicine.

19 However, no such rule shall be admissible into evidence in
20 any civil action except for review of a licensing or other
21 disciplinary action under this Act.

22 In enforcing this Section, the Medical Disciplinary Board,
23 upon a showing of a possible violation, may compel any
24 individual licensed to practice under this Act, or who has
25 applied for licensure or a permit pursuant to this Act, to
26 submit to a mental or physical examination, or both, as

1 required by and at the expense of the Department. The examining
2 physician or physicians shall be those specifically designated
3 by the Disciplinary Board. The Medical Disciplinary Board or
4 the Department may order the examining physician to present
5 testimony concerning this mental or physical examination of the
6 licensee or applicant. No information shall be excluded by
7 reason of any common law or statutory privilege relating to
8 communication between the licensee or applicant and the
9 examining physician. The individual to be examined may have, at
10 his or her own expense, another physician of his or her choice
11 present during all aspects of the examination. Failure of any
12 individual to submit to mental or physical examination, when
13 directed, shall be grounds for suspension of his or her license
14 until such time as the individual submits to the examination if
15 the Disciplinary Board finds, after notice and hearing, that
16 the refusal to submit to the examination was without reasonable
17 cause. If the Disciplinary Board finds a physician unable to
18 practice because of the reasons set forth in this Section, the
19 Disciplinary Board shall require such physician to submit to
20 care, counseling, or treatment by physicians approved or
21 designated by the Disciplinary Board, as a condition for
22 continued, reinstated, or renewed licensure to practice. Any
23 physician, whose license was granted pursuant to Sections 9,
24 17, or 19 of this Act, or, continued, reinstated, renewed,
25 disciplined or supervised, subject to such terms, conditions or
26 restrictions who shall fail to comply with such terms,

1 conditions or restrictions, or to complete a required program
2 of care, counseling, or treatment, as determined by the Chief
3 Medical Coordinator or Deputy Medical Coordinators, shall be
4 referred to the Secretary for a determination as to whether the
5 licensee shall have their license suspended immediately,
6 pending a hearing by the Disciplinary Board. In instances in
7 which the Secretary immediately suspends a license under this
8 Section, a hearing upon such person's license must be convened
9 by the Disciplinary Board within 15 days after such suspension
10 and completed without appreciable delay. The Disciplinary
11 Board shall have the authority to review the subject
12 physician's record of treatment and counseling regarding the
13 impairment, to the extent permitted by applicable federal
14 statutes and regulations safeguarding the confidentiality of
15 medical records.

16 An individual licensed under this Act, affected under this
17 Section, shall be afforded an opportunity to demonstrate to the
18 Disciplinary Board that they can resume practice in compliance
19 with acceptable and prevailing standards under the provisions
20 of their license.

21 The Department may promulgate rules for the imposition of
22 fines in disciplinary cases, not to exceed \$10,000 for each
23 violation of this Act. Fines may be imposed in conjunction with
24 other forms of disciplinary action, but shall not be the
25 exclusive disposition of any disciplinary action arising out of
26 conduct resulting in death or injury to a patient. Any funds

1 collected from such fines shall be deposited in the Medical
2 Disciplinary Fund.

3 (B) The Department shall revoke the license or visiting
4 permit of any person issued under this Act to practice medicine
5 or to treat human ailments without the use of drugs and without
6 operative surgery, who has been convicted a second time of
7 committing any felony under the Illinois Controlled Substances
8 Act or the Methamphetamine Control and Community Protection
9 Act, or who has been convicted a second time of committing a
10 Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois
11 Public Aid Code. A person whose license or visiting permit is
12 revoked under this subsection B of Section 22 of this Act shall
13 be prohibited from practicing medicine or treating human
14 ailments without the use of drugs and without operative
15 surgery.

16 (C) The Medical Disciplinary Board shall recommend to the
17 Department civil penalties and any other appropriate
18 discipline in disciplinary cases when the Board finds that a
19 physician willfully performed an abortion with actual
20 knowledge that the person upon whom the abortion has been
21 performed is a minor or an incompetent person without notice as
22 required under the Parental Notice of Abortion Act of 1995.
23 Upon the Board's recommendation, the Department shall impose,
24 for the first violation, a civil penalty of \$1,000 and for a
25 second or subsequent violation, a civil penalty of \$5,000.

26 (Source: P.A. 94-556, eff. 9-11-05; 94-677, eff. 8-25-05;

1 95-331, eff. 8-21-07.)

2 (225 ILCS 60/54.5)

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

4 Sec. 54.5. Physician delegation of authority.

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

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

25 ~~(1) The agreement is written to promote the exercise of~~

1 ~~professional judgment by the advanced practice nurse~~
2 ~~commensurate with his or her education and experience. The~~
3 ~~agreement need not describe the exact steps that an~~
4 ~~advanced practice nurse must take with respect to each~~
5 ~~specific condition, disease, or symptom, but must specify~~
6 ~~those procedures that require a physician's presence as the~~
7 ~~procedures are being performed.~~

8 ~~(2) Practice guidelines and orders are developed and~~
9 ~~approved jointly by the advanced practice nurse and~~
10 ~~collaborating physician, as needed, based on the practice~~
11 ~~of the practitioners. Such guidelines and orders and the~~
12 ~~patient services provided thereunder are periodically~~
13 ~~reviewed by the collaborating physician.~~

14 ~~(3) The advanced practice nurse provides services the~~
15 ~~collaborating physician generally provides to his or her~~
16 ~~patients in the normal course of clinical practice, except~~
17 ~~as set forth in subsection (b 5) of this Section. With~~
18 ~~respect to labor and delivery, the collaborating physician~~
19 ~~must provide delivery services in order to participate with~~
20 ~~a certified nurse midwife.~~

21 ~~(4) The collaborating physician and advanced practice~~
22 ~~nurse meet in person at least once a month to provide~~
23 ~~collaboration and consultation.~~

24 ~~(5) Methods of communication are available with the~~
25 ~~collaborating physician in person or through~~
26 ~~telecommunications for consultation, collaboration, and~~

1 ~~referral as needed to address patient care needs.~~

2 ~~(6) The agreement contains provisions detailing notice~~
3 ~~for termination or change of status involving a written~~
4 ~~collaborative agreement, except when such notice is given~~
5 ~~for just cause.~~

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

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

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

1 ~~treatment center in accordance with Section 6.5 of the~~
2 ~~Ambulatory Surgical Treatment Center Act.~~

3 (b-10) (Blank). ~~The anesthesiologist or operating~~
4 ~~physician must agree with the anesthesia plan prior to the~~
5 ~~delivery of services.~~

6 (c) The supervising 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 the~~
9 ~~medical records of all patients attended to by an advanced~~
10 ~~practice nurse.~~

11 (d) Nothing in this Act shall be construed to limit the
12 delegation of tasks or duties by a physician licensed to
13 practice medicine in all its branches to a licensed practical
14 nurse, a registered professional nurse, or other persons.

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

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

2 Section 40. The Nurse Practice Act is amended by changing
3 Sections 50-10, 65-30, 65-40, 65-45, 65-55, and 70-5 as
4 follows:

5 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

7 Sec. 50-10. Definitions. Each of the following terms, when
8 used in this Act, shall have the meaning ascribed to it in this
9 Section, except where the context clearly indicates otherwise:

10 "Academic year" means the customary annual schedule of
11 courses at a college, university, or approved school,
12 customarily regarded as the school year as distinguished from
13 the calendar year.

14 "Advanced practice nurse" or "APN" means a person who has
15 met the qualifications for a (i) certified nurse midwife (CNM);
16 (ii) certified nurse practitioner (CNP); (iii) certified
17 registered nurse anesthetist (CRNA); or (iv) clinical nurse
18 specialist (CNS) and has been licensed by the Department. All
19 advanced practice nurses licensed and practicing in the State
20 of Illinois shall use the title APN and may use speciality
21 credentials after their name.

22 "Approved program of professional nursing education" and
23 "approved program of practical nursing education" are programs
24 of professional or practical nursing, respectively, approved

1 by the Department under the provisions of this Act.

2 "Board" means the Board of Nursing appointed by the
3 Secretary.

4 "Collaboration" means a process involving 2 or more health
5 care professionals working together, each contributing one's
6 respective area of expertise to provide more comprehensive
7 patient care.

8 "Consultation" means the process whereby an advanced
9 practice nurse seeks the advice or opinion of another health
10 care professional.

11 "Credentialed" means the process of assessing and
12 validating the qualifications of a health care professional.

13 "Current nursing practice update course" means a planned
14 nursing education curriculum approved by the Department
15 consisting of activities that have educational objectives,
16 instructional methods, content or subject matter, clinical
17 practice, and evaluation methods, related to basic review and
18 updating content and specifically planned for those nurses
19 previously licensed in the United States or its territories and
20 preparing for reentry into nursing practice.

21 "Dentist" means a person licensed to practice dentistry
22 under the Illinois Dental Practice Act.

23 "Department" means the Department of Financial and
24 Professional Regulation.

25 "Impaired nurse" means a nurse licensed under this Act who
26 is unable to practice with reasonable skill and safety because

1 of a physical or mental disability as evidenced by a written
2 determination or written consent based on clinical evidence,
3 including loss of motor skills, abuse of drugs or alcohol, or a
4 psychiatric disorder, of sufficient degree to diminish his or
5 her ability to deliver competent patient care.

6 "License-pending advanced practice nurse" means a
7 registered professional nurse who has completed all
8 requirements for licensure as an advanced practice nurse except
9 the certification examination and has applied to take the next
10 available certification exam and received a temporary license
11 from the Department.

12 "License-pending registered nurse" means a person who has
13 passed the Department-approved registered nurse licensure exam
14 and has applied for a license from the Department. A
15 license-pending registered nurse shall use the title "RN lic
16 pend" on all documentation related to nursing practice.

17 "Physician" means a person licensed to practice medicine in
18 all its branches under the Medical Practice Act of 1987.

19 "Podiatrist" means a person licensed to practice podiatry
20 under the Podiatric Medical Practice Act of 1987.

21 "Practical nurse" or "licensed practical nurse" means a
22 person who is licensed as a practical nurse under this Act and
23 practices practical nursing as defined in this Act. Only a
24 practical nurse licensed under this Act is entitled to use the
25 title "licensed practical nurse" and the abbreviation
26 "L.P.N.".

1 "Practical nursing" means the performance of nursing acts
2 requiring the basic nursing knowledge, judgement, and skill
3 acquired by means of completion of an approved practical
4 nursing education program. Practical nursing includes
5 assisting in the nursing process as delegated by a registered
6 professional nurse or an advanced practice nurse. The practical
7 nurse may work under the direction of a licensed physician,
8 dentist, podiatrist, or other health care professional
9 determined by the Department.

10 "Privileged" means the authorization granted by the
11 governing body of a healthcare facility, agency, or
12 organization to provide specific patient care services within
13 well-defined limits, based on qualifications reviewed in the
14 credentialing process.

15 "Registered Nurse" or "Registered Professional Nurse"
16 means a person who is licensed as a professional nurse under
17 this Act and practices nursing as defined in this Act. Only a
18 registered nurse licensed under this Act is entitled to use the
19 titles "registered nurse" and "registered professional nurse"
20 and the abbreviation, "R.N.".

21 "Registered professional nursing practice" is a scientific
22 process founded on a professional body of knowledge; it is a
23 learned profession based on the understanding of the human
24 condition across the life span and environment and includes all
25 nursing specialities and means the performance of any nursing
26 act based upon professional knowledge, judgment, and skills

1 acquired by means of completion of an approved professional
2 nursing education program. A registered professional nurse
3 provides holistic nursing care through the nursing process to
4 individuals, groups, families, or communities, that includes
5 but is not limited to: (1) the assessment of healthcare needs,
6 nursing diagnosis, planning, implementation, and nursing
7 evaluation; (2) the promotion, maintenance, and restoration of
8 health; (3) counseling, patient education, health education,
9 and patient advocacy; (4) the administration of medications and
10 treatments as prescribed by a physician licensed to practice
11 medicine in all of its branches, a licensed dentist, a licensed
12 podiatrist, or a licensed optometrist or as prescribed by a
13 physician assistant in accordance with written guidelines
14 required under the Physician Assistant Practice Act of 1987 or
15 by an advanced practice nurse in accordance with Article 65 of
16 this Act; (5) the coordination and management of the nursing
17 plan of care; (6) the delegation to and supervision of
18 individuals who assist the registered professional nurse
19 implementing the plan of care; and (7) teaching nursing
20 students. The foregoing shall not be deemed to include those
21 acts of medical diagnosis or prescription of therapeutic or
22 corrective measures.

23 "Professional assistance program for nurses" means a
24 professional assistance program that meets criteria
25 established by the Board of Nursing and approved by the
26 Secretary, which provides a non-disciplinary treatment

1 approach for nurses licensed under this Act whose ability to
2 practice is compromised by alcohol or chemical substance
3 addiction.

4 "Secretary" means the Secretary of Financial and
5 Professional Regulation.

6 "Unencumbered license" means a license issued in good
7 standing.

8 ~~"Written collaborative agreement" means a written~~
9 ~~agreement between an advanced practice nurse and a~~
10 ~~collaborating physician, dentist, or podiatrist pursuant to~~
11 ~~Section 65-35.~~

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

13 (225 ILCS 65/65-30)

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

15 Sec. 65-30. APN scope of practice.

16 (a) Advanced practice nursing by certified nurse
17 practitioners, certified nurse anesthetists, certified nurse
18 midwives, or clinical nurse specialists is based on knowledge
19 and skills acquired throughout an advanced practice nurse's
20 nursing education, training, and experience.

21 (b) Practice as an advanced practice nurse means a scope of
22 nursing practice, with or without compensation, and includes
23 the registered nurse scope of practice.

24 (c) The scope of practice of an advanced practice nurse
25 includes, but is not limited to, each of the following:

- 1 (1) Advanced nursing patient assessment and diagnosis.
- 2 (2) Ordering diagnostic and therapeutic tests and
3 procedures, performing those tests and procedures when using
4 health care equipment, and interpreting and using the results
5 of diagnostic and therapeutic tests and procedures ordered by
6 the advanced practice nurse or another health care
7 professional.
- 8 (3) Ordering treatments, ordering or applying
9 appropriate medical devices, and using nursing medical,
10 therapeutic, and corrective measures to treat illness and
11 improve health status.
- 12 (4) Providing palliative and end-of-life care.
- 13 (5) Providing advanced counseling, patient education,
14 health education, and patient advocacy.
- 15 (6) Prescriptive authority as defined in Section 65-40
16 of this Act.
- 17 (7) Delegating selected nursing activities or tasks to
18 a licensed practical nurse, a registered professional nurse, or
19 other personnel.
- 20 (8) Collaboration and consultation with or referral to
21 a physician or other appropriate health-care professional for
22 patient care needs that exceed the APN's scope of practice,
23 education, or experience.
- 24 (Source: P.A. 95-639, eff. 10-5-07.)

