

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 1. The Ambulatory Surgical Treatment Center Act is
5 amended by adding Section 6.6 as follows:

6 (210 ILCS 5/6.6 new)

7 Sec. 6.6. Clinical privileges; physician assistants. No
8 ambulatory surgical treatment center (ASTC) licensed under
9 this Act shall adopt any policy, rule, regulation, or practice
10 inconsistent with the provision of adequate supervision in
11 accordance with Section 54.5 of the Medical Practice Act of
12 1987 and the Physician Assistant Practice Act of 1987.

13 Section 3. The Hospital Licensing Act is amended by adding
14 Section 10.11 as follows:

15 (210 ILCS 85/10.11 new)

16 Sec. 10.11. Clinical privileges; physician assistants. No
17 hospital licensed under this Act shall adopt any policy, rule,
18 regulation, or practice inconsistent with the provision of
19 adequate supervision in accordance with Section 54.5 of the
20 Medical Practice Act of 1987 and the Physician Assistant
21 Practice Act of 1987.

1 Section 5. The Medical Practice Act of 1987 is amended by
2 changing Section 54.5 as follows:

3 (225 ILCS 60/54.5)

4 (Section scheduled to be repealed on December 31, 2012)

5 Sec. 54.5. Physician delegation of authority to physician
6 assistants and advanced practice nurses.

7 (a) Physicians licensed to practice medicine in all its
8 branches may delegate care and treatment responsibilities to a
9 physician assistant under guidelines in accordance with the
10 requirements of the Physician Assistant Practice Act of 1987. A
11 physician licensed to practice medicine in all its branches may
12 enter into supervising physician agreements with no more than 5
13 ~~2~~ physician assistants as set forth in subsection (a) of
14 Section 7 of the Physician Assistant Practice Act of 1987.

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

1 written collaborative agreement shall be adequate with respect
2 to collaboration with advanced practice nurses if all of the
3 following apply:

4 (1) The agreement is written to promote the exercise of
5 professional judgment by the advanced practice nurse
6 commensurate with his or her education and experience. The
7 agreement need not describe the exact steps that an
8 advanced practice nurse must take with respect to each
9 specific condition, disease, or symptom, but must specify
10 those procedures that require a physician's presence as the
11 procedures are being performed.

12 (2) Practice guidelines and orders are developed and
13 approved jointly by the advanced practice nurse and
14 collaborating physician, as needed, based on the practice
15 of the practitioners. Such guidelines and orders and the
16 patient services provided thereunder are periodically
17 reviewed by the collaborating physician.

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

25 (4) The collaborating physician and advanced practice
26 nurse consult at least once a month to provide

1 collaboration and consultation.

2 (5) Methods of communication are available with the
3 collaborating physician in person or through
4 telecommunications for consultation, collaboration, and
5 referral as needed to address patient care needs.

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

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

19 (1) an anesthesiologist or a physician participates in
20 the joint formulation and joint approval of orders or
21 guidelines and periodically reviews such orders and the
22 services provided patients under such orders; and

23 (2) for anesthesia services, the anesthesiologist or
24 physician participates through discussion of and agreement
25 with the anesthesia plan and is physically present and
26 available on the premises during the delivery of anesthesia

1 services for diagnosis, consultation, and treatment of
2 emergency medical conditions. Anesthesia services in a
3 hospital shall be conducted in accordance with Section 10.7
4 of the Hospital Licensing Act and in an ambulatory surgical
5 treatment center in accordance with Section 6.5 of the
6 Ambulatory Surgical Treatment Center Act.

7 (b-10) The anesthesiologist or operating physician must
8 agree with the anesthesia plan prior to the delivery of
9 services.

10 (c) The supervising physician shall have access to the
11 medical records of all patients attended by a physician
12 assistant. The collaborating physician shall have access to the
13 medical records of all patients attended to by an advanced
14 practice nurse.

15 (d) (Blank).

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

26 (f) A collaborating physician may, but is not required to,

1 delegate prescriptive authority to an advanced practice nurse
2 as part of a written collaborative agreement, and the
3 delegation of prescriptive authority shall conform to the
4 requirements of Section 65-40 of the Nurse Practice Act.

5 (g) A supervising physician may, but is not required to,
6 delegate prescriptive authority to a physician assistant as
7 part of a written supervision agreement, and the delegation of
8 prescriptive authority shall conform to the requirements of
9 Section 7.5 of the Physician Assistant Practice Act of 1987.

10 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11.)

11 Section 10. The Physician Assistant Practice Act of 1987 is
12 amended by changing Sections 4 and 7 and by adding Section 7.7
13 as follows:

14 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

16 Sec. 4. In this Act:

17 1. "Department" means the Department of Financial and
18 Professional Regulation.

