



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

HB5183

Introduced 2/8/2012, by Rep. Michael J. Zalewski

#### SYNOPSIS AS INTRODUCED:

See Index

Amends various Acts by changing "podiatrist" to "podiatric physician". Also makes revisory changes. Effective immediately.

LRB097 18291 CEL 63517 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 Pension Code is amended by changing  
5 Section 24-102 as follows:

6 (40 ILCS 5/24-102) (from Ch. 108 1/2, par. 24-102)

7 Sec. 24-102. As used in this Article, "employee" means any  
8 person, including a person elected, appointed or under  
9 contract, receiving compensation from the State or a unit of  
10 local government or school district for personal services  
11 rendered, including salaried persons. A health care provider  
12 who elects to participate in the State Employees Deferred  
13 Compensation Plan established under Section 24-104 of this Code  
14 shall, for purposes of that participation, be deemed an  
15 "employee" as defined in this Section.

16 As used in this Article, "health care provider" means a  
17 dentist, physician, optometrist, pharmacist, or podiatric  
18 physician ~~podiatrist~~ that participates and receives  
19 compensation as a provider under the Illinois Public Aid Code,  
20 the Children's Health Insurance Act, or the Covering ALL KIDS  
21 Health Insurance Act.

22 As used in this Article, "compensation" includes  
23 compensation received in a lump sum for accumulated unused

1 vacation, personal leave or sick leave, with the exception of  
2 health care providers. "Compensation" with respect to health  
3 care providers is defined under the Illinois Public Aid Code,  
4 the Children's Health Insurance Act, or the Covering ALL KIDS  
5 Health Insurance Act.

6 Where applicable, in no event shall the total of the amount  
7 of deferred compensation of an employee set aside in relation  
8 to a particular year under the Illinois State Employees  
9 Deferred Compensation Plan and the employee's nondeferred  
10 compensation for that year exceed the total annual salary or  
11 compensation under the existing salary schedule or  
12 classification plan applicable to such employee in such year;  
13 except that any compensation received in a lump sum for  
14 accumulated unused vacation, personal leave or sick leave shall  
15 not be included in the calculation of such totals.

16 (Source: P.A. 96-806, eff. 7-1-10.)

17 Section 8. The Podiatric Scholarship and Residency Act is  
18 amended by changing Sections 5 and 15 as follows:

19 (110 ILCS 978/5)

20 Sec. 5. Purposes. The purpose of this Act is to establish a  
21 program in the Illinois Department of Public Health to upgrade  
22 primary health care services for all citizens of the State by  
23 providing grants to podiatric medicine residency programs,  
24 scholarships to podiatry students, and a loan repayment program

1 for podiatric physicians ~~podiatrists~~ who will agree to practice  
2 in areas of the State demonstrating the greatest need for more  
3 professional medical care. The program shall encourage  
4 podiatric physicians to locate in areas where health manpower  
5 shortages exist and to increase the total number of podiatric  
6 physicians in the State. Minority students shall be given  
7 preference in selection for scholarships.

8 (Source: P.A. 87-1195.)

9 (110 ILCS 978/15)

10 Sec. 15. Powers and duties. The Department shall have the  
11 following powers and duties:

12 (a) To allocate funds to podiatric practice residency  
13 programs according to the following priorities:

14 (1) to increase the number of podiatric physicians in  
15 designated shortage areas;

16 (2) to increase the number of accredited podiatric  
17 practice residencies within the State;

18 (3) to increase the percentage of podiatric practice  
19 physicians establishing practice within the State upon  
20 completion of residency; and

21 (4) to provide funds for rental of office space,  
22 purchase of equipment, and other uses necessary to enable  
23 podiatric physicians ~~podiatrists~~ to locate their practices  
24 in communities located in designated shortage areas.

25 (b) To determine the procedures for the distribution of the

1 funds to podiatric practice residency programs, including the  
2 establishment of eligibility criteria in accordance with the  
3 following guidelines:

4 (1) preference for programs that are to be established  
5 at locations which exhibit potential for extending  
6 podiatric practice physician availability to designated  
7 shortage areas;

8 (2) preference for programs that are located away from  
9 communities in which medical schools are located; and

10 (3) preference for programs located in hospitals  
11 having affiliation agreements with medical schools located  
12 within the State.

13 (c) To establish a program of podiatry student scholarships  
14 and to award scholarships to eligible podiatry students.

15 (d) To determine criteria and standards of financial need  
16 in the awarding of scholarships under this Act.

17 (e) To receive and disburse any federal funds available for  
18 carrying out the purpose of this Act.

19 (f) To enter into contracts or agreements with any agency  
20 or department of the State of Illinois or the United States to  
21 carry out the provisions of this Act.

22 (g) To coordinate the podiatry residency grants program  
23 established under this Act with the program administered by the  
24 Illinois Board of Higher Education under the Health Services  
25 Education Grants Act.

26 (Source: P.A. 87-1195.)

1           Section 10. The Ambulatory Surgical Treatment Center Act is  
2 amended by changing Sections 3, 6, 6.5, 6.7, and 14 as follows:

3           (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

4           Sec. 3. As used in this Act, unless the context otherwise  
5 requires, the following words and phrases shall have the  
6 meanings ascribed to them:

7           (A) "Ambulatory surgical treatment center" means any  
8 institution, place or building devoted primarily to the  
9 maintenance and operation of facilities for the performance of  
10 surgical procedures or any facility in which a medical or  
11 surgical procedure is utilized to terminate a pregnancy,  
12 irrespective of whether the facility is devoted primarily to  
13 this purpose. Such facility shall not provide beds or other  
14 accommodations for the overnight stay of patients; however,  
15 facilities devoted exclusively to the treatment of children may  
16 provide accommodations and beds for their patients for up to 23  
17 hours following admission. Individual patients shall be  
18 discharged in an ambulatory condition without danger to the  
19 continued well being of the patients or shall be transferred to  
20 a hospital.

21           The term "ambulatory surgical treatment center" does not  
22 include any of the following:

23           (1) Any institution, place, building or agency  
24 required to be licensed pursuant to the "Hospital Licensing

1 Act", approved July 1, 1953, as amended.

2 (2) Any person or institution required to be licensed  
3 pursuant to the Nursing Home Care Act, the Specialized  
4 Mental Health Rehabilitation Act, or the ID/DD Community  
5 Care Act.

6 (3) Hospitals or ambulatory surgical treatment centers  
7 maintained by the State or any department or agency  
8 thereof, where such department or agency has authority  
9 under law to establish and enforce standards for the  
10 hospitals or ambulatory surgical treatment centers under  
11 its management and control.

12 (4) Hospitals or ambulatory surgical treatment centers  
13 maintained by the Federal Government or agencies thereof.

14 (5) Any place, agency, clinic, or practice, public or  
15 private, whether organized for profit or not, devoted  
16 exclusively to the performance of dental or oral surgical  
17 procedures.

18 (B) "Person" means any individual, firm, partnership,  
19 corporation, company, association, or joint stock association,  
20 or the legal successor thereof.

21 (C) "Department" means the Department of Public Health of  
22 the State of Illinois.

23 (D) "Director" means the Director of the Department of  
24 Public Health of the State of Illinois.

25 (E) "Physician" means a person licensed to practice  
26 medicine in all of its branches in the State of Illinois.

1 (F) "Dentist" means a person licensed to practice dentistry  
2 under the Illinois Dental Practice Act.

3 (G) "Podiatric physician ~~Podiatrist~~" means a person  
4 licensed to practice podiatry under the Podiatric Medical  
5 Practice Act of 1987.

6 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,  
7 eff. 1-1-12; revised 9-28-11.)

8 (210 ILCS 5/6) (from Ch. 111 1/2, par. 157-8.6)

9 Sec. 6. Upon receipt of an application for a license, the  
10 Director may deny the application for any of the following  
11 reasons:

12 (1) Conviction of the applicant, or if the applicant is  
13 a firm, partnership or association, of any of its members,  
14 or if a corporation, of any of its officers or directors,  
15 or of the person designated to manage or supervise the  
16 facility, of a felony, or of 2 or more misdemeanors  
17 involving moral turpitude, as shown by a certified copy of  
18 the record of the court of conviction, or, in the case of  
19 the conviction of a misdemeanor by a court not of record,  
20 as shown by other evidence, if the Director determines,  
21 after investigation, that such person has not been  
22 sufficiently rehabilitated to warrant the public trust; or  
23 other satisfactory evidence that the moral character of the  
24 applicant, or manager, or supervisor of the facility is not  
25 reputable;



1           (2) The licensure status or record of the applicant, or  
2           if the applicant is a firm, partnership or association, of  
3           any of its members, or if a corporation, of any of its  
4           officers or directors, or of the person designated to  
5           manage or supervise the facility, from any other state  
6           where the applicant has done business in a similar capacity  
7           indicates that granting a license to the applicant would be  
8           detrimental to the interests of the public; or

9           (3) The applicant has insufficient financial or other  
10          resources to operate and conduct the facility in accordance  
11          with the requirements of this Act and the minimum  
12          standards, rules and regulations promulgated thereunder.

13          The Director shall only issue a license if he finds that  
14          the applicant facility complies with this Act and the rules,  
15          regulations and standards promulgated pursuant thereto and:

16               (a) is under the medical supervision of one or more  
17               physicians;

18               (b) permits a surgical procedure to be performed only  
19               by a physician, podiatric physician, ~~podiatrist~~ or dentist  
20               who at the time is privileged to have his patients admitted  
21               by himself or an associated physician and is himself  
22               privileged to perform surgical procedures in at least one  
23               Illinois hospital; and

24               (c) maintains adequate medical records for each  
25               patient.

26          A license, unless sooner suspended or revoked, shall be

1 renewable annually upon approval by the Department and payment  
2 of a license fee of \$300. Each license shall be issued only for  
3 the premises and persons named in the application and shall not  
4 be transferable or assignable. The licenses shall be posted in  
5 a conspicuous place on the licensed premises. A placard or  
6 registry of all physicians on staff in the facility shall be  
7 centrally located and available for inspection to any  
8 interested person. The Department may, either before or after  
9 the issuance of a license, request the cooperation of the State  
10 Fire Marshal. The report and recommendations of this agency  
11 shall be in writing and shall state with particularity its  
12 findings with respect to compliance or noncompliance with such  
13 minimum standards, rules and regulations.

14 The Director may issue a provisional license to any  
15 ambulatory surgical treatment center which does not  
16 substantially comply with the provisions of this Act and the  
17 standards, rules and regulations promulgated by virtue thereof  
18 provided that he finds that such ambulatory surgical treatment  
19 center will undertake changes and corrections which upon  
20 completion will render the ambulatory surgical treatment  
21 center in substantial compliance with the provisions of this  
22 Act, and the standards, rules and regulations adopted  
23 hereunder, and provided that the health and safety of the  
24 patients of the ambulatory surgical treatment center will be  
25 protected during the period for which such provisional license  
26 is issued. The Director shall advise the licensee of the

1 conditions under which such provisional license is issued,  
2 including the manner in which the facilities fail to comply  
3 with the provisions of the Act, standards, rules and  
4 regulations, and the time within which the changes and  
5 corrections necessary for such ambulatory surgical treatment  
6 center to substantially comply with this Act, and the  
7 standards, rules and regulations of the Department relating  
8 thereto shall be completed.

9 A person or facility not licensed under this Act or the  
10 Hospital Licensing Act shall not hold itself out to the public  
11 as a "surgery center" or as a "center for surgery".

12 (Source: P.A. 88-490.)

13 (210 ILCS 5/6.5)

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

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

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

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

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

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

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

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

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

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

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

24 (C) A certified registered nurse anesthetist is not  
25 required to possess prescriptive authority or a written  
26 collaborative agreement meeting the requirements of

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

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

16 (210 ILCS 5/6.7)

17 Sec. 6.7. Registered nurse administration of limited  
18 levels of sedation or analgesia.

19 (a) Nothing in this Act precludes a registered nurse from  
20 administering medications for the delivery of local or minimal  
21 sedation ordered by a physician licensed to practice medicine  
22 in all its branches, podiatric physician ~~podiatrist~~, or  
23 dentist.

24 (b) If the ASTC policy allows the registered nurse to  
25 deliver moderate sedation ordered by a physician licensed to

1 practice medicine in all its branches, podiatric physician  
2 ~~podiatrist~~, or dentist, the following are required:

3 (1) The registered nurse must be under the supervision  
4 of a physician licensed to practice medicine in all its  
5 branches, podiatric physician ~~podiatrist~~, or dentist  
6 during the delivery or monitoring of moderate sedation and  
7 have no other responsibilities during the procedure.

8 (2) The registered nurse must maintain current  
9 Advanced Cardiac Life Support certification or Pediatric  
10 Advanced Life Support certification as appropriate to the  
11 age of the patient.

12 (3) The supervising physician licensed to practice  
13 medicine in all its branches, podiatric physician  
14 ~~podiatrist~~, or dentist must have training and experience in  
15 delivering and monitoring moderate sedation and possess  
16 clinical privileges at the ASTC to administer moderate  
17 sedation or analgesia.

18 (4) The supervising physician licensed to practice  
19 medicine in all its branches, podiatric physician  
20 ~~podiatrist~~, or dentist must remain physically present and  
21 available on the premises during the delivery of moderate  
22 sedation for diagnosis, consultation, and treatment of  
23 emergency medical conditions.

24 (5) The supervising physician licensed to practice  
25 medicine in all its branches, podiatric physician  
26 ~~podiatrist~~, or dentist must maintain current Advanced



1 Cardiac Life Support certification or Pediatric Advanced  
2 Life Support certification as appropriate to the age of the  
3 patient.

4 (c) Local, minimal, and moderate sedation shall be defined  
5 by the Division of Professional Regulation of the Department of  
6 Financial and Professional Regulation. Registered nurses shall  
7 be limited to administering medications for moderate sedation  
8 at doses rapidly reversible pharmacologically as determined by  
9 rule by the Division of Professional Regulation of the  
10 Department of Financial and Professional Regulation.

11 (Source: P.A. 94-861, eff. 6-16-06.)

12 (210 ILCS 5/14) (from Ch. 111 1/2, par. 157-8.14)

13 Sec. 14. The Governor shall appoint an Ambulatory Surgical  
14 Treatment Center Licensing Board composed of 12 persons. Four  
15 members shall be practicing physicians; one member shall be a  
16 practicing podiatric physician ~~podiatrist~~; one member shall be  
17 a dentist who has been licensed to perform oral surgery; one  
18 member shall be an Illinois registered professional nurse who  
19 is employed in an ambulatory surgical treatment center; one  
20 member shall be a person actively engaged in the supervision or  
21 administration of a health facility; and 4 members shall  
22 represent the general public and shall have no personal  
23 economic interest in any institution, place or building  
24 licensed pursuant to this Act. In making Board appointments,  
25 the Governor shall give consideration to recommendations made

1 through the Director by appropriate professional  
2 organizations.

3 Each member shall hold office for a term of 3 years and the  
4 terms of office of the members first taking office shall  
5 expire, as designated at the time of appointment, 3 at the end  
6 of the first year, 3 at the end of the second year, and 6 at the  
7 end of the third year, after the date of appointment. The term  
8 of office of each original appointee shall commence October 1,  
9 1973; and the term of office of each successor shall commence  
10 on October 1 of the year in which his predecessor's term  
11 expires. Any member appointed to fill a vacancy occurring prior  
12 to the expiration of the term for which his predecessor was  
13 appointed shall be appointed for the remainder of such term.  
14 Board members, while serving on business of the Board shall  
15 receive actual and necessary travel and subsistence expenses  
16 while so serving away from their places of residence. The Board  
17 shall meet as frequently as the Director deems necessary, but  
18 not less than once a year. Upon request of 3 or more members,  
19 the Director shall call a meeting of the Board.

20 The Board shall advise and consult with the Department in  
21 the administration of this Act, provided that no rule shall be  
22 adopted by the Department concerning the operation of  
23 ambulatory surgical treatment centers licensed under this Act  
24 which has not had prior approval of the Ambulatory Surgical  
25 Treatment Center Licensing Board. The Department shall submit a  
26 final draft of all rules to the Board for review and approval.

1 The final draft rules shall be placed upon the agenda of a  
2 scheduled Board meeting which shall be called within 90 days of  
3 the submission of such rules. If the Board takes no action on  
4 the final draft rules within the 90-day period, the rules shall  
5 be considered approved and the Department may proceed with  
6 their promulgation in conformance with the Illinois  
7 Administrative Procedure Act. If the final draft rules are  
8 approved by virtue of the Board's failure to act, the  
9 Department shall afford any member of the Board 10 days within  
10 which to comment upon such rules. In the event of a rule  
11 promulgation without approval of the Board, the Department  
12 shall allow the Board an ex post facto opportunity to discuss  
13 such rule following its adoption.

14 (Source: P.A. 86-1292.)

15 Section 15. The Illinois Clinical Laboratory and Blood Bank  
16 Act is amended by changing Sections 2-127, 7-101, 7-108, and  
17 7-112 as follows:

18 (210 ILCS 25/2-127) (from Ch. 111 1/2, par. 622-127)

19 Sec. 2-127. "Podiatric physician ~~Podiatrist~~" means a  
20 person licensed in Illinois to practice podiatry.

21 (Source: P.A. 87-1269.)

22 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

23 Sec. 7-101. Examination of specimens. A clinical

1 laboratory shall examine specimens only at the request of (i) a  
2 licensed physician, (ii) a licensed dentist, (iii) a licensed  
3 podiatric physician ~~podiatrist~~, (iv) a therapeutic optometrist  
4 for diagnostic or therapeutic purposes related to the use of  
5 diagnostic topical or therapeutic ocular pharmaceutical  
6 agents, as defined in subsections (c) and (d) of Section 15.1  
7 of the Illinois Optometric Practice Act of 1987, (v) a licensed  
8 physician assistant in accordance with the written guidelines  
9 required under subdivision (3) of Section 4 and under Section  
10 7.5 of the Physician Assistant Practice Act of 1987, (v-A) an  
11 advanced practice nurse in accordance with the written  
12 collaborative agreement required under Section 65-35 of the  
13 Nurse Practice Act, (vi) an authorized law enforcement agency  
14 or, in the case of blood alcohol, at the request of the  
15 individual for whom the test is to be performed in compliance  
16 with Sections 11-501 and 11-501.1 of the Illinois Vehicle Code,  
17 or (vii) a genetic counselor with the specific authority from a  
18 referral to order a test or tests pursuant to subsection (b) of  
19 Section 20 of the Genetic Counselor Licensing Act. If the  
20 request to a laboratory is oral, the physician or other  
21 authorized person shall submit a written request to the  
22 laboratory within 48 hours. If the laboratory does not receive  
23 the written request within that period, it shall note that fact  
24 in its records. For purposes of this Section, a request made by  
25 electronic mail or fax constitutes a written request.

26 (Source: P.A. 96-1313, eff. 7-27-10; 97-333, eff. 8-12-11.)

1 (210 ILCS 25/7-108) (from Ch. 111 1/2, par. 627-108)

2 Sec. 7-108. Duties of blood banks. A blood bank shall:

3 (a) Collect, process, and provide for use blood or blood  
4 components from a blood donor only upon the consent of that  
5 donor and under the direction or delegated direction of the  
6 blood bank Medical Director.

7 (b) Transfuse blood or blood components upon the request of  
8 a physician licensed to practice medicine in all its branches,  
9 a dentist, or a podiatric physician ~~podiatrist~~ who is on the  
10 medical staff of a hospital and has permission from the medical  
11 staff to make such a request. If the request is oral, the  
12 physician or other authorized person shall submit a written  
13 request to the blood bank within 48 hours. If the blood bank  
14 does not receive the written request within that period, it  
15 shall note that fact in its records.

16 (Source: P.A. 87-1269.)

17 (210 ILCS 25/7-112) (from Ch. 111 1/2, par. 627-112)

18 Sec. 7-112. Blood from paid donor; transfusions. No blood  
19 initially acquired from a paid donor may be administered by  
20 transfusion in Illinois unless the physician licensed to  
21 practice medicine in all its branches, the dentist, or the  
22 podiatric physician ~~podiatrist~~ who is on the medical staff of a  
23 hospital and has permission from the medical staff to request a  
24 transfusion, who is in charge of the treatment of the patient

1 to whom the blood is to be administered, has directed that  
2 blood acquired from a paid donor be administered to that  
3 patient and has specified in the patient's medical record his  
4 reason for this action.

5 Blood acquired from a paid donor shall be transferred for  
6 transfusion purposes in this State only as expressly permitted  
7 by rules promulgated by the Illinois Department of Public  
8 Health.

9 (Source: P.A. 87-1269.)

10 Section 20. The Abused and Neglected Long Term Care  
11 Facility Residents Reporting Act is amended by changing Section  
12 4 as follows:

13 (210 ILCS 30/4) (from Ch. 111 1/2, par. 4164)

14 Sec. 4. Any long term care facility administrator, agent or  
15 employee or any physician, hospital, surgeon, dentist,  
16 osteopath, chiropractor, podiatric physician ~~podiatrist~~,  
17 accredited religious practitioner who provides treatment by  
18 spiritual means alone through prayer in accordance with the  
19 tenets and practices of the accrediting church, coroner, social  
20 worker, social services administrator, registered nurse, law  
21 enforcement officer, field personnel of the Department of  
22 Healthcare and Family Services, field personnel of the Illinois  
23 Department of Public Health and County or Municipal Health  
24 Departments, personnel of the Department of Human Services

1 (acting as the successor to the Department of Mental Health and  
2 Developmental Disabilities or the Department of Public Aid),  
3 personnel of the Guardianship and Advocacy Commission,  
4 personnel of the State Fire Marshal, local fire department  
5 inspectors or other personnel, or personnel of the Illinois  
6 Department on Aging, or its subsidiary Agencies on Aging, or  
7 employee of a facility licensed under the Assisted Living and  
8 Shared Housing Act, having reasonable cause to believe any  
9 resident with whom they have direct contact has been subjected  
10 to abuse or neglect shall immediately report or cause a report  
11 to be made to the Department. Persons required to make reports  
12 or cause reports to be made under this Section include all  
13 employees of the State of Illinois who are involved in  
14 providing services to residents, including professionals  
15 providing medical or rehabilitation services and all other  
16 persons having direct contact with residents; and further  
17 include all employees of community service agencies who provide  
18 services to a resident of a public or private long term care  
19 facility outside of that facility. Any long term care surveyor  
20 of the Illinois Department of Public Health who has reasonable  
21 cause to believe in the course of a survey that a resident has  
22 been abused or neglected and initiates an investigation while  
23 on site at the facility shall be exempt from making a report  
24 under this Section but the results of any such investigation  
25 shall be forwarded to the central register in a manner and form  
26 described by the Department.

1           The requirement of this Act shall not relieve any long term  
2    care    facility    administrator,    agent    or    employee    of  
3    responsibility to report the abuse or neglect of a resident  
4    under Section 3-610 of the Nursing Home Care Act or under  
5    Section 3-610 of the ID/DD Community Care Act or under Section  
6    3-610 of the Specialized Mental Health Rehabilitation Act.

7           In addition to the above persons required to report  
8    suspected resident abuse and neglect, any other person may make  
9    a report to the Department, or to any law enforcement officer,  
10   if such person has reasonable cause to suspect a resident has  
11   been abused or neglected.

12           This Section also applies to residents whose death occurs  
13   from suspected abuse or neglect before being found or brought  
14   to a hospital.

15           A person required to make reports or cause reports to be  
16   made under this Section who fails to comply with the  
17   requirements of this Section is guilty of a Class A  
18   misdemeanor.

19           (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,  
20   eff. 1-1-12; revised 9-28-11.)

21           Section 25. The Hospital Licensing Act is amended by  
22   changing Sections 10 and 10.7 as follows:

23           (210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

24           Sec. 10. Board creation; Department rules.



1           (a) The Governor shall appoint a Hospital Licensing Board  
2 composed of 14 persons, which shall advise and consult with the  
3 Director in the administration of this Act. The Secretary of  
4 Human Services (or his or her designee) shall serve on the  
5 Board, along with one additional representative of the  
6 Department of Human Services to be designated by the Secretary.  
7 Four appointive members shall represent the general public and  
8 2 of these shall be members of hospital governing boards; one  
9 appointive member shall be a registered professional nurse or  
10 advanced practice, nurse as defined in the Nurse Practice Act,  
11 who is employed in a hospital; 3 appointive members shall be  
12 hospital administrators actively engaged in the supervision or  
13 administration of hospitals; 2 appointive members shall be  
14 practicing physicians, licensed in Illinois to practice  
15 medicine in all of its branches; and one appointive member  
16 shall be a physician licensed to practice podiatric medicine  
17 under the Podiatric Medical Practice Act of 1987; and one  
18 appointive member shall be a dentist licensed to practice  
19 dentistry under the Illinois Dental Practice Act. In making  
20 Board appointments, the Governor shall give consideration to  
21 recommendations made through the Director by professional  
22 organizations concerned with hospital administration for the  
23 hospital administrative and governing board appointments,  
24 registered professional nurse organizations for the registered  
25 professional nurse appointment, professional medical  
26 organizations for the physician appointments, and professional

1 dental organizations for the dentist appointment.

2 (b) Each appointive member shall hold office for a term of  
3 3 years, except that any member appointed to fill a vacancy  
4 occurring prior to the expiration of the term for which his  
5 predecessor was appointed shall be appointed for the remainder  
6 of such term and the terms of office of the members first  
7 taking office shall expire, as designated at the time of  
8 appointment, 2 at the end of the first year, 2 at the end of the  
9 second year, and 3 at the end of the third year, after the date  
10 of appointment. The initial terms of office of the 2 additional  
11 members representing the general public provided for in this  
12 Section shall expire at the end of the third year after the  
13 date of appointment. The term of office of each original  
14 appointee shall commence July 1, 1953; the term of office of  
15 the original registered professional nurse appointee shall  
16 commence July 1, 1969; the term of office of the original  
17 licensed podiatric physician ~~podiatrist~~ appointee shall  
18 commence July 1, 1981; the term of office of the original  
19 dentist appointee shall commence July 1, 1987; and the term of  
20 office of each successor shall commence on July 1 of the year  
21 in which his predecessor's term expires. Board members, while  
22 serving on business of the Board, shall receive actual and  
23 necessary travel and subsistence expenses while so serving away  
24 from their places of residence. The Board shall meet as  
25 frequently as the Director deems necessary, but not less than  
26 once a year. Upon request of 5 or more members, the Director

1 shall call a meeting of the Board.

2 (c) The Director shall prescribe rules, regulations,  
3 standards, and statements of policy needed to implement,  
4 interpret, or make specific the provisions and purposes of this  
5 Act. The Department shall adopt rules which set forth standards  
6 for determining when the public interest, safety or welfare  
7 requires emergency action in relation to termination of a  
8 research program or experimental procedure conducted by a  
9 hospital licensed under this Act. No rule, regulation, or  
10 standard shall be adopted by the Department concerning the  
11 operation of hospitals licensed under this Act which has not  
12 had prior approval of the Hospital Licensing Board, nor shall  
13 the Department adopt any rule, regulation or standard relating  
14 to the establishment of a hospital without consultation with  
15 the Hospital Licensing Board.

16 (d) Within one year after the effective date of this  
17 amendatory Act of 1984, all hospitals licensed under this Act  
18 and providing perinatal care shall comply with standards of  
19 perinatal care promulgated by the Department. The Director  
20 shall promulgate rules or regulations under this Act which are  
21 consistent with "An Act relating to the prevention of  
22 developmental disabilities", approved September 6, 1973, as  
23 amended.

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

25 (210 ILCS 85/10.7)

1           Sec. 10.7. Clinical privileges; advanced practice nurses.  
2 All hospitals licensed under this Act shall comply with the  
3 following requirements:

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

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

1           (2.5) A registered nurse licensed under the Nurse Practice  
2 Act and qualified by training and experience in operating room  
3 nursing shall be present in the operating room and function as  
4 the circulating nurse during all invasive or operative  
5 procedures. For purposes of this paragraph (2.5), "circulating  
6 nurse" means a registered nurse who is responsible for  
7 coordinating all nursing care, patient safety needs, and the  
8 needs of the surgical team in the operating room during an  
9 invasive or operative procedure.

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

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

10           (A) The individuals who, with clinical privileges  
11 granted at the hospital, may administer anesthesia  
12 services are limited to the following:

13                   (i) an anesthesiologist; or

14                   (ii) a physician licensed to practice medicine in  
15 all its branches; or

16                   (iii) a dentist with authority to administer  
17 anesthesia under Section 8.1 of the Illinois Dental  
18 Practice Act; or

19                   (iv) a licensed certified registered nurse  
20 anesthetist; or

21                   (v) a podiatric physician ~~podiatrist~~ licensed  
22 under the Podiatric Medical Practice Act of 1987.

23           (B) For anesthesia services, an anesthesiologist shall  
24 participate through discussion of and agreement with the  
25 anesthesia plan and shall remain physically present and be  
26 available on the premises during the delivery of anesthesia

1 services for diagnosis, consultation, and treatment of  
2 emergency medical conditions. In the absence of 24-hour  
3 availability of anesthesiologists with medical staff  
4 privileges, an alternate policy (requiring participation,  
5 presence, and availability of a physician licensed to  
6 practice medicine in all its branches) shall be developed  
7 by the medical staff and licensed hospital in consultation  
8 with the anesthesia service.

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

24 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;  
25 95-911, eff. 8-26-08.)

1 Section 30. The Voluntary Health Services Plans Act is  
2 amended by changing Sections 2, 7 and 17 as follows:

3 (215 ILCS 165/2) (from Ch. 32, par. 596)

4 Sec. 2. For the purposes of this Act, the following terms  
5 have the respective meanings set forth in this section, unless  
6 different meanings are plainly indicated by the context:

7 (a) "Health Services Plan Corporation" means a corporation  
8 organized under the terms of this Act for the purpose of  
9 establishing and operating a voluntary health services plan and  
10 providing other medically related services.

11 (b) "Voluntary health services plan" means either a plan or  
12 system under which medical, hospital, nursing and relating  
13 health services may be rendered to a subscriber or beneficiary  
14 at the expense of a health services plan corporation, or any  
15 contractual arrangement to provide, either directly or through  
16 arrangements with others, dental care services to subscribers  
17 and beneficiaries.

18 (c) "Subscriber" means a natural person to whom a  
19 subscription certificate has been issued by a health services  
20 plan corporation. Persons eligible under Section 5-2 of the  
21 Illinois Public Aid Code may be subscribers if a written  
22 agreement exists, as specified in Section 25 of this Act,  
23 between the Health Services Plan Corporation and the Department  
24 of Healthcare and Family Services. A subscription certificate  
25 may be issued to such persons at no cost.



1           (d) "Beneficiary" means a person designated in a  
2 subscription certificate as one entitled to receive health  
3 services.

4           (e) "Health services" means those services ordinarily  
5 rendered by physicians licensed in Illinois to practice  
6 medicine in all of its branches, by podiatric physicians  
7 ~~podiatrists~~ licensed in Illinois to practice podiatric  
8 medicine, by dentists and dental surgeons licensed to practice  
9 in Illinois, by nurses registered in Illinois, by dental  
10 hygienists licensed to practice in Illinois, and by assistants  
11 and technicians acting under professional supervision; it  
12 likewise means hospital services as usually and customarily  
13 rendered in Illinois, and the compounding and dispensing of  
14 drugs and medicines by pharmacists and assistant pharmacists  
15 registered in Illinois.

16           (f) "Subscription certificate" means a certificate issued  
17 to a subscriber by a health services plan corporation, setting  
18 forth the terms and conditions upon which health services shall  
19 be rendered to a subscriber or a beneficiary.

20           (g) "Physician rendering service for a plan" means a  
21 physician licensed in Illinois to practice medicine in all of  
22 its branches who has undertaken or agreed, upon terms and  
23 conditions acceptable both to himself and to the health  
24 services plan corporation involved, to furnish medical service  
25 to the plan's subscribers and beneficiaries.

26           (h) "Dentist or dental surgeon rendering service for a

1 plan" means a dentist or dental surgeon licensed in Illinois to  
2 practice dentistry or dental surgery who has undertaken or  
3 agreed, upon terms and conditions acceptable both to himself  
4 and to the health services plan corporation involved, to  
5 furnish dental or dental surgical services to the plan's  
6 subscribers and beneficiaries.

7 (i) "Director" means the Director of Insurance of the State  
8 of Illinois.

9 (j) "Person" means any of the following: a natural person,  
10 corporation, partnership or unincorporated association.

11 (k) "Podiatric physician ~~Podiatrist~~ or podiatric surgeon  
12 rendering service for a plan" means any podiatric physician  
13 ~~podiatrist~~ or podiatric surgeon licensed in Illinois to  
14 practice podiatry, who has undertaken or agreed, upon terms and  
15 conditions acceptable both to himself and to the health  
16 services plan corporation involved, to furnish podiatric or  
17 podiatric surgical services to the plan's subscribers and  
18 beneficiaries.

