

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 Medical Practice Act of 1987 is amended by  
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on November 30, 2011)

8 Sec. 54.5. Physician delegation of authority to physician  
9 assistants and advanced practice nurses.

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

17 (b) A physician licensed to practice medicine in all its  
18 branches in active clinical practice may collaborate with an  
19 advanced practice nurse in accordance with the requirements of  
20 the Nurse Practice Act. Collaboration is for the purpose of  
21 providing medical consultation, and no employment relationship  
22 is required. A written collaborative agreement shall conform to  
23 the requirements of Section 65-35 of the Nurse Practice Act.

1 The written collaborative agreement shall be for services the  
2 collaborating physician generally provides to his or her  
3 patients in the normal course of clinical medical practice. A  
4 written collaborative agreement shall be adequate with respect  
5 to collaboration with advanced practice nurses if all of the  
6 following apply:

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

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

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

1 a certified nurse midwife.

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

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

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

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

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

26 (2) for anesthesia services, the anesthesiologist or

1 physician participates through discussion of and agreement  
2 with the anesthesia plan and is physically present and  
3 available on the premises during the delivery of anesthesia  
4 services for diagnosis, consultation, and treatment of  
5 emergency medical conditions. Anesthesia services in a  
6 hospital shall be conducted in accordance with Section 10.7  
7 of the Hospital Licensing Act and in an ambulatory surgical  
8 treatment center in accordance with Section 6.5 of the  
9 Ambulatory Surgical Treatment Center Act.

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

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

18 (d) (Blank).

19 (e) A physician shall not be liable for the acts or  
20 omissions of a physician assistant or advanced practice nurse  
21 solely on the basis of having signed a supervision agreement or  
22 guidelines or a collaborative agreement, an order, a standing  
23 medical order, a standing delegation order, or other order or  
24 guideline authorizing a physician assistant or advanced  
25 practice nurse to perform acts, unless the physician has reason  
26 to believe the physician assistant or advanced practice nurse

1 lacked the competency to perform the act or acts or commits  
2 willful and wanton misconduct.

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

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

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

14 Section 10. The Nurse Practice Act is amended by changing  
15 Sections 65-35, 65-40, and 65-45 as follows:

16 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

18 Sec. 65-35. Written collaborative agreements.

19 (a) A written collaborative agreement is required for all  
20 advanced practice nurses engaged in clinical practice, except  
21 for advanced practice nurses who are authorized to practice in  
22 a hospital or ambulatory surgical treatment center.

23 (a-5) If an advanced practice nurse engages in clinical  
24 practice outside of a hospital or ambulatory surgical treatment

1 center in which he or she is authorized to practice, the  
2 advanced practice nurse must have a written collaborative  
3 agreement.

4 (b) A written collaborative agreement shall describe the  
5 working relationship of the advanced practice nurse with the  
6 collaborating physician or podiatrist and shall authorize the  
7 categories of care, treatment, or procedures to be performed by  
8 the advanced practice nurse. A collaborative agreement with a  
9 dentist must be in accordance with subsection (c-10) of this  
10 Section. Collaboration does not require an employment  
11 relationship between the collaborating physician and advanced  
12 practice nurse. Absent an employment relationship, an  
13 agreement may not restrict the categories of patients or  
14 third-party payment sources accepted by the advanced practice  
15 nurse. Collaboration means the relationship under which an  
16 advanced practice nurse works with a collaborating physician or  
17 podiatrist in an active clinical practice to deliver health  
18 care services in accordance with (i) the advanced practice  
19 nurse's training, education, and experience and (ii)  
20 collaboration and consultation as documented in a jointly  
21 developed written collaborative agreement.

