



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

**HB0214**

Introduced 01/21/11, by Rep. Dan Reitz

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from November 30, 2011 to January 1, 2021. Also includes revisory changes. Amends the Medical Practice Act of 1987. Provides that in determining what action to take or whether to proceed with prosecution of a complaint, the Complaint Committee shall consider any recommendation made by the Department. Sets forth criteria that the Licensing Board may consider in making a determination of professional capacity, and makes other changes concerning professional capacity. Makes a change concerning a visiting professor permit. Changes references from "licensure without examination" to "licensure by endorsement". Makes a change concerning requiring an examination. Adds specific requirements for mental and physical examinations required by the Licensing Board or Disciplinary Board, and authorizes a substance abuse or sexual offender evaluation. Changes the reporting requirements for State's Attorneys. Allows the disclosure of certain confidential information to a medical licensing authority of another state or jurisdiction in certain instances. Repeals a Section concerning the practice of medicine by persons licensed in any other state who have applied for a license to practice medicine in this State. Makes other changes. Also reenacts certain provisions of Public Act 94-677, which was declared to be unconstitutional; includes explanatory and validation provisions. Effective immediately.

LRB097 05718 EFG 45782 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning professional regulation.

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

4 Section 1. Findings; purpose; base text and changes;  
5 validation.

6 (a) The Illinois Supreme Court, in *Lebron v. Gottlieb*  
7 *Memorial Hospital*, found that the limitations on noneconomic  
8 damages in medical malpractice actions that were created in  
9 Public Act 94-677, contained in Section 2-1706.5 of the Code of  
10 Civil Procedure, violate the separation of powers clause of the  
11 Illinois Constitution. Because Public Act 94-677 contained an  
12 inseverability provision, the Court held the Act to be void in  
13 its entirety. The Court emphasized, however, that "because the  
14 other provisions contained in Public Act 94-677 are deemed  
15 invalid solely on inseverability grounds, the legislature  
16 remains free to reenact any provisions it deems appropriate".

17 (b) Public Act 94-677 amended Sections 7, 22, 23, 24, 24.1  
18 and 36 of the Medical Practice Act of 1987; those provisions  
19 did not involve limitations on noneconomic damages in medical  
20 malpractice actions. It is one of the purposes of this Act to  
21 reenact those provisions, and to validate certain actions taken  
22 in reliance on those provisions.

23 (c) In this Act, the reenacted provisions of P.A. 94-677  
24 are included in the base text of the affected Sections without

1 the use of striking and underscoring.

2 Sections 22, 23, and 36 of the Medical Practice Act of 1987  
3 have been amended since P.A. 94-677. The base text of those  
4 Sections includes both the reenacted changes made by P.A.  
5 94-677 and the changes made by subsequent amendments. Sections  
6 22 and 23 of the Medical Practice Act of 1987 also contain new  
7 changes, unrelated to the reenactment; the new changes are  
8 shown with striking and underscoring.

9 (d) All otherwise lawful actions taken in reasonable  
10 reliance on or pursuant to the provisions reenacted by this  
11 Act, as set forth in Public Act 94-677 or subsequently amended,  
12 by any officer, employee, agency, or unit of State or local  
13 government or by any other person or entity, are hereby  
14 validated.

15 With respect to actions taken in relation to matters  
16 arising under the provisions reenacted by this Act, a person is  
17 rebuttably presumed to have acted in reasonable reliance on and  
18 pursuant to the provisions of Public Act 94-677, as those  
19 provisions had been amended at the time the action was taken.

20 With respect to their administration of matters arising  
21 under the provisions reenacted by this Act, officers,  
22 employees, agencies, and units of State and local government  
23 shall continue to apply the provisions of Public Act 94-677, as  
24 those provisions had been amended at the relevant time.

25 Section 5. The Regulatory Sunset Act is amended by changing

1 Sections 4.21 and 4.31 as follows:

2 (5 ILCS 80/4.21)

3 Sec. 4.21. Act ~~Acts~~ repealed on January 1, 2011 ~~and~~  
4 ~~November 30, 2011.~~ (a) The following Act is ~~Acts are~~ repealed  
5 on January 1, 2011:

6 The Fire Equipment Distributor and Employee Regulation Act  
7 of 2000.

8 ~~(b) The following Act is repealed on November 30, 2011:~~

9 ~~The Medical Practice Act of 1987.~~

10 (Source: P.A. 96-1041, eff. 7-14-10; 96-1492, eff. 12-30-10.)

11 (5 ILCS 80/4.31)

12 Sec. 4.31. Acts ~~Act~~ repealed on January 1, 2021. The  
13 following Acts are ~~Act is~~ repealed on January 1, 2021:

14 The Crematory Regulation Act.

15 The Cemetery Oversight Act.

16 The Illinois Health Information Exchange and Technology  
17 Act.

18 The Medical Practice Act of 1987.

19 The Radiation Protection Act of 1990.

20 (Source: P.A. 96-1041, eff. 7-14-10; 96-1331, eff. 7-27-10;  
21 incorporates P.A. 96-863, eff. 3-1-10; revised 9-9-10.)

22 Section 10. The Medical Practice Act of 1987 is amended by  
23 changing Sections 7.5, 9, 18, 19, and 26, by reenacting

1 Sections 7, 24, 24.1, and 36, and by changing and reenacting  
2 Sections 22 and 23 as follows:

3 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

4 (Section scheduled to be repealed on November 30, 2011)

5 (Text of Section WITH the changes made by P.A. 94-677,  
6 which has been held unconstitutional)

7 Sec. 7. Medical Disciplinary Board.

8 (A) There is hereby created the Illinois State Medical  
9 Disciplinary Board (hereinafter referred to as the  
10 "Disciplinary Board"). The Disciplinary Board shall consist of  
11 11 members, to be appointed by the Governor by and with the  
12 advice and consent of the Senate. All members shall be  
13 residents of the State, not more than 6 of whom shall be  
14 members of the same political party. All members shall be  
15 voting members. Five members shall be physicians licensed to  
16 practice medicine in all of its branches in Illinois possessing  
17 the degree of doctor of medicine, and it shall be the goal that  
18 at least one of the members practice in the field of  
19 neurosurgery, one of the members practice in the field of  
20 obstetrics and gynecology, and one of the members practice in  
21 the field of cardiology. One member shall be a physician  
22 licensed to practice in Illinois possessing the degree of  
23 doctor of osteopathy or osteopathic medicine. One member shall  
24 be a physician licensed to practice in Illinois and possessing  
25 the degree of doctor of chiropractic. Four members shall be

1 members of the public, who shall not be engaged in any way,  
2 directly or indirectly, as providers of health care.

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

17 In making appointments the Governor shall attempt to insure  
18 that the various social and geographic regions of the State of  
19 Illinois are properly represented.

20 In making the designation of persons to act for the several  
21 professions represented on the Disciplinary Board, the  
22 Governor shall give due consideration to recommendations by  
23 members of the respective professions and by organizations  
24 therein.

25 (C) The Disciplinary Board shall annually elect one of its  
26 voting members as chairperson and one as vice chairperson. No

1 officer shall be elected more than twice in succession to the  
2 same office. Each officer shall serve until their successor has  
3 been elected and qualified.

4 (D) (Blank).

5 (E) Six voting members of the Disciplinary Board, at least  
6 4 of whom are physicians, shall constitute a quorum. A vacancy  
7 in the membership of the Disciplinary Board shall not impair  
8 the right of a quorum to exercise all the rights and perform  
9 all the duties of the Disciplinary Board. Any action taken by  
10 the Disciplinary Board under this Act may be authorized by  
11 resolution at any regular or special meeting and each such  
12 resolution shall take effect immediately. The Disciplinary  
13 Board shall meet at least quarterly. The Disciplinary Board is  
14 empowered to adopt all rules and regulations necessary and  
15 incident to the powers granted to it under this Act.

16 (F) Each member, and member-officer, of the Disciplinary  
17 Board shall receive a per diem stipend as the Secretary of the  
18 Department, hereinafter referred to as the Secretary, shall  
19 determine. The Secretary shall also determine the per diem  
20 stipend that each ex-officio member shall receive. Each member  
21 shall be paid their necessary expenses while engaged in the  
22 performance of their duties.