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

2 Sec. 65-40. Prescriptive authority.

3 (a) As part of the professional scope of advanced practice
4 nursing, an APN possesses prescriptive authority appropriate
5 to his or her specialty, scope of practice, education, and
6 experience. Such prescriptive authority shall ~~A collaborating~~
7 ~~physician or podiatrist may, but is not required to, delegate~~
8 ~~prescriptive authority to an advanced practice nurse as part of~~
9 ~~a written collaborative agreement. This authority may, but is~~
10 ~~not required to, include prescription of, selection of, orders~~
11 ~~for, administration of, storage of, acceptance of samples of,~~
12 ~~and dispensing over the counter medications, legend drugs,~~
13 ~~medical gases, and controlled substances categorized as~~
14 ~~Schedule III, III-N, IV, or V controlled substances, as defined~~
15 ~~in Article II of the Illinois Controlled Substances Act, and~~
16 ~~other preparations, including, but not limited to, botanical~~
17 ~~and herbal remedies. The collaborating physician or podiatrist~~
18 ~~must have a valid current Illinois controlled substance license~~
19 ~~and federal registration to delegate authority to prescribe~~
20 ~~delegated controlled substances.~~

21 (b) (Blank). ~~To prescribe controlled substances under this~~
22 ~~Section, an advanced practice nurse must obtain a mid-level~~
23 ~~practitioner controlled substance license. Medication orders~~
24 ~~shall be reviewed periodically by the collaborating physician~~
25 ~~or podiatrist.~~

26 (c) (Blank). ~~The collaborating physician or podiatrist~~

1 ~~shall file with the Department notice of delegation of~~
2 ~~prescriptive authority and termination of such delegation, in~~
3 ~~accordance with rules of the Department. Upon receipt of this~~
4 ~~notice delegating authority to prescribe Schedule III, III-N,~~
5 ~~IV, or V controlled substances, the licensed advanced practice~~
6 ~~nurse shall be eligible to register for a mid level~~
7 ~~practitioner controlled substance license under Section 303.05~~
8 ~~of the Illinois Controlled Substances Act.~~

9 (d) (Blank). ~~In addition to the requirements of subsections~~
10 ~~(a), (b), and (c) of this Section, a collaborating physician~~
11 ~~may, but is not required to, delegate authority to an advanced~~
12 ~~practice nurse to prescribe Schedule II or II-N controlled~~
13 ~~substances, if all of the following conditions apply:~~

14 ~~(1) No more than 5 Schedule II or II-N controlled~~
15 ~~substances by oral dosage may be delegated.~~

16 ~~(2) Any delegation must be controlled substances that~~
17 ~~the collaborating physician prescribes.~~

18 ~~(3) Any prescription must be limited to no more than a~~
19 ~~30 day oral dosage, with any continuation authorized only~~
20 ~~after prior approval of the collaborating physician.~~

21 ~~(4) The advanced practice nurse must discuss the~~
22 ~~condition of any patients for whom a controlled substance~~
23 ~~is prescribed monthly with the delegating physician.~~

24 (e) (Blank). ~~Nothing in this Act shall be construed to~~
25 ~~limit the delegation of tasks or duties by a physician to a~~
26 ~~licensed practical nurse, a registered professional nurse, or~~

1 ~~other persons.~~

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

3 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

5 Sec. 65-45. Advanced practice nursing in hospitals or
6 ambulatory surgical treatment centers.

7 (a) ~~An advanced practice nurse may provide services in a~~
8 ~~licensed hospital or a licensed ambulatory surgical treatment~~
9 ~~center without prescriptive authority or a written~~
10 ~~collaborative agreement pursuant to Section 65-35 of this Act.~~

11 An advanced practice nurse must possess clinical privileges
12 recommended by the hospital medical staff and granted by the
13 hospital or the consulting medical staff committee and
14 ambulatory surgical treatment center in order to provide
15 services in a licensed hospital or a licensed ambulatory
16 surgical treatment center. The medical staff or consulting
17 medical staff committee shall periodically review the services
18 of advanced practice nurses granted clinical privileges.
19 ~~Authority may also be granted to individual advanced practice~~
20 ~~nurses to select, order, and administer medications, including~~
21 ~~controlled substances, to provide delineated care.~~ The
22 attending physician shall determine an advanced practice
23 nurse's role in providing care for his or her patients, except
24 as otherwise provided in the medical staff bylaws or consulting
25 committee policies.

1 (a-5) (Blank). ~~For anesthesia services provided by a~~
2 ~~certified registered nurse anesthetist, an anesthesiologist,~~
3 ~~physician, dentist, or podiatrist shall participate through~~
4 ~~discussion of and agreement with the anesthesia plan and shall~~
5 ~~remain physically present and be available on the premises~~
6 ~~during the delivery of anesthesia services for diagnosis,~~
7 ~~consultation, and treatment of emergency medical conditions,~~
8 ~~unless hospital policy adopted pursuant to clause (B) of~~
9 ~~subdivision (3) of Section 10.7 of the Hospital Licensing Act~~
10 ~~or ambulatory surgical treatment center policy adopted~~
11 ~~pursuant to clause (B) of subdivision (3) of Section 6.5 of the~~
12 ~~Ambulatory Surgical Treatment Center Act provides otherwise. A~~
13 ~~certified registered nurse anesthetist may select, order, and~~
14 ~~administer medication for anesthesia services under the~~
15 ~~anesthesia plan agreed to by the anesthesiologist or the~~
16 ~~physician, in accordance with hospital alternative policy or~~
17 ~~the medical staff consulting committee policies of a licensed~~
18 ~~ambulatory surgical treatment center.~~

19 (b) An advanced practice nurse who provides services in a
20 hospital shall do so in accordance with Section 10.7 of the
21 Hospital Licensing Act and, in an ambulatory surgical treatment
22 center, in accordance with Section 6.5 of the Ambulatory
23 Surgical Treatment Center Act.

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

25 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

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

2 Sec. 65-55. Advertising as an APN.

3 (a) A person licensed under this Act as an advanced
4 practice nurse may advertise the availability of professional
5 services in the public media or on the premises where the
6 professional services are rendered. The advertising shall be
7 limited to the following information:

8 (1) publication of the person's name, title, office
9 hours, address, and telephone number;

10 (2) information pertaining to the person's areas of
11 specialization, including but not limited to appropriate
12 board certification or limitation of professional
13 practice;

14 (3) (blank); ~~publication of the person's collaborating~~
15 ~~physician's, dentist's, or podiatrist's name, title, and~~
16 ~~areas of specialization;~~

17 (4) information on usual and customary fees for routine
18 professional services offered, which shall include
19 notification that fees may be adjusted due to complications
20 or unforeseen circumstances;

21 (5) announcements of the opening of, change of, absence
22 from, or return to business;

23 (6) announcement of additions to or deletions from
24 professional licensed staff; and

25 (7) the issuance of business or appointment cards.

26 (b) It is unlawful for a person licensed under this Act as

1 an advanced practice nurse to use testimonials or claims of
2 superior quality of care to entice the public. It shall be
3 unlawful to advertise fee comparisons of available services
4 with those of other licensed persons.

5 (c) This Article does not authorize the advertising of
6 professional services that the offeror of the services is not
7 licensed or authorized to render. Nor shall the advertiser use
8 statements that contain false, fraudulent, deceptive, or
9 misleading material or guarantees of success, statements that
10 play upon the vanity or fears of the public, or statements that
11 promote or produce unfair competition.

12 (d) It is unlawful and punishable under the penalty
13 provisions of this Act for a person licensed under this Article
14 to knowingly advertise that the licensee will accept as payment
15 for services rendered by assignment from any third party payor
16 the amount the third party payor covers as payment in full, if
17 the effect is to give the impression of eliminating the need of
18 payment by the patient of any required deductible or copayment
19 applicable in the patient's health benefit plan.

20 (e) A licensee shall include in every advertisement for
21 services regulated under this Act his or her title as it
22 appears on the license or the initials authorized under this
23 Act.

24 (f) As used in this Section, "advertise" means solicitation
25 by the licensee or through another person or entity by means of
26 handbills, posters, circulars, motion pictures, radio,

1 newspapers, or television or any other manner.

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

3 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

5 Sec. 70-5. Grounds for disciplinary action.

6 (a) The Department may refuse to issue or to renew, or may
7 revoke, suspend, place on probation, reprimand, or take other
8 disciplinary or non-disciplinary action as the Department may
9 deem appropriate, including fines not to exceed \$10,000 per
10 violation, with regard to a license for any one or combination
11 of the causes set forth in subsection (b) below. All fines
12 collected under this Section shall be deposited in the Nursing
13 Dedicated and Professional Fund.

14 (b) Grounds for disciplinary action include the following:

15 (1) Material deception in furnishing information to
16 the Department.

17 (2) Material violations of any provision of this Act or
18 violation of the rules of or final administrative action of
19 the Secretary, after consideration of the recommendation
20 of the Board.

21 (3) Conviction by plea of guilty or nolo contendere,
22 finding of guilt, jury verdict, or entry of judgment or by
23 sentencing of any crime, including, but not limited to,
24 convictions, preceding sentences of supervision,
25 conditional discharge, or first offender probation, under

1 the laws of any jurisdiction of the United States: (i) that
2 is a felony; or (ii) that is a misdemeanor, an essential
3 element of which is dishonesty, or that is directly related
4 to the practice of the profession.

5 (4) A pattern of practice or other behavior which
6 demonstrates incapacity or incompetency to practice under
7 this Act.

8 (5) Knowingly aiding or assisting another person in
9 violating any provision of this Act or rules.

10 (6) Failing, within 90 days, to provide a response to a
11 request for information in response to a written request
12 made by the Department by certified mail.

13 (7) Engaging in dishonorable, unethical or
14 unprofessional conduct of a character likely to deceive,
15 defraud or harm the public, as defined by rule.

16 (8) Unlawful taking, theft, selling, distributing, or
17 manufacturing of any drug, narcotic, or prescription
18 device.

19 (9) Habitual or excessive use or addiction to alcohol,
20 narcotics, stimulants, or any other chemical agent or drug
21 that could result in a licensee's inability to practice
22 with reasonable judgment, skill or safety.

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

1 (11) A finding that the licensee, after having her or
2 his license placed on probationary status or subject to
3 conditions or restrictions, has violated the terms of
4 probation or failed to comply with such terms or
5 conditions.

6 (12) Being named as a perpetrator in an indicated
7 report by the Department of Children and Family Services
8 and under the Abused and Neglected Child Reporting Act, and
9 upon proof by clear and convincing evidence that the
10 licensee has caused a child to be an abused child or
11 neglected child as defined in the Abused and Neglected
12 Child Reporting Act.

13 (13) Willful omission to file or record, or willfully
14 impeding the filing or recording or inducing another person
15 to omit to file or record medical reports as required by
16 law or willfully failing to report an instance of suspected
17 child abuse or neglect as required by the Abused and
18 Neglected Child Reporting Act.

19 (14) Gross negligence in the practice of practical,
20 professional, or advanced practice nursing.

21 (15) Holding oneself out to be practicing nursing under
22 any name other than one's own.

23 (16) Failure of a licensee to report to the Department
24 any adverse final action taken against him or her by
25 another licensing jurisdiction of the United States or any
26 foreign state or country, any peer review body, any health

1 care institution, any professional or nursing society or
2 association, any governmental agency, any law enforcement
3 agency, or any court or a nursing liability claim related
4 to acts or conduct similar to acts or conduct that would
5 constitute grounds for action as defined in this Section.

6 (17) Failure of a licensee to report to the Department
7 surrender by the licensee of a license or authorization to
8 practice nursing or advanced practice nursing in another
9 state or jurisdiction or current surrender by the licensee
10 of membership on any nursing staff or in any nursing or
11 advanced practice nursing or professional association or
12 society while under disciplinary investigation by any of
13 those authorities or bodies for acts or conduct similar to
14 acts or conduct that would constitute grounds for action as
15 defined by this Section.

16 (18) Failing, within 60 days, to provide information in
17 response to a written request made by the Department.

18 (19) Failure to establish and maintain records of
19 patient care and treatment as required by law.

20 (20) Fraud, deceit or misrepresentation in applying
21 for or procuring a license under this Act or in connection
22 with applying for renewal of a license under this Act.

23 (21) Allowing another person or organization to use the
24 licensees' license to deceive the public.

25 (22) Willfully making or filing false records or
26 reports in the licensee's practice, including but not

1 limited to false records to support claims against the
2 medical assistance program of the Department of Healthcare
3 and Family Services (formerly Department of Public Aid)
4 under the Illinois Public Aid Code.

5 (23) Attempting to subvert or cheat on a licensing
6 examination administered under this Act.

7 (24) Immoral conduct in the commission of an act,
8 including, but not limited to, sexual abuse, sexual
9 misconduct, or sexual exploitation, related to the
10 licensee's practice.

11 (25) Willfully or negligently violating the
12 confidentiality between nurse and patient except as
13 required by law.

14 (26) Practicing under a false or assumed name, except
15 as provided by law.

16 (27) The use of any false, fraudulent, or deceptive
17 statement in any document connected with the licensee's
18 practice.

19 (28) Directly or indirectly giving to or receiving from
20 a person, firm, corporation, partnership, or association a
21 fee, commission, rebate, or other form of compensation for
22 professional services not actually or personally rendered.

23 (29) A violation of the Health Care Worker
24 Self-Referral Act.

25 (30) Physical illness, including but not limited to
26 deterioration through the aging process or loss of motor

1 skill, mental illness, or disability that results in the
2 inability to practice the profession with reasonable
3 judgment, skill, or safety.

4 (31) (Blank). ~~Exceeding the terms of a collaborative~~
5 ~~agreement or the prescriptive authority delegated to a~~
6 ~~licensee by his or her collaborating physician or~~
7 ~~podiatrist in guidelines established under a written~~
8 ~~collaborative agreement.~~

9 (32) Making a false or misleading statement regarding a
10 licensee's skill or the efficacy or value of the medicine,
11 treatment, or remedy prescribed by him or her in the course
12 of treatment.

13 (33) Prescribing, selling, administering,
14 distributing, giving, or self-administering a drug
15 classified as a controlled substance (designated product)
16 or narcotic for other than medically accepted therapeutic
17 purposes.

18 (34) Promotion of the sale of drugs, devices,
19 appliances, or goods provided for a patient in a manner to
20 exploit the patient for financial gain.

21 (35) Violating State or federal laws, rules, or
22 regulations relating to controlled substances.

23 (36) Willfully or negligently violating the
24 confidentiality between an advanced practice nurse,
25 collaborating physician, dentist, or podiatrist and a
26 patient, except as required by law.

1 (37) A violation of any provision of this Act or any
2 rules promulgated under this Act.

3 (c) The determination by a circuit court that a licensee is
4 subject to involuntary admission or judicial admission as
5 provided in the Mental Health and Developmental Disabilities
6 Code, as amended, operates as an automatic suspension. The
7 suspension will end only upon a finding by a court that the
8 patient is no longer subject to involuntary admission or
9 judicial admission and issues an order so finding and
10 discharging the patient; and upon the recommendation of the
11 Board to the Secretary that the licensee be allowed to resume
12 his or her practice.

13 (d) The Department may refuse to issue or may suspend or
14 otherwise discipline the license of any person who fails to
15 file a return, or to pay the tax, penalty or interest shown in
16 a filed return, or to pay any final assessment of the tax,
17 penalty, or interest as required by any tax Act administered by
18 the Department of Revenue, until such time as the requirements
19 of any such tax Act are satisfied.