22 The agreement shall ~~be defined to~~ promote the exercise of  
23 professional judgment by the advanced practice nurse  
24 commensurate with his or her education and experience. The  
25 services to be provided by the advanced practice nurse shall be  
26 services that the collaborating physician or podiatrist is

1 authorized to and generally provides to his or her patients in  
2 the normal course of his or her clinical medical practice,  
3 except as set forth in subsection (c-5) of this Section. The  
4 agreement need not describe the exact steps that an advanced  
5 practice nurse must take with respect to each specific  
6 condition, disease, or symptom but must specify which  
7 authorized procedures require the presence of the  
8 collaborating physician or podiatrist as the procedures are  
9 being performed. The collaborative relationship under an  
10 agreement shall not be construed to require the personal  
11 presence of a physician or podiatrist ~~at all times~~ at the place  
12 where services are rendered. Methods of communication shall be  
13 available for consultation with the collaborating physician or  
14 podiatrist in person or by telecommunications in accordance  
15 with established written guidelines as set forth in the written  
16 agreement.

17 (c) Collaboration and consultation under all collaboration  
18 agreements shall be adequate if a collaborating physician or  
19 podiatrist does each of the following:

20 (1) Participates in the joint formulation and joint  
21 approval of orders or guidelines with the advanced practice  
22 nurse and he or she periodically reviews such orders and  
23 the services provided patients under such orders in  
24 accordance with accepted standards of medical practice or  
25 podiatric practice and advanced practice nursing practice.

26 (2) Provides collaboration and consultation ~~Meets in~~

1       ~~person~~ with the advanced practice nurse at least once a  
2       month ~~to provide collaboration and consultation~~. In the  
3       case of anesthesia services provided by a certified  
4       registered nurse anesthetist, an anesthesiologist,  
5       physician, dentist, or 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       (3) Is available through telecommunications for  
12      consultation on medical problems, complications, or  
13      emergencies or patient referral. In the case of anesthesia  
14      services provided by a certified registered nurse  
15      anesthetist, an anesthesiologist, physician, dentist, or  
16      podiatrist must participate through discussion of and  
17      agreement with the anesthesia plan and remain physically  
18      present and available on the premises during the delivery  
19      of anesthesia services for diagnosis, consultation, and  
20      treatment of emergency medical conditions.

21      The agreement must contain provisions detailing notice for  
22      termination or change of status involving a written  
23      collaborative agreement, except when such notice is given for  
24      just cause.

25      (c-5) A certified registered nurse anesthetist, who  
26      provides anesthesia services outside of a hospital or



1 ambulatory surgical treatment center shall enter into a written  
2 collaborative agreement with an anesthesiologist or the  
3 physician licensed to practice medicine in all its branches or  
4 the podiatrist performing the procedure. Outside of a hospital  
5 or ambulatory surgical treatment center, the certified  
6 registered nurse anesthetist may provide only those services  
7 that the collaborating podiatrist is authorized to provide  
8 pursuant to the Podiatric Medical Practice Act of 1987 and  
9 rules adopted thereunder. A certified registered nurse  
10 anesthetist may select, order, and administer medication,  
11 including controlled substances, and apply appropriate medical  
12 devices for delivery of anesthesia services under the  
13 anesthesia plan agreed with by the anesthesiologist or the  
14 operating physician or operating podiatrist.

15 (c-10) A certified registered nurse anesthetist who  
16 provides anesthesia services in a dental office shall enter  
17 into a written collaborative agreement with an  
18 anesthesiologist or the physician licensed to practice  
19 medicine in all its branches or the operating dentist  
20 performing the procedure. The agreement shall describe the  
21 working relationship of the certified registered nurse  
22 anesthetist and dentist and shall authorize the categories of  
23 care, treatment, or procedures to be performed by the certified  
24 registered nurse anesthetist. In a collaborating dentist's  
25 office, the certified registered nurse anesthetist may only  
26 provide those services that the operating dentist with the

1 appropriate permit is authorized to provide pursuant to the  
2 Illinois Dental Practice Act and rules adopted thereunder. For  
3 anesthesia services, an anesthesiologist, physician, or  
4 operating dentist shall participate through discussion of and  
5 agreement with the anesthesia plan and shall remain physically  
6 present and be available on the premises during the delivery of  
7 anesthesia services for diagnosis, consultation, and treatment  
8 of emergency medical conditions. A certified registered nurse  
9 anesthetist may select, order, and administer medication,  
10 including controlled substances, and apply appropriate medical  
11 devices for delivery of anesthesia services under the  
12 anesthesia plan agreed with by the operating dentist.

