



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB1682

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

See Index

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

LRB097 09151 CEL 49286 b

1 AN ACT concerning regulation.

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

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

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

7 Sec. 4. Identification Card.

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

1 be used for identification purposes in any lawful situation
2 only by the person to whom it was issued. As used in this Act,
3 "photograph" means any color photograph or digitally produced
4 and captured image of an applicant for an identification card.
5 As used in this Act, "signature" means the name of a person as
6 written by that person and captured in a manner acceptable to
7 the Secretary of State.

8 (a-5) If an applicant for an identification card has a
9 current driver's license or instruction permit issued by the
10 Secretary of State, the Secretary may require the applicant to
11 utilize the same residence address and name on the
12 identification card, driver's license, and instruction permit
13 records maintained by the Secretary. The Secretary may
14 promulgate rules to implement this provision.

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

1 Secretary of State, and shall include a photograph and
2 signature or mark of the applicant, a designation indicating
3 that the card is an Illinois Disabled Person Identification
4 Card, and shall include a comprehensible designation of the
5 type and classification of the applicant's disability as set
6 out in Section 4A of this Act. If the applicant so requests,
7 the card shall include a description of the applicant's
8 disability and any information about the applicant's
9 disability or medical history which the Secretary determines
10 would be helpful to the applicant in securing emergency medical
11 care. If a mark is used in lieu of a signature, such mark shall
12 be affixed to the card in the presence of two witnesses who
13 attest to the authenticity of the mark. The Illinois Disabled
14 Person Identification Card may be used for identification
15 purposes in any lawful situation by the person to whom it was
16 issued.

17 The Illinois Disabled Person Identification Card may be
18 used as adequate documentation of disability in lieu of a
19 physician's determination of disability, a determination of
20 disability from a physician assistant who has been delegated
21 the authority to make this determination by his or her
22 supervising physician, a determination of disability from an
23 advanced practice nurse ~~who has a written collaborative~~
24 ~~agreement with a collaborating physician that authorizes the~~
25 ~~advanced practice nurse to make this determination,~~ or any
26 other documentation of disability whenever any State law

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

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

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

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

1 Person Identification Cards issued to individuals 21 years of
2 age or older. The color designated for Illinois Identification
3 Cards or Illinois Disabled Person Identification Cards for
4 persons under the age of 21 shall be at the discretion of the
5 Secretary of State.

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

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

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

1 indicate in appropriate language that the card holder has
2 renewed his or her Illinois Identification Card or Illinois
3 Disabled Person Identification Card.

4 (Source: P.A. 95-762, eff. 1-1-09; 95-779, eff. 1-1-09; 96-146,
5 eff. 1-1-10; 96-328, eff. 8-11-09; 96-1231, eff. 7-23-10.)

6 Section 10. The School Code is amended by changing Sections
7 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

8 (105 ILCS 5/22-30)

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

10 (a) In this Section:

11 "Asthma inhaler" means a quick reliever asthma inhaler.

12 "Epinephrine auto-injector" means a medical device for
13 immediate self-administration by a person at risk of
14 anaphylaxis.

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

24 "Self-administration" means a pupil's discretionary use of

1 and ability to carry his or her prescribed asthma medication.

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

5 (1) the parents or guardians of the pupil provide to
6 the school (i) written authorization from the parents or
7 guardians for the self-administration of medication or
8 (ii) for use of an epinephrine auto-injector, written
9 authorization from the pupil's physician, physician
10 assistant, or advanced practice registered nurse; and

11 (2) the parents or guardians of the pupil provide to
12 the school (i) the prescription label, which must contain
13 the name of the medication, the prescribed dosage, and the
14 time at which or circumstances under which the medication
15 is to be administered, or (ii) for use of an epinephrine
16 auto-injector, a written statement from the pupil's
17 physician, physician assistant, or advanced practice
18 registered nurse containing the following information:

19 (A) the name and purpose of the epinephrine
20 auto-injector;

21 (B) the prescribed dosage; and

22 (C) the time or times at which or the special
23 circumstances under which the epinephrine
24 auto-injector is to be administered.

25 The information provided shall be kept on file in the office of
26 the school nurse or, in the absence of a school nurse, the

1 school's administrator.

2 (c) The school district or nonpublic school must inform the
3 parents or guardians of the pupil, in writing, that the school
4 district or nonpublic school and its employees and agents are
5 to incur no liability, except for willful and wanton conduct,
6 as a result of any injury arising from the self-administration
7 of medication or use of an epinephrine auto-injector by the
8 pupil regardless of whether authorization was given by the
9 pupil's parents or guardians or by the pupil's physician,
10 physician's assistant, or advanced practice registered nurse.
11 The parents or guardians of the pupil must sign a statement
12 acknowledging that the school district or nonpublic school is
13 to incur no liability, except for willful and wanton conduct,
14 as a result of any injury arising from the self-administration
15 of medication or use of an epinephrine auto-injector by the
16 pupil regardless of whether authorization was given by the
17 pupil's parents or guardians or by the pupil's physician,
18 physician's assistant, or advanced practice registered nurse
19 and that the parents or guardians must indemnify and hold
20 harmless the school district or nonpublic school and its
21 employees and agents against any claims, except a claim based
22 on willful and wanton conduct, arising out of the
23 self-administration of medication or use of an epinephrine
24 auto-injector by the pupil regardless of whether authorization
25 was given by the pupil's parents or guardians or by the pupil's
26 physician, physician's assistant, or advanced practice

1 registered nurse.

2 (d) The permission for self-administration of medication
3 or use of an epinephrine auto-injector is effective for the
4 school year for which it is granted and shall be renewed each
5 subsequent school year upon fulfillment of the requirements of
6 this Section.

7 (e) Provided that the requirements of this Section are
8 fulfilled, a pupil with asthma may possess and use his or her
9 medication or a pupil may possess and use an epinephrine
10 auto-injector (i) while in school, (ii) while at a
11 school-sponsored activity, (iii) while under the supervision
12 of school personnel, or (iv) before or after normal school
13 activities, such as while in before-school or after-school care
14 on school-operated property.

15 (Source: P.A. 96-1460, eff. 8-20-10.)

16 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

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

18 School boards shall require of new employees evidence of
19 physical fitness to perform duties assigned and freedom from
20 communicable disease, including tuberculosis. Such evidence
21 shall consist of a physical examination and a tuberculin skin
22 test and, if appropriate, an x-ray, made by a physician
23 licensed in Illinois or any other state to practice medicine
24 and surgery in all its branches, an advanced practice nurse ~~who~~
25 ~~has a written collaborative agreement with a collaborating~~

1 ~~physician that authorizes the advanced practice nurse to~~
2 ~~perform health examinations,~~ or a physician assistant who has
3 been delegated the authority to perform health examinations by
4 his or her supervising physician not more than 90 days
5 preceding time of presentation to the board and cost of such
6 examination shall rest with the employee. The board may from
7 time to time require an examination of any employee by a
8 physician licensed in Illinois to practice medicine and surgery
9 in all its branches, an advanced practice nurse ~~who has a~~
10 ~~written collaborative agreement with a collaborating physician~~
11 ~~that authorizes the advanced practice nurse to perform health~~
12 ~~examinations,~~ or a physician assistant who has been delegated
13 the authority to perform health examinations by his or her
14 supervising physician and shall pay the expenses thereof from
15 school funds. School boards may require teachers in their
16 employ to furnish from time to time evidence of continued
17 professional growth.

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

19 (105 ILCS 5/24-6)

20 Sec. 24-6. Sick leave. The school boards of all school
21 districts, including special charter districts, but not
22 including school districts in municipalities of 500,000 or
23 more, shall grant their full-time teachers, and also shall
24 grant such of their other employees as are eligible to
25 participate in the Illinois Municipal Retirement Fund under the

1 "600-Hour Standard" established, or under such other
2 eligibility participation standard as may from time to time be
3 established, by rules and regulations now or hereafter
4 promulgated by the Board of that Fund under Section 7-198 of
5 the Illinois Pension Code, as now or hereafter amended, sick
6 leave provisions not less in amount than 10 days at full pay in
7 each school year. If any such teacher or employee does not use
8 the full amount of annual leave thus allowed, the unused amount
9 shall be allowed to accumulate to a minimum available leave of
10 180 days at full pay, including the leave of the current year.
11 Sick leave shall be interpreted to mean personal illness,
12 quarantine at home, serious illness or death in the immediate
13 family or household, or birth, adoption, or placement for
14 adoption. The school board may require a certificate from a
15 physician licensed in Illinois to practice medicine and surgery
16 in all its branches, a chiropractic physician licensed under
17 the Medical Practice Act of 1987, an advanced practice nurse
18 ~~who has a written collaborative agreement with a collaborating~~
19 ~~physician that authorizes the advanced practice nurse to~~
20 ~~perform health examinations~~, a physician assistant who has been
21 delegated the authority to perform health examinations by his
22 or her supervising physician, or, if the treatment is by prayer
23 or spiritual means, a spiritual adviser or practitioner of the
24 teacher's or employee's faith as a basis for pay during leave
25 after an absence of 3 days for personal illness or 30 days for
26 birth or as the school board may deem necessary in other cases.

1 If the school board does require a certificate as a basis for
2 pay during leave of less than 3 days for personal illness, the
3 school board shall pay, from school funds, the expenses
4 incurred by the teachers or other employees in obtaining the
5 certificate. For paid leave for adoption or placement for
6 adoption, the school board may require that the teacher or
7 other employee provide evidence that the formal adoption
8 process is underway, and such leave is limited to 30 days
9 unless a longer leave has been negotiated with the exclusive
10 bargaining representative.

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

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

21 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
22 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

23 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

24 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
25 custody or control of any child between the ages of 7 and 17

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

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

14 2. Any child who is physically or mentally unable to
15 attend school, such disability being certified to the
16 county or district truant officer by a competent physician
17 licensed in Illinois to practice medicine and surgery in
18 all its branches, a chiropractic physician licensed under
19 the Medical Practice Act of 1987, an advanced practice
20 nurse ~~who has a written collaborative agreement with a~~
21 ~~collaborating physician that authorizes the advanced~~
22 ~~practice nurse to perform health examinations~~, a physician
23 assistant who has been delegated the authority to perform
24 health examinations by his or her supervising physician, or
25 a Christian Science practitioner residing in this State and
26 listed in the Christian Science Journal; or who is excused

1 for temporary absence for cause by the principal or teacher
2 of the school which the child attends; the exemptions in
3 this paragraph (2) do not apply to any female who is
4 pregnant or the mother of one or more children, except
5 where a female is unable to attend school due to a
6 complication arising from her pregnancy and the existence
7 of such complication is certified to the county or district
8 truant officer by a competent physician;

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

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

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

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

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

24 (Source: P.A. 96-367, eff. 8-13-09.)

25 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

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

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

22 A tuberculosis skin test screening shall be included as a
23 required part of each health examination included under this
24 Section if the child resides in an area designated by the
25 Department of Public Health as having a high incidence of
26 tuberculosis. Additional health examinations of pupils,

1 including eye examinations, may be required when deemed
2 necessary by school authorities. Parents are encouraged to have
3 their children undergo eye examinations at the same points in
4 time required for health examinations.

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

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

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

25 (2) The Department of Public Health shall promulgate rules
26 and regulations specifying the examinations and procedures

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

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

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

1 doctor. Your child is not required to undergo this vision
2 screening if an optometrist or ophthalmologist has completed
3 and signed a report form indicating that an examination has
4 been administered within the previous 12 months."

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

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

26 (5) If a child does not submit proof of having had either

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

1 from school for noncompliance with this subsection, the child's
2 parents or legal guardian shall be considered in violation of
3 Section 26-1 and subject to any penalty imposed by Section
4 26-10. This subsection (5) does not apply to dental
5 examinations and eye examinations. Until June 30, 2012, if the
6 student is an out-of-state transfer student and does not have
7 the proof required under this subsection (5) before October 15
8 of the current year or whatever date is set by the school
9 district, then he or she may only attend classes (i) if he or
10 she has proof that an appointment for the required vaccinations
11 has been scheduled with a party authorized to submit proof of
12 the required vaccinations. If the proof of vaccination required
13 under this subsection (5) is not submitted within 30 days after
14 the student is permitted to attend classes, then the student is
15 not to be permitted to attend classes until proof of the
16 vaccinations has been properly submitted. No school district or
17 employee of a school district shall be held liable for any
18 injury or illness to another person that results from admitting
19 an out-of-state transfer student to class that has an
20 appointment scheduled pursuant to this subsection (5).

21 (6) Every school shall report to the State Board of
22 Education by November 15, in the manner which that agency shall
23 require, the number of children who have received the necessary
24 immunizations and the health examination (other than a dental
25 examination or eye examination) as required, indicating, of
26 those who have not received the immunizations and examination

1 as required, the number of children who are exempt from health
2 examination and immunization requirements on religious or
3 medical grounds as provided in subsection (8). Every school
4 shall report to the State Board of Education by June 30, in the
5 manner that the State Board requires, the number of children
6 who have received the required dental examination, indicating,
7 of those who have not received the required dental examination,
8 the number of children who are exempt from the dental
9 examination on religious grounds as provided in subsection (8)
10 of this Section and the number of children who have received a
11 waiver under subsection (1.5) of this Section. Every school
12 shall report to the State Board of Education by June 30, in the
13 manner that the State Board requires, the number of children
14 who have received the required eye examination, indicating, of
15 those who have not received the required eye examination, the
16 number of children who are exempt from the eye examination as
17 provided in subsection (8) of this Section, the number of
18 children who have received a waiver under subsection (1.10) of
19 this Section, and the total number of children in noncompliance
20 with the eye examination requirement. This reported
21 information shall be provided to the Department of Public
22 Health by the State Board of Education.

23 (7) Upon determining that the number of pupils who are
24 required to be in compliance with subsection (5) of this
25 Section is below 90% of the number of pupils enrolled in the
26 school district, 10% of each State aid payment made pursuant to

1 Section 18-8.05 to the school district for such year may be
2 withheld by the State Board of Education until the number of
3 students in compliance with subsection (5) is the applicable
4 specified percentage or higher.

5 (8) Parents or legal guardians who object to health,
6 dental, or eye examinations or any part thereof, or to
7 immunizations, on religious grounds shall not be required to
8 submit their children or wards to the examinations or
9 immunizations to which they so object if such parents or legal
10 guardians present to the appropriate local school authority a
11 signed statement of objection, detailing the grounds for the
12 objection. If the physical condition of the child is such that
13 any one or more of the immunizing agents should not be
14 administered, the examining physician, advanced practice
15 nurse, or physician assistant responsible for the performance
16 of the health examination shall endorse that fact upon the
17 health examination form. Exempting a child from the health,
18 dental, or eye examination does not exempt the child from
19 participation in the program of physical education training
20 provided in Sections 27-5 through 27-7 of this Code.

21 (9) For the purposes of this Section, "nursery schools"
22 means those nursery schools operated by elementary school
23 systems or secondary level school units or institutions of
24 higher learning.

25 (Source: P.A. 95-331, eff. 8-21-07; 95-422, eff. 8-24-07;
26 95-496, eff. 8-28-07; 95-671, eff. 1-1-08; 95-737, eff.

1 7-16-08; 95-876, eff. 8-21-08; 96-953, eff. 6-28-10.)

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

4 (210 ILCS 5/6.5)

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

8 (1) No ASTC policy, rule, regulation, or practice shall be
9 inconsistent with the provision of adequate collaboration and
10 consultation in accordance with Section 54.5 of the Medical
11 Practice Act of 1987.