19 2. "Secretary" means the Secretary of Financial and
20 Professional Regulation.

21 3. "Physician assistant" means any person ~~not a physician~~
22 who has been certified as a physician assistant by the National
23 Commission on the Certification of Physician Assistants or
24 equivalent successor agency and performs procedures under the

1 supervision of a physician as defined in this Act. A physician
2 assistant may perform such procedures within the specialty of
3 the supervising physician, except that such physician shall
4 exercise such direction, supervision and control over such
5 physician assistants as will assure that patients shall receive
6 quality medical care. Physician assistants shall be capable of
7 performing a variety of tasks within the specialty of medical
8 care under the supervision of a physician. Supervision of the
9 physician assistant shall not be construed to necessarily
10 require the personal presence of the supervising physician at
11 all times at the place where services are rendered, as long as
12 there is communication available for consultation by radio,
13 telephone or telecommunications within established guidelines
14 as determined by the physician/physician assistant team. The
15 supervising physician may delegate tasks and duties to the
16 physician assistant. Delegated tasks or duties shall be
17 consistent with physician assistant education, training, and
18 experience. The delegated tasks or duties shall be specific to
19 the practice setting and shall be implemented and reviewed
20 under a written supervision agreement established by the
21 physician or physician/physician assistant team. A physician
22 assistant, acting as an agent of the physician, shall be
23 permitted to transmit the supervising physician's orders as
24 determined by the institution's by-laws, policies, procedures,
25 or job description within which the physician/physician
26 assistant team practices. Physician assistants shall practice

1 only in accordance with a written supervision agreement.

2 4. "Board" means the Medical Licensing Board constituted
3 under the Medical Practice Act of 1987.

4 5. "Disciplinary Board" means the Medical Disciplinary
5 Board constituted under the Medical Practice Act of 1987.

6 6. "Physician" means, for purposes of this Act, a person
7 licensed to practice medicine in all its branches under the
8 Medical Practice Act of 1987.

9 7. "Supervising Physician" means, for the purposes of this
10 Act, the primary supervising physician of a physician
11 assistant, who, within his specialty and expertise may delegate
12 a variety of tasks and procedures to the physician assistant.
13 Such tasks and procedures shall be delegated in accordance with
14 a written supervision agreement. The supervising physician
15 maintains the final responsibility for the care of the patient
16 and the performance of the physician assistant.

17 8. "Alternate supervising physician" means, for the
18 purpose of this Act, any physician designated by the
19 supervising physician to provide supervision in the event that
20 he or she is unable to provide that supervision. The Department
21 may further define "alternate supervising physician" by rule.

22 The alternate supervising physicians shall maintain all
23 the same responsibilities as the supervising physician.
24 Nothing in this Act shall be construed as relieving any
25 physician of the professional or legal responsibility for the
26 care and treatment of persons attended by him or by physician

1 assistants under his supervision. Nothing in this Act shall be
2 construed as to limit the reasonable number of alternate
3 supervising physicians, provided they are designated by the
4 supervising physician.

5 9. "Address of record" means the designated address
6 recorded by the Department in the applicant's or licensee's
7 application file or license file maintained by the Department's
8 licensure maintenance unit. It is the duty of the applicant or
9 licensee to inform the Department of any change of address, and
10 such changes must be made either through the Department's
11 website or by contacting the Department's licensure
12 maintenance unit.

13 (Source: P.A. 95-703, eff. 12-31-07; 96-268, eff. 8-11-09.)

14 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

16 Sec. 7. Supervision requirements.

17 (a) A supervising physician shall determine the number of
18 physician assistants under his or her supervision provided the
19 physician is able to provide adequate supervision as outlined
20 in the written supervision agreement required under Section 7.5
21 of this Act and consideration is given to the nature of the
22 physician's practice, complexity of the patient population,
23 and the experience of each supervised physician assistant. A
24 supervising physician may supervise a maximum of 5 full-time
25 equivalent physician assistants; provided, however, this

1 number of physician assistants shall be reduced by the number
2 of collaborative agreements the supervising physician
3 maintains. A ~~No more than 2 physician assistants shall be~~
4 ~~supervised by the supervising physician, although a~~ physician
5 assistant shall be able to hold more than one professional
6 position. A ~~Each~~ supervising physician shall file a notice of
7 supervision of each ~~such~~ physician assistant according to the
8 rules of the Department. ~~However, the alternate supervising~~
9 ~~physician may supervise more than 2 physician assistants when~~
10 ~~the supervising physician is unable to provide such supervision~~
11 ~~consistent with the definition of alternate physician in~~
12 ~~Section 4.~~ It is the responsibility of the supervising
13 physician to maintain documentation each time he or she has
14 designated an alternative supervising physician. This
15 documentation shall include the date alternate supervisory
16 control began, the date alternate supervisory control ended,
17 and any other changes. A supervising physician shall provide a
18 copy of this documentation to the Department, upon request.