23 (G) The Secretary shall select a Chief Medical Coordinator  
24 and not less than 2 Deputy Medical Coordinators who shall not  
25 be members of the Disciplinary Board. Each medical coordinator  
26 shall be a physician licensed to practice medicine in all of

1 its branches, and the Secretary shall set their rates of  
2 compensation. The Secretary shall assign at least one medical  
3 coordinator to a region composed of Cook County and such other  
4 counties as the Secretary may deem appropriate, and such  
5 medical coordinator or coordinators shall locate their office  
6 in Chicago. The Secretary shall assign at least one medical  
7 coordinator to a region composed of the balance of counties in  
8 the State, and such medical coordinator or coordinators shall  
9 locate their office in Springfield. Each medical coordinator  
10 shall be the chief enforcement officer of this Act in his or  
11 her assigned region and shall serve at the will of the  
12 Disciplinary Board.

13 The Secretary shall employ, in conformity with the  
14 Personnel Code, not less than one full time investigator for  
15 every 2,500 physicians licensed in the State. Each investigator  
16 shall be a college graduate with at least 2 years'  
17 investigative experience or one year advanced medical  
18 education. Upon the written request of the Disciplinary Board,  
19 the Secretary shall employ, in conformity with the Personnel  
20 Code, such other professional, technical, investigative, and  
21 clerical help, either on a full or part-time basis as the  
22 Disciplinary Board deems necessary for the proper performance  
23 of its duties.

24 (H) Upon the specific request of the Disciplinary Board,  
25 signed by either the chairman, vice chairman, or a medical  
26 coordinator of the Disciplinary Board, the Department of Human



1 Services or the Department of State Police shall make available  
2 any and all information that they have in their possession  
3 regarding a particular case then under investigation by the  
4 Disciplinary Board.

5 (I) Members of the Disciplinary Board shall be immune from  
6 suit in any action based upon any disciplinary proceedings or  
7 other acts performed in good faith as members of the  
8 Disciplinary Board.

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

23 (Source: P.A. 93-138, eff. 7-10-03; 94-677, eff. 8-25-05.)

24 (225 ILCS 60/7.5)

25 (Section scheduled to be repealed on November 30, 2011)

1           Sec. 7.5. Complaint Committee.

2           (a) There shall be a Complaint Committee of the  
3           Disciplinary Board composed of at least one of the medical  
4           coordinators established by subsection (g) of Section 7 of this  
5           Act, the Chief of Medical Investigations (person employed by  
6           the Department who is in charge of investigating complaints  
7           against physicians and physician assistants), and at least 3  
8           voting members of the Disciplinary Board (at least 2 of whom  
9           shall be physicians) designated by the Chairman of the Medical  
10          Disciplinary Board with the approval of the Disciplinary Board.  
11          The Disciplinary Board members so appointed shall serve  
12          one-year terms and may be eligible for reappointment for  
13          subsequent terms.

14          (b) The Complaint Committee shall meet at least twice a  
15          month to exercise its functions and duties set forth in  
16          subsection (c) below. At least 2 members of the Disciplinary  
17          Board shall be in attendance in order for any business to be  
18          transacted by the Complaint Committee. The Complaint Committee  
19          shall make every effort to consider expeditiously and take  
20          prompt action on each item on its agenda.

21          (c) The Complaint Committee shall have the following duties  
22          and functions:

23                  (1) To recommend to the Disciplinary Board that a  
24                  complaint file be closed.

25                  (2) To refer a complaint file to the office of the  
26                  Chief of Medical Prosecutions (person employed by the

1 Department who is in charge of prosecuting formal  
2 complaints against licensees) for review.

3 (3) To make a decision in conjunction with the Chief of  
4 Medical Prosecutions regarding action to be taken on a  
5 complaint file.

6 (d) In determining what action to take or whether to  
7 proceed with prosecution of a complaint, the Complaint  
8 Committee shall consider, but not be limited to, the following  
9 factors: sufficiency of the evidence presented, prosecutorial  
10 merit under Section 22 of this Act, any recommendation made by  
11 the Department, and insufficient cooperation from complaining  
12 parties.

13 (Source: P.A. 93-214, eff. 1-1-04.)

14 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

15 (Section scheduled to be repealed on November 30, 2011)

16 Sec. 9. Application for license. Each applicant for a  
17 license shall:

18 (A) Make application on blank forms prepared and  
19 furnished by the Department of Professional Regulation  
20 hereinafter referred to as the Department.

21 (B) Submit evidence satisfactory to the Department  
22 that the applicant:

23 (1) is of good moral character. In determining  
24 moral character under this Section, the Department may  
25 take into consideration whether the applicant has

1 engaged in conduct or activities which would  
2 constitute grounds for discipline under this Act. The  
3 Department may also request the applicant to submit,  
4 and may consider as evidence of moral character,  
5 endorsements from 2 or 3 individuals licensed under  
6 this Act;

7 (2) has the preliminary and professional education  
8 required by this Act;

9 (3) (blank); and

10 (4) is physically, mentally, and professionally  
11 capable of practicing medicine with reasonable  
12 judgment, skill, and safety. In determining physical,  
13 mental and professional capacity under this Section,  
14 the ~~Medical~~ Licensing Board may, upon a showing of a  
15 possible incapacity or conduct or activities which  
16 would constitute grounds for discipline under this  
17 Act, compel any applicant to submit to a mental or  
18 physical examination, or both as provided for in  
19 Section 22 of this Act. The Licensing Board may  
20 condition or restrict any license, subject to the same  
21 terms and conditions as are provided for the ~~Medical~~  
22 Disciplinary Board under Section 22 of this Act. Any  
23 such condition of a restricted license shall provide  
24 that the Chief Medical Coordinator or Deputy Medical  
25 Coordinator shall have the authority to review the  
26 subject physician's compliance with such conditions or

1 restrictions, including, where appropriate, the  
2 physician's record of treatment and counseling  
3 regarding the impairment, to the extent permitted by  
4 applicable federal statutes and regulations  
5 safeguarding the confidentiality of medical records of  
6 patients.

7 In determining professional capacity under this  
8 Section, ~~an any individual who has not been actively~~  
9 ~~engaged in the practice of medicine or as a medical,~~  
10 ~~osteopathic, or chiropractic student or who has not been~~  
11 ~~engaged in a formal program of medical education during the~~  
12 ~~2 years immediately preceding their application~~ may be  
13 required to complete such additional testing, training, or  
14 remedial education as the Licensing Board may deem  
15 necessary in order to establish the applicant's present  
16 capacity to practice medicine with reasonable judgment,  
17 skill, and safety. The Medical Licensing Board may consider  
18 all of the following criteria as they relate to an  
19 applicant, as part of its determination of professional  
20 capacity:

21 (1) Medical research in an established research  
22 facility, hospital, college or university, or private  
23 corporation.

24 (2) Specialized training or education.

25 (3) Publication of original work in learned,  
26 medical or scientific journals.

1                   (4) Participation in federal, State, local, or  
2                   international public health programs or organizations.

3                   (5) Professional service in a federal veterans or  
4                   military institution.

5                   (6) Any other professional activities deemed to  
6                   maintain and enhance the clinical capabilities of the  
7                   applicant.

8                   Any applicant applying for a license to practice  
9                   medicine in all of its branches or for a license as a  
10                   chiropractic physician who has not been engaged in the  
11                   active practice of medicine or has not been enrolled in a  
12                   medical program for 2 years prior to application must  
13                   submit proof of professional capacity to the Medical  
14                   Licensing Board.

15                   Any applicant applying for a temporary license that has  
16                   not been engaged in the active practice of medicine or has  
17                   not been enrolled in a medical program for longer than 5  
18                   years prior to application must submit proof of  
19                   professional capacity to the Medical Licensing Board.

20                   (C) Designate specifically the name, location, and  
21                   kind of professional school, college, or institution of  
22                   which the applicant is a graduate and the category under  
23                   which the applicant seeks, and will undertake, to practice.