12 (2) Operative surgical procedures shall be performed only
13 by a physician licensed to practice medicine in all its
14 branches under the Medical Practice Act of 1987, a dentist
15 licensed under the Illinois Dental Practice Act, or a
16 podiatrist licensed under the Podiatric Medical Practice Act of
17 1987, with medical staff membership and surgical clinical
18 privileges granted by the consulting committee of the ASTC. A
19 licensed physician, dentist, or podiatrist may be assisted by a
20 physician licensed to practice medicine in all its branches,
21 dentist, dental assistant, podiatrist, licensed advanced
22 practice nurse, licensed physician assistant, licensed
23 registered nurse, licensed practical nurse, surgical
24 assistant, surgical technician, or other individuals granted

1 clinical privileges to assist in surgery by the consulting
2 committee of the ASTC. Payment for services rendered by an
3 assistant in surgery who is not an ambulatory surgical
4 treatment center employee shall be paid at the appropriate
5 non-physician modifier rate if the payor would have made
6 payment had the same services been provided by a physician.

7 (2.5) A registered nurse licensed under the Nurse Practice
8 Act and qualified by training and experience in operating room
9 nursing shall be present in the operating room and function as
10 the circulating nurse during all invasive or operative
11 procedures. For purposes of this paragraph (2.5), "circulating
12 nurse" means a registered nurse who is responsible for
13 coordinating all nursing care, patient safety needs, and the
14 needs of the surgical team in the operating room during an
15 invasive or operative procedure.

16 ~~(3) An advanced practice nurse is not required to possess~~
17 ~~prescriptive authority or a written collaborative agreement~~
18 ~~meeting the requirements of the Nurse Practice Act to provide~~
19 ~~advanced practice nursing services in an ambulatory surgical~~
20 ~~treatment center.~~ An advanced practice nurse must possess
21 clinical privileges granted by the consulting medical staff
22 committee and ambulatory surgical treatment center in order to
23 provide services. Individual advanced practice nurses may also
24 be granted clinical privileges to order, select, and administer
25 medications, including controlled substances, to provide
26 delineated care. The attending physician must determine the

1 advance practice nurse's role in providing care for his or her
2 patients, except as otherwise provided in the consulting staff
3 policies. The consulting medical staff committee shall
4 periodically review the services of advanced practice nurses
5 granted privileges.

6 (4) The anesthesia service shall be under the direction of
7 a physician licensed to practice medicine in all its branches
8 who has had specialized preparation or experience in the area
9 or who has completed a residency in anesthesiology. An
10 anesthesiologist, Board certified or Board eligible, is
11 recommended. Anesthesia services may only be administered
12 pursuant to the order of a physician licensed to practice
13 medicine in all its branches, licensed dentist, or licensed
14 podiatrist.

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

- 18 (i) an anesthesiologist; or
19 (ii) a physician licensed to practice medicine in
20 all its branches; or
21 (iii) a dentist with authority to administer
22 anesthesia under Section 8.1 of the Illinois Dental
23 Practice Act; or
24 (iv) a licensed certified registered nurse
25 anesthetist; or
26 (v) a podiatrist licensed under the Podiatric

1 Medical Practice Act of 1987.

2 (B) (Blank). ~~For anesthesia services, an~~
3 ~~anesthesiologist shall participate through discussion of~~
4 ~~and agreement with the anesthesia plan and shall remain~~
5 ~~physically present and be available on the premises during~~
6 ~~the delivery of anesthesia services for diagnosis,~~
7 ~~consultation, and treatment of emergency medical~~
8 ~~conditions. In the absence of 24 hour availability of~~
9 ~~anesthesiologists with clinical privileges, an alternate~~
10 ~~policy (requiring participation, presence, and~~
11 ~~availability of a physician licensed to practice medicine~~
12 ~~in all its branches) shall be developed by the medical~~
13 ~~staff consulting committee in consultation with the~~
14 ~~anesthesia service and included in the medical staff~~
15 ~~consulting committee policies.~~

16 (C) ~~A certified registered nurse anesthetist is not~~
17 ~~required to possess prescriptive authority or a written~~
18 ~~collaborative agreement meeting the requirements of~~
19 ~~Section 65 35 of the Nurse Practice Act to provide~~
20 ~~anesthesia services ordered by a licensed physician,~~
21 ~~dentist, or podiatrist.~~ Licensed certified registered
22 nurse anesthetists are authorized to select, order, and
23 administer drugs and apply ~~the~~ appropriate medical devices
24 in the provision of anesthesia services. ~~under the~~
25 ~~anesthesia plan agreed with by the anesthesiologist or, in~~
26 ~~the absence of an available anesthesiologist with clinical~~

1 ~~privileges, agreed with by the operating physician,~~
2 ~~operating dentist, or operating podiatrist in accordance~~
3 ~~with the medical staff consulting committee policies of a~~
4 ~~licensed ambulatory surgical treatment center.~~

5 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
6 95-911, eff. 8-26-08.)

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

9 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

10 Sec. 7-101. Examination of specimens. A clinical
11 laboratory shall examine specimens only at the request of (i) a
12 licensed physician, (ii) a licensed dentist, (iii) a licensed
13 podiatrist, (iv) a therapeutic optometrist for diagnostic or
14 therapeutic purposes related to the use of diagnostic topical
15 or therapeutic ocular pharmaceutical agents, as defined in
16 subsections (c) and (d) of Section 15.1 of the Illinois
17 Optometric Practice Act of 1987, (v) a licensed physician
18 assistant in accordance with the written guidelines required
19 under subdivision (3) of Section 4 and under Section 7.5 of the
20 Physician Assistant Practice Act of 1987, (v-A) an advanced
21 practice nurse ~~in accordance with the written collaborative~~
22 ~~agreement required under Section 65-35 of the Nurse Practice~~
23 ~~Act~~, or (vi) an authorized law enforcement agency or, in the
24 case of blood alcohol, at the request of the individual for

1 whom the test is to be performed in compliance with Sections
2 11-501 and 11-501.1 of the Illinois Vehicle Code, or (vii) a
3 genetic counselor with the specific authority from a referral
4 to order a test or tests pursuant to subsection (b) of Section
5 20 of the Genetic Counselor Licensing Act. If the request to a
6 laboratory is oral, the physician or other authorized person
7 shall submit a written request to the laboratory within 48
8 hours. If the laboratory does not receive the written request
9 within that period, it shall note that fact in its records. For
10 purposes of this Section, a request made by electronic mail or
11 fax constitutes a written request.

12 (Source: P.A. 95-639, eff. 10-5-07; 96-1313, eff. 7-27-10;
13 revised 9-27-10.)

14 Section 25. The Hospital Licensing Act is amended by
15 changing Section 10.7 as follows:

16 (210 ILCS 85/10.7)

17 Sec. 10.7. Clinical privileges; advanced practice nurses.
18 All hospitals licensed under this Act shall comply with the
19 following requirements:

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

24 (2) Operative surgical procedures shall be performed only

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

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

1 (3) ~~An advanced practice nurse is not required to possess~~
2 ~~prescriptive authority or a written collaborative agreement~~
3 ~~meeting the requirements of the Nurse Practice Act to provide~~
4 ~~advanced practice nursing services in a hospital.~~ An advanced
5 practice nurse must possess clinical privileges recommended by
6 the medical staff and granted by the hospital in order to
7 provide services. Individual advanced practice nurses may also
8 be granted clinical privileges to order, select, and administer
9 medications, including controlled substances, to provide
10 delineated care. ~~The attending physician must determine the~~
11 ~~advance practice nurse's role in providing care for his or her~~
12 ~~patients, except as otherwise provided in medical staff bylaws.~~
13 The medical staff shall periodically review the services of
14 advanced practice nurses granted privileges. This review shall
15 be conducted in accordance with item (2) of subsection (a) of
16 Section 10.8 of this Act for advanced practice nurses employed
17 by the hospital.

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

1 (A) The individuals who, with clinical privileges
2 granted at the hospital, may administer anesthesia
3 services are limited to the following:

4 (i) an anesthesiologist; or

5 (ii) a physician licensed to practice medicine in
6 all its branches; or

7 (iii) a dentist with authority to administer
8 anesthesia under Section 8.1 of the Illinois Dental
9 Practice Act; or

10 (iv) a licensed certified registered nurse
11 anesthetist; or

12 (v) a podiatrist licensed under the Podiatric
13 Medical Practice Act of 1987.

14 (B) (Blank). ~~For anesthesia services, an~~
15 ~~anesthesiologist shall participate through discussion of~~
16 ~~and agreement with the anesthesia plan and shall remain~~
17 ~~physically present and be available on the premises during~~
18 ~~the delivery of anesthesia services for diagnosis,~~
19 ~~consultation, and treatment of emergency medical~~
20 ~~conditions. In the absence of 24-hour availability of~~
21 ~~anesthesiologists with medical staff privileges, an~~
22 ~~alternate policy (requiring participation, presence, and~~
23 ~~availability of a physician licensed to practice medicine~~
24 ~~in all its branches) shall be developed by the medical~~
25 ~~staff and licensed hospital in consultation with the~~
26 ~~anesthesia service.~~

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

15 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
16 95-911, eff. 8-26-08.)

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

19 (215 ILCS 5/356g.5)

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

21 (a) The General Assembly finds that clinical breast
22 examinations are a critical tool in the early detection of
23 breast cancer, while the disease is in its earlier and
24 potentially more treatable stages. Insurer reimbursement of

1 clinical breast examinations is essential to the effort to
2 reduce breast cancer deaths in Illinois.

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

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

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

19 (c) Upon approval of a nationally recognized separate and
20 distinct clinical breast exam code that is compliant with all
21 State and federal laws, rules, and regulations, public and
22 private insurance plans shall take action to cover clinical
23 breast exams on a separate and distinct basis.

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

25 (215 ILCS 5/356z.1)

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

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

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

16 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

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

18 Sec. 8.1. Permit for the administration of anesthesia and
19 sedation.

20 (a) No licensed dentist shall administer general
21 anesthesia, deep sedation, or conscious sedation without first
22 applying for and obtaining a permit for such purpose from the
23 Department. The Department shall issue such permit only after
24 ascertaining that the applicant possesses the minimum

1 qualifications necessary to protect public safety. A person
2 with a dental degree who administers anesthesia, deep sedation,
3 or conscious sedation in an approved hospital training program
4 under the supervision of either a licensed dentist holding such
5 permit or a physician licensed to practice medicine in all its
6 branches shall not be required to obtain such permit.

7 (b) In determining the minimum permit qualifications that
8 are necessary to protect public safety, the Department, by
9 rule, shall:

10 (1) establish the minimum educational and training
11 requirements necessary for a dentist to be issued an
12 appropriate permit;

13 (2) establish the standards for properly equipped
14 dental facilities (other than licensed hospitals and
15 ambulatory surgical treatment centers) in which general
16 anesthesia, deep sedation, or conscious sedation is
17 administered, as necessary to protect public safety;

18 (3) establish minimum requirements for all persons who
19 assist the dentist in the administration of general
20 anesthesia, deep sedation, or conscious sedation,
21 including minimum training requirements for each member of
22 the dental team, monitoring requirements, recordkeeping
23 requirements, and emergency procedures; and

24 (4) ensure that the dentist and all persons assisting
25 the dentist or monitoring the administration of general
26 anesthesia, deep sedation, or conscious sedation maintain

1 current certification in Basic Life Support (BLS).

2 (5) establish continuing education requirements in
3 sedation techniques for dentists who possess a permit under
4 this Section.

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

15 (c) (Blank). ~~A licensed dentist must hold an appropriate~~
16 ~~permit issued under this Section in order to perform dentistry~~
17 ~~while a nurse anesthetist administers conscious sedation, and a~~
18 ~~valid written collaborative agreement must exist between the~~
19 ~~dentist and the nurse anesthetist, in accordance with the Nurse~~
20 ~~Practice Act.~~

21 ~~A licensed dentist must hold an appropriate permit issued~~
22 ~~under this Section in order to perform dentistry while a nurse~~
23 ~~anesthetist administers deep sedation or general anesthesia,~~
24 ~~and a valid written collaborative agreement must exist between~~
25 ~~the dentist and the nurse anesthetist, in accordance with the~~
26 ~~Nurse Practice Act.~~

1 ~~For the purposes of this subsection (c), "nurse~~
2 ~~anesthetist" means a licensed certified registered nurse~~
3 ~~anesthetist who holds a license as an advanced practice nurse.~~
4 (Source: P.A. 95-399, eff. 1-1-08; 95-639, eff. 1-1-08; 96-328,
5 eff. 8-11-09.)

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

8 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

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

12 Sec. 22. Disciplinary action.

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

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

22 (a) a facility licensed pursuant to the Ambulatory
23 Surgical Treatment Center Act;

24 (b) an institution licensed under the Hospital

1 Licensing Act;

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

9 (d) ambulatory surgical treatment centers,
10 hospitalization or care facilities maintained by the
11 Federal Government; or

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

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

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

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

26 (5) Engaging in dishonorable, unethical or

1 unprofessional conduct of a character likely to deceive,
2 defraud or harm the public.

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

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

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

11 (9) Fraud or misrepresentation in applying for, or
12 procuring, a license under this Act or in connection with
13 applying for renewal of a license under this Act.

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

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

21 (12) Disciplinary action of another state or
22 jurisdiction against a license or other authorization to
23 practice as a medical doctor, doctor of osteopathy, doctor
24 of osteopathic medicine or doctor of chiropractic, a
25 certified copy of the record of the action taken by the
26 other state or jurisdiction being prima facie evidence

1 thereof.

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

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

9 (15) A finding by the Medical Disciplinary Board that
10 the registrant after having his or her license placed on
11 probationary status or subjected to conditions or
12 restrictions violated the terms of the probation or failed
13 to comply with such terms or conditions.

14 (16) Abandonment of a patient.

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

20 (18) Promotion of the sale of drugs, devices,
21 appliances or goods provided for a patient in such manner
22 as to exploit the patient for financial gain of the
23 physician.

24 (19) Offering, undertaking or agreeing to cure or treat
25 disease by a secret method, procedure, treatment or
26 medicine, or the treating, operating or prescribing for any

1 human condition by a method, means or procedure which the
2 licensee refuses to divulge upon demand of the Department.

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

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

12 (22) Wilful omission to file or record, or wilfully
13 impeding the filing or recording, or inducing another
14 person to omit to file or record, medical reports as
15 required by law, or wilfully failing to report an instance
16 of suspected abuse or neglect as required by law.

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

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

1 (25) Gross and wilful and continued overcharging for
2 professional services, including filing false statements
3 for collection of fees for which services are not rendered,
4 including, but not limited to, filing such false statements
5 for collection of monies for services not rendered from the
6 medical assistance program of the Department of Healthcare
7 and Family Services (formerly Department of Public Aid)
8 under the Illinois Public Aid Code.

9 (26) A pattern of practice or other behavior which
10 demonstrates incapacity or incompetence to practice under
11 this Act.

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

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

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

21 (30) Wilfully or negligently violating the
22 confidentiality between physician and patient except as
23 required by law.

24 (31) The use of any false, fraudulent, or deceptive
25 statement in any document connected with practice under
26 this Act.

1 (32) Aiding and abetting an individual not licensed
2 under this Act in the practice of a profession licensed
3 under this Act.

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

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

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

1 (36) Failure to report to the Department any adverse
2 judgment, settlement, or award arising from a liability
3 claim related to acts or conduct similar to acts or conduct
4 which would constitute grounds for action as defined in
5 this Section.

6 (37) Failure to provide copies of medical records as
7 required by law.

8 (38) Failure to furnish the Department, its
9 investigators or representatives, relevant information,
10 legally requested by the Department after consultation
11 with the Chief Medical Coordinator or the Deputy Medical
12 Coordinator.

