



Rep. Dan Reitz

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LRB097 05718 CEL 52011 a

1 AMENDMENT TO HOUSE BILL 214

2 AMENDMENT NO. _____. Amend House Bill 214 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Findings; purpose; text and revisory changes;
5 validation; additional material.

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) It is the purpose of this Act to reenact certain

1 provisions of Public Act 94-677 that did not involve
2 limitations on noneconomic damages in medical malpractice
3 actions, to validate certain actions taken in reliance on those
4 provisions, and to make certain additional changes to the
5 statutes.

6 (c) This Act reenacts Sections 7, 22, 23, 24, 24.1, and 36
7 of the Medical Practice Act of 1987. This Act does not reenact
8 any other provisions of Public Act 94-677.

9 In this Act, the base text of the reenacted Sections
10 includes the text as it existed at the time of the Supreme
11 Court's decision, including any amendments that occurred after
12 P.A. 94-677, and also includes amendments that occurred after
13 the decision. Striking and underscoring is used only to show
14 the changes being made by this Act to that base text.

15 (d) All otherwise lawful actions taken in reasonable
16 reliance on or pursuant to the Sections reenacted by this Act,
17 as set forth in Public Act 94-677 or subsequently amended, by
18 any officer, employee, agency, or unit of State or local
19 government or by any other person or entity, are hereby
20 validated. The actions include, but are not limited to,
21 disciplinary actions, establishment of the physicians profile
22 under Section 24.1, and adoption of administrative rules under
23 the Illinois Administrative Procedure Act.

24 With respect to actions taken in relation to matters
25 arising under the Sections reenacted by this Act, a person is
26 rebuttably presumed to have acted in reasonable reliance on and

1 pursuant to the provisions of Public Act 94-677, as those
2 provisions had been amended at the time the action was taken.

3 With respect to their administration of matters arising
4 under the Sections reenacted by this Act, officers, employees,
5 agencies, and units of State and local government shall
6 continue to apply the provisions of Public Act 94-677, as those
7 provisions had been amended at the relevant time.

8 (e) This Act also contains material making new substantive
9 changes.

10 Section 5. The Regulatory Sunset Act is amended by changing
11 Sections 4.21 and 4.31 as follows:

12 (5 ILCS 80/4.21)

13 Sec. 4.21. Acts repealed on January 1, 2011 ~~and November~~
14 ~~30, 2011.~~ (a) The following Acts are repealed on January 1,
15 2011: The Fire Equipment Distributor and Employee Regulation
16 Act of 2000. (b) ~~The following Act is repealed on November 30,~~
17 ~~2011: The Medical Practice Act of 1987.~~

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

19 (5 ILCS 80/4.31)

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

22 The Crematory Regulation Act.

23 The Cemetery Oversight Act.

1 The Illinois Health Information Exchange and Technology
2 Act.

3 The Medical Practice Act of 1987.

4 The Radiation Protection Act of 1990.

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

7 Section 10. The Medical Practice Act of 1987 is amended by
8 changing Sections 2, 3.5, 4, 7.5, 8, 8.1, 9, 9.7, 11, 15, 17,
9 18, 19, 20, 21, 25, 26, 33, 35, 37, 38, 40, 41, 42, 43, 44, 47,
10 54, 54.2, 59, and 61, by reenacting and changing Sections 7,
11 22, and 23, by reenacting Sections 24, 24.1, and 36 as follows:

12 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

14 Sec. 2. Definitions. For purposes of this Act, the
15 following definitions shall have the following meanings,
16 except where the context requires otherwise:

17 ~~1.~~ "Act" means the Medical Practice Act of 1987.

18 "Address of record" means the designated address recorded
19 by the Department in the applicant's or licensee's application
20 file or license file as maintained by the Department's
21 licensure maintenance unit. It is the duty of the applicant or
22 licensee to inform the Department of any change of address and
23 those changes must be made either through the Department's
24 website or by contacting the Department.

1 "Chiropractic physician" means a person licensed to treat
2 human ailments without the use of drugs and without operative
3 surgery. Nothing in this Act shall be construed to prohibit a
4 chiropractic physician from providing advice regarding the use
5 of non-prescription products or from administering atmospheric
6 oxygen. Nothing in this Act shall be construed to authorize a
7 chiropractic physician to prescribe drugs.

8 ~~2.~~ "Department" means the Department of Financial and
9 Professional Regulation.

10 ~~3.~~ ~~"Director" means the Director of Professional~~
11 ~~Regulation.~~

12 ~~4.~~ "Disciplinary Action" means revocation, suspension,
13 probation, supervision, practice modification, reprimand,
14 required education, fines or any other action taken by the
15 Department against a person holding a license.

16 ~~5.~~ "Disciplinary Board" means the Medical Disciplinary
17 Board.

18 ~~6.~~ "Final Determination" means the governing body's final
19 action taken under the procedure followed by a health care
20 institution, or professional association or society, against
21 any person licensed under the Act in accordance with the bylaws
22 or rules and regulations of such health care institution, or
23 professional association or society.

24 ~~7.~~ "Fund" means the Medical Disciplinary Fund.

25 ~~8.~~ "Impaired" means the inability to practice medicine with
26 reasonable skill and safety due to physical or mental

1 disabilities as evidenced by a written determination or written
2 consent based on clinical evidence including deterioration
3 through the aging process or loss of motor skill, or abuse of
4 drugs or alcohol, of sufficient degree to diminish a person's
5 ability to deliver competent patient care.

6 ~~9.~~ "Licensing Board" means the Medical Licensing Board.

7 ~~10.~~ "Physician" means a person licensed under the Medical
8 Practice Act to practice medicine in all of its branches or a
9 chiropractic physician ~~licensed to treat human ailments~~
10 ~~without the use of drugs and without operative surgery.~~

11 ~~11.~~ "Professional Association" means an association or
12 society of persons licensed under this Act, and operating
13 within the State of Illinois, including but not limited to,
14 medical societies, osteopathic organizations, and chiropractic
15 organizations, but this term shall not be deemed to include
16 hospital medical staffs.

17 ~~12.~~ "Program of Care, Counseling, or Treatment" means a
18 written schedule of organized treatment, care, counseling,
19 activities, or education, satisfactory to the Disciplinary
20 Board, designed for the purpose of restoring an impaired person
21 to a condition whereby the impaired person can practice
22 medicine with reasonable skill and safety of a sufficient
23 degree to deliver competent patient care.

24 "Secretary" means the Secretary of the Department of
25 Financial and Professional Regulation.

26 (Source: P.A. 85-1209; 85-1245; 85-1440.)

1 (225 ILCS 60/3.5)

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

3 Sec. 3.5. Unlicensed practice; violation; civil penalty.

4 (a) Any person who practices, offers to practice, attempts
5 to practice, or holds oneself out to practice as a physician
6 without being licensed under this Act shall, in addition to any
7 other penalty provided by law, pay a civil penalty to the
8 Department in an amount not to exceed \$10,000 ~~\$5,000~~ for each
9 offense as determined by the Department. The civil penalty
10 shall be assessed by the Department after a hearing is held in
11 accordance with the provisions set forth in this Act regarding
12 the provision of a hearing for the discipline of a licensee.

13 (b) The Department has the authority and power to
14 investigate any and all unlicensed activity.

15 (c) The civil penalty shall be paid within 60 days after
16 the effective date of the order imposing the civil penalty. The
17 order shall constitute a judgment and may be filed and
18 execution had thereon in the same manner as any judgment from
19 any court of record.

20 (Source: P.A. 89-474, eff. 6-18-96.)

21 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

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

23 Sec. 4. Exemptions. ~~(a)~~ This Act does not apply to the
24 following:

1 (1) persons lawfully carrying on their particular
2 profession or business under any valid existing regulatory
3 Act of this State;

4 (2) persons rendering gratuitous services in cases of
5 emergency; or

6 (3) persons treating human ailments by prayer or
7 spiritual means as an exercise or enjoyment of religious
8 freedom. ~~or~~

9 ~~(4) persons practicing the specified occupations set~~
10 ~~forth in in subsection (a) of, and pursuant to a licensing~~
11 ~~exemption granted in subsection (b) or (d) of, Section~~
12 ~~2105-350 of the Department of Professional Regulation Law~~
13 ~~of the Civil Administrative Code of Illinois, but only for~~
14 ~~so long as the 2016 Olympic and Paralympic Games~~
15 ~~Professional Licensure Exemption Law is operable.~~

16 ~~(b) (Blank).~~

17 (Source: P.A. 96-7, eff. 4-3-09.)

18 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

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

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

22 Sec. 7. Medical Disciplinary Board.

23 (A) There is hereby created the Illinois State Medical
24 Disciplinary Board ~~(hereinafter referred to as the~~
25 ~~"Disciplinary Board")~~. The Disciplinary Board shall consist of

1 11 members, to be appointed by the Governor by and with the
2 advice and consent of the Senate. All members shall be
3 residents of the State, not more than 6 of whom shall be
4 members of the same political party. All members shall be
5 voting members. Five members shall be physicians licensed to
6 practice medicine in all of its branches in Illinois possessing
7 the degree of doctor of medicine, ~~and it shall be the goal that~~
8 ~~at least one of the members practice in the field of~~
9 ~~neurosurgery, one of the members practice in the field of~~
10 ~~obstetrics and gynecology, and one of the members practice in~~
11 ~~the field of cardiology.~~ One member shall be a physician
12 licensed to practice medicine in all its branches in Illinois
13 possessing the degree of doctor of osteopathy or osteopathic
14 medicine. One member shall be a chiropractic physician licensed
15 to treat human ailments without the use of drugs and without
16 operative surgery ~~practice~~ in Illinois and possessing the
17 degree of doctor of chiropractic. Four members shall be members
18 of the public, who shall not be engaged in any way, directly or
19 indirectly, as providers of health care.

20 (B) Members of the Disciplinary Board shall be appointed
21 for terms of 4 years. Upon the expiration of the term of any
22 member, their successor shall be appointed for a term of 4
23 years by the Governor by and with the advice and consent of the
24 Senate. The Governor shall fill any vacancy for the remainder
25 of the unexpired term ~~by and~~ with the advice and consent of the
26 Senate. Upon recommendation of the Board, any member of the

1 Disciplinary Board may be removed by the Governor for
2 misfeasance, malfeasance, or wilful neglect of duty, after
3 notice, and a public hearing, unless such notice and hearing
4 shall be expressly waived in writing. Each member shall serve
5 on the Disciplinary Board until their successor is appointed
6 and qualified. No member of the Disciplinary Board shall serve
7 more than 2 consecutive 4 year terms.

8 In making appointments the Governor shall attempt to insure
9 that the various social and geographic regions of the State of
10 Illinois are properly represented.

11 In making the designation of persons to act for the several
12 professions represented on the Disciplinary Board, the
13 Governor shall give due consideration to recommendations by
14 members of the respective professions and by organizations
15 therein.

16 (C) The Disciplinary Board shall annually elect one of its
17 voting members as chairperson and one as vice chairperson. No
18 officer shall be elected more than twice in succession to the
19 same office. Each officer shall serve until their successor has
20 been elected and qualified.

21 (D) (Blank).

22 (E) Six voting members of the Disciplinary Board, at least
23 4 of whom are physicians, shall constitute a quorum. A vacancy
24 in the membership of the Disciplinary Board shall not impair
25 the right of a quorum to exercise all the rights and perform
26 all the duties of the Disciplinary Board. Any action taken by

1 the Disciplinary Board under this Act may be authorized by
2 resolution at any regular or special meeting and each such
3 resolution shall take effect immediately. The Disciplinary
4 Board shall meet at least quarterly. The Disciplinary Board is
5 empowered to adopt all rules and regulations necessary and
6 incident to the powers granted to it under this Act.

7 (F) Each member, and member-officer, of the Disciplinary
8 Board shall receive a per diem stipend as the Secretary ~~of the~~
9 ~~Department, hereinafter referred to as the Secretary,~~ shall
10 determine. ~~The Secretary shall also determine the per diem~~
11 ~~stipend that each ex-officio member shall receive.~~ Each member
12 shall be paid their necessary expenses while engaged in the
13 performance of their duties.