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

20 (215 ILCS 165/7) (from Ch. 32, par. 601)

21 Sec. 7. Every physician licensed in Illinois to practice  
22 medicine in all of its branches, every podiatric physician  
23 ~~podiatrist~~ licensed to practice podiatric medicine in  
24 Illinois, and every dentist and dental surgeon licensed to  
25 practice in Illinois may be eligible to render medical,

1 podiatric or dental services respectively, upon such terms and  
2 conditions as may be mutually acceptable to such physician,  
3 podiatric physician ~~podiatrist~~, dentist or dental surgeon and  
4 to the health services plan corporation involved. Such a  
5 corporation shall impose no restrictions on the physicians,  
6 podiatric physicians ~~podiatrists~~, dentists or dental surgeons  
7 who treat its subscribers as to methods of diagnosis or  
8 treatment. The private physician-patient relationship shall be  
9 maintained, and subscribers shall at all times have free choice  
10 of any physician, podiatric physician ~~podiatrist~~, dentist or  
11 dental surgeon who is rendering service on behalf of the  
12 corporation. All of the records, charts, files and other data  
13 of a health services plan corporation pertaining to the  
14 condition of health of its subscribers and beneficiaries shall  
15 be and remain confidential, and no disclosure of the contents  
16 thereof shall be made by the corporation to any person, except  
17 upon the prior written authorization of the particular  
18 subscriber or beneficiary concerned.

19 (Source: P.A. 81-1456.)

20 (215 ILCS 165/17) (from Ch. 32, par. 611)

21 Sec. 17. A health services plan corporation may enter into  
22 agreements with qualified physicians, podiatric physicians  
23 ~~podiatrists~~, dentists, dental surgeons, pharmacists,  
24 hospitals, nurses, registered optometrists, dental hygienists  
25 and assistants or technicians acting under professional

1 supervision, and with other organizations, state and Federal  
2 agencies, and corporations in the field of voluntary health  
3 care.

4 (Source: P.A. 81-1456.)

5 Section 35. The Illinois Athletic Trainers Practice Act is  
6 amended by changing Section 16 as follows:

7 (225 ILCS 5/16) (from Ch. 111, par. 7616)

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

9 Sec. 16. Refusal to issue, suspension, or revocation of  
10 license. The Department may refuse to issue or renew, or may  
11 revoke, suspend, place on probation, reprimand, or take other  
12 disciplinary action as the Department may deem proper,  
13 including fines not to exceed \$5,000 for each violation, with  
14 regard to any licensee for any one or combination of the  
15 following:

16 (A) Material misstatement in furnishing information to  
17 the Department;

18 (B) Negligent or intentional disregard of this Act, or  
19 of the rules or regulations promulgated hereunder;

20 (C) Conviction of any crime under the laws of the  
21 United States or any state or territory thereof that is (i)  
22 a felony, (ii) a misdemeanor, an essential element of which  
23 is dishonesty, or (iii) of any crime that is directly  
24 related to the practice of the profession;

1 (D) Making any misrepresentation for the purpose of  
2 obtaining registration, or violating any provision of this  
3 Act;

4 (E) Professional incompetence;

5 (F) Malpractice;

6 (G) Aiding or assisting another person in violating any  
7 provision of this Act or rules;

8 (H) Failing, within 60 days, to provide information in  
9 response to a written request made by the Department;

10 (I) Engaging in dishonorable, unethical, or  
11 unprofessional conduct of a character likely to deceive,  
12 defraud or harm the public;

13 (J) Habitual intoxication or addiction to the use of  
14 drugs;

15 (K) Discipline by another state, District of Columbia,  
16 territory, or foreign nation, if at least one of the  
17 grounds for the discipline is the same or substantially  
18 equivalent to those set forth herein;

19 (L) Directly or indirectly giving to or receiving from  
20 any person, firm, corporation, partnership, or association  
21 any fee, commission, rebate, or other form of compensation  
22 for any professional services not actually or personally  
23 rendered. Nothing in this subparagraph (L) affects any bona  
24 fide independent contractor or employment arrangements  
25 among health care professionals, health facilities, health  
26 care providers, or other entities, except as otherwise

1 prohibited by law. Any employment arrangements may include  
2 provisions for compensation, health insurance, pension, or  
3 other employment benefits for the provision of services  
4 within the scope of the licensee's practice under this Act.  
5 Nothing in this subparagraph (L) shall be construed to  
6 require an employment arrangement to receive professional  
7 fees for services rendered;

8 (M) A finding that the licensee after having his or her  
9 license placed on probationary status has violated the  
10 terms of probation;

11 (N) Abandonment of an athlete;

12 (O) Willfully making or filing false records or reports  
13 in his or her practice, including but not limited to false  
14 records filed with State agencies or departments;

15 (P) Willfully failing to report an instance of  
16 suspected child abuse or neglect as required by the Abused  
17 and Neglected Child Reporting Act;

18 (Q) Physical illness, including but not limited to  
19 deterioration through the aging process, or loss of motor  
20 skill that results in the inability to practice the  
21 profession with reasonable judgment, skill, or safety;

22 (R) Solicitation of professional services other than  
23 by permitted institutional policy;

24 (S) The use of any words, abbreviations, figures or  
25 letters with the intention of indicating practice as an  
26 athletic trainer without a valid license as an athletic

1 trainer under this Act;

2 (T) The evaluation or treatment of ailments of human  
3 beings other than by the practice of athletic training as  
4 defined in this Act or the treatment of injuries of  
5 athletes by a licensed athletic trainer except by the  
6 referral of a physician, podiatric physician ~~podiatrist~~,  
7 or dentist;

8 (U) Willfully violating or knowingly assisting in the  
9 violation of any law of this State relating to the use of  
10 habit-forming drugs;

11 (V) Willfully violating or knowingly assisting in the  
12 violation of any law of this State relating to the practice  
13 of abortion;

14 (W) Continued practice by a person knowingly having an  
15 infectious communicable or contagious disease;

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

22 (Y) Failure to file a return, or to pay the tax,  
23 penalty, or interest shown in a filed return, or to pay any  
24 final assessment of tax, penalty, or interest, as required  
25 by any tax Act administered by the Illinois Department of  
26 Revenue, until such time as the requirements of any such

1 tax Act are satisfied; or

2 (Z) Failure to fulfill continuing education  
3 requirements as prescribed in Section 10 of this Act.

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

14 (Source: P.A. 96-1482, eff. 11-29-10.)

15 Section 36. The Health Care Worker Self-Referral Act is  
16 amended by changing Section 15 as follows:

17 (225 ILCS 47/15)

18 Sec. 15. Definitions. In this Act:

19 (a) "Board" means the Health Facilities and Services Review  
20 Board.

21 (b) "Entity" means any individual, partnership, firm,  
22 corporation, or other business that provides health services  
23 but does not include an individual who is a health care worker  
24 who provides professional services to an individual.



1 (c) "Group practice" means a group of 2 or more health care  
2 workers legally organized as a partnership, professional  
3 corporation, not-for-profit corporation, faculty practice plan  
4 or a similar association in which:

5 (1) each health care worker who is a member or employee  
6 or an independent contractor of the group provides  
7 substantially the full range of services that the health  
8 care worker routinely provides, including consultation,  
9 diagnosis, or treatment, through the use of office space,  
10 facilities, equipment, or personnel of the group;

11 (2) the services of the health care workers are  
12 provided through the group, and payments received for  
13 health services are treated as receipts of the group; and

14 (3) the overhead expenses and the income from the  
15 practice are distributed by methods previously determined  
16 by the group.

17 (d) "Health care worker" means any individual licensed  
18 under the laws of this State to provide health services,  
19 including but not limited to: dentists licensed under the  
20 Illinois Dental Practice Act; dental hygienists licensed under  
21 the Illinois Dental Practice Act; nurses and advanced practice  
22 nurses licensed under the Nurse Practice Act; occupational  
23 therapists licensed under the Illinois Occupational Therapy  
24 Practice Act; optometrists licensed under the Illinois  
25 Optometric Practice Act of 1987; pharmacists licensed under the  
26 Pharmacy Practice Act; physical therapists licensed under the

1 Illinois Physical Therapy Act; physicians licensed under the  
2 Medical Practice Act of 1987; physician assistants licensed  
3 under the Physician Assistant Practice Act of 1987; podiatric  
4 physicians ~~podiatrists~~ licensed under the Podiatric Medical  
5 Practice Act of 1987; clinical psychologists licensed under the  
6 Clinical Psychologist Licensing Act; clinical social workers  
7 licensed under the Clinical Social Work and Social Work  
8 Practice Act; speech-language pathologists and audiologists  
9 licensed under the Illinois Speech-Language Pathology and  
10 Audiology Practice Act; or hearing instrument dispensers  
11 licensed under the Hearing Instrument Consumer Protection Act,  
12 or any of their successor Acts.

13 (e) "Health services" means health care procedures and  
14 services provided by or through a health care worker.

15 (f) "Immediate family member" means a health care worker's  
16 spouse, child, child's spouse, or a parent.

17 (g) "Investment interest" means an equity or debt security  
18 issued by an entity, including, without limitation, shares of  
19 stock in a corporation, units or other interests in a  
20 partnership, bonds, debentures, notes, or other equity  
21 interests or debt instruments except that investment interest  
22 for purposes of Section 20 does not include interest in a  
23 hospital licensed under the laws of the State of Illinois.

24 (h) "Investor" means an individual or entity directly or  
25 indirectly owning a legal or beneficial ownership or investment  
26 interest, (such as through an immediate family member, trust,

1 or another entity related to the investor).

2 (i) "Office practice" includes the facility or facilities  
3 at which a health care worker, on an ongoing basis, provides or  
4 supervises the provision of professional health services to  
5 individuals.

6 (j) "Referral" means any referral of a patient for health  
7 services, including, without limitation:

8 (1) The forwarding of a patient by one health care  
9 worker to another health care worker or to an entity  
10 outside the health care worker's office practice or group  
11 practice that provides health services.

12 (2) The request or establishment by a health care  
13 worker of a plan of care outside the health care worker's  
14 office practice or group practice that includes the  
15 provision of any health services.

16 (Source: P.A. 95-639, eff. 10-5-07; 95-689, eff. 10-29-07;  
17 95-876, eff. 8-21-08; 96-31, eff. 6-30-09.)

18 Section 38. The Home Medical Equipment and Services  
19 Provider License Act is amended by changing Section 15 as  
20 follows:

21 (225 ILCS 51/15)

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

23 Sec. 15. Licensure requirement; exempt activities.

24 (a) No entity shall provide home medical equipment and

1 services, or use the title "home medical equipment and services  
2 provider" in connection with his or her profession or business,  
3 without a license issued by the Department under this Act.

4 (b) Nothing in this Act shall be construed as preventing or  
5 restricting the practices, services, or activities of the  
6 following, unless those practices, services, or activities  
7 include providing home medical equipment and services through a  
8 separate legal entity:

9 (1) a person licensed or registered in this State by  
10 any other law engaging in the profession or occupation for  
11 which he or she is licensed or registered;

12 (2) a home medical services provider entity that is  
13 accredited under home care standards by a recognized  
14 accrediting body;

15 (3) home health agencies that do not have a Part B  
16 Medicare supplier number or that do not engage in the  
17 provision of home medical equipment and services;

18 (4) hospitals, excluding hospital-owned and  
19 hospital-related providers of home medical equipment and  
20 services;

21 (5) manufacturers and wholesale distributors of home  
22 medical equipment who do not sell directly to a patient;

23 (6) health care practitioners who lawfully prescribe  
24 or order home medical equipment and services, or who use  
25 home medical equipment and services to treat their  
26 patients, including but not limited to physicians, nurses,

1 physical therapists, respiratory therapists, occupational  
2 therapists, speech-language pathologists, optometrists,  
3 chiropractors, and podiatric physicians ~~podiatrists~~;

4 (7) pharmacists, pharmacies, and home infusion  
5 pharmacies that are not engaged in the sale or rental of  
6 home medical equipment and services;

7 (8) hospice programs that do not involve the sale or  
8 rental of home medical equipment and services;

9 (9) nursing homes;

10 (10) veterinarians;

11 (11) dentists; and

12 (12) emergency medical service providers.

13 (Source: P.A. 90-532, eff. 11-14-97.)

14 Section 39. The Massage Licensing Act is amended by  
15 changing Section 25 as follows:

16 (225 ILCS 57/25)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 25. Exemptions.

19 (a) This Act does not prohibit a person licensed under any  
20 other Act in this State from engaging in the practice for which  
21 he or she is licensed.

22 (b) Persons exempted under this Section include, but are  
23 not limited to, physicians, podiatric physicians ~~podiatrists~~,  
24 naprapaths, and physical therapists.

1           (c) Nothing in this Act prohibits qualified members of  
2 other professional groups, including but not limited to nurses,  
3 occupational therapists, cosmetologists, and estheticians,  
4 from performing massage in a manner consistent with their  
5 training and the code of ethics of their respective  
6 professions.

7           (d) Nothing in this Act prohibits a student of an approved  
8 massage school or program from performing massage, provided  
9 that the student does not hold himself or herself out as a  
10 licensed massage therapist and does not receive compensation,  
11 including tips, for massage therapy services.

12           (e) Nothing in this Act prohibits practitioners that do not  
13 involve intentional soft tissue manipulation, including but  
14 not limited to Alexander Technique, Feldenkrais, Reike, and  
15 Therapeutic Touch, from practicing.

16           (f) Practitioners of certain service marked bodywork  
17 approaches that do involve intentional soft tissue  
18 manipulation, including but not limited to Rolfing, Trager  
19 Approach, Polarity Therapy, and Orthobionomy, are exempt from  
20 this Act if they are approved by their governing body based on  
21 a minimum level of training, demonstration of competency, and  
22 adherence to ethical standards.

23           (g) Practitioners of Asian bodywork approaches are exempt  
24 from this Act if they are members of the American Organization  
25 of Bodywork Therapies of Asia as certified practitioners or if  
26 they are approved by an Asian bodywork organization based on a

1 minimum level of training, demonstration of competency, and  
2 adherence to ethical standards set by their governing body.

3 (h) Practitioners of other forms of bodywork who restrict  
4 manipulation of soft tissue to the feet, hands, and ears, and  
5 who do not have the client disrobe, such as reflexology, are  
6 exempt from this Act.

7 (i) Nothing in this Act applies to massage therapists from  
8 other states or countries when providing educational programs  
9 or services for a period not exceeding 30 days within a  
10 calendar year.

11 (j) Nothing in this Act prohibits a person from treating  
12 ailments by spiritual means through prayer alone in accordance  
13 with the tenets and practices of a recognized church or  
14 religious denomination.

15 (k) Nothing in this Act applies to the practice of massage  
16 therapy by a person either actively licensed as a massage  
17 therapist in another state or currently certified by the  
18 National Certification Board of Therapeutic Massage and  
19 Bodywork or other national certifying body if said person's  
20 state does not license massage therapists, if he or she is  
21 performing his or her duties for a non-Illinois based team or  
22 organization, or for a national athletic event held in this  
23 State, so long as he or she restricts his or her practice to  
24 his or her team or organization or to event participants during  
25 the course of his or her team's or organization's stay in this  
26 State or for the duration of the event.

1 (Source: P.A. 96-7, eff. 4-3-09; 97-514, eff. 8-23-11.)

2 Section 40. The Naprapathic Practice Act is amended by  
3 changing Sections 10, 15, and 110 as follows:

4 (225 ILCS 63/10)

5 (Section scheduled to be repealed on January 1, 2013)

6 Sec. 10. Definitions. In this Act:

7 "Naprapath" means a person who practices Naprapathy and who  
8 has met all requirements as provided in the Act.

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

11 "Director" means the Director of Professional Regulation.

12 "Committee" means the Naprapathic Examining Committee  
13 appointed by the Director.

14 "Referral" means the following of guidance or direction to  
15 the naprapath given by the licensed physician, dentist, or  
16 podiatric physician ~~podiatrist~~ who maintains supervision of  
17 the patient.

18 "Documented current and relevant diagnosis" means a  
19 diagnosis, substantiated by signature or oral verification of a  
20 licensed physician, dentist, or podiatric physician  
21 ~~podiatrist~~, that a patient's condition is such that it may be  
22 treated by naprapathy as defined in this Act, which diagnosis  
23 shall remain in effect until changed by the licensed physician,  
24 dentist, or podiatric physician ~~podiatrist~~.



1 (Source: P.A. 87-1231.)

2 (225 ILCS 63/15)

3 (Section scheduled to be repealed on January 1, 2013)

4 Sec. 15. Practice of naprapathy defined; referrals.

5 Naprapathic practice means the evaluation of persons with  
6 connective tissue disorders through the use of naprapathic case  
7 history and palpation or treatment of persons by the use of  
8 connective tissue manipulation, therapeutic and rehabilitative  
9 exercise, postural counseling, nutritional counseling, and the  
10 use of the effective properties of physical measures of heat,  
11 cold, light, water, radiant energy, electricity, sound and air,  
12 and assistive devices for the purpose of preventing,  
13 correcting, or alleviating a physical disability.

14 Naprapathic practice includes, but is not limited to, the  
15 treatment of contractures, muscle spasms, inflammation, scar  
16 tissue formation, adhesions, lesions, laxity, hypotonicity,  
17 rigidity, structural imbalance, bruising, contusions, muscular  
18 atrophy, and partial separation of connective tissue fibers.

19 Naprapathic practice also includes: (a) performance of  
20 specialized tests and measurements, (b) administration of  
21 specialized treatment procedures, (c) interpretation of  
22 referrals from licensed physicians, dentists, and podiatric  
23 physicians ~~podiatrists~~, (d) establishment and modification of  
24 naprapathic treatment programs, and (e) supervision or  
25 teaching of naprapathy.

1           Naprathic practice does not include radiology, surgery,  
2 pharmacology, invasive diagnostic testing, or determination of  
3 a differential diagnosis; provided, however, the limitation on  
4 determining a differential diagnosis shall not in any manner  
5 limit a naprath licensed under this Act from performing an  
6 evaluation authorized under this Act. A naprath licensed  
7 under this Act who is not also licensed as a physical therapist  
8 under the Illinois Physical Therapy Act shall not hold himself  
9 or herself out as qualified to provide physical therapy or  
10 physiotherapy services. Nothing in this Section shall limit a  
11 naprath from employing appropriate naprathic techniques  
12 that he or she is educated and licensed to perform. A naprath  
13 shall refer to a licensed physician, dentist, or podiatric  
14 physician ~~podiatrist~~ any patient whose medical condition  
15 should, at the time of evaluation or treatment, be determined  
16 to be beyond the scope of practice of the naprath.

17           (Source: P.A. 87-1231.)

18           (225 ILCS 63/110)

19           (Section scheduled to be repealed on January 1, 2013)

20           Sec. 110. Grounds for disciplinary action; refusal,  
21 revocation, suspension.

22           (a) The Department may refuse to issue or to renew, or may  
23 revoke, suspend, place on probation, reprimand or take other  
24 disciplinary action as the Department may deem proper,  
25 including fines not to exceed \$5,000 for each violation, with

1 regard to any licensee or license for any one or combination of  
2 the following causes:

3 (1) Violations of this Act or its rules.

4 (2) Material misstatement in furnishing information to  
5 the Department.

6 (3) Conviction of any crime under the laws of any U.S.  
7 jurisdiction that is (i) a felony, (ii) a misdemeanor, an  
8 essential element of which is dishonesty, or (iii) directly  
9 related to the practice of the profession.

10 (4) Making any misrepresentation for the purpose of  
11 obtaining a license.

12 (5) Professional incompetence or gross negligence.

13 (6) Gross malpractice.

14 (7) Aiding or assisting another person in violating any  
15 provision of this Act or its rules.

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

18 (9) Engaging in dishonorable, unethical, or  
19 unprofessional conduct of a character likely to deceive,  
20 defraud, or harm the public.

21 (10) Habitual or excessive use or addiction to alcohol,  
22 narcotics, stimulants, or any other chemical agent or drug  
23 that results in the inability to practice with reasonable  
24 judgment, skill, or safety.

25 (11) Discipline by another U.S. jurisdiction or  
26 foreign nation if at least one of the grounds for the

1 discipline is the same or substantially equivalent to those  
2 set forth in this Act.

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

23 (13) Using the title "Doctor" or its abbreviation  
24 without further clarifying that title or abbreviation with  
25 the word "naprapath" or "naprapathy" or the designation  
26 "D.N."

1           (14) A finding by the Department that the licensee,  
2           after having his or her license placed on probationary  
3           status, has violated the terms of probation.

4           (15) Abandonment of a patient without cause.

5           (16) Willfully making or filing false records or  
6           reports relating to a licensee's practice, including but  
7           not limited to, false records filed with State agencies or  
8           departments.

9           (17) Willfully failing to report an instance of  
10          suspected child abuse or neglect as required by the Abused  
11          and Neglected Child Reporting Act.

12          (18) Physical illness, including but not limited to,  
13          deterioration through the aging process or loss of motor  
14          skill that results in the inability to practice the  
15          profession with reasonable judgment, skill, or safety.

16          (19) Solicitation of professional services by means  
17          other than permitted advertising.

18          (20) Failure to provide a patient with a copy of his or  
19          her record upon the written request of the patient.

20          (21) Conviction by any court of competent  
21          jurisdiction, either within or without this State, of any  
22          violation of any law governing the practice of naprapathy,  
23          conviction in this or another state of any crime which is a  
24          felony under the laws of this State or conviction of a  
25          felony in a federal court, if the Department determines,  
26          after investigation, that the person has not been

1 sufficiently rehabilitated to warrant the public trust.

2 (22) A finding that licensure has been applied for or  
3 obtained by fraudulent means.

4 (23) Continued practice by a person knowingly having an  
5 infectious or contagious disease.

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

13 (25) Practicing or attempting to practice under a name  
14 other than the full name shown on the license.

15 (26) Immoral conduct in the commission of any act, such  
16 as sexual abuse, sexual misconduct, or sexual  
17 exploitation, related to the licensee's practice.

18 (27) Maintaining a professional relationship with any  
19 person, firm, or corporation when the naprapath knows, or  
20 should know, that the person, firm, or corporation is  
21 violating this Act.

22 (28) Promotion of the sale of food supplements,  
23 devices, appliances, or goods provided for a client or  
24 patient in such manner as to exploit the patient or client  
25 for financial gain of the licensee.

26 (29) Having treated ailments of human beings other than

1 by the practice of naprapathy as defined in this Act, or  
2 having treated ailments of human beings as a licensed  
3 naprapath independent of a documented referral or  
4 documented current and relevant diagnosis from a  
5 physician, dentist, or podiatric physician ~~podiatrist~~, or  
6 having failed to notify the physician, dentist, or  
7 podiatric physician ~~podiatrist~~ who established a  
8 documented current and relevant diagnosis that the patient  
9 is receiving naprapathic treatment pursuant to that  
10 diagnosis.

11 (30) Use by a registered naprapath of the word  
12 "infirmary", "hospital", "school", "university", in  
13 English or any other language, in connection with the place  
14 where naprapathy may be practiced or demonstrated.

15 (31) Continuance of a naprapath in the employ of any  
16 person, firm, or corporation, or as an assistant to any  
17 naprapath or naprapaths, directly or indirectly, after his  
18 or her employer or superior has been found guilty of  
19 violating or has been enjoined from violating the laws of  
20 the State of Illinois relating to the practice of  
21 naprapathy when the employer or superior persists in that  
22 violation.

23 (32) The performance of naprapathic service in  
24 conjunction with a scheme or plan with another person,  
25 firm, or corporation known to be advertising in a manner  
26 contrary to this Act or otherwise violating the laws of the

1 State of Illinois concerning the practice of naprapathy.

2 (33) Failure to provide satisfactory proof of having  
3 participated in approved continuing education programs as  
4 determined by the Committee and approved by the Director.  
5 Exceptions for extreme hardships are to be defined by the  
6 rules of the Department.

7 (34) Willfully making or filing false records or  
8 reports in the practice of naprapathy, including, but not  
9 limited to, false records to support claims against the  
10 medical assistance program of the Department of Healthcare  
11 and Family Services (formerly Department of Public Aid)  
12 under the Illinois Public Aid Code.

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

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

25 The Department may refuse to issue or may suspend the  
26 license of any person who fails to (i) file a return or to pay



1 the tax, penalty or interest shown in a filed return or (ii)  
2 pay any final assessment of the tax, penalty, or interest as  
3 required by any tax Act administered by the Illinois Department  
4 of Revenue, until the time that the requirements of that tax  
5 Act are satisfied.

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

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

1 communications between the licensee or applicant and the  
2 examining physician. The person to be examined may have, at his  
3 or her own expense, another physician of his or her choice  
4 present during all aspects of the examination. Failure of any  
5 person to submit to a mental or physical examination, when  
6 directed, shall be grounds for suspension of a license until  
7 the person submits to the examination if the Department finds,  
8 after notice and hearing, that the refusal to submit to the  
9 examination was without reasonable cause.

10 If the Department finds an individual unable to practice  
11 because of the reasons set forth in this Section, the  
12 Department may require that individual to submit to care,  
13 counseling, or treatment by physicians approved or designated  
14 by the Department, as a condition, term, or restriction for  
15 continued, reinstated, or renewed licensure to practice or, in  
16 lieu of care, counseling, or treatment, the Department may file  
17 a complaint to immediately suspend, revoke, or otherwise  
18 discipline the license of the individual.

19 Any person whose license was granted, continued,  
20 reinstated, renewed, disciplined, or supervised subject to  
21 such terms, conditions, or restrictions and who fails to comply  
22 with such terms, conditions, or restrictions shall be referred  
23 to the Director for a determination as to whether the person  
24 shall have his or her license suspended immediately, pending a  
25 hearing by the Department.

26 In instances in which the Director immediately suspends a

1 person's license under this Section, a hearing on that person's  
2 license must be convened by the Department within 15 days after  
3 the suspension and completed without appreciable delay. The  
4 Department shall have the authority to review the subject  
5 person's record of treatment and counseling regarding the  
6 impairment, to the extent permitted by applicable federal  
7 statutes and regulations safeguarding the confidentiality of  
8 medical records.

9 A person licensed under this Act and affected under this  
10 Section shall be afforded an opportunity to demonstrate to the  
11 Department that he or she can resume practice in compliance  
12 with acceptable and prevailing standards under the provisions  
13 of his or her license.

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

15 Section 45. The Nurse Practice Act is amended by changing  
16 Sections 50-10, 50-15, 55-30, 65-35, 65-40, 65-45, 65-55, and  
17 70-5 as follows:

18 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

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

23 "Academic year" means the customary annual schedule of  
24 courses at a college, university, or approved school,

1 customarily regarded as the school year as distinguished from  
2 the calendar year.

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

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

15 "Board" means the Board of Nursing appointed by the  
16 Secretary.

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

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

24 "Credentialed" means the process of assessing and  
25 validating the qualifications of a health care professional.

26 "Current nursing practice update course" means a planned

1 nursing education curriculum approved by the Department  
2 consisting of activities that have educational objectives,  
3 instructional methods, content or subject matter, clinical  
4 practice, and evaluation methods, related to basic review and  
5 updating content and specifically planned for those nurses  
6 previously licensed in the United States or its territories and  
7 preparing for reentry into nursing practice.

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

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

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

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

25 "License-pending registered nurse" means a person who has  
26 passed the Department-approved registered nurse licensure exam

1 and has applied for a license from the Department. A  
2 license-pending registered nurse shall use the title "RN lic  
3 pend" on all documentation related to nursing practice.

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

6 "Podiatric physician ~~Podiatrist~~" means a person licensed  
7 to practice podiatry under the Podiatric Medical Practice Act  
8 of 1987.

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

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

24 "Privileged" means the authorization granted by the  
25 governing body of a healthcare facility, agency, or  
26 organization to provide specific patient care services within

1 well-defined limits, based on qualifications reviewed in the  
2 credentialing process.

3 "Registered Nurse" or "Registered Professional Nurse"  
4 means a person who is licensed as a professional nurse under  
5 this Act and practices nursing as defined in this Act. Only a  
6 registered nurse licensed under this Act is entitled to use the  
7 titles "registered nurse" and "registered professional nurse"  
8 and the abbreviation, "R.N.".

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

1 ~~podiatrist~~, or a licensed optometrist or as prescribed by a  
2 physician assistant in accordance with written guidelines  
3 required under the Physician Assistant Practice Act of 1987 or  
4 by an advanced practice nurse in accordance with Article 65 of  
5 this Act; (5) the coordination and management of the nursing  
6 plan of care; (6) the delegation to and supervision of  
7 individuals who assist the registered professional nurse  
8 implementing the plan of care; and (7) teaching nursing  
9 students. The foregoing shall not be deemed to include those  
10 acts of medical diagnosis or prescription of therapeutic or  
11 corrective measures.

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

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

21 "Unencumbered license" means a license issued in good  
22 standing.

23 "Written collaborative agreement" means a written  
24 agreement between an advanced practice nurse and a  
25 collaborating physician, dentist, or podiatric physician  
26 ~~podiatrist~~ pursuant to Section 65-35.



1 (Source: P.A. 95-639, eff. 10-5-07; revised 11-18-11.)

2 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

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

4 Sec. 50-15. Policy; application of Act.

5 (a) For the protection of life and the promotion of health,  
6 and the prevention of illness and communicable diseases, any  
7 person practicing or offering to practice advanced,  
8 professional, or practical nursing in Illinois shall submit  
9 evidence that he or she is qualified to practice, and shall be  
10 licensed as provided under this Act. No person shall practice  
11 or offer to practice advanced, professional, or practical  
12 nursing in Illinois or use any title, sign, card or device to  
13 indicate that such a person is practicing professional or  
14 practical nursing unless such person has been licensed under  
15 the provisions of this Act.

16 (b) This Act does not prohibit the following:

17 (1) The practice of nursing in Federal employment in  
18 the discharge of the employee's duties by a person who is  
19 employed by the United States government or any bureau,  
20 division or agency thereof and is a legally qualified and  
21 licensed nurse of another state or territory and not in  
22 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of  
23 this Act.

24 (2) Nursing that is included in the program of study by  
25 students enrolled in programs of nursing or in current

1 nurse practice update courses approved by the Department.

2 (3) The furnishing of nursing assistance in an  
3 emergency.

4 (4) The practice of nursing by a nurse who holds an  
5 active license in another state when providing services to  
6 patients in Illinois during a bonafide emergency or in  
7 immediate preparation for or during interstate transit.

8 (5) The incidental care of the sick by members of the  
9 family, domestic servants or housekeepers, or care of the  
10 sick where treatment is by prayer or spiritual means.

11 (6) Persons from being employed as unlicensed  
12 assistive personnel in private homes, long term care  
13 facilities, nurseries, hospitals or other institutions.

14 (7) The practice of practical nursing by one who is a  
15 licensed practical nurse under the laws of another U.S.  
16 jurisdiction and has applied in writing to the Department,  
17 in form and substance satisfactory to the Department, for a  
18 license as a licensed practical nurse and who is qualified  
19 to receive such license under this Act, until (i) the  
20 expiration of 6 months after the filing of such written  
21 application, (ii) the withdrawal of such application, or  
22 (iii) the denial of such application by the Department.

23 (8) The practice of advanced practice nursing by one  
24 who is an advanced practice nurse under the laws of another  
25 state, territory of the United States, or country and has  
26 applied in writing to the Department, in form and substance

1           satisfactory to the Department, for a license as an  
2           advanced practice nurse and who is qualified to receive  
3           such license under this Act, until (i) the expiration of 6  
4           months after the filing of such written application, (ii)  
5           the withdrawal of such application, or (iii) the denial of  
6           such application by the Department.

7           (9) The practice of professional nursing by one who is  
8           a registered professional nurse under the laws of another  
9           state, territory of the United States or country and has  
10          applied in writing to the Department, in form and substance  
11          satisfactory to the Department, for a license as a  
12          registered professional nurse and who is qualified to  
13          receive such license under Section 55-10, until (1) the  
14          expiration of 6 months after the filing of such written  
15          application, (2) the withdrawal of such application, or (3)  
16          the denial of such application by the Department.

17          (10) The practice of professional nursing that is  
18          included in a program of study by one who is a registered  
19          professional nurse under the laws of another state or  
20          territory of the United States or foreign country,  
21          territory or province and who is enrolled in a graduate  
22          nursing education program or a program for the completion  
23          of a baccalaureate nursing degree in this State, which  
24          includes clinical supervision by faculty as determined by  
25          the educational institution offering the program and the  
26          health care organization where the practice of nursing

1 occurs.

2 (11) Any person licensed in this State under any other  
3 Act from engaging in the practice for which she or he is  
4 licensed.

5 (12) Delegation to authorized direct care staff  
6 trained under Section 15.4 of the Mental Health and  
7 Developmental Disabilities Administrative Act consistent  
8 with the policies of the Department.

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

17 (14) County correctional personnel from delivering  
18 prepackaged medication for self-administration to an  
19 individual detainee in a correctional facility.

20 Nothing in this Act shall be construed to limit the  
21 delegation of tasks or duties by a physician, dentist, or  
22 podiatric physician ~~podiatrist~~ to a licensed practical nurse, a  
23 registered professional nurse, or other persons.

24 (Source: P.A. 95-639, eff. 10-5-07; 95-876, eff. 8-21-08; 96-7,  
25 eff. 4-3-09; 96-516, eff. 8-14-09; 96-1000, eff. 7-2-10.)

1 (225 ILCS 65/55-30)

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

3 Sec. 55-30. LPN scope of practice.

4 (a) Practice as a licensed practical nurse means a scope of  
5 basic nursing practice, with or without compensation, as  
6 delegated by a registered professional nurse or an advanced  
7 practice nurse or as directed by a physician assistant,  
8 physician, dentist, or podiatric physician ~~podiatrist~~, and  
9 includes, but is not limited to, all of the following:

10 (1) Collecting data and collaborating in the  
11 assessment of the health status of a patient.

12 (2) Collaborating in the development and modification  
13 of the registered professional nurse's or advanced  
14 practice nurse's comprehensive nursing plan of care for all  
15 types of patients.

16 (3) Implementing aspects of the plan of care as  
17 delegated.