20 (e) In enforcing this Act, the Department or Board, upon a
21 showing of a possible violation, may compel an individual
22 licensed to practice under this Act or who has applied for
23 licensure under this Act, to submit to a mental or physical
24 examination, or both, as required by and at the expense of the
25 Department. The Department or Board may order the examining
26 physician to present testimony concerning the mental or

1 physical examination of the licensee or applicant. No
2 information shall be excluded by reason of any common law or
3 statutory privilege relating to communications between the
4 licensee or applicant and the examining physician. The
5 examining physicians shall be specifically designated by the
6 Board or Department. The individual to be examined may have, at
7 his or her own expense, another physician of his or her choice
8 present during all aspects of this examination. Failure of an
9 individual to submit to a mental or physical examination, when
10 directed, shall result in an automatic suspension without
11 hearing.

12 All substance-related violations shall mandate an
13 automatic substance abuse assessment. Failure to submit to an
14 assessment by a licensed physician who is certified as an
15 addictionist or an advanced practice nurse with specialty
16 certification in addictions may be grounds for an automatic
17 suspension, as defined by rule.

18 If the Department or Board finds an individual unable to
19 practice or unfit for duty because of the reasons set forth in
20 this Section, the Department or Board may require that
21 individual to submit to a substance abuse evaluation or
22 treatment by individuals or programs approved or designated by
23 the Department or Board, as a condition, term, or restriction
24 for continued, reinstated, or renewed licensure to practice;
25 or, in lieu of evaluation or treatment, the Department may
26 file, or the Board may recommend to the Department to file, a

1 complaint to immediately suspend, revoke, or otherwise
2 discipline the license of the individual. An individual whose
3 license was granted, continued, reinstated, renewed,
4 disciplined or supervised subject to such terms, conditions, or
5 restrictions, and who fails to comply with such terms,
6 conditions, or restrictions, shall be referred to the Secretary
7 for a determination as to whether the individual shall have his
8 or her license suspended immediately, pending a hearing by the
9 Department.

10 In instances in which the Secretary immediately suspends a
11 person's license under this Section, a hearing on that person's
12 license must be convened by the Department within 15 days after
13 the suspension and completed without appreciable delay. The
14 Department and Board shall have the authority to review the
15 subject individual's record of treatment and counseling
16 regarding the impairment to the extent permitted by applicable
17 federal statutes and regulations safeguarding the
18 confidentiality of medical records.

19 An individual licensed under this Act and affected under
20 this Section shall be afforded an opportunity to demonstrate to
21 the Department that he or she can resume practice in compliance
22 with nursing standards under the provisions of his or her
23 license.

24 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07.)

25 Section 45. The Illinois Occupational Therapy Practice Act

1 is amended by changing Section 3.1 as follows:

2 (225 ILCS 75/3.1)

3 (Section scheduled to be repealed on January 1, 2014)

4 Sec. 3.1. Referrals. A licensed occupational therapist or
5 licensed occupational therapy assistant may consult with,
6 educate, evaluate, and monitor services for clients concerning
7 non-medical occupational therapy needs. Implementation of
8 direct occupational therapy to individuals for their specific
9 health care conditions shall be based upon a referral from a
10 licensed physician, dentist, podiatrist, advanced practice
11 nurse ~~who has a written collaborative agreement with a~~
12 ~~collaborating physician to provide or accept referrals from~~
13 ~~licensed occupational therapists,~~ physician assistant who has
14 been delegated authority to provide or accept referrals from or
15 to licensed occupational therapists, or optometrist.

16 An occupational therapist shall refer to a licensed
17 physician, dentist, optometrist, advanced practice nurse,
18 physician assistant, or podiatrist any patient whose medical
19 condition should, at the time of evaluation or treatment, be
20 determined to be beyond the scope of practice of the
21 occupational therapist.

22 (Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03; 93-962,
23 eff. 8-20-04.)

24 Section 50. The Pharmacy Practice Act is amended by

1 changing Section 4 as follows:

2 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

4 Sec. 4. Exemptions. Nothing contained in any Section of
5 this Act shall apply to, or in any manner interfere with:

6 (a) the lawful practice of any physician licensed to
7 practice medicine in all of its branches, dentist, podiatrist,
8 veterinarian, or therapeutically or diagnostically certified
9 optometrist within the limits of his or her license, or prevent
10 him or her from supplying to his or her bona fide patients such
11 drugs, medicines, or poisons as may seem to him appropriate;

12 (b) the sale of compressed gases;

13 (c) the sale of patent or proprietary medicines and
14 household remedies when sold in original and unbroken packages
15 only, if such patent or proprietary medicines and household
16 remedies be properly and adequately labeled as to content and
17 usage and generally considered and accepted as harmless and
18 nonpoisonous when used according to the directions on the
19 label, and also do not contain opium or coca leaves, or any
20 compound, salt or derivative thereof, or any drug which,
21 according to the latest editions of the following authoritative
22 pharmaceutical treatises and standards, namely, The United
23 States Pharmacopoeia/National Formulary (USP/NF), the United
24 States Dispensatory, and the Accepted Dental Remedies of the
25 Council of Dental Therapeutics of the American Dental

1 Association or any or either of them, in use on the effective
2 date of this Act, or according to the existing provisions of
3 the Federal Food, Drug, and Cosmetic Act and Regulations of the
4 Department of Health and Human Services, Food and Drug
5 Administration, promulgated thereunder now in effect, is
6 designated, described or considered as a narcotic, hypnotic,
7 habit forming, dangerous, or poisonous drug;

8 (d) the sale of poultry and livestock remedies in original
9 and unbroken packages only, labeled for poultry and livestock
10 medication;

11 (e) the sale of poisonous substances or mixture of
12 poisonous substances, in unbroken packages, for nonmedicinal
13 use in the arts or industries or for insecticide purposes;
14 provided, they are properly and adequately labeled as to
15 content and such nonmedicinal usage, in conformity with the
16 provisions of all applicable federal, state and local laws and
17 regulations promulgated thereunder now in effect relating
18 thereto and governing the same, and those which are required
19 under such applicable laws and regulations to be labeled with
20 the word "Poison", are also labeled with the word "Poison"
21 printed thereon in prominent type and the name of a readily
22 obtainable antidote with directions for its administration;

23 (f) the delegation of limited prescriptive authority by a
24 physician licensed to practice medicine in all its branches to
25 a physician assistant under Section 7.5 of the Physician
26 Assistant Practice Act of 1987. This delegated authority under

1 Section 7.5 of the Physician Assistant Practice Act of 1987 may
2 but is not required to include prescription of controlled
3 substances, as defined in Article II of the Illinois Controlled
4 Substances Act, in accordance with written guidelines; and

5 (g) (blank). ~~The delegation of prescriptive authority by a~~
6 ~~physician licensed to practice medicine in all its branches to~~
7 ~~an advanced practice nurse in accordance with a written~~
8 ~~collaborative agreement under Section 65-35 of the Nurse~~
9 ~~Practice Act. This authority, which is delegated under Section~~
10 ~~65-40 of the Nurse Practice Act, may but is not required to~~
11 ~~include the prescription of Schedule III, IV, or V controlled~~
12 ~~substances as defined in Article II of the Illinois Controlled~~
13 ~~Substances Act.~~

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

15 Section 55. The Illinois Physical Therapy Act is amended by
16 changing Section 1 as follows:

17 (225 ILCS 90/1) (from Ch. 111, par. 4251)

18 (Section scheduled to be repealed on January 1, 2016)

19 Sec. 1. Definitions. As used in this Act:

20 (1) "Physical therapy" means all of the following:

21 (A) Examining, evaluating, and testing individuals who
22 may have mechanical, physiological, or developmental
23 impairments, functional limitations, disabilities, or
24 other health and movement-related conditions, classifying

1 these disorders, determining a rehabilitation prognosis
2 and plan of therapeutic intervention, and assessing the
3 on-going effects of the interventions.

4 (B) Alleviating impairments, functional limitations,
5 or disabilities by designing, implementing, and modifying
6 therapeutic interventions that may include, but are not
7 limited to, the evaluation or treatment of a person through
8 the use of the effective properties of physical measures
9 and heat, cold, light, water, radiant energy, electricity,
10 sound, and air and use of therapeutic massage, therapeutic
11 exercise, mobilization, and rehabilitative procedures,
12 with or without assistive devices, for the purposes of
13 preventing, correcting, or alleviating a physical or
14 mental impairment, functional limitation, or disability.

15 (C) Reducing the risk of injury, impairment,
16 functional limitation, or disability, including the
17 promotion and maintenance of fitness, health, and
18 wellness.

19 (D) Engaging in administration, consultation,
20 education, and research.

21 Physical therapy includes, but is not limited to: (a)
22 performance of specialized tests and measurements, (b)
23 administration of specialized treatment procedures, (c)
24 interpretation of referrals from physicians, dentists,
25 advanced practice nurses, physician assistants, and
26 podiatrists, (d) establishment, and modification of physical

1 therapy treatment programs, (e) administration of topical
2 medication used in generally accepted physical therapy
3 procedures when such medication is prescribed by the patient's
4 physician, licensed to practice medicine in all its branches,
5 the patient's physician licensed to practice podiatric
6 medicine, the patient's advanced practice nurse, the patient's
7 physician assistant, or the patient's dentist, and (f)
8 supervision or teaching of physical therapy. Physical therapy
9 does not include radiology, electrosurgery, chiropractic
10 technique or determination of a differential diagnosis;
11 provided, however, the limitation on determining a
12 differential diagnosis shall not in any manner limit a physical
13 therapist licensed under this Act from performing an evaluation
14 pursuant to such license. Nothing in this Section shall limit a
15 physical therapist from employing appropriate physical therapy
16 techniques that he or she is educated and licensed to perform.
17 A physical therapist shall refer to a licensed physician,
18 advanced practice nurse, physician assistant, dentist, or
19 podiatrist any patient whose medical condition should, at the
20 time of evaluation or treatment, be determined to be beyond the
21 scope of practice of the physical therapist.

22 (2) "Physical therapist" means a person who practices
23 physical therapy and who has met all requirements as provided
24 in this Act.

25 (3) "Department" means the Department of Professional
26 Regulation.

1 (4) "Director" means the Director of Professional
2 Regulation.

3 (5) "Board" means the Physical Therapy Licensing and
4 Disciplinary Board approved by the Director.

5 (6) "Referral" means a written or oral authorization for
6 physical therapy services for a patient by a physician,
7 dentist, advanced practice nurse, physician assistant, or
8 podiatrist who maintains medical supervision of the patient and
9 makes a diagnosis or verifies that the patient's condition is
10 such that it may be treated by a physical therapist.

11 (7) "Documented current and relevant diagnosis" for the
12 purpose of this Act means a diagnosis, substantiated by
13 signature or oral verification of a physician, dentist,
14 advanced practice nurse, physician assistant, or podiatrist,
15 that a patient's condition is such that it may be treated by
16 physical therapy as defined in this Act, which diagnosis shall
17 remain in effect until changed by the physician, dentist,
18 advanced practice nurse, physician assistant, or podiatrist.

19 (8) "State" includes:

20 (a) the states of the United States of America;

21 (b) the District of Columbia; and

22 (c) the Commonwealth of Puerto Rico.

23 (9) "Physical therapist assistant" means a person licensed
24 to assist a physical therapist and who has met all requirements
25 as provided in this Act and who works under the supervision of
26 a licensed physical therapist to assist in implementing the

1 physical therapy treatment program as established by the
2 licensed physical therapist. The patient care activities
3 provided by the physical therapist assistant shall not include
4 the interpretation of referrals, evaluation procedures, or the
5 planning or major modification of patient programs.

6 (10) "Physical therapy aide" means a person who has
7 received on the job training, specific to the facility in which
8 he is employed, but who has not completed an approved physical
9 therapist assistant program.

10 (11) "Advanced practice nurse" means a person licensed as
11 an advanced practice nurse under the Nurse Practice Act ~~who has~~
12 ~~a collaborative agreement with a collaborating physician that~~
13 ~~authorizes referrals to physical therapists.~~

14 (12) "Physician assistant" means a person licensed under
15 the Physician Assistant Practice Act of 1987 who has been
16 delegated authority to make referrals to physical therapists.

17 (Source: P.A. 94-651, eff. 1-1-06; 95-639, eff. 10-5-07.)

18 Section 60. The Respiratory Care Practice Act is amended by
19 changing Section 10 as follows:

20 (225 ILCS 106/10)

21 (Section scheduled to be repealed on January 1, 2016)

22 Sec. 10. Definitions. In this Act:

23 "Advanced practice nurse" means an advanced practice nurse
24 licensed under the Nurse Practice Act.

1 "Board" means the Respiratory Care Board appointed by the
2 Director.

3 "Basic respiratory care activities" means and includes all
4 of the following activities:

5 (1) Cleaning, disinfecting, and sterilizing equipment
6 used in the practice of respiratory care as delegated by a
7 licensed health care professional or other authorized
8 licensed personnel.

9 (2) Assembling equipment used in the practice of
10 respiratory care as delegated by a licensed health care
11 professional or other authorized licensed personnel.

12 (3) Collecting and reviewing patient data through
13 non-invasive means, provided that the collection and
14 review does not include the individual's interpretation of
15 the clinical significance of the data. Collecting and
16 reviewing patient data includes the performance of pulse
17 oximetry and non-invasive monitoring procedures in order
18 to obtain vital signs and notification to licensed health
19 care professionals and other authorized licensed personnel
20 in a timely manner.

21 (4) Maintaining a nasal cannula or face mask for oxygen
22 therapy in the proper position on the patient's face.

23 (5) Assembling a nasal cannula or face mask for oxygen
24 therapy at patient bedside in preparation for use.

25 (6) Maintaining a patient's natural airway by
26 physically manipulating the jaw and neck, suctioning the

1 oral cavity, or suctioning the mouth or nose with a bulb
2 syringe.

3 (7) Performing assisted ventilation during emergency
4 resuscitation using a manual resuscitator.

5 (8) Using a manual resuscitator at the direction of a
6 licensed health care professional or other authorized
7 licensed personnel who is present and performing routine
8 airway suctioning. These activities do not include care of
9 a patient's artificial airway or the adjustment of
10 mechanical ventilator settings while a patient is
11 connected to the ventilator.

12 "Basic respiratory care activities" does not mean activities
13 that involve any of the following:

14 (1) Specialized knowledge that results from a course of
15 education or training in respiratory care.

16 (2) An unreasonable risk of a negative outcome for the
17 patient.

18 (3) The assessment or making of a decision concerning
19 patient care.

20 (4) The administration of aerosol medication or
21 oxygen.

22 (5) The insertion and maintenance of an artificial
23 airway.

24 (6) Mechanical ventilatory support.

25 (7) Patient assessment.

26 (8) Patient education.

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

3 "Director" means the Director of Professional Regulation.

4 "Licensed" means that which is required to hold oneself out
5 as a respiratory care practitioner as defined in this Act.

6 "Licensed health care professional" means a physician
7 licensed to practice medicine in all its branches, an advanced
8 practice nurse ~~who has a written collaborative agreement with a~~
9 ~~collaborating physician that authorizes the advanced practice~~
10 ~~nurse to transmit orders to a respiratory care practitioner, or~~
11 a physician assistant who has been delegated the authority to
12 transmit orders to a respiratory care practitioner by his or
13 her supervising physician.

14 "Order" means a written, oral, or telecommunicated
15 authorization for respiratory care services for a patient by
16 (i) a licensed health care professional who maintains medical
17 supervision of the patient and makes a diagnosis or verifies
18 that the patient's condition is such that it may be treated by
19 a respiratory care practitioner or (ii) a certified registered
20 nurse anesthetist in a licensed hospital or ambulatory surgical
21 treatment center.