14 (G) The Secretary shall select a Chief Medical Coordinator
15 and not less than 2 Deputy Medical Coordinators who shall not
16 be members of the Disciplinary Board. Each medical coordinator
17 shall be a physician licensed to practice medicine in all of
18 its branches, and the Secretary shall set their rates of
19 compensation. The Secretary shall assign at least one medical
20 coordinator to a region composed of Cook County and such other
21 counties as the Secretary may deem appropriate, and such
22 medical coordinator or coordinators shall locate their office
23 in Chicago. The Secretary shall assign at least one medical
24 coordinator to a region composed of the balance of counties in
25 the State, and such medical coordinator or coordinators shall
26 locate their office in Springfield. Each medical coordinator

1 shall be the chief enforcement officer of this Act in his or
2 her assigned region and shall serve at the will of the
3 Disciplinary Board.

4 The Secretary shall employ, in conformity with the
5 Personnel Code, not less than one full time investigator for
6 every 2,500 physicians licensed in the State. Each investigator
7 shall be a college graduate with at least 2 years of ~~years~~
8 investigative experience or one year advanced medical
9 education. Upon the written request of the Disciplinary Board,
10 the Secretary shall employ, in conformity with the Personnel
11 Code, such other professional, technical, investigative, and
12 clerical help, either on a full or part-time basis as the
13 Disciplinary Board deems necessary for the proper performance
14 of its duties.

15 (H) Upon the specific request of the Disciplinary Board,
16 signed by either the chairperson ~~chairman~~, vice chairperson
17 ~~chairman~~, or a medical coordinator of the Disciplinary Board,
18 the Department of Human Services or the Department of State
19 Police shall make available any and all information that they
20 have in their possession regarding a particular case then under
21 investigation by the Disciplinary Board.

22 (I) Members of the Disciplinary Board shall be immune from
23 suit in any action based upon any disciplinary proceedings or
24 other acts performed in good faith as members of the
25 Disciplinary Board.

26 (J) The Disciplinary Board may compile and establish a

1 statewide roster of physicians and other medical
2 professionals, including the several medical specialties, of
3 such physicians and medical professionals, who have agreed to
4 serve from time to time as advisors to the medical
5 coordinators. Such advisors shall assist the medical
6 coordinators or the Disciplinary Board in their investigations
7 and participation in complaints against physicians. Such
8 advisors shall serve under contract and shall be reimbursed at
9 a reasonable rate for the services provided, plus reasonable
10 expenses incurred. While serving in this capacity, the advisor,
11 for any act undertaken in good faith and in the conduct of his
12 or her ~~their~~ duties under this Section, shall be immune from
13 civil suit.

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

15 (225 ILCS 60/7.5)

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

17 Sec. 7.5. Complaint Committee.

18 (a) There shall be a Complaint Committee of the
19 Disciplinary Board composed of at least one of the medical
20 coordinators established by subsection (G) ~~(g)~~ of Section 7 of
21 this Act, the Chief of Medical Investigations (person employed
22 by the Department who is in charge of investigating complaints
23 against physicians and physician assistants), and at least 3
24 voting members of the Disciplinary Board (at least 2 of whom
25 shall be physicians) designated by the Chairperson ~~Chairman~~ of

1 the ~~Medical~~ Disciplinary Board with the approval of the
2 Disciplinary Board. The Disciplinary Board members so
3 appointed shall serve one-year terms and may be eligible for
4 reappointment for subsequent terms.

5 (b) The Complaint Committee shall meet at least twice a
6 month to exercise its functions and duties set forth in
7 subsection (c) below. At least 2 members of the Disciplinary
8 Board shall be in attendance in order for any business to be
9 transacted by the Complaint Committee. The Complaint Committee
10 shall make every effort to consider expeditiously and take
11 prompt action on each item on its agenda.

12 (c) The Complaint Committee shall have the following duties
13 and functions:

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

16 (2) To refer a complaint file to the office of the
17 Chief of Medical Prosecutions (person employed by the
18 Department who is in charge of prosecuting formal
19 complaints against licensees) for review.

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

23 (d) In determining what action to take or whether to
24 proceed with prosecution of a complaint, the Complaint
25 Committee shall consider, but not be limited to, the following
26 factors: sufficiency of the evidence presented, prosecutorial

1 merit under Section 22 of this Act, any recommendation made by
2 the Department, and insufficient cooperation from complaining
3 parties.

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

5 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

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

7 Sec. 8. Medical Licensing Board.

8 (A) There is hereby created a Medical Licensing Board
9 ~~(hereinafter referred to as the "Licensing Board")~~. The
10 Licensing Board shall be composed of 7 members, to be appointed
11 by the Governor by and with the advice and consent of the
12 Senate; 5 of whom shall be reputable physicians licensed to
13 practice medicine in all of its branches in Illinois,
14 possessing the degree of doctor of medicine; one member shall
15 be a reputable physician licensed in Illinois to practice
16 medicine in all of its branches, possessing the degree of
17 doctor of osteopathy or osteopathic medicine; and one member
18 shall be a reputable physician licensed to treat human ailments
19 without the use of drugs and without operative surgery ~~practice~~
20 in Illinois and possessing the degree of doctor of
21 chiropractic. Of the 5 members holding the degree of doctor of
22 medicine, one shall be a full-time or part-time teacher of
23 professorial rank in the clinical department of an Illinois
24 school of medicine.

25 (B) Members of the Licensing Board shall be appointed for

1 terms of 4 years, and until their successors are appointed and
2 qualified. Appointments to fill vacancies shall be made in the
3 same manner as original appointments, for the unexpired portion
4 of the vacated term. No more than 4 members of the Licensing
5 Board shall be members of the same political party and all
6 members shall be residents of this State. No member of the
7 Licensing Board may be appointed to more than 2 successive 4
8 year terms. ~~This limitation shall only apply to individuals~~
9 ~~appointed to the Licensing Board after the effective date of~~
10 ~~this Act.~~

11 (C) Members of the Licensing Board shall be immune from
12 suit in any action based upon any licensing proceedings or
13 other acts performed in good faith as members of the Licensing
14 Board.

15 (D) (Blank).

16 (E) The Licensing Board shall annually elect one of its
17 members as chairperson and one as vice chairperson. No member
18 shall be elected more than twice in succession to the same
19 office. Each officer shall serve until his or her ~~their~~
20 successor has been elected and qualified. A majority of the
21 current appointed members of the Licensing Board shall
22 constitute a quorum. A vacancy in the membership of the
23 Licensing Board shall not impair the right of a quorum to
24 exercise all the rights and perform all the duties of the
25 Licensing Board.

26 (F) None of the functions, powers or duties of the

1 Department with respect to policies regarding licensure and
2 examination under this Act, including the promulgation of such
3 rules as may be necessary for the administration of this Act,
4 shall be exercised by the Department except upon review of the
5 Licensing Board.

6 (G) The Licensing Board shall receive the same compensation
7 as the members of the ~~Medical~~ Disciplinary Board, which
8 compensation shall be paid out of the Illinois State Medical
9 Disciplinary Fund.

10 (Source: P.A. 89-702, eff. 7-1-97.)

11 (225 ILCS 60/8.1)

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

13 Sec. 8.1. Matters concerning advanced practice nurses. Any
14 proposed rules, amendments, second notice materials and
15 adopted rule or amendment materials, and policy statements
16 concerning advanced practice nurses shall be presented to the
17 ~~Medical~~ Licensing Board for review and comment. The
18 recommendations of both the Board of Nursing and the ~~Medical~~
19 Licensing Board shall be presented to the Secretary for
20 consideration in making final decisions. Whenever the Board of
21 Nursing and the ~~Medical~~ Licensing Board disagree on a proposed
22 rule or policy, the Secretary shall convene a joint meeting of
23 the officers of each Board to discuss the resolution of any
24 such disagreements.

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

1 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

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

3 Sec. 9. Application for license. Each applicant for a
4 license shall:

5 (A) Make application on blank forms prepared and
6 furnished by the Department ~~of Professional Regulation~~
7 ~~hereinafter referred to as the Department.~~

8 (B) Submit evidence satisfactory to the Department
9 that the applicant:

10 (1) is of good moral character. In determining
11 moral character under this Section, the Department may
12 take into consideration whether the applicant has
13 engaged in conduct or activities which would
14 constitute grounds for discipline under this Act. The
15 Department may also request the applicant to submit,
16 and may consider as evidence of moral character,
17 endorsements from 2 or 3 individuals licensed under
18 this Act;

19 (2) has the preliminary and professional education
20 required by this Act;

21 (3) (blank); and

22 (4) is physically, mentally, and professionally
23 capable of practicing medicine with reasonable
24 judgment, skill, and safety. In determining physical,
25 mental and professional capacity under this Section,

1 the ~~Medical~~ Licensing Board may, upon a showing of a
2 possible incapacity or conduct or activities that
3 would constitute grounds for discipline under this
4 Act, compel any applicant to submit to a mental or
5 physical examination and evaluation, or both, as
6 provided for in Section 22 of this Act. The Licensing
7 Board may condition or restrict any license, subject to
8 the same terms and conditions as are provided for the
9 ~~Medical~~ Disciplinary Board under Section 22 of this
10 Act. Any such condition of a restricted license shall
11 provide that the Chief Medical Coordinator or Deputy
12 Medical Coordinator shall have the authority to review
13 the subject physician's compliance with such
14 conditions or restrictions, including, where
15 appropriate, the physician's record of treatment and
16 counseling regarding the impairment, to the extent
17 permitted by applicable federal statutes and
18 regulations safeguarding the confidentiality of
19 medical records of patients.

20 In determining professional capacity under this
21 Section, an ~~any~~ individual ~~who has not been actively~~
22 ~~engaged in the practice of medicine or as a medical,~~
23 ~~osteopathic, or chiropractic student or who has not been~~
24 ~~engaged in a formal program of medical education during the~~
25 ~~2 years immediately preceding their application~~ may be
26 required to complete such additional testing, training, or

1 remedial education as the Licensing Board may deem
2 necessary in order to establish the applicant's present
3 capacity to practice medicine with reasonable judgment,
4 skill, and safety. The Licensing Board may consider the
5 following criteria, as they relate to an applicant, as part
6 of its determination of professional capacity:

7 (1) Medical research in an established research
8 facility, hospital, college or university, or private
9 corporation.

10 (2) Specialized training or education.

11 (3) Publication of original work in learned,
12 medical, or scientific journals.

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

15 (5) Professional service in a federal veterans or
16 military institution.

17 (6) Any other professional activities deemed to
18 maintain and enhance the clinical capabilities of the
19 applicant.

20 Any applicant applying for a license to practice
21 medicine in all of its branches or for a license as a
22 chiropractic physician who has not been engaged in the
23 active practice of medicine or has not been enrolled in a
24 medical program for 2 years prior to application must
25 submit proof of professional capacity to the Licensing
26 Board.

1 Any applicant applying for a temporary license that has
2 not been engaged in the active practice of medicine or has
3 not been enrolled in a medical program for longer than 5
4 years prior to application must submit proof of
5 professional capacity to the Licensing Board.

6 (C) Designate specifically the name, location, and
7 kind of professional school, college, or institution of
8 which the applicant is a graduate and the category under
9 which the applicant seeks, and will undertake, to practice.

10 (D) Pay to the Department at the time of application
11 the required fees.

12 (E) Pursuant to Department rules, as required, pass an
13 examination authorized by the Department to determine the
14 applicant's fitness to receive a license.

15 (F) Complete the application process within 3 years
16 from the date of application. If the process has not been
17 completed within 3 years, the application shall expire ~~be~~
18 ~~denied~~, application fees shall be forfeited, and the
19 applicant must reapply and meet the requirements in effect
20 at the time of reapplication.

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

22 (225 ILCS 60/9.7)

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

24 Sec. 9.7. Criminal history records background check. Each
25 applicant for licensure or permit under Sections 9, 18, and 19

1 shall have his or her fingerprints submitted to the Department
2 of State Police in an electronic format that complies with the
3 form and manner for requesting and furnishing criminal history
4 record information as prescribed by the Department of State
5 Police. These fingerprints shall be checked against the
6 Department of State Police and Federal Bureau of Investigation
7 criminal history record databases now and hereafter filed. The
8 Department of State Police shall charge applicants a fee for
9 conducting the criminal history records check, which shall be
10 deposited into the State Police Services Fund and shall not
11 exceed the actual cost of the records check. The Department of
12 State Police shall furnish, pursuant to positive
13 identification, records of Illinois convictions to the
14 Department. The Department may require applicants to pay a
15 separate fingerprinting fee, either to the Department or to a
16 Department designated or approved vendor. The Department, in
17 its discretion, may allow an applicant who does not have
18 reasonable access to a designated vendor to provide his or her
19 fingerprints in an alternative manner. The Department may adopt
20 any rules necessary to implement this Section.