24                   (D) Pay to the Department at the time of application  
25                   the required fees.

26                   (E) Pursuant to Department rules, as required, pass an

1 examination authorized by the Department to determine the  
2 applicant's fitness to receive a license.

3 (F) Complete the application process within 3 years  
4 from the date of application. If the process has not been  
5 completed within 3 years, the application shall be denied,  
6 application fees shall be forfeited, and the applicant must  
7 reapply and meet the requirements in effect at the time of  
8 reapplication.

9 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

10 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

11 (Section scheduled to be repealed on November 30, 2011)

12 Sec. 18. Visiting professor, physician, or resident  
13 permits.

14 (A) Visiting professor permit.

15 (1) A visiting professor permit shall entitle a person  
16 to practice medicine in all of its branches or to practice  
17 the treatment of human ailments without the use of drugs  
18 and without operative surgery provided:

19 (a) the person maintains an equivalent  
20 authorization to practice medicine in all of its  
21 branches or to practice the treatment of human ailments  
22 without the use of drugs and without operative surgery  
23 in good standing in their native licensing  
24 jurisdiction during the period of the visiting  
25 professor permit;

1           (b) the person has received a faculty appointment  
2           to teach in a medical, osteopathic or chiropractic  
3           school in Illinois; and

4           (c) the Department may prescribe the information  
5           necessary to establish an applicant's eligibility for  
6           a permit. This information shall include without  
7           limitation (i) a statement from the dean of the medical  
8           school at which the applicant will be employed  
9           describing the applicant's qualifications and (ii) a  
10          statement from the dean of the medical school listing  
11          every affiliated institution in which the applicant  
12          will be providing instruction as part of the medical  
13          school's education program and justifying any clinical  
14          activities at each of the institutions listed by the  
15          dean.

16          (2) Application for visiting professor permits shall  
17          be made to the Department, in writing, on forms prescribed  
18          by the Department and shall be accompanied by the required  
19          fee established by rule, which shall not be refundable. Any  
20          application shall require the information as, in the  
21          judgment of the Department, will enable the Department to  
22          pass on the qualifications of the applicant.

23          (3) A visiting professor permit shall be valid for no  
24          longer than 2 years from the date of issuance or until the  
25          time the faculty appointment is terminated, whichever  
26          occurs first, and may be renewed only in accordance with



1 subdivision (A) (6) of this Section.

2 (4) The applicant may be required to appear before the  
3 Medical Licensing Board for an interview prior to, and as a  
4 requirement for, the issuance of the original permit and  
5 the renewal.

6 (5) Persons holding a permit under this Section shall  
7 only practice medicine in all of its branches or practice  
8 the treatment of human ailments without the use of drugs  
9 and without operative surgery in the State of Illinois in  
10 their official capacity under their contract within the  
11 medical school itself and any affiliated institution in  
12 which the permit holder is providing instruction as part of  
13 the medical school's educational program and for which the  
14 medical school has assumed direct responsibility.

15 (6) After the initial renewal of a visiting professor  
16 permit, a ~~A~~ visiting professor permit shall be valid until  
17 the last day of the next physician license renewal period,  
18 as set by rule, and may only be renewed for applicants who  
19 meet the following requirements:

20 (i) have obtained the required continuing  
21 education hours as set by rule; and

22 (ii) have paid the fee prescribed for a license  
23 under Section 21 of this Act.

24 For initial renewal, the visiting professor must  
25 successfully pass a general competency examination authorized  
26 by the Department by rule, unless he or she was issued an

1 initial visiting professor permit on or after January 1, 2007,  
2 but prior to July 1, 2007.

3 (B) Visiting physician permit.

4 (1) The Department may, in its discretion, issue a  
5 temporary visiting physician permit, without examination,  
6 provided:

7 (a) (blank);

8 (b) that the person maintains an equivalent  
9 authorization to practice medicine in all of its  
10 branches or to practice the treatment of human ailments  
11 without the use of drugs and without operative surgery  
12 in good standing in his or her native licensing  
13 jurisdiction during the period of the temporary  
14 visiting physician permit;

15 (c) that the person has received an invitation or  
16 appointment to study, demonstrate, or perform a  
17 specific medical, osteopathic, chiropractic or  
18 clinical subject or technique in a medical,  
19 osteopathic, or chiropractic school, a state or  
20 national medical, osteopathic, or chiropractic  
21 professional association or society conference or  
22 meeting, a hospital licensed under the Hospital  
23 Licensing Act, a hospital organized under the  
24 University of Illinois Hospital Act, or a facility  
25 operated pursuant to the Ambulatory Surgical Treatment

1 Center Act; and

2 (d) that the temporary visiting physician permit  
3 shall only permit the holder to practice medicine in  
4 all of its branches or practice the treatment of human  
5 ailments without the use of drugs and without operative  
6 surgery within the scope of the medical, osteopathic,  
7 chiropractic, or clinical studies, or in conjunction  
8 with the state or national medical, osteopathic, or  
9 chiropractic professional association or society  
10 conference or meeting, for which the holder was invited  
11 or appointed.

12 (2) The application for the temporary visiting  
13 physician permit shall be made to the Department, in  
14 writing, on forms prescribed by the Department, and shall  
15 be accompanied by the required fee established by rule,  
16 which shall not be refundable. The application shall  
17 require information that, in the judgment of the  
18 Department, will enable the Department to pass on the  
19 qualification of the applicant, and the necessity for the  
20 granting of a temporary visiting physician permit.

21 (3) A temporary visiting physician permit shall be  
22 valid for no longer than (i) 180 days from the date of  
23 issuance or (ii) until the time the medical, osteopathic,  
24 chiropractic, or clinical studies are completed, or the  
25 state or national medical, osteopathic, or chiropractic  
26 professional association or society conference or meeting

1 has concluded, whichever occurs first.

2 (4) The applicant for a temporary visiting physician  
3 permit may be required to appear before the Medical  
4 Licensing Board for an interview prior to, and as a  
5 requirement for, the issuance of a temporary visiting  
6 physician permit.

7 (5) A limited temporary visiting physician permit  
8 shall be issued to a physician licensed in another state  
9 who has been requested to perform emergency procedures in  
10 Illinois if he or she meets the requirements as established  
11 by rule.

12 (C) Visiting resident permit.

13 (1) The Department may, in its discretion, issue a  
14 temporary visiting resident permit, without examination,  
15 provided:

16 (a) (blank);

17 (b) that the person maintains an equivalent  
18 authorization to practice medicine in all of its  
19 branches or to practice the treatment of human ailments  
20 without the use of drugs and without operative surgery  
21 in good standing in his or her native licensing  
22 jurisdiction during the period of the temporary  
23 visiting resident permit;

24 (c) that the applicant is enrolled in a  
25 postgraduate clinical training program outside the

1 State of Illinois that is approved by the Department;

2 (d) that the individual has been invited or  
3 appointed for a specific period of time to perform a  
4 portion of that post graduate clinical training  
5 program under the supervision of an Illinois licensed  
6 physician in an Illinois patient care clinic or  
7 facility that is affiliated with the out-of-State post  
8 graduate training program; and

9 (e) that the temporary visiting resident permit  
10 shall only permit the holder to practice medicine in  
11 all of its branches or practice the treatment of human  
12 ailments without the use of drugs and without operative  
13 surgery within the scope of the medical, osteopathic,  
14 chiropractic or clinical studies for which the holder  
15 was invited or appointed.

16 (2) The application for the temporary visiting  
17 resident permit shall be made to the Department, in  
18 writing, on forms prescribed by the Department, and shall  
19 be accompanied by the required fee established by rule. The  
20 application shall require information that, in the  
21 judgment of the Department, will enable the Department to  
22 pass on the qualifications of the applicant.

23 (3) A temporary visiting resident permit shall be valid  
24 for 180 days from the date of issuance or until the time  
25 the medical, osteopathic, chiropractic, or clinical  
26 studies are completed, whichever occurs first.