13 (39) Violating the Health Care Worker Self-Referral
14 Act.

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

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

19 (42) (Blank). ~~Entering into an excessive number of~~
20 ~~written collaborative agreements with licensed advanced~~
21 ~~practice nurses resulting in an inability to adequately~~
22 ~~collaborate.~~

23 (43) Repeated failure to adequately collaborate with a
24 licensed advanced practice nurse.

25 Except for actions involving the ground numbered (26), all
26 proceedings to suspend, revoke, place on probationary status,

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

1 disciplinary action by the Department.

2 The entry of an order or judgment by any circuit court
3 establishing that any person holding a license under this Act
4 is a person in need of mental treatment operates as a
5 suspension of that license. That person may resume their
6 practice only upon the entry of a Departmental order based upon
7 a finding by the Medical Disciplinary Board that they have been
8 determined to be recovered from mental illness by the court and
9 upon the Disciplinary Board's recommendation that they be
10 permitted to resume their practice.

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

19 The Department, upon the recommendation of the
20 Disciplinary Board, shall adopt rules which set forth standards
21 to be used in determining:

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

24 (b) what constitutes dishonorable, unethical or
25 unprofessional conduct of a character likely to deceive,
26 defraud, or harm the public;

1 (c) what constitutes immoral conduct in the commission
2 of any act, including, but not limited to, commission of an
3 act of sexual misconduct related to the licensee's
4 practice; and

5 (d) what constitutes gross negligence in the practice
6 of medicine.

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

10 In enforcing this Section, the Medical Disciplinary Board,
11 upon a showing of a possible violation, may compel any
12 individual licensed to practice under this Act, or who has
13 applied for licensure or a permit pursuant to this Act, to
14 submit to a mental or physical examination, or both, as
15 required by and at the expense of the Department. The examining
16 physician or physicians shall be those specifically designated
17 by the Disciplinary Board. The Medical Disciplinary Board or
18 the Department may order the examining physician to present
19 testimony concerning this mental or physical examination of the
20 licensee or applicant. No information shall be excluded by
21 reason of any common law or statutory privilege relating to
22 communication between the licensee or applicant and the
23 examining physician. The individual to be examined may have, at
24 his or her own expense, another physician of his or her choice
25 present during all aspects of the examination. Failure of any
26 individual to submit to mental or physical examination, when

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

1 impairment, to the extent permitted by applicable federal
2 statutes and regulations safeguarding the confidentiality of
3 medical records.

4 An individual licensed under this Act, affected under this
5 Section, shall be afforded an opportunity to demonstrate to the
6 Disciplinary Board that they can resume practice in compliance
7 with acceptable and prevailing standards under the provisions
8 of their license.

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

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

1 be prohibited from practicing medicine or treating human
2 ailments without the use of drugs and without operative
3 surgery.

4 (C) The Medical Disciplinary Board shall recommend to the
5 Department civil penalties and any other appropriate
6 discipline in disciplinary cases when the Board finds that a
7 physician willfully performed an abortion with actual
8 knowledge that the person upon whom the abortion has been
9 performed is a minor or an incompetent person without notice as
10 required under the Parental Notice of Abortion Act of 1995.
11 Upon the Board's recommendation, the Department shall impose,
12 for the first violation, a civil penalty of \$1,000 and for a
13 second or subsequent violation, a civil penalty of \$5,000.

14 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;
15 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.
16 7-2-10.)

17 (Text of Section WITHOUT the changes made by P.A. 94-677,
18 which has been held unconstitutional)

19 Sec. 22. Disciplinary action.

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

1 following grounds:

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

4 (a) a facility licensed pursuant to the Ambulatory
5 Surgical Treatment Center Act;

6 (b) an institution licensed under the Hospital
7 Licensing Act;

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

15 (d) ambulatory surgical treatment centers,
16 hospitalization or care facilities maintained by the
17 Federal Government; or

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

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

26 (3) The conviction of a felony in this or any other

1 jurisdiction, except as otherwise provided in subsection B
2 of this Section, whether or not related to practice under
3 this Act, or the entry of a guilty or nolo contendere plea
4 to a felony charge.

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

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

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

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

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

17 (9) Fraud or misrepresentation in applying for, or
18 procuring, a license under this Act or in connection with
19 applying for renewal of a license under this Act.

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

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

1 (12) Disciplinary action of another state or
2 jurisdiction against a license or other authorization to
3 practice as a medical doctor, doctor of osteopathy, doctor
4 of osteopathic medicine or doctor of chiropractic, a
5 certified copy of the record of the action taken by the
6 other state or jurisdiction being prima facie evidence
7 thereof.

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

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

15 (15) A finding by the Medical Disciplinary Board that
16 the registrant after having his or her license placed on
17 probationary status or subjected to conditions or
18 restrictions violated the terms of the probation or failed
19 to comply with such terms or conditions.

20 (16) Abandonment of a patient.

21 (17) Prescribing, selling, administering,
22 distributing, giving or self-administering any drug
23 classified as a controlled substance (designated product)
24 or narcotic for other than medically accepted therapeutic
25 purposes.

26 (18) Promotion of the sale of drugs, devices,

1 appliances or goods provided for a patient in such manner
2 as to exploit the patient for financial gain of the
3 physician.

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

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

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

18 (22) Wilful omission to file or record, or wilfully
19 impeding the filing or recording, or inducing another
20 person to omit to file or record, medical reports as
21 required by law, or wilfully failing to report an instance
22 of suspected abuse or neglect as required by law.

23 (23) Being named as a perpetrator in an indicated
24 report by the Department of Children and Family Services
25 under the Abused and Neglected Child Reporting Act, and
26 upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or
2 neglected child as defined in the Abused and Neglected
3 Child Reporting Act.

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

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

15 (26) A pattern of practice or other behavior which
16 demonstrates incapacity or incompetence to practice under
17 this Act.

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

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

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

1 (30) Wilfully or negligently violating the
2 confidentiality between physician and patient except as
3 required by law.

4 (31) The use of any false, fraudulent, or deceptive
5 statement in any document connected with practice under
6 this Act.

7 (32) Aiding and abetting an individual not licensed
8 under this Act in the practice of a profession licensed
9 under this Act.

10 (33) Violating state or federal laws or regulations
11 relating to controlled substances.

12 (34) Failure to report to the Department any adverse
13 final action taken against them by another licensing
14 jurisdiction (any other state or any territory of the
15 United States or any foreign state or country), by any peer
16 review body, by any health care institution, by any
17 professional society or association related to practice
18 under this Act, by any governmental agency, by any law
19 enforcement agency, or by any court for acts or conduct
20 similar to acts or conduct which would constitute grounds
21 for action as defined in this Section.

22 (35) Failure to report to the Department surrender of a
23 license or authorization to practice as a medical doctor, a
24 doctor of osteopathy, a doctor of osteopathic medicine, or
25 doctor of chiropractic in another state or jurisdiction, or
26 surrender of membership on any medical staff or in any

1 medical or professional association or society, while
2 under disciplinary investigation by any of those
3 authorities or bodies, for acts or conduct similar to acts
4 or conduct which would constitute grounds for action as
5 defined in this Section.

6 (36) Failure to report to the Department any adverse
7 judgment, settlement, or award arising from a liability
8 claim related to acts or conduct similar to acts or conduct
9 which would constitute grounds for action as defined in
10 this Section.

11 (37) Failure to provide copies of medical records as
12 required by law.

13 (38) Failure to furnish the Department, its
14 investigators or representatives, relevant information,
15 legally requested by the Department after consultation
16 with the Chief Medical Coordinator or the Deputy Medical
17 Coordinator.

18 (39) Violating the Health Care Worker Self-Referral
19 Act.

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

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

24 (42) (Blank). ~~Entering into an excessive number of~~
25 ~~written collaborative agreements with licensed advanced~~
26 ~~practice nurses resulting in an inability to adequately~~

1 ~~collaborate.~~

2 (43) Repeated failure to adequately collaborate with a
3 licensed advanced practice nurse.

4 All proceedings to suspend, revoke, place on probationary
5 status, or take any other disciplinary action as the Department
6 may deem proper, with regard to a license on any of the
7 foregoing grounds, must be commenced within 3 years next after
8 receipt by the Department of a complaint alleging the
9 commission of or notice of the conviction order for any of the
10 acts described herein. Except for the grounds numbered (8), (9)
11 and (29), no action shall be commenced more than 5 years after
12 the date of the incident or act alleged to have violated this
13 Section. In the event of the settlement of any claim or cause
14 of action in favor of the claimant or the reduction to final
15 judgment of any civil action in favor of the plaintiff, such
16 claim, cause of action or civil action being grounded on the
17 allegation that a person licensed under this Act was negligent
18 in providing care, the Department shall have an additional
19 period of one year from the date of notification to the
20 Department under Section 23 of this Act of such settlement or
21 final judgment in which to investigate and commence formal
22 disciplinary proceedings under Section 36 of this Act, except
23 as otherwise provided by law. The time during which the holder
24 of the license was outside the State of Illinois shall not be
25 included within any period of time limiting the commencement of
26 disciplinary action by the Department.

1 The entry of an order or judgment by any circuit court
2 establishing that any person holding a license under this Act
3 is a person in need of mental treatment operates as a
4 suspension of that license. That person may resume their
5 practice only upon the entry of a Departmental order based upon
6 a finding by the Medical Disciplinary Board that they have been
7 determined to be recovered from mental illness by the court and
8 upon the Disciplinary Board's recommendation that they be
9 permitted to resume their practice.

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

18 The Department, upon the recommendation of the
19 Disciplinary Board, shall adopt rules which set forth standards
20 to be used in determining:

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

23 (b) what constitutes dishonorable, unethical or
24 unprofessional conduct of a character likely to deceive,
25 defraud, or harm the public;

26 (c) what constitutes immoral conduct in the commission

1 of any act, including, but not limited to, commission of an
2 act of sexual misconduct related to the licensee's
3 practice; and

4 (d) what constitutes gross negligence in the practice
5 of medicine.

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

9 In enforcing this Section, the Medical Disciplinary Board,
10 upon a showing of a possible violation, may compel any
11 individual licensed to practice under this Act, or who has
12 applied for licensure or a permit pursuant to this Act, to
13 submit to a mental or physical examination, or both, as
14 required by and at the expense of the Department. The examining
15 physician or physicians shall be those specifically designated
16 by the Disciplinary Board. The Medical Disciplinary Board or
17 the Department may order the examining physician to present
18 testimony concerning this mental or physical examination of the
19 licensee or applicant. No information shall be excluded by
20 reason of any common law or statutory privilege relating to
21 communication between the licensee or applicant and the
22 examining physician. The individual to be examined may have, at
23 his or her own expense, another physician of his or her choice
24 present during all aspects of the examination. Failure of any
25 individual to submit to mental or physical examination, when
26 directed, shall be grounds for suspension of his or her license

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

1 statutes and regulations safeguarding the confidentiality of
2 medical records.

3 An individual licensed under this Act, affected under this
4 Section, shall be afforded an opportunity to demonstrate to the
5 Disciplinary Board that they can resume practice in compliance
6 with acceptable and prevailing standards under the provisions
7 of their license.

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

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

1 ailments without the use of drugs and without operative
2 surgery.

3 (C) The Medical Disciplinary Board shall recommend to the
4 Department civil penalties and any other appropriate
5 discipline in disciplinary cases when the Board finds that a
6 physician willfully performed an abortion with actual
7 knowledge that the person upon whom the abortion has been
8 performed is a minor or an incompetent person without notice as
9 required under the Parental Notice of Abortion Act of 1995.
10 Upon the Board's recommendation, the Department shall impose,
11 for the first violation, a civil penalty of \$1,000 and for a
12 second or subsequent violation, a civil penalty of \$5,000.

13 (Source: P.A. 94-566, eff. 9-11-05; 95-331, eff. 8-21-07;
14 96-608, eff. 8-24-09; 96-1000, eff. 7-2-10.)

15 (225 ILCS 60/54.5)

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

17 Sec. 54.5. Physician delegation of authority to physician
18 assistants and advanced practice nurses.

19 (a) Physicians licensed to practice medicine in all its
20 branches may delegate care and treatment responsibilities to a
21 physician assistant under guidelines in accordance with the
22 requirements of the Physician Assistant Practice Act of 1987. A
23 physician licensed to practice medicine in all its branches may
24 enter into supervising physician agreements with no more than 2
25 physician assistants.

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

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

22 ~~(2) Practice guidelines and orders are developed and~~
23 ~~approved jointly by the advanced practice nurse and~~
24 ~~collaborating physician, as needed, based on the practice~~
25 ~~of the practitioners. Such guidelines and orders and the~~
26 ~~patient services provided thereunder are periodically~~

1 ~~reviewed by the collaborating physician.~~

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

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

12 ~~(5) Methods of communication are available with the~~
13 ~~collaborating physician in person or through~~
14 ~~telecommunications for consultation, collaboration, and~~
15 ~~referral as needed to address patient care needs.~~

16 ~~(6) The agreement contains provisions detailing notice~~
17 ~~for termination or change of status involving a written~~
18 ~~collaborative agreement, except when such notice is given~~
19 ~~for just cause.~~

20 ~~(b-5) (Blank). An anesthesiologist or physician licensed~~
21 ~~to practice medicine in all its branches may collaborate with a~~
22 ~~certified registered nurse anesthetist in accordance with~~
23 ~~Section 65-35 of the Nurse Practice Act for the provision of~~
24 ~~anesthesia services. With respect to the provision of~~
25 ~~anesthesia services, the collaborating anesthesiologist or~~
26 ~~physician shall have training and experience in the delivery of~~

1 ~~anesthesia services consistent with Department rules.~~

2 ~~Collaboration shall be adequate if:~~

3 ~~(1) an anesthesiologist or a physician participates in~~
4 ~~the joint formulation and joint approval of orders or~~
5 ~~guidelines and periodically reviews such orders and the~~
6 ~~services provided patients under such orders; and~~

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

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

20 (c) The supervising physician shall have access to the
21 medical records of all patients attended by a physician
22 assistant. ~~The collaborating physician shall have access to the~~
23 ~~medical records of all patients attended to by an advanced~~
24 ~~practice nurse.~~

25 (d) (Blank).

26 (e) A physician shall not be liable for the acts or

1 omissions of a physician assistant or advanced practice nurse
2 solely on the basis of having signed a supervision agreement or
3 guidelines for a physician assistant or providing consultation
4 and collaboration with an advanced practice nurse, issuing ~~or a~~
5 ~~collaborative agreement,~~ an order, a standing medical order, a
6 standing delegation order, or other order or guideline
7 authorizing a physician assistant or advanced practice nurse to
8 perform acts, unless the physician has reason to believe the
9 physician assistant or advanced practice nurse lacked the
10 competency to perform the act or acts or commits willful and
11 wanton misconduct.

12 (Source: P.A. 95-639, eff. 10-5-07; 96-618, eff. 1-1-10.)

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

16 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

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

21 "Academic year" means the customary annual schedule of
22 courses at a college, university, or approved school,
23 customarily regarded as the school year as distinguished from
24 the calendar year.

1 "Advanced practice nurse" or "APN" means a person who has
2 met the qualifications for a (i) certified nurse midwife (CNM);
3 (ii) certified nurse practitioner (CNP); (iii) certified
4 registered nurse anesthetist (CRNA); or (iv) clinical nurse
5 specialist (CNS) and has been licensed by the Department. All
6 advanced practice nurses licensed and practicing in the State
7 of Illinois shall use the title APN and may use speciality
8 credentials after their name.