21 ~~The Department shall require an applicant for a license under~~
22 ~~Section 19 of this Act to undergo a criminal background check.~~
23 ~~The Department shall adopt rules to implement this Section.~~

24 (Source: P.A. 90-722, eff. 1-1-99.)

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

2 Sec. 11. Minimum education standards. The minimum
3 standards of professional education to be enforced by the
4 Department in conducting examinations and issuing licenses
5 shall be as follows:

6 (A) Practice of medicine. For the practice of medicine
7 in all of its branches:

8 (1) For applications for licensure under
9 subsection (D) of Section 19 of this Act:

10 (a) that the applicant is a graduate of a
11 medical or osteopathic college in the United
12 States, its territories or Canada, that the
13 applicant has completed a 2 year course of
14 instruction in a college of liberal arts, or its
15 equivalent, and a course of instruction in a
16 medical or osteopathic college approved by the
17 Department or by a private, not for profit
18 accrediting body approved by the Department, and
19 in addition thereto, a course of postgraduate
20 clinical training of not less than 12 months as
21 approved by the Department; or

22 (b) that the applicant is a graduate of a
23 medical or osteopathic college located outside the
24 United States, its territories or Canada, and that
25 the degree conferred is officially recognized by
26 the country for the purposes of licensure, that the

1 applicant has completed a 2 year course of
2 instruction in a college of liberal arts or its
3 equivalent, and a course of instruction in a
4 medical or osteopathic college approved by the
5 Department, which course shall have been not less
6 than 132 weeks in duration and shall have been
7 completed within a period of not less than 35
8 months, and, in addition thereto, has completed a
9 course of postgraduate clinical training of not
10 less than 12 months, as approved by the Department,
11 and has complied with any other standards
12 established by rule.

13 For the purposes of this subparagraph (b) an
14 applicant is considered to be a graduate of a
15 medical college if the degree which is conferred is
16 officially recognized by that country for the
17 purposes of receiving a license to practice
18 medicine in all of its branches or a document is
19 granted by the medical college which certifies the
20 completion of all formal training requirements
21 including any internship and social service; or

22 (c) that the applicant has studied medicine at
23 a medical or osteopathic college located outside
24 the United States, its territories, or Canada,
25 that the applicant has completed a 2 year course of
26 instruction in a college of liberal arts or its

1 equivalent and all of the formal requirements of a
2 foreign medical school except internship and
3 social service, which course shall have been not
4 less than 132 weeks in duration and shall have been
5 completed within a period of not less than 35
6 months; that the applicant has submitted an
7 application to a medical college accredited by the
8 Liaison Committee on Medical Education and
9 submitted to such evaluation procedures, including
10 use of nationally recognized medical student tests
11 or tests devised by the individual medical
12 college, and that the applicant has satisfactorily
13 completed one academic year of supervised clinical
14 training under the direction of such medical
15 college; and, in addition thereto has completed a
16 course of postgraduate clinical training of not
17 less than 12 months, as approved by the Department,
18 and has complied with any other standards
19 established by rule.

20 (d) Any clinical clerkships must have been
21 completed in compliance with Section 10.3 of the
22 Hospital Licensing Act, as amended.

23 (2) Effective January 1, 1988, for applications
24 for licensure made subsequent to January 1, 1988, under
25 Sections 9 or 17 of this Act by individuals not
26 described in paragraph (3) of subsection (A) of Section

1 11 who graduated after December 31, 1984:

2 (a) that the applicant: (i) graduated from a
3 medical or osteopathic college officially
4 recognized by the jurisdiction in which it is
5 located for the purpose of receiving a license to
6 practice medicine in all of its branches, and the
7 applicant has completed, as defined by the
8 Department, a 6 year postsecondary course of study
9 comprising at least 2 academic years of study in
10 the basic medical sciences; and 2 academic years of
11 study in the clinical sciences, while enrolled in
12 the medical college which conferred the degree,
13 the core rotations of which must have been
14 completed in clinical teaching facilities owned,
15 operated or formally affiliated with the medical
16 college which conferred the degree, or under
17 contract in teaching facilities owned, operated or
18 affiliated with another medical college which is
19 officially recognized by the jurisdiction in which
20 the medical school which conferred the degree is
21 located; or (ii) graduated from a medical or
22 osteopathic college accredited by the Liaison
23 Committee on Medical Education, the Committee on
24 Accreditation of Canadian Medical Schools in
25 conjunction with the Liaison Committee on Medical
26 Education, or the Bureau of Professional Education

1 of the American Osteopathic Association; and,
2 (iii) in addition thereto, has completed 24 months
3 ~~a course~~ of postgraduate clinical training ~~of not~~
4 ~~less than 24 months~~, as approved by the Department;
5 or

6 (b) that the applicant has studied medicine at
7 a medical or osteopathic college located outside
8 the United States, its territories, or Canada,
9 that the applicant, in addition to satisfying the
10 requirements of subparagraph (a), except for the
11 awarding of a degree, has completed all of the
12 formal requirements of a foreign medical school
13 except internship and social service and has
14 submitted an application to a medical college
15 accredited by the Liaison Committee on Medical
16 Education and submitted to such evaluation
17 procedures, including use of nationally recognized
18 medical student tests or tests devised by the
19 individual medical college, and that the applicant
20 has satisfactorily completed one academic year of
21 supervised clinical training under the direction
22 of such medical college; and, in addition thereto,
23 has completed 24 months ~~a course~~ of postgraduate
24 clinical training ~~of not less than 24 months~~, as
25 approved by the Department, and has complied with
26 any other standards established by rule.

1 (3) (Blank).

2 (4) Any person granted a temporary license
3 pursuant to Section 17 of this Act who shall
4 satisfactorily complete a course of postgraduate
5 clinical training and meet all of the requirements for
6 licensure shall be granted a permanent license
7 pursuant to Section 9.

8 (5) Notwithstanding any other provision of this
9 Section an individual holding a temporary license
10 under Section 17 of this Act shall be required to
11 satisfy the undergraduate medical and post-graduate
12 clinical training educational requirements in effect
13 on the date of their application for a temporary
14 license, provided they apply for a license under
15 Section 9 of this Act and satisfy all other
16 requirements of this Section while their temporary
17 license is in effect.

18 (B) Treating human ailments without drugs and without
19 operative surgery. For the practice of treating human
20 ailments without the use of drugs and without operative
21 surgery:

22 (1) For an applicant who was a resident student and
23 who is a graduate after July 1, 1926, of a chiropractic
24 college or institution, that such school, college or
25 institution, at the time of the applicant's graduation
26 required as a prerequisite to admission thereto a 4

1 year course of instruction in a high school, and, as a
2 prerequisite to graduation therefrom, a course of
3 instruction in the treatment of human ailments, of not
4 less than 132 weeks in duration and which shall have
5 been completed within a period of not less than 35
6 months except that as to students matriculating or
7 entering upon a course of chiropractic study during the
8 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
9 1947, such elapsed time shall be not less than 32
10 months, such high school and such school, college or
11 institution having been reputable and in good standing
12 in the judgment of the Department.

13 (2) For an applicant who is a matriculant in a
14 chiropractic college after September 1, 1969, that
15 such applicant shall be required to complete a 2 year
16 course of instruction in a liberal arts college or its
17 equivalent and a course of instruction in a
18 chiropractic college in the treatment of human
19 ailments, such course, as a prerequisite to graduation
20 therefrom, having been not less than 132 weeks in
21 duration and shall have been completed within a period
22 of not less than 35 months, such college of liberal
23 arts and chiropractic college having been reputable
24 and in good standing in the judgment of the Department.

25 (3) For an applicant who is a graduate of a United
26 States chiropractic college after August 19, 1981, the

1 college of the applicant must be fully accredited by
2 the Commission on Accreditation of the Council on
3 Chiropractic Education or its successor at the time of
4 graduation. Such graduates shall be considered to have
5 met the minimum requirements which shall be in addition
6 to those requirements set forth in the rules and
7 regulations promulgated by the Department.

8 (4) For an applicant who is a graduate of a
9 chiropractic college in another country; that such
10 chiropractic college be equivalent to the standards of
11 education as set forth for chiropractic colleges
12 located in the United States.

13 (Source: P.A. 89-702, eff. 7-1-97; 90-818, eff. 3-23-99.)

14 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

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

16 Sec. 15. Physician licensed to practice without drugs and
17 operative surgery; license for general practice. Any physician
18 licensed under this Act to treat human ailments without the use
19 of ~~prescriptive~~ drugs and operative surgery shall be permitted
20 to take the examination for licensure as a physician to
21 practice medicine in all its branches and shall receive a
22 license to practice medicine in all of its branches if he or
23 she shall successfully pass such examination, upon proof of
24 having successfully completed in a medical college,
25 osteopathic college or chiropractic college reputable and in

1 good standing in the judgment of the Department, courses of
2 instruction in materia medica, therapeutics, surgery,
3 obstetrics, and theory and practice deemed by the Department to
4 be equal to the courses of instruction required in those
5 subjects for admission to the examination for a license to
6 practice medicine in all of its branches, together with proof
7 of having completed (a) the 2 year course of instruction in a
8 college of liberal arts, or its equivalent, required under this
9 Act, and (b) a course of postgraduate clinical training of not
10 less than 24 months as approved by the Department.

11 (Source: P.A. 89-702, eff. 7-1-97.)

12 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

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

14 Sec. 17. Temporary license. Persons holding the degree of
15 Doctor of Medicine, persons holding the degree of Doctor of
16 Osteopathy or Doctor of Osteopathic Medicine, and persons
17 holding the degree of Doctor of Chiropractic or persons who
18 have satisfied the requirements therefor and are eligible to
19 receive such degree from a medical, osteopathic, or
20 chiropractic school, who wish to pursue programs of graduate or
21 specialty training in this State, may receive without
22 examination, in the discretion of the Department, a 3-year
23 temporary license. In order to receive a 3-year temporary
24 license hereunder, an applicant shall submit evidence ~~furnish~~
25 satisfactory ~~proof~~ to the Department that the applicant:

1 (A) Is of good moral character. In determining moral
2 character under this Section, the Department may take into
3 consideration whether the applicant has engaged in conduct
4 or activities which would constitute grounds for
5 discipline under this Act. The Department may also request
6 the applicant to submit, and may consider as evidence of
7 moral character, endorsements from 2 or 3 individuals
8 licensed under this Act;

9 (B) Has been accepted or appointed for specialty or
10 residency training by a hospital situated in this State or
11 a training program in hospitals or facilities maintained by
12 the State of Illinois or affiliated training facilities
13 which is approved by the Department for the purpose of such
14 training under this Act. The applicant shall indicate the
15 beginning and ending dates of the period for which the
16 applicant has been accepted or appointed;

17 (C) Has or will satisfy the professional education
18 requirements of Section 11 of this Act which are effective
19 at the date of application except for postgraduate clinical
20 training;

21 (D) Is physically, mentally, and professionally
22 capable of practicing medicine or treating human ailments
23 without the use of drugs or operative surgery with
24 reasonable judgment, skill, and safety. In determining
25 physical, mental and professional capacity under this
26 Section, the ~~Medical~~ Licensing Board may, upon a showing of

1 a possible incapacity, compel an applicant to submit to a
2 mental or physical examination and evaluation, or both, and
3 may condition or restrict any temporary license, subject to
4 the same terms and conditions as are provided for the
5 ~~Medical~~ Disciplinary Board under Section 22 of this Act.
6 Any such condition of restricted temporary license shall
7 provide that the Chief Medical Coordinator or Deputy
8 Medical Coordinator shall have the authority to review the
9 subject physician's compliance with such conditions or
10 restrictions, including, where appropriate, the
11 physician's record of treatment and counseling regarding
12 the impairment, to the extent permitted by applicable
13 federal statutes and regulations safeguarding the
14 confidentiality of medical records of patients.

15 Three-year temporary licenses issued pursuant to this
16 Section shall be valid only for the period of time designated
17 therein, and may be extended or renewed pursuant to the rules
18 of the Department, and if a temporary license is thereafter
19 extended, it shall not extend beyond completion of the
20 residency program. The holder of a valid 3-year temporary
21 license shall be entitled thereby to perform only such acts as
22 may be prescribed by and incidental to his or her ~~their~~ program
23 of residency training; he or she ~~they~~ shall not be entitled to
24 otherwise engage in the practice of medicine in this State
25 unless fully licensed in this State.