1           (4) The applicant for a temporary visiting resident  
2           permit may be required to appear before the Medical  
3           Licensing Board for an interview prior to, and as a  
4           requirement for, the issuance of a temporary visiting  
5           resident permit.

6           (Source: P.A. 95-915, eff. 8-26-08; 96-398, eff. 8-13-09.)

7           (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

8           (Section scheduled to be repealed on November 30, 2011)

9           Sec. 19. Licensure by endorsement ~~without examination~~. The  
10          Department may, in its discretion, issue a license by  
11          endorsement ~~without examination~~ to any person who is currently  
12          licensed to practice medicine in all of its branches, or to  
13          practice the treatment of human ailments without the use of  
14          drugs or operative surgery, in any other state, territory,  
15          country or province, upon the following conditions:

16                (A) (Blank);

17                (B) That the applicant is of good moral character. In  
18          determining moral character under this Section, the  
19          Department may take into consideration whether the  
20          applicant has engaged in conduct or activities which would  
21          constitute grounds for discipline under this Act. The  
22          Department may also request the applicant to submit, and  
23          may consider as evidence of moral character, endorsements  
24          from 2 or 3 individuals licensed under this Act;

25                (C) That the applicant is physically, mentally and

1 professionally capable of practicing medicine with  
2 reasonable judgment, skill and safety. In determining  
3 physical, mental and professional capacity under this  
4 Section the Medical Licensing Board may, upon a showing of  
5 a possible incapacity, compel an applicant to submit to a  
6 mental or physical examination, or both, and may condition  
7 or restrict any license, subject to the same terms and  
8 conditions as are provided for the Medical Disciplinary  
9 Board under Section 22 of this Act. The Medical Licensing  
10 Board or the Department may order the examining physician  
11 to present testimony concerning this mental or physical  
12 examination of the applicant. No information shall be  
13 excluded by reason of any common law or statutory privilege  
14 relating to communications between the applicant and the  
15 examining physician. Any condition of restricted license  
16 shall provide that the Chief Medical Coordinator or Deputy  
17 Medical Coordinator shall have the authority to review the  
18 subject physician's compliance with such conditions or  
19 restrictions, including, where appropriate, the  
20 physician's record of treatment and counseling regarding  
21 the impairment, to the extent permitted by applicable  
22 federal statutes and regulations safeguarding the  
23 confidentiality of medical records of patients.

24 (D) That if the applicant seeks to practice medicine in  
25 all of its branches:

26 (1) if the applicant was licensed in another

1 jurisdiction prior to January 1, 1988, that the  
2 applicant has satisfied the educational requirements  
3 of paragraph (1) of subsection (A) or paragraph (2) of  
4 subsection (A) of Section 11 of this Act; or

5 (2) if the applicant was licensed in another  
6 jurisdiction after December 31, 1987, that the  
7 applicant has satisfied the educational requirements  
8 of paragraph (A) (2) of Section 11 of this Act; and

9 (3) the requirements for a license to practice  
10 medicine in all of its branches in the particular  
11 state, territory, country or province in which the  
12 applicant is licensed are deemed by the Department to  
13 have been substantially equivalent to the requirements  
14 for a license to practice medicine in all of its  
15 branches in force in this State at the date of the  
16 applicant's license;

17 (E) That if the applicant seeks to treat human ailments  
18 without the use of drugs and without operative surgery:

19 (1) the applicant is a graduate of a chiropractic  
20 school or college approved by the Department at the  
21 time of their graduation;

22 (2) the requirements for the applicant's license  
23 to practice the treatment of human ailments without the  
24 use of drugs are deemed by the Department to have been  
25 substantially equivalent to the requirements for a  
26 license to practice in this State at the date of the



1 applicant's license;

2 (F) That the Department may, in its discretion, issue a  
3 license by endorsement ~~, without examination,~~ to any  
4 graduate of a medical or osteopathic college, reputable and  
5 in good standing in the judgment of the Department, who has  
6 passed an examination for admission to the United States  
7 Public Health Service, or who has passed any other  
8 examination deemed by the Department to have been at least  
9 equal in all substantial respects to the examination  
10 required for admission to any such medical corps;

11 (G) That applications for licenses by endorsement  
12 ~~without examination~~ shall be filed with the Department,  
13 under oath, on forms prepared and furnished by the  
14 Department, and shall set forth, and applicants therefor  
15 shall supply such information respecting the life,  
16 education, professional practice, and moral character of  
17 applicants as the Department may require to be filed for  
18 its use;

19 (H) That the applicant undergo the criminal background  
20 check established under Section 9.7 of this Act.

21 In the exercise of its discretion under this Section, the  
22 Department is empowered to consider and evaluate each applicant  
23 on an individual basis. It may take into account, among other  
24 things, the extent to which there is or is not available to the  
25 Department, authentic and definitive information concerning  
26 the quality of medical education and clinical training which

1 the applicant has had. Under no circumstances shall a license  
2 be issued under the provisions of this Section to any person  
3 who has previously taken and failed the written examination  
4 conducted by the Department for such license. In the exercise  
5 of its discretion under this Section, the Department may, upon  
6 the recommendation of the Medical Licensing Board, require an  
7 applicant to successfully complete an examination as  
8 recommended by the Medical Licensing Board. In determining  
9 moral character, the Department may take into consideration  
10 whether the applicant has engaged in conduct or activities  
11 which would constitute grounds for discipline under this Act.  
12 The Department may also request the applicant to submit, and  
13 may consider as evidence of moral character, evidence from 2 or  
14 3 individuals licensed under this Act. Applicants have 3 years  
15 from the date of application to complete the application  
16 process. If the process has not been completed within 3 years,  
17 the application shall be denied, the fees shall be forfeited,  
18 and the applicant must reapply and meet the requirements in  
19 effect at the time of reapplication.

20 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

21 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

22 (Section scheduled to be repealed on November 30, 2011)

23 (Text of Section WITH the changes made by P.A. 94-677,  
24 which has been held unconstitutional)

25 Sec. 22. Disciplinary action.

1           (A) The Department may revoke, suspend, place on  
2 probationary status, refuse to renew, or take any other  
3 disciplinary action as the Department may deem proper with  
4 regard to the license or visiting professor permit of any  
5 person issued under this Act to practice medicine, or to treat  
6 human ailments without the use of drugs and without operative  
7 surgery upon any of the following grounds:

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

10                   (a) a facility licensed pursuant to the Ambulatory  
11                   Surgical Treatment Center Act;

12                   (b) an institution licensed under the Hospital  
13                   Licensing Act;

14                   (c) an ambulatory surgical treatment center or  
15                   hospitalization or care facility maintained by the  
16                   State or any agency thereof, where such department or  
17                   agency has authority under law to establish and enforce  
18                   standards for the ambulatory surgical treatment  
19                   centers, hospitalization, or care facilities under its  
20                   management and control;

21                   (d) ambulatory surgical treatment centers,  
22                   hospitalization or care facilities maintained by the  
23                   Federal Government; or

24                   (e) ambulatory surgical treatment centers,  
25                   hospitalization or care facilities maintained by any  
26                   university or college established under the laws of

1           this State and supported principally by public funds  
2           raised by taxation.

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

6           (3) The conviction of a felony in this or any other  
7           jurisdiction, except as otherwise provided in subsection B  
8           of this Section, whether or not related to practice under  
9           this Act, or the entry of a guilty or nolo contendere plea  
10          to a felony charge.

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

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

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

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

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

23          (9) Fraud or misrepresentation in applying for, or  
24          procuring, a license under this Act or in connection with  
25          applying for renewal of a license under this Act.

26          (10) Making a false or misleading statement regarding

1           their skill or the efficacy or value of the medicine,  
2           treatment, or remedy prescribed by them at their direction  
3           in the treatment of any disease or other condition of the  
4           body or mind.

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

7           (12) Disciplinary action of another state or  
8           jurisdiction against a license or other authorization to  
9           practice as a medical doctor, doctor of osteopathy, doctor  
10          of osteopathic medicine or doctor of chiropractic, a  
11          certified copy of the record of the action taken by the  
12          other state or jurisdiction being prima facie evidence  
13          thereof.