9 "Approved program of professional nursing education" and
10 "approved program of practical nursing education" are programs
11 of professional or practical nursing, respectively, approved
12 by the Department under the provisions of this Act.

13 "Board" means the Board of Nursing appointed by the
14 Secretary.

15 "Collaboration" means a process involving 2 or more health
16 care professionals working together, each contributing one's
17 respective area of expertise to provide more comprehensive
18 patient care.

19 "Consultation" means the process whereby an advanced
20 practice nurse seeks the advice or opinion of another health
21 care professional.

22 "Credentialed" means the process of assessing and
23 validating the qualifications of a health care professional.

24 "Current nursing practice update course" means a planned
25 nursing education curriculum approved by the Department
26 consisting of activities that have educational objectives,

1 instructional methods, content or subject matter, clinical
2 practice, and evaluation methods, related to basic review and
3 updating content and specifically planned for those nurses
4 previously licensed in the United States or its territories and
5 preparing for reentry into nursing practice.

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

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

10 "Impaired nurse" means a nurse licensed under this Act who
11 is unable to practice with reasonable skill and safety because
12 of a physical or mental disability as evidenced by a written
13 determination or written consent based on clinical evidence,
14 including loss of motor skills, abuse of drugs or alcohol, or a
15 psychiatric disorder, of sufficient degree to diminish his or
16 her ability to deliver competent patient care.

17 "License-pending advanced practice nurse" means a
18 registered professional nurse who has completed all
19 requirements for licensure as an advanced practice nurse except
20 the certification examination and has applied to take the next
21 available certification exam and received a temporary license
22 from the Department.

23 "License-pending registered nurse" means a person who has
24 passed the Department-approved registered nurse licensure exam
25 and has applied for a license from the Department. A
26 license-pending registered nurse shall use the title "RN lic

1 pend" on all documentation related to nursing practice.

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

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

6 "Practical nurse" or "licensed practical nurse" means a
7 person who is licensed as a practical nurse under this Act and
8 practices practical nursing as defined in this Act. Only a
9 practical nurse licensed under this Act is entitled to use the
10 title "licensed practical nurse" and the abbreviation
11 "L.P.N.".

12 "Practical nursing" means the performance of nursing acts
13 requiring the basic nursing knowledge, judgement, and skill
14 acquired by means of completion of an approved practical
15 nursing education program. Practical nursing includes
16 assisting in the nursing process as delegated by a registered
17 professional nurse or an advanced practice nurse. The practical
18 nurse may work under the direction of a licensed physician,
19 dentist, podiatrist, or other health care professional
20 determined by the Department.

21 "Privileged" means the authorization granted by the
22 governing body of a healthcare facility, agency, or
23 organization to provide specific patient care services within
24 well-defined limits, based on qualifications reviewed in the
25 credentialing process.

26 "Registered Nurse" or "Registered Professional Nurse"

1 means a person who is licensed as a professional nurse under
2 this Act and practices nursing as defined in this Act. Only a
3 registered nurse licensed under this Act is entitled to use the
4 titles "registered nurse" and "registered professional nurse"
5 and the abbreviation, "R.N."

6 "Registered professional nursing practice" is a scientific
7 process founded on a professional body of knowledge; it is a
8 learned profession based on the understanding of the human
9 condition across the life span and environment and includes all
10 nursing specialities and means the performance of any nursing
11 act based upon professional knowledge, judgment, and skills
12 acquired by means of completion of an approved professional
13 nursing education program. A registered professional nurse
14 provides holistic nursing care through the nursing process to
15 individuals, groups, families, or communities, that includes
16 but is not limited to: (1) the assessment of healthcare needs,
17 nursing diagnosis, planning, implementation, and nursing
18 evaluation; (2) the promotion, maintenance, and restoration of
19 health; (3) counseling, patient education, health education,
20 and patient advocacy; (4) the administration of medications and
21 treatments as prescribed by a physician licensed to practice
22 medicine in all of its branches, a licensed dentist, a licensed
23 podiatrist, or a licensed optometrist or as prescribed by a
24 physician assistant in accordance with written guidelines
25 required under the Physician Assistant Practice Act of 1987 or
26 by an advanced practice nurse in accordance with Article 65 of

1 this Act; (5) the coordination and management of the nursing
2 plan of care; (6) the delegation to and supervision of
3 individuals who assist the registered professional nurse
4 implementing the plan of care; and (7) teaching nursing
5 students. The foregoing shall not be deemed to include those
6 acts of medical diagnosis or prescription of therapeutic or
7 corrective measures.

8 "Professional assistance program for nurses" means a
9 professional assistance program that meets criteria
10 established by the Board of Nursing and approved by the
11 Secretary, which provides a non-disciplinary treatment
12 approach for nurses licensed under this Act whose ability to
13 practice is compromised by alcohol or chemical substance
14 addiction.

15 "Secretary" means the Secretary of Financial and
16 Professional Regulation.

17 "Unencumbered license" means a license issued in good
18 standing.

19 ~~"Written collaborative agreement" means a written~~
20 ~~agreement between an advanced practice nurse and a~~
21 ~~collaborating physician, dentist, or podiatrist pursuant to~~
22 ~~Section 65-35.~~

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

24 (225 ILCS 65/65-30)

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

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

2 (a) Advanced practice nursing by certified nurse
3 practitioners, certified nurse anesthetists, certified nurse
4 midwives, or clinical nurse specialists is based on knowledge
5 and skills acquired throughout an advanced practice nurse's
6 nursing education, training, and experience.

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

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

12 (1) Advanced nursing patient assessment and diagnosis.

13 (2) Ordering diagnostic and therapeutic tests and
14 procedures, performing those tests and procedures when using
15 health care equipment, and interpreting and using the results
16 of diagnostic and therapeutic tests and procedures ordered by
17 the advanced practice nurse or another health care
18 professional.

19 (3) Ordering treatments, ordering or applying
20 appropriate medical devices, and using nursing medical,
21 therapeutic, and corrective measures to treat illness and
22 improve health status.

23 (4) Providing palliative and end-of-life care.

24 (5) Providing advanced counseling, patient education,
25 health education, and patient advocacy.

26 (6) Prescriptive authority as defined in Section 65-40

1 of this Act.

2 (7) Delegating selected nursing activities or tasks to
3 a licensed practical nurse, a registered professional nurse, or
4 other personnel.

5 (8) Collaboration and consultation with or referral to
6 a physician or other appropriate health-care professional for
7 patient care needs that exceed the APN's scope of practice,
8 education, or experience.

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

10 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

12 Sec. 65-40. Prescriptive authority.

13 (a) As part of the professional scope of advanced practice
14 nursing, an APN possesses prescriptive authority appropriate
15 to his or her specialty, scope of practice, education, and
16 experience. Such prescriptive authority shall ~~A collaborating~~
17 ~~physician or podiatrist may, but is not required to, delegate~~
18 ~~prescriptive authority to an advanced practice nurse as part of~~
19 ~~a written collaborative agreement. This authority may, but is~~
20 ~~not required to,~~ include prescription of, selection of, orders
21 for, administration of, storage of, acceptance of samples of,
22 and dispensing over the counter medications, legend drugs,
23 medical gases, and controlled substances categorized as any
24 Schedule III through V controlled substances, as defined in
25 Article II of the Illinois Controlled Substances Act, and other

1 preparations, including, but not limited to, botanical and
2 herbal remedies. ~~The collaborating physician or podiatrist~~
3 ~~must have a valid current Illinois controlled substance license~~
4 ~~and federal registration to delegate authority to prescribe~~
5 ~~delegated controlled substances.~~

6 (b) (Blank). ~~To prescribe controlled substances under this~~
7 ~~Section, an advanced practice nurse must obtain a mid level~~
8 ~~practitioner controlled substance license. Medication orders~~
9 ~~shall be reviewed periodically by the collaborating physician~~
10 ~~or podiatrist.~~

11 (c) (Blank). ~~The collaborating physician or podiatrist~~
12 ~~shall file with the Department notice of delegation of~~
13 ~~prescriptive authority and termination of such delegation, in~~
14 ~~accordance with rules of the Department. Upon receipt of this~~
15 ~~notice delegating authority to prescribe any Schedule III~~
16 ~~through V controlled substances, the licensed advanced~~
17 ~~practice nurse shall be eligible to register for a mid level~~
18 ~~practitioner controlled substance license under Section 303.05~~
19 ~~of the Illinois Controlled Substances Act.~~

20 (d) (Blank). ~~In addition to the requirements of subsections~~
21 ~~(a), (b), and (c) of this Section, a collaborating physician~~
22 ~~may, but is not required to, delegate authority to an advanced~~
23 ~~practice nurse to prescribe any Schedule II controlled~~
24 ~~substances, if all of the following conditions apply:~~

25 ~~(1) No more than 5 Schedule II controlled substances by~~
26 ~~oral dosage may be delegated.~~

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

3 ~~(3) Any prescription must be limited to no more than a~~
4 ~~30-day oral dosage, with any continuation authorized only~~
5 ~~after prior approval of the collaborating physician.~~

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

9 (e) (Blank). ~~Nothing in this Act shall be construed to~~
10 ~~limit the delegation of tasks or duties by a physician to a~~
11 ~~licensed practical nurse, a registered professional nurse, or~~
12 ~~other persons.~~

13 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09.)

14 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

16 Sec. 65-45. Advanced practice nursing in hospitals or
17 ambulatory surgical treatment centers.

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

22 An advanced practice nurse must possess clinical privileges
23 recommended by the hospital medical staff and granted by the
24 hospital or the consulting medical staff committee and
25 ambulatory surgical treatment center in order to provide

1 services in a licensed hospital or a licensed ambulatory
2 surgical treatment center. The medical staff or consulting
3 medical staff committee shall periodically review the services
4 of advanced practice nurses granted clinical privileges.
5 ~~Authority may also be granted to individual advanced practice~~
6 ~~nurses to select, order, and administer medications, including~~
7 ~~controlled substances, to provide delineated care.~~ The
8 attending physician shall determine an advanced practice
9 nurse's role in providing care for his or her patients, except
10 as otherwise provided in the medical staff bylaws or consulting
11 committee policies.

12 (a-5) (Blank). ~~For anesthesia services provided by a~~
13 ~~certified registered nurse anesthetist, an anesthesiologist,~~
14 ~~physician, dentist, or podiatrist shall participate through~~
15 ~~discussion of and agreement with the anesthesia plan and shall~~
16 ~~remain physically present and be available on the premises~~
17 ~~during the delivery of anesthesia services for diagnosis,~~
18 ~~consultation, and treatment of emergency medical conditions,~~
19 ~~unless hospital policy adopted pursuant to clause (B) of~~
20 ~~subdivision (3) of Section 10.7 of the Hospital Licensing Act~~
21 ~~or ambulatory surgical treatment center policy adopted~~
22 ~~pursuant to clause (B) of subdivision (3) of Section 6.5 of the~~
23 ~~Ambulatory Surgical Treatment Center Act provides otherwise. A~~
24 ~~certified registered nurse anesthetist may select, order, and~~
25 ~~administer medication for anesthesia services under the~~
26 ~~anesthesia plan agreed to by the anesthesiologist or the~~

1 ~~physician, in accordance with hospital alternative policy or~~
2 ~~the medical staff consulting committee policies of a licensed~~
3 ~~ambulatory surgical treatment center.~~

4 (b) An advanced practice nurse who provides services in a
5 hospital shall do so in accordance with Section 10.7 of the
6 Hospital Licensing Act and, in an ambulatory surgical treatment
7 center, in accordance with Section 6.5 of the Ambulatory
8 Surgical Treatment Center Act.

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

10 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

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

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

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

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

20 (2) information pertaining to the person's areas of
21 specialization, including but not limited to appropriate
22 board certification or limitation of professional
23 practice;

24 (3) (blank); ~~publication of the person's collaborating~~
25 ~~physician's, dentist's, or podiatrist's name, title, and~~

1 ~~areas of specialization;~~

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

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

8 (6) announcement of additions to or deletions from
9 professional licensed staff; and

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

11 (b) It is unlawful for a person licensed under this Act as
12 an advanced practice nurse to use testimonials or claims of
13 superior quality of care to entice the public. It shall be
14 unlawful to advertise fee comparisons of available services
15 with those of other licensed persons.

16 (c) This Article does not authorize the advertising of
17 professional services that the offeror of the services is not
18 licensed or authorized to render. Nor shall the advertiser use
19 statements that contain false, fraudulent, deceptive, or
20 misleading material or guarantees of success, statements that
21 play upon the vanity or fears of the public, or statements that
22 promote or produce unfair competition.

23 (d) It is unlawful and punishable under the penalty
24 provisions of this Act for a person licensed under this Article
25 to knowingly advertise that the licensee will accept as payment
26 for services rendered by assignment from any third party payor

1 the amount the third party payor covers as payment in full, if
2 the effect is to give the impression of eliminating the need of
3 payment by the patient of any required deductible or copayment
4 applicable in the patient's health benefit plan.

5 (e) A licensee shall include in every advertisement for
6 services regulated under this Act his or her title as it
7 appears on the license or the initials authorized under this
8 Act.

9 (f) As used in this Section, "advertise" means solicitation
10 by the licensee or through another person or entity by means of
11 handbills, posters, circulars, motion pictures, radio,
12 newspapers, or television or any other manner.

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

14 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

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

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

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

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

3 (2) Material violations of any provision of this Act or
4 violation of the rules of or final administrative action of
5 the Secretary, after consideration of the recommendation
6 of the Board.

7 (3) Conviction by plea of guilty or nolo contendere,
8 finding of guilt, jury verdict, or entry of judgment or by
9 sentencing of any crime, including, but not limited to,
10 convictions, preceding sentences of supervision,
11 conditional discharge, or first offender probation, under
12 the laws of any jurisdiction of the United States: (i) that
13 is a felony; or (ii) that is a misdemeanor, an essential
14 element of which is dishonesty, or that is directly related
15 to the practice of the profession.

16 (4) A pattern of practice or other behavior which
17 demonstrates incapacity or incompetency to practice under
18 this Act.

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

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

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

1 (8) Unlawful taking, theft, selling, distributing, or
2 manufacturing of any drug, narcotic, or prescription
3 device.

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

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

12 (11) A finding that the licensee, after having her or
13 his license placed on probationary status or subject to
14 conditions or restrictions, has violated the terms of
15 probation or failed to comply with such terms or
16 conditions.

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

24 (13) Willful omission to file or record, or willfully
25 impeding the filing or recording or inducing another person
26 to omit to file or record medical reports as required by

1 law or willfully failing to report an instance of suspected
2 child abuse or neglect as required by the Abused and
3 Neglected Child Reporting Act.

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

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

8 (16) Failure of a licensee to report to the Department
9 any adverse final action taken against him or her by
10 another licensing jurisdiction of the United States or any
11 foreign state or country, any peer review body, any health
12 care institution, any professional or nursing society or
13 association, any governmental agency, any law enforcement
14 agency, or any court or a nursing liability claim related
15 to acts or conduct similar to acts or conduct that would
16 constitute grounds for action as defined in this Section.

17 (17) Failure of a licensee to report to the Department
18 surrender by the licensee of a license or authorization to
19 practice nursing or advanced practice nursing in another
20 state or jurisdiction or current surrender by the licensee
21 of membership on any nursing staff or in any nursing or
22 advanced practice nursing or professional association or
23 society while under disciplinary investigation by any of
24 those authorities or bodies for acts or conduct similar to
25 acts or conduct that would constitute grounds for action as
26 defined by this Section.