26 A 3-year temporary license may be revoked by the Department

1 upon proof that the holder thereof has engaged in the practice
2 of medicine in this State outside of the program of his or her
3 ~~their~~ residency or specialty training, or if the holder shall
4 fail to supply the Department, within 10 days of its request,
5 with information as to his or her ~~their~~ current status and
6 activities in his or her ~~their~~ specialty training program.

7 (Source: P.A. 89-702, eff. 7-1-97; 90-54, eff. 7-3-97.)

8 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

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

10 Sec. 18. Visiting professor, physician, or resident
11 permits.

12 (A) Visiting professor permit.

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

17 (a) 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 ~~their~~ native licensing
22 jurisdiction during the period of the visiting
23 professor permit;

24 (b) the person has received a faculty appointment
25 to teach in a medical, osteopathic or chiropractic

1 school in Illinois; and

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

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

21 (3) A visiting professor permit shall be valid for no
22 longer than 2 years from the date of issuance or until the
23 time the faculty appointment is terminated, whichever
24 occurs first, and may be renewed only in accordance with
25 subdivision (A) (6) of this Section.

26 (4) The applicant may be required to appear before the

1 ~~Medical~~ Licensing Board for an interview prior to, and as a
2 requirement for, the issuance of the original permit and
3 the renewal.

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

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

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

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

22 For initial renewal, the visiting professor must
23 successfully pass a general competency examination authorized
24 by the Department by rule, unless he or she was issued an
25 initial visiting professor permit on or after January 1, 2007,
26 but prior to July 1, 2007.

1 (B) Visiting physician permit.

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

5 (a) (blank);

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

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

25 (d) that the temporary visiting physician permit

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

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

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

26 (4) The applicant for a temporary visiting physician

1 permit may be required to appear before the ~~Medical~~
2 Licensing Board for an interview prior to, and as a
3 requirement for, the issuance of a temporary visiting
4 physician permit.

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

10 (C) Visiting resident permit.

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

14 (a) (blank);

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

22 (c) that the applicant is enrolled in a
23 postgraduate clinical training program outside the
24 State of Illinois that is approved by the Department;

25 (d) that the individual has been invited or

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

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

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

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

25 (4) The applicant for a temporary visiting resident
26 permit may be required to appear before the ~~Medical~~

1 Licensing Board for an interview prior to, and as a
2 requirement for, the issuance of a temporary visiting
3 resident permit.

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

5 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

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

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

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 and evaluation, or both, in
7 the same manner as provided in Section 22 and may condition
8 or restrict any license, subject to the same terms and
9 conditions as are provided for the ~~Medical~~ Disciplinary
10 Board under Section 22 of this Act. ~~The Medical Licensing~~
11 ~~Board or the Department may order the examining physician~~
12 ~~to present testimony concerning this mental or physical~~
13 ~~examination of the applicant. No information shall be~~
14 ~~excluded by reason of any common law or statutory privilege~~
15 ~~relating to communications between the applicant and the~~
16 ~~examining physician. Any condition of restricted license~~
17 ~~shall provide that the Chief Medical Coordinator or Deputy~~
18 ~~Medical Coordinator shall have the authority to review the~~
19 ~~subject physician's compliance with such conditions or~~
20 ~~restrictions, including, where appropriate, the~~
21 ~~physician's record of treatment and counseling regarding~~
22 ~~the impairment, to the extent permitted by applicable~~
23 ~~federal statutes and regulations safeguarding the~~
24 ~~confidentiality of medical records of patients.~~

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

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

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

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

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

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

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

1 license to practice in this State at the date of the
2 applicant's license;

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

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

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

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

1 the quality of medical education and clinical training which
2 the applicant has had. Under no circumstances shall a license
3 be issued under the provisions of this Section to any person
4 who has previously taken and failed the written examination
5 conducted by the Department for such license. In the exercise
6 of its discretion under this Section, the Department may
7 require an applicant to successfully complete an examination as
8 recommended by the Licensing Board. ~~In determining moral~~
9 ~~character, the Department may take into consideration whether~~
10 ~~the applicant has engaged in conduct or activities which would~~
11 ~~constitute grounds for discipline under this Act.~~ The
12 Department may also request the applicant to submit, and may
13 consider as evidence of moral character, evidence from 2 or 3
14 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 60/20) (from Ch. 111, par. 4400-20)

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

23 Sec. 20. Continuing education. The Department shall
24 promulgate rules of continuing education for persons licensed
25 under this Act that require an average of 50 ~~150~~ hours of

1 continuing education per license year ~~renewal cycle~~. These
2 rules shall be consistent with requirements of relevant
3 professional associations, specialty ~~speciality~~ societies, or
4 boards. The rules shall also address variances in part or in
5 whole for good cause, including, but not limited to, temporary
6 illness or hardship. In establishing these rules, the
7 Department shall consider educational requirements for medical
8 staffs, requirements for specialty society board certification
9 or for continuing education requirements as a condition of
10 membership in societies representing the 2 categories of
11 licensee under this Act. These rules shall assure that
12 licensees are given the opportunity to participate in those
13 programs sponsored by or through their professional
14 associations or hospitals which are relevant to their practice.
15 Each licensee is responsible for maintaining records of
16 completion of continuing education and shall be prepared to
17 produce the records when requested by the Department.

18 (Source: P.A. 92-750, eff. 1-1-03.)

19 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

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

21 Sec. 21. License renewal; restoration; inactive status;
22 disposition and collection of fees.

23 (A) Renewal. The expiration date and renewal period for
24 each license issued under this Act shall be set by rule. The
25 holder of a license may renew the license by paying the

1 required fee. The holder of a license may also renew the
2 license within 90 days after its expiration by complying with
3 the requirements for renewal and payment of an additional fee.
4 A license renewal within 90 days after expiration shall be
5 effective retroactively to the expiration date.

6 The Department shall mail to each licensee under this Act,
7 at his or her ~~last known~~ address of record, at least 60 days in
8 advance of the expiration date of his or her license, a renewal
9 notice ~~of that fact and an application for renewal form~~. No
10 such license shall be deemed to have lapsed until 90 days after
11 the expiration date and after such notice has ~~and application~~
12 ~~have~~ been mailed by the Department as herein provided.

13 (B) Restoration. Any licensee who has permitted his or her
14 license to lapse or who has had his or her license on inactive
15 status may have his or her license restored by making
16 application to the Department and filing proof acceptable to
17 the Department of his or her fitness to have the license
18 restored, including evidence certifying to active practice in
19 another jurisdiction satisfactory to the Department, proof of
20 meeting the continuing education requirements for one renewal
21 period, and by paying the required restoration fee.

22 If the licensee has not maintained an active practice in
23 another jurisdiction satisfactory to the Department, the
24 Licensing Board shall determine, by an evaluation program
25 established by rule, the applicant's fitness to resume active
26 status and may require the licensee to complete a period of

1 evaluated clinical experience and may require successful
2 completion of a ~~the~~ practical examination specified by the
3 Licensing Board.

4 However, any registrant whose license has expired while he
5 or she has been engaged (a) in Federal Service on active duty
6 with the Army of the United States, the United States Navy, the
7 Marine Corps, the Air Force, the Coast Guard, the Public Health
8 Service or the State Militia called into the service or
9 training of the United States of America, or (b) in training or
10 education under the supervision of the United States
11 preliminary to induction into the military service, may have
12 his or her license reinstated or restored without paying any
13 lapsed renewal fees, if within 2 years after honorable
14 termination of such service, training, or education, he or she
15 furnishes to the Department with satisfactory evidence to the
16 effect that he or she has been so engaged and that his or her
17 service, training, or education has been so terminated.

18 (C) Inactive licenses. Any licensee who notifies the
19 Department, in writing on forms prescribed by the Department,
20 may elect to place his or her license on an inactive status and
21 shall, subject to rules of the Department, be excused from
22 payment of renewal fees until he or she notifies the Department
23 in writing of his or her desire to resume active status.

24 Any licensee requesting restoration from inactive status
25 shall be required to pay the current renewal fee, provide proof
26 of meeting the continuing education requirements for the period

1 of time the license is inactive not to exceed one renewal
2 period, and shall be required to restore his or her license as
3 provided in subsection (B).

4 Any licensee whose license is in an inactive status shall
5 not practice in the State of Illinois.

6 (D) Disposition of monies collected. All monies collected
7 under this Act by the Department shall be deposited in the
8 Illinois State Medical Disciplinary Fund in the State Treasury,
9 and used only for the following purposes: (a) by the ~~Medical~~
10 Disciplinary Board and Licensing Board in the exercise of its
11 powers and performance of its duties, as such use is made by
12 the Department with full consideration of all recommendations
13 of the ~~Medical~~ Disciplinary Board and Licensing Board, (b) for
14 costs directly related to persons licensed under this Act, and
15 (c) for direct and allocable indirect costs related to the
16 public purposes of the Department ~~of Professional Regulation~~.

17 Moneys in the Fund may be transferred to the Professions
18 Indirect Cost Fund as authorized under Section 2105-300 of the
19 Department of Professional Regulation Law (20 ILCS
20 2105/2105-300).

21 All earnings received from investment of monies in the
22 Illinois State Medical Disciplinary Fund shall be deposited in
23 the Illinois State Medical Disciplinary Fund and shall be used
24 for the same purposes as fees deposited in such Fund.

25 (E) Fees. The following fees are nonrefundable.

26 (1) Applicants for any examination shall be required to

1 pay, either to the Department or to the designated testing
2 service, a fee covering the cost of determining the
3 applicant's eligibility and providing the examination.
4 Failure to appear for the examination on the scheduled
5 date, at the time and place specified, after the
6 applicant's application for examination has been received
7 and acknowledged by the Department or the designated
8 testing service, shall result in the forfeiture of the
9 examination fee.

10 (2) The fee for a license under Section 9 of this Act
11 is \$300.

12 (3) The fee for a license under Section 19 of this Act
13 is \$300.

14 (4) The fee for the renewal of a license for a resident
15 of Illinois shall be calculated at the rate of \$100 per
16 year, except for licensees who were issued a license within
17 12 months of the expiration date of the license, the fee
18 for the renewal shall be \$100. The fee for the renewal of a
19 license for a nonresident shall be calculated at the rate
20 of \$200 per year, except for licensees who were issued a
21 license within 12 months of the expiration date of the
22 license, the fee for the renewal shall be \$200.

23 (5) The fee for the restoration of a license other than
24 from inactive status, is \$100. In addition, payment of all
25 lapsed renewal fees not to exceed \$600 is required.

26 (6) The fee for a 3-year temporary license under

1 Section 17 is \$100.

2 (7) The fee for the issuance of a duplicate license,
3 for the issuance of a replacement license for a license
4 which has been lost or destroyed, or for the issuance of a
5 license with a change of name or address other than during
6 the renewal period is \$20. No fee is required for name and
7 address changes on Department records when no duplicate
8 license is issued.

9 (8) The fee to be paid for a license record for any
10 purpose is \$20.

11 (9) The fee to be paid to have the scoring of an
12 examination, administered by the Department, reviewed and
13 verified, is \$20 plus any fees charged by the applicable
14 testing service.

15 (10) The fee to be paid by a licensee for a wall
16 certificate showing his or her license shall be the actual
17 cost of producing the certificate as determined by the
18 Department.

19 (11) The fee for a roster of persons licensed as
20 physicians in this State shall be the actual cost of
21 producing such a roster as determined by the Department.

22 (F) Any person who delivers a check or other payment to the
23 Department that is returned to the Department unpaid by the
24 financial institution upon which it is drawn shall pay to the
25 Department, in addition to the amount already owed to the
26 Department, a fine of \$50. The fines imposed by this Section

1 are in addition to any other discipline provided under this Act
2 for unlicensed practice or practice on a nonrenewed license.
3 The Department shall notify the person that payment of fees and
4 fines shall be paid to the Department by certified check or
5 money order within 30 calendar days of the notification. If,
6 after the expiration of 30 days from the date of the
7 notification, the person has failed to submit the necessary
8 remittance, the Department shall automatically terminate the
9 license or certificate or deny the application, without
10 hearing. If, after termination or denial, the person seeks a
11 license or certificate, he or she shall apply to the Department
12 for restoration or issuance of the license or certificate and
13 pay all fees and fines due to the Department. The Department
14 may establish a fee for the processing of an application for
15 restoration of a license or certificate to pay all expenses of
16 processing this application. The Secretary ~~Director~~ may waive
17 the fines due under this Section in individual cases where the
18 Secretary ~~Director~~ finds that the fines would be unreasonable
19 or unnecessarily burdensome.