18 (4) Participating in health teaching and counseling to  
19 promote, attain, and maintain the optimum health level of  
20 patients, as delegated.

21 (5) Serving as an advocate for the patient by  
22 communicating and collaborating with other health service  
23 personnel, as delegated.

24 (6) Participating in the evaluation of patient  
25 responses to interventions.

26 (7) Communicating and collaborating with other health

1 care professionals as delegated.

2 (8) Providing input into the development of policies  
3 and procedures to support patient safety.

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

5 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

7 Sec. 65-35. Written collaborative agreements.

8 (a) A written collaborative agreement is required for all  
9 advanced practice nurses engaged in clinical practice, except  
10 for advanced practice nurses who are authorized to practice in  
11 a hospital or ambulatory surgical treatment center.

12 (a-5) If an advanced practice nurse engages in clinical  
13 practice outside of a hospital or ambulatory surgical treatment  
14 center in which he or she is authorized to practice, the  
15 advanced practice nurse must have a written collaborative  
16 agreement.

17 (b) A written collaborative agreement shall describe the  
18 working relationship of the advanced practice nurse with the  
19 collaborating physician or podiatric physician ~~pediatrist~~ and  
20 shall authorize the categories of care, treatment, or  
21 procedures to be performed by the advanced practice nurse. A  
22 collaborative agreement with a dentist must be in accordance  
23 with subsection (c-10) of this Section. Collaboration does not  
24 require an employment relationship between the collaborating  
25 physician and advanced practice nurse. Absent an employment

1 relationship, an agreement may not restrict the categories of  
2 patients or third-party payment sources accepted by the  
3 advanced practice nurse. Collaboration means the relationship  
4 under which an advanced practice nurse works with a  
5 collaborating physician or podiatric physician ~~podiatrist~~ in  
6 an active clinical practice to deliver health care services in  
7 accordance with (i) the advanced practice nurse's training,  
8 education, and experience and (ii) collaboration and  
9 consultation as documented in a jointly developed written  
10 collaborative agreement.

11 The agreement shall promote the exercise of professional  
12 judgment by the advanced practice nurse commensurate with his  
13 or her education and experience. The services to be provided by  
14 the advanced practice nurse shall be services that the  
15 collaborating physician or podiatric physician ~~podiatrist~~ is  
16 authorized to and generally provides to his or her patients in  
17 the normal course of his or her clinical medical practice,  
18 except as set forth in subsection (c-5) of this Section. The  
19 agreement need not describe the exact steps that an advanced  
20 practice nurse must take with respect to each specific  
21 condition, disease, or symptom but must specify which  
22 authorized procedures require the presence of the  
23 collaborating physician or podiatric physician ~~podiatrist~~ as  
24 the procedures are being performed. The collaborative  
25 relationship under an agreement shall not be construed to  
26 require the personal presence of a physician or podiatric

1 physician ~~podiatrist~~ at the place where services are rendered.  
2 Methods of communication shall be available for consultation  
3 with the collaborating physician or podiatric physician  
4 ~~podiatrist~~ in person or by telecommunications in accordance  
5 with established written guidelines as set forth in the written  
6 agreement.

7 (c) Collaboration and consultation under all collaboration  
8 agreements shall be adequate if a collaborating physician or  
9 podiatric physician ~~podiatrist~~ does each of the following:

10 (1) Participates in the joint formulation and joint  
11 approval of orders or guidelines with the advanced practice  
12 nurse and he or she periodically reviews such orders and  
13 the services provided patients under such orders in  
14 accordance with accepted standards of medical practice or  
15 podiatric practice and advanced practice nursing practice.

16 (2) Provides collaboration and consultation with the  
17 advanced practice nurse at least once a month. In the case  
18 of anesthesia services provided by a certified registered  
19 nurse anesthetist, an anesthesiologist, physician,  
20 dentist, or podiatric physician ~~podiatrist~~ must  
21 participate through discussion of and agreement with the  
22 anesthesia plan and remain physically present and  
23 available on the premises during the delivery of anesthesia  
24 services for diagnosis, consultation, and treatment of  
25 emergency medical conditions.

26 (3) Is available through telecommunications for



1 consultation on medical problems, complications, or  
2 emergencies or patient referral. In the case of anesthesia  
3 services provided by a certified registered nurse  
4 anesthetist, an anesthesiologist, physician, dentist, or  
5 podiatric physician ~~podiatrist~~ must participate through  
6 discussion of and agreement with the anesthesia plan and  
7 remain physically present and available on the premises  
8 during the delivery of anesthesia services for diagnosis,  
9 consultation, and treatment of emergency medical  
10 conditions.

11 The agreement must contain provisions detailing notice for  
12 termination or change of status involving a written  
13 collaborative agreement, except when such notice is given for  
14 just cause.

15 (c-5) A certified registered nurse anesthetist, who  
16 provides anesthesia services outside of a hospital or  
17 ambulatory surgical treatment center shall enter into a written  
18 collaborative agreement with an anesthesiologist or the  
19 physician licensed to practice medicine in all its branches or  
20 the podiatric physician ~~podiatrist~~ performing the procedure.  
21 Outside of a hospital or ambulatory surgical treatment center,  
22 the certified registered nurse anesthetist may provide only  
23 those services that the collaborating podiatric physician  
24 ~~podiatrist~~ is authorized to provide pursuant to the Podiatric  
25 Medical Practice Act of 1987 and rules adopted thereunder. A  
26 certified registered nurse anesthetist may select, order, and

1 administer medication, including controlled substances, and  
2 apply appropriate medical devices for delivery of anesthesia  
3 services under the anesthesia plan agreed with by the  
4 anesthesiologist or the operating physician or operating  
5 podiatric physician ~~podiatrist~~.

6 (c-10) A certified registered nurse anesthetist who  
7 provides anesthesia services in a dental office shall enter  
8 into a written collaborative agreement with an  
9 anesthesiologist or the physician licensed to practice  
10 medicine in all its branches or the operating dentist  
11 performing the procedure. The agreement shall describe the  
12 working relationship of the certified registered nurse  
13 anesthetist and dentist and shall authorize the categories of  
14 care, treatment, or procedures to be performed by the certified  
15 registered nurse anesthetist. In a collaborating dentist's  
16 office, the certified registered nurse anesthetist may only  
17 provide those services that the operating dentist with the  
18 appropriate permit is authorized to provide pursuant to the  
19 Illinois Dental Practice Act and rules adopted thereunder. For  
20 anesthesia services, an anesthesiologist, physician, or  
21 operating dentist shall participate through discussion of and  
22 agreement with the anesthesia plan and shall remain physically  
23 present and be available on the premises during the delivery of  
24 anesthesia services for diagnosis, consultation, and treatment  
25 of emergency medical conditions. A certified registered nurse  
26 anesthetist may select, order, and administer medication,

1 including controlled substances, and apply appropriate medical  
2 devices for delivery of anesthesia services under the  
3 anesthesia plan agreed with by the operating dentist.

4 (d) A copy of the signed, written collaborative agreement  
5 must be available to the Department upon request from both the  
6 advanced practice nurse and the collaborating physician or  
7 podiatric physician ~~podiatrist~~.

8 (e) Nothing in this Act shall be construed to limit the  
9 delegation of tasks or duties by a physician to a licensed  
10 practical nurse, a registered professional nurse, or other  
11 persons in accordance with Section 54.2 of the Medical Practice  
12 Act of 1987. Nothing in this Act shall be construed to limit  
13 the method of delegation that may be authorized by any means,  
14 including, but not limited to, oral, written, electronic,  
15 standing orders, protocols, guidelines, or verbal orders.

16 (f) An advanced practice nurse shall inform each  
17 collaborating physician, dentist, or podiatric physician  
18 ~~podiatrist~~ of all collaborative agreements he or she has signed  
19 and provide a copy of these to any collaborating physician,  
20 dentist, or podiatric physician ~~podiatrist~~ upon request.

21 (g) For the purposes of this Act, "generally provides to  
22 his or her patients in the normal course of his or her clinical  
23 medical practice" means services, not specific tasks or duties,  
24 the physician or podiatric physician ~~podiatrist~~ routinely  
25 provides individually or through delegation to other persons so  
26 that the physician or podiatric physician ~~podiatrist~~ has the

1 experience and ability to provide collaboration and  
2 consultation.

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

4 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

6 Sec. 65-40. Written collaborative agreement; prescriptive  
7 authority.

8 (a) A collaborating physician or podiatric physician  
9 ~~podiatrist~~ may, but is not required to, delegate prescriptive  
10 authority to an advanced practice nurse as part of a written  
11 collaborative agreement. This authority may, but is not  
12 required to, include prescription of, selection of, orders for,  
13 administration of, storage of, acceptance of samples of, and  
14 dispensing over the counter medications, legend drugs, medical  
15 gases, and controlled substances categorized as any Schedule  
16 III through V controlled substances, as defined in Article II  
17 of the Illinois Controlled Substances Act, and other  
18 preparations, including, but not limited to, botanical and  
19 herbal remedies. The collaborating physician or podiatric  
20 physician ~~podiatrist~~ must have a valid current Illinois  
21 controlled substance license and federal registration to  
22 delegate authority to prescribe delegated controlled  
23 substances.

24 (b) To prescribe controlled substances under this Section,  
25 an advanced practice nurse must obtain a mid-level practitioner

1 controlled substance license. Medication orders shall be  
2 reviewed periodically by the collaborating physician or  
3 podiatric physician ~~podiatrist~~.

4 (c) The collaborating physician or podiatric physician  
5 ~~podiatrist~~ shall file with the Department notice of delegation  
6 of prescriptive authority and termination of such delegation,  
7 in accordance with rules of the Department. Upon receipt of  
8 this notice delegating authority to prescribe any Schedule III  
9 through V controlled substances, the licensed advanced  
10 practice nurse shall be eligible to register for a mid-level  
11 practitioner controlled substance license under Section 303.05  
12 of the Illinois Controlled Substances Act.

13 (d) In addition to the requirements of subsections (a),  
14 (b), and (c) of this Section, a collaborating physician or  
15 podiatric physician ~~podiatrist~~ may, but is not required to,  
16 delegate authority to an advanced practice nurse to prescribe  
17 any Schedule II controlled substances, if all of the following  
18 conditions apply:

19 (1) Specific Schedule II controlled substances by oral  
20 dosage or topical or transdermal application may be  
21 delegated, provided that the delegated Schedule II  
22 controlled substances are routinely prescribed by the  
23 collaborating physician or podiatric physician ~~podiatrist~~.  
24 This delegation must identify the specific Schedule II  
25 controlled substances by either brand name or generic name.  
26 Schedule II controlled substances to be delivered by

1 injection or other route of administration may not be  
2 delegated.

3 (2) Any delegation must be controlled substances that  
4 the collaborating physician or podiatric physician  
5 ~~podiatrist~~ prescribes.

6 (3) Any prescription must be limited to no more than a  
7 30-day supply, with any continuation authorized only after  
8 prior approval of the collaborating physician or podiatric  
9 physician ~~podiatrist~~.

10 (4) The advanced practice nurse must discuss the  
11 condition of any patients for whom a controlled substance  
12 is prescribed monthly with the delegating physician.

13 (5) The advanced practice nurse meets the education  
14 requirements of Section 303.05 of the Illinois Controlled  
15 Substances Act.

16 (e) Nothing in this Act shall be construed to limit the  
17 delegation of tasks or duties by a physician to a licensed  
18 practical nurse, a registered professional nurse, or other  
19 persons. Nothing in this Act shall be construed to limit the  
20 method of delegation that may be authorized by any means,  
21 including, but not limited to, oral, written, electronic,  
22 standing orders, protocols, guidelines, or verbal orders.

23 (f) Nothing in this Section shall be construed to apply to  
24 any medication authority including Schedule II controlled  
25 substances of an advanced practice nurse for care provided in a  
26 hospital, hospital affiliate, or ambulatory surgical treatment

1 center pursuant to Section 65-45.

2 (g) Any advanced practice nurse who writes a prescription  
3 for a controlled substance without having a valid appropriate  
4 authority may be fined by the Department not more than \$50 per  
5 prescription, and the Department may take any other  
6 disciplinary action provided for in this Act.

7 (h) Nothing in this Section shall be construed to prohibit  
8 generic substitution.

9 (Source: P.A. 96-189, eff. 8-10-09; 97-358, eff. 8-12-11.)

10 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

12 Sec. 65-45. Advanced practice nursing in hospitals,  
13 hospital affiliates, or ambulatory surgical treatment centers.

14 (a) An advanced practice nurse may provide services in a  
15 hospital or a hospital affiliate as those terms are defined in  
16 the Hospital Licensing Act or the University of Illinois  
17 Hospital Act or a licensed ambulatory surgical treatment center  
18 without a written collaborative agreement pursuant to Section  
19 65-35 of this Act. An advanced practice nurse must possess  
20 clinical privileges recommended by the hospital medical staff  
21 and granted by the hospital or the consulting medical staff  
22 committee and ambulatory surgical treatment center in order to  
23 provide services. The medical staff or consulting medical staff  
24 committee shall periodically review the services of advanced  
25 practice nurses granted clinical privileges, including any

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

13 (a-2) An advanced practice nurse granted authority to order  
14 medications including controlled substances may complete  
15 discharge prescriptions provided the prescription is in the  
16 name of the advanced practice nurse and the attending or  
17 discharging physician.

18 (a-3) Advanced practice nurses practicing in a hospital or  
19 an ambulatory surgical treatment center are not required to  
20 obtain a mid-level controlled substance license to order  
21 controlled substances under Section 303.05 of the Illinois  
22 Controlled Substances Act.

23 (a-5) For anesthesia services provided by a certified  
24 registered nurse anesthetist, an anesthesiologist, physician,  
25 dentist, or podiatric physician ~~podiatrist~~ shall participate  
26 through discussion of and agreement with the anesthesia plan



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

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

20 (Source: P.A. 97-358, eff. 8-12-11.)

21 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

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

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

24 (a) A person licensed under this Act as an advanced  
25 practice nurse may advertise the availability of professional

1 services in the public media or on the premises where the  
2 professional services are rendered. The advertising shall be  
3 limited to the following information:

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

6 (2) information pertaining to the person's areas of  
7 specialization, including but not limited to appropriate  
8 board certification or limitation of professional  
9 practice;

10 (3) publication of the person's collaborating  
11 physician's, dentist's, or podiatric physician's  
12 ~~podiatrist's~~ name, title, and areas of specialization;

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

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

19 (6) announcement of additions to or deletions from  
20 professional licensed staff; and

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

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

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

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

16           (e) A licensee shall include in every advertisement for  
17 services regulated under this Act his or her title as it  
18 appears on the license or the initials authorized under this  
19 Act.

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

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

25           (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

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

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

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

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

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

18 (3) Conviction by plea of guilty or nolo contendere,  
19 finding of guilt, jury verdict, or entry of judgment or by  
20 sentencing of any crime, including, but not limited to,  
21 convictions, preceding sentences of supervision,  
22 conditional discharge, or first offender probation, under  
23 the laws of any jurisdiction of the United States: (i) that  
24 is a felony; or (ii) that is a misdemeanor, an essential  
25 element of which is dishonesty, or that is directly related  
26 to the practice of the profession.

1           (4) A pattern of practice or other behavior which  
2 demonstrates incapacity or incompetency to practice under  
3 this Act.

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

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

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

12           (8) Unlawful taking, theft, selling, distributing, or  
13 manufacturing of any drug, narcotic, or prescription  
14 device.

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

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

23           (11) A finding that the licensee, after having her or  
24 his license placed on probationary status or subject to  
25 conditions or restrictions, has violated the terms of  
26 probation or failed to comply with such terms or

1 conditions.

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

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

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

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

19 (16) Failure of a licensee to report to the Department  
20 any adverse final action taken against him or her by  
21 another licensing jurisdiction of the United States or any  
22 foreign state or country, any peer review body, any health  
23 care institution, any professional or nursing society or  
24 association, any governmental agency, any law enforcement  
25 agency, or any court or a nursing liability claim related  
26 to acts or conduct similar to acts or conduct that would

1 constitute grounds for action as defined in this Section.

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

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

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

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

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

21 (22) Willfully making or filing false records or  
22 reports in the licensee's practice, including but not  
23 limited to false records to support claims against the  
24 medical assistance program of the Department of Healthcare  
25 and Family Services (formerly Department of Public Aid)  
26 under the Illinois Public Aid Code.

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

3           (24) Immoral conduct in the commission of an act,  
4 including, but not limited to, sexual abuse, sexual  
5 misconduct, or sexual exploitation, related to the  
6 licensee's practice.

7           (25) Willfully or negligently violating the  
8 confidentiality between nurse and patient except as  
9 required by law.

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

12          (27) The use of any false, fraudulent, or deceptive  
13 statement in any document connected with the licensee's  
14 practice.

15          (28) Directly or indirectly giving to or receiving from  
16 a person, firm, corporation, partnership, or association a  
17 fee, commission, rebate, or other form of compensation for  
18 professional services not actually or personally rendered.  
19 Nothing in this paragraph (28) affects any bona fide  
20 independent contractor or employment arrangements among  
21 health care professionals, health facilities, health care  
22 providers, or other entities, except as otherwise  
23 prohibited by law. Any employment arrangements may include  
24 provisions for compensation, health insurance, pension, or  
25 other employment benefits for the provision of services  
26 within the scope of the licensee's practice under this Act.



1 Nothing in this paragraph (28) shall be construed to  
2 require an employment arrangement to receive professional  
3 fees for services rendered.

4 (29) A violation of the Health Care Worker  
5 Self-Referral Act.

6 (30) Physical illness, including but not limited to  
7 deterioration through the aging process or loss of motor  
8 skill, mental illness, or disability that results in the  
9 inability to practice the profession with reasonable  
10 judgment, skill, or safety.

11 (31) Exceeding the terms of a collaborative agreement  
12 or the prescriptive authority delegated to a licensee by  
13 his or her collaborating physician or podiatric physician  
14 ~~podiatrist~~ in guidelines established under a written  
15 collaborative agreement.

16 (32) Making a false or misleading statement regarding a  
17 licensee's skill or the efficacy or value of the medicine,  
18 treatment, or remedy prescribed by him or her in the course  
19 of treatment.

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

25 (34) Promotion of the sale of drugs, devices,  
26 appliances, or goods provided for a patient in a manner to

1 exploit the patient for financial gain.

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

4 (36) Willfully or negligently violating the  
5 confidentiality between an advanced practice nurse,  
6 collaborating physician, dentist, or podiatric physician  
7 ~~podiatrist~~ and a patient, except as required by law.

8 (37) A violation of any provision of this Act or any  
9 rules promulgated under this Act.

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

20 (d) The Department may refuse to issue or may suspend or  
21 otherwise discipline the license of any person who fails to  
22 file a return, or to pay the tax, penalty or interest shown in  
23 a filed return, or to pay any final assessment of the tax,  
24 penalty, or interest as required by any tax Act administered by  
25 the Department of Revenue, until such time as the requirements  
26 of any such tax Act are satisfied.

1           (e) In enforcing this Act, the Department or Board, upon a  
2 showing of a possible violation, may compel an individual  
3 licensed to practice under this Act or who has applied for  
4 licensure under this Act, to submit to a mental or physical  
5 examination, or both, as required by and at the expense of the  
6 Department. The Department or Board may order the examining  
7 physician to present testimony concerning the mental or  
8 physical examination of the licensee or applicant. No  
9 information shall be excluded by reason of any common law or  
10 statutory privilege relating to communications between the  
11 licensee or applicant and the examining physician. The  
12 examining physicians shall be specifically designated by the  
13 Board or Department. The individual to be examined may have, at  
14 his or her own expense, another physician of his or her choice  
15 present during all aspects of this examination. Failure of an  
16 individual to submit to a mental or physical examination, when  
17 directed, shall result in an automatic suspension without  
18 hearing.

19           All substance-related violations shall mandate an  
20 automatic substance abuse assessment. Failure to submit to an  
21 assessment by a licensed physician who is certified as an  
22 addictionist or an advanced practice nurse with specialty  
23 certification in addictions may be grounds for an automatic  
24 suspension, as defined by rule.

25           If the Department or Board finds an individual unable to  
26 practice or unfit for duty because of the reasons set forth in

1 this Section, the Department or Board may require that  
2 individual to submit to a substance abuse evaluation or  
3 treatment by individuals or programs approved or designated by  
4 the Department or Board, as a condition, term, or restriction  
5 for continued, reinstated, or renewed licensure to practice;  
6 or, in lieu of evaluation or treatment, the Department may  
7 file, or the Board may recommend to the Department to file, a  
8 complaint to immediately suspend, revoke, or otherwise  
9 discipline the license of the individual. An individual whose  
10 license was granted, continued, reinstated, renewed,  
11 disciplined or supervised subject to such terms, conditions, or  
12 restrictions, and who fails to comply with such terms,  
13 conditions, or restrictions, shall be referred to the Secretary  
14 for a determination as to whether the individual shall have his  
15 or her license suspended immediately, pending a hearing by the  
16 Department.

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

26 An individual licensed under this Act and affected under

1 this Section shall be afforded an opportunity to demonstrate to  
2 the Department that he or she can resume practice in compliance  
3 with nursing standards under the provisions of his or her  
4 license.

5 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;  
6 96-1482, eff. 11-29-10.)

7 Section 50. The Illinois Occupational Therapy Practice Act  
8 is amended by changing Sections 3.1 and 19 as follows:

9 (225 ILCS 75/3.1)

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

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

24 An occupational therapist shall refer to a licensed

1 physician, dentist, optometrist, advanced practice nurse,  
2 physician assistant, or podiatric physician ~~podiatrist~~ any  
3 patient whose medical condition should, at the time of  
4 evaluation or treatment, be determined to be beyond the scope  
5 of practice of the occupational therapist.

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

8 (225 ILCS 75/19) (from Ch. 111, par. 3719)

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

10 Sec. 19. (a) The Department may refuse to issue or renew,  
11 or may revoke, suspend, place on probation, reprimand or take  
12 other disciplinary action as the Department may deem proper,  
13 including fines not to exceed \$2,500 for each violation, with  
14 regard to any license for any one or combination of the  
15 following:

16 (1) Material misstatement in furnishing information to  
17 the Department;

18 (2) Wilfully violating this Act, or of the rules  
19 promulgated thereunder;

20 (3) Conviction of any crime under the laws of the  
21 United States or any state or territory thereof which is a  
22 felony or which is a misdemeanor, an essential element of  
23 which is dishonesty, or of any crime which is directly  
24 related to the practice of occupational therapy;

25 (4) Making any misrepresentation for the purpose of

1           obtaining certification, or violating any provision of  
2           this Act or the rules promulgated thereunder pertaining to  
3           advertising;

4           (5) Having demonstrated unworthiness, or incompetency  
5           to act as an occupational therapist or occupational therapy  
6           assistant in such manner as to safeguard the interest of  
7           the public;

8           (6) Wilfully aiding or assisting another person, firm,  
9           partnership or corporation in violating any provision of  
10          this Act or rules;

11          (7) Failing, within 60 days, to provide information in  
12          response to a written request made by the Department;

13          (8) Engaging in dishonorable, unethical or  
14          unprofessional conduct of a character likely to deceive,  
15          defraud or harm the public;

16          (9) Habitual intoxication or addiction to the use of  
17          drugs;

18          (10) Discipline by another state, the District of  
19          Columbia, a territory, or foreign nation, if at least one  
20          of the grounds for the discipline is the same or  
21          substantially equivalent to those set forth herein;

22          (11) Directly or indirectly giving to or receiving from  
23          any person, firm, corporation, partnership, or association  
24          any fee, commission, rebate or other form of compensation  
25          for professional services not actually or personally  
26          rendered. Nothing in this paragraph (11) affects any bona

1       fide independent contractor or employment arrangements  
2       among health care professionals, health facilities, health  
3       care providers, or other entities, except as otherwise  
4       prohibited by law. Any employment arrangements may include  
5       provisions for compensation, health insurance, pension, or  
6       other employment benefits for the provision of services  
7       within the scope of the licensee's practice under this Act.  
8       Nothing in this paragraph (11) shall be construed to  
9       require an employment arrangement to receive professional  
10      fees for services rendered;

11           (12) A finding by the Department that the license  
12      holder, after having his license disciplined, has violated  
13      the terms of the discipline;

14           (13) Wilfully making or filing false records or reports  
15      in the practice of occupational therapy, including but not  
16      limited to false records filed with the State agencies or  
17      departments;

18           (14) Physical illness, including but not limited to,  
19      deterioration through the aging process, or loss of motor  
20      skill which results in the inability to practice the  
21      profession with reasonable judgment, skill or safety;

22           (15) Solicitation of professional services other than  
23      by permitted advertising;

24           (16) Wilfully exceeding the scope of practice  
25      customarily undertaken by persons licensed under this Act,  
26      which conduct results in, or may result in, harm to the



1 public;

2 (17) Holding one's self out to practice occupational  
3 therapy under any name other than his own or impersonation  
4 of any other occupational therapy licensee;

5 (18) Gross negligence;

6 (19) Malpractice;

7 (20) Obtaining a fee in money or gift in kind of any  
8 other items of value or in the form of financial profit or  
9 benefit as personal compensation, or as compensation, or  
10 charge, profit or gain for an employer or for any other  
11 person or persons, on the fraudulent misrepresentation  
12 that a manifestly incurable condition of sickness, disease  
13 or injury to any person can be cured;

14 (21) Accepting commissions or rebates or other forms of  
15 remuneration for referring persons to other professionals;

16 (22) Failure to file a return, or to pay the tax,  
17 penalty or interest shown in a filed return, or to pay any  
18 final assessment of tax, penalty or interest, as required  
19 by any tax Act administered by the Illinois Department of  
20 Revenue, until such time as the requirements of any such  
21 tax Act are satisfied;

22 (23) Violating the Health Care Worker Self-Referral  
23 Act; and

24 (24) Having treated patients other than by the practice  
25 of occupational therapy as defined in this Act, or having  
26 treated patients as a licensed occupational therapist

1 independent of a referral from a physician, advanced  
2 practice nurse or physician assistant in accordance with  
3 Section 3.1, dentist, podiatric physician ~~podiatrist~~, or  
4 optometrist, or having failed to notify the physician,  
5 advanced practice nurse, physician assistant, dentist,  
6 podiatric physician ~~podiatrist~~, or optometrist who  
7 established a diagnosis that the patient is receiving  
8 occupational therapy pursuant to that diagnosis.

9 (b) The determination by a circuit court that a license  
10 holder is subject to involuntary admission or judicial  
11 admission as provided in the Mental Health and Developmental  
12 Disabilities Code, as now or hereafter amended, operates as an  
13 automatic suspension. Such suspension will end only upon a  
14 finding by a court that the patient is no longer subject to  
15 involuntary admission or judicial admission, an order by the  
16 court so finding and discharging the patient, and the  
17 recommendation of the Board to the Director that the license  
18 holder be allowed to resume his practice.

19 (c) The Department may refuse to issue or take disciplinary  
20 action concerning the license of any person who fails to file a  
21 return, to pay the tax, penalty, or interest shown in a filed  
22 return, or to pay any final assessment of tax, penalty, or  
23 interest as required by any tax Act administered by the  
24 Department of Revenue, until such time as the requirements of  
25 any such tax Act are satisfied as determined by the Department  
26 of Revenue.

1           (d) In enforcing this Section, the Board, upon a showing of  
2 a possible violation, may compel a licensee or applicant to  
3 submit to a mental or physical examination, or both, as  
4 required by and at the expense of the Department. The examining  
5 physicians or clinical psychologists shall be those  
6 specifically designated by the Board. The Board or the  
7 Department may order (i) the examining physician to present  
8 testimony concerning the mental or physical examination of a  
9 licensee or applicant or (ii) the examining clinical  
10 psychologist to present testimony concerning the mental  
11 examination of a licensee or applicant. No information shall be  
12 excluded by reason of any common law or statutory privilege  
13 relating to communications between a licensee or applicant and  
14 the examining physician or clinical psychologist. An  
15 individual to be examined may have, at his or her own expense,  
16 another physician or clinical psychologist of his or her choice  
17 present during all aspects of the examination. Failure of an  
18 individual to submit to a mental or physical examination, when  
19 directed, is grounds for suspension of his or her license. The  
20 license must remain suspended until the person submits to the  
21 examination or the Board finds, after notice and hearing, that  
22 the refusal to submit to the examination was with reasonable  
23 cause.

24           If the Board finds an individual unable to practice because  
25 of the reasons set forth in this Section, the Board must  
26 require the individual to submit to care, counseling, or

1 treatment by a physician or clinical psychologist approved by  
2 the Board, as a condition, term, or restriction for continued,  
3 reinstated, or renewed licensure to practice. In lieu of care,  
4 counseling, or treatment, the Board may recommend that the  
5 Department file a complaint to immediately suspend or revoke  
6 the license of the individual or otherwise discipline the  
7 licensee.

8 Any individual whose license was granted, continued,  
9 reinstated, or renewed subject to conditions, terms, or  
10 restrictions, as provided for in this Section, or any  
11 individual who was disciplined or placed on supervision  
12 pursuant to this Section must be referred to the Director for a  
13 determination as to whether the person shall have his or her  
14 license suspended immediately, pending a hearing by the Board.  
15 (Source: P.A. 96-1482, eff. 11-29-10.)

16 Section 55. The Orthotics, Prosthetics, and Pedorthics  
17 Practice Act is amended by changing Sections 10 and 57 as  
18 follows:

19 (225 ILCS 84/10)

20 (Section scheduled to be repealed on January 1, 2020)

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

22 "Accredited facility" means a facility which has been  
23 accredited by the Center for Medicare Medicaid Services to  
24 practice prosthetics, orthotics or pedorthics and which

1 represents itself to the public by title or description of  
2 services that includes the term "prosthetic", "prosthetist",  
3 "artificial limb", "orthotic", "orthotist", "brace",  
4 "pedorthic", "pedorthist" or a similar title or description of  
5 services.

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

13 "Assistant" means a person who is educated and trained to  
14 participate in comprehensive orthotic or prosthetic care while  
15 under the supervision, as defined by rule, of a licensed  
16 orthotist or licensed prosthetist. Assistants may perform  
17 orthotic or prosthetic procedures and related tasks in the  
18 management of patient care. Assistants may also fabricate,  
19 repair, and maintain orthoses and prostheses.

20 "Board" means the Board of Orthotics, Prosthetics, and  
21 Pedorthics.

22 "Custom fabricated device" means an orthosis, prosthesis,  
23 or pedorthic device fabricated to comprehensive measurements  
24 or a mold or patient model for use by a patient in accordance  
25 with a prescription and which requires clinical and technical  
26 judgment in its design, fabrication, and fitting.

1 "Custom fitted device" means an orthosis, prosthesis, or  
2 pedorthic device made to patient measurements sized or modified  
3 for use by the patient in accordance with a prescription and  
4 which requires clinical and technical judgment and substantive  
5 alteration in its design.

6 "Department" means the Department of Financial and  
7 Professional Regulation.

8 "Facility" means the business location where orthotic,  
9 prosthetic, or pedorthic care is provided and, in the case of  
10 an orthotic/prosthetic facility, has the appropriate clinical  
11 and laboratory space and equipment to provide comprehensive  
12 orthotic or prosthetic care and, in the case of a pedorthic  
13 facility, has the appropriate clinical space and equipment to  
14 provide pedorthic care. Licensed orthotists, prosthetists, and  
15 pedorthists must be available to either provide care or  
16 supervise the provision of care by unlicensed staff.

17 "Licensed orthotist" or "LO" means a person licensed under  
18 this Act to practice orthotics and who represents himself or  
19 herself to the public by title or description of services that  
20 includes the term "orthotic", "orthotist", "brace", or a  
21 similar title or description of services.

22 "Licensed pedorthist" or "LPed" means a person licensed  
23 under this Act to practice pedorthics and who represents  
24 himself or herself to the public by the title or description of  
25 services that include the term "pedorthic", "pedorthist", or a  
26 similar title or description of services.

1 "Licensed physician" means a person licensed under the  
2 Medical Practice Act of 1987.

3 "Licensed podiatric physician ~~podiatrist~~" means a person  
4 licensed under the Podiatric Medical Practice Act of 1987.

5 "Licensed prosthetist" or "LP" means a person licensed  
6 under this Act to practice prosthetics and who represents  
7 himself or herself to the public by title or description of  
8 services that includes the term "prosthetic", "prosthetist",  
9 "artificial limb", or a similar title or description of  
10 services.

11 "Off-the-shelf device" means a prefabricated orthosis,  
12 prosthesis, or pedorthic device sized or modified for use by  
13 the patient in accordance with a prescription and that does not  
14 require substantial clinical judgment and substantive  
15 alteration for appropriate use.

16 "Orthosis" means a custom-fabricated or custom-fitted  
17 brace or support designed to provide for alignment, correction,  
18 or prevention of neuromuscular or musculoskeletal dysfunction,  
19 disease, injury, or deformity. "Orthosis" does not include  
20 fabric or elastic supports, corsets, arch supports,  
21 low-temperature plastic splints, trusses, elastic hoses,  
22 canes, crutches, soft cervical collars, dental appliances, or  
23 other similar devices carried in stock and sold as  
24 "over-the-counter" items by a drug store, department store,  
25 corset shop, or surgical supply facility.