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

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

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

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

10 (22) Willfully making or filing false records or
11 reports in the licensee's practice, including but not
12 limited to false records to support claims against the
13 medical assistance program of the Department of Healthcare
14 and Family Services (formerly Department of Public Aid)
15 under the Illinois Public Aid Code.

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

18 (24) Immoral conduct in the commission of an act,
19 including, but not limited to, sexual abuse, sexual
20 misconduct, or sexual exploitation, related to the
21 licensee's practice.

22 (25) Willfully or negligently violating the
23 confidentiality between nurse and patient except as
24 required by law.

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

1 (27) The use of any false, fraudulent, or deceptive
2 statement in any document connected with the licensee's
3 practice.

4 (28) Directly or indirectly giving to or receiving from
5 a person, firm, corporation, partnership, or association a
6 fee, commission, rebate, or other form of compensation for
7 professional services not actually or personally rendered.
8 Nothing in this paragraph (28) affects any bona fide
9 independent contractor or employment arrangements among
10 health care professionals, health facilities, health care
11 providers, or other entities, except as otherwise
12 prohibited by law. Any employment arrangements may include
13 provisions for compensation, health insurance, pension, or
14 other employment benefits for the provision of services
15 within the scope of the licensee's practice under this Act.
16 Nothing in this paragraph (28) shall be construed to
17 require an employment arrangement to receive professional
18 fees for services rendered.

19 (29) A violation of the Health Care Worker
20 Self-Referral Act.

21 (30) Physical illness, including but not limited to
22 deterioration through the aging process or loss of motor
23 skill, mental illness, or disability that results in the
24 inability to practice the profession with reasonable
25 judgment, skill, or safety.

26 (31) (Blank). ~~Exceeding the terms of a collaborative~~

1 ~~agreement or the prescriptive authority delegated to a~~
2 ~~licensee by his or her collaborating physician or~~
3 ~~podiatrist in guidelines established under a written~~
4 ~~collaborative agreement.~~

5 (32) Making a false or misleading statement regarding a
6 licensee's skill or the efficacy or value of the medicine,
7 treatment, or remedy prescribed by him or her in the course
8 of treatment.

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

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

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

19 (36) Willfully or negligently violating the
20 confidentiality between an advanced practice nurse,
21 collaborating physician, dentist, or podiatrist and a
22 patient, except as required by law.

23 (37) A violation of any provision of this Act or any
24 rules promulgated under this Act.

25 (c) The determination by a circuit court that a licensee is
26 subject to involuntary admission or judicial admission as

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

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

16 (e) In enforcing this Act, the Department or Board, upon a
17 showing of a possible violation, may compel an individual
18 licensed to practice under this Act or who has applied for
19 licensure under this Act, to submit to a mental or physical
20 examination, or both, as required by and at the expense of the
21 Department. The Department or Board may order the examining
22 physician to present testimony concerning the mental or
23 physical examination of the licensee or applicant. No
24 information shall be excluded by reason of any common law or
25 statutory privilege relating to communications between the
26 licensee or applicant and the examining physician. The

1 examining physicians shall be specifically designated by the
2 Board or Department. The individual to be examined may have, at
3 his or her own expense, another physician of his or her choice
4 present during all aspects of this examination. Failure of an
5 individual to submit to a mental or physical examination, when
6 directed, shall result in an automatic suspension without
7 hearing.

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

14 If the Department or Board finds an individual unable to
15 practice or unfit for duty because of the reasons set forth in
16 this Section, the Department or Board may require that
17 individual to submit to a substance abuse evaluation or
18 treatment by individuals or programs approved or designated by
19 the Department or Board, as a condition, term, or restriction
20 for continued, reinstated, or renewed licensure to practice;
21 or, in lieu of evaluation or treatment, the Department may
22 file, or the Board may recommend to the Department to file, a
23 complaint to immediately suspend, revoke, or otherwise
24 discipline the license of the individual. An individual whose
25 license was granted, continued, reinstated, renewed,
26 disciplined or supervised subject to such terms, conditions, or

1 restrictions, and who fails to comply with such terms,
2 conditions, or restrictions, shall be referred to the Secretary
3 for a determination as to whether the individual shall have his
4 or her license suspended immediately, pending a hearing by the
5 Department.

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

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

20 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;
21 96-1482, eff. 11-29-10.)

22 Section 45. The Illinois Occupational Therapy Practice Act
23 is amended by changing Section 3.1 as follows:

24 (225 ILCS 75/3.1)

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

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

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

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

22 Section 50. The Pharmacy Practice Act is amended by
23 changing Section 4 as follows:

24 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

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

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

10 (b) the sale of compressed gases;

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

1 Department of Health and Human Services, Food and Drug
2 Administration, promulgated thereunder now in effect, is
3 designated, described or considered as a narcotic, hypnotic,
4 habit forming, dangerous, or poisonous drug;

5 (d) the sale of poultry and livestock remedies in original
6 and unbroken packages only, labeled for poultry and livestock
7 medication;

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

20 (f) the delegation of limited prescriptive authority by a
21 physician licensed to practice medicine in all its branches to
22 a physician assistant under Section 7.5 of the Physician
23 Assistant Practice Act of 1987. This delegated authority under
24 Section 7.5 of the Physician Assistant Practice Act of 1987
25 may, but is not required to, include prescription of controlled
26 substances, as defined in Article II of the Illinois Controlled

1 Substances Act, in accordance with a written supervision
2 agreement; and

3 (g) (Blank). ~~the delegation of prescriptive authority by a~~
4 ~~physician licensed to practice medicine in all its branches or~~
5 ~~a licensed podiatrist to an advanced practice nurse in~~
6 ~~accordance with a written collaborative agreement under~~
7 ~~Sections 65-35 and 65-40 of the Nurse Practice Act.~~

8 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;
9 96-268, eff. 8-11-09.)

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

12 (225 ILCS 90/1) (from Ch. 111, par. 4251)

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

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

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

16 (A) Examining, evaluating, and testing individuals who
17 may have mechanical, physiological, or developmental
18 impairments, functional limitations, disabilities, or
19 other health and movement-related conditions, classifying
20 these disorders, determining a rehabilitation prognosis
21 and plan of therapeutic intervention, and assessing the
22 on-going effects of the interventions.

23 (B) Alleviating impairments, functional limitations,
24 or disabilities by designing, implementing, and modifying

1 therapeutic interventions that may include, but are not
2 limited to, the evaluation or treatment of a person through
3 the use of the effective properties of physical measures
4 and heat, cold, light, water, radiant energy, electricity,
5 sound, and air and use of therapeutic massage, therapeutic
6 exercise, mobilization, and rehabilitative procedures,
7 with or without assistive devices, for the purposes of
8 preventing, correcting, or alleviating a physical or
9 mental impairment, functional limitation, or disability.

10 (C) Reducing the risk of injury, impairment,
11 functional limitation, or disability, including the
12 promotion and maintenance of fitness, health, and
13 wellness.

14 (D) Engaging in administration, consultation,
15 education, and research.

16 Physical therapy includes, but is not limited to: (a)
17 performance of specialized tests and measurements, (b)
18 administration of specialized treatment procedures, (c)
19 interpretation of referrals from physicians, dentists,
20 advanced practice nurses, physician assistants, and
21 podiatrists, (d) establishment, and modification of physical
22 therapy treatment programs, (e) administration of topical
23 medication used in generally accepted physical therapy
24 procedures when such medication is prescribed by the patient's
25 physician, licensed to practice medicine in all its branches,
26 the patient's physician licensed to practice podiatric

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

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

20 (3) "Department" means the Department of Professional
21 Regulation.

22 (4) "Director" means the Director of Professional
23 Regulation.

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

26 (6) "Referral" means a written or oral authorization for

1 physical therapy services for a patient by a physician,
2 dentist, advanced practice nurse, physician assistant, or
3 podiatrist who maintains medical supervision of the patient and
4 makes a diagnosis or verifies that the patient's condition is
5 such that it may be treated by a physical therapist.

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

14 (8) "State" includes:

- 15 (a) the states of the United States of America;
- 16 (b) the District of Columbia; and
- 17 (c) the Commonwealth of Puerto Rico.

18 (9) "Physical therapist assistant" means a person licensed
19 to assist a physical therapist and who has met all requirements
20 as provided in this Act and who works under the supervision of
21 a licensed physical therapist to assist in implementing the
22 physical therapy treatment program as established by the
23 licensed physical therapist. The patient care activities
24 provided by the physical therapist assistant shall not include
25 the interpretation of referrals, evaluation procedures, or the
26 planning or major modification of patient programs.

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

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

9 (12) "Physician assistant" means a person licensed under
10 the Physician Assistant Practice Act of 1987 who has been
11 delegated authority to make referrals to physical therapists.
12 (Source: P.A. 94-651, eff. 1-1-06; 95-639, eff. 10-5-07.)

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

15 (225 ILCS 106/10)

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

17 Sec. 10. Definitions. In this Act:

18 "Advanced practice nurse" means an advanced practice nurse
19 licensed under the Nurse Practice Act.

20 "Board" means the Respiratory Care Board appointed by the
21 Director.

22 "Basic respiratory care activities" means and includes all
23 of the following activities:

24 (1) Cleaning, disinfecting, and sterilizing equipment

1 used in the practice of respiratory care as delegated by a
2 licensed health care professional or other authorized
3 licensed personnel.

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

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

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

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

20 (6) Maintaining a patient's natural airway by
21 physically manipulating the jaw and neck, suctioning the
22 oral cavity, or suctioning the mouth or nose with a bulb
23 syringe.

24 (7) Performing assisted ventilation during emergency
25 resuscitation using a manual resuscitator.

26 (8) Using a manual resuscitator at the direction of a

1 licensed health care professional or other authorized
2 licensed personnel who is present and performing routine
3 airway suctioning. These activities do not include care of
4 a patient's artificial airway or the adjustment of
5 mechanical ventilator settings while a patient is
6 connected to the ventilator.

7 "Basic respiratory care activities" does not mean activities
8 that involve any of the following:

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

11 (2) An unreasonable risk of a negative outcome for the
12 patient.

13 (3) The assessment or making of a decision concerning
14 patient care.

15 (4) The administration of aerosol medication or
16 oxygen.

17 (5) The insertion and maintenance of an artificial
18 airway.

19 (6) Mechanical ventilatory support.

20 (7) Patient assessment.

21 (8) Patient education.

22 "Department" means the Department of Professional
23 Regulation.

24 "Director" means the Director of Professional Regulation.

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

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

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

17 "Other authorized licensed personnel" means a licensed
18 respiratory care practitioner, a licensed registered nurse, or
19 a licensed practical nurse whose scope of practice authorizes
20 the professional to supervise an individual who is not
21 licensed, certified, or registered as a health professional.

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

26 "Respiratory care" and "cardiorespiratory care" mean

1 preventative services, evaluation and assessment services,
2 therapeutic services, and rehabilitative services under the
3 order of a licensed health care professional or a certified
4 registered nurse anesthetist in a licensed hospital for an
5 individual with a disorder, disease, or abnormality of the
6 cardiopulmonary system. These terms include, but are not
7 limited to, measuring, observing, assessing, and monitoring
8 signs and symptoms, reactions, general behavior, and general
9 physical response of individuals to respiratory care services,
10 including the determination of whether those signs, symptoms,
11 reactions, behaviors, or general physical responses exhibit
12 abnormal characteristics; the administration of
13 pharmacological and therapeutic agents related to respiratory
14 care services; the collection of blood specimens and other
15 bodily fluids and tissues for, and the performance of,
16 cardiopulmonary diagnostic testing procedures, including, but
17 not limited to, blood gas analysis; development,
18 implementation, and modification of respiratory care treatment
19 plans based on assessed abnormalities of the cardiopulmonary
20 system, respiratory care guidelines, referrals, and orders of a
21 licensed health care professional; application, operation, and
22 management of mechanical ventilatory support and other means of
23 life support; and the initiation of emergency procedures under
24 the rules promulgated by the Department. A respiratory care
25 practitioner shall refer to a physician licensed to practice
26 medicine in all its branches any patient whose condition, at

1 the time of evaluation or treatment, is determined to be beyond
2 the scope of practice of the respiratory care practitioner.

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

10 "Respiratory care practitioner" means a person who is
11 licensed by the Department of Professional Regulation and meets
12 all of the following criteria:

13 (1) The person is engaged in the practice of
14 cardiorespiratory care and has the knowledge and skill
15 necessary to administer respiratory care.

16 (2) The person is capable of serving as a resource to
17 the licensed health care professional in relation to the
18 technical aspects of cardiorespiratory care and the safe
19 and effective methods for administering cardiorespiratory
20 care modalities.

21 (3) The person is able to function in situations of
22 unsupervised patient contact requiring great individual
23 judgment.

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

25 Section 65. The Genetic Counselor Licensing Act is amended

1 by changing Sections 10, 20, and 95 as follows:

2 (225 ILCS 135/10)

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

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

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

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

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

10 "Department" means the Department of Professional
11 Regulation.

12 "Director" means the Director of Professional Regulation.

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

21 "Genetic counseling" means the provision of services,
22 which may include the ordering of genetic tests, pursuant to a
23 referral, to individuals, couples, groups, families, and
24 organizations by one or more appropriately trained individuals
25 to address the physical and psychological issues associated

1 with the occurrence or risk of occurrence or recurrence of a
2 genetic disorder, birth defect, disease, or potentially
3 inherited or genetically influenced condition in an individual
4 or a family. "Genetic counseling" consists of the following:

5 (A) Estimating the likelihood of occurrence or
6 recurrence of a birth defect or of any potentially
7 inherited or genetically influenced condition. This
8 assessment may involve:

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

11 (ii) reviewing pertinent medical records;

12 (iii) evaluating the risks from exposure to
13 possible mutagens or teratogens;

14 (iv) recommending genetic testing or other
15 evaluations to diagnose a condition or determine the
16 carrier status of one or more family members;

17 (B) Helping the individual, family, health care
18 provider, or health care professional (i) appreciate the
19 medical, psychological and social implications of a
20 disorder, including its features, variability, usual
21 course and management options, (ii) learn how genetic
22 factors contribute to the disorder and affect the chance
23 for recurrence of the condition in other family members,
24 and (iii) understand available options for coping with,
25 preventing, or reducing the chance of occurrence or
26 recurrence of a condition.

1 (C) Facilitating an individual's or family's (i)
2 exploration of the perception of risk and burden associated
3 with the disorder and (ii) adjustment and adaptation to the
4 condition or their genetic risk by addressing needs for
5 psychological, social, and medical support.

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

8 "Genetic testing" and "genetic test" mean a test or
9 analysis of human genes, gene products, DNA, RNA, chromosomes,
10 proteins, or metabolites that detects genotypes, mutations,
11 chromosomal changes, abnormalities, or deficiencies, including
12 carrier status, that (i) are linked to physical or mental
13 disorders or impairments, (ii) indicate a susceptibility to
14 illness, disease, impairment, or other disorders, whether
15 physical or mental, or (iii) demonstrate genetic or chromosomal
16 damage due to environmental factors. "Genetic testing" and
17 "genetic tests" do not include routine physical measurements;
18 chemical, blood and urine analyses that are widely accepted and
19 in use in clinical practice; tests for use of drugs; tests for
20 the presence of the human immunodeficiency virus; analyses of
21 proteins or metabolites that do not detect genotypes,
22 mutations, chromosomal changes, abnormalities, or
23 deficiencies; or analyses of proteins or metabolites that are
24 directly related to a manifested disease, disorder, or
25 pathological condition that could reasonably be detected by a
26 health care professional with appropriate training and

1 expertise in the field of medicine involved.

2 "Person" means an individual, association, partnership, or
3 corporation.