20 (Source: P.A. 91-239, eff. 1-1-00; 91-357, eff. 7-29-99; 92-16,
21 eff. 6-28-01; 92-146, eff. 1-1-02.)

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

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. 22. Disciplinary action.

2 (A) The Department may revoke, suspend, place on probation
3 ~~probationary status~~, reprimand, refuse to issue or renew, or
4 take any other disciplinary or non-disciplinary action as the
5 Department may deem proper with regard to the license or
6 ~~visiting professor~~ permit of any person issued under this Act
7 to practice medicine, or to treat human ailments without the
8 use of drugs and without operative surgery, including imposing
9 finances not to exceed \$10,000 for each violation, upon any of the
10 following grounds:

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

13 (a) a facility licensed pursuant to the Ambulatory
14 Surgical Treatment Center Act;

15 (b) an institution licensed under the Hospital
16 Licensing Act;

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

24 (d) ambulatory surgical treatment centers,
25 hospitalization or care facilities maintained by the
26 Federal Government; or

1 (e) ambulatory surgical treatment centers,
2 hospitalization or care facilities maintained by any
3 university or college established under the laws of
4 this State and supported principally by public funds
5 raised by taxation.

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

9 (3) A plea of guilty or nolo contendere, finding of
10 guilt, jury verdict, or entry of judgment or by sentencing
11 of any crime, including, but not limited to, convictions,
12 preceding sentences of supervision, conditional discharge,
13 or first offender probation, under the laws of any
14 jurisdiction of the United States that is a felony. The
15 ~~conviction of a felony in this or any other jurisdiction,~~
16 ~~except as otherwise provided in subsection B of this~~
17 ~~Section, whether or not related to practice under this Act,~~
18 ~~or the entry of a guilty or nolo contendere plea to a~~
19 ~~felony charge.~~

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

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

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

26 (7) Habitual or excessive use or abuse of drugs defined

1 in law as controlled substances, of alcohol, or of any
2 other substances which results in the inability to practice
3 with reasonable judgment, skill or safety.

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

6 (9) Fraud or misrepresentation in applying for, or
7 procuring, a license under this Act or in connection with
8 applying for renewal of a license under this Act.

9 (10) Making a false or misleading statement regarding
10 their skill or the efficacy or value of the medicine,
11 treatment, or remedy prescribed by them at their direction
12 in the treatment of any disease or other condition of the
13 body or mind.

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

16 (12) Disciplinary action of another state or
17 jurisdiction against a license or other authorization to
18 practice as a medical doctor, doctor of osteopathy, doctor
19 of osteopathic medicine or doctor of chiropractic, a
20 certified copy of the record of the action taken by the
21 other state or jurisdiction being prima facie evidence
22 thereof.

23 (13) Violation of any provision of this Act or of the
24 Medical Practice Act prior to the repeal of that Act, or
25 violation of the rules, or a final administrative action of
26 the Secretary, after consideration of the recommendation

1 of the Disciplinary Board.

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

4 (15) A finding by the ~~Medical~~ Disciplinary Board that
5 the registrant after having his or her license placed on
6 probationary status or subjected to conditions or
7 restrictions violated the terms of the probation or failed
8 to comply with such terms or conditions.

9 (16) Abandonment of a patient.

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

15 (18) Promotion of the sale of drugs, devices,
16 appliances or goods provided for a patient in such manner
17 as to exploit the patient for financial gain of the
18 physician.

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

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

1 (21) Wilfully making or filing false records or reports
2 in his or her practice as a physician, including, but not
3 limited to, false records to support claims against the
4 medical assistance program of the Department of Healthcare
5 and Family Services (formerly Department of Public Aid)
6 under the Illinois Public Aid Code.

7 (22) Wilful omission to file or record, or wilfully
8 impeding the filing or recording, or inducing another
9 person to omit to file or record, medical reports as
10 required by law, or wilfully failing to report an instance
11 of suspected abuse or neglect as required by law.

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

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

22 (25) Gross and wilful and continued overcharging for
23 professional services, including filing false statements
24 for collection of fees for which services are not rendered,
25 including, but not limited to, filing such false statements
26 for collection of monies for services not rendered from the

1 medical assistance program of the Department of Healthcare
2 and Family Services (formerly Department of Public Aid)
3 under the Illinois Public Aid Code.

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

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

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

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

16 (30) Wilfully or negligently violating the
17 confidentiality between physician and patient except as
18 required by law.

19 (31) The use of any false, fraudulent, or deceptive
20 statement in any document connected with practice under
21 this Act.

22 (32) Aiding and abetting an individual not licensed
23 under this Act in the practice of a profession licensed
24 under this Act.

25 (33) Violating state or federal laws or regulations
26 relating to controlled substances, legend drugs, or

1 ephedra~~7~~ as defined in the Ephedra Prohibition Act.

2 (34) Failure to report to the Department any adverse
3 final action taken against them by another licensing
4 jurisdiction (any other state or any territory of the
5 United States or any foreign state or country), by any peer
6 review body, by any health care institution, by any
7 professional society or association related to practice
8 under this Act, by any governmental agency, by any law
9 enforcement agency, or by any court for acts or conduct
10 similar to acts or conduct which would constitute grounds
11 for action as defined in this Section.

12 (35) Failure to report to the Department surrender of a
13 license or authorization to practice as a medical doctor, a
14 doctor of osteopathy, a doctor of osteopathic medicine, or
15 doctor of chiropractic in another state or jurisdiction, or
16 surrender of membership on any medical staff or in any
17 medical or professional association or society, while
18 under disciplinary investigation by any of those
19 authorities or bodies, for acts or conduct similar to acts
20 or conduct which would constitute grounds for action as
21 defined in this Section.

22 (36) Failure to report to the Department any adverse
23 judgment, settlement, or award arising from a liability
24 claim related to acts or conduct similar to acts or conduct
25 which would constitute grounds for action as defined in
26 this Section.

1 (37) Failure to provide copies of medical records as
2 required by law.

3 (38) Failure to furnish the Department, its
4 investigators or representatives, relevant information,
5 legally requested by the Department after consultation
6 with the Chief Medical Coordinator or the Deputy Medical
7 Coordinator.

8 (39) Violating the Health Care Worker Self-Referral
9 Act.

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

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

14 (42) Entering into an excessive number of written
15 collaborative agreements with licensed advanced practice
16 nurses resulting in an inability to adequately
17 collaborate.

18 (43) Repeated failure to adequately collaborate with a
19 licensed advanced practice nurse.

20 Except for actions involving the ground numbered (26), all
21 proceedings to suspend, revoke, place on probationary status,
22 or take any other disciplinary action as the Department may
23 deem proper, with regard to a license on any of the foregoing
24 grounds, must be commenced within 5 years next after receipt by
25 the Department of a complaint alleging the commission of or
26 notice of the conviction order for any of the acts described

1 herein. Except for the grounds numbered (8), (9), (26), and
2 (29), no action shall be commenced more than 10 years after the
3 date of the incident or act alleged to have violated this
4 Section. For actions involving the ground numbered (26), a
5 pattern of practice or other behavior includes all incidents
6 alleged to be part of the pattern of practice or other behavior
7 that occurred, or a report pursuant to Section 23 of this Act
8 received, within the 10-year period preceding the filing of the
9 complaint. In the event of the settlement of any claim or cause
10 of action in favor of the claimant or the reduction to final
11 judgment of any civil action in favor of the plaintiff, such
12 claim, cause of action or civil action being grounded on the
13 allegation that a person licensed under this Act was negligent
14 in providing care, the Department shall have an additional
15 period of 2 years from the date of notification to the
16 Department under Section 23 of this Act of such settlement or
17 final judgment in which to investigate and commence formal
18 disciplinary proceedings under Section 36 of this Act, except
19 as otherwise provided by law. The time during which the holder
20 of the license was outside the State of Illinois shall not be
21 included within any period of time limiting the commencement of
22 disciplinary action by the Department.

23 The entry of an order or judgment by any circuit court
24 establishing that any person holding a license under this Act
25 is a person in need of mental treatment operates as a
26 suspension of that license. That person may resume their

1 practice only upon the entry of a Departmental order based upon
2 a finding by the ~~Medical~~ Disciplinary Board that they have been
3 determined to be recovered from mental illness by the court and
4 upon the Disciplinary Board's recommendation that they be
5 permitted to resume their practice.

6 The Department may refuse to issue or take disciplinary
7 action concerning the license of any person who fails to file a
8 return, or to pay the tax, penalty or interest shown in a filed
9 return, or to pay any final assessment of tax, penalty or
10 interest, as required by any tax Act administered by the
11 Illinois Department of Revenue, until such time as the
12 requirements of any such tax Act are satisfied as determined by
13 the Illinois Department of Revenue.

14 The Department, upon the recommendation of the
15 Disciplinary Board, shall adopt rules which set forth standards
16 to be used in determining:

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

19 (b) what constitutes dishonorable, unethical or
20 unprofessional conduct of a character likely to deceive,
21 defraud, or harm the public;

22 (c) what constitutes immoral conduct in the commission
23 of any act, including, but not limited to, commission of an
24 act of sexual misconduct related to the licensee's
25 practice; and

26 (d) what constitutes gross negligence in the practice

1 of medicine.

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

5 In enforcing this Section, the ~~Medical~~ Disciplinary Board
6 or the Licensing Board, upon a showing of a possible violation,
7 may compel, in the case of the Disciplinary Board, any
8 individual who is licensed to practice under this Act or holds
9 a permit to practice under this Act, or, in the case of the
10 Licensing Board, any individual who has applied for licensure
11 or a permit pursuant to this Act, to submit to a mental or
12 physical examination and evaluation, or both, which may include
13 a substance abuse or sexual offender evaluation, as required by
14 the Licensing Board or Disciplinary Board and at the expense of
15 the Department. The Disciplinary Board or Licensing Board shall
16 specifically designate the examining physician licensed to
17 practice medicine in all of its branches or, if applicable, the
18 multidisciplinary team involved in providing the mental or
19 physical examination and evaluation, or both. The
20 multidisciplinary team shall be led by a physician licensed to
21 practice medicine in all of its branches and may consist of one
22 or more or a combination of physicians licensed to practice
23 medicine in all of its branches, chiropractic physician
24 licensed to treat human ailments without the use of drugs and
25 without operative surgery, licensed clinical psychologists,
26 licensed clinical social workers, licensed clinical

1 professional counselors, and other professional and
2 administrative staff. Any examining physician or member of the
3 multidisciplinary team may require any person ordered to submit
4 to an examination and evaluation pursuant to this Section to
5 submit to any additional supplemental testing deemed necessary
6 to complete any examination or evaluation process, including,
7 but not limited to, blood testing, urinalysis, psychological
8 testing, or neuropsychological testing. ~~The examining~~
9 ~~physician or physicians shall be those specifically designated~~
10 ~~by the Disciplinary Board.~~ The ~~Medical~~ Disciplinary Board, the
11 Licensing Board, or the Department may order the examining
12 physician or any member of the multidisciplinary team to
13 provide to the Department, the Disciplinary Board, or the
14 Licensing Board any and all records, including business
15 records, that relate to the examination and evaluation,
16 including any supplemental testing performed. The Disciplinary
17 Board, the Licensing Board, or the Department may order the
18 examining physician or any member of the multidisciplinary team
19 to present testimony concerning this ~~mental or physical~~
20 examination and evaluation of the licensee, permit holder, or
21 applicant, including testimony concerning any supplemental
22 testing or documents relating to the examination and
23 evaluation. No information, report, record, or other documents
24 in any way related to the examination and evaluation shall be
25 excluded by reason of any common law or statutory privilege
26 relating to communication between the licensee or applicant and

1 the examining physician or any member of the multidisciplinary
2 team. No authorization is necessary from the licensee, permit
3 holder, or applicant ordered to undergo an evaluation and
4 examination for the examining physician or any member of the
5 multidisciplinary team to provide information, reports,
6 records, or other documents or to provide any testimony
7 regarding the examination and evaluation. The individual to be
8 examined may have, at his or her own expense, another physician
9 of his or her choice present during all aspects of the
10 examination. Failure of any individual to submit to mental or
11 physical examination and evaluation, or both, when directed,
12 shall result in an automatic ~~be grounds for~~ suspension, without
13 hearing, ~~of his or her license~~ until such time as the
14 individual submits to the examination ~~if the Disciplinary Board~~
15 ~~finds, after notice and hearing, that the refusal to submit to~~
16 ~~the examination was without reasonable cause.~~ If the
17 Disciplinary Board finds a physician unable to practice because
18 of the reasons set forth in this Section, the Disciplinary
19 Board shall require such physician to submit to care,
20 counseling, or treatment by physicians approved or designated
21 by the Disciplinary Board, as a condition for continued,
22 reinstated, or renewed licensure to practice. Any physician,
23 whose license was granted pursuant to Sections 9, 17, or 19 of
24 this Act, or, continued, reinstated, renewed, disciplined or
25 supervised, subject to such terms, conditions or restrictions
26 who shall fail to comply with such terms, conditions or

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

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

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

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

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

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

26 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;

1 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.
2 7-2-10.)