22 "Other authorized licensed personnel" means a licensed
23 respiratory care practitioner, a licensed registered nurse, or
24 a licensed practical nurse whose scope of practice authorizes
25 the professional to supervise an individual who is not
26 licensed, certified, or registered as a health professional.

1 "Proximate supervision" means a situation in which an
2 individual is responsible for directing the actions of another
3 individual in the facility and is physically close enough to be
4 readily available, if needed, by the supervised individual.

5 "Respiratory care" and "cardiorespiratory care" mean
6 preventative services, evaluation and assessment services,
7 therapeutic services, and rehabilitative services under the
8 order of a licensed health care professional or a certified
9 registered nurse anesthetist in a licensed hospital for an
10 individual with a disorder, disease, or abnormality of the
11 cardiopulmonary system. These terms include, but are not
12 limited to, measuring, observing, assessing, and monitoring
13 signs and symptoms, reactions, general behavior, and general
14 physical response of individuals to respiratory care services,
15 including the determination of whether those signs, symptoms,
16 reactions, behaviors, or general physical responses exhibit
17 abnormal characteristics; the administration of
18 pharmacological and therapeutic agents related to respiratory
19 care services; the collection of blood specimens and other
20 bodily fluids and tissues for, and the performance of,
21 cardiopulmonary diagnostic testing procedures, including, but
22 not limited to, blood gas analysis; development,
23 implementation, and modification of respiratory care treatment
24 plans based on assessed abnormalities of the cardiopulmonary
25 system, respiratory care guidelines, referrals, and orders of a
26 licensed health care professional; application, operation, and

1 management of mechanical ventilatory support and other means of
2 life support; and the initiation of emergency procedures under
3 the rules promulgated by the Department. A respiratory care
4 practitioner shall refer to a physician licensed to practice
5 medicine in all its branches any patient whose condition, at
6 the time of evaluation or treatment, is determined to be beyond
7 the scope of practice of the respiratory care practitioner.

8 "Respiratory care education program" means a course of
9 academic study leading to eligibility for registry or
10 certification in respiratory care. The training is to be
11 approved by an accrediting agency recognized by the Board and
12 shall include an evaluation of competence through a
13 standardized testing mechanism that is determined by the Board
14 to be both valid and reliable.

15 "Respiratory care practitioner" means a person who is
16 licensed by the Department of Professional Regulation and meets
17 all of the following criteria:

18 (1) The person is engaged in the practice of
19 cardiorespiratory care and has the knowledge and skill
20 necessary to administer respiratory care.

21 (2) The person is capable of serving as a resource to
22 the licensed health care professional in relation to the
23 technical aspects of cardiorespiratory care and the safe
24 and effective methods for administering cardiorespiratory
25 care modalities.

26 (3) The person is able to function in situations of

1 unsupervised patient contact requiring great individual
2 judgment.

3 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

4 Section 65. The Genetic Counselor Licensing Act is amended
5 by changing Sections 10, 20, and 95 as follows:

6 (225 ILCS 135/10)

7 (Section scheduled to be repealed on January 1, 2015)

8 Sec. 10. Definitions. As used in this Act:

9 "ABGC" means the American Board of Genetic Counseling.

10 "ABMG" means the American Board of Medical Genetics.

11 "Active candidate status" is awarded to applicants who have
12 received approval from the ABGC or ABMG to sit for their
13 respective certification examinations.

14 "Department" means the Department of Professional
15 Regulation.

16 "Director" means the Director of Professional Regulation.

17 "Genetic anomaly" means a variation in an individual's DNA
18 that has been shown to confer a genetically influenced disease
19 or predisposition to a genetically influenced disease or makes
20 a person a carrier of such variation. A "carrier" of a genetic
21 anomaly means a person who may or may not have a predisposition
22 or risk of incurring a genetically influenced condition and who
23 is at risk of having offspring with a genetically influenced
24 condition.

1 "Genetic counseling" means the provision of services,
2 pursuant to a referral, to individuals, couples, groups,
3 families, and organizations by one or more appropriately
4 trained individuals to address the physical and psychological
5 issues associated with the occurrence or risk of occurrence or
6 recurrence of a genetic disorder, birth defect, disease, or
7 potentially inherited or genetically influenced condition in
8 an individual or a family. "Genetic counseling" consists of the
9 following:

10 (A) Estimating the likelihood of occurrence or
11 recurrence of a birth defect or of any potentially
12 inherited or genetically influenced condition. This
13 assessment may involve:

14 (i) obtaining and analyzing a complete health
15 history of the person and his or her family;

16 (ii) reviewing pertinent medical records;

17 (iii) evaluating the risks from exposure to
18 possible mutagens or teratogens;

19 (iv) recommending genetic testing or other
20 evaluations to diagnose a condition or determine the
21 carrier status of one or more family members;

22 (B) Helping the individual, family, health care
23 provider, or health care professional (i) appreciate the
24 medical, psychological and social implications of a
25 disorder, including its features, variability, usual
26 course and management options, (ii) learn how genetic

1 factors contribute to the disorder and affect the chance
2 for recurrence of the condition in other family members,
3 and (iii) understand available options for coping with,
4 preventing, or reducing the chance of occurrence or
5 recurrence of a condition.

6 (C) Facilitating an individual's or family's (i)
7 exploration of the perception of risk and burden associated
8 with the disorder and (ii) adjustment and adaptation to the
9 condition or their genetic risk by addressing needs for
10 psychological, social, and medical support.

11 "Genetic counselor" means a person licensed under this Act
12 to engage in the practice of genetic counseling.

13 "Person" means an individual, association, partnership, or
14 corporation.

15 "Qualified supervisor" means any person who is a licensed
16 genetic counselor, as defined by rule, or a physician licensed
17 to practice medicine in all its branches. A qualified
18 supervisor may be provided at the applicant's place of work, or
19 may be contracted by the applicant to provide supervision. The
20 qualified supervisor shall file written documentation with the
21 Department of employment, discharge, or supervisory control of
22 a genetic counselor at the time of employment, discharge, or
23 assumption of supervision of a genetic counselor.

24 "Referral" means a written or telecommunicated
25 authorization for genetic counseling services from a physician
26 licensed to practice medicine in all its branches, an advanced

1 practice nurse ~~who has a collaborative agreement with a~~
2 ~~collaborating physician that authorizes referrals to a genetic~~
3 ~~counselor~~, or a physician assistant who has been delegated
4 authority to make referrals to genetic counselors.

5 "Supervision" means review of aspects of genetic
6 counseling and case management in a bimonthly meeting with the
7 person under supervision.

8 (Source: P.A. 93-1041, eff. 9-29-04; 94-661, eff. 1-1-06.)

9 (225 ILCS 135/20)

10 (Section scheduled to be repealed on January 1, 2015)

11 Sec. 20. Restrictions and limitations.

12 (a) Beginning 12 months after the adoption of the final
13 administrative rules, except as provided in Section 15, no
14 person shall, without a valid license as a genetic counselor
15 issued by the Department (i) in any manner hold himself or
16 herself out to the public as a genetic counselor under this
17 Act; (ii) use in connection with his or her name or place of
18 business the title "genetic counselor", "licensed genetic
19 counselor", "gene counselor", "genetic consultant", or
20 "genetic associate" or any words, letters, abbreviations, or
21 insignia indicating or implying a person has met the
22 qualifications for or has the license issued under this Act; or
23 (iii) offer to render or render to individuals, corporations,
24 or the public genetic counseling services if the words "genetic
25 counselor" or "licensed genetic counselor" are used to describe

1 the person offering to render or rendering them, or "genetic
2 counseling" is used to describe the services rendered or
3 offered to be rendered.

4 (b) Beginning 12 months after the adoption of the final
5 administrative rules, no licensed genetic counselor may
6 provide genetic counseling to individuals, couples, groups, or
7 families without a referral from a physician licensed to
8 practice medicine in all its branches, an advanced practice
9 nurse ~~who has a collaborative agreement with a collaborating~~
10 ~~physician that authorizes referrals to a genetic counselor,~~ or
11 a physician assistant who has been delegated authority to make
12 referrals to genetic counselors. The physician, advanced
13 practice nurse, or physician assistant shall maintain
14 supervision of the patient and be provided written reports on
15 the services provided by the licensed genetic counselor.
16 Genetic testing shall be ordered by a physician licensed to
17 practice medicine in all its branches. Genetic test reports
18 shall be provided to the referring physician, advanced practice
19 nurse, or physician assistant. General seminars or talks to
20 groups or organizations on genetic counseling that do not
21 include individual, couple, or family specific counseling may
22 be conducted without a referral. In clinical settings, genetic
23 counselors who serve as a liaison between family members of a
24 patient and a genetic research project, may, with the consent
25 of the patient, provide information to family members for the
26 purpose of gathering additional information, as it relates to

1 the patient, without a referral. In non-clinical settings where
2 no patient is being treated, genetic counselors who serve as a
3 liaison between a genetic research project and participants in
4 that genetic research project may provide information to the
5 participants, without a referral.

6 (c) Beginning 12 months after the adoption of the final
7 administrative rules, no association or partnership shall
8 practice genetic counseling unless every member, partner, and
9 employee of the association or partnership who practices
10 genetic counseling or who renders genetic counseling services
11 holds a valid license issued under this Act. No license shall
12 be issued to a corporation, the stated purpose of which
13 includes or which practices or which holds itself out as
14 available to practice genetic counseling, unless it is
15 organized under the Professional Service Corporation Act.

16 (d) Nothing in this Act shall be construed as permitting
17 persons licensed as genetic counselors to engage in any manner
18 in the practice of medicine in all its branches as defined by
19 law in this State.

20 (e) Nothing in this Act shall be construed to authorize a
21 licensed genetic counselor to diagnose, test, or treat any
22 genetic or other disease or condition.

23 (f) When, in the course of providing genetic counseling
24 services to any person, a genetic counselor licensed under this
25 Act finds any indication of a disease or condition that in his
26 or her professional judgment requires professional service

1 outside the scope of practice as defined in this Act, he or she
2 shall refer that person to a physician licensed to practice
3 medicine in all of its branches.

4 (Source: P.A. 93-1041, eff. 9-29-04; 94-661, eff. 1-1-06.)

5 (225 ILCS 135/95)

6 (Section scheduled to be repealed on January 1, 2015)

7 Sec. 95. Grounds for discipline.

8 (a) The Department may refuse to issue, renew, or may
9 revoke, suspend, place on probation, reprimand, or take other
10 disciplinary action as the Department deems appropriate,
11 including the issuance of fines not to exceed \$1,000 for each
12 violation, with regard to any license for any one or more of
13 the following:

14 (1) Material misstatement in furnishing information to
15 the Department or to any other State agency.

16 (2) Violations or negligent or intentional disregard
17 of this Act, or any of its rules.

18 (3) Conviction of any crime under the laws of the
19 United States or any state or territory thereof that is a
20 felony, a misdemeanor, an essential element of which is
21 dishonesty, or a crime that is directly related to the
22 practice of the profession.

23 (4) Making any misrepresentation for the purpose of
24 obtaining a license, or violating any provision of this Act
25 or its rules.

1 (5) Professional incompetence or gross negligence in
2 the rendering of genetic counseling services.

3 (6) Gross or repeated negligence.

4 (7) Aiding or assisting another person in violating any
5 provision of this Act or any rules.

6 (8) Failing to provide information within 60 days in
7 response to a written request made by the Department.

8 (9) Engaging in dishonorable, unethical, or
9 unprofessional conduct of a character likely to deceive,
10 defraud, or harm the public and violating the rules of
11 professional conduct adopted by the Department.

12 (10) Failing to maintain the confidentiality of any
13 information received from a client, unless otherwise
14 authorized or required by law.

15 (11) Exploiting a client for personal advantage,
16 profit, or interest.

17 (12) Habitual or excessive use or addiction to alcohol,
18 narcotics, stimulants, or any other chemical agent or drug
19 which results in inability to practice with reasonable
20 skill, judgment, or safety.

21 (13) Discipline by another jurisdiction, if at least
22 one of the grounds for the discipline is the same or
23 substantially equivalent to those set forth in this
24 Section.

25 (14) Directly or indirectly giving to or receiving from
26 any person, firm, corporation, partnership, or association

1 any fee, commission, rebate, or other form of compensation
2 for any professional service not actually rendered.

3 (15) A finding by the Department that the licensee,
4 after having the license placed on probationary status has
5 violated the terms of probation.

6 (16) Failing to refer a client to other health care
7 professionals when the licensee is unable or unwilling to
8 adequately support or serve the client.

9 (17) Willfully filing false reports relating to a
10 licensee's practice, including but not limited to false
11 records filed with federal or State agencies or
12 departments.

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

16 (19) Being named as a perpetrator in an indicated
17 report by the Department of Children and Family Services
18 pursuant to the Abused and Neglected Child Reporting Act,
19 and upon proof by clear and convincing evidence that the
20 licensee has caused a child to be an abused child or
21 neglected child as defined in the Abused and Neglected
22 Child Reporting Act.

23 (20) Physical or mental disability, including
24 deterioration through the aging process or loss of
25 abilities and skills which results in the inability to
26 practice the profession with reasonable judgment, skill,

1 or safety.

2 (21) Solicitation of professional services by using
3 false or misleading advertising.

4 (22) Failure to file a return, or to pay the tax,
5 penalty of interest shown in a filed return, or to pay any
6 final assessment of tax, penalty or interest, as required
7 by any tax Act administered by the Illinois Department of
8 Revenue or any successor agency or the Internal Revenue
9 Service or any successor agency.

10 (23) A finding that licensure has been applied for or
11 obtained by fraudulent means.

12 (24) Practicing or attempting to practice under a name
13 other than the full name as shown on the license or any
14 other legally authorized name.

15 (25) Gross overcharging for professional services,
16 including filing statements for collection of fees or
17 monies for which services are not rendered.

18 (26) Providing genetic counseling services to
19 individuals, couples, groups, or families without a
20 referral from either a physician licensed to practice
21 medicine in all its branches, an advanced practice nurse
22 ~~who has a collaborative agreement with a collaborating~~
23 ~~physician that authorizes the advanced practice nurse to~~
24 ~~make referrals to a genetic counselor,~~ or a physician
25 assistant who has been delegated authority to make
26 referrals to genetic counselors.

1 (b) The Department shall deny, without hearing, any
2 application or renewal for a license under this Act to any
3 person who has defaulted on an educational loan guaranteed by
4 the Illinois State Assistance Commission; however, the
5 Department may issue a license or renewal if the person in
6 default has established a satisfactory repayment record as
7 determined by the Illinois Student Assistance Commission.

8 (c) The determination by a court that a licensee is subject
9 to involuntary admission or judicial admission as provided in
10 the Mental Health and Developmental Disabilities Code will
11 result in an automatic suspension of his or her license. The
12 suspension will end upon a finding by a court that the licensee
13 is no longer subject to involuntary admission or judicial
14 admission, the issuance of an order so finding and discharging
15 the patient, and the determination of the Director that the
16 licensee be allowed to resume professional practice.

17 (Source: P.A. 93-1041, eff. 9-29-04; 94-661, eff. 1-1-06.)

18 Section 70. The Perinatal Mental Health Disorders
19 Prevention and Treatment Act is amended by changing Section 10
20 as follows:

21 (405 ILCS 95/10)

22 Sec. 10. Definitions. In this Act:

23 "Hospital" has the meaning given to that term in the
24 Hospital Licensing Act.