26 "Orthotic and Prosthetic Education Program" means a course

1 of instruction accredited by the Commission on Accreditation of  
2 Allied Health Education Programs, consisting of (i) a basic  
3 curriculum of college level instruction in math, physics,  
4 biology, chemistry, and psychology and (ii) a specific  
5 curriculum in orthotic or prosthetic courses, including: (A)  
6 lectures covering pertinent anatomy, biomechanics,  
7 pathomechanics, prosthetic-orthotic components and materials,  
8 training and functional capabilities, prosthetic or orthotic  
9 performance evaluation, prescription considerations, etiology  
10 of amputations and disease processes necessitating prosthetic  
11 or orthotic use, and medical management; (B) subject matter  
12 related to pediatric and geriatric problems; (C) instruction in  
13 acute care techniques, such as immediate and early  
14 post-surgical prosthetics and fracture bracing techniques; and  
15 (D) lectures, demonstrations, and laboratory experiences  
16 related to the entire process of measuring, casting, fitting,  
17 fabricating, aligning, and completing prostheses or orthoses.

18 "Orthotic and prosthetic scope of practice" means a list of  
19 tasks, with relative weight given to such factors as  
20 importance, criticality, and frequency, based on  
21 internationally accepted standards of orthotic and prosthetic  
22 care as outlined by the International Society of Prosthetics  
23 and Orthotics' professional profile for Category I and Category  
24 III orthotic and prosthetic personnel.

25 "Orthotics" means the science and practice of evaluating,  
26 measuring, designing, fabricating, assembling, fitting,



1 adjusting, or servicing an orthosis under an order from a  
2 licensed physician or podiatric physician ~~podiatrist~~ for the  
3 correction or alleviation of neuromuscular or musculoskeletal  
4 dysfunction, disease, injury, or deformity.

5 "Orthotist" means a health care professional, specifically  
6 educated and trained in orthotic patient care, who measures,  
7 designs, fabricates, fits, or services orthoses and may assist  
8 in the formulation of the order and treatment plan of orthoses  
9 for the support or correction of disabilities caused by  
10 neuro-musculoskeletal diseases, injuries, or deformities.

11 "Over-the-counter" means a prefabricated, mass-produced  
12 device that is prepackaged and requires no professional advice  
13 or judgement in either size selection or use, including fabric  
14 or elastic supports, corsets, generic arch supports, elastic  
15 hoses.

16 "Pedorthic device" means therapeutic shoes (e.g. diabetic  
17 shoes and inserts), shoe modifications made for therapeutic  
18 purposes, below the ankle partial foot prostheses, and foot  
19 orthoses for use at the ankle or below. It also includes  
20 subtalar-control foot orthoses designed to manage the function  
21 of the anatomy by controlling the range of motion of the  
22 subtalar joint. Excluding footwear, the proximal height of a  
23 custom pedorthic device does not extend beyond the junction of  
24 the gastrocnemius and the Achilles tendon. Pedorthic devices do  
25 not include non-therapeutic inlays or footwear regardless of  
26 method of manufacture; unmodified, non-therapeutic

1 over-the-counter shoes; or prefabricated foot care products.  
2 "Therapeutic" devices address a medical condition, diagnosed  
3 by a prescribing medical professional, while "non-therapeutic"  
4 devices do not address a medical condition.

5 "Pedorthic education program" means an educational program  
6 accredited by the National Commission on Orthotic and  
7 Prosthetic Education consisting of (i) a basic curriculum of  
8 instruction in foot-related pathology of diseases, anatomy,  
9 and biomechanics and (ii) a specific curriculum in pedorthic  
10 courses, including lectures covering shoes, foot orthoses, and  
11 shoe modifications, pedorthic components and materials,  
12 training and functional capabilities, pedorthic performance  
13 evaluation, prescription considerations, etiology of disease  
14 processes necessitating use of pedorthic devices, medical  
15 management, subject matter related to pediatric and geriatric  
16 problems, and lectures, demonstrations, and laboratory  
17 experiences related to the entire process of measuring and  
18 casting, fitting, fabricating, aligning, and completing  
19 pedorthic devices.

20 "Pedorthic scope of practice" means a list of tasks with  
21 relative weight given to such factors as importance,  
22 criticality, and frequency based on nationally accepted  
23 standards of pedorthic care as outlined by the National  
24 Commission on Orthotic and Prosthetic Education comprehensive  
25 analysis with an empirical validation study of the profession  
26 performed by an independent testing company.

1 "Pedorthics" means the science and practice of evaluating,  
2 measuring, designing, fabricating, assembling, fitting,  
3 adjusting, or servicing a pedorthic device under an order from  
4 a licensed physician or podiatric physician ~~podiatrist~~ for the  
5 correction or alleviation of neuromuscular or musculoskeletal  
6 dysfunction, disease, injury, or deformity.

7 "Pedorthist" means a health care professional,  
8 specifically educated and trained in pedorthic patient care,  
9 who measures, designs, fabricates, fits, or services pedorthic  
10 devices and may assist in the formulation of the order and  
11 treatment plan of pedorthic devices for the support or  
12 correction of disabilities caused by neuro-musculoskeletal  
13 diseases, injuries, or deformities.

14 "Person" means a natural person.

15 "Prosthesis" means an artificial medical device that is not  
16 surgically implanted and that is used to replace a missing  
17 limb, appendage, or any other external human body part  
18 including an artificial limb, hand, or foot. "Prosthesis" does  
19 not include artificial eyes, ears, fingers, or toes, dental  
20 appliances, cosmetic devices such as artificial breasts,  
21 eyelashes, or wigs, or other devices that do not have a  
22 significant impact on the musculoskeletal functions of the  
23 body.

24 "Prosthetics" means the science and practice of  
25 evaluating, measuring, designing, fabricating, assembling,  
26 fitting, adjusting, or servicing a prosthesis under an order

1 from a licensed physician.

2 "Prosthetist" means a health care professional,  
3 specifically educated and trained in prosthetic patient care,  
4 who measures, designs, fabricates, fits, or services  
5 prostheses and may assist in the formulation of the order and  
6 treatment plan of prostheses for the replacement of external  
7 parts of the human body lost due to amputation or congenital  
8 deformities or absences.

9 "Prosthetist/orthotist" means a person who practices both  
10 disciplines of prosthetics and orthotics and who represents  
11 himself or herself to the public by title or by description of  
12 services. A person who is currently licensed by the State as  
13 both a licensed prosthetist and a licensed orthotist may use  
14 the title "Licensed Prosthetist Orthotist" or "LPO".

15 "Resident" means a person who has completed an education  
16 program in either orthotics or prosthetics and is continuing  
17 his or her clinical education in a residency accredited by the  
18 National Commission on Orthotic and Prosthetic Education.

19 "Residency" means a minimum of a one-year approved  
20 supervised program to acquire practical clinical training in  
21 orthotics or prosthetics in a patient care setting.

22 "Secretary" means the Secretary of Financial and  
23 Professional Regulation.

24 "Technician" means a person who assists an orthotist,  
25 prosthetist, prosthetist/orthotist, or pedorthist with  
26 fabrication of orthoses, prostheses, or pedorthic devices but

1 does not provide direct patient care.

2 (Source: P.A. 96-682, eff. 8-25-09.)

3 (225 ILCS 84/57)

4 (Section scheduled to be repealed on January 1, 2020)

5 Sec. 57. Limitation on provision of care and services. A  
6 licensed orthotist, prosthetist, or pedorthist may provide  
7 care or services only if the care or services are provided  
8 pursuant to an order from (i) a licensed physician, (ii) a  
9 podiatric physician ~~podiatrist~~, (iii) an advanced practice  
10 nurse who has a written collaborative agreement with a  
11 collaborating physician or podiatric physician ~~podiatrist~~ that  
12 specifically authorizes ordering the services of an orthotist,  
13 prosthetist or pedorthist, (iv) an advanced practice nurse who  
14 practices in a hospital or ambulatory surgical treatment center  
15 and possesses clinical privileges to order services of an  
16 orthotist, prosthetist, or pedorthist, or (v) a physician  
17 assistant who has been delegated the authority to order the  
18 services of an orthotist, prosthetist, or pedorthist by his or  
19 her supervising physician. A licensed podiatric physician  
20 ~~podiatrist~~ or advanced practice nurse collaborating with a  
21 podiatric physician ~~podiatrist~~ may only order care or services  
22 concerning the foot from a licensed prosthetist.

23 (Source: P.A. 96-682, eff. 8-25-09.)

24 Section 60. The Pharmacy Practice Act is amended by

1 changing Sections 3, 4, and 22 as follows:

2 (225 ILCS 85/3)

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

4 Sec. 3. Definitions. For the purpose of this Act, except  
5 where otherwise limited therein:

6 (a) "Pharmacy" or "drugstore" means and includes every  
7 store, shop, pharmacy department, or other place where  
8 pharmacist care is provided by a pharmacist (1) where drugs,  
9 medicines, or poisons are dispensed, sold or offered for sale  
10 at retail, or displayed for sale at retail; or (2) where  
11 prescriptions of physicians, dentists, advanced practice  
12 nurses, physician assistants, veterinarians, podiatric  
13 physicians ~~podiatrists~~, or optometrists, within the limits of  
14 their licenses, are compounded, filled, or dispensed; or (3)  
15 which has upon it or displayed within it, or affixed to or used  
16 in connection with it, a sign bearing the word or words  
17 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",  
18 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",  
19 "Drugs", "Dispensary", "Medicines", or any word or words of  
20 similar or like import, either in the English language or any  
21 other language; or (4) where the characteristic prescription  
22 sign (Rx) or similar design is exhibited; or (5) any store, or  
23 shop, or other place with respect to which any of the above  
24 words, objects, signs or designs are used in any advertisement.

25 (b) "Drugs" means and includes (1) articles recognized in

1 the official United States Pharmacopoeia/National Formulary  
2 (USP/NF), or any supplement thereto and being intended for and  
3 having for their main use the diagnosis, cure, mitigation,  
4 treatment or prevention of disease in man or other animals, as  
5 approved by the United States Food and Drug Administration, but  
6 does not include devices or their components, parts, or  
7 accessories; and (2) all other articles intended for and having  
8 for their main use the diagnosis, cure, mitigation, treatment  
9 or prevention of disease in man or other animals, as approved  
10 by the United States Food and Drug Administration, but does not  
11 include devices or their components, parts, or accessories; and  
12 (3) articles (other than food) having for their main use and  
13 intended to affect the structure or any function of the body of  
14 man or other animals; and (4) articles having for their main  
15 use and intended for use as a component or any articles  
16 specified in clause (1), (2) or (3); but does not include  
17 devices or their components, parts or accessories.

18 (c) "Medicines" means and includes all drugs intended for  
19 human or veterinary use approved by the United States Food and  
20 Drug Administration.

21 (d) "Practice of pharmacy" means (1) the interpretation and  
22 the provision of assistance in the monitoring, evaluation, and  
23 implementation of prescription drug orders; (2) the dispensing  
24 of prescription drug orders; (3) participation in drug and  
25 device selection; (4) drug administration limited to the  
26 administration of oral, topical, injectable, and inhalation as

1 follows: in the context of patient education on the proper use  
2 or delivery of medications; vaccination of patients 14 years of  
3 age and older pursuant to a valid prescription or standing  
4 order, by a physician licensed to practice medicine in all its  
5 branches, upon completion of appropriate training, including  
6 how to address contraindications and adverse reactions set  
7 forth by rule, with notification to the patient's physician and  
8 appropriate record retention, or pursuant to hospital pharmacy  
9 and therapeutics committee policies and procedures; (5) drug  
10 regimen review; (6) drug or drug-related research; (7) the  
11 provision of patient counseling; (8) the practice of  
12 telepharmacy; (9) the provision of those acts or services  
13 necessary to provide pharmacist care; (10) medication therapy  
14 management; and (11) the responsibility for compounding and  
15 labeling of drugs and devices (except labeling by a  
16 manufacturer, repackager, or distributor of non-prescription  
17 drugs and commercially packaged legend drugs and devices),  
18 proper and safe storage of drugs and devices, and maintenance  
19 of required records. A pharmacist who performs any of the acts  
20 defined as the practice of pharmacy in this State must be  
21 actively licensed as a pharmacist under this Act.

22 (e) "Prescription" means and includes any written, oral,  
23 facsimile, or electronically transmitted order for drugs or  
24 medical devices, issued by a physician licensed to practice  
25 medicine in all its branches, dentist, veterinarian, or  
26 podiatric physician ~~podiatrist~~, or optometrist, within the



1 limits of their licenses, by a physician assistant in  
2 accordance with subsection (f) of Section 4, or by an advanced  
3 practice nurse in accordance with subsection (g) of Section 4,  
4 containing the following: (1) name of the patient; (2) date  
5 when prescription was issued; (3) name and strength of drug or  
6 description of the medical device prescribed; and (4) quantity;  
7 (5) directions for use; (6) prescriber's name, address, and  
8 signature; and (7) DEA number where required, for controlled  
9 substances. The prescription may, but is not required to, list  
10 the illness, disease, or condition for which the drug or device  
11 is being prescribed. DEA numbers shall not be required on  
12 inpatient drug orders.

13 (f) "Person" means and includes a natural person,  
14 copartnership, association, corporation, government entity, or  
15 any other legal entity.

16 (g) "Department" means the Department of Financial and  
17 Professional Regulation.

18 (h) "Board of Pharmacy" or "Board" means the State Board of  
19 Pharmacy of the Department of Financial and Professional  
20 Regulation.

21 (i) "Secretary" means the Secretary of Financial and  
22 Professional Regulation.

23 (j) "Drug product selection" means the interchange for a  
24 prescribed pharmaceutical product in accordance with Section  
25 25 of this Act and Section 3.14 of the Illinois Food, Drug and  
26 Cosmetic Act.

1           (k) "Inpatient drug order" means an order issued by an  
2 authorized prescriber for a resident or patient of a facility  
3 licensed under the Nursing Home Care Act, the ID/DD Community  
4 Care Act, the Specialized Mental Health Rehabilitation Act, or  
5 the Hospital Licensing Act, or "An Act in relation to the  
6 founding and operation of the University of Illinois Hospital  
7 and the conduct of University of Illinois health care  
8 programs", approved July 3, 1931, as amended, or a facility  
9 which is operated by the Department of Human Services (as  
10 successor to the Department of Mental Health and Developmental  
11 Disabilities) or the Department of Corrections.

12           (k-5) "Pharmacist" means an individual health care  
13 professional and provider currently licensed by this State to  
14 engage in the practice of pharmacy.

15           (l) "Pharmacist in charge" means the licensed pharmacist  
16 whose name appears on a pharmacy license and who is responsible  
17 for all aspects of the operation related to the practice of  
18 pharmacy.

19           (m) "Dispense" or "dispensing" means the interpretation,  
20 evaluation, and implementation of a prescription drug order,  
21 including the preparation and delivery of a drug or device to a  
22 patient or patient's agent in a suitable container  
23 appropriately labeled for subsequent administration to or use  
24 by a patient in accordance with applicable State and federal  
25 laws and regulations. "Dispense" or "dispensing" does not mean  
26 the physical delivery to a patient or a patient's

1 representative in a home or institution by a designee of a  
2 pharmacist or by common carrier. "Dispense" or "dispensing"  
3 also does not mean the physical delivery of a drug or medical  
4 device to a patient or patient's representative by a  
5 pharmacist's designee within a pharmacy or drugstore while the  
6 pharmacist is on duty and the pharmacy is open.

7 (n) "Nonresident pharmacy" means a pharmacy that is located  
8 in a state, commonwealth, or territory of the United States,  
9 other than Illinois, that delivers, dispenses, or distributes,  
10 through the United States Postal Service, commercially  
11 acceptable parcel delivery service, or other common carrier, to  
12 Illinois residents, any substance which requires a  
13 prescription.

14 (o) "Compounding" means the preparation and mixing of  
15 components, excluding flavorings, (1) as the result of a  
16 prescriber's prescription drug order or initiative based on the  
17 prescriber-patient-pharmacist relationship in the course of  
18 professional practice or (2) for the purpose of, or incident  
19 to, research, teaching, or chemical analysis and not for sale  
20 or dispensing. "Compounding" includes the preparation of drugs  
21 or devices in anticipation of receiving prescription drug  
22 orders based on routine, regularly observed dispensing  
23 patterns. Commercially available products may be compounded  
24 for dispensing to individual patients only if all of the  
25 following conditions are met: (i) the commercial product is not  
26 reasonably available from normal distribution channels in a

1 timely manner to meet the patient's needs and (ii) the  
2 prescribing practitioner has requested that the drug be  
3 compounded.

4 (p) (Blank).

5 (q) (Blank).

6 (r) "Patient counseling" means the communication between a  
7 pharmacist or a student pharmacist under the supervision of a  
8 pharmacist and a patient or the patient's representative about  
9 the patient's medication or device for the purpose of  
10 optimizing proper use of prescription medications or devices.

11 "Patient counseling" may include without limitation (1)  
12 obtaining a medication history; (2) acquiring a patient's  
13 allergies and health conditions; (3) facilitation of the  
14 patient's understanding of the intended use of the medication;  
15 (4) proper directions for use; (5) significant potential  
16 adverse events; (6) potential food-drug interactions; and (7)  
17 the need to be compliant with the medication therapy. A  
18 pharmacy technician may only participate in the following  
19 aspects of patient counseling under the supervision of a  
20 pharmacist: (1) obtaining medication history; (2) providing  
21 the offer for counseling by a pharmacist or student pharmacist;  
22 and (3) acquiring a patient's allergies and health conditions.

23 (s) "Patient profiles" or "patient drug therapy record"  
24 means the obtaining, recording, and maintenance of patient  
25 prescription information, including prescriptions for  
26 controlled substances, and personal information.

1 (t) (Blank).

2 (u) "Medical device" means an instrument, apparatus,  
3 implement, machine, contrivance, implant, in vitro reagent, or  
4 other similar or related article, including any component part  
5 or accessory, required under federal law to bear the label  
6 "Caution: Federal law requires dispensing by or on the order of  
7 a physician". A seller of goods and services who, only for the  
8 purpose of retail sales, compounds, sells, rents, or leases  
9 medical devices shall not, by reasons thereof, be required to  
10 be a licensed pharmacy.

11 (v) "Unique identifier" means an electronic signature,  
12 handwritten signature or initials, thumb print, or other  
13 acceptable biometric or electronic identification process as  
14 approved by the Department.

15 (w) "Current usual and customary retail price" means the  
16 price that a pharmacy charges to a non-third-party payor.

17 (x) "Automated pharmacy system" means a mechanical system  
18 located within the confines of the pharmacy or remote location  
19 that performs operations or activities, other than compounding  
20 or administration, relative to storage, packaging, dispensing,  
21 or distribution of medication, and which collects, controls,  
22 and maintains all transaction information.

23 (y) "Drug regimen review" means and includes the evaluation  
24 of prescription drug orders and patient records for (1) known  
25 allergies; (2) drug or potential therapy contraindications;  
26 (3) reasonable dose, duration of use, and route of

1 administration, taking into consideration factors such as age,  
2 gender, and contraindications; (4) reasonable directions for  
3 use; (5) potential or actual adverse drug reactions; (6)  
4 drug-drug interactions; (7) drug-food interactions; (8)  
5 drug-disease contraindications; (9) therapeutic duplication;  
6 (10) patient laboratory values when authorized and available;  
7 (11) proper utilization (including over or under utilization)  
8 and optimum therapeutic outcomes; and (12) abuse and misuse.

9 (z) "Electronic transmission prescription" means any  
10 prescription order for which a facsimile or electronic image of  
11 the order is electronically transmitted from a licensed  
12 prescriber to a pharmacy. "Electronic transmission  
13 prescription" includes both data and image prescriptions.

14 (aa) "Medication therapy management services" means a  
15 distinct service or group of services offered by licensed  
16 pharmacists, physicians licensed to practice medicine in all  
17 its branches, advanced practice nurses authorized in a written  
18 agreement with a physician licensed to practice medicine in all  
19 its branches, or physician assistants authorized in guidelines  
20 by a supervising physician that optimize therapeutic outcomes  
21 for individual patients through improved medication use. In a  
22 retail or other non-hospital pharmacy, medication therapy  
23 management services shall consist of the evaluation of  
24 prescription drug orders and patient medication records to  
25 resolve conflicts with the following:

26 (1) known allergies;

- 1 (2) drug or potential therapy contraindications;
- 2 (3) reasonable dose, duration of use, and route of
- 3 administration, taking into consideration factors such as
- 4 age, gender, and contraindications;
- 5 (4) reasonable directions for use;
- 6 (5) potential or actual adverse drug reactions;
- 7 (6) drug-drug interactions;
- 8 (7) drug-food interactions;
- 9 (8) drug-disease contraindications;
- 10 (9) identification of therapeutic duplication;
- 11 (10) patient laboratory values when authorized and
- 12 available;
- 13 (11) proper utilization (including over or under
- 14 utilization) and optimum therapeutic outcomes; and
- 15 (12) drug abuse and misuse.

16 "Medication therapy management services" includes the  
17 following:

- 18 (1) documenting the services delivered and
- 19 communicating the information provided to patients'
- 20 prescribers within an appropriate time frame, not to exceed
- 21 48 hours;
- 22 (2) providing patient counseling designed to enhance a
- 23 patient's understanding and the appropriate use of his or
- 24 her medications; and
- 25 (3) providing information, support services, and
- 26 resources designed to enhance a patient's adherence with

1 his or her prescribed therapeutic regimens.

2 "Medication therapy management services" may also include  
3 patient care functions authorized by a physician licensed to  
4 practice medicine in all its branches for his or her identified  
5 patient or groups of patients under specified conditions or  
6 limitations in a standing order from the physician.

7 "Medication therapy management services" in a licensed  
8 hospital may also include the following:

9 (1) reviewing assessments of the patient's health  
10 status; and

11 (2) following protocols of a hospital pharmacy and  
12 therapeutics committee with respect to the fulfillment of  
13 medication orders.

14 (bb) "Pharmacist care" means the provision by a pharmacist  
15 of medication therapy management services, with or without the  
16 dispensing of drugs or devices, intended to achieve outcomes  
17 that improve patient health, quality of life, and comfort and  
18 enhance patient safety.

19 (cc) "Protected health information" means individually  
20 identifiable health information that, except as otherwise  
21 provided, is:

22 (1) transmitted by electronic media;

23 (2) maintained in any medium set forth in the  
24 definition of "electronic media" in the federal Health  
25 Insurance Portability and Accountability Act; or

26 (3) transmitted or maintained in any other form or



1 medium.

2 "Protected health information" does not include individually  
3 identifiable health information found in:

4 (1) education records covered by the federal Family  
5 Educational Right and Privacy Act; or

6 (2) employment records held by a licensee in its role  
7 as an employer.

8 (dd) "Standing order" means a specific order for a patient  
9 or group of patients issued by a physician licensed to practice  
10 medicine in all its branches in Illinois.

11 (ee) "Address of record" means the address recorded by the  
12 Department in the applicant's or licensee's application file or  
13 license file, as maintained by the Department's licensure  
14 maintenance unit.

15 (ff) "Home pharmacy" means the location of a pharmacy's  
16 primary operations.

17 (Source: P.A. 96-339, eff. 7-1-10; 96-673, eff. 1-1-10;  
18 96-1000, eff. 7-2-10; 96-1353, eff. 7-28-10; 97-38, eff.  
19 6-28-11; 97-227, eff. 1-1-12; revised 10-4-11.)

20 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

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

24 (a) the lawful practice of any physician licensed to  
25 practice medicine in all of its branches, dentist, podiatric

1 physician ~~pediatrist~~, veterinarian, or therapeutically or  
2 diagnostically certified optometrist within the limits of his  
3 or her license, or prevent him or her from supplying to his or  
4 her bona fide patients such drugs, medicines, or poisons as may  
5 seem to him appropriate;

6 (b) the sale of compressed gases;

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

1 (d) the sale of poultry and livestock remedies in original  
2 and unbroken packages only, labeled for poultry and livestock  
3 medication;

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

16 (f) the delegation of limited prescriptive authority by a  
17 physician licensed to practice medicine in all its branches to  
18 a physician assistant under Section 7.5 of the Physician  
19 Assistant Practice Act of 1987. This delegated authority under  
20 Section 7.5 of the Physician Assistant Practice Act of 1987  
21 may, but is not required to, include prescription of controlled  
22 substances, as defined in Article II of the Illinois Controlled  
23 Substances Act, in accordance with a written supervision  
24 agreement; and

25 (g) the delegation of prescriptive authority by a physician  
26 licensed to practice medicine in all its branches or a licensed

1 podiatric physician ~~podiatrist~~ to an advanced practice nurse in  
2 accordance with a written collaborative agreement under  
3 Sections 65-35 and 65-40 of the Nurse Practice Act.

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

6 (225 ILCS 85/22) (from Ch. 111, par. 4142)

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

8 Sec. 22. Except only in the case of a drug, medicine or  
9 poison which is lawfully sold or dispensed, at retail, in the  
10 original and unbroken package of the manufacturer, packer, or  
11 distributor thereof, and which package bears the original label  
12 thereon showing the name and address of the manufacturer,  
13 packer, or distributor thereof, and the name of the drug,  
14 medicine, or poison therein contained, and the directions for  
15 its use, no person shall sell or dispense, at retail, any drug,  
16 medicine, or poison, without affixing to the box, bottle,  
17 vessel, or package containing the same, a label bearing the  
18 name of the article distinctly shown, and the directions for  
19 its use, with the name and address of the pharmacy wherein the  
20 same is sold or dispensed. However, in the case of a drug,  
21 medicine, or poison which is sold or dispensed pursuant to a  
22 prescription of a physician licensed to practice medicine in  
23 all of its branches, licensed dentist, licensed veterinarian,  
24 licensed podiatric physician ~~podiatrist~~, or therapeutically or  
25 diagnostically certified optometrist authorized by law to

1 prescribe drugs or medicines or poisons, the label affixed to  
2 the box, bottle, vessel, or package containing the same shall  
3 show: (a) the name and address of the pharmacy wherein the same  
4 is sold or dispensed; (b) the name or initials of the person,  
5 authorized to practice pharmacy under the provisions of this  
6 Act, selling or dispensing the same, (c) the date on which such  
7 prescription was filled; (d) the name of the patient; (e) the  
8 serial number of such prescription as filed in the prescription  
9 files; (f) the last name of the practitioner who prescribed  
10 such prescriptions; (g) the directions for use thereof as  
11 contained in such prescription; and (h) the proprietary name or  
12 names or the established name or names of the drugs, the dosage  
13 and quantity, except as otherwise authorized by regulation of  
14 the Department.

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

16 Section 65. The Illinois Physical Therapy Act is amended by  
17 changing Sections 1 and 17 as follows:

18 (225 ILCS 90/1) (from Ch. 111, par. 4251)

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

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

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

22 (A) Examining, evaluating, and testing individuals who  
23 may have mechanical, physiological, or developmental  
24 impairments, functional limitations, disabilities, or

1 other health and movement-related conditions, classifying  
2 these disorders, determining a rehabilitation prognosis  
3 and plan of therapeutic intervention, and assessing the  
4 on-going effects of the interventions.

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

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

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

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

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

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

1           (3) "Department" means the Department of Professional  
2 Regulation.

3           (4) "Director" means the Director of Professional  
4 Regulation.

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

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

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

23           (8) "State" includes:

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

25                   (b) the District of Columbia; and

26                   (c) the Commonwealth of Puerto Rico.



1           (9) "Physical therapist assistant" means a person licensed  
2 to assist a physical therapist and who has met all requirements  
3 as provided in this Act and who works under the supervision of  
4 a licensed physical therapist to assist in implementing the  
5 physical therapy treatment program as established by the  
6 licensed physical therapist. The patient care activities  
7 provided by the physical therapist assistant shall not include  
8 the interpretation of referrals, evaluation procedures, or the  
9 planning or major modification of patient programs.

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

14           (11) "Advanced practice nurse" means a person licensed  
15 under the Nurse Practice Act who has a collaborative agreement  
16 with a collaborating physician that authorizes referrals to  
17 physical therapists.

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

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

22 (225 ILCS 90/17) (from Ch. 111, par. 4267)

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

24 Sec. 17. (1) The Department may refuse to issue or to  
25 renew, or may revoke, suspend, place on probation, reprimand,

1 or take other disciplinary action as the Department deems  
2 appropriate, including the issuance of fines not to exceed  
3 \$5000, with regard to a license for any one or a combination of  
4 the following:

5 A. Material misstatement in furnishing information to  
6 the Department or otherwise making misleading, deceptive,  
7 untrue, or fraudulent representations in violation of this  
8 Act or otherwise in the practice of the profession;

9 B. Violations of this Act, or of the rules or  
10 regulations promulgated hereunder;

11 C. Conviction of any crime under the laws of the United  
12 States or any state or territory thereof which is a felony  
13 or which is a misdemeanor, an essential element of which is  
14 dishonesty, or of any crime which is directly related to  
15 the practice of the profession; conviction, as used in this  
16 paragraph, shall include a finding or verdict of guilty, an  
17 admission of guilt or a plea of nolo contendere;

18 D. Making any misrepresentation for the purpose of  
19 obtaining licenses, or violating any provision of this Act  
20 or the rules promulgated thereunder pertaining to  
21 advertising;

22 E. A pattern of practice or other behavior which  
23 demonstrates incapacity or incompetency to practice under  
24 this Act;

25 F. Aiding or assisting another person in violating any  
26 provision of this Act or Rules;

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

3           H. Engaging in dishonorable, unethical or  
4 unprofessional conduct of a character likely to deceive,  
5 defraud or harm the public. Unprofessional conduct shall  
6 include any departure from or the failure to conform to the  
7 minimal standards of acceptable and prevailing physical  
8 therapy practice, in which proceeding actual injury to a  
9 patient need not be established;

10          I. Unlawful distribution of any drug or narcotic, or  
11 unlawful conversion of any drug or narcotic not belonging  
12 to the person for such person's own use or benefit or for  
13 other than medically accepted therapeutic purposes;

14          J. Habitual or excessive use or addiction to alcohol,  
15 narcotics, stimulants, or any other chemical agent or drug  
16 which results in a physical therapist's or physical  
17 therapist assistant's inability to practice with  
18 reasonable judgment, skill or safety;

19          K. Revocation or suspension of a license to practice  
20 physical therapy as a physical therapist or physical  
21 therapist assistant or the taking of other disciplinary  
22 action by the proper licensing authority of another state,  
23 territory or country;

24          L. 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 services not actually or personally  
2 rendered. Nothing contained in this paragraph prohibits  
3 persons holding valid and current licenses under this Act  
4 from practicing physical therapy in partnership under a  
5 partnership agreement, including a limited liability  
6 partnership, a limited liability company, or a corporation  
7 under the Professional Service Corporation Act or from  
8 pooling, sharing, dividing, or apportioning the fees and  
9 monies received by them or by the partnership, company, or  
10 corporation in accordance with the partnership agreement  
11 or the policies of the company or professional corporation.  
12 Nothing in this paragraph (L) affects any bona fide  
13 independent contractor or employment arrangements among  
14 health care professionals, health facilities, health care  
15 providers, or other entities, except as otherwise  
16 prohibited by law. Any employment arrangements may include  
17 provisions for compensation, health insurance, pension, or  
18 other employment benefits for the provision of services  
19 within the scope of the licensee's practice under this Act.  
20 Nothing in this paragraph (L) shall be construed to require  
21 an employment arrangement to receive professional fees for  
22 services rendered;

23 M. A finding by the Board that the licensee after  
24 having his or her license placed on probationary status has  
25 violated the terms of probation;

26 N. Abandonment of a patient;

1           O. 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           P. Willfully failing to report an instance of suspected  
5 elder abuse or neglect as required by the Elder Abuse  
6 Reporting Act;

7           Q. Physical illness, including but not limited to,  
8 deterioration through the aging process, or loss of motor  
9 skill which results in the inability to practice the  
10 profession with reasonable judgement, skill or safety;

11          R. The use of any words (such as physical therapy,  
12 physical therapist physiotherapy or physiotherapist),  
13 abbreviations, figures or letters with the intention of  
14 indicating practice as a licensed physical therapist  
15 without a valid license as a physical therapist issued  
16 under this Act;

17          S. The use of the term physical therapist assistant, or  
18 abbreviations, figures, or letters with the intention of  
19 indicating practice as a physical therapist assistant  
20 without a valid license as a physical therapist assistant  
21 issued under this Act;

22          T. Willfully violating or knowingly assisting in the  
23 violation of any law of this State relating to the practice  
24 of abortion;

25          U. Continued practice by a person knowingly having an  
26 infectious, communicable or contagious disease;

1           V. Having treated ailments of human beings otherwise  
2 than by the practice of physical therapy as defined in this  
3 Act, or having treated ailments of human beings as a  
4 licensed physical therapist independent of a documented  
5 referral or a documented current and relevant diagnosis  
6 from a physician, dentist, advanced practice nurse,  
7 physician assistant, or podiatric physician ~~podiatrist~~, or  
8 having failed to notify the physician, dentist, advanced  
9 practice nurse, physician assistant, or podiatric  
10 physician ~~podiatrist~~ who established a documented current  
11 and relevant diagnosis that the patient is receiving  
12 physical therapy pursuant to that diagnosis;

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

19           X. Interpretation of referrals, performance of  
20 evaluation procedures, planning or making major  
21 modifications of patient programs by a physical therapist  
22 assistant;

23           Y. Failure by a physical therapist assistant and  
24 supervising physical therapist to maintain continued  
25 contact, including periodic personal supervision and  
26 instruction, to insure safety and welfare of patients;

1           Z. Violation of the Health Care Worker Self-Referral  
2           Act.

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

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

19          (Source: P.A. 96-1482, eff. 11-29-10.)