19 Physician assistants shall be supervised only by
20 physicians as defined in this Act who are engaged in clinical
21 practice, or in clinical practice in public health or other
22 community health facilities.

23 Nothing in this Act shall be construed to limit the
24 delegation of tasks or duties by a physician to a nurse or
25 other appropriately trained personnel.

26 Nothing in this Act shall be construed to prohibit the

1 employment of physician assistants by a hospital, nursing home
2 or other health care facility where such physician assistants
3 function under the supervision of a supervising physician.

4 ~~Physician assistants may be employed by the Department of~~
5 ~~Corrections or the Department of Human Services (as successor~~
6 ~~to the Department of Mental Health and Developmental~~
7 ~~Disabilities) for service in facilities maintained by such~~
8 ~~Departments and affiliated training facilities in programs~~
9 ~~conducted under the authority of the Director of Corrections or~~
10 ~~the Secretary of Human Services. Each physician assistant~~
11 ~~employed by the Department of Corrections or the Department of~~
12 ~~Human Services (as successor to the Department of Mental Health~~
13 ~~and Developmental Disabilities) shall be under the supervision~~
14 ~~of a physician engaged in clinical practice and direct patient~~
15 ~~care. Duties of each physician assistant employed by such~~
16 ~~Departments are limited to those within the scope of practice~~
17 ~~of the supervising physician who is fully responsible for all~~
18 ~~physician assistant activities.~~

19 A physician assistant may be employed by a practice group
20 or other entity employing multiple physicians at one or more
21 locations. In that case, one of the physicians practicing at a
22 location shall be designated the supervising physician. The
23 other physicians with that practice group or other entity who
24 practice in the same general type of practice or specialty as
25 the supervising physician may supervise the physician
26 assistant with respect to their patients without being deemed

1 alternate supervising physicians for the purpose of this Act.

2 (b) A physician assistant licensed in this State, or
3 licensed or authorized to practice in any other U.S.
4 jurisdiction or credentialed by his or her federal employer as
5 a physician assistant, who is responding to a need for medical
6 care created by an emergency or by a state or local disaster
7 may render such care that the physician assistant is able to
8 provide without supervision as it is defined in this Section or
9 with such supervision as is available. For purposes of this
10 Section, an "emergency situation" shall not include one that
11 occurs in the place of one's employment.

12 Any physician who supervises a physician assistant
13 providing medical care in response to such an emergency or
14 state or local disaster shall not be required to meet the
15 requirements set forth in this Section for a supervising
16 physician.

17 (Source: P.A. 95-703, eff. 12-31-07; 96-70, eff. 7-23-09.)

18 (225 ILCS 95/7.7 new)

19 Sec. 7.7. Physician assistants in hospitals, hospital
20 affiliates, or ambulatory surgical treatment centers.

21 (a) A physician assistant may provide services in a
22 hospital or a hospital affiliate as those terms are defined in
23 the Hospital Licensing Act or the University of Illinois
24 Hospital Act or a licensed ambulatory surgical treatment center
25 without a written supervision agreement pursuant to Section 7.5

1 of this Act. A physician assistant must possess clinical
2 privileges recommended by the hospital medical staff and
3 granted by the hospital or the consulting medical staff
4 committee and ambulatory surgical treatment center in order to
5 provide services. The medical staff or consulting medical staff
6 committee shall periodically review the services of physician
7 assistants granted clinical privileges, including any care
8 provided in a hospital affiliate. Authority may also be granted
9 when recommended by the hospital medical staff and granted by
10 the hospital or recommended by the consulting medical staff
11 committee and ambulatory surgical treatment center to
12 individual physician assistants to select, order, and
13 administer medications, including controlled substances, to
14 provide delineated care. In a hospital, hospital affiliate, or
15 ambulatory surgical treatment center, the attending physician
16 shall determine a physician assistant's role in providing care
17 for his or her patients, except as otherwise provided in the
18 medical staff bylaws or consulting committee policies.

19 (b) A physician assistant granted authority to order
20 medications including controlled substances may complete
21 discharge prescriptions provided the prescription is in the
22 name of the physician assistant and the attending or
23 discharging physician.

24 (c) Physician assistants practicing in a hospital,
25 hospital affiliate, or an ambulatory surgical treatment center
26 are not required to obtain a mid-level controlled substance

1 license to order controlled substances under Section 303.05 of
2 the Illinois Controlled Substances Act.

3 (225 ILCS 95/8 rep.)

4 Section 15. The Physician Assistant Practice Act of 1987 is
5 amended by repealing Section 8.

6 Section 99. Effective date. This Act takes effect upon
7 becoming law.