1 "Licensed health care professional" means a physician
2 licensed to practice medicine in all its branches, an advanced
3 practice nurse ~~who has a collaborative agreement with a~~
4 ~~collaborating physician that authorizes care~~, or a physician's
5 assistant who has been delegated authority to provide care.

6 "Postnatal care" means an office visit to a licensed health
7 care professional occurring after birth, with reference to the
8 infant or mother.

9 "Prenatal care" means an office visit to a licensed health
10 care professional for pregnancy-related care occurring before
11 birth.

12 "Questionnaire" means an assessment tool administered by a
13 licensed health care professional to detect perinatal mental
14 health disorders, such as the Edinburgh Postnatal Depression
15 Scale, the Postpartum Depression Screening Scale, the Beck
16 Depression Inventory, the Patient Health Questionnaire, or
17 other validated assessment methods.

18 (Source: P.A. 95-469, eff. 1-1-08.)

19 Section 75. The Lead Poisoning Prevention Act is amended by
20 changing Section 6.2 as follows:

21 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

22 Sec. 6.2. Physicians to screen children.

23 (a) Every physician licensed to practice medicine in all
24 its branches or health care provider shall screen children 6

1 months through 6 years of age for lead poisoning who are
2 determined to reside in an area defined as high risk by the
3 Department. Children residing in areas defined as low risk by
4 the Department shall be assessed for risk by a risk assessment
5 procedure developed by the Department. Children shall be
6 screened, in accordance with guidelines and criteria set forth
7 by the American Academy of Pediatrics, at the priority
8 intervals and using the methods specified in the guidelines.

9 (b) Each licensed, registered, or approved health care
10 facility serving children from 6 months through 6 years of age,
11 including but not limited to, health departments, hospitals,
12 clinics, and health maintenance organizations approved,
13 registered, or licensed by the Department, shall take the
14 appropriate steps to ensure that the patients receive lead
15 poisoning screening, where medically indicated or appropriate.

16 (c) Children 6 years and older may also be screened by
17 physicians or health care providers, in accordance with
18 guidelines and criteria set forth by the American Academy of
19 Pediatrics, according to the priority intervals specified in
20 the guidelines. Physicians and health care providers shall also
21 screen children for lead poisoning in conjunction with the
22 school health examination, as required under the School Code,
23 when, in the medical judgement of the physician, advanced
24 practice nurse ~~who has a written collaborative agreement with a~~
25 ~~collaborating physician that authorizes the advance practice~~
26 ~~nurse to perform health examinations,~~ or physician assistant

1 who has been delegated to perform health examinations by the
2 supervising physician, the child is potentially at high risk of
3 lead poisoning.

4 (d) Nothing in this Section shall be construed to require
5 any child to undergo a lead blood level screening or test whose
6 parent or guardian objects on the grounds that the screening or
7 test conflicts with his or her religious beliefs.

8 (Source: P.A. 93-104, eff. 1-1-04.)

9 Section 80. The Sexual Assault Survivors Emergency
10 Treatment Act is amended by changing Sections 2.2, 5, and 5.5
11 as follows:

12 (410 ILCS 70/2.2)

13 Sec. 2.2. Emergency contraception.

14 (a) The General Assembly finds:

15 (1) Crimes of sexual assault and sexual abuse cause
16 significant physical, emotional, and psychological trauma
17 to the victims. This trauma is compounded by a victim's
18 fear of becoming pregnant and bearing a child as a result
19 of the sexual assault.

20 (2) Each year over 32,000 women become pregnant in the
21 United States as the result of rape and approximately 50%
22 of these pregnancies end in abortion.

23 (3) As approved for use by the Federal Food and Drug
24 Administration (FDA), emergency contraception can

1 significantly reduce the risk of pregnancy if taken within
2 72 hours after the sexual assault.

3 (4) By providing emergency contraception to rape
4 victims in a timely manner, the trauma of rape can be
5 significantly reduced.

6 (b) Within 120 days after the effective date of this
7 amendatory Act of the 92nd General Assembly, every hospital
8 providing services to sexual assault survivors in accordance
9 with a plan approved under Section 2 must develop a protocol
10 that ensures that each survivor of sexual assault will receive
11 medically and factually accurate and written and oral
12 information about emergency contraception; the indications and
13 counter-indications and risks associated with the use of
14 emergency contraception; and a description of how and when
15 victims may be provided emergency contraception upon the
16 written order of a physician licensed to practice medicine in
17 all its branches, an advanced practice nurse ~~who has a written~~
18 ~~collaborative agreement with a collaborating physician that~~
19 ~~authorizes prescription of emergency contraception,~~ or a
20 physician assistant who has been delegated authority to
21 prescribe emergency contraception. The Department shall
22 approve the protocol if it finds that the implementation of the
23 protocol would provide sufficient protection for survivors of
24 sexual assault.

25 The hospital shall implement the protocol upon approval by
26 the Department. The Department shall adopt rules and

1 regulations establishing one or more safe harbor protocols and
2 setting minimum acceptable protocol standards that hospitals
3 may develop and implement. The Department shall approve any
4 protocol that meets those standards. The Department may provide
5 a sample acceptable protocol upon request.

6 (Source: P.A. 95-432, eff. 1-1-08.)

7 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

8 Sec. 5. Minimum requirements for hospitals providing
9 hospital emergency services and forensic services to sexual
10 assault survivors.

11 (a) Every hospital providing hospital emergency services
12 and forensic services to sexual assault survivors under this
13 Act shall, as minimum requirements for such services, provide,
14 with the consent of the sexual assault survivor, and as ordered
15 by the attending physician, an advanced practice nurse ~~who has~~
16 ~~a written collaborative agreement with a collaborating~~
17 ~~physician that authorizes provision of emergency services,~~ or a
18 physician assistant who has been delegated authority to provide
19 hospital emergency services and forensic services, the
20 following:

21 (1) appropriate medical examinations and laboratory
22 tests required to ensure the health, safety, and welfare of
23 a sexual assault survivor or which may be used as evidence
24 in a criminal proceeding against a person accused of the
25 sexual assault, or both; and records of the results of such

1 examinations and tests shall be maintained by the hospital
2 and made available to law enforcement officials upon the
3 request of the sexual assault survivor;

4 (2) appropriate oral and written information
5 concerning the possibility of infection, sexually
6 transmitted disease and pregnancy resulting from sexual
7 assault;

8 (3) appropriate oral and written information
9 concerning accepted medical procedures, medication, and
10 possible contraindications of such medication available
11 for the prevention or treatment of infection or disease
12 resulting from sexual assault;

13 (4) an amount of medication for treatment at the
14 hospital and after discharge as is deemed appropriate by
15 the attending physician, an advanced practice nurse, or a
16 physician assistant and consistent with the hospital's
17 current approved protocol for sexual assault survivors;;

18 (5) an evaluation of the sexual assault survivor's risk
19 of contracting human immunodeficiency virus (HIV) from the
20 sexual assault;

21 (6) written and oral instructions indicating the need
22 for follow-up examinations and laboratory tests after the
23 sexual assault to determine the presence or absence of
24 sexually transmitted disease;

25 (7) referral by hospital personnel for appropriate
26 counseling; and

1 (8) when HIV prophylaxis is deemed appropriate, an
2 initial dose or doses of HIV prophylaxis, along with
3 written and oral instructions indicating the importance of
4 timely follow-up healthcare.

5 (b) Any minor who is a sexual assault survivor who seeks
6 emergency hospital services and forensic services or follow-up
7 healthcare under this Act shall be provided such services
8 without the consent of the parent, guardian or custodian of the
9 minor.

10 (c) Nothing in this Section creates a physician-patient
11 relationship that extends beyond discharge from the hospital
12 emergency department.

13 (Source: P.A. 94-434, eff. 1-1-06; 95-432, eff. 1-1-08.)

14 (410 ILCS 70/5.5)

15 Sec. 5.5. Minimum reimbursement requirements for follow-up
16 healthcare.

17 (a) Every hospital, health care professional, laboratory,
18 or pharmacy that provides follow-up healthcare to a sexual
19 assault survivor, with the consent of the sexual assault
20 survivor and as ordered by the attending physician, an advanced
21 practice nurse ~~who has a written collaborative agreement with a~~
22 ~~collaborating physician~~, or physician assistant who has been
23 delegated authority by a supervising physician shall be
24 reimbursed for the follow-up healthcare services provided.
25 Follow-up healthcare services include, but are not limited to,

1 the following:

2 (1) a physical examination;

3 (2) laboratory tests to determine the presence or
4 absence of sexually transmitted disease; and

5 (3) appropriate medications, including HIV
6 prophylaxis.

7 (b) Reimbursable follow-up healthcare is limited to office
8 visits with a physician, advanced practice nurse, or physician
9 assistant within 90 days after an initial visit for hospital
10 emergency services.

11 (c) Nothing in this Section requires a hospital, health
12 care professional, laboratory, or pharmacy to provide
13 follow-up healthcare to a sexual assault survivor.

14 (Source: P.A. 95-432, eff. 1-1-08.)

15 Section 85. The Consent by Minors to Medical Procedures Act
16 is amended by changing Sections 1, 2, and 3 as follows:

17 (410 ILCS 210/1) (from Ch. 111, par. 4501)

18 Sec. 1. Consent by minor. The consent to the performance of
19 a medical or surgical procedure by a physician licensed to
20 practice medicine and surgery, an advanced practice nurse ~~who~~
21 ~~has a written collaborative agreement with a collaborating~~
22 ~~physician that authorizes provision of services for minors,~~ or
23 a physician assistant who has been delegated authority to
24 provide services for minors executed by a married person who is

1 a minor, by a parent who is a minor, by a pregnant woman who is
2 a minor, or by any person 18 years of age or older, is not
3 voidable because of such minority, and, for such purpose, a
4 married person who is a minor, a parent who is a minor, a
5 pregnant woman who is a minor, or any person 18 years of age or
6 older, is deemed to have the same legal capacity to act and has
7 the same powers and obligations as has a person of legal age.

8 (Source: P.A. 93-962, eff. 8-20-04.)

9 (410 ILCS 210/2) (from Ch. 111, par. 4502)

10 Sec. 2. Any parent, including a parent who is a minor, may
11 consent to the performance upon his or her child of a medical
12 or surgical procedure by a physician licensed to practice
13 medicine and surgery, an advanced practice nurse ~~who has a~~
14 ~~written collaborative agreement with a collaborating physician~~
15 ~~that authorizes provision of services for minors,~~ or a
16 physician assistant who has been delegated authority to provide
17 services for minors or a dental procedure by a licensed
18 dentist. The consent of a parent who is a minor shall not be
19 voidable because of such minority, but, for such purpose, a
20 parent who is a minor shall be deemed to have the same legal
21 capacity to act and shall have the same powers and obligations
22 as has a person of legal age.

23 (Source: P.A. 93-962, eff. 8-20-04.)

24 (410 ILCS 210/3) (from Ch. 111, par. 4503)

1 Sec. 3. (a) Where a hospital, a physician licensed to
2 practice medicine or surgery, an advanced practice nurse ~~who~~
3 ~~has a written collaborative agreement with a collaborating~~
4 ~~physician that authorizes provision of services for minors,~~ or
5 a physician assistant who has been delegated authority to
6 provide services for minors renders emergency treatment or
7 first aid or a licensed dentist renders emergency dental
8 treatment to a minor, consent of the minor's parent or legal
9 guardian need not be obtained if, in the sole opinion of the
10 physician, advanced practice nurse, physician assistant,
11 dentist, or hospital, the obtaining of consent is not
12 reasonably feasible under the circumstances without adversely
13 affecting the condition of such minor's health.

14 (b) Where a minor is the victim of a predatory criminal
15 sexual assault of a child, aggravated criminal sexual assault,
16 criminal sexual assault, aggravated criminal sexual abuse or
17 criminal sexual abuse, as provided in Sections 12-13 through
18 12-16 of the Criminal Code of 1961, as now or hereafter
19 amended, the consent of the minor's parent or legal guardian
20 need not be obtained to authorize a hospital, physician,
21 advanced practice nurse, physician assistant, or other medical
22 personnel to furnish medical care or counseling related to the
23 diagnosis or treatment of any disease or injury arising from
24 such offense. The minor may consent to such counseling,
25 diagnosis or treatment as if the minor had reached his or her
26 age of majority. Such consent shall not be voidable, nor

1 subject to later disaffirmance, because of minority.

2 (Source: P.A. 93-962, eff. 8-20-04.)

3 Section 90. The Prenatal and Newborn Care Act is amended by
4 changing Section 2 as follows:

5 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

6 Sec. 2. Definitions. As used in this Act, unless the
7 context otherwise requires:

8 "Advanced practice nurse" or "APN" means an advanced
9 practice nurse licensed under the Nurse Practice Act ~~who has a~~
10 ~~written collaborative agreement with a collaborating physician~~
11 ~~that authorizes the provision of prenatal and newborn care.~~

12 "Department" means the Illinois Department of Human
13 Services.

14 "Early and Periodic Screening, Diagnosis and Treatment
15 (EPSDT)" means the provision of preventative health care under
16 42 C.F.R. 441.50 et seq., including medical and dental
17 services, needed to assess growth and development and detect
18 and treat health problems.

19 "Hospital" means a hospital as defined under the Hospital
20 Licensing Act.

21 "Local health authority" means the full-time official
22 health department or board of health, as recognized by the
23 Illinois Department of Public Health, having jurisdiction over
24 a particular area.

1 "Nurse" means a nurse licensed under the Nurse Practice
2 Act.

3 "Physician" means a physician licensed to practice
4 medicine in all of its branches.

5 "Physician assistant" means a physician assistant licensed
6 under the Physician Assistant Practice Act of 1987 who has been
7 delegated authority to provide prenatal and newborn care.

8 "Postnatal visit" means a visit occurring after birth, with
9 reference to the newborn.

10 "Prenatal visit" means a visit occurring before birth.

11 "Program" means the Prenatal and Newborn Care Program
12 established pursuant to this Act.

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

14 Section 95. The AIDS Confidentiality Act is amended by
15 changing Section 3 as follows:

16 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

17 Sec. 3. When used in this Act:

18 (a) "Department" means the Illinois Department of Public
19 Health.

20 (b) "AIDS" means acquired immunodeficiency syndrome.

21 (c) "HIV" means the Human Immunodeficiency Virus or any
22 other identified causative agent of AIDS.

23 (d) "Informed consent" means a written or verbal agreement
24 by the subject of a test or the subject's legally authorized

1 representative without undue inducement or any element of
2 force, fraud, deceit, duress or other form of constraint or
3 coercion, which entails at least the following pre-test
4 information:

5 (1) a fair explanation of the test, including its purpose,
6 potential uses, limitations and the meaning of its results; and

7 (2) a fair explanation of the procedures to be followed,
8 including the voluntary nature of the test, the right to
9 withdraw consent to the testing process at any time, the right
10 to anonymity to the extent provided by law with respect to
11 participation in the test and disclosure of test results, and
12 the right to confidential treatment of information identifying
13 the subject of the test and the results of the test, to the
14 extent provided by law.

15 Pre-test information may be provided in writing, verbally,
16 or by video, electronic, or other means. The subject must be
17 offered an opportunity to ask questions about the HIV test and
18 decline testing. Nothing in this Act shall prohibit a health
19 care provider from combining a form used to obtain informed
20 consent for HIV testing with forms used to obtain written
21 consent for general medical care or any other medical test or
22 procedure provided that the forms make it clear that the
23 subject may consent to general medical care, tests, or medical
24 procedures without being required to consent to HIV testing and
25 clearly explain how the subject may opt-out of HIV testing.