14          (13) Violation of any provision of this Act or of the  
15          Medical Practice Act prior to the repeal of that Act, or  
16          violation of the rules, or a final administrative action of  
17          the Secretary, after consideration of the recommendation  
18          of the Disciplinary Board.

19          (14) Violation of the prohibition against fee  
20          splitting in Section 22.2 of this Act.

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

26          (16) Abandonment of a patient.

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

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

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

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

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

24          (22)       Wilful   omission   to   file   or   record,   or   wilfully  
25       impeding   the   filing   or   recording,   or   inducing   another  
26       person   to   omit   to   file   or   record,   medical   reports   as

1 required by law, or wilfully failing to report an instance  
2 of suspected abuse or neglect as required by law.

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

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

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

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

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

1           (28) Physical illness, including, but not limited to,  
2 deterioration through the aging process, or loss of motor  
3 skill which results in a physician's inability to practice  
4 under this Act with reasonable judgment, skill or safety.

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

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

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

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

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

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



1 similar to acts or conduct which would constitute grounds  
2 for action as defined in this Section.

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

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

18 (37) Failure to provide copies of medical records as  
19 required by law.

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

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

1           (40) Willful failure to provide notice when notice is  
2 required under the Parental Notice of Abortion Act of 1995.

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

5           (42) Entering into an excessive number of written  
6 collaborative agreements with licensed advanced practice  
7 nurses resulting in an inability to adequately  
8 collaborate.

9           (43) Repeated failure to adequately collaborate with a  
10 licensed advanced 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 or the Licensing Board, upon a showing of a possible violation,  
24 may compel, in the case of the Disciplinary Board, any  
25 individual who is licensed to practice under this Act or holds  
26 a permit to practice under this Act, or may compel, in the case

1 of the Licensing Board, any individual who has applied for  
2 licensure or a permit pursuant to this Act, to submit to a  
3 mental examination and evaluation or physical examination, or  
4 both, which may include a substance abuse or sexual offender  
5 evaluation, as required by the Licensing Board or Disciplinary  
6 Board and at the expense of the Department.

7 The Disciplinary Board or Licensing Board shall  
8 specifically designate the examining physician licensed to  
9 practice medicine in all of its branches or, if applicable, the  
10 members of a multidisciplinary team involved in providing the  
11 physical examination or mental examination and evaluation. The  
12 multidisciplinary team shall be led by a physician licensed to  
13 practice medicine in all of its branches and may consist of one  
14 or a combination of physicians licensed to practice medicine in  
15 all of its branches, licensed clinical psychologists, licensed  
16 clinical social workers, licensed clinical professional  
17 counselors, and other professional and administrative staff.  
18 Any examining physician or member of the multidisciplinary team  
19 may require any person ordered to submit to an examination or  
20 evaluation pursuant to this Section to submit to any additional  
21 supplemental testing deemed necessary to complete any  
22 examination or evaluation process including, but not limited  
23 to, blood testing, urinalysis, psychological testing, or  
24 neuropsychological testing. ~~The examining physician or~~  
25 ~~physicians shall be those specifically designated by the~~  
26 Disciplinary Board.

1           The ~~Medical~~ Disciplinary Board, the Licensing Board, or the  
2 Department may order the examining physician or any member of  
3 the multidisciplinary team to provide to the Department any and  
4 all records, including business records, that relate to the  
5 examination or evaluation, including any supplemental testing  
6 performed. The Disciplinary Board, Licensing Board, or  
7 Department may order the examining physician or any member of  
8 the multidisciplinary team to present testimony concerning  
9 this mental or physical examination or evaluation of the  
10 licensee, permit holder, or applicant, including testimony  
11 concerning any supplemental testing or documents relating to  
12 the examination or evaluation. No information, report, record,  
13 or other documents in any way related to the examination or  
14 supplemental testing shall be excluded by reason of any common  
15 law or statutory privilege relating to communication between  
16 the licensee or applicant and the examining physician or any  
17 member of the multidisciplinary team. The individual to be  
18 examined may have, at his or her own expense, another physician  
19 of his or her choice present during all aspects of the  
20 examination.

21           Failure of any individual to submit to mental or physical  
22 examination, when directed, shall be grounds for suspension of  
23 his or her license until such time as the individual submits to  
24 the examination if the Disciplinary Board finds, after notice  
25 and hearing, that the refusal to submit to the examination was  
26 without reasonable cause. If the Disciplinary Board finds a

1 physician unable to practice because of the reasons set forth  
2 in this Section, the Disciplinary Board shall require such  
3 physician to submit to care, counseling, or treatment by  
4 physicians approved or designated by the Disciplinary Board, as  
5 a condition for continued, reinstated, or renewed licensure to  
6 practice. Any physician, whose license was granted pursuant to  
7 Sections 9, 17, or 19 of this Act, or, continued, reinstated,  
8 renewed, disciplined or supervised, subject to such terms,  
9 conditions or restrictions who shall fail to comply with such  
10 terms, conditions or restrictions, or to complete a required  
11 program of care, counseling, or treatment, as determined by the  
12 Chief Medical Coordinator or Deputy Medical Coordinators,  
13 shall be referred to the Secretary for a determination as to  
14 whether the licensee shall have their license suspended  
15 immediately, pending a hearing by the Disciplinary Board. In  
16 instances in which the Secretary immediately suspends a license  
17 under this Section, a hearing upon such person's license must  
18 be convened by the Disciplinary Board within 15 days after such  
19 suspension and completed without appreciable delay. The  
20 Disciplinary Board shall have the authority to review the  
21 subject physician's record of treatment and counseling  
22 regarding the impairment, to the extent permitted by applicable  
23 federal statutes and regulations safeguarding the  
24 confidentiality of medical records.

25 An individual licensed under this Act, affected under this  
26 Section, shall be afforded an opportunity to demonstrate to the

1 Disciplinary Board that they can resume practice in compliance  
2 with acceptable and prevailing standards under the provisions  
3 of their license.

4 The Department may promulgate rules for the imposition of  
5 fines in disciplinary cases, not to exceed \$10,000 for each  
6 violation of this Act. Fines may be imposed in conjunction with  
7 other forms of disciplinary action, but shall not be the  
8 exclusive disposition of any disciplinary action arising out of  
9 conduct resulting in death or injury to a patient. Any funds  
10 collected from such fines shall be deposited in the Medical  
11 Disciplinary Fund.

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

25 (C) The Medical Disciplinary Board shall recommend to the  
26 Department civil penalties and any other appropriate



1 discipline in disciplinary cases when the Board finds that a  
2 physician willfully performed an abortion with actual  
3 knowledge that the person upon whom the abortion has been  
4 performed is a minor or an incompetent person without notice as  
5 required under the Parental Notice of Abortion Act of 1995.  
6 Upon the Board's recommendation, the Department shall impose,  
7 for the first violation, a civil penalty of \$1,000 and for a  
8 second or subsequent violation, a civil penalty of \$5,000.

9 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;  
10 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.  
11 7-2-10.)

12 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

13 (Section scheduled to be repealed on November 30, 2011)

14 (Text of Section WITH the changes made by P.A. 94-677,  
15 which has been held unconstitutional, and by P.A. 96-1372,  
16 which amended language added by P.A. 94-677)

17 Sec. 23. Reports relating to professional conduct and  
18 capacity.

19 (A) Entities required to report.