3 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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, and by P.A. 96-1372,
7 which amended language added by P.A. 94-677)

8 Sec. 23. Reports relating to professional conduct and
9 capacity.

10 (A) Entities required to report.

11 (1) Health care institutions. The chief administrator
12 or executive officer of any health care institution
13 licensed by the Illinois Department of Public Health shall
14 report to the Disciplinary Board when any person's clinical
15 privileges are terminated or are restricted based on a
16 final determination made in accordance with that
17 institution's by-laws or rules and regulations that a
18 person has either committed an act or acts which may
19 directly threaten patient care, ~~and not of an~~
20 ~~administrative nature,~~ or that a person may be mentally or
21 physically disabled in such a manner as to endanger
22 patients under that person's care. Such officer also shall
23 report if a person accepts voluntary termination or
24 restriction of clinical privileges in lieu of formal action
25 based upon conduct related directly to patient care ~~and not~~

1 ~~of an administrative nature,~~ or in lieu of formal action
2 seeking to determine whether a person may be mentally or
3 physically disabled in such a manner as to endanger
4 patients under that person's care. The ~~Medical~~
5 Disciplinary Board shall, by rule, provide for the
6 reporting to it by health care institutions of all
7 instances in which a person, licensed under this Act, who
8 is impaired by reason of age, drug or alcohol abuse or
9 physical or mental impairment, is under supervision and,
10 where appropriate, is in a program of rehabilitation. Such
11 reports shall be strictly confidential and may be reviewed
12 and considered only by the members of the Disciplinary
13 Board, or by authorized staff as provided by rules of the
14 Disciplinary Board. Provisions shall be made for the
15 periodic report of the status of any such person not less
16 than twice annually in order that the Disciplinary Board
17 shall have current information upon which to determine the
18 status of any such person. Such initial and periodic
19 reports of impaired physicians shall not be considered
20 records within the meaning of The State Records Act and
21 shall be disposed of, following a determination by the
22 Disciplinary Board that such reports are no longer
23 required, in a manner and at such time as the Disciplinary
24 Board shall determine by rule. The filing of such reports
25 shall be construed as the filing of a report for purposes
26 of subsection (C) of this Section.

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

10 (3) Professional liability insurers. Every insurance
11 company which offers policies of professional liability
12 insurance to persons licensed under this Act, or any other
13 entity which seeks to indemnify the professional liability
14 of a person licensed under this Act, shall report to the
15 Disciplinary Board the settlement of any claim or cause of
16 action, or final judgment rendered in any cause of action,
17 which alleged negligence in the furnishing of medical care
18 by such licensed person when such settlement or final
19 judgment is in favor of the plaintiff.

20 (4) State's Attorneys. The State's Attorney of each
21 county shall report to the Disciplinary Board, within 5
22 days, any ~~all~~ instances in which a person licensed under
23 this Act is convicted ~~or otherwise found guilty of the~~
24 ~~commission~~ of any felony or Class A misdemeanor. The
25 State's Attorney of each county may report to the
26 Disciplinary Board through a verified complaint any

1 instance in which the State's Attorney believes that a
2 physician has willfully violated the notice requirements
3 of the Parental Notice of Abortion Act of 1995.

4 (5) State agencies. All agencies, boards, commissions,
5 departments, or other instrumentalities of the government
6 of the State of Illinois shall report to the Disciplinary
7 Board any instance arising in connection with the
8 operations of such agency, including the administration of
9 any law by such agency, in which a person licensed under
10 this Act has either committed an act or acts which may be a
11 violation of this Act or which may constitute
12 unprofessional conduct related directly to patient care or
13 which indicates that a person licensed under this Act may
14 be mentally or physically disabled in such a manner as to
15 endanger patients under that person's care.

16 (B) Mandatory reporting. All reports required by items
17 (34), (35), and (36) of subsection (A) of Section 22 and by
18 Section 23 shall be submitted to the Disciplinary Board in a
19 timely fashion. Unless otherwise provided in this Section, the
20 ~~The~~ reports shall be filed in writing within 60 days after a
21 determination that a report is required under this Act. All
22 reports shall contain the following information:

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

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

1 (3) The name and date of birth of any patient or
2 patients whose treatment is a subject of the report, if
3 available, or other means of identification if such
4 information is not available, identification of the
5 hospital or other healthcare facility where the care at
6 issue in the report was rendered, provided, however, no
7 medical records may be revealed.

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

11 (5) If court action is involved, the identity of the
12 court in which the action is filed, along with the docket
13 number and date of filing of the action.

14 (6) Any further pertinent information which the
15 reporting party deems to be an aid in the evaluation of the
16 report.

17 The Disciplinary Board or Department may also exercise the
18 power under Section 38 of this Act to subpoena copies of
19 hospital or medical records in mandatory report cases alleging
20 death or permanent bodily injury. Appropriate rules shall be
21 adopted by the Department with the approval of the Disciplinary
22 Board.

23 When the Department has received written reports
24 concerning incidents required to be reported in items (34),
25 (35), and (36) of subsection (A) of Section 22, the licensee's
26 failure to report the incident to the Department under those

1 items shall not be the sole grounds for disciplinary action.

2 Nothing contained in this Section shall act to in any way,
3 waive or modify the confidentiality of medical reports and
4 committee reports to the extent provided by law. Any
5 information reported or disclosed shall be kept for the
6 confidential use of the Disciplinary Board, the Medical
7 Coordinators, the Disciplinary Board's attorneys, the medical
8 investigative staff, and authorized clerical staff, as
9 provided in this Act, and shall be afforded the same status as
10 is provided information concerning medical studies in Part 21
11 of Article VIII of the Code of Civil Procedure, except that the
12 Department may disclose information and documents to a federal,
13 State, or local law enforcement agency pursuant to a subpoena
14 in an ongoing criminal investigation or to a health care
15 licensing body or medical licensing authority of this State or
16 another state or jurisdiction pursuant to an official request
17 made by that licensing body or medical licensing authority.
18 Furthermore, information and documents disclosed to a federal,
19 State, or local law enforcement agency may be used by that
20 agency only for the investigation and prosecution of a criminal
21 offense, or, in the case of disclosure to a health care
22 licensing body or medical licensing authority, only for
23 investigations and disciplinary action proceedings with regard
24 to a license. Information and documents disclosed to the
25 Department of Public Health may be used by that Department only
26 for investigation and disciplinary action regarding the

1 license of a health care institution licensed by the Department
2 of Public Health.

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

16 (D) Indemnification. Members of the Disciplinary Board,
17 the Medical Coordinators, the Disciplinary Board's attorneys,
18 the medical investigative staff, physicians retained under
19 contract to assist and advise the medical coordinators in the
20 investigation, and authorized clerical staff shall be
21 indemnified by the State for any actions occurring within the
22 scope of services on the Disciplinary Board, done in good faith
23 and not wilful and wanton in nature. The Attorney General shall
24 defend all such actions unless he or she determines either that
25 there would be a conflict of interest in such representation or
26 that the actions complained of were not in good faith or were

1 wilful and wanton.

2 Should the Attorney General decline representation, the
3 member shall have the right to employ counsel of his or her
4 choice, whose fees shall be provided by the State, after
5 approval by the Attorney General, unless there is a
6 determination by a court that the member's actions were not in
7 good faith or were wilful and wanton.

8 The member must notify the Attorney General within 7 days
9 of receipt of notice of the initiation of any action involving
10 services of the Disciplinary Board. Failure to so notify the
11 Attorney General shall constitute an absolute waiver of the
12 right to a defense and indemnification.

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

16 (E) Deliberations of Disciplinary Board. Upon the receipt
17 of any report called for by this Act, other than those reports
18 of impaired persons licensed under this Act required pursuant
19 to the rules of the Disciplinary Board, the Disciplinary Board
20 shall notify in writing, by certified mail, the person who is
21 the subject of the report. Such notification shall be made
22 within 30 days of receipt by the Disciplinary Board of the
23 report.

24 The notification shall include a written notice setting
25 forth the person's right to examine the report. Included in
26 such notification shall be the address at which the file is

1 maintained, the name of the custodian of the reports, and the
2 telephone number at which the custodian may be reached. The
3 person who is the subject of the report shall submit a written
4 statement responding, clarifying, adding to, or proposing the
5 amending of the report previously filed. The person who is the
6 subject of the report shall also submit with the written
7 statement any medical records related to the report. The
8 statement and accompanying medical records shall become a
9 permanent part of the file and must be received by the
10 Disciplinary Board no more than 30 days after the date on which
11 the person was notified by the Disciplinary Board of the
12 existence of the original report.

13 The Disciplinary Board shall review all reports received by
14 it, together with any supporting information and responding
15 statements submitted by persons who are the subject of reports.
16 The review by the Disciplinary Board shall be in a timely
17 manner but in no event, shall the Disciplinary Board's initial
18 review of the material contained in each disciplinary file be
19 less than 61 days nor more than 180 days after the receipt of
20 the initial report by the Disciplinary Board.

21 When the Disciplinary Board makes its initial review of the
22 materials contained within its disciplinary files, the
23 Disciplinary Board shall, in writing, make a determination as
24 to whether there are sufficient facts to warrant further
25 investigation or action. Failure to make such determination
26 within the time provided shall be deemed to be a determination

1 that there are not sufficient facts to warrant further
2 investigation or action.

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

15 (F) Summary reports. The Disciplinary Board shall prepare,
16 on a timely basis, but in no event less than once every other
17 month, a summary report of final disciplinary actions taken
18 upon disciplinary files maintained by the Disciplinary Board.
19 The summary reports shall be made available to the public upon
20 request and payment of the fees set by the Department. This
21 publication may be made available to the public on the
22 Department's ~~Internet~~ website. Information or documentation
23 relating to any disciplinary file that is closed without
24 disciplinary action taken shall not be disclosed and shall be
25 afforded the same status as is provided by Part 21 of Article
26 VIII of the Code of Civil Procedure.

1 (G) Any violation of this Section shall be a Class A
2 misdemeanor.

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

16 (Source: P.A. 94-677, eff. 8-25-05; 95-639, eff. 10-5-07;
17 96-1372, eff. 7-29-10.)

18 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

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

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

22 Sec. 24. Report of violations; medical associations. Any
23 physician licensed under this Act, the Illinois State Medical
24 Society, the Illinois Association of Osteopathic Physicians
25 and Surgeons, the Illinois Chiropractic Society, the Illinois

1 Prairie State Chiropractic Association, or any component
2 societies of any of these 4 groups, and any other person, may
3 report to the Disciplinary Board any information the physician,
4 association, society, or person may have that appears to show
5 that a physician is or may be in violation of any of the
6 provisions of Section 22 of this Act.

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

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

22 The medical information in the custody of an entity under
23 contract with the Department participating in an investigation
24 or review shall be privileged and confidential to the same
25 extent as are information and reports under the provisions of
26 Part 21 of Article VIII of the Code of Civil Procedure.

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

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

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

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

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

4 Sec. 24.1. Physician profile.

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

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

12 (1) the full name of the physician;

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

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

22 (4) a description of any final disciplinary actions by
23 licensing boards in other states within the most recent 5
24 years;

25 (5) a description of revocation or involuntary
26 restriction of hospital privileges for reasons related to

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

10 (6) all medical malpractice court judgments and all
11 medical malpractice arbitration awards in which a payment
12 was awarded to a complaining party during the most recent 5
13 years and all settlements of medical malpractice claims in
14 which a payment was made to a complaining party within the
15 most recent 5 years. A medical malpractice judgment or
16 award that has been appealed shall be identified
17 prominently as "Under Appeal" on the profile within 20 days
18 of formal written notice to the Department. Information
19 concerning all settlements shall be accompanied by the
20 following statement: "Settlement of a claim may occur for a
21 variety of reasons which do not necessarily reflect
22 negatively on the professional competence or conduct of the
23 physician. A payment in settlement of a medical malpractice
24 action or claim should not be construed as creating a
25 presumption that medical malpractice has occurred."
26 Nothing in this subdivision (6) shall be construed to limit

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

10 (7) names of medical schools attended, dates of
11 attendance, and date of graduation;

12 (8) graduate medical education;

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

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

17 (11) names of the hospitals where the physician has
18 privileges;

19 (12) appointments to medical school faculties and
20 indication as to whether a physician has a responsibility
21 for graduate medical education within the most recent 5
22 years;

23 (13) information regarding publications in
24 peer-reviewed medical literature within the most recent 5
25 years;

26 (14) information regarding professional or community

1 service activities and awards;

2 (15) the location of the physician's primary practice
3 setting;

4 (16) identification of any translating services that
5 may be available at the physician's primary practice
6 location;

7 (17) an indication of whether the physician
8 participates in the Medicaid program.