26 (e) "Health facility" means a hospital, nursing home, blood

1 bank, blood center, sperm bank, or other health care
2 institution, including any "health facility" as that term is
3 defined in the Illinois Finance Authority Act.

4 (f) "Health care provider" means any health care
5 professional, nurse, paramedic, psychologist or other person
6 providing medical, nursing, psychological, or other health
7 care services of any kind.

8 (f-5) "Health care professional" means (i) a licensed
9 physician, (ii) a physician assistant to whom the physician
10 assistant's supervising physician has delegated the provision
11 of AIDS and HIV-related health services, (iii) an advanced
12 practice registered nurse ~~who has a written collaborative~~
13 ~~agreement with a collaborating physician which authorizes the~~
14 ~~provision of AIDS and HIV-related health services,~~ (iv) a
15 licensed dentist, (v) a licensed podiatrist, or (vi) an
16 individual certified to provide HIV testing and counseling by a
17 state or local public health department.

18 (g) "Test" or "HIV test" means a test to determine the
19 presence of the antibody or antigen to HIV, or of HIV
20 infection.

21 (h) "Person" includes any natural person, partnership,
22 association, joint venture, trust, governmental entity, public
23 or private corporation, health facility or other legal entity.

24 (Source: P.A. 95-7, eff. 6-1-08; 95-331, eff. 8-21-07.)

25 Section 100. The Illinois Sexually Transmissible Disease

1 Control Act is amended by changing Section 4 as follows:

2 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

3 Sec. 4. Reporting required.

4 (a) A physician licensed under the provisions of the
5 Medical Practice Act of 1987, an advanced practice nurse
6 licensed under the provisions of the Nurse Practice Act ~~who has~~
7 ~~a written collaborative agreement with a collaborating~~
8 ~~physician that authorizes the provision of services for a~~
9 ~~sexually transmissible disease~~, or a physician assistant
10 licensed under the provisions of the Physician Assistant
11 Practice Act of 1987 who has been delegated authority to
12 provide services for a sexually transmissible disease who makes
13 a diagnosis of or treats a person with a sexually transmissible
14 disease and each laboratory that performs a test for a sexually
15 transmissible disease which concludes with a positive result
16 shall report such facts as may be required by the Department by
17 rule, within such time period as the Department may require by
18 rule, but in no case to exceed 2 weeks.

19 (b) The Department shall adopt rules specifying the
20 information required in reporting a sexually transmissible
21 disease, the method of reporting and specifying a minimum time
22 period for reporting. In adopting such rules, the Department
23 shall consider the need for information, protections for the
24 privacy and confidentiality of the patient, and the practical
25 abilities of persons and laboratories to report in a reasonable

1 fashion.

2 (c) Any person who knowingly or maliciously disseminates
3 any false information or report concerning the existence of any
4 sexually transmissible disease under this Section is guilty of
5 a Class A misdemeanor.

6 (d) Any person who violates the provisions of this Section
7 or the rules adopted hereunder may be fined by the Department
8 up to \$500 for each violation. The Department shall report each
9 violation of this Section to the regulatory agency responsible
10 for licensing a health care professional or a laboratory to
11 which these provisions apply.

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

13 Section 105. The Perinatal HIV Prevention Act is amended by
14 changing Section 5 as follows:

15 (410 ILCS 335/5)

16 Sec. 5. Definitions. In this Act:

17 "Department" means the Department of Public Health.

18 "Health care professional" means a physician licensed to
19 practice medicine in all its branches, a physician assistant
20 who has been delegated the provision of health services by his
21 or her supervising physician, or an advanced practice
22 ~~registered nurse who has a written collaborative agreement with~~
23 ~~a collaborating physician that authorizes the provision of~~
24 ~~health services.~~

1 "Health care facility" or "facility" means any hospital or
2 other institution that is licensed or otherwise authorized to
3 deliver health care services.

4 "Health care services" means any prenatal medical care or
5 labor or delivery services to a pregnant woman and her newborn
6 infant, including hospitalization.

7 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

8 Section 110. The Home Health and Hospice Drug Dispensation
9 and Administration Act is amended by changing Section 10 as
10 follows:

11 (410 ILCS 642/10)

12 Sec. 10. Definitions. In this Act:

13 "Authorized nursing employee" means a registered nurse or
14 advanced practice nurse, as defined in the Nurse Practice Act,
15 who is employed by a home health agency or hospice licensed in
16 this State.

17 "Health care professional" means a physician licensed to
18 practice medicine in all its branches, an advanced practice
19 nurse ~~who has a written collaborative agreement with a~~
20 ~~collaborating physician that authorizes services under this~~
21 ~~Act~~, or a physician assistant who has been delegated the
22 authority to perform services under this Act by his or her
23 supervising physician.

24 "Home health agency" has the meaning ascribed to it in

1 Section 2.04 of the Home Health, Home Services, and Home
2 Nursing Agency Licensing Act.

3 "Hospice" means a full hospice, as defined in Section 3 of
4 the Hospice Program Licensing Act.

5 "Physician" means a physician licensed under the Medical
6 Practice Act of 1987 to practice medicine in all its branches.

7 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
8 95-639, eff. 10-5-07.)

9 Section 115. The Illinois Vehicle Code is amended by
10 changing Sections 1-159.1, 3-616, and 6-106.1 as follows:

11 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

12 Sec. 1-159.1. Person with disabilities. A natural person
13 who, as determined by a licensed physician, by a physician
14 assistant who has been delegated the authority to make this
15 determination by his or her supervising physician, or by an
16 advanced practice nurse ~~who has a written collaborative~~
17 ~~agreement with a collaborating physician that authorizes the~~
18 ~~advanced practice nurse to make this determination:~~ (1) cannot
19 walk without the use of, or assistance from, a brace, cane,
20 crutch, another person, prosthetic device, wheelchair, or
21 other assistive device; (2) is restricted by lung disease to
22 such an extent that his or her forced (respiratory) expiratory
23 volume for one second, when measured by spirometry, is less
24 than one liter, or the arterial oxygen tension is less than 60

1 mm/hg on room air at rest; (3) uses portable oxygen; (4) has a
2 cardiac condition to the extent that the person's functional
3 limitations are classified in severity as Class III or Class
4 IV, according to standards set by the American Heart
5 Association; (5) is severely limited in the person's ability to
6 walk due to an arthritic, neurological, or orthopedic
7 condition; (6) cannot walk 200 feet without stopping to rest
8 because of one of the above 5 conditions; or (7) is missing a
9 hand or arm or has permanently lost the use of a hand or arm.
10 (Source: P.A. 95-186, eff. 8-16-07.)

11 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

12 Sec. 3-616. Disability license plates.

13 (a) Upon receiving an application for a certificate of
14 registration for a motor vehicle of the first division or for a
15 motor vehicle of the second division weighing no more than
16 8,000 pounds, accompanied with payment of the registration fees
17 required under this Code from a person with disabilities or a
18 person who is deaf or hard of hearing, the Secretary of State,
19 if so requested, shall issue to such person registration plates
20 as provided for in Section 3-611, provided that the person with
21 disabilities or person who is deaf or hard of hearing must not
22 be disqualified from obtaining a driver's license under
23 subsection 8 of Section 6-103 of this Code, and further
24 provided that any person making such a request must submit a
25 statement, certified by a licensed physician, by a physician

1 assistant who has been delegated the authority to make this
2 certification by his or her supervising physician, or by an
3 advanced practice nurse ~~who has a written collaborative~~
4 ~~agreement with a collaborating physician that authorizes the~~
5 ~~advanced practice nurse to make this certification,~~ to the
6 effect that such person is a person with disabilities as
7 defined by Section 1-159.1 of this Code, or alternatively
8 provide adequate documentation that such person has a Class 1A,
9 Class 2A or Type Four disability under the provisions of
10 Section 4A of the Illinois Identification Card Act. For
11 purposes of this Section, an Illinois Disabled Person
12 Identification Card issued pursuant to the Illinois
13 Identification Card Act indicating that the person thereon
14 named has a disability shall be adequate documentation of such
15 a disability.

16 (b) The Secretary shall issue plates under this Section to
17 a parent or legal guardian of a person with disabilities if the
18 person with disabilities has a Class 1A or Class 2A disability
19 as defined in Section 4A of the Illinois Identification Card
20 Act or is a person with disabilities as defined by Section
21 1-159.1 of this Code, and does not possess a vehicle registered
22 in his or her name, provided that the person with disabilities
23 relies frequently on the parent or legal guardian for
24 transportation. Only one vehicle per family may be registered
25 under this subsection, unless the applicant can justify in
26 writing the need for one additional set of plates. Any person

1 requesting special plates under this subsection shall submit
2 such documentation or such physician's, physician assistant's,
3 or advanced practice nurse's statement as is required in
4 subsection (a) and a statement describing the circumstances
5 qualifying for issuance of special plates under this
6 subsection. An optometrist may certify a Class 2A Visual
7 Disability, as defined in Section 4A of the Illinois
8 Identification Card Act, for the purpose of qualifying a person
9 with disabilities for special plates under this subsection.

10 (c) The Secretary may issue a parking decal or device to a
11 person with disabilities as defined by Section 1-159.1 without
12 regard to qualification of such person with disabilities for a
13 driver's license or registration of a vehicle by such person
14 with disabilities or such person's immediate family, provided
15 such person with disabilities making such a request has been
16 issued a Disabled Person Identification Card indicating that
17 the person named thereon has a Class 1A or Class 2A disability,
18 or alternatively, submits a statement certified by a licensed
19 physician, or by a physician assistant or an advanced practice
20 nurse as provided in subsection (a), to the effect that such
21 person is a person with disabilities as defined by Section
22 1-159.1. An optometrist may certify a Class 2A Visual
23 Disability as defined in Section 4A of the Illinois
24 Identification Card Act for the purpose of qualifying a person
25 with disabilities for a parking decal or device under this
26 subsection.

1 (d) The Secretary shall prescribe by rules and regulations
2 procedures to certify or re-certify as necessary the
3 eligibility of persons whose disabilities are other than
4 permanent for special plates or parking decals or devices
5 issued under subsections (a), (b) and (c). Except as provided
6 under subsection (f) of this Section, no such special plates,
7 decals or devices shall be issued by the Secretary of State to
8 or on behalf of any person with disabilities unless such person
9 is certified as meeting the definition of a person with
10 disabilities pursuant to Section 1-159.1 or meeting the
11 requirement of a Type Four disability as provided under Section
12 4A of the Illinois Identification Card Act for the period of
13 time that the physician, or the physician assistant or advanced
14 practice nurse as provided in subsection (a), determines the
15 applicant will have the disability, but not to exceed 6 months
16 from the date of certification or recertification.

17 (e) Any person requesting special plates under this Section
18 may also apply to have the special plates personalized, as
19 provided under Section 3-405.1.

20 (f) The Secretary of State, upon application, shall issue
21 disability registration plates or a parking decal to
22 corporations, school districts, State or municipal agencies,
23 limited liability companies, nursing homes, convalescent
24 homes, or special education cooperatives which will transport
25 persons with disabilities. The Secretary shall prescribe by
26 rule a means to certify or re-certify the eligibility of

1 organizations to receive disability plates or decals and to
2 designate which of the 2 person with disabilities emblems shall
3 be placed on qualifying vehicles.

4 (g) The Secretary of State, or his designee, may enter into
5 agreements with other jurisdictions, including foreign
6 jurisdictions, on behalf of this State relating to the
7 extension of parking privileges by such jurisdictions to
8 permanently disabled residents of this State who display a
9 special license plate or parking device that contains the
10 International symbol of access on his or her motor vehicle, and
11 to recognize such plates or devices issued by such other
12 jurisdictions. This State shall grant the same parking
13 privileges which are granted to disabled residents of this
14 State to any non-resident whose motor vehicle is licensed in
15 another state, district, territory or foreign country if such
16 vehicle displays the international symbol of access or a
17 distinguishing insignia on license plates or parking device
18 issued in accordance with the laws of the non-resident's state,
19 district, territory or foreign country.

20 (Source: P.A. 94-619, eff. 1-1-06; 95-762, eff. 1-1-09.)

21 (625 ILCS 5/6-106.1) (from Ch. 95 1/2, par. 6-106.1)

22 Sec. 6-106.1. School bus driver permit.

23 (a) The Secretary of State shall issue a school bus driver
24 permit to those applicants who have met all the requirements of
25 the application and screening process under this Section to

1 insure the welfare and safety of children who are transported
2 on school buses throughout the State of Illinois. Applicants
3 shall obtain the proper application required by the Secretary
4 of State from their prospective or current employer and submit
5 the completed application to the prospective or current
6 employer along with the necessary fingerprint submission as
7 required by the Department of State Police to conduct
8 fingerprint based criminal background checks on current and
9 future information available in the state system and current
10 information available through the Federal Bureau of
11 Investigation's system. Applicants who have completed the
12 fingerprinting requirements shall not be subjected to the
13 fingerprinting process when applying for subsequent permits or
14 submitting proof of successful completion of the annual
15 refresher course. Individuals who on the effective date of this
16 Act possess a valid school bus driver permit that has been
17 previously issued by the appropriate Regional School
18 Superintendent are not subject to the fingerprinting
19 provisions of this Section as long as the permit remains valid
20 and does not lapse. The applicant shall be required to pay all
21 related application and fingerprinting fees as established by
22 rule including, but not limited to, the amounts established by
23 the Department of State Police and the Federal Bureau of
24 Investigation to process fingerprint based criminal background
25 investigations. All fees paid for fingerprint processing
26 services under this Section shall be deposited into the State

1 Police Services Fund for the cost incurred in processing the
2 fingerprint based criminal background investigations. All
3 other fees paid under this Section shall be deposited into the
4 Road Fund for the purpose of defraying the costs of the
5 Secretary of State in administering this Section. All
6 applicants must:

7 1. be 21 years of age or older;

8 2. possess a valid and properly classified driver's
9 license issued by the Secretary of State;

10 3. possess a valid driver's license, which has not been
11 revoked, suspended, or canceled for 3 years immediately
12 prior to the date of application, or have not had his or
13 her commercial motor vehicle driving privileges
14 disqualified within the 3 years immediately prior to the
15 date of application;

16 4. successfully pass a written test, administered by
17 the Secretary of State, on school bus operation, school bus
18 safety, and special traffic laws relating to school buses
19 and submit to a review of the applicant's driving habits by
20 the Secretary of State at the time the written test is
21 given;

22 5. demonstrate ability to exercise reasonable care in
23 the operation of school buses in accordance with rules
24 promulgated by the Secretary of State;

25 6. demonstrate physical fitness to operate school
26 buses by submitting the results of a medical examination,

1 including tests for drug use for each applicant not subject
2 to such testing pursuant to federal law, conducted by a
3 licensed physician, an advanced practice nurse ~~who has a~~
4 ~~written collaborative agreement with a collaborating~~
5 ~~physician which authorizes him or her to perform medical~~
6 ~~examinations~~, or a physician assistant who has been
7 delegated the performance of medical examinations by his or
8 her supervising physician within 90 days of the date of
9 application according to standards promulgated by the
10 Secretary of State;

11 7. affirm under penalties of perjury that he or she has
12 not made a false statement or knowingly concealed a
13 material fact in any application for permit;