20          Section 70. The Podiatric Medical Practice Act of 1987 is  
21          amended by changing Sections 11, 20.5, 24, and 24.2 as follows:

22                 (225 ILCS 100/11) (from Ch. 111, par. 4811)

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

24          Sec. 11. Practice without a license forbidden and

1 exceptions. A. It shall be deemed prima facie evidence of the  
2 practice of podiatric medicine or of holding one's self out as  
3 a podiatric physician within the meaning of this Act, for any  
4 person to diagnose the ailments of, or to treat in any manner  
5 the human foot by medical, physical or surgical methods, or to  
6 use the title "podiatric physician" or "podiatrist" or any  
7 words or letters which indicate or tend to indicate to the  
8 public that the person so treating or so holding himself or  
9 herself out is a podiatric physician.

10 B. No person, except as provided in Section 3 of this Act,  
11 shall provide any type of diagnostic and therapeutic medical  
12 care services of the human foot unless under the supervision of  
13 a licensed podiatric physician.

14 C. Persons suitably trained and qualified may render, only  
15 under the direction of a podiatric physician licensed under  
16 this Act, such patient tests and services as diagnostic imaging  
17 procedures, laboratory studies and other appropriate patient  
18 services connected with comprehensive foot care which may be  
19 consistent with the diagnosis and treatment selected by the  
20 podiatric physician. This Section shall apply to podiatric  
21 medical care provided in all settings, including, but not  
22 limited to: long term facilities, mental health facilities,  
23 hospitals, medical offices and public health clinics.

24 (Source: P.A. 85-918.)



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

2 Sec. 20.5. Delegation of authority to advanced practice  
3 nurses.

4 (a) A podiatric physician ~~podiatrist~~ in active clinical  
5 practice may collaborate with an advanced practice nurse in  
6 accordance with the requirements of the Nurse Practice Act.  
7 Collaboration shall be for the purpose of providing podiatric  
8 consultation and no employment relationship shall be required.  
9 A written collaborative agreement shall conform to the  
10 requirements of Section 65-35 of the Nurse Practice Act. The  
11 written collaborative agreement shall be for services the  
12 collaborating podiatric physician ~~podiatrist~~ generally  
13 provides to his or her patients in the normal course of  
14 clinical podiatric practice, except as set forth in item (3) of  
15 this subsection (a). A written collaborative agreement and  
16 podiatric collaboration and consultation shall be adequate  
17 with respect to advanced practice nurses if all of the  
18 following apply:

19 (1) The agreement is written to promote the exercise of  
20 professional judgment by the advanced practice nurse  
21 commensurate with his or her education and experience. The  
22 agreement need not describe the exact steps that an  
23 advanced practice nurse must take with respect to each  
24 specific condition, disease, or symptom, but must specify  
25 which procedures require a podiatric physician's  
26 ~~podiatrist's~~ presence as the procedures are being

1 performed.

2 (2) Practice guidelines and orders are developed and  
3 approved jointly by the advanced practice nurse and  
4 collaborating podiatric physician ~~podiatrist~~, as needed,  
5 based on the practice of the practitioners. Such guidelines  
6 and orders and the patient services provided thereunder are  
7 periodically reviewed by the collaborating podiatric  
8 physician ~~podiatrist~~.

9 (3) The advance practice nurse provides services that  
10 the collaborating podiatric physician ~~podiatrist~~ generally  
11 provides to his or her patients in the normal course of  
12 clinical practice. With respect to the provision of  
13 anesthesia services by a certified registered nurse  
14 anesthetist, the collaborating podiatric physician  
15 ~~podiatrist~~ must have training and experience in the  
16 delivery of anesthesia consistent with Department rules.

17 (4) The collaborating podiatric physician ~~podiatrist~~  
18 and the advanced practice nurse consult at least once a  
19 month to provide collaboration and consultation.

20 (5) Methods of communication are available with the  
21 collaborating podiatric physician ~~podiatrist~~ in person or  
22 through telecommunications for consultation,  
23 collaboration, and referral as needed to address patient  
24 care needs.

25 (6) With respect to the provision of anesthesia  
26 services by a certified registered nurse anesthetist, an

1           anesthesiologist, physician, or podiatric physician  
2           ~~podiatrist~~ shall participate through discussion of and  
3           agreement with the anesthesia plan and shall remain  
4           physically present and be available on the premises during  
5           the delivery of anesthesia services for diagnosis,  
6           consultation, and treatment of emergency medical  
7           conditions. The anesthesiologist or operating podiatric  
8           physician ~~podiatrist~~ must agree with the anesthesia plan  
9           prior to the delivery of services.

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

14           (b) The collaborating podiatric physician ~~podiatrist~~ shall  
15           have access to the records of all patients attended to by an  
16           advanced practice nurse.

17           (c) Nothing in this Section shall be construed to limit the  
18           delegation of tasks or duties by a podiatric physician  
19           ~~podiatrist~~ to a licensed practical nurse, a registered  
20           professional nurse, or other appropriately trained persons.

21           (d) A podiatric physician ~~podiatrist~~ shall not be liable  
22           for the acts or omissions of an advanced practice nurse solely  
23           on the basis of having signed guidelines or a collaborative  
24           agreement, an order, a standing order, a standing delegation  
25           order, or other order or guideline authorizing an advanced  
26           practice nurse to perform acts, unless the podiatric physician

1 ~~podiatrist~~ has reason to believe the advanced practice nurse  
2 lacked the competency to perform the act or acts or commits  
3 willful or wanton misconduct.

4 (e) ~~(f)~~ A podiatric physician ~~podiatrist~~, may, but is not  
5 required to delegate prescriptive authority to an advanced  
6 practice nurse as part of a written collaborative agreement and  
7 the delegation of prescriptive authority shall conform to the  
8 requirements of Section 65-40 of the Nurse Practice Act.

9 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11;  
10 revised 11-18-11.)

11 (225 ILCS 100/24) (from Ch. 111, par. 4824)

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

13 Sec. 24. Grounds for disciplinary action. The Department  
14 may refuse to issue, may refuse to renew, may refuse to  
15 restore, may suspend, or may revoke any license, or may place  
16 on probation, reprimand or take other disciplinary or  
17 non-disciplinary action as the Department may deem proper,  
18 including fines not to exceed \$10,000 for each violation upon  
19 anyone licensed under this Act for any of the following  
20 reasons:

21 (1) Making a material misstatement in furnishing  
22 information to the Department.

23 (2) Violations of this Act, or of the rules or  
24 regulations promulgated hereunder.

25 (3) Conviction of or entry of a plea of guilty or nolo

1           contendere to any crime that is a felony under the laws of  
2           the United States or any state or territory of the United  
3           States that is a misdemeanor, of which an essential element  
4           is dishonesty, or of any crime that is directly related to  
5           the practice of the profession.

6           (4) Making any misrepresentation for the purpose of  
7           obtaining licenses, or violating any provision of this Act  
8           or the rules promulgated thereunder pertaining to  
9           advertising.

10          (5) Professional incompetence.

11          (6) Gross or repeated malpractice or negligence.

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

14          (8) Failing, within 30 days, to provide information in  
15          response to a written request made by the Department.

16          (9) Engaging in dishonorable, unethical or  
17          unprofessional conduct of a character likely to deceive,  
18          defraud or harm the public.

19          (10) Habitual or excessive use of alcohol, narcotics,  
20          stimulants or other chemical agent or drug that results in  
21          the inability to practice podiatric medicine with  
22          reasonable judgment, skill or safety.

23          (11) Discipline by another United States jurisdiction  
24          if at least one of the grounds for the discipline is the  
25          same or substantially equivalent to those set forth in this  
26          Section.

1           (12) Violation of the prohibition against fee  
2 splitting in Section 24.2 of this Act. ~~Nothing in this~~  
3 ~~paragraph (12) affects any bona fide independent~~  
4 ~~contractor or employment arrangements among health care~~  
5 ~~professionals, health facilities, health care providers,~~  
6 ~~or other entities, except as otherwise prohibited by law.~~  
7 ~~Any employment arrangements may include provisions for~~  
8 ~~compensation, health insurance, pension, or other~~  
9 ~~employment benefits for the provision of services within~~  
10 ~~the scope of the licensee's practice under this Act.~~  
11 ~~Nothing in this paragraph (12) shall be construed to~~  
12 ~~require an employment arrangement to receive professional~~  
13 ~~fees for services rendered.~~

14           (13) A finding by the Podiatric Medical Licensing Board  
15 that the licensee, after having his or her license placed  
16 on probationary status, has violated the terms of  
17 probation.

18           (14) Abandonment of a patient.

19           (15) Willfully making or filing false records or  
20 reports in his or her practice, including but not limited  
21 to false records filed with state agencies or departments.

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

25           (17) Physical illness, mental illness, or other  
26 impairment, including but not limited to, deterioration

1 through the aging process, or loss of motor skill that  
2 results in the inability to practice the profession with  
3 reasonable judgment, skill or safety.

4 (18) Solicitation of professional services other than  
5 permitted advertising.

6 (19) The determination by a circuit court that a  
7 licensed podiatric physician is subject to involuntary  
8 admission or judicial admission as provided in the Mental  
9 Health and Developmental Disabilities Code operates as an  
10 automatic suspension. Such suspension will end only upon a  
11 finding by a court that the patient is no longer subject to  
12 involuntary admission or judicial admission and issues an  
13 order so finding and discharging the patient; and upon the  
14 recommendation of the Podiatric Medical Licensing Board to  
15 the Secretary that the licensee be allowed to resume his or  
16 her practice.

17 (20) Holding oneself out to treat human ailments under  
18 any name other than his or her own, or the impersonation of  
19 any other physician.

20 (21) Revocation or suspension or other action taken  
21 with respect to a podiatric medical license in another  
22 jurisdiction that would constitute disciplinary action  
23 under this Act.

24 (22) Promotion of the sale of drugs, devices,  
25 appliances or goods provided for a patient in such manner  
26 as to exploit the patient for financial gain of the

1           podiatric physician.

2           (23) Gross, willful, and continued overcharging for  
3 professional services including filing false statements  
4 for collection of fees for those services, including, but  
5 not limited to, filing false statement for collection of  
6 monies for services not rendered from the medical  
7 assistance program of the Department of Healthcare and  
8 Family Services (formerly Department of Public Aid) under  
9 the Illinois Public Aid Code or other private or public  
10 third party payor.

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

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

24           (26) (Blank).

25           (27) Immoral conduct in the commission of any act  
26 including, sexual abuse, sexual misconduct, or sexual



1 exploitation, related to the licensee's practice.

2 (28) Violation of the Health Care Worker Self-Referral  
3 Act.

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

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

21 Upon receipt of a written communication from the Secretary  
22 of Human Services, the Director of Healthcare and Family  
23 Services (formerly Director of Public Aid), or the Director of  
24 Public Health that continuation of practice of a person  
25 licensed under this Act constitutes an immediate danger to the  
26 public, the Secretary may immediately suspend the license of

1 such person without a hearing. In instances in which the  
2 Secretary immediately suspends a license under this Section, a  
3 hearing upon such person's license must be convened by the  
4 Board within 15 days after such suspension and completed  
5 without appreciable delay, such hearing held to determine  
6 whether to recommend to the Secretary that the person's license  
7 be revoked, suspended, placed on probationary status or  
8 reinstated, or such person be subject to other disciplinary  
9 action. In such hearing, the written communication and any  
10 other evidence submitted therewith may be introduced as  
11 evidence against such person; provided, however, the person or  
12 his counsel shall have the opportunity to discredit or impeach  
13 such evidence and submit evidence rebutting the same.

14 Except for fraud in procuring a license, all proceedings to  
15 suspend, revoke, place on probationary status, or take any  
16 other disciplinary action as the Department may deem proper,  
17 with regard to a license on any of the foregoing grounds, must  
18 be commenced within 5 years after receipt by the Department of  
19 a complaint alleging the commission of or notice of the  
20 conviction order for any of the acts described in this Section.  
21 Except for the grounds set forth in items (8), (9), (26), and  
22 (29) of this Section, no action shall be commenced more than 10  
23 years after the date of the incident or act alleged to have  
24 been a violation of this Section. In the event of the  
25 settlement of any claim or cause of action in favor of the  
26 claimant or the reduction to final judgment of any civil action

1 in favor of the plaintiff, such claim, cause of action, or  
2 civil action being grounded on the allegation that a person  
3 licensed under this Act was negligent in providing care, the  
4 Department shall have an additional period of 2 years from the  
5 date of notification to the Department under Section 26 of this  
6 Act of such settlement or final judgment in which to  
7 investigate and commence formal disciplinary proceedings under  
8 Section 24 of this Act, except as otherwise provided by law.  
9 The time during which the holder of the license was outside the  
10 State of Illinois shall not be included within any period of  
11 time limiting the commencement of disciplinary action by the  
12 Department.

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

1 present during all aspects of this examination. Failure of an  
2 individual to submit to a mental or physical examination, when  
3 directed, shall be grounds for suspension of his or her license  
4 until the individual submits to the examination if the  
5 Department finds, after notice and hearing, that the refusal to  
6 submit to the examination was without reasonable cause.

7 If the Department or Board finds an individual unable to  
8 practice because of the reasons set forth in this Section, the  
9 Department or Board may require that individual to submit to  
10 care, counseling, or treatment by physicians approved or  
11 designated by the Department or Board, as a condition, term, or  
12 restriction for continued, reinstated, or renewed licensure to  
13 practice; or, in lieu of care, counseling, or treatment, the  
14 Department may file, or the Board may recommend to the  
15 Department to file, a complaint to immediately suspend, revoke,  
16 or otherwise discipline the license of the individual. An  
17 individual whose license was granted, continued, reinstated,  
18 renewed, disciplined or supervised subject to such terms,  
19 conditions, or restrictions, and who fails to comply with such  
20 terms, conditions, or restrictions, shall be referred to the  
21 Secretary for a determination as to whether the individual  
22 shall have his or her license suspended immediately, pending a  
23 hearing by the Department.

24 In instances in which the Secretary immediately suspends a  
25 person's license under this Section, a hearing on that person's  
26 license must be convened by the Department within 30 days after

1 the suspension and completed without appreciable delay. The  
2 Department and Board shall have the authority to review the  
3 subject individual's record of treatment and counseling  
4 regarding the impairment to the extent permitted by applicable  
5 federal statutes and regulations safeguarding the  
6 confidentiality of medical records.

7 An individual licensed under this Act and affected under  
8 this Section shall be afforded an opportunity to demonstrate to  
9 the Department or Board that he or she can resume practice in  
10 compliance with acceptable and prevailing standards under the  
11 provisions of his or her license.

12 (Source: P.A. 95-235, eff. 8-17-07; 95-331, eff. 8-21-07;  
13 96-1158, eff. 1-1-11; 96-1482, eff. 11-29-10; revised 1-3-11.)

14 (225 ILCS 100/24.2)

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

16 Sec. 24.2. Prohibition against fee splitting.

17 (a) A licensee under this Act may not directly or  
18 indirectly divide, share, or split any professional fee or  
19 other form of compensation for professional services with  
20 anyone in exchange for a referral or otherwise, other than as  
21 provided in this Section 24.2.

22 (b) Nothing contained in this Section abrogates the right  
23 of 2 or more licensed health care workers as defined in the  
24 Health Care Worker Self-Referral Act to each receive adequate  
25 compensation for concurrently rendering services to a patient

1 and to divide the fee for such service, whether or not the  
2 worker is employed, provided that the patient has full  
3 knowledge of the division and the division is made in  
4 proportion to the actual services personally performed and  
5 responsibility assumed by each licensee consistent with his or  
6 her license, except as prohibited by law.

7 (c) Nothing contained in this Section prohibits a licensee  
8 under this Act from practicing podiatry through or within any  
9 form of legal entity authorized to conduct business in this  
10 State or from pooling, sharing, dividing, or apportioning the  
11 professional fees and other revenues in accordance with the  
12 agreements and policies of the entity provided:

13 (1) each owner of the entity is licensed under this  
14 Act; or

15 (2) the entity is organized under the Professional  
16 Services Corporation Act, the Professional Association  
17 Act, or the Limited Liability Company Act; or

18 (3) the entity is allowed by Illinois law to provide  
19 podiatry services or employ podiatric physicians  
20 ~~podiatrists~~ such as a licensed hospital or hospital  
21 affiliate or licensed ambulatory surgical treatment center  
22 owned in full or in part by Illinois-licensed physicians;  
23 or

24 (4) the entity is a combination or joint venture of the  
25 entities authorized under this subsection (c).

26 (d) Nothing contained in this Section prohibits a licensee

1 under this Act from paying a fair market value fee to any  
2 person or entity whose purpose is to perform billing,  
3 administrative preparation, or collection services based upon  
4 a percentage of professional service fees billed or collected,  
5 a flat fee, or any other arrangement that directly or  
6 indirectly divides professional fees, for the administrative  
7 preparation of the licensee's claims or the collection of the  
8 licensee's charges for professional services, provided that:

9 (1) the licensee or the licensee's practice under  
10 subsection (c) of this Section at all times controls the  
11 amount of fees charged and collected; and

12 (2) all charges collected are paid directly to the  
13 licensee or the licensee's practice or are deposited  
14 directly into an account in the name of and under the sole  
15 control of the licensee or the licensee's practice or  
16 deposited into a "Trust Account" by a licensed collection  
17 agency in accordance with the requirements of Section 8(c)  
18 of the Illinois Collection Agency Act.

19 (e) Nothing contained in this Section prohibits the  
20 granting of a security interest in the accounts receivable or  
21 fees of a licensee under this Act or the licensee's practice  
22 for bona fide advances made to the licensee or licensee's  
23 practice provided the licensee retains control and  
24 responsibility for the collection of the accounts receivable  
25 and fees.

26 (f) Excluding payments that may be made to the owners of or

1 licensees in the licensee's practice under subsection (c) of  
2 this Section, a licensee under this Act may not divide, share  
3 or split a professional service fee with, or otherwise directly  
4 or indirectly pay a percentage of the licensee's professional  
5 service fees, revenues or profits to anyone for: (i) the  
6 marketing or management of the licensee's practice, (ii)  
7 including the licensee or the licensee's practice on any  
8 preferred provider list, (iii) allowing the licensee to  
9 participate in any network of health care providers, (iv)  
10 negotiating fees, charges or terms of service or payment on  
11 behalf of the licensee, or (v) including the licensee in a  
12 program whereby patients or beneficiaries are provided an  
13 incentive to use the services of the licensee.

14 (g) Nothing contained in this Section prohibits the payment  
15 of rent or other remunerations paid to an individual,  
16 partnership, or corporation by a licensee for the lease,  
17 rental, or use of space, owned or controlled by the individual,  
18 partnership, corporation, or association.

19 (h) Nothing contained in this Section prohibits the  
20 payment, at no more than fair market value, to an individual,  
21 partnership, or corporation by a licensee for the use of staff,  
22 administrative services, franchise agreements, marketing  
23 required by franchise agreements, or equipment owned or  
24 controlled by the individual, partnership, or corporation, or  
25 the receipt thereof by a licensee.

26 (i) Nothing in this Section affects any bona fide



1 independent contractor or employment arrangements among health  
2 care professionals, health facilities, health care providers,  
3 or other entities, except as otherwise prohibited by law. Any  
4 employment arrangements may include provisions for  
5 compensation, health insurance, pension, or other employment  
6 benefits for the provision of services within the scope of the  
7 licensee's practice under this Act. Nothing in this Section  
8 shall be construed to require an employment arrangement to  
9 receive professional fees for services rendered.

10 (Source: P.A. 96-1158, eff. 1-1-11; incorporates P.A. 96-1482,  
11 eff. 11-29-11; revised 1-3-11.)

12 Section 75. The Registered Surgical Assistant and  
13 Registered Surgical Technologist Title Protection Act is  
14 amended by changing Section 10 as follows:

15 (225 ILCS 130/10)

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

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

18 "Department" means the Department of Professional  
19 Regulation.

20 "Direct supervision" means supervision by an operating  
21 physician, licensed podiatric physician ~~podiatrist~~, or  
22 licensed dentist who is physically present and who personally  
23 directs delegated acts and remains available to personally  
24 respond to an emergency until the patient is released from the

1 operating room. A registered professional nurse may also  
2 provide direct supervision within the scope of his or her  
3 license. A registered surgical assistant or registered  
4 surgical technologist shall perform duties as assigned.

5 "Director" means the Director of Professional Regulation.

6 "Physician" or "operating physician" means a person  
7 licensed to practice medicine in all of its branches under the  
8 Medical Practice Act of 1987.

9 "Registered surgical assistant" means a person who (i) is  
10 not licensed to practice medicine in all of its branches, (ii)  
11 is certified by the National Surgical Assistant Association on  
12 the Certification of Surgical Assistants, the Liaison Council  
13 on Certification for the Surgical Technologist as a certified  
14 first assistant, or the American Board of Surgical Assisting,  
15 (iii) performs duties under direct supervision, (iv) provides  
16 services only in a licensed hospital, ambulatory treatment  
17 center, or office of a physician licensed to practice medicine  
18 in all its branches, and (v) is registered under this Act.

19 "Registered surgical technologist" means a person who (i)  
20 is not a physician licensed to practice medicine in all of its  
21 branches, (ii) is certified by the Liaison Council on  
22 Certification for the Surgical Technologist, (iii) performs  
23 duties under direct supervision, (iv) provides services only in  
24 a licensed hospital, ambulatory treatment center, or office of  
25 a physician licensed to practice medicine in all its branches,  
26 and (v) is registered under this Act.

1 (Source: P.A. 93-280, eff. 7-1-04.)

2 Section 80. The Illinois Public Aid Code is amended by  
3 changing Sections 11-26 and 12-4.25 as follows:

4 (305 ILCS 5/11-26) (from Ch. 23, par. 11-26)

5 Sec. 11-26. Recipient's abuse of medical care;  
6 restrictions on access to medical care.

7 (a) When the Department determines, on the basis of  
8 statistical norms and medical judgment, that a medical care  
9 recipient has received medical services in excess of need and  
10 with such frequency or in such a manner as to constitute an  
11 abuse of the recipient's medical care privileges, the  
12 recipient's access to medical care may be restricted.

13 (b) When the Department has determined that a recipient is  
14 abusing his or her medical care privileges as described in this  
15 Section, it may require that the recipient designate a primary  
16 provider type of the recipient's own choosing to assume  
17 responsibility for the recipient's care. For the purposes of  
18 this subsection, "primary provider type" means a primary care  
19 provider, primary care pharmacy, primary dentist, primary  
20 podiatric physician ~~podiatrist~~, or primary durable medical  
21 equipment provider. Instead of requiring a recipient to make a  
22 designation as provided in this subsection, the Department,  
23 pursuant to rules adopted by the Department and without regard  
24 to any choice of an entity that the recipient might otherwise

1 make, may initially designate a primary provider type provided  
2 that the primary provider type is willing to provide that care.

3 (c) When the Department has requested that a recipient  
4 designate a primary provider type and the recipient fails or  
5 refuses to do so, the Department may, after a reasonable period  
6 of time, assign the recipient to a primary provider type of its  
7 own choice and determination, provided such primary provider  
8 type is willing to provide such care.

9 (d) When a recipient has been restricted to a designated  
10 primary provider type, the recipient may change the primary  
11 provider type:

12 (1) when the designated source becomes unavailable, as  
13 the Department shall determine by rule; or

14 (2) when the designated primary provider type notifies  
15 the Department that it wishes to withdraw from any  
16 obligation as primary provider type; or

17 (3) in other situations, as the Department shall  
18 provide by rule.

19 The Department shall, by rule, establish procedures for  
20 providing medical or pharmaceutical services when the  
21 designated source becomes unavailable or wishes to withdraw  
22 from any obligation as primary provider type, shall, by rule,  
23 take into consideration the need for emergency or temporary  
24 medical assistance and shall ensure that the recipient has  
25 continuous and unrestricted access to medical care from the  
26 date on which such unavailability or withdrawal becomes

1 effective until such time as the recipient designates a primary  
2 provider type or a primary provider type willing to provide  
3 such care is designated by the Department consistent with  
4 subsections (b) and (c) and such restriction becomes effective.

5 (e) Prior to initiating any action to restrict a  
6 recipient's access to medical or pharmaceutical care, the  
7 Department shall notify the recipient of its intended action.  
8 Such notification shall be in writing and shall set forth the  
9 reasons for and nature of the proposed action. In addition, the  
10 notification shall:

11 (1) inform the recipient that (i) the recipient has a  
12 right to designate a primary provider type of the  
13 recipient's own choosing willing to accept such  
14 designation and that the recipient's failure to do so  
15 within a reasonable time may result in such designation  
16 being made by the Department or (ii) the Department has  
17 designated a primary provider type to assume  
18 responsibility for the recipient's care; and

19 (2) inform the recipient that the recipient has a right  
20 to appeal the Department's determination to restrict the  
21 recipient's access to medical care and provide the  
22 recipient with an explanation of how such appeal is to be  
23 made. The notification shall also inform the recipient of  
24 the circumstances under which unrestricted medical  
25 eligibility shall continue until a decision is made on  
26 appeal and that if the recipient chooses to appeal, the

1 recipient will be able to review the medical payment data  
2 that was utilized by the Department to decide that the  
3 recipient's access to medical care should be restricted.

4 (f) The Department shall, by rule or regulation, establish  
5 procedures for appealing a determination to restrict a  
6 recipient's access to medical care, which procedures shall, at  
7 a minimum, provide for a reasonable opportunity to be heard  
8 and, where the appeal is denied, for a written statement of the  
9 reason or reasons for such denial.

10 (g) Except as otherwise provided in this subsection, when a  
11 recipient has had his or her medical card restricted for 4 full  
12 quarters (without regard to any period of ineligibility for  
13 medical assistance under this Code, or any period for which the  
14 recipient voluntarily terminates his or her receipt of medical  
15 assistance, that may occur before the expiration of those 4  
16 full quarters), the Department shall reevaluate the  
17 recipient's medical usage to determine whether it is still in  
18 excess of need and with such frequency or in such a manner as  
19 to constitute an abuse of the receipt of medical assistance. If  
20 it is still in excess of need, the restriction shall be  
21 continued for another 4 full quarters. If it is no longer in  
22 excess of need, the restriction shall be discontinued. If a  
23 recipient's access to medical care has been restricted under  
24 this Section and the Department then determines, either at  
25 reevaluation or after the restriction has been discontinued, to  
26 restrict the recipient's access to medical care a second or

1 subsequent time, the second or subsequent restriction may be  
2 imposed for a period of more than 4 full quarters. If the  
3 Department restricts a recipient's access to medical care for a  
4 period of more than 4 full quarters, as determined by rule, the  
5 Department shall reevaluate the recipient's medical usage  
6 after the end of the restriction period rather than after the  
7 end of 4 full quarters. The Department shall notify the  
8 recipient, in writing, of any decision to continue the  
9 restriction and the reason or reasons therefor. A "quarter",  
10 for purposes of this Section, shall be defined as one of the  
11 following 3-month periods of time: January-March, April-June,  
12 July-September or October-December.

13 (h) In addition to any other recipient whose acquisition of  
14 medical care is determined to be in excess of need, the  
15 Department may restrict the medical care privileges of the  
16 following persons:

17 (1) recipients found to have loaned or altered their  
18 cards or misused or falsely represented medical coverage;

19 (2) recipients found in possession of blank or forged  
20 prescription pads;

21 (3) recipients who knowingly assist providers in  
22 rendering excessive services or defrauding the medical  
23 assistance program.

24 The procedural safeguards in this Section shall apply to  
25 the above individuals.

26 (i) Restrictions under this Section shall be in addition to

1 and shall not in any way be limited by or limit any actions  
2 taken under Article VIII-A of this Code.

3 (Source: P.A. 96-1501, eff. 1-25-11.)

4 (305 ILCS 5/12-4.25) (from Ch. 23, par. 12-4.25)

5 Sec. 12-4.25. Medical assistance program; vendor  
6 participation.

7 (A) The Illinois Department may deny, suspend or terminate  
8 the eligibility of any person, firm, corporation, association,  
9 agency, institution or other legal entity to participate as a  
10 vendor of goods or services to recipients under the medical  
11 assistance program under Article V, if after reasonable notice  
12 and opportunity for a hearing the Illinois Department finds:

13 (a) Such vendor is not complying with the Department's  
14 policy or rules and regulations, or with the terms and  
15 conditions prescribed by the Illinois Department in its  
16 vendor agreement, which document shall be developed by the  
17 Department as a result of negotiations with each vendor  
18 category, including physicians, hospitals, long term care  
19 facilities, pharmacists, optometrists, podiatric  
20 physicians ~~pediatrists~~ and dentists setting forth the  
21 terms and conditions applicable to the participation of  
22 each vendor group in the program; or

23 (b) Such vendor has failed to keep or make available  
24 for inspection, audit or copying, after receiving a written  
25 request from the Illinois Department, such records



1 regarding payments claimed for providing services. This  
2 section does not require vendors to make available patient  
3 records of patients for whom services are not reimbursed  
4 under this Code; or

5 (c) Such vendor has failed to furnish any information  
6 requested by the Department regarding payments for  
7 providing goods or services; or

8 (d) Such vendor has knowingly made, or caused to be  
9 made, any false statement or representation of a material  
10 fact in connection with the administration of the medical  
11 assistance program; or

12 (e) Such vendor has furnished goods or services to a  
13 recipient which are (1) in excess of his or her needs, (2)  
14 harmful to the recipient, or (3) of grossly inferior  
15 quality, all of such determinations to be based upon  
16 competent medical judgment and evaluations; or

17 (f) The vendor; a person with management  
18 responsibility for a vendor; an officer or person owning,  
19 either directly or indirectly, 5% or more of the shares of  
20 stock or other evidences of ownership in a corporate  
21 vendor; an owner of a sole proprietorship which is a  
22 vendor; or a partner in a partnership which is a vendor,  
23 either:

24 (1) was previously terminated from participation  
25 in the Illinois medical assistance program, or was  
26 terminated from participation in a medical assistance

1 program in another state that is of the same kind as  
2 the program of medical assistance provided under  
3 Article V of this Code; or

4 (2) was a person with management responsibility  
5 for a vendor previously terminated from participation  
6 in the Illinois medical assistance program, or  
7 terminated from participation in a medical assistance  
8 program in another state that is of the same kind as  
9 the program of medical assistance provided under  
10 Article V of this Code, during the time of conduct  
11 which was the basis for that vendor's termination; or

12 (3) was an officer, or person owning, either  
13 directly or indirectly, 5% or more of the shares of  
14 stock or other evidences of ownership in a corporate  
15 vendor previously terminated from participation in the  
16 Illinois medical assistance program, or terminated  
17 from participation in a medical assistance program in  
18 another state that is of the same kind as the program  
19 of medical assistance provided under Article V of this  
20 Code, during the time of conduct which was the basis  
21 for that vendor's termination; or

22 (4) was an owner of a sole proprietorship or  
23 partner of a partnership previously terminated from  
24 participation in the Illinois medical assistance  
25 program, or terminated from participation in a medical  
26 assistance program in another state that is of the same

1 kind as the program of medical assistance provided  
2 under Article V of this Code, during the time of  
3 conduct which was the basis for that vendor's  
4 termination; or

5 (g) The vendor; a person with management  
6 responsibility for a vendor; an officer or person owning,  
7 either directly or indirectly, 5% or more of the shares of  
8 stock or other evidences of ownership in a corporate  
9 vendor; an owner of a sole proprietorship which is a  
10 vendor; or a partner in a partnership which is a vendor,  
11 either:

12 (1) has engaged in practices prohibited by  
13 applicable federal or State law or regulation relating  
14 to the medical assistance program; or

15 (2) was a person with management responsibility  
16 for a vendor at the time that such vendor engaged in  
17 practices prohibited by applicable federal or State  
18 law or regulation relating to the medical assistance  
19 program; or

20 (3) was an officer, or person owning, either  
21 directly or indirectly, 5% or more of the shares of  
22 stock or other evidences of ownership in a vendor at  
23 the time such vendor engaged in practices prohibited by  
24 applicable federal or State law or regulation relating  
25 to the medical assistance program; or

26 (4) was an owner of a sole proprietorship or

1 partner of a partnership which was a vendor at the time  
2 such vendor engaged in practices prohibited by  
3 applicable federal or State law or regulation relating  
4 to the medical assistance program; or

5 (h) The direct or indirect ownership of the vendor  
6 (including the ownership of a vendor that is a sole  
7 proprietorship, a partner's interest in a vendor that is a  
8 partnership, or ownership of 5% or more of the shares of  
9 stock or other evidences of ownership in a corporate  
10 vendor) has been transferred by an individual who is  
11 terminated or barred from participating as a vendor to the  
12 individual's spouse, child, brother, sister, parent,  
13 grandparent, grandchild, uncle, aunt, niece, nephew,  
14 cousin, or relative by marriage.

15 (A-5) The Illinois Department may deny, suspend, or  
16 terminate the eligibility of any person, firm, corporation,  
17 association, agency, institution, or other legal entity to  
18 participate as a vendor of goods or services to recipients  
19 under the medical assistance program under Article V if, after  
20 reasonable notice and opportunity for a hearing, the Illinois  
21 Department finds that the vendor; a person with management  
22 responsibility for a vendor; an officer or person owning,  
23 either directly or indirectly, 5% or more of the shares of  
24 stock or other evidences of ownership in a corporate vendor; an  
25 owner of a sole proprietorship that is a vendor; or a partner  
26 in a partnership that is a vendor has been convicted of a

1 felony offense based on fraud or willful misrepresentation  
2 related to any of the following:

3 (1) The medical assistance program under Article V of  
4 this Code.