4 "Qualified supervisor" means any person who is a licensed
5 genetic counselor, as defined by rule, or a physician licensed
6 to practice medicine in all its branches. A qualified
7 supervisor may be provided at the applicant's place of work, or
8 may be contracted by the applicant to provide supervision. The
9 qualified supervisor shall file written documentation with the
10 Department of employment, discharge, or supervisory control of
11 a genetic counselor at the time of employment, discharge, or
12 assumption of supervision of a genetic counselor.

13 "Referral" means a written or telecommunicated
14 authorization for genetic counseling services from a physician
15 licensed to practice medicine in all its branches, an advanced
16 practice nurse ~~who has a collaborative agreement with a~~
17 ~~collaborating physician that authorizes referrals to a genetic~~
18 ~~counselor~~, or a physician assistant who has a supervision
19 agreement with a supervising physician that authorizes
20 referrals to a genetic counselor.

21 "Supervision" means review of aspects of genetic
22 counseling and case management in a bimonthly meeting with the
23 person under supervision.

24 (Source: P.A. 96-1313, eff. 7-27-10.)

25 (225 ILCS 135/20)

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

2 Sec. 20. Restrictions and limitations.

3 (a) Beginning 12 months after the adoption of the final
4 administrative rules, except as provided in Section 15, no
5 person shall, without a valid license as a genetic counselor
6 issued by the Department (i) in any manner hold himself or
7 herself out to the public as a genetic counselor under this
8 Act; (ii) use in connection with his or her name or place of
9 business the title "genetic counselor", "licensed genetic
10 counselor", "gene counselor", "genetic consultant", or
11 "genetic associate" or any words, letters, abbreviations, or
12 insignia indicating or implying a person has met the
13 qualifications for or has the license issued under this Act; or
14 (iii) offer to render or render to individuals, corporations,
15 or the public genetic counseling services if the words "genetic
16 counselor" or "licensed genetic counselor" are used to describe
17 the person offering to render or rendering them, or "genetic
18 counseling" is used to describe the services rendered or
19 offered to be rendered.

20 (b) Beginning 12 months after the adoption of the final
21 administrative rules, no licensed genetic counselor may
22 provide genetic counseling to individuals, couples, groups, or
23 families without a referral from a physician licensed to
24 practice medicine in all its branches, an advanced practice
25 nurse ~~who has a collaborative agreement with a collaborating~~
26 ~~physician that authorizes referrals to a genetic counselor, or~~

1 a physician assistant who has been delegated authority to make
2 referrals to genetic counselors. The physician, advanced
3 practice nurse, or physician assistant shall maintain
4 supervision of the patient and be provided timely written
5 reports on the services, including genetic testing results,
6 provided by the licensed genetic counselor. Genetic testing
7 shall be ordered by a physician licensed to practice medicine
8 in all its branches or a genetic counselor pursuant to a
9 referral that gives the specific authority to order genetic
10 tests. Genetic test results and reports shall be provided to
11 the referring physician, advanced practice nurse, or physician
12 assistant. General seminars or talks to groups or organizations
13 on genetic counseling that do not include individual, couple,
14 or family specific counseling may be conducted without a
15 referral. In clinical settings, genetic counselors who serve as
16 a liaison between family members of a patient and a genetic
17 research project, may, with the consent of the patient, provide
18 information to family members for the purpose of gathering
19 additional information, as it relates to the patient, without a
20 referral. In non-clinical settings where no patient is being
21 treated, genetic counselors who serve as a liaison between a
22 genetic research project and participants in that genetic
23 research project may provide information to the participants,
24 without a referral.

25 (c) Beginning 12 months after the adoption of the final
26 administrative rules, no association or partnership shall

1 practice genetic counseling unless every member, partner, and
2 employee of the association or partnership who practices
3 genetic counseling or who renders genetic counseling services
4 holds a valid license issued under this Act. No license shall
5 be issued to a corporation, the stated purpose of which
6 includes or which practices or which holds itself out as
7 available to practice genetic counseling, unless it is
8 organized under the Professional Service Corporation Act.

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

13 (e) Nothing in this Act shall be construed to authorize a
14 licensed genetic counselor to diagnose, test (unless
15 authorized in a referral), or treat any genetic or other
16 disease or condition.

17 (f) When, in the course of providing genetic counseling
18 services to any person, a genetic counselor licensed under this
19 Act finds any indication of a disease or condition that in his
20 or her professional judgment requires professional service
21 outside the scope of practice as defined in this Act, he or she
22 shall refer that person to a physician licensed to practice
23 medicine in all of its branches.

24 (Source: P.A. 96-1313, eff. 7-27-10.)

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

2 Sec. 95. Grounds for discipline.

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

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

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

13 (3) Conviction of any crime under the laws of the
14 United States or any state or territory thereof that is a
15 felony, a misdemeanor, an essential element of which is
16 dishonesty, or a crime that is directly related to the
17 practice of the profession.

18 (4) Making any misrepresentation for the purpose of
19 obtaining a license, or violating any provision of this Act
20 or its rules.

21 (5) Gross negligence in the rendering of genetic
22 counseling services.

23 (6) Failure to provide genetic testing results and any
24 requested information to a referring physician licensed to
25 practice medicine in all its branches, advanced practice
26 nurse, or physician assistant.

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

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

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

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

12 (10.5) Failure to maintain client records of services
13 provided and provide copies to clients upon request.

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

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

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

24 (14) Directly or indirectly giving to or receiving from
25 any person, firm, corporation, partnership, or association
26 any fee, commission, rebate, or other form of compensation

1 for any professional service not actually rendered.
2 Nothing in this paragraph (14) affects any bona fide
3 independent contractor or employment arrangements among
4 health care professionals, health facilities, health care
5 providers, or other entities, except as otherwise
6 prohibited by law. Any employment arrangements may include
7 provisions for compensation, health insurance, pension, or
8 other employment benefits for the provision of services
9 within the scope of the licensee's practice under this Act.
10 Nothing in this paragraph (14) shall be construed to
11 require an employment arrangement to receive professional
12 fees for services rendered.

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

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

19 (17) Willfully filing false reports relating to a
20 licensee's practice, including but not limited to false
21 records filed with federal or State agencies or
22 departments.

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

26 (19) Being named as a perpetrator in an indicated

1 report by the Department of Children and Family Services
2 pursuant to the Abused and Neglected Child Reporting Act,
3 and upon proof by clear and convincing evidence that the
4 licensee has caused a child to be an abused child or
5 neglected child as defined in the Abused and Neglected
6 Child Reporting Act.

7 (20) Physical or mental disability, including
8 deterioration through the aging process or loss of
9 abilities and skills which results in the inability to
10 practice the profession with reasonable judgment, skill,
11 or safety.

12 (21) Solicitation of professional services by using
13 false or misleading advertising.

14 (22) Failure to file a return, or to pay the tax,
15 penalty of interest shown in a filed return, or to pay any
16 final assessment of tax, penalty or interest, as required
17 by any tax Act administered by the Illinois Department of
18 Revenue or any successor agency or the Internal Revenue
19 Service or any successor agency.

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

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

25 (25) Gross overcharging for professional services,
26 including filing statements for collection of fees or

1 monies for which services are not rendered.

2 (26) Providing genetic counseling services to
3 individuals, couples, groups, or families without a
4 referral from either a physician licensed to practice
5 medicine in all its branches, an advanced practice nurse
6 ~~who has a collaborative agreement with a collaborating~~
7 ~~physician that authorizes the advanced practice nurse to~~
8 ~~make referrals to a genetic counselor,~~ or a physician
9 assistant who has been delegated authority to make
10 referrals to genetic counselors.

11 (b) The Department shall deny, without hearing, any
12 application or renewal for a license under this Act to any
13 person who has defaulted on an educational loan guaranteed by
14 the Illinois State Assistance Commission; however, the
15 Department may issue a license or renewal if the person in
16 default has established a satisfactory repayment record as
17 determined by the Illinois Student Assistance Commission.

18 (c) The determination by a court that a licensee is subject
19 to involuntary admission or judicial admission as provided in
20 the Mental Health and Developmental Disabilities Code will
21 result in an automatic suspension of his or her license. The
22 suspension will end upon a finding by a court that the licensee
23 is no longer subject to involuntary admission or judicial
24 admission, the issuance of an order so finding and discharging
25 the patient, and the determination of the Director that the
26 licensee be allowed to resume professional practice.

1 (Source: P.A. 96-1313, eff. 7-27-10; 96-1482, eff. 11-29-10;
2 revised 12-17-10.)

3 Section 70. The Perinatal Mental Health Disorders
4 Prevention and Treatment Act is amended by changing Section 10
5 as follows:

6 (405 ILCS 95/10)

7 Sec. 10. Definitions. In this Act:

8 "Hospital" has the meaning given to that term in the
9 Hospital Licensing Act.

10 "Licensed health care professional" means a physician
11 licensed to practice medicine in all its branches, an advanced
12 practice nurse ~~who has a collaborative agreement with a~~
13 ~~collaborating physician that authorizes care~~, or a physician's
14 assistant who has been delegated authority to provide care.

15 "Postnatal care" means an office visit to a licensed health
16 care professional occurring after birth, with reference to the
17 infant or mother.

18 "Prenatal care" means an office visit to a licensed health
19 care professional for pregnancy-related care occurring before
20 birth.

21 "Questionnaire" means an assessment tool administered by a
22 licensed health care professional to detect perinatal mental
23 health disorders, such as the Edinburgh Postnatal Depression
24 Scale, the Postpartum Depression Screening Scale, the Beck

1 Depression Inventory, the Patient Health Questionnaire, or
2 other validated assessment methods.

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

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

6 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

7 Sec. 6.2. Physicians to screen children.

8 (a) Every physician licensed to practice medicine in all
9 its branches or health care provider shall screen children 6
10 months through 6 years of age for lead poisoning who are
11 determined to reside in an area defined as high risk by the
12 Department. Children residing in areas defined as low risk by
13 the Department shall be assessed for risk by a risk assessment
14 procedure developed by the Department. Children shall be
15 screened, in accordance with guidelines and criteria set forth
16 by the American Academy of Pediatrics, at the priority
17 intervals and using the methods specified in the guidelines.

18 (b) Each licensed, registered, or approved health care
19 facility serving children from 6 months through 6 years of age,
20 including but not limited to, health departments, hospitals,
21 clinics, and health maintenance organizations approved,
22 registered, or licensed by the Department, shall take the
23 appropriate steps to ensure that the patients receive lead
24 poisoning screening, where medically indicated or appropriate.

1 (c) Children 6 years and older may also be screened by
2 physicians or health care providers, in accordance with
3 guidelines and criteria set forth by the American Academy of
4 Pediatrics, according to the priority intervals specified in
5 the guidelines. Physicians and health care providers shall also
6 screen children for lead poisoning in conjunction with the
7 school health examination, as required under the School Code,
8 when, in the medical judgement of the physician, advanced
9 practice nurse ~~who has a written collaborative agreement with a~~
10 ~~collaborating physician that authorizes the advance practice~~
11 ~~nurse to perform health examinations,~~ or physician assistant
12 who has been delegated to perform health examinations by the
13 supervising physician, the child is potentially at high risk of
14 lead poisoning.

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

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

20 Section 80. The Sexual Assault Survivors Emergency
21 Treatment Act is amended by changing Sections 2.2, 5, and 5.5
22 as follows:

23 (410 ILCS 70/2.2)

24 Sec. 2.2. Emergency contraception.

1 (a) The General Assembly finds:

2 (1) Crimes of sexual assault and sexual abuse cause
3 significant physical, emotional, and psychological trauma
4 to the victims. This trauma is compounded by a victim's
5 fear of becoming pregnant and bearing a child as a result
6 of the sexual assault.

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

10 (3) As approved for use by the Federal Food and Drug
11 Administration (FDA), emergency contraception can
12 significantly reduce the risk of pregnancy if taken within
13 72 hours after the sexual assault.

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

17 (b) Within 120 days after the effective date of this
18 amendatory Act of the 92nd General Assembly, every hospital
19 providing services to sexual assault survivors in accordance
20 with a plan approved under Section 2 must develop a protocol
21 that ensures that each survivor of sexual assault will receive
22 medically and factually accurate and written and oral
23 information about emergency contraception; the indications and
24 counter-indications and risks associated with the use of
25 emergency contraception; and a description of how and when
26 victims may be provided emergency contraception upon the

1 written order of a physician licensed to practice medicine in
2 all its branches, an advanced practice nurse ~~who has a written~~
3 ~~collaborative agreement with a collaborating physician that~~
4 ~~authorizes prescription of emergency contraception,~~ or a
5 physician assistant who has been delegated authority to
6 prescribe emergency contraception. The Department shall
7 approve the protocol if it finds that the implementation of the
8 protocol would provide sufficient protection for survivors of
9 sexual assault.

10 The hospital shall implement the protocol upon approval by
11 the Department. The Department shall adopt rules and
12 regulations establishing one or more safe harbor protocols and
13 setting minimum acceptable protocol standards that hospitals
14 may develop and implement. The Department shall approve any
15 protocol that meets those standards. The Department may provide
16 a sample acceptable protocol upon request.

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

18 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

19 Sec. 5. Minimum requirements for hospitals providing
20 hospital emergency services and forensic services to sexual
21 assault survivors.

22 (a) Every hospital providing hospital emergency services
23 and forensic services to sexual assault survivors under this
24 Act shall, as minimum requirements for such services, provide,
25 with the consent of the sexual assault survivor, and as ordered

1 by the attending physician, an advanced practice nurse ~~who has~~
2 ~~a written collaborative agreement with a collaborating~~
3 ~~physician that authorizes provision of emergency services,~~ or a
4 physician assistant who has been delegated authority to provide
5 hospital emergency services and forensic services, the
6 following:

7 (1) appropriate medical examinations and laboratory
8 tests required to ensure the health, safety, and welfare of
9 a sexual assault survivor or which may be used as evidence
10 in a criminal proceeding against a person accused of the
11 sexual assault, or both; and records of the results of such
12 examinations and tests shall be maintained by the hospital
13 and made available to law enforcement officials upon the
14 request of the sexual assault survivor;

15 (2) appropriate oral and written information
16 concerning the possibility of infection, sexually
17 transmitted disease and pregnancy resulting from sexual
18 assault;

19 (3) appropriate oral and written information
20 concerning accepted medical procedures, medication, and
21 possible contraindications of such medication available
22 for the prevention or treatment of infection or disease
23 resulting from sexual assault;

24 (4) an amount of medication for treatment at the
25 hospital and after discharge as is deemed appropriate by
26 the attending physician, an advanced practice nurse, or a

1 physician assistant and consistent with the hospital's
2 current approved protocol for sexual assault survivors;

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

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

10 (7) referral by hospital personnel for appropriate
11 counseling; and

12 (8) when HIV prophylaxis is deemed appropriate, an
13 initial dose or doses of HIV prophylaxis, along with
14 written and oral instructions indicating the importance of
15 timely follow-up healthcare.

16 (b) Any person who is a sexual assault survivor who seeks
17 emergency hospital services and forensic services or follow-up
18 healthcare under this Act shall be provided such services
19 without the consent of any parent, guardian, custodian,
20 surrogate, or agent.

21 (c) Nothing in this Section creates a physician-patient
22 relationship that extends beyond discharge from the hospital
23 emergency department.