14 8. have completed an initial classroom course,
15 including first aid procedures, in school bus driver safety
16 as promulgated by the Secretary of State; and after
17 satisfactory completion of said initial course an annual
18 refresher course; such courses and the agency or
19 organization conducting such courses shall be approved by
20 the Secretary of State; failure to complete the annual
21 refresher course, shall result in cancellation of the
22 permit until such course is completed;

23 9. not have been convicted of 2 or more serious traffic
24 offenses, as defined by rule, within one year prior to the
25 date of application that may endanger the life or safety of
26 any of the driver's passengers within the duration of the

1 permit period;

2 10. not have been convicted of reckless driving,
3 driving while intoxicated, or reckless homicide resulting
4 from the operation of a motor vehicle within 3 years of the
5 date of application;

6 11. not have been convicted of committing or attempting
7 to commit any one or more of the following offenses: (i)
8 those offenses defined in Sections 9-1, 9-1.2, 9-2, 9-2.1,
9 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5, 10-6,
10 10-7, 11-6, 11-9, 11-9.1, 11-14, 11-15, 11-15.1, 11-16,
11 11-17, 11-18, 11-19, 11-19.1, 11-19.2, 11-20, 11-20.1,
12 11-21, 11-22, 12-3.1, 12-4.1, 12-4.2, 12-4.3, 12-4.4,
13 12-4.5, 12-6, 12-6.2, 12-7.1, 12-7.3, 12-7.4, 12-11,
14 12-13, 12-14, 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5,
15 12-21.6, 12-33, 18-1, 18-2, 18-3, 18-4, 18-5, 20-1, 20-1.1,
16 20-2, 24-1, 24-1.1, 24-1.2, 24-3.3, 31A-1, 31A-1.1, and
17 33A-2, and in subsection (a) and subsection (b), clause
18 (1), of Section 12-4 of the Criminal Code of 1961; (ii)
19 those offenses defined in the Cannabis Control Act except
20 those offenses defined in subsections (a) and (b) of
21 Section 4, and subsection (a) of Section 5 of the Cannabis
22 Control Act; (iii) those offenses defined in the Illinois
23 Controlled Substances Act; (iv) those offenses defined in
24 the Methamphetamine Control and Community Protection Act;
25 (v) any offense committed or attempted in any other state
26 or against the laws of the United States, which if

1 committed or attempted in this State would be punishable as
2 one or more of the foregoing offenses; (vi) the offenses
3 defined in Section 4.1 and 5.1 of the Wrongs to Children
4 Act and (vii) those offenses defined in Section 6-16 of the
5 Liquor Control Act of 1934;

6 12. not have been repeatedly involved as a driver in
7 motor vehicle collisions or been repeatedly convicted of
8 offenses against laws and ordinances regulating the
9 movement of traffic, to a degree which indicates lack of
10 ability to exercise ordinary and reasonable care in the
11 safe operation of a motor vehicle or disrespect for the
12 traffic laws and the safety of other persons upon the
13 highway;

14 13. not have, through the unlawful operation of a motor
15 vehicle, caused an accident resulting in the death of any
16 person; and

17 14. not have, within the last 5 years, been adjudged to
18 be afflicted with or suffering from any mental disability
19 or disease.

20 (b) A school bus driver permit shall be valid for a period
21 specified by the Secretary of State as set forth by rule. It
22 shall be renewable upon compliance with subsection (a) of this
23 Section.

24 (c) A school bus driver permit shall contain the holder's
25 driver's license number, legal name, residence address, zip
26 code, social security number and date of birth, a brief

1 description of the holder and a space for signature. The
2 Secretary of State may require a suitable photograph of the
3 holder.

4 (d) The employer shall be responsible for conducting a
5 pre-employment interview with prospective school bus driver
6 candidates, distributing school bus driver applications and
7 medical forms to be completed by the applicant, and submitting
8 the applicant's fingerprint cards to the Department of State
9 Police that are required for the criminal background
10 investigations. The employer shall certify in writing to the
11 Secretary of State that all pre-employment conditions have been
12 successfully completed including the successful completion of
13 an Illinois specific criminal background investigation through
14 the Department of State Police and the submission of necessary
15 fingerprints to the Federal Bureau of Investigation for
16 criminal history information available through the Federal
17 Bureau of Investigation system. The applicant shall present the
18 certification to the Secretary of State at the time of
19 submitting the school bus driver permit application.

20 (e) Permits shall initially be provisional upon receiving
21 certification from the employer that all pre-employment
22 conditions have been successfully completed, and upon
23 successful completion of all training and examination
24 requirements for the classification of the vehicle to be
25 operated, the Secretary of State shall provisionally issue a
26 School Bus Driver Permit. The permit shall remain in a

1 provisional status pending the completion of the Federal Bureau
2 of Investigation's criminal background investigation based
3 upon fingerprinting specimens submitted to the Federal Bureau
4 of Investigation by the Department of State Police. The Federal
5 Bureau of Investigation shall report the findings directly to
6 the Secretary of State. The Secretary of State shall remove the
7 bus driver permit from provisional status upon the applicant's
8 successful completion of the Federal Bureau of Investigation's
9 criminal background investigation.

10 (f) A school bus driver permit holder shall notify the
11 employer and the Secretary of State if he or she is convicted
12 in another state of an offense that would make him or her
13 ineligible for a permit under subsection (a) of this Section.
14 The written notification shall be made within 5 days of the
15 entry of the conviction. Failure of the permit holder to
16 provide the notification is punishable as a petty offense for a
17 first violation and a Class B misdemeanor for a second or
18 subsequent violation.

19 (g) Cancellation; suspension; notice and procedure.

20 (1) The Secretary of State shall cancel a school bus
21 driver permit of an applicant whose criminal background
22 investigation discloses that he or she is not in compliance
23 with the provisions of subsection (a) of this Section.

24 (2) The Secretary of State shall cancel a school bus
25 driver permit when he or she receives notice that the
26 permit holder fails to comply with any provision of this

1 Section or any rule promulgated for the administration of
2 this Section.

3 (3) The Secretary of State shall cancel a school bus
4 driver permit if the permit holder's restricted commercial
5 or commercial driving privileges are withdrawn or
6 otherwise invalidated.

7 (4) The Secretary of State may not issue a school bus
8 driver permit for a period of 3 years to an applicant who
9 fails to obtain a negative result on a drug test as
10 required in item 6 of subsection (a) of this Section or
11 under federal law.

12 (5) The Secretary of State shall forthwith suspend a
13 school bus driver permit for a period of 3 years upon
14 receiving notice that the holder has failed to obtain a
15 negative result on a drug test as required in item 6 of
16 subsection (a) of this Section or under federal law.

17 The Secretary of State shall notify the State
18 Superintendent of Education and the permit holder's
19 prospective or current employer that the applicant has (1) has
20 failed a criminal background investigation or (2) is no longer
21 eligible for a school bus driver permit; and of the related
22 cancellation of the applicant's provisional school bus driver
23 permit. The cancellation shall remain in effect pending the
24 outcome of a hearing pursuant to Section 2-118 of this Code.
25 The scope of the hearing shall be limited to the issuance
26 criteria contained in subsection (a) of this Section. A

1 petition requesting a hearing shall be submitted to the
2 Secretary of State and shall contain the reason the individual
3 feels he or she is entitled to a school bus driver permit. The
4 permit holder's employer shall notify in writing to the
5 Secretary of State that the employer has certified the removal
6 of the offending school bus driver from service prior to the
7 start of that school bus driver's next workshift. An employing
8 school board that fails to remove the offending school bus
9 driver from service is subject to the penalties defined in
10 Section 3-14.23 of the School Code. A school bus contractor who
11 violates a provision of this Section is subject to the
12 penalties defined in Section 6-106.11.

13 All valid school bus driver permits issued under this
14 Section prior to January 1, 1995, shall remain effective until
15 their expiration date unless otherwise invalidated.

16 (Source: P.A. 93-895, eff. 1-1-05; 94-556, eff. 9-11-05.)

17 Section 120. The Illinois Controlled Substances Act is
18 amended by changing Sections 102 and 303.05 as follows:

19 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

20 Sec. 102. Definitions. As used in this Act, unless the
21 context otherwise requires:

22 (a) "Addict" means any person who habitually uses any drug,
23 chemical, substance or dangerous drug other than alcohol so as
24 to endanger the public morals, health, safety or welfare or who

1 is so far addicted to the use of a dangerous drug or controlled
2 substance other than alcohol as to have lost the power of self
3 control with reference to his addiction.

4 (b) "Administer" means the direct application of a
5 controlled substance, whether by injection, inhalation,
6 ingestion, or any other means, to the body of a patient,
7 research subject, or animal (as defined by the Humane
8 Euthanasia in Animal Shelters Act) by:

9 (1) a practitioner (or, in his presence, by his
10 authorized agent),

11 (2) the patient or research subject at the lawful
12 direction of the practitioner, or

13 (3) a euthanasia technician as defined by the Humane
14 Euthanasia in Animal Shelters Act.

15 (c) "Agent" means an authorized person who acts on behalf
16 of or at the direction of a manufacturer, distributor, or
17 dispenser. It does not include a common or contract carrier,
18 public warehouseman or employee of the carrier or warehouseman.

19 (c-1) "Anabolic Steroids" means any drug or hormonal
20 substance, chemically and pharmacologically related to
21 testosterone (other than estrogens, progestins, and
22 corticosteroids) that promotes muscle growth, and includes:

23 (i) boldenone,

24 (ii) chlorotestosterone,

25 (iii) chostebol,

26 (iv) dehydrochlormethyltestosterone,

1 (v) dihydrotestosterone,
2 (vi) drostanolone,
3 (vii) ethylestrenol,
4 (viii) fluoxymesterone,
5 (ix) formebulone,
6 (x) mesterolone,
7 (xi) methandienone,
8 (xii) methandranone,
9 (xiii) methandriol,
10 (xiv) methandrostenolone,
11 (xv) methenolone,
12 (xvi) methyltestosterone,
13 (xvii) mibolerone,
14 (xviii) nandrolone,
15 (xix) norethandrolone,
16 (xx) oxandrolone,
17 (xxi) oxymesterone,
18 (xxii) oxymetholone,
19 (xxiii) stanolone,
20 (xxiv) stanozolol,
21 (xxv) testolactone,
22 (xxvi) testosterone,
23 (xxvii) trenbolone, and
24 (xxviii) any salt, ester, or isomer of a drug or
25 substance described or listed in this paragraph, if
26 that salt, ester, or isomer promotes muscle growth.

1 Any person who is otherwise lawfully in possession of an
2 anabolic steroid, or who otherwise lawfully manufactures,
3 distributes, dispenses, delivers, or possesses with intent to
4 deliver an anabolic steroid, which anabolic steroid is
5 expressly intended for and lawfully allowed to be administered
6 through implants to livestock or other nonhuman species, and
7 which is approved by the Secretary of Health and Human Services
8 for such administration, and which the person intends to
9 administer or have administered through such implants, shall
10 not be considered to be in unauthorized possession or to
11 unlawfully manufacture, distribute, dispense, deliver, or
12 possess with intent to deliver such anabolic steroid for
13 purposes of this Act.

14 (d) "Administration" means the Drug Enforcement
15 Administration, United States Department of Justice, or its
16 successor agency.

17 (e) "Control" means to add a drug or other substance, or
18 immediate precursor, to a Schedule under Article II of this Act
19 whether by transfer from another Schedule or otherwise.

20 (f) "Controlled Substance" means a drug, substance, or
21 immediate precursor in the Schedules of Article II of this Act.

22 (g) "Counterfeit substance" means a controlled substance,
23 which, or the container or labeling of which, without
24 authorization bears the trademark, trade name, or other
25 identifying mark, imprint, number or device, or any likeness
26 thereof, of a manufacturer, distributor, or dispenser other

1 than the person who in fact manufactured, distributed, or
2 dispensed the substance.

3 (h) "Deliver" or "delivery" means the actual, constructive
4 or attempted transfer of possession of a controlled substance,
5 with or without consideration, whether or not there is an
6 agency relationship.

7 (i) "Department" means the Illinois Department of Human
8 Services (as successor to the Department of Alcoholism and
9 Substance Abuse) or its successor agency.

10 (j) "Department of State Police" means the Department of
11 State Police of the State of Illinois or its successor agency.

12 (k) "Department of Corrections" means the Department of
13 Corrections of the State of Illinois or its successor agency.

14 (l) "Department of Professional Regulation" means the
15 Department of Professional Regulation of the State of Illinois
16 or its successor agency.

17 (m) "Depressant" or "stimulant substance" means:

18 (1) a drug which contains any quantity of (i)
19 barbituric acid or any of the salts of barbituric acid
20 which has been designated as habit forming under section
21 502 (d) of the Federal Food, Drug, and Cosmetic Act (21
22 U.S.C. 352 (d)); or

23 (2) a drug which contains any quantity of (i)
24 amphetamine or methamphetamine and any of their optical
25 isomers; (ii) any salt of amphetamine or methamphetamine or
26 any salt of an optical isomer of amphetamine; or (iii) any

1 substance which the Department, after investigation, has
2 found to be, and by rule designated as, habit forming
3 because of its depressant or stimulant effect on the
4 central nervous system; or

5 (3) lysergic acid diethylamide; or

6 (4) any drug which contains any quantity of a substance
7 which the Department, after investigation, has found to
8 have, and by rule designated as having, a potential for
9 abuse because of its depressant or stimulant effect on the
10 central nervous system or its hallucinogenic effect.

11 (n) (Blank).

12 (o) "Director" means the Director of the Department of
13 State Police or the Department of Professional Regulation or
14 his designated agents.

15 (p) "Dispense" means to deliver a controlled substance to
16 an ultimate user or research subject by or pursuant to the
17 lawful order of a prescriber, including the prescribing,
18 administering, packaging, labeling, or compounding necessary
19 to prepare the substance for that delivery.

20 (q) "Dispenser" means a practitioner who dispenses.

21 (r) "Distribute" means to deliver, other than by
22 administering or dispensing, a controlled substance.

23 (s) "Distributor" means a person who distributes.

24 (t) "Drug" means (1) substances recognized as drugs in the
25 official United States Pharmacopoeia, Official Homeopathic
26 Pharmacopoeia of the United States, or official National

1 Formulary, or any supplement to any of them; (2) substances
2 intended for use in diagnosis, cure, mitigation, treatment, or
3 prevention of disease in man or animals; (3) substances (other
4 than food) intended to affect the structure of any function of
5 the body of man or animals and (4) substances intended for use
6 as a component of any article specified in clause (1), (2), or
7 (3) of this subsection. It does not include devices or their
8 components, parts, or accessories.

9 (t-5) "Euthanasia agency" means an entity certified by the
10 Department of Professional Regulation for the purpose of animal
11 euthanasia that holds an animal control facility license or
12 animal shelter license under the Animal Welfare Act. A
13 euthanasia agency is authorized to purchase, store, possess,
14 and utilize Schedule II nonnarcotic and Schedule III
15 nonnarcotic drugs for the sole purpose of animal euthanasia.

16 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
17 substances (nonnarcotic controlled substances) that are used
18 by a euthanasia agency for the purpose of animal euthanasia.