5 (2) A medical assistance program in another state that  
6 is of the same kind as the program of medical assistance  
7 provided under Article V of this Code.

8 (3) The Medicare program under Title XVIII of the  
9 Social Security Act.

10 (4) The provision of health care services.

11 (A-10) The Illinois Department may deny, suspend, or  
12 terminate the eligibility of any person, firm, corporation,  
13 association, agency, institution, or other legal entity to  
14 participate as a vendor of goods or services to recipients  
15 under the medical assistance program under Article V if, after  
16 reasonable notice and opportunity for a hearing, the Illinois  
17 Department finds that (i) the vendor, (ii) a person with  
18 management responsibility for a vendor, (iii) an officer or  
19 person owning, either directly or indirectly, 5% or more of the  
20 shares of stock or other evidences of ownership in a corporate  
21 vendor, (iv) an owner of a sole proprietorship that is a  
22 vendor, or (v) a partner in a partnership that is a vendor has  
23 been convicted of a felony offense related to any of the  
24 following:

25 (1) Murder.

26 (2) A Class X felony under the Criminal Code of 1961.

1 (B) The Illinois Department shall deny, suspend or  
2 terminate the eligibility of any person, firm, corporation,  
3 association, agency, institution or other legal entity to  
4 participate as a vendor of goods or services to recipients  
5 under the medical assistance program under Article V:

6 (1) if such vendor is not properly licensed;

7 (2) within 30 days of the date when such vendor's  
8 professional license, certification or other authorization  
9 has been refused renewal or has been revoked, suspended or  
10 otherwise terminated; or

11 (3) if such vendor has been convicted of a violation of  
12 this Code, as provided in Article VIII A.

13 (C) Upon termination of a vendor of goods or services from  
14 participation in the medical assistance program authorized by  
15 this Article, a person with management responsibility for such  
16 vendor during the time of any conduct which served as the basis  
17 for that vendor's termination is barred from participation in  
18 the medical assistance program.

19 Upon termination of a corporate vendor, the officers and  
20 persons owning, directly or indirectly, 5% or more of the  
21 shares of stock or other evidences of ownership in the vendor  
22 during the time of any conduct which served as the basis for  
23 that vendor's termination are barred from participation in the  
24 medical assistance program. A person who owns, directly or  
25 indirectly, 5% or more of the shares of stock or other  
26 evidences of ownership in a terminated corporate vendor may not

1 transfer his or her ownership interest in that vendor to his or  
2 her spouse, child, brother, sister, parent, grandparent,  
3 grandchild, uncle, aunt, niece, nephew, cousin, or relative by  
4 marriage.

5       Upon termination of a sole proprietorship or partnership,  
6 the owner or partners during the time of any conduct which  
7 served as the basis for that vendor's termination are barred  
8 from participation in the medical assistance program. The owner  
9 of a terminated vendor that is a sole proprietorship, and a  
10 partner in a terminated vendor that is a partnership, may not  
11 transfer his or her ownership or partnership interest in that  
12 vendor to his or her spouse, child, brother, sister, parent,  
13 grandparent, grandchild, uncle, aunt, niece, nephew, cousin,  
14 or relative by marriage.

15       Rules adopted by the Illinois Department to implement these  
16 provisions shall specifically include a definition of the term  
17 "management responsibility" as used in this Section. Such  
18 definition shall include, but not be limited to, typical job  
19 titles, and duties and descriptions which will be considered as  
20 within the definition of individuals with management  
21 responsibility for a provider.

22       (D) If a vendor has been suspended from the medical  
23 assistance program under Article V of the Code, the Director  
24 may require that such vendor correct any deficiencies which  
25 served as the basis for the suspension. The Director shall  
26 specify in the suspension order a specific period of time,

1 which shall not exceed one year from the date of the order,  
2 during which a suspended vendor shall not be eligible to  
3 participate. At the conclusion of the period of suspension the  
4 Director shall reinstate such vendor, unless he finds that such  
5 vendor has not corrected deficiencies upon which the suspension  
6 was based.

7 If a vendor has been terminated from the medical assistance  
8 program under Article V, such vendor shall be barred from  
9 participation for at least one year, except that if a vendor  
10 has been terminated based on a conviction of a violation of  
11 Article VIII A or a conviction of a felony based on fraud or a  
12 willful misrepresentation related to (i) the medical  
13 assistance program under Article V, (ii) a medical assistance  
14 program in another state that is of the kind provided under  
15 Article V, (iii) the Medicare program under Title XVIII of the  
16 Social Security Act, or (iv) the provision of health care  
17 services, then the vendor shall be barred from participation  
18 for 5 years or for the length of the vendor's sentence for that  
19 conviction, whichever is longer. At the end of one year a  
20 vendor who has been terminated may apply for reinstatement to  
21 the program. Upon proper application to be reinstated such  
22 vendor may be deemed eligible by the Director providing that  
23 such vendor meets the requirements for eligibility under this  
24 Code. If such vendor is deemed not eligible for reinstatement,  
25 he shall be barred from again applying for reinstatement for  
26 one year from the date his application for reinstatement is



1 denied.

2 A vendor whose termination from participation in the  
3 Illinois medical assistance program under Article V was based  
4 solely on an action by a governmental entity other than the  
5 Illinois Department may, upon reinstatement by that  
6 governmental entity or upon reversal of the termination, apply  
7 for rescission of the termination from participation in the  
8 Illinois medical assistance program. Upon proper application  
9 for rescission, the vendor may be deemed eligible by the  
10 Director if the vendor meets the requirements for eligibility  
11 under this Code.

12 If a vendor has been terminated and reinstated to the  
13 medical assistance program under Article V and the vendor is  
14 terminated a second or subsequent time from the medical  
15 assistance program, the vendor shall be barred from  
16 participation for at least 2 years, except that if a vendor has  
17 been terminated a second time based on a conviction of a  
18 violation of Article VIIIA or a conviction of a felony based on  
19 fraud or a willful misrepresentation related to (i) the medical  
20 assistance program under Article V, (ii) a medical assistance  
21 program in another state that is of the kind provided under  
22 Article V, (iii) the Medicare program under Title XVIII of the  
23 Social Security Act, or (iv) the provision of health care  
24 services, then the vendor shall be barred from participation  
25 for life. At the end of 2 years, a vendor who has been  
26 terminated may apply for reinstatement to the program. Upon

1 application to be reinstated, the vendor may be deemed eligible  
2 if the vendor meets the requirements for eligibility under this  
3 Code. If the vendor is deemed not eligible for reinstatement,  
4 the vendor shall be barred from again applying for  
5 reinstatement for 2 years from the date the vendor's  
6 application for reinstatement is denied.

7 (E) The Illinois Department may recover money improperly or  
8 erroneously paid, or overpayments, either by setoff, crediting  
9 against future billings or by requiring direct repayment to the  
10 Illinois Department.

11 If the Illinois Department establishes through an  
12 administrative hearing that the overpayments resulted from the  
13 vendor or alternate payee willfully making, or causing to be  
14 made, a false statement or misrepresentation of a material fact  
15 in connection with billings and payments under the medical  
16 assistance program under Article V, the Department may recover  
17 interest on the amount of the overpayments at the rate of 5%  
18 per annum. For purposes of this paragraph, "willfully" means  
19 that a person makes a statement or representation with actual  
20 knowledge that it was false, or makes a statement or  
21 representation with knowledge of facts or information that  
22 would cause one to be aware that the statement or  
23 representation was false when made.

24 (F) The Illinois Department may withhold payments to any  
25 vendor or alternate payee during the pendency of any proceeding  
26 under this Section. The Illinois Department shall state by rule

1 with as much specificity as practicable the conditions under  
2 which payments will not be withheld during the pendency of any  
3 proceeding under this Section. Payments may be denied for bills  
4 submitted with service dates occurring during the pendency of a  
5 proceeding where the final administrative decision is to  
6 terminate eligibility to participate in the medical assistance  
7 program. The Illinois Department shall state by rule with as  
8 much specificity as practicable the conditions under which  
9 payments will not be denied for such bills. The Illinois  
10 Department shall state by rule a process and criteria by which  
11 a vendor or alternate payee may request full or partial release  
12 of payments withheld under this subsection. The Department must  
13 complete a proceeding under this Section in a timely manner.

14 (F-5) The Illinois Department may temporarily withhold  
15 payments to a vendor or alternate payee if any of the following  
16 individuals have been indicted or otherwise charged under a law  
17 of the United States or this or any other state with a felony  
18 offense that is based on alleged fraud or willful  
19 misrepresentation on the part of the individual related to (i)  
20 the medical assistance program under Article V of this Code,  
21 (ii) a medical assistance program provided in another state  
22 which is of the kind provided under Article V of this Code,  
23 (iii) the Medicare program under Title XVIII of the Social  
24 Security Act, or (iv) the provision of health care services:

25 (1) If the vendor or alternate payee is a corporation:

26 an officer of the corporation or an individual who owns,

1           either directly or indirectly, 5% or more of the shares of  
2           stock or other evidence of ownership of the corporation.

3           (2) If the vendor is a sole proprietorship: the owner  
4           of the sole proprietorship.

5           (3) If the vendor or alternate payee is a partnership:  
6           a partner in the partnership.

7           (4) If the vendor or alternate payee is any other  
8           business entity authorized by law to transact business in  
9           this State: an officer of the entity or an individual who  
10          owns, either directly or indirectly, 5% or more of the  
11          evidences of ownership of the entity.

12          If the Illinois Department withholds payments to a vendor  
13          or alternate payee under this subsection, the Department shall  
14          not release those payments to the vendor or alternate payee  
15          while any criminal proceeding related to the indictment or  
16          charge is pending unless the Department determines that there  
17          is good cause to release the payments before completion of the  
18          proceeding. If the indictment or charge results in the  
19          individual's conviction, the Illinois Department shall retain  
20          all withheld payments, which shall be considered forfeited to  
21          the Department. If the indictment or charge does not result in  
22          the individual's conviction, the Illinois Department shall  
23          release to the vendor or alternate payee all withheld payments.

24          (G) The provisions of the Administrative Review Law, as now  
25          or hereafter amended, and the rules adopted pursuant thereto,  
26          shall apply to and govern all proceedings for the judicial

1 review of final administrative decisions of the Illinois  
2 Department under this Section. The term "administrative  
3 decision" is defined as in Section 3-101 of the Code of Civil  
4 Procedure.

5 (G-5) Non-emergency transportation.

6 (1) Notwithstanding any other provision in this  
7 Section, for non-emergency transportation vendors, the  
8 Department may terminate the vendor from participation in  
9 the medical assistance program prior to an evidentiary  
10 hearing but after reasonable notice and opportunity to  
11 respond as established by the Department by rule.

12 (2) Vendors of non-emergency medical transportation  
13 services, as defined by the Department by rule, shall  
14 submit to a fingerprint-based criminal background check on  
15 current and future information available in the State  
16 system and current information available through the  
17 Federal Bureau of Investigation's system by submitting all  
18 necessary fees and information in the form and manner  
19 prescribed by the Department of State Police. The following  
20 individuals shall be subject to the check:

21 (A) In the case of a vendor that is a corporation,  
22 every shareholder who owns, directly or indirectly, 5%  
23 or more of the outstanding shares of the corporation.

24 (B) In the case of a vendor that is a partnership,  
25 every partner.

26 (C) In the case of a vendor that is a sole

1 proprietorship, the sole proprietor.

2 (D) Each officer or manager of the vendor.

3 Each such vendor shall be responsible for payment of  
4 the cost of the criminal background check.

5 (3) Vendors of non-emergency medical transportation  
6 services may be required to post a surety bond. The  
7 Department shall establish, by rule, the criteria and  
8 requirements for determining when a surety bond must be  
9 posted and the value of the bond.

10 (4) The Department, or its agents, may refuse to accept  
11 requests for non-emergency transportation authorizations,  
12 including prior-approval and post-approval requests, for a  
13 specific non-emergency transportation vendor if:

14 (A) the Department has initiated a notice of  
15 termination of the vendor from participation in the  
16 medical assistance program; or

17 (B) the Department has issued notification of its  
18 withholding of payments pursuant to subsection (F-5)  
19 of this Section; or

20 (C) the Department has issued a notification of its  
21 withholding of payments due to reliable evidence of  
22 fraud or willful misrepresentation pending  
23 investigation.

24 (H) Nothing contained in this Code shall in any way limit  
25 or otherwise impair the authority or power of any State agency  
26 responsible for licensing of vendors.

1 (I) Based on a finding of noncompliance on the part of a  
2 nursing home with any requirement for certification under Title  
3 XVIII or XIX of the Social Security Act (42 U.S.C. Sec. 1395 et  
4 seq. or 42 U.S.C. Sec. 1396 et seq.), the Illinois Department  
5 may impose one or more of the following remedies after notice  
6 to the facility:

7 (1) Termination of the provider agreement.

8 (2) Temporary management.

9 (3) Denial of payment for new admissions.

10 (4) Civil money penalties.

11 (5) Closure of the facility in emergency situations or  
12 transfer of residents, or both.

13 (6) State monitoring.

14 (7) Denial of all payments when the Health Care Finance  
15 Administration has imposed this sanction.

16 The Illinois Department shall by rule establish criteria  
17 governing continued payments to a nursing facility subsequent  
18 to termination of the facility's provider agreement if, in the  
19 sole discretion of the Illinois Department, circumstances  
20 affecting the health, safety, and welfare of the facility's  
21 residents require those continued payments. The Illinois  
22 Department may condition those continued payments on the  
23 appointment of temporary management, sale of the facility to  
24 new owners or operators, or other arrangements that the  
25 Illinois Department determines best serve the needs of the  
26 facility's residents.

1           Except in the case of a facility that has a right to a  
2 hearing on the finding of noncompliance before an agency of the  
3 federal government, a facility may request a hearing before a  
4 State agency on any finding of noncompliance within 60 days  
5 after the notice of the intent to impose a remedy. Except in  
6 the case of civil money penalties, a request for a hearing  
7 shall not delay imposition of the penalty. The choice of  
8 remedies is not appealable at a hearing. The level of  
9 noncompliance may be challenged only in the case of a civil  
10 money penalty. The Illinois Department shall provide by rule  
11 for the State agency that will conduct the evidentiary  
12 hearings.

13           The Illinois Department may collect interest on unpaid  
14 civil money penalties.

15           The Illinois Department may adopt all rules necessary to  
16 implement this subsection (I).

17           (J) The Illinois Department, by rule, may permit individual  
18 practitioners to designate that Department payments that may be  
19 due the practitioner be made to an alternate payee or alternate  
20 payees.

21           (a) Such alternate payee or alternate payees shall be  
22 required to register as an alternate payee in the Medical  
23 Assistance Program with the Illinois Department.

24           (b) If a practitioner designates an alternate payee,  
25 the alternate payee and practitioner shall be jointly and  
26 severally liable to the Department for payments made to the



1 alternate payee. Pursuant to subsection (E) of this  
2 Section, any Department action to recover money or  
3 overpayments from an alternate payee shall be subject to an  
4 administrative hearing.

5 (c) Registration as an alternate payee or alternate  
6 payees in the Illinois Medical Assistance Program shall be  
7 conditional. At any time, the Illinois Department may deny  
8 or cancel any alternate payee's registration in the  
9 Illinois Medical Assistance Program without cause. Any  
10 such denial or cancellation is not subject to an  
11 administrative hearing.

12 (d) The Illinois Department may seek a revocation of  
13 any alternate payee, and all owners, officers, and  
14 individuals with management responsibility for such  
15 alternate payee shall be permanently prohibited from  
16 participating as an owner, an officer, or an individual  
17 with management responsibility with an alternate payee in  
18 the Illinois Medical Assistance Program, if after  
19 reasonable notice and opportunity for a hearing the  
20 Illinois Department finds that:

21 (1) the alternate payee is not complying with the  
22 Department's policy or rules and regulations, or with  
23 the terms and conditions prescribed by the Illinois  
24 Department in its alternate payee registration  
25 agreement; or

26 (2) the alternate payee has failed to keep or make

1 available for inspection, audit, or copying, after  
2 receiving a written request from the Illinois  
3 Department, such records regarding payments claimed as  
4 an alternate payee; or

5 (3) the alternate payee has failed to furnish any  
6 information requested by the Illinois Department  
7 regarding payments claimed as an alternate payee; or

8 (4) the alternate payee has knowingly made, or  
9 caused to be made, any false statement or  
10 representation of a material fact in connection with  
11 the administration of the Illinois Medical Assistance  
12 Program; or

13 (5) the alternate payee, a person with management  
14 responsibility for an alternate payee, an officer or  
15 person owning, either directly or indirectly, 5% or  
16 more of the shares of stock or other evidences of  
17 ownership in a corporate alternate payee, or a partner  
18 in a partnership which is an alternate payee:

19 (a) was previously terminated from  
20 participation as a vendor in the Illinois Medical  
21 Assistance Program, or was previously revoked as  
22 an alternate payee in the Illinois Medical  
23 Assistance Program, or was terminated from  
24 participation as a vendor in a medical assistance  
25 program in another state that is of the same kind  
26 as the program of medical assistance provided

1 under Article V of this Code; or

2 (b) was a person with management  
3 responsibility for a vendor previously terminated  
4 from participation as a vendor in the Illinois  
5 Medical Assistance Program, or was previously  
6 revoked as an alternate payee in the Illinois  
7 Medical Assistance Program, or was terminated from  
8 participation as a vendor in a medical assistance  
9 program in another state that is of the same kind  
10 as the program of medical assistance provided  
11 under Article V of this Code, during the time of  
12 conduct which was the basis for that vendor's  
13 termination or alternate payee's revocation; or

14 (c) was an officer, or person owning, either  
15 directly or indirectly, 5% or more of the shares of  
16 stock or other evidences of ownership in a  
17 corporate vendor previously terminated from  
18 participation as a vendor in the Illinois Medical  
19 Assistance Program, or was previously revoked as  
20 an alternate payee in the Illinois Medical  
21 Assistance Program, or was terminated from  
22 participation as a vendor in a medical assistance  
23 program in another state that is of the same kind  
24 as the program of medical assistance provided  
25 under Article V of this Code, during the time of  
26 conduct which was the basis for that vendor's

1 termination; or

2 (d) was an owner of a sole proprietorship or  
3 partner in a partnership previously terminated  
4 from participation as a vendor in the Illinois  
5 Medical Assistance Program, or was previously  
6 revoked as an alternate payee in the Illinois  
7 Medical Assistance Program, or was terminated from  
8 participation as a vendor in a medical assistance  
9 program in another state that is of the same kind  
10 as the program of medical assistance provided  
11 under Article V of this Code, during the time of  
12 conduct which was the basis for that vendor's  
13 termination or alternate payee's revocation; or

14 (6) the alternate payee, a person with management  
15 responsibility for an alternate payee, an officer or  
16 person owning, either directly or indirectly, 5% or  
17 more of the shares of stock or other evidences of  
18 ownership in a corporate alternate payee, or a partner  
19 in a partnership which is an alternate payee:

20 (a) has engaged in conduct prohibited by  
21 applicable federal or State law or regulation  
22 relating to the Illinois Medical Assistance  
23 Program; or

24 (b) was a person with management  
25 responsibility for a vendor or alternate payee at  
26 the time that the vendor or alternate payee engaged

1 in practices prohibited by applicable federal or  
2 State law or regulation relating to the Illinois  
3 Medical Assistance Program; or

4 (c) was an officer, or person owning, either  
5 directly or indirectly, 5% or more of the shares of  
6 stock or other evidences of ownership in a vendor  
7 or alternate payee at the time such vendor or  
8 alternate payee engaged in practices prohibited by  
9 applicable federal or State law or regulation  
10 relating to the Illinois Medical Assistance  
11 Program; or

12 (d) was an owner of a sole proprietorship or  
13 partner in a partnership which was a vendor or  
14 alternate payee at the time such vendor or  
15 alternate payee engaged in practices prohibited by  
16 applicable federal or State law or regulation  
17 relating to the Illinois Medical Assistance  
18 Program; or

19 (7) the direct or indirect ownership of the vendor  
20 or alternate payee (including the ownership of a vendor  
21 or alternate payee that is a partner's interest in a  
22 vendor or alternate payee, or ownership of 5% or more  
23 of the shares of stock or other evidences of ownership  
24 in a corporate vendor or alternate payee) has been  
25 transferred by an individual who is terminated or  
26 barred from participating as a vendor or is prohibited

1 or revoked as an alternate payee to the individual's  
2 spouse, child, brother, sister, parent, grandparent,  
3 grandchild, uncle, aunt, niece, nephew, cousin, or  
4 relative by marriage.

5 (K) The Illinois Department of Healthcare and Family  
6 Services may withhold payments, in whole or in part, to a  
7 provider or alternate payee upon receipt of evidence, received  
8 from State or federal law enforcement or federal oversight  
9 agencies or from the results of a preliminary Department audit  
10 and determined by the Department to be credible, that the  
11 circumstances giving rise to the need for a withholding of  
12 payments may involve fraud or willful misrepresentation under  
13 the Illinois Medical Assistance program. The Department shall  
14 by rule define what constitutes "credible" evidence for  
15 purposes of this subsection. The Department may withhold  
16 payments without first notifying the provider or alternate  
17 payee of its intention to withhold such payments. A provider or  
18 alternate payee may request a reconsideration of payment  
19 withholding, and the Department must grant such a request. The  
20 Department shall state by rule a process and criteria by which  
21 a provider or alternate payee may request full or partial  
22 release of payments withheld under this subsection. This  
23 request may be made at any time after the Department first  
24 withholds such payments.

25 (a) The Illinois Department must send notice of its  
26 withholding of program payments within 5 days of taking

1 such action. The notice must set forth the general  
2 allegations as to the nature of the withholding action, but  
3 need not disclose any specific information concerning its  
4 ongoing investigation. The notice must do all of the  
5 following:

6 (1) State that payments are being withheld in  
7 accordance with this subsection.

8 (2) State that the withholding is for a temporary  
9 period, as stated in paragraph (b) of this subsection,  
10 and cite the circumstances under which withholding  
11 will be terminated.

12 (3) Specify, when appropriate, which type or types  
13 of Medicaid claims withholding is effective.

14 (4) Inform the provider or alternate payee of the  
15 right to submit written evidence for reconsideration  
16 of the withholding by the Illinois Department.

17 (5) Inform the provider or alternate payee that a  
18 written request may be made to the Illinois Department  
19 for full or partial release of withheld payments and  
20 that such requests may be made at any time after the  
21 Department first withholds such payments.

22 (b) All withholding-of-payment actions under this  
23 subsection shall be temporary and shall not continue after  
24 any of the following:

25 (1) The Illinois Department or the prosecuting  
26 authorities determine that there is insufficient

1 evidence of fraud or willful misrepresentation by the  
2 provider or alternate payee.

3 (2) Legal proceedings related to the provider's or  
4 alternate payee's alleged fraud, willful  
5 misrepresentation, violations of this Act, or  
6 violations of the Illinois Department's administrative  
7 rules are completed.

8 (3) The withholding of payments for a period of 3  
9 years.

10 (c) The Illinois Department may adopt all rules  
11 necessary to implement this subsection (K).

12 (Source: P.A. 94-265, eff. 1-1-06; 94-975, eff. 6-30-06.)

13 Section 85. The Abused and Neglected Child Reporting Act is  
14 amended by changing Section 4 as follows:

15 (325 ILCS 5/4) (from Ch. 23, par. 2054)

16 Sec. 4. Persons required to report; privileged  
17 communications; transmitting false report. Any physician,  
18 resident, intern, hospital, hospital administrator and  
19 personnel engaged in examination, care and treatment of  
20 persons, surgeon, dentist, dentist hygienist, osteopath,  
21 chiropractor, podiatric physician ~~podiatrist~~, physician  
22 assistant, substance abuse treatment personnel, funeral home  
23 director or employee, coroner, medical examiner, emergency  
24 medical technician, acupuncturist, crisis line or hotline



1 personnel, school personnel (including administrators and both  
2 certified and non-certified school employees), educational  
3 advocate assigned to a child pursuant to the School Code,  
4 member of a school board or the Chicago Board of Education or  
5 the governing body of a private school (but only to the extent  
6 required in accordance with other provisions of this Section  
7 expressly concerning the duty of school board members to report  
8 suspected child abuse), truant officers, social worker, social  
9 services administrator, domestic violence program personnel,  
10 registered nurse, licensed practical nurse, genetic counselor,  
11 respiratory care practitioner, advanced practice nurse, home  
12 health aide, director or staff assistant of a nursery school or  
13 a child day care center, recreational program or facility  
14 personnel, law enforcement officer, licensed professional  
15 counselor, licensed clinical professional counselor,  
16 registered psychologist and assistants working under the  
17 direct supervision of a psychologist, psychiatrist, or field  
18 personnel of the Department of Healthcare and Family Services,  
19 Juvenile Justice, Public Health, Human Services (acting as  
20 successor to the Department of Mental Health and Developmental  
21 Disabilities, Rehabilitation Services, or Public Aid),  
22 Corrections, Human Rights, or Children and Family Services,  
23 supervisor and administrator of general assistance under the  
24 Illinois Public Aid Code, probation officer, animal control  
25 officer or Illinois Department of Agriculture Bureau of Animal  
26 Health and Welfare field investigator, or any other foster

1 parent, homemaker or child care worker having reasonable cause  
2 to believe a child known to them in their professional or  
3 official capacity may be an abused child or a neglected child  
4 shall immediately report or cause a report to be made to the  
5 Department.

6 Any member of the clergy having reasonable cause to believe  
7 that a child known to that member of the clergy in his or her  
8 professional capacity may be an abused child as defined in item  
9 (c) of the definition of "abused child" in Section 3 of this  
10 Act shall immediately report or cause a report to be made to  
11 the Department.

12 Any physician, physician's assistant, registered nurse,  
13 licensed practical nurse, medical technician, certified  
14 nursing assistant, social worker, or licensed professional  
15 counselor of any office, clinic, or any other physical location  
16 that provides abortions, abortion referrals, or contraceptives  
17 having reasonable cause to believe a child known to him or her  
18 in his or her professional or official capacity may be an  
19 abused child or a neglected child shall immediately report or  
20 cause a report to be made to the Department.

21 If an allegation is raised to a school board member during  
22 the course of an open or closed school board meeting that a  
23 child who is enrolled in the school district of which he or she  
24 is a board member is an abused child as defined in Section 3 of  
25 this Act, the member shall direct or cause the school board to  
26 direct the superintendent of the school district or other

1 equivalent school administrator to comply with the  
2 requirements of this Act concerning the reporting of child  
3 abuse. For purposes of this paragraph, a school board member is  
4 granted the authority in his or her individual capacity to  
5 direct the superintendent of the school district or other  
6 equivalent school administrator to comply with the  
7 requirements of this Act concerning the reporting of child  
8 abuse.

9 Notwithstanding any other provision of this Act, if an  
10 employee of a school district has made a report or caused a  
11 report to be made to the Department under this Act involving  
12 the conduct of a current or former employee of the school  
13 district and a request is made by another school district for  
14 the provision of information concerning the job performance or  
15 qualifications of the current or former employee because he or  
16 she is an applicant for employment with the requesting school  
17 district, the general superintendent of the school district to  
18 which the request is being made must disclose to the requesting  
19 school district the fact that an employee of the school  
20 district has made a report involving the conduct of the  
21 applicant or caused a report to be made to the Department, as  
22 required under this Act. Only the fact that an employee of the  
23 school district has made a report involving the conduct of the  
24 applicant or caused a report to be made to the Department may  
25 be disclosed by the general superintendent of the school  
26 district to which the request for information concerning the

1 applicant is made, and this fact may be disclosed only in cases  
2 where the employee and the general superintendent have not been  
3 informed by the Department that the allegations were unfounded.  
4 An employee of a school district who is or has been the subject  
5 of a report made pursuant to this Act during his or her  
6 employment with the school district must be informed by that  
7 school district that if he or she applies for employment with  
8 another school district, the general superintendent of the  
9 former school district, upon the request of the school district  
10 to which the employee applies, shall notify that requesting  
11 school district that the employee is or was the subject of such  
12 a report.

13 Whenever such person is required to report under this Act  
14 in his capacity as a member of the staff of a medical or other  
15 public or private institution, school, facility or agency, or  
16 as a member of the clergy, he shall make report immediately to  
17 the Department in accordance with the provisions of this Act  
18 and may also notify the person in charge of such institution,  
19 school, facility or agency, or church, synagogue, temple,  
20 mosque, or other religious institution, or his designated agent  
21 that such report has been made. Under no circumstances shall  
22 any person in charge of such institution, school, facility or  
23 agency, or church, synagogue, temple, mosque, or other  
24 religious institution, or his designated agent to whom such  
25 notification has been made, exercise any control, restraint,  
26 modification or other change in the report or the forwarding of

1 such report to the Department.

2 The privileged quality of communication between any  
3 professional person required to report and his patient or  
4 client shall not apply to situations involving abused or  
5 neglected children and shall not constitute grounds for failure  
6 to report as required by this Act or constitute grounds for  
7 failure to share information or documents with the Department  
8 during the course of a child abuse or neglect investigation. If  
9 requested by the professional, the Department shall confirm in  
10 writing that the information or documents disclosed by the  
11 professional were gathered in the course of a child abuse or  
12 neglect investigation.

13 A member of the clergy may claim the privilege under  
14 Section 8-803 of the Code of Civil Procedure.

15 Any office, clinic, or any other physical location that  
16 provides abortions, abortion referrals, or contraceptives  
17 shall provide to all office personnel copies of written  
18 information and training materials about abuse and neglect and  
19 the requirements of this Act that are provided to employees of  
20 the office, clinic, or physical location who are required to  
21 make reports to the Department under this Act, and instruct  
22 such office personnel to bring to the attention of an employee  
23 of the office, clinic, or physical location who is required to  
24 make reports to the Department under this Act any reasonable  
25 suspicion that a child known to him or her in his or her  
26 professional or official capacity may be an abused child or a

1 neglected child. In addition to the above persons required to  
2 report suspected cases of abused or neglected children, any  
3 other person may make a report if such person has reasonable  
4 cause to believe a child may be an abused child or a neglected  
5 child.

6 Any person who enters into employment on and after July 1,  
7 1986 and is mandated by virtue of that employment to report  
8 under this Act, shall sign a statement on a form prescribed by  
9 the Department, to the effect that the employee has knowledge  
10 and understanding of the reporting requirements of this Act.  
11 The statement shall be signed prior to commencement of the  
12 employment. The signed statement shall be retained by the  
13 employer. The cost of printing, distribution, and filing of the  
14 statement shall be borne by the employer.

15 The Department shall provide copies of this Act, upon  
16 request, to all employers employing persons who shall be  
17 required under the provisions of this Section to report under  
18 this Act.

19 Any person who knowingly transmits a false report to the  
20 Department commits the offense of disorderly conduct under  
21 subsection (a)(7) of Section 26-1 of the "Criminal Code of  
22 1961". A violation of this provision is a Class 4 felony.

23 Any person who knowingly and willfully violates any  
24 provision of this Section other than a second or subsequent  
25 violation of transmitting a false report as described in the  
26 preceding paragraph, is guilty of a Class A misdemeanor for a

1 first violation and a Class 4 felony for a second or subsequent  
2 violation; except that if the person acted as part of a plan or  
3 scheme having as its object the prevention of discovery of an  
4 abused or neglected child by lawful authorities for the purpose  
5 of protecting or insulating any person or entity from arrest or  
6 prosecution, the person is guilty of a Class 4 felony for a  
7 first offense and a Class 3 felony for a second or subsequent  
8 offense (regardless of whether the second or subsequent offense  
9 involves any of the same facts or persons as the first or other  
10 prior offense).

11 A child whose parent, guardian or custodian in good faith  
12 selects and depends upon spiritual means through prayer alone  
13 for the treatment or cure of disease or remedial care may be  
14 considered neglected or abused, but not for the sole reason  
15 that his parent, guardian or custodian accepts and practices  
16 such beliefs.

17 A child shall not be considered neglected or abused solely  
18 because the child is not attending school in accordance with  
19 the requirements of Article 26 of the School Code, as amended.

20 Nothing in this Act prohibits a mandated reporter who  
21 reasonably believes that an animal is being abused or neglected  
22 in violation of the Humane Care for Animals Act from reporting  
23 animal abuse or neglect to the Department of Agriculture's  
24 Bureau of Animal Health and Welfare.

25 A home rule unit may not regulate the reporting of child  
26 abuse or neglect in a manner inconsistent with the provisions

1 of this Section. This Section is a limitation under subsection  
2 (i) of Section 6 of Article VII of the Illinois Constitution on  
3 the concurrent exercise by home rule units of powers and  
4 functions exercised by the State.

5 For purposes of this Section "child abuse or neglect"  
6 includes abuse or neglect of an adult resident as defined in  
7 this Act.

8 (Source: P.A. 96-494, eff. 8-14-09; 96-1446, eff. 8-20-10;  
9 97-189, eff. 7-22-11; 97-254, eff. 1-1-12; 97-387, eff.  
10 8-15-11; revised 10-4-11.)

11 Section 90. The AIDS Confidentiality Act is amended by  
12 changing Section 3 as follows:

13 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

14 Sec. 3. When used in this Act:

15 (a) "Department" means the Illinois Department of Public  
16 Health.