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

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

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

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

1 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

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

3 Sec. 25. The Secretary ~~Director~~ of the Department may, upon
4 receipt of a written communication from the Secretary of Human
5 Services, the Director of Healthcare and Family Services
6 (formerly Director of Public Aid), or the Director of Public
7 Health that continuation of practice of a person licensed under
8 this Act constitutes an immediate danger to the public, and
9 after consultation with the Chief Medical Coordinator or Deputy
10 Medical Coordinator, immediately suspend the license of such
11 person without a hearing. In instances in which the Secretary
12 ~~Director~~ immediately suspends a license under this Section, a
13 hearing upon such person's license must be convened by the
14 Disciplinary Board within 15 days after such suspension and
15 completed without appreciable delay. Such hearing is to be held
16 to determine whether to recommend to the Secretary ~~Director~~
17 that the person's license be revoked, suspended, placed on
18 probationary status or reinstated, or whether such person
19 should be subject to other disciplinary action. In the hearing,
20 the written communication and any other evidence submitted
21 therewith may be introduced as evidence against such person;
22 provided however, the person, or their counsel, shall have the
23 opportunity to discredit, impeach and submit evidence
24 rebutting such evidence.

25 (Source: P.A. 95-331, eff. 8-21-07.)

1 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

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

3 Sec. 26. Advertising.

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

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

10 (b) Information pertaining to the person's areas of
11 specialization, including appropriate board certification
12 or limitation of professional practice;

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

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

19 (e) Announcement of additions to or deletions from
20 professional licensed staff;

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

22 (2) It is unlawful for any person licensed under this Act
23 to use ~~testimonials or~~ claims of superior quality of care to
24 entice the public. It shall be unlawful to advertise fee
25 comparisons of available services with those of other persons
26 licensed under this Act.

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

8 (4) A licensee shall include in every advertisement for
9 services regulated under this Act his or her title as it
10 appears on the license or the initials authorized under this
11 Act.

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

13 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

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

15 Sec. 33. Any person licensed under this Act to practice
16 medicine in all of its branches shall be authorized to purchase
17 legend drugs requiring an order of a person authorized to
18 prescribe drugs, and to dispense such legend drugs in the
19 regular course of practicing medicine. The dispensing of such
20 legend drugs shall be the personal act of the person licensed
21 under this Act and may not be delegated to any other person not
22 licensed under this Act or the Pharmacy Practice Act unless
23 such delegated dispensing functions are under the direct
24 supervision of the physician authorized to dispense legend
25 drugs. Except when dispensing manufacturers' samples or other

1 legend drugs in a maximum 72 hour supply, persons licensed
2 under this Act shall maintain a book or file of prescriptions
3 as required in the Pharmacy Practice Act. Any person licensed
4 under this Act who dispenses any drug or medicine shall
5 dispense such drug or medicine in good faith and shall affix to
6 the box, bottle, vessel or package containing the same a label
7 indicating (a) the date on which such drug or medicine is
8 dispensed; (b) the name of the patient; (c) the last name of
9 the person dispensing such drug or medicine; (d) the directions
10 for use thereof; and (e) the proprietary name or names or, if
11 there are none, the established name or names of the drug or
12 medicine, the dosage and quantity, except as otherwise
13 authorized by regulation of the Department ~~of Professional~~
14 ~~Regulation~~. The foregoing labeling requirements shall not
15 apply to drugs or medicines in a package which bears a label of
16 the manufacturer containing information describing its
17 contents which is in compliance with requirements of the
18 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
19 Drug, and Cosmetic Act. "Drug" and "medicine" have the meaning
20 ascribed to them in the Pharmacy Practice Act, as now or
21 hereafter amended; "good faith" has the meaning ascribed to it
22 in subsection (v) of Section 102 of the "Illinois Controlled
23 Substances Act", approved August 16, 1971, as amended.

24 Prior to dispensing a prescription to a patient, the
25 physician shall offer a written prescription to the patient
26 which the patient may elect to have filled by the physician or

1 any licensed pharmacy.

2 A violation of any provision of this Section shall
3 constitute a violation of this Act and shall be grounds for
4 disciplinary action provided for in this Act.

5 Nothing in this Section shall be construed to authorize a
6 chiropractic physician to prescribe.

7 (Source: P.A. 95-689, eff. 10-29-07.)

8 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

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

10 Sec. 35. The Secretary ~~Director~~ shall have the authority to
11 appoint an attorney duly licensed to practice law in the State
12 of Illinois to serve as the hearing officer in any action to
13 suspend, revoke, place on probationary status, or take any
14 other disciplinary action with regard to a license. The hearing
15 officer shall have full authority to conduct the hearing. The
16 hearing officer shall report his findings and recommendations
17 to the Disciplinary Board within 30 days of the receipt of the
18 record. The Disciplinary Board shall have 60 days from receipt
19 of the report to review the report of the hearing officer and
20 present their findings of fact, conclusions of law and
21 recommendations to the Secretary ~~Director~~.

22 (Source: P.A. 85-4.)

23 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

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

4 Sec. 36. Upon the motion of either the Department or the
5 Disciplinary Board or upon the verified complaint in writing of
6 any person setting forth facts which, if proven, would
7 constitute grounds for suspension or revocation under Section
8 22 of this Act, the Department shall investigate the actions of
9 any person, so accused, who holds or represents that they hold
10 a license. Such person is hereinafter called the accused.

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

25 Where a physician has been found, upon complaint and
26 investigation of the Department, and after hearing, to have

1 performed an abortion procedure in a wilful and wanton manner
2 upon a woman who was not pregnant at the time such abortion
3 procedure was performed, the Department shall automatically
4 revoke the license of such physician to practice medicine in
5 Illinois.

6 Such written notice and any notice in such proceedings
7 thereafter may be served by delivery of the same, personally,
8 to the accused person, or by mailing the same by registered or
9 certified mail to the accused person's address of record ~~the~~
10 ~~address last theretofore specified by the accused in their last~~
11 ~~notification to the Department.~~

12 All information gathered by the Department during its
13 investigation including information subpoenaed under Section
14 23 or 38 of this Act and the investigative file shall be kept
15 for the confidential use of the Secretary, Disciplinary Board,
16 the Medical Coordinators, persons employed by contract to
17 advise the Medical Coordinator or the Department, the
18 Disciplinary Board's attorneys, the medical investigative
19 staff, and authorized clerical staff, as provided in this Act
20 and shall be afforded the same status as is provided
21 information concerning medical studies in Part 21 of Article
22 VIII of the Code of Civil Procedure, except that the Department
23 may disclose information and documents to a federal, State, or
24 local law enforcement agency pursuant to a subpoena in an
25 ongoing criminal investigation to a health care licensing body
26 of this State or another state or jurisdiction pursuant to an

1 official request made by that licensing body. Furthermore,
2 information and documents disclosed to a federal, State, or
3 local law enforcement agency may be used by that agency only
4 for the investigation and prosecution of a criminal offense or,
5 in the case of disclosure to a health care licensing body, only
6 for investigations and disciplinary action proceedings with
7 regard to a license issued by that licensing body.

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

9 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

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

11 Sec. 37. At the time and place fixed in the notice, the
12 Disciplinary Board provided for in this Act shall proceed to
13 hear the charges, and ~~both~~ the accused person ~~and the~~
14 ~~complainant~~ shall be accorded ample opportunity to present in
15 person, or by counsel, such statements, testimony, evidence and
16 argument as may be pertinent to the charges or to any defense
17 thereto. The Disciplinary Board may continue such hearing from
18 time to time. If the Disciplinary Board is not sitting at the
19 time and place fixed in the notice or at the time and place to
20 which the hearing has been continued, the Department shall
21 continue such hearing for a period not to exceed 30 days.

22 In case the accused person, after receiving notice, fails
23 to file an answer, their license may, in the discretion of the
24 Secretary ~~Director~~, having received first the recommendation
25 of the Disciplinary Board, be suspended, revoked or placed on

1 probationary status, or the Secretary ~~Director~~ may take
2 whatever disciplinary action as he or she may deem proper,
3 including limiting the scope, nature, or extent of said
4 person's practice, without a hearing, if the act or acts
5 charged constitute sufficient grounds for such action under
6 this Act.

7 The Disciplinary Board has the authority to recommend to
8 the Secretary ~~Director~~ that probation be granted or that other
9 disciplinary or non-disciplinary action, including the
10 limitation of the scope, nature or extent of a person's
11 practice, be taken as it deems proper. If disciplinary or
12 non-disciplinary action, other than suspension or revocation,
13 is taken the Disciplinary Board may recommend that the
14 Secretary ~~Director~~ impose reasonable limitations and
15 requirements upon the accused registrant to insure compliance
16 with the terms of the probation or other disciplinary action
17 including, but not limited to, regular reporting by the accused
18 to the Department of their actions, placing themselves under
19 the care of a qualified physician for treatment, or limiting
20 their practice in such manner as the Secretary ~~Director~~ may
21 require.

22 The Secretary ~~Director~~, after consultation with the Chief
23 Medical Coordinator or Deputy Medical Coordinator, may
24 temporarily suspend the license of a physician without a
25 hearing, simultaneously with the institution of proceedings
26 for a hearing provided under this Section if the Secretary

1 ~~Director~~ finds that evidence in his or her possession indicates
2 that a physician's continuation in practice would constitute an
3 immediate danger to the public. In the event that the Secretary
4 ~~Director~~ suspends, temporarily, the license of a physician
5 without a hearing, a hearing by the Disciplinary Board shall be
6 held within 15 days after such suspension has occurred and
7 shall be concluded without appreciable delay.

8 (Source: P.A. 85-4.)

9 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

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

11 Sec. 38. The Disciplinary Board or Department has power to
12 subpoena and bring before it any person in this State and to
13 take testimony either orally or by deposition, or both, with
14 the same fees and mileage and in the same manner as is
15 prescribed by law for judicial procedure in civil cases.

16 The Disciplinary Board, upon a determination that probable
17 cause exists that a violation of one or more of the grounds for
18 discipline listed in Section 22 has occurred or is occurring,
19 may subpoena the medical and hospital records of individual
20 patients of physicians licensed under this Act, provided, that
21 prior to the submission of such records to the Disciplinary
22 Board, all information indicating the identity of the patient
23 shall be removed and deleted. Notwithstanding the foregoing,
24 the Disciplinary Board and Department shall possess the power
25 to subpoena copies of hospital or medical records in mandatory

1 report cases under Section 23 alleging death or permanent
2 bodily injury when consent to obtain records is not provided by
3 a patient or legal representative. Prior to submission of the
4 records to the Disciplinary Board, all information indicating
5 the identity of the patient shall be removed and deleted. All
6 medical records and other information received pursuant to
7 subpoena shall be confidential and shall be afforded the same
8 status as is provided information concerning medical studies in
9 Part 21 of Article VIII of the Code of Civil Procedure. The use
10 of such records shall be restricted to members of the
11 Disciplinary Board, the medical coordinators, and appropriate
12 staff of the Department ~~of Professional Regulation~~ designated
13 by the Disciplinary Board for the purpose of determining the
14 existence of one or more grounds for discipline of the
15 physician as provided for by Section 22 of this Act. Any such
16 review of individual patients' records shall be conducted by
17 the Disciplinary Board in strict confidentiality, provided
18 that such patient records shall be admissible in a disciplinary
19 hearing, before the Disciplinary Board, when necessary to
20 substantiate the grounds for discipline alleged against the
21 physician licensed under this Act, and provided further, that
22 nothing herein shall be deemed to supersede the provisions of
23 Part 21 of Article VIII of the "Code of Civil Procedure", as
24 now or hereafter amended, to the extent applicable.