19 (u) "Good faith" means the prescribing or dispensing of a
20 controlled substance by a practitioner in the regular course of
21 professional treatment to or for any person who is under his
22 treatment for a pathology or condition other than that
23 individual's physical or psychological dependence upon or
24 addiction to a controlled substance, except as provided herein:
25 and application of the term to a pharmacist shall mean the
26 dispensing of a controlled substance pursuant to the

1 prescriber's order which in the professional judgment of the
2 pharmacist is lawful. The pharmacist shall be guided by
3 accepted professional standards including, but not limited to
4 the following, in making the judgment:

5 (1) lack of consistency of doctor-patient
6 relationship,

7 (2) frequency of prescriptions for same drug by one
8 prescriber for large numbers of patients,

9 (3) quantities beyond those normally prescribed,

10 (4) unusual dosages,

11 (5) unusual geographic distances between patient,
12 pharmacist and prescriber,

13 (6) consistent prescribing of habit-forming drugs.

14 (u-1) "Home infusion services" means services provided by a
15 pharmacy in compounding solutions for direct administration to
16 a patient in a private residence, long-term care facility, or
17 hospice setting by means of parenteral, intravenous,
18 intramuscular, subcutaneous, or intraspinal infusion.

19 (v) "Immediate precursor" means a substance:

20 (1) which the Department has found to be and by rule
21 designated as being a principal compound used, or produced
22 primarily for use, in the manufacture of a controlled
23 substance;

24 (2) which is an immediate chemical intermediary used or
25 likely to be used in the manufacture of such controlled
26 substance; and

1 (3) the control of which is necessary to prevent,
2 curtail or limit the manufacture of such controlled
3 substance.

4 (w) "Instructional activities" means the acts of teaching,
5 educating or instructing by practitioners using controlled
6 substances within educational facilities approved by the State
7 Board of Education or its successor agency.

8 (x) "Local authorities" means a duly organized State,
9 County or Municipal peace unit or police force.

10 (y) "Look-alike substance" means a substance, other than a
11 controlled substance which (1) by overall dosage unit
12 appearance, including shape, color, size, markings or lack
13 thereof, taste, consistency, or any other identifying physical
14 characteristic of the substance, would lead a reasonable person
15 to believe that the substance is a controlled substance, or (2)
16 is expressly or impliedly represented to be a controlled
17 substance or is distributed under circumstances which would
18 lead a reasonable person to believe that the substance is a
19 controlled substance. For the purpose of determining whether
20 the representations made or the circumstances of the
21 distribution would lead a reasonable person to believe the
22 substance to be a controlled substance under this clause (2) of
23 subsection (y), the court or other authority may consider the
24 following factors in addition to any other factor that may be
25 relevant:

26 (a) statements made by the owner or person in control

1 of the substance concerning its nature, use or effect;

2 (b) statements made to the buyer or recipient that the
3 substance may be resold for profit;

4 (c) whether the substance is packaged in a manner
5 normally used for the illegal distribution of controlled
6 substances;

7 (d) whether the distribution or attempted distribution
8 included an exchange of or demand for money or other
9 property as consideration, and whether the amount of the
10 consideration was substantially greater than the
11 reasonable retail market value of the substance.

12 Clause (1) of this subsection (y) shall not apply to a
13 noncontrolled substance in its finished dosage form that was
14 initially introduced into commerce prior to the initial
15 introduction into commerce of a controlled substance in its
16 finished dosage form which it may substantially resemble.

17 Nothing in this subsection (y) prohibits the dispensing or
18 distributing of noncontrolled substances by persons authorized
19 to dispense and distribute controlled substances under this
20 Act, provided that such action would be deemed to be carried
21 out in good faith under subsection (u) if the substances
22 involved were controlled substances.

23 Nothing in this subsection (y) or in this Act prohibits the
24 manufacture, preparation, propagation, compounding,
25 processing, packaging, advertising or distribution of a drug or
26 drugs by any person registered pursuant to Section 510 of the

1 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

2 (y-1) "Mail-order pharmacy" means a pharmacy that is
3 located in a state of the United States, other than Illinois,
4 that delivers, dispenses or distributes, through the United
5 States Postal Service or other common carrier, to Illinois
6 residents, any substance which requires a prescription.

7 (z) "Manufacture" means the production, preparation,
8 propagation, compounding, conversion or processing of a
9 controlled substance other than methamphetamine, either
10 directly or indirectly, by extraction from substances of
11 natural origin, or independently by means of chemical
12 synthesis, or by a combination of extraction and chemical
13 synthesis, and includes any packaging or repackaging of the
14 substance or labeling of its container, except that this term
15 does not include:

16 (1) by an ultimate user, the preparation or compounding
17 of a controlled substance for his own use; or

18 (2) by a practitioner, or his authorized agent under
19 his supervision, the preparation, compounding, packaging,
20 or labeling of a controlled substance:

21 (a) as an incident to his administering or
22 dispensing of a controlled substance in the course of
23 his professional practice; or

24 (b) as an incident to lawful research, teaching or
25 chemical analysis and not for sale.

26 (z-1) (Blank).

1 (aa) "Narcotic drug" means any of the following, whether
2 produced directly or indirectly by extraction from substances
3 of natural origin, or independently by means of chemical
4 synthesis, or by a combination of extraction and chemical
5 synthesis:

6 (1) opium and opiate, and any salt, compound,
7 derivative, or preparation of opium or opiate;

8 (2) any salt, compound, isomer, derivative, or
9 preparation thereof which is chemically equivalent or
10 identical with any of the substances referred to in clause
11 (1), but not including the isoquinoline alkaloids of opium;

12 (3) opium poppy and poppy straw;

13 (4) coca leaves and any salts, compound, isomer, salt
14 of an isomer, derivative, or preparation of coca leaves
15 including cocaine or ecgonine, and any salt, compound,
16 isomer, derivative, or preparation thereof which is
17 chemically equivalent or identical with any of these
18 substances, but not including decocainized coca leaves or
19 extractions of coca leaves which do not contain cocaine or
20 ecgonine (for the purpose of this paragraph, the term
21 "isomer" includes optical, positional and geometric
22 isomers).

23 (bb) "Nurse" means a registered nurse licensed under the
24 Nurse Practice Act.

25 (cc) (Blank).

26 (dd) "Opiate" means any substance having an addiction

1 forming or addiction sustaining liability similar to morphine
2 or being capable of conversion into a drug having addiction
3 forming or addiction sustaining liability.

4 (ee) "Opium poppy" means the plant of the species *Papaver*
5 *somniferum* L., except its seeds.

6 (ff) "Parole and Pardon Board" means the Parole and Pardon
7 Board of the State of Illinois or its successor agency.

8 (gg) "Person" means any individual, corporation,
9 mail-order pharmacy, government or governmental subdivision or
10 agency, business trust, estate, trust, partnership or
11 association, or any other entity.

12 (hh) "Pharmacist" means any person who holds a license or
13 certificate of registration as a registered pharmacist, a local
14 registered pharmacist or a registered assistant pharmacist
15 under the Pharmacy Practice Act.

16 (ii) "Pharmacy" means any store, ship or other place in
17 which pharmacy is authorized to be practiced under the Pharmacy
18 Practice Act.

19 (jj) "Poppy straw" means all parts, except the seeds, of
20 the opium poppy, after mowing.

21 (kk) "Practitioner" means a physician licensed to practice
22 medicine in all its branches, dentist, optometrist,
23 podiatrist, veterinarian, scientific investigator, pharmacist,
24 physician assistant, advanced practice nurse, licensed
25 practical nurse, registered nurse, hospital, laboratory, or
26 pharmacy, or other person licensed, registered, or otherwise

1 lawfully permitted by the United States or this State to
2 distribute, dispense, conduct research with respect to,
3 administer or use in teaching or chemical analysis, a
4 controlled substance in the course of professional practice or
5 research.

6 (ll) "Pre-printed prescription" means a written
7 prescription upon which the designated drug has been indicated
8 prior to the time of issuance.

9 (mm) "Prescriber" means a physician licensed to practice
10 medicine in all its branches, dentist, optometrist, podiatrist
11 or veterinarian who issues a prescription, a physician
12 assistant who issues a prescription for a Schedule III, IV, or
13 V controlled substance in accordance with Section 303.05 and
14 the written guidelines required under Section 7.5 of the
15 Physician Assistant Practice Act of 1987, or an advanced
16 practice nurse with prescriptive authority ~~delegated~~ under
17 Section 65-40 of the Nurse Practice Act and in accordance with
18 Section 303.05 ~~and a written collaborative agreement under~~
19 ~~Section 65-35 of the Nurse Practice Act.~~

20 (nn) "Prescription" means a lawful written, facsimile, or
21 verbal order of a physician licensed to practice medicine in
22 all its branches, dentist, podiatrist or veterinarian for any
23 controlled substance, of an optometrist for a Schedule III, IV,
24 or V controlled substance in accordance with Section 15.1 of
25 the Illinois Optometric Practice Act of 1987, of a physician
26 assistant for a Schedule III, IV, or V controlled substance in

1 accordance with Section 303.05 and the written guidelines
2 required under Section 7.5 of the Physician Assistant Practice
3 Act of 1987, or of an advanced practice nurse with prescriptive
4 authority ~~delegated~~ under Section 65-40 of the Nurse Practice
5 Act who issues a prescription for any ~~a~~ Schedule II through
6 Schedule III, IV, or V controlled substance in accordance with
7 Section 303.05 ~~and a written collaborative agreement under~~
8 ~~Section 65-35 of the Nurse Practice Act.~~

9 (oo) "Production" or "produce" means manufacture,
10 planting, cultivating, growing, or harvesting of a controlled
11 substance other than methamphetamine.

12 (pp) "Registrant" means every person who is required to
13 register under Section 302 of this Act.

14 (qq) "Registry number" means the number assigned to each
15 person authorized to handle controlled substances under the
16 laws of the United States and of this State.

17 (rr) "State" includes the State of Illinois and any state,
18 district, commonwealth, territory, insular possession thereof,
19 and any area subject to the legal authority of the United
20 States of America.

21 (ss) "Ultimate user" means a person who lawfully possesses
22 a controlled substance for his own use or for the use of a
23 member of his household or for administering to an animal owned
24 by him or by a member of his household.

25 (Source: P.A. 94-556, eff. 9-11-05; 95-242, eff. 1-1-08;
26 95-639, eff. 10-5-07; 95-689, eff. 10-29-07; 95-876, eff.

1 8-21-08.)

2 (720 ILCS 570/303.05)

3 Sec. 303.05. Mid-level practitioner registration.

4 (a) The Department of Professional Regulation shall
5 register licensed physician assistants and licensed advanced
6 practice nurses to prescribe and dispense ~~Schedule III, IV, or~~
7 ~~☐~~ controlled substances under Section 303 and animal euthanasia
8 agencies to purchase, store, or administer euthanasia drugs
9 under the following circumstances:

10 (1) with respect to physician assistants ~~or advanced~~
11 ~~practice nurses,~~

12 (A) the physician assistant ~~or advanced practice~~
13 ~~nurse~~ has been delegated ~~prescriptive~~ authority to
14 prescribe any Schedule II through Schedule V
15 controlled substances by a physician licensed to
16 practice medicine in all its branches in accordance
17 with Section 7.5 of the Physician Assistant Practice
18 Act of 1987 ~~or Section 65-40 of the Nurse Practice Act;~~
19 and

20 (B) the physician assistant ~~or advanced practice~~
21 ~~nurse~~ has completed the appropriate application forms
22 and has paid the required fees as set by rule; ~~or~~
23 (1-5) with respect to advanced practice nurses,

24 (A) the advanced practice nurse has the authority
25 to prescribe any Schedule II through Schedule V

1 controlled substances in accordance with Section 65-40
2 of the Nurse Practice Act; and

3 (B) the advanced practice nurse has completed the
4 appropriate application forms and has paid the
5 required fees as set by rule; or

6 (2) with respect to animal euthanasia agencies, the
7 euthanasia agency has obtained a license from the
8 Department of Professional Regulation and obtained a
9 registration number from the Department.

10 (b) The physician assistant ~~mid level practitioner~~ shall
11 only be licensed to prescribe those schedules of controlled
12 substances for which a licensed physician or licensed
13 podiatrist has delegated prescriptive authority, except that
14 an animal ~~a~~ euthanasia agency does not have any prescriptive
15 authority. A physician assistant is prohibited from
16 prescribing medications and controlled substances not set
17 forth in the required written delegation of authority.

18 (c) Upon completion of all registration requirements,
19 physician assistants, advanced practice nurses, and animal
20 euthanasia agencies shall be issued a mid-level practitioner
21 controlled substances license for Illinois.

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

23 (225 ILCS 65/65-35 rep.)

24 Section 125. The Nurse Practice Act is amended by repealing
25 Section 65-35.

1 (225 ILCS 100/20.5 rep.)

2 Section 130. The Podiatric Medical Practice Act of 1987 is
3 amended by repealing Section 20.5.

4 Section 999. Effective date. This Act takes effect upon
5 becoming law.

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2 Statutes amended in order of appearance

3	15 ILCS 335/4	from Ch. 124, par. 24
4	105 ILCS 5/22-30	
5	105 ILCS 5/24-5	from Ch. 122, par. 24-5
6	105 ILCS 5/24-6	from Ch. 122, par. 24-6
7	105 ILCS 5/26-1	from Ch. 122, par. 26-1
8	105 ILCS 5/27-8.1	from Ch. 122, par. 27-8.1
9	210 ILCS 5/6.5	
10	210 ILCS 25/7-101	from Ch. 111 1/2, par. 627-101
11	210 ILCS 85/10.7	
12	215 ILCS 5/356g.5	
13	215 ILCS 5/356z.1	
14	225 ILCS 25/8.1	from Ch. 111, par. 2308.1
15	225 ILCS 60/22	from Ch. 111, par. 4400-22
16	225 ILCS 60/54.5	
17	225 ILCS 65/50-10	was 225 ILCS 65/5-10
18	225 ILCS 65/65-30	
19	225 ILCS 65/65-40	was 225 ILCS 65/15-20
20	225 ILCS 65/65-45	was 225 ILCS 65/15-25
21	225 ILCS 65/65-55	was 225 ILCS 65/15-40
22	225 ILCS 65/70-5	was 225 ILCS 65/10-45
23	225 ILCS 75/3.1	
24	225 ILCS 85/4	from Ch. 111, par. 4124
25	225 ILCS 90/1	from Ch. 111, par. 4251

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6	410 ILCS 45/6.2	from Ch. 111 1/2, par. 1306.2
7	410 ILCS 70/2.2	
8	410 ILCS 70/5	from Ch. 111 1/2, par. 87-5
9	410 ILCS 70/5.5	
10	410 ILCS 210/1	from Ch. 111, par. 4501
11	410 ILCS 210/2	from Ch. 111, par. 4502
12	410 ILCS 210/3	from Ch. 111, par. 4503
13	410 ILCS 225/2	from Ch. 111 1/2, par. 7022
14	410 ILCS 305/3	from Ch. 111 1/2, par. 7303
15	410 ILCS 325/4	from Ch. 111 1/2, par. 7404
16	410 ILCS 335/5	
17	410 ILCS 642/10	
18	625 ILCS 5/1-159.1	from Ch. 95 1/2, par. 1-159.1
19	625 ILCS 5/3-616	from Ch. 95 1/2, par. 3-616
20	625 ILCS 5/6-106.1	from Ch. 95 1/2, par. 6-106.1
21	720 ILCS 570/102	from Ch. 56 1/2, par. 1102
22	720 ILCS 570/303.05	
23	225 ILCS 65/65-35 rep.	
24	225 ILCS 100/20.5 rep.	