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

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

20 (d) "Informed consent" means a written or verbal agreement  
21 by the subject of a test or the subject's legally authorized  
22 representative without undue inducement or any element of  
23 force, fraud, deceit, duress or other form of constraint or  
24 coercion, which entails at least the following pre-test



1 information:

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

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

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

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

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

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

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

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

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

23 Section 95. The Illinois Sexually Transmissible Disease  
24 Control Act is amended by changing Section 5.5 as follows:

1 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

2 Sec. 5.5. Risk assessment.

3 (a) Whenever the Department receives a report of HIV  
4 infection or AIDS pursuant to this Act and the Department  
5 determines that the subject of the report may present or may  
6 have presented a possible risk of HIV transmission, the  
7 Department shall, when medically appropriate, investigate the  
8 subject of the report and that person's contacts as defined in  
9 subsection (c), to assess the potential risks of transmission.  
10 Any investigation and action shall be conducted in a timely  
11 fashion. All contacts other than those defined in subsection  
12 (c) shall be investigated in accordance with Section 5 of this  
13 Act.

14 (b) If the Department determines that there is or may have  
15 been potential risks of HIV transmission from the subject of  
16 the report to other persons, the Department shall afford the  
17 subject the opportunity to submit any information and comment  
18 on proposed actions the Department intends to take with respect  
19 to the subject's contacts who are at potential risk of  
20 transmission of HIV prior to notification of the subject's  
21 contacts. The Department shall also afford the subject of the  
22 report the opportunity to notify the subject's contacts in a  
23 timely fashion who are at potential risk of transmission of HIV  
24 prior to the Department taking any steps to notify such  
25 contacts. If the subject declines to notify such contacts or if  
26 the Department determines the notices to be inadequate or

1 incomplete, the Department shall endeavor to notify such other  
2 persons of the potential risk, and offer testing and counseling  
3 services to these individuals. When the contacts are notified,  
4 they shall be informed of the disclosure provisions of the AIDS  
5 Confidentiality Act and the penalties therein and this Section.

6 (c) Contacts investigated under this Section shall in the  
7 case of HIV infection include (i) individuals who have  
8 undergone invasive procedures performed by an HIV infected  
9 health care provider and (ii) health care providers who have  
10 performed invasive procedures for persons infected with HIV,  
11 provided the Department has determined that there is or may  
12 have been potential risk of HIV transmission from the health  
13 care provider to those individuals or from infected persons to  
14 health care providers. The Department shall have access to the  
15 subject's records to review for the identity of contacts. The  
16 subject's records shall not be copied or seized by the  
17 Department.

18 For purposes of this subsection, the term "invasive  
19 procedures" means those procedures termed invasive by the  
20 Centers for Disease Control in current guidelines or  
21 recommendations for the prevention of HIV transmission in  
22 health care settings, and the term "health care provider" means  
23 any physician, dentist, podiatric physician ~~pediatrist~~,  
24 advanced practice nurse, physician assistant, nurse, or other  
25 person providing health care services of any kind.

26 (d) All information and records held by the Department and

1 local health authorities pertaining to activities conducted  
2 pursuant to this Section shall be strictly confidential and  
3 exempt from copying and inspection under the Freedom of  
4 Information Act. Such information and records shall not be  
5 released or made public by the Department or local health  
6 authorities, and shall not be admissible as evidence, nor  
7 discoverable in any action of any kind in any court or before  
8 any tribunal, board, agency or person and shall be treated in  
9 the same manner as the information and those records subject to  
10 the provisions of Part 21 of the Code of Civil Procedure except  
11 under the following circumstances:

12 (1) When made with the written consent of all persons  
13 to whom this information pertains;

14 (2) When authorized under Section 8 to be released  
15 under court order or subpoena pursuant to Section 12-5.01  
16 or 12-16.2 of the Criminal Code of 1961; or

17 (3) When made by the Department for the purpose of  
18 seeking a warrant authorized by Sections 6 and 7 of this  
19 Act. Such disclosure shall conform to the requirements of  
20 subsection (a) of Section 8 of this Act.

21 (e) Any person who knowingly or maliciously disseminates  
22 any information or report concerning the existence of any  
23 disease under this Section is guilty of a Class A misdemeanor.

24 (Source: P.A. 96-1551, eff. 7-1-11.)

25 Section 100. The Illinois Food, Drug and Cosmetic Act is

1 amended by changing Section 2.36 as follows:

2 (410 ILCS 620/2.36) (from Ch. 56 1/2, par. 502.36)

3 Sec. 2.36. "Prescription" means and includes any order for  
4 drugs or medical devices, written, facsimile, or verbal by a  
5 physician licensed to practice medicine in all its branches,  
6 dentist, veterinarian, or podiatric physician ~~podiatrist~~  
7 containing the following: (1) name of the patient; (2) date  
8 when prescription was given; (3) name and strength of drug or  
9 description of the medical device prescribed; (4) quantity, (5)  
10 directions for use, (6) prescriber's name, address and  
11 signature, and (7) DEA number where required, for controlled  
12 substances.

13 (Source: P.A. 89-202, eff. 7-21-95.)

14 Section 105. The Illinois Controlled Substances Act is  
15 amended by changing Sections 102 and 303.05 as follows:

16 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

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

19 (a) "Addict" means any person who habitually uses any drug,  
20 chemical, substance or dangerous drug other than alcohol so as  
21 to endanger the public morals, health, safety or welfare or who  
22 is so far addicted to the use of a dangerous drug or controlled  
23 substance other than alcohol as to have lost the power of self

1 control with reference to his or her addiction.

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

7 (1) a practitioner (or, in his or her presence, by his  
8 or her authorized agent),

9 (2) the patient or research subject pursuant to an  
10 order, or

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

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

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

22 (i) 3[ beta] ,17-dihydroxy-5a-androstane,

23 (ii) 3[ alpha] ,17[ beta] -dihydroxy-5a-androstane,

24 (iii) 5[ alpha] -androstan-3,17-dione,

25 (iv) 1-androstenediol (3[ beta] ,

26 17[ beta] -dihydroxy-5[ alpha] -androst-1-ene),

- 1 (v) 1-androstenediol (3[ alpha] ,  
2 17[ beta] -dihydroxy-5[ alpha] -androst-1-ene) ,  
3 (vi) 4-androstenediol  
4 (3[ beta] , 17[ beta] -dihydroxy-androst-4-ene) ,  
5 (vii) 5-androstenediol  
6 (3[ beta] , 17[ beta] -dihydroxy-androst-5-ene) ,  
7 (viii) 1-androstenedione  
8 ([ 5alpha] -androst-1-en-3, 17-dione) ,  
9 (ix) 4-androstenedione  
10 (androst-4-en-3, 17-dione) ,  
11 (x) 5-androstenedione  
12 (androst-5-en-3, 17-dione) ,  
13 (xi) bolasterone (7[ alpha] , 17a-dimethyl-17[ beta] -  
14 hydroxyandrost-4-en-3-one) ,  
15 (xii) boldenone (17[ beta] -hydroxyandrost-  
16 1, 4, -diene-3-one) ,  
17 (xiii) boldione (androsta-1, 4-  
18 diene-3, 17-dione) ,  
19 (xiv) calusterone (7[ beta] , 17[ alpha] -dimethyl-17  
20 [ beta] -hydroxyandrost-4-en-3-one) ,  
21 (xv) clostebol (4-chloro-17[ beta] -  
22 hydroxyandrost-4-en-3-one) ,  
23 (xvi) dehydrochloromethyltestosterone (4-chloro-  
24 17[ beta] -hydroxy-17[ alpha] -methyl-  
25 androst-1, 4-dien-3-one) ,  
26 (xvii) desoxymethyltestosterone



1 (17[ alpha] -methyl-5[ alpha]  
2 -androst-2-en-17[ beta] -ol) (a.k.a., madol),  
3 (xviii) [ delta] 1-dihydrotestosterone (a.k.a.  
4 '1-testosterone') (17[ beta] -hydroxy-  
5 5[ alpha] -androst-1-en-3-one),  
6 (xix) 4-dihydrotestosterone (17[ beta] -hydroxy-  
7 androstan-3-one),  
8 (xx) drostanolone (17[ beta] -hydroxy-2[ alpha] -methyl-  
9 5[ alpha] -androstan-3-one),  
10 (xxi) ethylestrenol (17[ alpha] -ethyl-17[ beta] -  
11 hydroxyestr-4-ene),  
12 (xxii) fluoxymesterone (9-fluoro-17[ alpha] -methyl-  
13 1[ beta] ,17[ beta] -dihydroxyandrost-4-en-3-one),  
14 (xxiii) formebolone (2-formyl-17[ alpha] -methyl-11[ alpha] ,  
15 17[ beta] -dihydroxyandrost-1,4-dien-3-one),  
16 (xxiv) furazabol (17[ alpha] -methyl-17[ beta] -  
17 hydroxyandrostan[ 2,3-c] -furan),  
18 (xxv) 13[ beta] -ethyl-17[ beta] -hydroxygon-4-en-3-one)  
19 (xxvi) 4-hydroxytestosterone (4,17[ beta] -dihydroxy-  
20 androst-4-en-3-one),  
21 (xxvii) 4-hydroxy-19-nortestosterone (4,17[ beta] -  
22 dihydroxy-estr-4-en-3-one),  
23 (xxviii) mestanolone (17[ alpha] -methyl-17[ beta] -  
24 hydroxy-5-androstan-3-one),  
25 (xxix) mesterolone (1amethyl-17[ beta] -hydroxy-  
26 [ 5a] -androstan-3-one),

1 (xxx) methandienone (17[ alpha] -methyl-17[ beta] -  
2 hydroxyandrost-1,4-dien-3-one),  
3 (xxxi) methandriol (17[ alpha] -methyl-3[ beta] ,17[ beta] -  
4 dihydroxyandrost-5-ene),  
5 (xxxii) methenolone (1-methyl-17[ beta] -hydroxy-  
6 5[ alpha] -androst-1-en-3-one),  
7 (xxxiii) 17[ alpha] -methyl-3[ beta] , 17[ beta] -  
8 dihydroxy-5a-androstane),  
9 (xxxiv) 17[ alpha] -methyl-3[ alpha] ,17[ beta] -dihydroxy  
10 -5a-androstane),  
11 (xxxv) 17[ alpha] -methyl-3[ beta] ,17[ beta] -  
12 dihydroxyandrost-4-ene),  
13 (xxxvi) 17[ alpha] -methyl-4-hydroxynandrolone (17[ alpha] -  
14 methyl-4-hydroxy-17[ beta] -hydroxyestr-4-en-3-one),  
15 (xxxvii) methyldienolone (17[ alpha] -methyl-17[ beta] -  
16 hydroxyestra-4,9(10)-dien-3-one),  
17 (xxxviii) methyltrienolone (17[ alpha] -methyl-17[ beta] -  
18 hydroxyestra-4,9-11-trien-3-one),  
19 (xxxix) methyltestosterone (17[ alpha] -methyl-17[ beta] -  
20 hydroxyandrost-4-en-3-one),  
21 (xl) mibolerone (7[ alpha] ,17a-dimethyl-17[ beta] -  
22 hydroxyestr-4-en-3-one),  
23 (xli) 17[ alpha] -methyl-[ delta] 1-dihydrotestosterone  
24 (17b[ beta] -hydroxy-17[ alpha] -methyl-5[ alpha] -  
25 androst-1-en-3-one) (a.k.a. '17-[ alpha] -methyl-  
26 1-testosterone'),

- 1 (xlii) nandrolone (17[ beta] -hydroxyestr-4-en-3-one),  
2 (xliiii) 19-nor-4-androstenediol (3[ beta] , 17[ beta] -  
3 dihydroxyestr-4-ene),  
4 (xliv) 19-nor-4-androstenediol (3[ alpha] , 17[ beta] -  
5 dihydroxyestr-4-ene),  
6 (xlv) 19-nor-5-androstenediol (3[ beta] , 17[ beta] -  
7 dihydroxyestr-5-ene),  
8 (xlvi) 19-nor-5-androstenediol (3[ alpha] , 17[ beta] -  
9 dihydroxyestr-5-ene),  
10 (xlvii) 19-nor-4,9(10)-androstadienedione  
11 (estra-4,9(10)-diene-3,17-dione),  
12 (xlviii) 19-nor-4-androstenedione (estr-4-  
13 en-3,17-dione),  
14 (xlix) 19-nor-5-androstenedione (estr-5-  
15 en-3,17-dione),  
16 (l) norbolethone (13[ beta] , 17a-diethyl-17[ beta] -  
17 hydroxygon-4-en-3-one),  
18 (li) norclostebol (4-chloro-17[ beta] -  
19 hydroxyestr-4-en-3-one),  
20 (lii) norethandrolone (17[ alpha] -ethyl-17[ beta] -  
21 hydroxyestr-4-en-3-one),  
22 (liii) normethandrolone (17[ alpha] -methyl-17[ beta] -  
23 hydroxyestr-4-en-3-one),  
24 (liv) oxandrolone (17[ alpha] -methyl-17[ beta] -hydroxy-  
25 2-oxa-5[ alpha] -androstan-3-one),  
26 (lv) oxymesterone (17[ alpha] -methyl-4,17[ beta] -

- 1 dihydroxyandrost-4-en-3-one),  
2 (lvi) oxymetholone (17[ alpha]-methyl-2-hydroxymethylene-  
3 17[ beta]-hydroxy-(5[ alpha]-androst-3-one),  
4 (lvii) stanozolol (17[ alpha]-methyl-17[ beta]-hydroxy-  
5 (5[ alpha]-androst-2-eno[ 3,2-c]-pyrazole),  
6 (lviii) stenbolone (17[ beta]-hydroxy-2-methyl-  
7 (5[ alpha]-androst-1-en-3-one),  
8 (lix) testolactone (13-hydroxy-3-oxo-13,17-  
9 secoandrosta-1,4-dien-17-  
10 oic acid lactone),  
11 (lx) testosterone (17[ beta]-hydroxyandrost-  
12 4-en-3-one),  
13 (lxi) tetrahydrogestrinone (13[ beta], 17[ alpha]-  
14 diethyl-17[ beta]-hydroxygon-  
15 4,9,11-trien-3-one),  
16 (lxii) trenbolone (17[ beta]-hydroxyestr-4,9,  
17 11-trien-3-one).

18 Any person who is otherwise lawfully in possession of an  
19 anabolic steroid, or who otherwise lawfully manufactures,  
20 distributes, dispenses, delivers, or possesses with intent to  
21 deliver an anabolic steroid, which anabolic steroid is  
22 expressly intended for and lawfully allowed to be administered  
23 through implants to livestock or other nonhuman species, and  
24 which is approved by the Secretary of Health and Human Services  
25 for such administration, and which the person intends to  
26 administer or have administered through such implants, shall

1 not be considered to be in unauthorized possession or to  
2 unlawfully manufacture, distribute, dispense, deliver, or  
3 possess with intent to deliver such anabolic steroid for  
4 purposes of this Act.

5 (d) "Administration" means the Drug Enforcement  
6 Administration, United States Department of Justice, or its  
7 successor agency.

8 (d-5) "Clinical Director, Prescription Monitoring Program"  
9 means a Department of Human Services administrative employee  
10 licensed to either prescribe or dispense controlled substances  
11 who shall run the clinical aspects of the Department of Human  
12 Services Prescription Monitoring Program and its Prescription  
13 Information Library.

14 (d-10) "Compounding" means the preparation and mixing of  
15 components, excluding flavorings, (1) as the result of a  
16 prescriber's prescription drug order or initiative based on the  
17 prescriber-patient-pharmacist relationship in the course of  
18 professional practice or (2) for the purpose of, or incident  
19 to, research, teaching, or chemical analysis and not for sale  
20 or dispensing. "Compounding" includes the preparation of drugs  
21 or devices in anticipation of receiving prescription drug  
22 orders based on routine, regularly observed dispensing  
23 patterns. Commercially available products may be compounded  
24 for dispensing to individual patients only if both of the  
25 following conditions are met: (i) the commercial product is not  
26 reasonably available from normal distribution channels in a

1 timely manner to meet the patient's needs and (ii) the  
2 prescribing practitioner has requested that the drug be  
3 compounded.

4 (e) "Control" means to add a drug or other substance, or  
5 immediate precursor, to a Schedule whether by transfer from  
6 another Schedule or otherwise.

7 (f) "Controlled Substance" means (i) a drug, substance, or  
8 immediate precursor in the Schedules of Article II of this Act  
9 or (ii) a drug or other substance, or immediate precursor,  
10 designated as a controlled substance by the Department through  
11 administrative rule. The term does not include distilled  
12 spirits, wine, malt beverages, or tobacco, as those terms are  
13 defined or used in the Liquor Control Act and the Tobacco  
14 Products Tax Act.

15 (f-5) "Controlled substance analog" means a substance:

16 (1) the chemical structure of which is substantially  
17 similar to the chemical structure of a controlled substance  
18 in Schedule I or II;

19 (2) which has a stimulant, depressant, or  
20 hallucinogenic effect on the central nervous system that is  
21 substantially similar to or greater than the stimulant,  
22 depressant, or hallucinogenic effect on the central  
23 nervous system of a controlled substance in Schedule I or  
24 II; or

25 (3) with respect to a particular person, which such  
26 person represents or intends to have a stimulant,

1           depressant, or hallucinogenic effect on the central  
2           nervous system that is substantially similar to or greater  
3           than the stimulant, depressant, or hallucinogenic effect  
4           on the central nervous system of a controlled substance in  
5           Schedule I or II.

6           (g) "Counterfeit substance" means a controlled substance,  
7           which, or the container or labeling of which, without  
8           authorization bears the trademark, trade name, or other  
9           identifying mark, imprint, number or device, or any likeness  
10          thereof, of a manufacturer, distributor, or dispenser other  
11          than the person who in fact manufactured, distributed, or  
12          dispensed the substance.

13          (h) "Deliver" or "delivery" means the actual, constructive  
14          or attempted transfer of possession of a controlled substance,  
15          with or without consideration, whether or not there is an  
16          agency relationship.

17          (i) "Department" means the Illinois Department of Human  
18          Services (as successor to the Department of Alcoholism and  
19          Substance Abuse) or its successor agency.

20          (j) (Blank).

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

23          (l) "Department of Financial and Professional Regulation"  
24          means the Department of Financial and Professional Regulation  
25          of the State of Illinois or its successor agency.

26          (m) "Depressant" means any drug that (i) causes an overall

1 depression of central nervous system functions, (ii) causes  
2 impaired consciousness and awareness, and (iii) can be  
3 habit-forming or lead to a substance abuse problem, including  
4 but not limited to alcohol, cannabis and its active principles  
5 and their analogs, benzodiazepines and their analogs,  
6 barbiturates and their analogs, opioids (natural and  
7 synthetic) and their analogs, and chloral hydrate and similar  
8 sedative hypnotics.

9 (n) (Blank).

10 (o) "Director" means the Director of the Illinois State  
11 Police or his or her designated agents.

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

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

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

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

21 (t) "Drug" means (1) substances recognized as drugs in the  
22 official United States Pharmacopoeia, Official Homeopathic  
23 Pharmacopoeia of the United States, or official National  
24 Formulary, or any supplement to any of them; (2) substances  
25 intended for use in diagnosis, cure, mitigation, treatment, or  
26 prevention of disease in man or animals; (3) substances (other



1 than food) intended to affect the structure of any function of  
2 the body of man or animals and (4) substances intended for use  
3 as a component of any article specified in clause (1), (2), or  
4 (3) of this subsection. It does not include devices or their  
5 components, parts, or accessories.

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

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

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

1 accepted professional standards including, but not limited to  
2 the following, in making the judgment:

3 (1) lack of consistency of prescriber-patient  
4 relationship,

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

7 (3) quantities beyond those normally prescribed,

8 (4) unusual dosages (recognizing that there may be  
9 clinical circumstances where more or less than the usual  
10 dose may be used legitimately),

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

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

14 (u-0.5) "Hallucinogen" means a drug that causes markedly  
15 altered sensory perception leading to hallucinations of any  
16 type.

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

22 (u-5) "Illinois State Police" means the State Police of the  
23 State of Illinois, or its successor agency.

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

25 (1) which the Department has found to be and by rule  
26 designated as being a principal compound used, or produced

1 primarily for use, in the manufacture of a controlled  
2 substance;

3 (2) which is an immediate chemical intermediary used or  
4 likely to be used in the manufacture of such controlled  
5 substance; and

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

9 (w) "Instructional activities" means the acts of teaching,  
10 educating or instructing by practitioners using controlled  
11 substances within educational facilities approved by the State  
12 Board of Education or its successor agency.

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

15 (y) "Look-alike substance" means a substance, other than a  
16 controlled substance which (1) by overall dosage unit  
17 appearance, including shape, color, size, markings or lack  
18 thereof, taste, consistency, or any other identifying physical  
19 characteristic of the substance, would lead a reasonable person  
20 to believe that the substance is a controlled substance, or (2)  
21 is expressly or impliedly represented to be a controlled  
22 substance or is distributed under circumstances which would  
23 lead a reasonable person to believe that the substance is a  
24 controlled substance. For the purpose of determining whether  
25 the representations made or the circumstances of the  
26 distribution would lead a reasonable person to believe the

1 substance to be a controlled substance under this clause (2) of  
2 subsection (y), the court or other authority may consider the  
3 following factors in addition to any other factor that may be  
4 relevant:

5 (a) statements made by the owner or person in control  
6 of the substance concerning its nature, use or effect;

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

9 (c) whether the substance is packaged in a manner  
10 normally used for the illegal distribution of controlled  
11 substances;

12 (d) whether the distribution or attempted distribution  
13 included an exchange of or demand for money or other  
14 property as consideration, and whether the amount of the  
15 consideration was substantially greater than the  
16 reasonable retail market value of the substance.

17 Clause (1) of this subsection (y) shall not apply to a  
18 noncontrolled substance in its finished dosage form that was  
19 initially introduced into commerce prior to the initial  
20 introduction into commerce of a controlled substance in its  
21 finished dosage form which it may substantially resemble.

22 Nothing in this subsection (y) prohibits the dispensing or  
23 distributing of noncontrolled substances by persons authorized  
24 to dispense and distribute controlled substances under this  
25 Act, provided that such action would be deemed to be carried  
26 out in good faith under subsection (u) if the substances

1 involved were controlled substances.

2 Nothing in this subsection (y) or in this Act prohibits the  
3 manufacture, preparation, propagation, compounding,  
4 processing, packaging, advertising or distribution of a drug or  
5 drugs by any person registered pursuant to Section 510 of the  
6 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

7 (y-1) "Mail-order pharmacy" means a pharmacy that is  
8 located in a state of the United States that delivers,  
9 dispenses or distributes, through the United States Postal  
10 Service or other common carrier, to Illinois residents, any  
11 substance which requires a prescription.

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

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

23 (2) by a practitioner, or his or her authorized agent  
24 under his or her supervision, the preparation,  
25 compounding, packaging, or labeling of a controlled  
26 substance:

1 (a) as an incident to his or her administering or  
2 dispensing of a controlled substance in the course of  
3 his or her professional practice; or

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

6 (z-1) (Blank).

7 (z-5) "Medication shopping" means the conduct prohibited  
8 under subsection (a) of Section 314.5 of this Act.

9 (z-10) "Mid-level practitioner" means (i) a physician  
10 assistant who has been delegated authority to prescribe through  
11 a written delegation of authority by a physician licensed to  
12 practice medicine in all of its branches, in accordance with  
13 Section 7.5 of the Physician Assistant Practice Act of 1987,  
14 (ii) an advanced practice nurse who has been delegated  
15 authority to prescribe through a written delegation of  
16 authority by a physician licensed to practice medicine in all  
17 of its branches or by a podiatric physician ~~podiatrist~~, in  
18 accordance with Section 65-40 of the Nurse Practice Act, or  
19 (iii) an animal euthanasia agency.

20 (aa) "Narcotic drug" means any of the following, whether  
21 produced directly or indirectly by extraction from substances  
22 of vegetable origin, or independently by means of chemical  
23 synthesis, or by a combination of extraction and chemical  
24 synthesis:

25 (1) opium, opiates, derivatives of opium and opiates,  
26 including their isomers, esters, ethers, salts, and salts

1 of isomers, esters, and ethers, whenever the existence of  
2 such isomers, esters, ethers, and salts is possible within  
3 the specific chemical designation; however the term  
4 "narcotic drug" does not include the isoquinoline  
5 alkaloids of opium;

6 (2) (blank);

7 (3) opium poppy and poppy straw;

8 (4) coca leaves, except coca leaves and extracts of  
9 coca leaves from which substantially all of the cocaine and  
10 ecgonine, and their isomers, derivatives and salts, have  
11 been removed;

12 (5) cocaine, its salts, optical and geometric isomers,  
13 and salts of isomers;

14 (6) ecgonine, its derivatives, their salts, isomers,  
15 and salts of isomers;

16 (7) any compound, mixture, or preparation which  
17 contains any quantity of any of the substances referred to  
18 in subparagraphs (1) through (6).

19 (bb) "Nurse" means a registered nurse licensed under the  
20 Nurse Practice Act.

21 (cc) (Blank).

22 (dd) "Opiate" means any substance having an addiction  
23 forming or addiction sustaining liability similar to morphine  
24 or being capable of conversion into a drug having addiction  
25 forming or addiction sustaining liability.

26 (ee) "Opium poppy" means the plant of the species *Papaver*

1 somniferum L., except its seeds.

2 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
3 solution or other liquid form of medication intended for  
4 administration by mouth, but the term does not include a form  
5 of medication intended for buccal, sublingual, or transmucosal  
6 administration.

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

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

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

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

20 (ii-5) "Pharmacy shopping" means the conduct prohibited  
21 under subsection (b) of Section 314.5 of this Act.

22 (ii-10) "Physician" (except when the context otherwise  
23 requires) means a person licensed to practice medicine in all  
24 of its branches.

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



1 (kk) "Practitioner" means a physician licensed to practice  
2 medicine in all its branches, dentist, optometrist, podiatric  
3 physician ~~podiatrist~~, veterinarian, scientific investigator,  
4 pharmacist, physician assistant, advanced practice nurse,  
5 licensed practical nurse, registered nurse, hospital,  
6 laboratory, or pharmacy, or other person licensed, registered,  
7 or otherwise lawfully permitted by the United States or this  
8 State to distribute, dispense, conduct research with respect  
9 to, administer or use in teaching or chemical analysis, a  
10 controlled substance in the course of professional practice or  
11 research.

12 (ll) "Pre-printed prescription" means a written  
13 prescription upon which the designated drug has been indicated  
14 prior to the time of issuance; the term does not mean a written  
15 prescription that is individually generated by machine or  
16 computer in the prescriber's office.

17 (mm) "Prescriber" means a physician licensed to practice  
18 medicine in all its branches, dentist, optometrist, podiatric  
19 physician, ~~podiatrist~~ or veterinarian who issues a  
20 prescription, a physician assistant who issues a prescription  
21 for a controlled substance in accordance with Section 303.05, a  
22 written delegation, and a written supervision agreement  
23 required under Section 7.5 of the Physician Assistant Practice  
24 Act of 1987, or an advanced practice nurse with prescriptive  
25 authority delegated under Section 65-40 of the Nurse Practice  
26 Act and in accordance with Section 303.05, a written

1 delegation, and a written collaborative agreement under  
2 Section 65-35 of the Nurse Practice Act.

3 (nn) "Prescription" means a written, facsimile, or oral  
4 order, or an electronic order that complies with applicable  
5 federal requirements, of a physician licensed to practice  
6 medicine in all its branches, dentist, podiatric physician,  
7 ~~podiatrist~~ or veterinarian for any controlled substance, of an  
8 optometrist for a Schedule III, IV, or V controlled substance  
9 in accordance with Section 15.1 of the Illinois Optometric  
10 Practice Act of 1987, of a physician assistant for a controlled  
11 substance in accordance with Section 303.05, a written  
12 delegation, and a written supervision agreement required under  
13 Section 7.5 of the Physician Assistant Practice Act of 1987, or  
14 of an advanced practice nurse with prescriptive authority  
15 delegated under Section 65-40 of the Nurse Practice Act who  
16 issues a prescription for a controlled substance in accordance  
17 with Section 303.05, a written delegation, and a written  
18 collaborative agreement under Section 65-35 of the Nurse  
19 Practice Act when required by law.

20 (nn-5) "Prescription Information Library" (PIL) means an  
21 electronic library that contains reported controlled substance  
22 data.

23 (nn-10) "Prescription Monitoring Program" (PMP) means the  
24 entity that collects, tracks, and stores reported data on  
25 controlled substances and select drugs pursuant to Section 316.

26 (oo) "Production" or "produce" means manufacture,

1 planting, cultivating, growing, or harvesting of a controlled  
2 substance other than methamphetamine.

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

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

8 (qq-5) "Secretary" means, as the context requires, either  
9 the Secretary of the Department or the Secretary of the  
10 Department of Financial and Professional Regulation, and the  
11 Secretary's designated agents.

12 (rr) "State" includes the State of Illinois and any state,  
13 district, commonwealth, territory, insular possession thereof,  
14 and any area subject to the legal authority of the United  
15 States of America.

16 (rr-5) "Stimulant" means any drug that (i) causes an  
17 overall excitation of central nervous system functions, (ii)  
18 causes impaired consciousness and awareness, and (iii) can be  
19 habit-forming or lead to a substance abuse problem, including  
20 but not limited to amphetamines and their analogs,  
21 methylphenidate and its analogs, cocaine, and phencyclidine  
22 and its analogs.

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

1 household.

2 (Source: P.A. 96-189, eff. 8-10-09; 96-268, eff. 8-11-09;  
3 97-334, eff. 1-1-12.)

4 (720 ILCS 570/303.05)

5 Sec. 303.05. Mid-level practitioner registration.

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

12 (1) with respect to physician assistants,

13 (A) the physician assistant has been delegated  
14 written authority to prescribe any Schedule III  
15 through V controlled substances by a physician  
16 licensed to practice medicine in all its branches in  
17 accordance with Section 7.5 of the Physician Assistant  
18 Practice Act of 1987; and the physician assistant has  
19 completed the appropriate application forms and has  
20 paid the required fees as set by rule; or

21 (B) the physician assistant has been delegated  
22 authority by a supervising physician licensed to  
23 practice medicine in all its branches to prescribe or  
24 dispense Schedule II controlled substances through a  
25 written delegation of authority and under the

1 following conditions:

2 (i) Specific Schedule II controlled substances  
3 by oral dosage or topical or transdermal  
4 application may be delegated, provided that the  
5 delegated Schedule II controlled substances are  
6 routinely prescribed by the supervising physician.  
7 This delegation must identify the specific  
8 Schedule II controlled substances by either brand  
9 name or generic name. Schedule II controlled  
10 substances to be delivered by injection or other  
11 route of administration may not be delegated;

12 (ii) any delegation must be of controlled  
13 substances prescribed by the supervising  
14 physician;

15 (iii) all prescriptions must be limited to no  
16 more than a 30-day supply, with any continuation  
17 authorized only after prior approval of the  
18 supervising physician;

19 (iv) the physician assistant must discuss the  
20 condition of any patients for whom a controlled  
21 substance is prescribed monthly with the  
22 delegating physician;

23 (v) the physician assistant must have  
24 completed the appropriate application forms and  
25 paid the required fees as set by rule;

26 (vi) the physician assistant must provide

1 evidence of satisfactory completion of 45 contact  
2 hours in pharmacology from any physician assistant  
3 program accredited by the Accreditation Review  
4 Commission on Education for the Physician  
5 Assistant (ARC-PA), or its predecessor agency, for  
6 any new license issued with Schedule II authority  
7 after the effective date of this amendatory Act of  
8 the 97th General Assembly; and

9 (vii) the physician assistant must annually  
10 complete at least 5 hours of continuing education  
11 in pharmacology.

12 (2) with respect to advanced practice nurses,

13 (A) the advanced practice nurse has been delegated  
14 authority to prescribe any Schedule III through V  
15 controlled substances by a collaborating physician  
16 licensed to practice medicine in all its branches or a  
17 collaborating podiatric physician ~~podiatrist~~ in  
18 accordance with Section 65-40 of the Nurse Practice  
19 Act. The advanced practice nurse has completed the  
20 appropriate application forms and has paid the  
21 required fees as set by rule; or

22 (B) the advanced practice nurse has been delegated  
23 authority by a collaborating physician licensed to  
24 practice medicine in all its branches or collaborating  
25 podiatric physician ~~podiatrist~~ to prescribe or  
26 dispense Schedule II controlled substances through a

1 written delegation of authority and under the  
2 following conditions:

3 (i) specific Schedule II controlled substances  
4 by oral dosage or topical or transdermal  
5 application may be delegated, provided that the  
6 delegated Schedule II controlled substances are  
7 routinely prescribed by the collaborating  
8 physician or podiatric physician ~~podiatrist~~. This  
9 delegation must identify the specific Schedule II  
10 controlled substances by either brand name or  
11 generic name. Schedule II controlled substances to  
12 be delivered by injection or other route of  
13 administration may not be delegated;

14 (ii) any delegation must be of controlled  
15 substances prescribed by the collaborating  
16 physician or podiatric physician ~~podiatrist~~;

17 (iii) all prescriptions must be limited to no  
18 more than a 30-day supply, with any continuation  
19 authorized only after prior approval of the  
20 collaborating physician or podiatric physician  
21 ~~podiatrist~~;

22 (iv) the advanced practice nurse must discuss  
23 the condition of any patients for whom a controlled  
24 substance is prescribed monthly with the  
25 delegating physician or podiatric physician  
26 ~~podiatrist~~ or in the course of review as required

1 by Section 65-40 of the Nurse Practice Act;

2 (v) the advanced practice nurse must have  
3 completed the appropriate application forms and  
4 paid the required fees as set by rule;

5 (vi) the advanced practice nurse must provide  
6 evidence of satisfactory completion of at least 45  
7 graduate contact hours in pharmacology for any new  
8 license issued with Schedule II authority after  
9 the effective date of this amendatory Act of the  
10 97th General Assembly; and

11 (vii) the advanced practice nurse must  
12 annually complete 5 hours of continuing education  
13 in pharmacology; or

14 (3) with respect to animal euthanasia agencies, the  
15 euthanasia agency has obtained a license from the  
16 Department of Financial and Professional Regulation and  
17 obtained a registration number from the Department.