20 (1) Health care institutions. The chief administrator  
21 or executive officer of any health care institution  
22 licensed by the Illinois Department of Public Health shall  
23 report to the Disciplinary Board when any person's clinical  
24 privileges are terminated or are restricted based on a  
25 final determination, made in accordance with that

1 institution's by-laws or rules and regulations, that a  
2 person has either committed an act or acts which may  
3 directly threaten patient care, and not of an  
4 administrative nature, or that a person may be mentally or  
5 physically disabled in such a manner as to endanger  
6 patients under that person's care. Such officer also shall  
7 report if a person accepts voluntary termination or  
8 restriction of clinical privileges in lieu of formal action  
9 based upon conduct related directly to patient care and not  
10 of an administrative nature, or in lieu of formal action  
11 seeking to determine whether a person may be mentally or  
12 physically disabled in such a manner as to endanger  
13 patients under that person's care. The Medical  
14 Disciplinary Board shall, by rule, provide for the  
15 reporting to it of all instances in which a person,  
16 licensed under this Act, who is impaired by reason of age,  
17 drug or alcohol abuse or physical or mental impairment, is  
18 under supervision and, where appropriate, is in a program  
19 of rehabilitation. Such reports shall be strictly  
20 confidential and may be reviewed and considered only by the  
21 members of the Disciplinary Board, or by authorized staff  
22 as provided by rules of the Disciplinary Board. Provisions  
23 shall be made for the periodic report of the status of any  
24 such person not less than twice annually in order that the  
25 Disciplinary Board shall have current information upon  
26 which to determine the status of any such person. Such

1 initial and periodic reports of impaired physicians shall  
2 not be considered records within the meaning of The State  
3 Records Act and shall be disposed of, following a  
4 determination by the Disciplinary Board that such reports  
5 are no longer required, in a manner and at such time as the  
6 Disciplinary Board shall determine by rule. The filing of  
7 such reports shall be construed as the filing of a report  
8 for purposes of subsection (C) of this Section.

9 (2) Professional associations. The President or chief  
10 executive officer of any association or society, of persons  
11 licensed under this Act, operating within this State shall  
12 report to the Disciplinary Board when the association or  
13 society renders a final determination that a person has  
14 committed unprofessional conduct related directly to  
15 patient care or that a person may be mentally or physically  
16 disabled in such a manner as to endanger patients under  
17 that person's care.

18 (3) Professional liability insurers. Every insurance  
19 company which offers policies of professional liability  
20 insurance to persons licensed under this Act, or any other  
21 entity which seeks to indemnify the professional liability  
22 of a person licensed under this Act, shall report to the  
23 Disciplinary Board the settlement of any claim or cause of  
24 action, or final judgment rendered in any cause of action,  
25 which alleged negligence in the furnishing of medical care  
26 by such licensed person when such settlement or final

1 judgment is in favor of the plaintiff.

2 (4) State's Attorneys. The State's Attorney of each  
3 county shall report to the Disciplinary Board, within 5  
4 days, any instance ~~all instances~~ in which a person licensed  
5 under this Act is convicted ~~or otherwise found guilty of~~  
6 ~~the commission~~ of any felony or a class A misdemeanor for  
7 an act or conduct similar to an act or conduct that would  
8 constitute grounds for disciplinary action under Section  
9 22 of this Act. The State's Attorney of each county may  
10 report to the Disciplinary Board through a verified  
11 complaint any instance in which the State's Attorney  
12 believes that a physician has willfully violated the notice  
13 requirements of the Parental Notice of Abortion Act of  
14 1995.

15 (5) State agencies. All agencies, boards, commissions,  
16 departments, or other instrumentalities of the government  
17 of the State of Illinois shall report to the Disciplinary  
18 Board any instance arising in connection with the  
19 operations of such agency, including the administration of  
20 any law by such agency, in which a person licensed under  
21 this Act has either committed an act or acts which may be a  
22 violation of this Act or which may constitute  
23 unprofessional conduct related directly to patient care or  
24 which indicates that a person licensed under this Act may  
25 be mentally or physically disabled in such a manner as to  
26 endanger patients under that person's care.

1 (B) Mandatory reporting. All reports required by items  
2 (34), (35), and (36) of subsection (A) of Section 22 and by  
3 Section 23 shall be submitted to the Disciplinary Board in a  
4 timely fashion. The reports shall be filed in writing within 60  
5 days after a determination that a report is required under this  
6 Act. All reports shall contain the following information:

7 (1) The name, address and telephone number of the  
8 person making the report.

9 (2) The name, address and telephone number of the  
10 person who is the subject of the report.

11 (3) The name and date of birth of any patient or  
12 patients whose treatment is a subject of the report, if  
13 available, or other means of identification if such  
14 information is not available, identification of the  
15 hospital or other healthcare facility where the care at  
16 issue in the report was rendered, provided, however, no  
17 medical records may be revealed.

18 (4) A brief description of the facts which gave rise to  
19 the issuance of the report, including the dates of any  
20 occurrences deemed to necessitate the filing of the report.

21 (5) If court action is involved, the identity of the  
22 court in which the action is filed, along with the docket  
23 number and date of filing of the action.

24 (6) Any further pertinent information which the  
25 reporting party deems to be an aid in the evaluation of the  
26 report.

1           The Disciplinary Board or Department may also exercise the  
2 power under Section 38 of this Act to subpoena copies of  
3 hospital or medical records in mandatory report cases alleging  
4 death or permanent bodily injury. Appropriate rules shall be  
5 adopted by the Department with the approval of the Disciplinary  
6 Board.

7           When the Department has received written reports  
8 concerning incidents required to be reported in items (34),  
9 (35), and (36) of subsection (A) of Section 22, the licensee's  
10 failure to report the incident to the Department under those  
11 items shall not be the sole grounds for disciplinary action.

12           Nothing contained in this Section shall act ~~to~~ in any way  
13 to waive or modify the confidentiality of medical reports and  
14 committee reports to the extent provided by law. Any  
15 information reported or disclosed shall be kept for the  
16 confidential use of the Disciplinary Board, the Medical  
17 Coordinators, the Disciplinary Board's attorneys, the medical  
18 investigative staff, and authorized clerical staff, as  
19 provided in this Act, and shall be afforded the same status as  
20 is provided information concerning medical studies in Part 21  
21 of Article VIII of the Code of Civil Procedure, except that the  
22 Department may disclose information and documents to a federal,  
23 State, or local law enforcement agency pursuant to a subpoena  
24 in an ongoing criminal investigation or to a health care  
25 licensing body of this State or another state or jurisdiction  
26 pursuant to an official request made by that licensing body.

1 Furthermore, information and documents disclosed to a federal,  
2 State, or local law enforcement agency may be used by that  
3 agency only for the investigation and prosecution of a criminal  
4 offense, or, in the case of disclosure to a health care  
5 licensing body, only for investigations and disciplinary  
6 action proceedings with regard to a license. Information and  
7 documents disclosed to the Department of Public Health may be  
8 used by that Department only for investigation and disciplinary  
9 action regarding the license of a health care institution  
10 licensed by the Department of Public Health.

11 (C) Immunity from prosecution. Any individual or  
12 organization acting in good faith, and not in a wilful and  
13 wanton manner, in complying with this Act by providing any  
14 report or other information to the Disciplinary Board or a peer  
15 review committee, or assisting in the investigation or  
16 preparation of such information, or by voluntarily reporting to  
17 the Disciplinary Board or a peer review committee information  
18 regarding alleged errors or negligence by a person licensed  
19 under this Act, or by participating in proceedings of the  
20 Disciplinary Board or a peer review committee, or by serving as  
21 a member of the Disciplinary Board or a peer review committee,  
22 shall not, as a result of such actions, be subject to criminal  
23 prosecution or civil damages.

24 (D) Indemnification. Members of the Disciplinary Board,  
25 the Medical Coordinators, the Disciplinary Board's attorneys,  
26 the medical investigative staff, physicians retained under

1 contract to assist and advise the medical coordinators in the  
2 investigation, and authorized clerical staff shall be  
3 indemnified by the State for any actions occurring within the  
4 scope of services on the Disciplinary Board, done in good faith  
5 and not wilful and wanton in nature. The Attorney General shall  
6 defend all such actions unless he or she determines either that  
7 there would be a conflict of interest in such representation or  
8 that the actions complained of were not in good faith or were  
9 wilful and wanton.

10 Should the Attorney General decline representation, the  
11 member shall have the right to employ counsel of his or her  
12 choice, whose fees shall be provided by the State, after  
13 approval by the Attorney General, unless there is a  
14 determination by a court that the member's actions were not in  
15 good faith or were wilful and wanton.