25 The Secretary ~~Director~~, and any member of the Disciplinary
26 Board each have power to administer oaths at any hearing which

1 the Disciplinary Board or Department is authorized by law to
2 conduct.

3 The Disciplinary Board, upon a determination that probable
4 cause exists that a violation of one or more of the grounds for
5 discipline listed in Section 22 has occurred or is occurring on
6 the business premises of a physician licensed under this Act,
7 may issue an order authorizing an appropriately qualified
8 investigator employed by the Department to enter upon the
9 business premises with due consideration for patient care of
10 the subject of the investigation so as to inspect the physical
11 premises and equipment and furnishings therein. No such order
12 shall include the right of inspection of business, medical, or
13 personnel records located on the premises. For purposes of this
14 Section, "business premises" is defined as the office or
15 offices where the physician conducts the practice of medicine.
16 Any such order shall expire and become void five business days
17 after its issuance by the Disciplinary Board. The execution of
18 any such order shall be valid only during the normal business
19 hours of the facility or office to be inspected.

20 (Source: P.A. 90-699, eff. 1-1-99.)

21 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

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

23 Sec. 40. The Disciplinary Board shall present to the
24 Secretary ~~Director~~ a written report of its findings and
25 recommendations. A copy of such report shall be served upon the

1 accused person, either personally or by registered or certified
2 mail. Within 20 days after such service, the accused person may
3 present to the Department their motion, in writing, for a
4 rehearing, which written motion shall specify the particular
5 ground therefor. If the accused person orders and pays for a
6 transcript of the record as provided in Section 39, the time
7 elapsing thereafter and before such transcript is ready for
8 delivery to them shall not be counted as part of such 20 days.

9 At the expiration of the time allowed for filing a motion
10 for rehearing, the Secretary ~~Director~~ may take the action
11 recommended by the Disciplinary Board. Upon the suspension,
12 revocation, placement on probationary status, or the taking of
13 any other disciplinary action, including the limiting of the
14 scope, nature, or extent of one's practice, deemed proper by
15 the Department, with regard to the license, certificate or
16 visiting professor permit, the accused shall surrender their
17 license to the Department, if ordered to do so by the
18 Department, and upon their failure or refusal so to do, the
19 Department may seize the same.

20 Each certificate of order of revocation, suspension, or
21 other disciplinary action shall contain a brief, concise
22 statement of the ground or grounds upon which the Department's
23 action is based, as well as the specific terms and conditions
24 of such action. This document shall be retained as a permanent
25 record by the Disciplinary Board and the Secretary ~~Director~~.

26 The Department shall at least annually publish a list of

1 the names of all persons disciplined under this Act in the
2 preceding 12 months. Such lists shall be available ~~mailed~~ by
3 the Department on its website ~~to any person in the State upon~~
4 ~~request~~.

5 In those instances where an order of revocation,
6 suspension, or other disciplinary action has been rendered by
7 virtue of a physician's physical illness, including, but not
8 limited to, deterioration through the aging process, or loss of
9 motor skill which results in a physician's inability to
10 practice medicine with reasonable judgment, skill, or safety,
11 the Department shall only permit this document, and the record
12 of the hearing incident thereto, to be observed, inspected,
13 viewed, or copied pursuant to court order.

14 (Source: P.A. 85-4.)

15 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

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

17 Sec. 41. Administrative review; certification of record.
18 All final administrative decisions of the Department are
19 subject to judicial review pursuant to the Administrative
20 Review Law and its rules. The term "administrative decision" is
21 defined as in Section 3-101 of the Code of Civil Procedure.

22 Proceedings for judicial review shall be commenced in the
23 circuit court of the county in which the party applying for
24 review resides; but if the party is not a resident of this
25 State, the venue shall be in Sangamon County.

1 The Department shall not be required to certify any record
2 to the court, to ~~or~~ file an ~~any~~ answer in court, or to
3 otherwise appear in any court in a judicial review proceeding, ~~or~~
4 unless and until ~~there is filed in the court, with the~~
5 ~~complaint, a receipt from~~ the Department has received from the
6 plaintiff acknowledging payment of the costs of furnishing and
7 certifying the record, which costs shall be determined by the
8 Department ~~computed at the rate of 20 cents per page of the~~
9 ~~record~~. Exhibits shall be certified without cost. Failure on
10 the part of the plaintiff to file a receipt in court shall be
11 grounds for dismissal of the action. During the pendency and
12 hearing of any and all judicial proceedings incident to the
13 disciplinary action the sanctions imposed upon the accused by
14 the Department because of acts or omissions related to the
15 delivery of direct patient care as specified in the
16 Department's final administrative decision, shall as a matter
17 of public policy remain in full force and effect in order to
18 protect the public pending final resolution of any of the
19 proceedings.

20 (Source: P.A. 87-1031; 88-184.)

21 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

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

23 Sec. 42. An order of revocation, suspension, placing the
24 license on probationary status, or other formal disciplinary
25 action as the Department may deem proper, or a certified copy

1 thereof, over the seal of the Department and purporting to be
2 signed by the Secretary Director, is prima facie proof that:

3 (a) Such signature is the genuine signature of the
4 Secretary Director;

5 (b) The Secretary Director is duly appointed and qualified;
6 and

7 (c) The Disciplinary Board and the members thereof are
8 qualified.

9 Such proof may be rebutted.

10 (Source: P.A. 85-4.)

11 (225 ILCS 60/43) (from Ch. 111, par. 4400-43)

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

13 Sec. 43. Restoration of license from discipline. At any
14 time after the successful completion of a term of probation,
15 suspension, or revocation of a license, the Department may
16 restore the license to the licensee, unless after an
17 investigation and a hearing, the Secretary determines that
18 restoration is not in the public interest. No person or entity
19 whose license or permit has been revoked as authorized in this
20 Act may apply for restoration of that license or permit until
21 such time as provided for in the Civil Administrative Code of
22 Illinois. At any time after the suspension, revocation, placing
23 on probationary status, or taking disciplinary action with
24 regard to any license, the Department may restore it to the
25 accused person, or take any other action to reinstate the

1 ~~license to good standing, without examination, upon the written~~
2 ~~recommendation of the Disciplinary Board.~~

3 (Source: P.A. 85-4.)

4 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

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

6 Sec. 44. None of the disciplinary functions, powers and
7 duties enumerated in this Act shall be exercised by the
8 Department except upon the action and report in writing of the
9 Disciplinary Board.

10 In all instances, under this Act, in which the Disciplinary
11 Board has rendered a recommendation to the Secretary ~~Director~~
12 with respect to a particular physician, the Secretary ~~Director~~
13 shall, in the event that he or she disagrees with or takes
14 action contrary to the recommendation of the Disciplinary
15 Board, file with the Disciplinary Board ~~and the Secretary of~~
16 ~~State~~ his or her specific written reasons of disagreement with
17 the Disciplinary Board. Such reasons shall be filed within 30
18 days of the occurrence of the Secretary's ~~Director's~~ contrary
19 position having been taken.

20 The action and report in writing of a majority of the
21 Disciplinary Board designated is sufficient authority upon
22 which the Secretary ~~Director~~ may act.

23 Whenever the Secretary ~~Director~~ is satisfied that
24 substantial justice has not been done either in an examination,
25 or in a formal disciplinary action, or refusal to restore a

1 license, he or she may order a reexamination or rehearing by
2 the same or other examiners.

3 (Source: P.A. 85-4.)

4 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

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

6 Sec. 47. Administrative Procedure Act. The Illinois
7 Administrative Procedure Act is hereby expressly adopted and
8 incorporated herein as if all of the provisions of that Act
9 were included in this Act, except that the provision of
10 subsection (d) of Section 10-65 of the Illinois Administrative
11 Procedure Act that provides that at hearings the licensee has
12 the right to show compliance with all lawful requirements for
13 retention, continuation or renewal of the license is
14 specifically excluded. For the purposes of this Act the notice
15 required under Section 10-25 of the Illinois Administrative
16 Procedure Act is deemed sufficient when mailed to the ~~last~~
17 ~~known~~ address of record of a party.

18 (Source: P.A. 88-45.)

19 (225 ILCS 60/54) (from Ch. 111, par. 4400-54)

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

21 Sec. 54. A person who holds himself or herself out to treat
22 human ailments under a name other than his or her own, or by
23 personation of any physician, shall be punished as provided in
24 Section 59.

1 However, nothing in this Act shall be construed as
2 prohibiting partnerships, limited liability companies,
3 associations, or corporations in accordance with subsection
4 (c) ~~item (14) of subsection (A)~~ of Section 22.2 ~~22~~ of this Act.

5 (Source: P.A. 89-702, eff. 7-1-97.)

6 (225 ILCS 60/54.2)

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

8 Sec. 54.2. Physician delegation of authority.

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

19 (b) In an office or practice setting and within a
20 physician-patient relationship, a physician may delegate
21 patient care tasks or duties to an unlicensed person who
22 possesses appropriate training and experience provided a
23 health care professional, who is practicing within the scope of
24 such licensed professional's individual licensing Act, is on
25 site to provide assistance.

1 (c) Any such patient care task or duty delegated to a
2 licensed or unlicensed person must be within the scope of
3 practice, education, training, or experience of the delegating
4 physician and within the context of a physician-patient
5 relationship.

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

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

12 (f) Nothing in this Act shall be construed to limit the
13 method of delegation that may be authorized by any means,
14 including, but not limited to, oral, written, electronic,
15 standing orders, protocols, guidelines, or verbal orders.

16 (Source: P.A. 96-618, eff. 1-1-10.)

17 (225 ILCS 60/59) (from Ch. 111, par. 4400-59)

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

19 Sec. 59. Any person who violates for the first time Section
20 49, 50, 51, 52, 53, 54, 55, or 56 of this Act is guilty of a
21 Class 4 felony. Any person who violates for the first time
22 Section 27 of this Act is guilty of a Class A misdemeanor.

23 Any person who has been previously convicted under Section
24 49, 50, 51, 52, 53, 54, 55, or 56 of this Act and who
25 subsequently violates any of the Sections is guilty of a Class

1 3 felony. Any person who has been previously convicted under
2 Section 27 of this Act and who subsequently violates Section 27
3 is guilty of a Class 4 felony. In addition, whenever any person
4 is punished as a repeat offender under this Section, the
5 Secretary ~~Director~~ of the Department shall proceed to obtain a
6 permanent injunction against such person under Section 61 of
7 this Act.

8 (Source: P.A. 85-4.)

9 (225 ILCS 60/61) (from Ch. 111, par. 4400-61)

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

11 Sec. 61. The practice of medicine in all of its branches or
12 the treatment of human ailments without the use of drugs and
13 without operative surgery by any person not at that time
14 holding a valid and current license under this Act to do so is
15 hereby declared to be inimical to the public welfare and to
16 constitute a public nuisance. The Secretary ~~Director~~ of the
17 Department, the Attorney General of the State of Illinois, the
18 State's Attorney of any County in the State, or any resident
19 citizen may maintain an action in the name of the people of the
20 State of Illinois, may apply for an injunction in the circuit
21 court to enjoin any such person from engaging in such practice;
22 and, upon the filing of a verified petition in such court, the
23 court or any judge thereof, if satisfied by affidavit, or
24 otherwise, that such person has been engaged in such practice
25 without a valid and current license to do so, may issue a

1 temporary restraining order or preliminary injunction without
2 notice or bond, enjoining the defendant from any such further
3 practice. A copy of the verified complaint shall be served upon
4 the defendant and the proceedings shall thereafter be conducted
5 as in other civil cases. If it be established that the
6 defendant has been, or is engaged in any such unlawful
7 practice, the court, or any judge thereof, may enter an order
8 or judgment perpetually enjoining the defendant from further
9 engaging in such practice. In all proceedings hereunder the
10 court, in its discretion, may apportion the costs among the
11 parties interested in the suit, including cost of filing
12 complaint, service of process, witness fees and expenses, court
13 reporter charges and reasonable attorneys fees. In case of
14 violation of any injunction entered under the provisions of
15 this Section, the court, or any judge thereof, may summarily
16 try and punish the offender for contempt of court. Such
17 injunction proceedings shall be in addition to, and not in lieu
18 of, all penalties and other remedies in this Act provided.

19 (Source: P.A. 85-4.)

20 (225 ILCS 60/32 rep.)

21 Section 15. The Medical Practice Act of 1987 is amended by
22 repealing Section 32.

23 Section 97. Severability. The provisions of this Act are
24 severable under Section 1.31 of the Statute on Statutes.

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