24 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

25 (410 ILCS 70/5.5)

1 Sec. 5.5. Minimum reimbursement requirements for follow-up
2 healthcare.

3 (a) Every hospital, health care professional, laboratory,
4 or pharmacy that provides follow-up healthcare to a sexual
5 assault survivor, with the consent of the sexual assault
6 survivor and as ordered by the attending physician, an advanced
7 practice nurse ~~who has a written collaborative agreement with a~~
8 ~~collaborating physician~~, or physician assistant who has been
9 delegated authority by a supervising physician shall be
10 reimbursed for the follow-up healthcare services provided.
11 Follow-up healthcare services include, but are not limited to,
12 the following:

13 (1) a physical examination;

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

16 (3) appropriate medications, including HIV
17 prophylaxis.

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

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

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

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

3 (410 ILCS 210/1) (from Ch. 111, par. 4501)

4 Sec. 1. Consent by minor. The consent to the performance of
5 a medical or surgical procedure by a physician licensed to
6 practice medicine and surgery, an advanced practice nurse ~~who~~
7 ~~has a written collaborative agreement with a collaborating~~
8 ~~physician that authorizes provision of services for minors,~~ or
9 a physician assistant who has been delegated authority to
10 provide services for minors executed by a married person who is
11 a minor, by a parent who is a minor, by a pregnant woman who is
12 a minor, or by any person 18 years of age or older, is not
13 voidable because of such minority, and, for such purpose, a
14 married person who is a minor, a parent who is a minor, a
15 pregnant woman who is a minor, or any person 18 years of age or
16 older, is deemed to have the same legal capacity to act and has
17 the same powers and obligations as has a person of legal age.
18 (Source: P.A. 93-962, eff. 8-20-04.)

19 (410 ILCS 210/2) (from Ch. 111, par. 4502)

20 Sec. 2. Any parent, including a parent who is a minor, may
21 consent to the performance upon his or her child of a medical
22 or surgical procedure by a physician licensed to practice
23 medicine and surgery, an advanced practice nurse ~~who has a~~
24 ~~written collaborative agreement with a collaborating physician~~

1 ~~that authorizes provision of services for minors,~~ or a
2 physician assistant who has been delegated authority to provide
3 services for minors or a dental procedure by a licensed
4 dentist. The consent of a parent who is a minor shall not be
5 voidable because of such minority, but, for such purpose, a
6 parent who is a minor shall be deemed to have the same legal
7 capacity to act and shall have the same powers and obligations
8 as has a person of legal age.

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

10 (410 ILCS 210/3) (from Ch. 111, par. 4503)

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

24 (b) Where a minor is the victim of a predatory criminal
25 sexual assault of a child, aggravated criminal sexual assault,

1 criminal sexual assault, aggravated criminal sexual abuse or
2 criminal sexual abuse, as provided in Sections 12-13 through
3 12-16 of the Criminal Code of 1961, as now or hereafter
4 amended, the consent of the minor's parent or legal guardian
5 need not be obtained to authorize a hospital, physician,
6 advanced practice nurse, physician assistant, or other medical
7 personnel to furnish medical care or counseling related to the
8 diagnosis or treatment of any disease or injury arising from
9 such offense. The minor may consent to such counseling,
10 diagnosis or treatment as if the minor had reached his or her
11 age of majority. Such consent shall not be voidable, nor
12 subject to later disaffirmance, because of minority.

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

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

16 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

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

23 "Department" means the Illinois Department of Human
24 Services.

1 "Early and Periodic Screening, Diagnosis and Treatment
2 (EPSDT)" means the provision of preventative health care under
3 42 C.F.R. 441.50 et seq., including medical and dental
4 services, needed to assess growth and development and detect
5 and treat health problems.

6 "Hospital" means a hospital as defined under the Hospital
7 Licensing Act.

8 "Local health authority" means the full-time official
9 health department or board of health, as recognized by the
10 Illinois Department of Public Health, having jurisdiction over
11 a particular area.

12 "Nurse" means a nurse licensed under the Nurse Practice
13 Act.

14 "Physician" means a physician licensed to practice
15 medicine in all of its branches.

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

19 "Postnatal visit" means a visit occurring after birth, with
20 reference to the newborn.

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

22 "Program" means the Prenatal and Newborn Care Program
23 established pursuant to this Act.

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

25 Section 95. The AIDS Confidentiality Act is amended by

1 changing Section 3 as follows:

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

3 Sec. 3. When used in this Act:

4 (a) "Department" means the Illinois Department of Public
5 Health.

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

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

9 (d) "Informed consent" means a written or verbal agreement
10 by the subject of a test or the subject's legally authorized
11 representative without undue inducement or any element of
12 force, fraud, deceit, duress or other form of constraint or
13 coercion, which entails at least the following pre-test
14 information:

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

17 (2) a fair explanation of the procedures to be followed,
18 including the voluntary nature of the test, the right to
19 withdraw consent to the testing process at any time, the right
20 to anonymity to the extent provided by law with respect to
21 participation in the test and disclosure of test results, and
22 the right to confidential treatment of information identifying
23 the subject of the test and the results of the test, to the
24 extent provided by law.

25 Pre-test information may be provided in writing, verbally,

1 or by video, electronic, or other means. The subject must be
2 offered an opportunity to ask questions about the HIV test and
3 decline testing. Nothing in this Act shall prohibit a health
4 care provider from combining a form used to obtain informed
5 consent for HIV testing with forms used to obtain written
6 consent for general medical care or any other medical test or
7 procedure provided that the forms make it clear that the
8 subject may consent to general medical care, tests, or medical
9 procedures without being required to consent to HIV testing and
10 clearly explain how the subject may opt-out of HIV testing.

11 (e) "Health facility" means a hospital, nursing home, blood
12 bank, blood center, sperm bank, or other health care
13 institution, including any "health facility" as that term is
14 defined in the Illinois Finance Authority Act.

15 (f) "Health care provider" means any health care
16 professional, nurse, paramedic, psychologist or other person
17 providing medical, nursing, psychological, or other health
18 care services of any kind.

19 (f-5) "Health care professional" means (i) a licensed
20 physician, (ii) a physician assistant to whom the physician
21 assistant's supervising physician has delegated the provision
22 of AIDS and HIV-related health services, (iii) an advanced
23 practice registered nurse ~~who has a written collaborative~~
24 ~~agreement with a collaborating physician which authorizes the~~
25 ~~provision of AIDS and HIV-related health services,~~ (iv) a
26 licensed dentist, (v) a licensed podiatrist, or (vi) an

1 individual certified to provide HIV testing and counseling by a
2 state or local public health department.

3 (g) "Test" or "HIV test" means a test to determine the
4 presence of the antibody or antigen to HIV, or of HIV
5 infection.

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

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

10 Section 100. The Illinois Sexually Transmissible Disease
11 Control Act is amended by changing Section 4 as follows:

12 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

13 Sec. 4. Reporting required.

14 (a) A physician licensed under the provisions of the
15 Medical Practice Act of 1987, an advanced practice nurse
16 licensed under the provisions of the Nurse Practice Act ~~who has~~
17 ~~a written collaborative agreement with a collaborating~~
18 ~~physician that authorizes the provision of services for a~~
19 ~~sexually transmissible disease,~~ or a physician assistant
20 licensed under the provisions of the Physician Assistant
21 Practice Act of 1987 who has been delegated authority to
22 provide services for a sexually transmissible disease who makes
23 a diagnosis of or treats a person with a sexually transmissible
24 disease and each laboratory that performs a test for a sexually

1 transmissible disease which concludes with a positive result
2 shall report such facts as may be required by the Department by
3 rule, within such time period as the Department may require by
4 rule, but in no case to exceed 2 weeks.

5 (b) The Department shall adopt rules specifying the
6 information required in reporting a sexually transmissible
7 disease, the method of reporting and specifying a minimum time
8 period for reporting. In adopting such rules, the Department
9 shall consider the need for information, protections for the
10 privacy and confidentiality of the patient, and the practical
11 abilities of persons and laboratories to report in a reasonable
12 fashion.

13 (c) Any person who knowingly or maliciously disseminates
14 any false information or report concerning the existence of any
15 sexually transmissible disease under this Section is guilty of
16 a Class A misdemeanor.

17 (d) Any person who violates the provisions of this Section
18 or the rules adopted hereunder may be fined by the Department
19 up to \$500 for each violation. The Department shall report each
20 violation of this Section to the regulatory agency responsible
21 for licensing a health care professional or a laboratory to
22 which these provisions apply.

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

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

1 (410 ILCS 335/5)

2 Sec. 5. Definitions. In this Act:

3 "Department" means the Department of Public Health.

4 "Health care professional" means a physician licensed to
5 practice medicine in all its branches, a physician assistant
6 who has been delegated the provision of health services by his
7 or her supervising physician, or an advanced practice
8 ~~registered nurse who has a written collaborative agreement with~~
9 ~~a collaborating physician that authorizes the provision of~~
10 ~~health services.~~

11 "Health care facility" or "facility" means any hospital or
12 other institution that is licensed or otherwise authorized to
13 deliver health care services.

14 "Health care services" means any prenatal medical care or
15 labor or delivery services to a pregnant woman and her newborn
16 infant, including hospitalization.

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

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

21 (410 ILCS 642/10)

22 Sec. 10. Definitions. In this Act:

23 "Authorized nursing employee" means a registered nurse or

1 advanced practice nurse, as defined in the Nurse Practice Act,
2 who is employed by a home health agency or hospice licensed in
3 this State.

4 "Health care professional" means a physician licensed to
5 practice medicine in all its branches, an advanced practice
6 nurse ~~who has a written collaborative agreement with a~~
7 ~~collaborating physician that authorizes services under this~~
8 ~~Act~~, or a physician assistant who has been delegated the
9 authority to perform services under this Act by his or her
10 supervising physician.

11 "Home health agency" has the meaning ascribed to it in
12 Section 2.04 of the Home Health, Home Services, and Home
13 Nursing Agency Licensing Act.

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

16 "Physician" means a physician licensed under the Medical
17 Practice Act of 1987 to practice medicine in all its branches.
18 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
19 95-639, eff. 10-5-07.)

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

22 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

23 Sec. 1-159.1. Person with disabilities. A natural person
24 who, as determined by a licensed physician, by a physician

1 assistant who has been delegated the authority to make this
2 determination by his or her supervising physician, or by an
3 advanced practice nurse ~~who has a written collaborative~~
4 ~~agreement with a collaborating physician that authorizes the~~
5 ~~advanced practice nurse to make this determination:~~ (1) cannot
6 walk without the use of, or assistance from, a brace, cane,
7 crutch, another person, prosthetic device, wheelchair, or
8 other assistive device; (2) is restricted by lung disease to
9 such an extent that his or her forced (respiratory) expiratory
10 volume for one second, when measured by spirometry, is less
11 than one liter, or the arterial oxygen tension is less than 60
12 mm/hg on room air at rest; (3) uses portable oxygen; (4) has a
13 cardiac condition to the extent that the person's functional
14 limitations are classified in severity as Class III or Class
15 IV, according to standards set by the American Heart
16 Association; (5) is severely limited in the person's ability to
17 walk due to an arthritic, neurological, or orthopedic
18 condition; (6) cannot walk 200 feet without stopping to rest
19 because of one of the above 5 conditions; or (7) is missing a
20 hand or arm or has permanently lost the use of a hand or arm.

21 (Source: P.A. 95-186, eff. 8-16-07.)

22 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

23 Sec. 3-616. Disability license plates.

24 (a) Upon receiving an application for a certificate of
25 registration for a motor vehicle of the first division or for a

1 motor vehicle of the second division weighing no more than
2 8,000 pounds, accompanied with payment of the registration fees
3 required under this Code from a person with disabilities or a
4 person who is deaf or hard of hearing, the Secretary of State,
5 if so requested, shall issue to such person registration plates
6 as provided for in Section 3-611, provided that the person with
7 disabilities or person who is deaf or hard of hearing must not
8 be disqualified from obtaining a driver's license under
9 subsection 8 of Section 6-103 of this Code, and further
10 provided that any person making such a request must submit a
11 statement, certified by a licensed physician, by a physician
12 assistant who has been delegated the authority to make this
13 certification by his or her supervising physician, or by an
14 advanced practice nurse ~~who has a written collaborative~~
15 ~~agreement with a collaborating physician that authorizes the~~
16 ~~advanced practice nurse to make this certification,~~ to the
17 effect that such person is a person with disabilities as
18 defined by Section 1-159.1 of this Code, or alternatively
19 provide adequate documentation that such person has a Class 1A,
20 Class 2A or Type Four disability under the provisions of
21 Section 4A of the Illinois Identification Card Act. For
22 purposes of this Section, an Illinois Disabled Person
23 Identification Card issued pursuant to the Illinois
24 Identification Card Act indicating that the person thereon
25 named has a disability shall be adequate documentation of such
26 a disability.

1 (b) The Secretary shall issue plates under this Section to
2 a parent or legal guardian of a person with disabilities if the
3 person with disabilities has a Class 1A or Class 2A disability
4 as defined in Section 4A of the Illinois Identification Card
5 Act or is a person with disabilities as defined by Section
6 1-159.1 of this Code, and does not possess a vehicle registered
7 in his or her name, provided that the person with disabilities
8 relies frequently on the parent or legal guardian for
9 transportation. Only one vehicle per family may be registered
10 under this subsection, unless the applicant can justify in
11 writing the need for one additional set of plates. Any person
12 requesting special plates under this subsection shall submit
13 such documentation or such physician's, physician assistant's,
14 or advanced practice nurse's statement as is required in
15 subsection (a) and a statement describing the circumstances
16 qualifying for issuance of special plates under this
17 subsection. An optometrist may certify a Class 2A Visual
18 Disability, as defined in Section 4A of the Illinois
19 Identification Card Act, for the purpose of qualifying a person
20 with disabilities for special plates under this subsection.

21 (c) The Secretary may issue a parking decal or device to a
22 person with disabilities as defined by Section 1-159.1 without
23 regard to qualification of such person with disabilities for a
24 driver's license or registration of a vehicle by such person
25 with disabilities or such person's immediate family, provided
26 such person with disabilities making such a request has been

1 issued a Disabled Person Identification Card indicating that
2 the person named thereon has a Class 1A or Class 2A disability,
3 or alternatively, submits a statement certified by a licensed
4 physician, or by a physician assistant or an advanced practice
5 nurse as provided in subsection (a), to the effect that such
6 person is a person with disabilities as defined by Section
7 1-159.1. An optometrist may certify a Class 2A Visual
8 Disability as defined in Section 4A of the Illinois
9 Identification Card Act for the purpose of qualifying a person
10 with disabilities for a parking decal or device under this
11 subsection.

12 (d) The Secretary shall prescribe by rules and regulations
13 procedures to certify or re-certify as necessary the
14 eligibility of persons whose disabilities are other than
15 permanent for special plates or parking decals or devices
16 issued under subsections (a), (b) and (c). Except as provided
17 under subsection (f) of this Section, no such special plates,
18 decals or devices shall be issued by the Secretary of State to
19 or on behalf of any person with disabilities unless such person
20 is certified as meeting the definition of a person with
21 disabilities pursuant to Section 1-159.1 or meeting the
22 requirement of a Type Four disability as provided under Section
23 4A of the Illinois Identification Card Act for the period of
24 time that the physician, or the physician assistant or advanced
25 practice nurse as provided in subsection (a), determines the
26 applicant will have the disability, but not to exceed 6 months

1 from the date of certification or recertification.

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

5 (f) The Secretary of State, upon application, shall issue
6 disability registration plates or a parking decal to
7 corporations, school districts, State or municipal agencies,
8 limited liability companies, nursing homes, convalescent
9 homes, or special education cooperatives which will transport
10 persons with disabilities. The Secretary shall prescribe by
11 rule a means to certify or re-certify the eligibility of
12 organizations to receive disability plates or decals and to
13 designate which of the 2 person with disabilities emblems shall
14 be placed on qualifying vehicles.