16 The member must notify the Attorney General within 7 days  
17 of receipt of notice of the initiation of any action involving  
18 services of the Disciplinary Board. Failure to so notify the  
19 Attorney General shall constitute an absolute waiver of the  
20 right to a defense and indemnification.

21 The Attorney General shall determine within 7 days after  
22 receiving such notice, whether he or she will undertake to  
23 represent the member.

24 (E) Deliberations of Disciplinary Board. Upon the receipt  
25 of any report called for by this Act, other than those reports  
26 of impaired persons licensed under this Act required pursuant



1 to the rules of the Disciplinary Board, the Disciplinary Board  
2 shall notify in writing, by certified mail, the person who is  
3 the subject of the report. Such notification shall be made  
4 within 30 days of receipt by the Disciplinary Board of the  
5 report.

6 The notification shall include a written notice setting  
7 forth the person's right to examine the report. Included in  
8 such notification shall be the address at which the file is  
9 maintained, the name of the custodian of the reports, and the  
10 telephone number at which the custodian may be reached. The  
11 person who is the subject of the report shall submit a written  
12 statement responding, clarifying, adding to, or proposing the  
13 amending of the report previously filed. The person who is the  
14 subject of the report shall also submit with the written  
15 statement any medical records related to the report. The  
16 statement and accompanying medical records shall become a  
17 permanent part of the file and must be received by the  
18 Disciplinary Board no more than 30 days after the date on which  
19 the person was notified by the Disciplinary Board of the  
20 existence of the original report.

21 The Disciplinary Board shall review all reports received by  
22 it, together with any supporting information and responding  
23 statements submitted by persons who are the subject of reports.  
24 The review by the Disciplinary Board shall be in a timely  
25 manner but in no event, shall the Disciplinary Board's initial  
26 review of the material contained in each disciplinary file be

1 less than 61 days nor more than 180 days after the receipt of  
2 the initial report by the Disciplinary Board.

3 When the Disciplinary Board makes its initial review of the  
4 materials contained within its disciplinary files, the  
5 Disciplinary Board shall, in writing, make a determination as  
6 to whether there are sufficient facts to warrant further  
7 investigation or action. Failure to make such determination  
8 within the time provided shall be deemed to be a determination  
9 that there are not sufficient facts to warrant further  
10 investigation or action.

11 Should the Disciplinary Board find that there are not  
12 sufficient facts to warrant further investigation, or action,  
13 the report shall be accepted for filing and the matter shall be  
14 deemed closed and so reported to the Secretary. The Secretary  
15 shall then have 30 days to accept the Medical Disciplinary  
16 Board's decision or request further investigation. The  
17 Secretary shall inform the Board in writing of the decision to  
18 request further investigation, including the specific reasons  
19 for the decision. The individual or entity filing the original  
20 report or complaint and the person who is the subject of the  
21 report or complaint shall be notified in writing by the  
22 Secretary of any final action on their report or complaint.

23 (F) Summary reports. The Disciplinary Board shall prepare,  
24 on a timely basis, but in no event less than once every other  
25 month, a summary report of final actions taken upon  
26 disciplinary files maintained by the Disciplinary Board. The

1 summary reports shall be made available to the public upon  
2 request and payment of the fees set by the Department. This  
3 publication may be made available to the public on the  
4 Department's Internet website.

5 (G) Any violation of this Section shall be a Class A  
6 misdemeanor.

7 (H) If any such person violates the provisions of this  
8 Section an action may be brought in the name of the People of  
9 the State of Illinois, through the Attorney General of the  
10 State of Illinois, for an order enjoining such violation or for  
11 an order enforcing compliance with this Section. Upon filing of  
12 a verified petition in such court, the court may issue a  
13 temporary restraining order without notice or bond and may  
14 preliminarily or permanently enjoin such violation, and if it  
15 is established that such person has violated or is violating  
16 the injunction, the court may punish the offender for contempt  
17 of court. Proceedings under this paragraph shall be in addition  
18 to, and not in lieu of, all other remedies and penalties  
19 provided for by this Section.

20 (Source: P.A. 94-677, eff. 8-25-05; 95-639, eff. 10-5-07;  
21 96-1372, eff. 7-29-10.)

22 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

23 (Section scheduled to be repealed on November 30, 2011)

24 (Text of Section WITH the changes made by P.A. 94-677,  
25 which has been held unconstitutional)

1           Sec. 24. Report of violations; medical associations. Any  
2 physician licensed under this Act, the Illinois State Medical  
3 Society, the Illinois Association of Osteopathic Physicians  
4 and Surgeons, the Illinois Chiropractic Society, the Illinois  
5 Prairie State Chiropractic Association, or any component  
6 societies of any of these 4 groups, and any other person, may  
7 report to the Disciplinary Board any information the physician,  
8 association, society, or person may have that appears to show  
9 that a physician is or may be in violation of any of the  
10 provisions of Section 22 of this Act.

11           The Department may enter into agreements with the Illinois  
12 State Medical Society, the Illinois Association of Osteopathic  
13 Physicians and Surgeons, the Illinois Prairie State  
14 Chiropractic Association, or the Illinois Chiropractic Society  
15 to allow these organizations to assist the Disciplinary Board  
16 in the review of alleged violations of this Act. Subject to the  
17 approval of the Department, any organization party to such an  
18 agreement may subcontract with other individuals or  
19 organizations to assist in review.

20           Any physician, association, society, or person  
21 participating in good faith in the making of a report under  
22 this Act or participating in or assisting with an investigation  
23 or review under this Act shall have immunity from any civil,  
24 criminal, or other liability that might result by reason of  
25 those actions.

26           The medical information in the custody of an entity under

1 contract with the Department participating in an investigation  
2 or review shall be privileged and confidential to the same  
3 extent as are information and reports under the provisions of  
4 Part 21 of Article VIII of the Code of Civil Procedure.

5       Upon request by the Department after a mandatory report has  
6 been filed with the Department, an attorney for any party  
7 seeking to recover damages for injuries or death by reason of  
8 medical, hospital, or other healing art malpractice shall  
9 provide patient records related to the physician involved in  
10 the disciplinary proceeding to the Department within 30 days of  
11 the Department's request for use by the Department in any  
12 disciplinary matter under this Act. An attorney who provides  
13 patient records to the Department in accordance with this  
14 requirement shall not be deemed to have violated any  
15 attorney-client privilege. Notwithstanding any other provision  
16 of law, consent by a patient shall not be required for the  
17 provision of patient records in accordance with this  
18 requirement.

19       For the purpose of any civil or criminal proceedings, the  
20 good faith of any physician, association, society or person  
21 shall be presumed. The Disciplinary Board may request the  
22 Illinois State Medical Society, the Illinois Association of  
23 Osteopathic Physicians and Surgeons, the Illinois Prairie  
24 State Chiropractic Association, or the Illinois Chiropractic  
25 Society to assist the Disciplinary Board in preparing for or  
26 conducting any medical competency examination as the Board may

1 deem appropriate.

2 (Source: P.A. 94-677, eff. 8-25-05.)

3 (225 ILCS 60/24.1)

4 (Section scheduled to be repealed on November 30, 2011)

5 (This Section was added by P.A. 94-677, which has been held  
6 unconstitutional)

7 Sec. 24.1. Physician profile.

8 (a) This Section may be cited as the Patients' Right to  
9 Know Law.