18 (b) The mid-level practitioner shall only be licensed to  
19 prescribe those schedules of controlled substances for which a  
20 licensed physician or licensed podiatric physician ~~podiatrist~~  
21 has delegated prescriptive authority, except that an animal  
22 euthanasia agency does not have any prescriptive authority. A  
23 physician assistant and an advanced practice nurse are  
24 prohibited from prescribing medications and controlled  
25 substances not set forth in the required written delegation of  
26 authority.



1 (c) Upon completion of all registration requirements,  
2 physician assistants, advanced practice nurses, and animal  
3 euthanasia agencies may be issued a mid-level practitioner  
4 controlled substances license for Illinois.

5 (d) A collaborating physician or podiatric physician  
6 ~~podiatrist~~ may, but is not required to, delegate prescriptive  
7 authority to an advanced practice nurse as part of a written  
8 collaborative agreement, and the delegation of prescriptive  
9 authority shall conform to the requirements of Section 65-40 of  
10 the Nurse Practice Act.

11 (e) A supervising physician may, but is not required to,  
12 delegate prescriptive authority to a physician assistant as  
13 part of a written supervision agreement, and the delegation of  
14 prescriptive authority shall conform to the requirements of  
15 Section 7.5 of the Physician Assistant Practice Act of 1987.

16 (f) Nothing in this Section shall be construed to prohibit  
17 generic substitution.

18 (Source: P.A. 96-189, eff. 8-10-09; 96-268, eff. 8-11-09;  
19 96-1000, eff. 7-2-10; 97-334, eff. 1-1-12; 97-358, eff.  
20 8-12-11; revised 9-12-11.)

21 Section 110. The Code of Civil Procedure is amended by  
22 changing Sections 2-622 and 8-2001 as follows:

23 (735 ILCS 5/2-622) (from Ch. 110, par. 2-622)

24 (Text of Section WITH the changes made by P.A. 89-7, which

1 has been held unconstitutional)

2 Sec. 2-622. Healing art malpractice.

3 (a) In any action, whether in tort, contract or otherwise,  
4 in which the plaintiff seeks damages for injuries or death by  
5 reason of medical, hospital, or other healing art malpractice,  
6 the plaintiff's attorney or the plaintiff, if the plaintiff is  
7 proceeding pro se, shall file an affidavit, attached to the  
8 original and all copies of the complaint, declaring one of the  
9 following:

10 1. That the affiant has consulted and reviewed the  
11 facts of the case with a health professional who the  
12 affiant reasonably believes: (i) is knowledgeable in the  
13 relevant issues involved in the particular action; (ii)  
14 practices or has practiced within the last 6 years or  
15 teaches or has taught within the last 6 years in the same  
16 area of health care or medicine that is at issue in the  
17 particular action; and (iii) is qualified by experience or  
18 demonstrated competence in the subject of the case; that  
19 the reviewing health professional has determined in a  
20 written report, after a review of the medical record and  
21 other relevant material involved in the particular action  
22 that there is a reasonable and meritorious cause for the  
23 filing of such action; and that the affiant has concluded  
24 on the basis of the reviewing health professional's review  
25 and consultation that there is a reasonable and meritorious  
26 cause for filing of such action. If the affidavit is filed

1 as to a defendant who is a physician licensed to treat  
2 human ailments without the use of drugs or medicines and  
3 without operative surgery, a dentist, a podiatric  
4 physician ~~podiatrist~~, a psychologist, or a naprapath, the  
5 written report must be from a health professional licensed  
6 in the same profession, with the same class of license, as  
7 the defendant. For affidavits filed as to all other  
8 defendants, the written report must be from a physician  
9 licensed to practice medicine in all its branches. In  
10 either event, the affidavit must identify the profession of  
11 the reviewing health professional. A copy of the written  
12 report, clearly identifying the plaintiff and the reasons  
13 for the reviewing health professional's determination that  
14 a reasonable and meritorious cause for the filing of the  
15 action exists, must be attached to the affidavit. The  
16 report shall include the name and the address of the health  
17 professional.

18 2. That the plaintiff has not previously voluntarily  
19 dismissed an action based upon the same or substantially  
20 the same acts, omissions, or occurrences and that the  
21 affiant was unable to obtain a consultation required by  
22 paragraph 1 because a statute of limitations would impair  
23 the action and the consultation required could not be  
24 obtained before the expiration of the statute of  
25 limitations. If an affidavit is executed pursuant to this  
26 paragraph, the certificate and written report required by

1 paragraph 1 shall be filed within 90 days after the filing  
2 of the complaint. The defendant shall be excused from  
3 answering or otherwise pleading until 30 days after being  
4 served with a certificate required by paragraph 1.

5 3. That a request has been made by the plaintiff or his  
6 attorney for examination and copying of records pursuant to  
7 Part 20 of Article VIII of this Code and the party required  
8 to comply under those Sections has failed to produce such  
9 records within 60 days of the receipt of the request. If an  
10 affidavit is executed pursuant to this paragraph, the  
11 certificate and written report required by paragraph 1  
12 shall be filed within 90 days following receipt of the  
13 requested records. All defendants except those whose  
14 failure to comply with Part 20 of Article VIII of this Code  
15 is the basis for an affidavit under this paragraph shall be  
16 excused from answering or otherwise pleading until 30 days  
17 after being served with the certificate required by  
18 paragraph 1.

19 (b) Where a certificate and written report are required  
20 pursuant to this Section a separate certificate and written  
21 report shall be filed as to each defendant who has been named  
22 in the complaint and shall be filed as to each defendant named  
23 at a later time.

24 (c) Where the plaintiff intends to rely on the doctrine of  
25 "res ipsa loquitur", as defined by Section 2-1113 of this Code,  
26 the certificate and written report must state that, in the

1 opinion of the reviewing health professional, negligence has  
2 occurred in the course of medical treatment. The affiant shall  
3 certify upon filing of the complaint that he is relying on the  
4 doctrine of "res ipsa loquitur".

5 (d) When the attorney intends to rely on the doctrine of  
6 failure to inform of the consequences of the procedure, the  
7 attorney shall certify upon the filing of the complaint that  
8 the reviewing health professional has, after reviewing the  
9 medical record and other relevant materials involved in the  
10 particular action, concluded that a reasonable health  
11 professional would have informed the patient of the  
12 consequences of the procedure.

13 (e) Allegations and denials in the affidavit, made without  
14 reasonable cause and found to be untrue, shall subject the  
15 party pleading them or his attorney, or both, to the payment of  
16 reasonable expenses, actually incurred by the other party by  
17 reason of the untrue pleading, together with reasonable  
18 attorneys' fees to be summarily taxed by the court upon motion  
19 made within 30 days of the judgment or dismissal. In no event  
20 shall the award for attorneys' fees and expenses exceed those  
21 actually paid by the moving party, including the insurer, if  
22 any. In proceedings under this paragraph (e), the moving party  
23 shall have the right to depose and examine any and all  
24 reviewing health professionals who prepared reports used in  
25 conjunction with an affidavit required by this Section.

26 (f) A reviewing health professional who in good faith

1 prepares a report used in conjunction with an affidavit  
2 required by this Section shall have civil immunity from  
3 liability which otherwise might result from the preparation of  
4 such report.

5 (g) The failure to file a certificate required by this  
6 Section shall be grounds for dismissal under Section 2-619.

7 (h) This amendatory Act of 1995 does not apply to or affect  
8 any actions pending at the time of its effective date, but  
9 applies to cases filed on or after its effective date.

10 (i) This amendatory Act of 1997 does not apply to or affect  
11 any actions pending at the time of its effective date, but  
12 applies to cases filed on or after its effective date.

13 (Source: P.A. 86-646; 89-7, eff. 3-9-95; 90-579, eff. 5-1-98.)

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

16 Sec. 2-622. Healing art malpractice.

17 (a) In any action, whether in tort, contract or otherwise,  
18 in which the plaintiff seeks damages for injuries or death by  
19 reason of medical, hospital, or other healing art malpractice,  
20 the plaintiff's attorney or the plaintiff, if the plaintiff is  
21 proceeding pro se, shall file an affidavit, attached to the  
22 original and all copies of the complaint, declaring one of the  
23 following:

24 1. That the affiant has consulted and reviewed the  
25 facts of the case with a health professional who the

1       affiant reasonably believes: (i) is knowledgeable in the  
2       relevant issues involved in the particular action; (ii)  
3       practices or has practiced within the last 5 years or  
4       teaches or has taught within the last 5 years in the same  
5       area of health care or medicine that is at issue in the  
6       particular action; and (iii) meets the expert witness  
7       standards set forth in paragraphs (a) through (d) of  
8       Section 8-2501; that the reviewing health professional has  
9       determined in a written report, after a review of the  
10      medical record and other relevant material involved in the  
11      particular action that there is a reasonable and  
12      meritorious cause for the filing of such action; and that  
13      the affiant has concluded on the basis of the reviewing  
14      health professional's review and consultation that there  
15      is a reasonable and meritorious cause for filing of such  
16      action. A single written report must be filed to cover each  
17      defendant in the action. As to defendants who are  
18      individuals, the written report must be from a health  
19      professional licensed in the same profession, with the same  
20      class of license, as the defendant. For written reports  
21      filed as to all other defendants, who are not individuals,  
22      the written report must be from a physician licensed to  
23      practice medicine in all its branches who is qualified by  
24      experience with the standard of care, methods, procedures  
25      and treatments relevant to the allegations at issue in the  
26      case. In either event, the written report must identify the

1 profession of the reviewing health professional. A copy of  
2 the written report, clearly identifying the plaintiff and  
3 the reasons for the reviewing health professional's  
4 determination that a reasonable and meritorious cause for  
5 the filing of the action exists, including the reviewing  
6 health care professional's name, address, current license  
7 number, and state of licensure, must be attached to the  
8 affidavit. Information regarding the preparation of a  
9 written report by the reviewing health professional shall  
10 not be used to discriminate against that professional in  
11 the issuance of medical liability insurance or in the  
12 setting of that professional's medical liability insurance  
13 premium. No professional organization may discriminate  
14 against a reviewing health professional on the basis that  
15 the reviewing health professional has prepared a written  
16 report.

17 2. That the affiant was unable to obtain a consultation  
18 required by paragraph 1 because a statute of limitations  
19 would impair the action and the consultation required could  
20 not be obtained before the expiration of the statute of  
21 limitations. If an affidavit is executed pursuant to this  
22 paragraph, the affidavit and written report required by  
23 paragraph 1 shall be filed within 90 days after the filing  
24 of the complaint. No additional 90-day extensions pursuant  
25 to this paragraph shall be granted, except where there has  
26 been a withdrawal of the plaintiff's counsel. The defendant



1 shall be excused from answering or otherwise pleading until  
2 30 days after being served with an affidavit and a report  
3 required by paragraph 1.

4 3. That a request has been made by the plaintiff or his  
5 attorney for examination and copying of records pursuant to  
6 Part 20 of Article VIII of this Code and the party required  
7 to comply under those Sections has failed to produce such  
8 records within 60 days of the receipt of the request. If an  
9 affidavit is executed pursuant to this paragraph, the  
10 affidavit and written report required by paragraph 1 shall  
11 be filed within 90 days following receipt of the requested  
12 records. All defendants except those whose failure to  
13 comply with Part 20 of Article VIII of this Code is the  
14 basis for an affidavit under this paragraph shall be  
15 excused from answering or otherwise pleading until 30 days  
16 after being served with the affidavit and report required  
17 by paragraph 1.

18 (b) Where an affidavit and written report are required  
19 pursuant to this Section a separate affidavit and written  
20 report shall be filed as to each defendant who has been named  
21 in the complaint and shall be filed as to each defendant named  
22 at a later time.

23 (c) Where the plaintiff intends to rely on the doctrine of  
24 "res ipsa loquitur", as defined by Section 2-1113 of this Code,  
25 the affidavit and written report must state that, in the  
26 opinion of the reviewing health professional, negligence has

1 occurred in the course of medical treatment. The affiant shall  
2 certify upon filing of the complaint that he is relying on the  
3 doctrine of "res ipsa loquitur".

4 (d) When the attorney intends to rely on the doctrine of  
5 failure to inform of the consequences of the procedure, the  
6 attorney shall certify upon the filing of the complaint that  
7 the reviewing health professional has, after reviewing the  
8 medical record and other relevant materials involved in the  
9 particular action, concluded that a reasonable health  
10 professional would have informed the patient of the  
11 consequences of the procedure.

12 (e) Allegations and denials in the affidavit, made without  
13 reasonable cause and found to be untrue, shall subject the  
14 party pleading them or his attorney, or both, to the payment of  
15 reasonable expenses, actually incurred by the other party by  
16 reason of the untrue pleading, together with reasonable  
17 attorneys' fees to be summarily taxed by the court upon motion  
18 made within 30 days of the judgment or dismissal. In no event  
19 shall the award for attorneys' fees and expenses exceed those  
20 actually paid by the moving party, including the insurer, if  
21 any. In proceedings under this paragraph (e), the moving party  
22 shall have the right to depose and examine any and all  
23 reviewing health professionals who prepared reports used in  
24 conjunction with an affidavit required by this Section.

25 (f) A reviewing health professional who in good faith  
26 prepares a report used in conjunction with an affidavit

1 required by this Section shall have civil immunity from  
2 liability which otherwise might result from the preparation of  
3 such report.

4 (g) The failure of the plaintiff to file an affidavit and  
5 report in compliance with this Section shall be grounds for  
6 dismissal under Section 2-619.

7 (h) This Section does not apply to or affect any actions  
8 pending at the time of its effective date, but applies to cases  
9 filed on or after its effective date.

10 (i) This amendatory Act of 1997 does not apply to or affect  
11 any actions pending at the time of its effective date, but  
12 applies to cases filed on or after its effective date.

13 (j) The changes to this Section made by this amendatory Act  
14 of the 94th General Assembly apply to causes of action accruing  
15 on or after its effective date.

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

17 (Text of Section WITHOUT the changes made by P.A. 89-7 and  
18 94-677, which have been held unconstitutional)

19 Sec. 2-622. Healing art malpractice.

20 (a) In any action, whether in tort, contract or otherwise,  
21 in which the plaintiff seeks damages for injuries or death by  
22 reason of medical, hospital, or other healing art malpractice,  
23 the plaintiff's attorney or the plaintiff, if the plaintiff is  
24 proceeding pro se, shall file an affidavit, attached to the  
25 original and all copies of the complaint, declaring one of the

1 following:

2 1. That the affiant has consulted and reviewed the  
3 facts of the case with a health professional who the  
4 affiant reasonably believes: (i) is knowledgeable in the  
5 relevant issues involved in the particular action; (ii)  
6 practices or has practiced within the last 6 years or  
7 teaches or has taught within the last 6 years in the same  
8 area of health care or medicine that is at issue in the  
9 particular action; and (iii) is qualified by experience or  
10 demonstrated competence in the subject of the case; that  
11 the reviewing health professional has determined in a  
12 written report, after a review of the medical record and  
13 other relevant material involved in the particular action  
14 that there is a reasonable and meritorious cause for the  
15 filing of such action; and that the affiant has concluded  
16 on the basis of the reviewing health professional's review  
17 and consultation that there is a reasonable and meritorious  
18 cause for filing of such action. If the affidavit is filed  
19 as to a defendant who is a physician licensed to treat  
20 human ailments without the use of drugs or medicines and  
21 without operative surgery, a dentist, a podiatric  
22 physician ~~podiatrist~~, a psychologist, or a naprapath, the  
23 written report must be from a health professional licensed  
24 in the same profession, with the same class of license, as  
25 the defendant. For affidavits filed as to all other  
26 defendants, the written report must be from a physician

1 licensed to practice medicine in all its branches. In  
2 either event, the affidavit must identify the profession of  
3 the reviewing health professional. A copy of the written  
4 report, clearly identifying the plaintiff and the reasons  
5 for the reviewing health professional's determination that  
6 a reasonable and meritorious cause for the filing of the  
7 action exists, must be attached to the affidavit, but  
8 information which would identify the reviewing health  
9 professional may be deleted from the copy so attached.

10 2. That the affiant was unable to obtain a consultation  
11 required by paragraph 1 because a statute of limitations  
12 would impair the action and the consultation required could  
13 not be obtained before the expiration of the statute of  
14 limitations. If an affidavit is executed pursuant to this  
15 paragraph, the certificate and written report required by  
16 paragraph 1 shall be filed within 90 days after the filing  
17 of the complaint. The defendant shall be excused from  
18 answering or otherwise pleading until 30 days after being  
19 served with a certificate required by paragraph 1.

20 3. That a request has been made by the plaintiff or his  
21 attorney for examination and copying of records pursuant to  
22 Part 20 of Article VIII of this Code and the party required  
23 to comply under those Sections has failed to produce such  
24 records within 60 days of the receipt of the request. If an  
25 affidavit is executed pursuant to this paragraph, the  
26 certificate and written report required by paragraph 1

1 shall be filed within 90 days following receipt of the  
2 requested records. All defendants except those whose  
3 failure to comply with Part 20 of Article VIII of this Code  
4 is the basis for an affidavit under this paragraph shall be  
5 excused from answering or otherwise pleading until 30 days  
6 after being served with the certificate required by  
7 paragraph 1.

8 (b) Where a certificate and written report are required  
9 pursuant to this Section a separate certificate and written  
10 report shall be filed as to each defendant who has been named  
11 in the complaint and shall be filed as to each defendant named  
12 at a later time.

13 (c) Where the plaintiff intends to rely on the doctrine of  
14 "res ipsa loquitur", as defined by Section 2-1113 of this Code,  
15 the certificate and written report must state that, in the  
16 opinion of the reviewing health professional, negligence has  
17 occurred in the course of medical treatment. The affiant shall  
18 certify upon filing of the complaint that he is relying on the  
19 doctrine of "res ipsa loquitur".

20 (d) When the attorney intends to rely on the doctrine of  
21 failure to inform of the consequences of the procedure, the  
22 attorney shall certify upon the filing of the complaint that  
23 the reviewing health professional has, after reviewing the  
24 medical record and other relevant materials involved in the  
25 particular action, concluded that a reasonable health  
26 professional would have informed the patient of the

1 consequences of the procedure.

2 (e) Allegations and denials in the affidavit, made without  
3 reasonable cause and found to be untrue, shall subject the  
4 party pleading them or his attorney, or both, to the payment of  
5 reasonable expenses, actually incurred by the other party by  
6 reason of the untrue pleading, together with reasonable  
7 attorneys' fees to be summarily taxed by the court upon motion  
8 made within 30 days of the judgment or dismissal. In no event  
9 shall the award for attorneys' fees and expenses exceed those  
10 actually paid by the moving party, including the insurer, if  
11 any. In proceedings under this paragraph (e), the moving party  
12 shall have the right to depose and examine any and all  
13 reviewing health professionals who prepared reports used in  
14 conjunction with an affidavit required by this Section.

15 (f) A reviewing health professional who in good faith  
16 prepares a report used in conjunction with an affidavit  
17 required by this Section shall have civil immunity from  
18 liability which otherwise might result from the preparation of  
19 such report.

20 (g) The failure to file a certificate required by this  
21 Section shall be grounds for dismissal under Section 2-619.

22 (h) This Section does not apply to or affect any actions  
23 pending at the time of its effective date, but applies to cases  
24 filed on or after its effective date.

25 (i) This amendatory Act of 1997 does not apply to or affect  
26 any actions pending at the time of its effective date, but

1 applies to cases filed on or after its effective date.

2 (Source: P.A. 86-646; 90-579, eff. 5-1-98.)

3 (735 ILCS 5/8-2001) (from Ch. 110, par. 8-2001)

4 Sec. 8-2001. Examination of health care records.

5 (a) In this Section:

6 "Health care facility" or "facility" means a public or  
7 private hospital, ambulatory surgical treatment center,  
8 nursing home, independent practice association, or physician  
9 hospital organization, or any other entity where health care  
10 services are provided to any person. The term does not include  
11 a health care practitioner.

12 "Health care practitioner" means any health care  
13 practitioner, including a physician, dentist, podiatric  
14 physician ~~podiatrist~~, advanced practice nurse, physician  
15 assistant, clinical psychologist, or clinical social worker.  
16 The term includes a medical office, health care clinic, health  
17 department, group practice, and any other organizational  
18 structure for a licensed professional to provide health care  
19 services. The term does not include a health care facility.

20 (b) Every private and public health care facility shall,  
21 upon the request of any patient who has been treated in such  
22 health care facility, or any person, entity, or organization  
23 presenting a valid authorization for the release of records  
24 signed by the patient or the patient's legally authorized  
25 representative, or as authorized by Section 8-2001.5, permit



1 the patient, his or her health care practitioner, authorized  
2 attorney, or any person, entity, or organization presenting a  
3 valid authorization for the release of records signed by the  
4 patient or the patient's legally authorized representative to  
5 examine the health care facility patient care records,  
6 including but not limited to the history, bedside notes,  
7 charts, pictures and plates, kept in connection with the  
8 treatment of such patient, and permit copies of such records to  
9 be made by him or her or his or her health care practitioner or  
10 authorized attorney.

11 (c) Every health care practitioner shall, upon the request  
12 of any patient who has been treated by the health care  
13 practitioner, or any person, entity, or organization  
14 presenting a valid authorization for the release of records  
15 signed by the patient or the patient's legally authorized  
16 representative, permit the patient and the patient's health  
17 care practitioner or authorized attorney, or any person,  
18 entity, or organization presenting a valid authorization for  
19 the release of records signed by the patient or the patient's  
20 legally authorized representative, to examine and copy the  
21 patient's records, including but not limited to those relating  
22 to the diagnosis, treatment, prognosis, history, charts,  
23 pictures and plates, kept in connection with the treatment of  
24 such patient.

25 (d) A request for copies of the records shall be in writing  
26 and shall be delivered to the administrator or manager of such

1 health care facility or to the health care practitioner. The  
2 person (including patients, health care practitioners and  
3 attorneys) requesting copies of records shall reimburse the  
4 facility or the health care practitioner at the time of such  
5 copying for all reasonable expenses, including the costs of  
6 independent copy service companies, incurred in connection  
7 with such copying not to exceed a \$20 handling charge for  
8 processing the request and the actual postage or shipping  
9 charge, if any, plus: (1) for paper copies 75 cents per page  
10 for the first through 25th pages, 50 cents per page for the  
11 26th through 50th pages, and 25 cents per page for all pages in  
12 excess of 50 (except that the charge shall not exceed \$1.25 per  
13 page for any copies made from microfiche or microfilm; records  
14 retrieved from scanning, digital imaging, electronic  
15 information or other digital format do not qualify as  
16 microfiche or microfilm retrieval for purposes of calculating  
17 charges); and (2) for electronic records, retrieved from a  
18 scanning, digital imaging, electronic information or other  
19 digital format in a electronic document, a charge of 50% of the  
20 per page charge for paper copies under subdivision (d) (1). This  
21 per page charge includes the cost of each CD Rom, DVD, or other  
22 storage media. Records already maintained in an electronic or  
23 digital format shall be provided in an electronic format when  
24 so requested. If the records system does not allow for the  
25 creation or transmission of an electronic or digital record,  
26 then the facility or practitioner shall inform the requester in

1 writing of the reason the records can not be provided  
2 electronically. The written explanation may be included with  
3 the production of paper copies, if the requester chooses to  
4 order paper copies. These rates shall be automatically adjusted  
5 as set forth in Section 8-2006. The facility or health care  
6 practitioner may, however, charge for the reasonable cost of  
7 all duplication of record material or information that cannot  
8 routinely be copied or duplicated on a standard commercial  
9 photocopy machine such as x-ray films or pictures.

10 (e) The requirements of this Section shall be satisfied  
11 within 30 days of the receipt of a written request by a patient  
12 or by his or her legally authorized representative, health care  
13 practitioner, authorized attorney, or any person, entity, or  
14 organization presenting a valid authorization for the release  
15 of records signed by the patient or the patient's legally  
16 authorized representative. If the facility or health care  
17 practitioner needs more time to comply with the request, then  
18 within 30 days after receiving the request, the facility or  
19 health care practitioner must provide the requesting party with  
20 a written statement of the reasons for the delay and the date  
21 by which the requested information will be provided. In any  
22 event, the facility or health care practitioner must provide  
23 the requested information no later than 60 days after receiving  
24 the request.

25 (f) A health care facility or health care practitioner must  
26 provide the public with at least 30 days prior notice of the

1 closure of the facility or the health care practitioner's  
2 practice. The notice must include an explanation of how copies  
3 of the facility's records may be accessed by patients. The  
4 notice may be given by publication in a newspaper of general  
5 circulation in the area in which the health care facility or  
6 health care practitioner is located.

7 (g) Failure to comply with the time limit requirement of  
8 this Section shall subject the denying party to expenses and  
9 reasonable attorneys' fees incurred in connection with any  
10 court ordered enforcement of the provisions of this Section.

11 (Source: P.A. 97-623, eff. 11-23-11.)

12 Section 115. The Good Samaritan Act is amended by changing  
13 Sections 30, 50, and 68 as follows:

14 (745 ILCS 49/30)

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

17 Sec. 30. Free medical clinic; exemption from civil  
18 liability for services performed without compensation.

19 (a) A person licensed under the Medical Practice Act of  
20 1987, a person licensed to practice the treatment of human  
21 ailments in any other state or territory of the United States,  
22 or a health care professional, including but not limited to an  
23 advanced practice nurse, retired physician, physician  
24 assistant, nurse, pharmacist, physical therapist, podiatric

1 physician ~~pediatrist~~, or social worker licensed in this State  
2 or any other state or territory of the United States, who, in  
3 good faith, provides medical treatment, diagnosis, or advice as  
4 a part of the services of an established free medical clinic  
5 providing care, including but not limited to home visits,  
6 without charge to patients which is limited to care that does  
7 not require the services of a licensed hospital or ambulatory  
8 surgical treatment center and who receives no fee or  
9 compensation from that source shall not be liable for civil  
10 damages as a result of his or her acts or omissions in  
11 providing that medical treatment, except for willful or wanton  
12 misconduct.

13 (b) For purposes of this Section, a "free medical clinic"  
14 is an organized community based program providing medical care  
15 without charge to individuals, at which the care provided does  
16 not include an overnight stay in a health-care facility.

17 (c) The provisions of subsection (a) of this Section do not  
18 apply to a particular case unless the free medical clinic has  
19 posted in a conspicuous place on its premises an explanation of  
20 the exemption from civil liability provided herein.

21 (d) The immunity from civil damages provided under  
22 subsection (a) also applies to physicians, retired physicians,  
23 hospitals, and other health care providers that provide further  
24 medical treatment, diagnosis, or advice, including but not  
25 limited to hospitalization, office visits, and home visits, to  
26 a patient upon referral from an established free medical clinic

1 without fee or compensation.

2 (d-5) A free medical clinic may receive reimbursement from  
3 the Illinois Department of Public Aid, provided any  
4 reimbursements shall be used only to pay overhead expenses of  
5 operating the free medical clinic and may not be used, in whole  
6 or in part, to provide a fee or other compensation to any  
7 person licensed under the Medical Practice Act of 1987 or any  
8 other health care professional who is receiving an exemption  
9 under this Section. Any health care professional receiving an  
10 exemption under this Section may not receive any fee or other  
11 compensation in connection with any services provided to, or  
12 any ownership interest in, the clinic. Medical care shall not  
13 include an overnight stay in a health care facility.

14 (e) Nothing in this Section prohibits a free medical clinic  
15 from accepting voluntary contributions for medical services  
16 provided to a patient who has acknowledged his or her ability  
17 and willingness to pay a portion of the value of the medical  
18 services provided.

19 (f) Any voluntary contribution collected for providing  
20 care at a free medical clinic shall be used only to pay  
21 overhead expenses of operating the clinic. No portion of any  
22 moneys collected shall be used to provide a fee or other  
23 compensation to any person licensed under Medical Practice Act  
24 of 1987.

25 (g) The changes to this Section made by this amendatory Act  
26 of the 94th General Assembly apply to causes of action accruing

1 on or after its effective date.

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

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

5 Sec. 30. Free medical clinic; exemption from civil  
6 liability for services performed without compensation.

7 (a) A person licensed under the Medical Practice Act of  
8 1987, a person licensed to practice the treatment of human  
9 ailments in any other state or territory of the United States,  
10 or a health care professional, including but not limited to an  
11 advanced practice nurse, physician assistant, nurse,  
12 pharmacist, physical therapist, podiatric physician  
13 ~~podiatrist~~, or social worker licensed in this State or any  
14 other state or territory of the United States, who, in good  
15 faith, provides medical treatment, diagnosis, or advice as a  
16 part of the services of an established free medical clinic  
17 providing care to medically indigent patients which is limited  
18 to care that does not require the services of a licensed  
19 hospital or ambulatory surgical treatment center and who  
20 receives no fee or compensation from that source shall not be  
21 liable for civil damages as a result of his or her acts or  
22 omissions in providing that medical treatment, except for  
23 willful or wanton misconduct.

24 (b) For purposes of this Section, a "free medical clinic"  
25 is an organized community based program providing medical care

1 without charge to individuals unable to pay for it, at which  
2 the care provided does not include the use of general  
3 anesthesia or require an overnight stay in a health-care  
4 facility.

5 (c) The provisions of subsection (a) of this Section do not  
6 apply to a particular case unless the free medical clinic has  
7 posted in a conspicuous place on its premises an explanation of  
8 the exemption from civil liability provided herein.

9 (d) The immunity from civil damages provided under  
10 subsection (a) also applies to physicians, hospitals, and other  
11 health care providers that provide further medical treatment,  
12 diagnosis, or advice to a patient upon referral from an  
13 established free medical clinic without fee or compensation.

14 (e) Nothing in this Section prohibits a free medical clinic  
15 from accepting voluntary contributions for medical services  
16 provided to a patient who has acknowledged his or her ability  
17 and willingness to pay a portion of the value of the medical  
18 services provided.

19 Any voluntary contribution collected for providing care at  
20 a free medical clinic shall be used only to pay overhead  
21 expenses of operating the clinic. No portion of any moneys  
22 collected shall be used to provide a fee or other compensation  
23 to any person licensed under Medical Practice Act of 1987.

24 (Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)



1           Sec. 50. Podiatric physician ~~Podiatrist~~; exemption from  
2 civil liability for emergency care. Any person licensed to  
3 practice podiatric medicine in Illinois, or licensed under an  
4 Act of any other state or territory of the United States, who  
5 in good faith provides emergency care without fee to a victim  
6 of an accident at the scene of an accident or in case of  
7 nuclear attack shall not, as a result of his acts or omissions,  
8 except willful or wanton misconduct on the part of the person  
9 in providing the care, be liable for civil damages.

10       (Source: P.A. 89-607, eff. 1-1-97.)

11           (745 ILCS 49/68)

12           Sec. 68. Disaster Relief Volunteers. Any firefighter,  
13 licensed emergency medical technician (EMT) as defined by  
14 Section 3.50 of the Emergency Medical Services (EMS) Systems  
15 Act, physician, dentist, podiatric physician ~~podiatrist~~,  
16 optometrist, pharmacist, advanced practice nurse, physician  
17 assistant, or nurse who in good faith and without fee or  
18 compensation provides health care services as a disaster relief  
19 volunteer shall not, as a result of his or her acts or  
20 omissions, except willful and wanton misconduct on the part of  
21 the person, in providing health care services, be liable to a  
22 person to whom the health care services are provided for civil  
23 damages. This immunity applies to health care services that are  
24 provided without fee or compensation during or within 10 days  
25 following the end of a disaster or catastrophic event.

1           The immunity provided in this Section only applies to a  
2 disaster relief volunteer who provides health care services in  
3 relief of an earthquake, hurricane, tornado, nuclear attack,  
4 terrorist attack, epidemic, or pandemic without fee or  
5 compensation for providing the volunteer health care services.

6           The provisions of this Section shall not apply to any  
7 health care facility as defined in Section 8-2001 of the Code  
8 of Civil Procedure or to any practitioner, who is not a  
9 disaster relief volunteer, providing health care services in a  
10 hospital or health care facility.

11         (Source: P.A. 95-447, eff. 8-27-07.)

12           Section 999. Effective date. This Act takes effect upon  
13 becoming law.

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7	210 ILCS 5/6	from Ch. 111 1/2, par. 157-8.6
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9	210 ILCS 5/6.7	
10	210 ILCS 5/14	from Ch. 111 1/2, par. 157-8.14
11	210 ILCS 25/2-127	from Ch. 111 1/2, par. 622-127
12	210 ILCS 25/7-101	from Ch. 111 1/2, par. 627-101
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- 3 410 ILCS 325/5.5 from Ch. 111 1/2, par. 7405.5
- 4 410 ILCS 620/2.36 from Ch. 56 1/2, par. 502.36
- 5 720 ILCS 570/102 from Ch. 56 1/2, par. 1102
- 6 720 ILCS 570/303.05
- 7 735 ILCS 5/2-622 from Ch. 110, par. 2-622
- 8 735 ILCS 5/8-2001 from Ch. 110, par. 8-2001
- 9 745 ILCS 49/30
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- 11 745 ILCS 49/68