15 (g) The Secretary of State, or his designee, may enter into
16 agreements with other jurisdictions, including foreign
17 jurisdictions, on behalf of this State relating to the
18 extension of parking privileges by such jurisdictions to
19 permanently disabled residents of this State who display a
20 special license plate or parking device that contains the
21 International symbol of access on his or her motor vehicle, and
22 to recognize such plates or devices issued by such other
23 jurisdictions. This State shall grant the same parking
24 privileges which are granted to disabled residents of this
25 State to any non-resident whose motor vehicle is licensed in
26 another state, district, territory or foreign country if such

1 vehicle displays the international symbol of access or a
2 distinguishing insignia on license plates or parking device
3 issued in accordance with the laws of the non-resident's state,
4 district, territory or foreign country.

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

6 (625 ILCS 5/6-106.1)

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

8 (a) The Secretary of State shall issue a school bus driver
9 permit to those applicants who have met all the requirements of
10 the application and screening process under this Section to
11 insure the welfare and safety of children who are transported
12 on school buses throughout the State of Illinois. Applicants
13 shall obtain the proper application required by the Secretary
14 of State from their prospective or current employer and submit
15 the completed application to the prospective or current
16 employer along with the necessary fingerprint submission as
17 required by the Department of State Police to conduct
18 fingerprint based criminal background checks on current and
19 future information available in the state system and current
20 information available through the Federal Bureau of
21 Investigation's system. Applicants who have completed the
22 fingerprinting requirements shall not be subjected to the
23 fingerprinting process when applying for subsequent permits or
24 submitting proof of successful completion of the annual
25 refresher course. Individuals who on the effective date of this

1 Act possess a valid school bus driver permit that has been
2 previously issued by the appropriate Regional School
3 Superintendent are not subject to the fingerprinting
4 provisions of this Section as long as the permit remains valid
5 and does not lapse. The applicant shall be required to pay all
6 related application and fingerprinting fees as established by
7 rule including, but not limited to, the amounts established by
8 the Department of State Police and the Federal Bureau of
9 Investigation to process fingerprint based criminal background
10 investigations. All fees paid for fingerprint processing
11 services under this Section shall be deposited into the State
12 Police Services Fund for the cost incurred in processing the
13 fingerprint based criminal background investigations. All
14 other fees paid under this Section shall be deposited into the
15 Road Fund for the purpose of defraying the costs of the
16 Secretary of State in administering this Section. All
17 applicants must:

- 18 1. be 21 years of age or older;
- 19 2. possess a valid and properly classified driver's
20 license issued by the Secretary of State;
- 21 3. possess a valid driver's license, which has not been
22 revoked, suspended, or canceled for 3 years immediately
23 prior to the date of application, or have not had his or
24 her commercial motor vehicle driving privileges
25 disqualified within the 3 years immediately prior to the
26 date of application;

1 4. successfully pass a written test, administered by
2 the Secretary of State, on school bus operation, school bus
3 safety, and special traffic laws relating to school buses
4 and submit to a review of the applicant's driving habits by
5 the Secretary of State at the time the written test is
6 given;

7 5. demonstrate ability to exercise reasonable care in
8 the operation of school buses in accordance with rules
9 promulgated by the Secretary of State;

10 6. demonstrate physical fitness to operate school
11 buses by submitting the results of a medical examination,
12 including tests for drug use for each applicant not subject
13 to such testing pursuant to federal law, conducted by a
14 licensed physician, an advanced practice nurse ~~who has a~~
15 ~~written collaborative agreement with a collaborating~~
16 ~~physician which authorizes him or her to perform medical~~
17 ~~examinations~~, or a physician assistant who has been
18 delegated the performance of medical examinations by his or
19 her supervising physician within 90 days of the date of
20 application according to standards promulgated by the
21 Secretary of State;

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

25 8. have completed an initial classroom course,
26 including first aid procedures, in school bus driver safety

1 as promulgated by the Secretary of State; and after
2 satisfactory completion of said initial course an annual
3 refresher course; such courses and the agency or
4 organization conducting such courses shall be approved by
5 the Secretary of State; failure to complete the annual
6 refresher course, shall result in cancellation of the
7 permit until such course is completed;

8 9. not have been convicted of 2 or more serious traffic
9 offenses, as defined by rule, within one year prior to the
10 date of application that may endanger the life or safety of
11 any of the driver's passengers within the duration of the
12 permit period;

13 10. not have been convicted of reckless driving,
14 aggravated reckless driving, driving while under the
15 influence of alcohol, other drug or drugs, intoxicating
16 compound or compounds or any combination thereof, or
17 reckless homicide resulting from the operation of a motor
18 vehicle within 3 years of the date of application;

19 11. not have been convicted of committing or attempting
20 to commit any one or more of the following offenses: (i)
21 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
22 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
23 10-5.1, 10-6, 10-7, 10-9, 11-6, 11-6.5, 11-6.6, 11-9,
24 11-9.1, 11-9.3, 11-9.4, 11-14, 11-14.1, 11-15, 11-15.1,
25 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19, 11-19.1,
26 11-19.2, 11-20, 11-20.1, 11-20.3, 11-21, 11-22, 11-23,

1 11-24, 11-25, 11-26, 12-2.6, 12-3.1, 12-4, 12-4.1, 12-4.2,
2 12-4.2-5, 12-4.3, 12-4.4, 12-4.5, 12-4.6, 12-4.7, 12-4.9,
3 12-6, 12-6.2, 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11,
4 12-13, 12-14, 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5,
5 12-21.6, 12-33, 16-16, 16-16.1, 18-1, 18-2, 18-3, 18-4,
6 18-5, 20-1, 20-1.1, 20-1.2, 20-1.3, 20-2, 24-1, 24-1.1,
7 24-1.2, 24-1.2-5, 24-1.6, 24-1.7, 24-2.1, 24-3.3, 24-3.5,
8 31A-1, 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of
9 Section 8-1, and in subsection (a) and subsection (b),
10 clause (1), of Section 12-4, and in subsection (A), clauses
11 (a) and (b), of Section 24-3, and those offenses contained
12 in Article 29D of the Criminal Code of 1961; (ii) those
13 offenses defined in the Cannabis Control Act except those
14 offenses defined in subsections (a) and (b) of Section 4,
15 and subsection (a) of Section 5 of the Cannabis Control
16 Act; (iii) those offenses defined in the Illinois
17 Controlled Substances Act; (iv) those offenses defined in
18 the Methamphetamine Control and Community Protection Act;
19 (v) any offense committed or attempted in any other state
20 or against the laws of the United States, which if
21 committed or attempted in this State would be punishable as
22 one or more of the foregoing offenses; (vi) the offenses
23 defined in Section 4.1 and 5.1 of the Wrongs to Children
24 Act; (vii) those offenses defined in Section 6-16 of the
25 Liquor Control Act of 1934; and (viii) those offenses
26 defined in the Methamphetamine Precursor Control Act; ;

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

9 13. not have, through the unlawful operation of a motor
10 vehicle, caused an accident resulting in the death of any
11 person; and

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

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

19 (c) A school bus driver permit shall contain the holder's
20 driver's license number, legal name, residence address, zip
21 code, social security number and date of birth, a brief
22 description of the holder and a space for signature. The
23 Secretary of State may require a suitable photograph of the
24 holder.

25 (d) The employer shall be responsible for conducting a
26 pre-employment interview with prospective school bus driver

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

15 (e) Permits shall initially be provisional upon receiving
16 certification from the employer that all pre-employment
17 conditions have been successfully completed, and upon
18 successful completion of all training and examination
19 requirements for the classification of the vehicle to be
20 operated, the Secretary of State shall provisionally issue a
21 School Bus Driver Permit. The permit shall remain in a
22 provisional status pending the completion of the Federal Bureau
23 of Investigation's criminal background investigation based
24 upon fingerprinting specimens submitted to the Federal Bureau
25 of Investigation by the Department of State Police. The Federal
26 Bureau of Investigation shall report the findings directly to

1 the Secretary of State. The Secretary of State shall remove the
2 bus driver permit from provisional status upon the applicant's
3 successful completion of the Federal Bureau of Investigation's
4 criminal background investigation.

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

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

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

19 (2) The Secretary of State shall cancel a school bus
20 driver permit when he or she receives notice that the
21 permit holder fails to comply with any provision of this
22 Section or any rule promulgated for the administration of
23 this Section.

24 (3) The Secretary of State shall cancel a school bus
25 driver permit if the permit holder's restricted commercial
26 or commercial driving privileges are withdrawn or

1 otherwise invalidated.

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

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

12 (6) The Secretary of State shall suspend a school bus
13 driver permit for a period of 3 years upon receiving notice
14 from the employer that the holder failed to perform the
15 inspection procedure set forth in subsection (a) or (b) of
16 Section 12-816 of this Code.

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

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

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

16 (h) When a school bus driver permit holder who is a service
17 member is called to active duty, the employer of the permit
18 holder shall notify the Secretary of State, within 30 days of
19 notification from the permit holder, that the permit holder has
20 been called to active duty. Upon notification pursuant to this
21 subsection, (i) the Secretary of State shall characterize the
22 permit as inactive until a permit holder renews the permit as
23 provided in subsection (i) of this Section, and (ii) if a
24 permit holder fails to comply with the requirements of this
25 Section while called to active duty, the Secretary of State
26 shall not characterize the permit as invalid.

1 (i) A school bus driver permit holder who is a service
2 member returning from active duty must, within 90 days, renew a
3 permit characterized as inactive pursuant to subsection (h) of
4 this Section by complying with the renewal requirements of
5 subsection (b) of this Section.

6 (j) For purposes of subsections (h) and (i) of this
7 Section:

8 "Active duty" means active duty pursuant to an executive
9 order of the President of the United States, an act of the
10 Congress of the United States, or an order of the Governor.

11 "Service member" means a member of the Armed Services or
12 reserve forces of the United States or a member of the Illinois
13 National Guard.

14 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;
15 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.
16 7-22-10; revised 9-2-10.)

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

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

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

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

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

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

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

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

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

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

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

23 (i) boldenone,

24 (ii) chlorotestosterone,

25 (iii) chostebol,

26 (iv) dehydrochlormethyltestosterone,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 (3) lysergic acid diethylamide; or

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

11 (n) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (3) quantities beyond those normally prescribed,

10 (4) unusual dosages,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (z-1) (Blank).

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

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

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

12 (3) opium poppy and poppy straw;

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

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

25 (cc) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (Source: P.A. 95-242, eff. 1-1-08; 95-639, eff. 10-5-07;

1 95-689, eff. 10-29-07; 95-876, eff. 8-21-08; 96-189, eff.
2 8-10-09; 96-268, eff. 8-11-09.)

3 (720 ILCS 570/303.05)

4 Sec. 303.05. Mid-level practitioner registration.

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

11 (1) with respect to physician assistants,

12 (A) the physician assistant has been delegated
13 authority to prescribe any Schedule III through V
14 controlled substances by a physician licensed to
15 practice medicine in all its branches in accordance
16 with Section 7.5 of the Physician Assistant Practice
17 Act of 1987; and the physician assistant has completed
18 the appropriate application forms and has paid the
19 required fees as set by rule; or

20 (B) the physician assistant has been delegated
21 authority by a supervising physician licensed to
22 practice medicine in all its branches to prescribe or
23 dispense Schedule II controlled substances through a
24 written delegation of authority and under the
25 following conditions:

1 (i) no more than 5 Schedule II controlled
2 substances by oral dosage may be delegated;

3 (ii) any delegation must be of controlled
4 substances prescribed by the supervising
5 physician;

6 (iii) all prescriptions must be limited to no
7 more than a 30-day oral dosage, with any
8 continuation authorized only after prior approval
9 of the supervising physician;

10 (iv) the physician assistant must discuss the
11 condition of any patients for whom a controlled
12 substance is prescribed monthly with the
13 delegating physician; and

14 (v) the physician assistant must have
15 completed the appropriate application forms and
16 paid the required fees as set by rule;

17 (2) with respect to advanced practice nurses,

18 (A) the advanced practice nurse has been delegated
19 authority to prescribe any Schedule II ~~III~~ through V
20 controlled substances by a physician licensed to
21 practice medicine in all its branches or a podiatrist
22 in accordance with Section 65-40 of the Nurse Practice
23 Act. The advanced practice nurse has completed the
24 appropriate application forms and has paid the
25 required fees as set by rule; or

26 (B) the advanced practice nurse has been delegated

1 authority by a collaborating physician licensed to
2 practice medicine in all its branches to prescribe or
3 dispense Schedule II controlled substances through a
4 written delegation of authority and under the
5 following conditions:

6 (i) no more than 5 Schedule II controlled
7 substances by oral dosage may be delegated;

8 (ii) any delegation must be of controlled
9 substances prescribed by the collaborating
10 physician;

11 (iii) all prescriptions must be limited to no
12 more than a 30-day oral dosage, with any
13 continuation authorized only after prior approval
14 of the collaborating physician;

15 (iv) the advanced practice nurse must discuss
16 the condition of any patients for whom a controlled
17 substance is prescribed monthly with the
18 delegating physician; and

19 (v) the advanced practice nurse must have
20 completed the appropriate application forms and
21 paid the required fees as set by rule; or

22 (3) with respect to animal euthanasia agencies, the
23 euthanasia agency has obtained a license from the
24 Department of Professional Regulation and obtained a
25 registration number from the Department.

26 (b) The physician assistant ~~mid level practitioner~~ shall

1 only be licensed to prescribe those schedules of controlled
2 substances for which a licensed physician or licensed
3 podiatrist has delegated prescriptive authority, except that
4 an animal euthanasia agency does not have any prescriptive
5 authority. A physician assistant and an advanced practice nurse
6 are prohibited from prescribing medications and controlled
7 substances not set forth in the required written delegation of
8 authority.

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

13 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;
14 96-268, eff. 8-11-09; 96-1000, eff. 7-2-10.)

15 (225 ILCS 65/65-35 rep.)

16 Section 125. The Nurse Practice Act is amended by repealing
17 Section 65-35.

18 (225 ILCS 100/20.5 rep.)

19 Section 130. The Podiatric Medical Practice Act of 1987 is
20 amended by repealing Section 20.5.

21 Section 999. Effective date. This Act takes effect upon
22 becoming law.

1 INDEX
2 Statutes amended in order of appearance

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

1	225 ILCS 106/10	
2	225 ILCS 135/10	
3	225 ILCS 135/20	
4	225 ILCS 135/95	
5	405 ILCS 95/10	
6	410 ILCS 45/6.2	from Ch. 111 1/2, par. 1306.2
7	410 ILCS 70/2.2	
8	410 ILCS 70/5	from Ch. 111 1/2, par. 87-5
9	410 ILCS 70/5.5	
10	410 ILCS 210/1	from Ch. 111, par. 4501
11	410 ILCS 210/2	from Ch. 111, par. 4502
12	410 ILCS 210/3	from Ch. 111, par. 4503
13	410 ILCS 225/2	from Ch. 111 1/2, par. 7022
14	410 ILCS 305/3	from Ch. 111 1/2, par. 7303
15	410 ILCS 325/4	from Ch. 111 1/2, par. 7404
16	410 ILCS 335/5	
17	410 ILCS 642/10	
18	625 ILCS 5/1-159.1	from Ch. 95 1/2, par. 1-159.1
19	625 ILCS 5/3-616	from Ch. 95 1/2, par. 3-616
20	625 ILCS 5/6-106.1	
21	720 ILCS 570/102	from Ch. 56 1/2, par. 1102
22	720 ILCS 570/303.05	
23	225 ILCS 65/65-35 rep.	
24	225 ILCS 100/20.5 rep.	