10 (b) The Department shall make available to the public a  
11 profile of each physician. The Department shall make this  
12 information available through an Internet web site and, if  
13 requested, in writing. The physician profile shall contain the  
14 following information:

15 (1) the full name of the physician;

16 (2) a description of any criminal convictions for  
17 felonies and Class A misdemeanors, as determined by the  
18 Department, within the most recent 5 years. For the  
19 purposes of this Section, a person shall be deemed to be  
20 convicted of a crime if he or she pleaded guilty or if he  
21 was found or adjudged guilty by a court of competent  
22 jurisdiction;

23 (3) a description of any final Department disciplinary  
24 actions within the most recent 5 years;

25 (4) a description of any final disciplinary actions by

1           licensing boards in other states within the most recent 5  
2           years;

3           (5) a description of revocation or involuntary  
4           restriction of hospital privileges for reasons related to  
5           competence or character that have been taken by the  
6           hospital's governing body or any other official of the  
7           hospital after procedural due process has been afforded, or  
8           the resignation from or nonrenewal of medical staff  
9           membership or the restriction of privileges at a hospital  
10          taken in lieu of or in settlement of a pending disciplinary  
11          case related to competence or character in that hospital.  
12          Only cases which have occurred within the most recent 5  
13          years shall be disclosed by the Department to the public;

14          (6) all medical malpractice court judgments and all  
15          medical malpractice arbitration awards in which a payment  
16          was awarded to a complaining party during the most recent 5  
17          years and all settlements of medical malpractice claims in  
18          which a payment was made to a complaining party within the  
19          most recent 5 years. A medical malpractice judgment or  
20          award that has been appealed shall be identified  
21          prominently as "Under Appeal" on the profile within 20 days  
22          of formal written notice to the Department. Information  
23          concerning all settlements shall be accompanied by the  
24          following statement: "Settlement of a claim may occur for a  
25          variety of reasons which do not necessarily reflect  
26          negatively on the professional competence or conduct of the

1 physician. A payment in settlement of a medical malpractice  
2 action or claim should not be construed as creating a  
3 presumption that medical malpractice has occurred."

4 Nothing in this subdivision (6) shall be construed to limit  
5 or prevent the Disciplinary Board from providing further  
6 explanatory information regarding the significance of  
7 categories in which settlements are reported. Pending  
8 malpractice claims shall not be disclosed by the Department  
9 to the public. Nothing in this subdivision (6) shall be  
10 construed to prevent the Disciplinary Board from  
11 investigating and the Department from disciplining a  
12 physician on the basis of medical malpractice claims that  
13 are pending;

14 (7) names of medical schools attended, dates of  
15 attendance, and date of graduation;

16 (8) graduate medical education;

17 (9) specialty board certification. The toll-free  
18 number of the American Board of Medical Specialties shall  
19 be included to verify current board certification status;

20 (10) number of years in practice and locations;

21 (11) names of the hospitals where the physician has  
22 privileges;

23 (12) appointments to medical school faculties and  
24 indication as to whether a physician has a responsibility  
25 for graduate medical education within the most recent 5  
26 years;



1           (13) information regarding publications in  
2 peer-reviewed medical literature within the most recent 5  
3 years;

4           (14) information regarding professional or community  
5 service activities and awards;

6           (15) the location of the physician's primary practice  
7 setting;

8           (16) identification of any translating services that  
9 may be available at the physician's primary practice  
10 location;

11          (17) an indication of whether the physician  
12 participates in the Medicaid program.

13          (c) The Disciplinary Board shall provide individual  
14 physicians with a copy of their profiles prior to release to  
15 the public. A physician shall be provided 60 days to correct  
16 factual inaccuracies that appear in such profile.

17          (d) A physician may elect to have his or her profile omit  
18 certain information provided pursuant to subdivisions (12)  
19 through (14) of subsection (b) concerning academic  
20 appointments and teaching responsibilities, publication in  
21 peer-reviewed journals and professional and community service  
22 awards. In collecting information for such profiles and in  
23 disseminating the same, the Disciplinary Board shall inform  
24 physicians that they may choose not to provide such information  
25 required pursuant to subdivisions (12) through (14) of  
26 subsection (b).

1 (e) The Department shall promulgate such rules as it deems  
2 necessary to accomplish the requirements of this Section.

3 (Source: P.A. 94-677, eff. 8-25-05.)

4 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

5 (Section scheduled to be repealed on November 30, 2011)

6 Sec. 26. Advertising.

7 (1) Any person licensed under this Act may advertise the  
8 availability of professional services in the public media or on  
9 the premises where such professional services are rendered.  
10 Such advertising shall be limited to the following information:

11 (a) Publication of the person's name, title, office  
12 hours, address and telephone number;

13 (b) Information pertaining to the person's areas of  
14 specialization, including appropriate board certification  
15 or limitation of professional practice;

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

20 (d) Announcement of the opening of, change of, absence  
21 from, or return to business;

22 (e) Announcement of additions to or deletions from  
23 professional licensed staff;

24 (f) The issuance of business or appointment cards.

25 (2) It is unlawful for any person licensed under this Act

1 to use ~~testimonials or~~ claims of superior quality of care to  
2 entice the public. It shall be unlawful to advertise fee  
3 comparisons of available services with those of other persons  
4 licensed under this Act.

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

12 (4) A licensee shall include in every advertisement for  
13 services regulated under this Act his or her title as it  
14 appears on the license or the initials authorized under this  
15 Act.

16 (Source: P.A. 91-310, eff. 1-1-00.)

17 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

18 (Section scheduled to be repealed on November 30, 2011)

19 (Text of Section WITH the changes made by P.A. 94-677,  
20 which has been held unconstitutional, and by P.A. 96-1372,  
21 which amended language added by P.A. 94-677)

22 Sec. 36. Upon the motion of either the Department or the  
23 Disciplinary Board or upon the verified complaint in writing of  
24 any person setting forth facts which, if proven, would  
25 constitute grounds for suspension or revocation under Section

1 22 of this Act, the Department shall investigate the actions of  
2 any person, so accused, who holds or represents that they hold  
3 a license. Such person is hereinafter called the accused.

4 The Department shall, before suspending, revoking, placing  
5 on probationary status, or taking any other disciplinary action  
6 as the Department may deem proper with regard to any license at  
7 least 30 days prior to the date set for the hearing, notify the  
8 accused in writing of any charges made and the time and place  
9 for a hearing of the charges before the Disciplinary Board,  
10 direct them to file their written answer thereto to the  
11 Disciplinary Board under oath within 20 days after the service  
12 on them of such notice and inform them that if they fail to  
13 file such answer default will be taken against them and their  
14 license may be suspended, revoked, placed on probationary  
15 status, or have other disciplinary action, including limiting  
16 the scope, nature or extent of their practice, as the  
17 Department may deem proper taken with regard thereto.

18 Where a physician has been found, upon complaint and  
19 investigation of the Department, and after hearing, to have  
20 performed an abortion procedure in a wilful and wanton manner  
21 upon a woman who was not pregnant at the time such abortion  
22 procedure was performed, the Department shall automatically  
23 revoke the license of such physician to practice medicine in  
24 Illinois.

25 Such written notice and any notice in such proceedings  
26 thereafter may be served by delivery of the same, personally,

1 to the accused person, or by mailing the same by registered or  
2 certified mail to the address last theretofore specified by the  
3 accused in their last notification to the Department.

4 All information gathered by the Department during its  
5 investigation including information subpoenaed under Section  
6 23 or 38 of this Act and the investigative file shall be kept  
7 for the confidential use of the Secretary, Disciplinary Board,  
8 the Medical Coordinators, persons employed by contract to  
9 advise the Medical Coordinator or the Department, the  
10 Disciplinary Board's attorneys, the medical investigative  
11 staff, and authorized clerical staff, as provided in this Act  
12 and shall be afforded the same status as is provided  
13 information concerning medical studies in Part 21 of Article  
14 VIII of the Code of Civil Procedure, except that the Department  
15 may disclose information and documents to a federal, State, or  
16 local law enforcement agency pursuant to a subpoena in an  
17 ongoing criminal investigation to a health care licensing body  
18 of this State or another state or jurisdiction pursuant to an  
19 official request made by that licensing body. Furthermore,  
20 information and documents disclosed to a federal, State, or  
21 local law enforcement agency may be used by that agency only  
22 for the investigation and prosecution of a criminal offense or,  
23 in the case of disclosure to a health care licensing body, only  
24 for investigations and disciplinary action proceedings with  
25 regard to a license issued by that licensing body.

26 (Source: P.A. 94-677, eff. 8-25-05; 96-1372, eff. 7-29-10.)

1           (225 ILCS 60/32 rep.)

2           Section 90. The Medical Practice Act of 1987 is amended by  
3   repealing Section 32.

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

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