13 (d) A copy of the signed, written collaborative agreement  
14 must be available to the Department upon request from both the  
15 advanced practice nurse and the collaborating physician or  
16 podiatrist.

17 (e) Nothing in this Act shall be construed to limit the  
18 delegation of tasks or duties by a physician to a licensed  
19 practical nurse, a registered professional nurse, or other  
20 persons in accordance with Section 54.2 of the Medical Practice  
21 Act of 1987. Nothing in this Act shall be construed to limit  
22 the method of delegation that may be authorized by any means,  
23 including, but not limited to, oral, written, electronic,  
24 standing orders, protocols, guidelines, or verbal orders.

25 (f) An advanced practice nurse shall inform each  
26 collaborating physician, dentist, or podiatrist of all

1 collaborative agreements he or she has signed and provide a  
2 copy of these to any collaborating physician, dentist, or  
3 podiatrist upon request.

4 (g) For the purposes of this Act, "generally provides to  
5 his or her patients in the normal course of his or her clinical  
6 medical practice" means services, not specific tasks or duties,  
7 the physician or podiatrist routinely provides individually or  
8 through delegation to other persons so that the physician or  
9 podiatrist has the experience and ability to provide  
10 collaboration and consultation.

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

12 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

14 Sec. 65-40. Written collaborative agreement; prescriptive  
15 ~~Prescriptive~~ authority.

16 (a) A collaborating physician or podiatrist may, but is not  
17 required to, delegate prescriptive authority to an advanced  
18 practice nurse as part of a written collaborative agreement.  
19 This authority may, but is not required to, include  
20 prescription of, selection of, orders for, administration of,  
21 storage of, acceptance of samples of, and dispensing over the  
22 counter medications, legend drugs, medical gases, and  
23 controlled substances categorized as any Schedule III through V  
24 controlled substances, as defined in Article II of the Illinois  
25 Controlled Substances Act, and other preparations, including,

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

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

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

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

26 (1) Specific ~~No more than 5~~ Schedule II controlled

1 substances by oral dosage or topical or transdermal  
2 application may be delegated, provided that the delegated  
3 Schedule II controlled substances are routinely prescribed  
4 by the collaborating physician or podiatrist. This  
5 delegation must identify the specific Schedule II  
6 controlled substances by either brand name or generic name.  
7 Schedule II controlled substances to be delivered by  
8 injection or other route of administration may not be  
9 delegated.

10 (2) Any delegation must be controlled substances that  
11 the collaborating physician or podiatrist prescribes.

12 (3) Any prescription must be limited to no more than a  
13 30-day supply ~~oral dosage~~, with any continuation  
14 authorized only after prior approval of the collaborating  
15 physician or podiatrist.

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

19 (5) The advanced practice nurse meets the education  
20 requirements of Section 303.05 of the Illinois Controlled  
21 Substances Act.

22 (e) Nothing in this Act shall be construed to limit the  
23 delegation of tasks or duties by a physician to a licensed  
24 practical nurse, a registered professional nurse, or other  
25 persons. Nothing in this Act shall be construed to limit the  
26 method of delegation that may be authorized by any means,

1 including, but not limited to, oral, written, electronic,  
2 standing orders, protocols, guidelines, or verbal orders.

3 (f) Nothing in this Section shall be construed to apply to  
4 any medication authority including Schedule II controlled  
5 substances of an advanced practice nurse for care provided in a  
6 hospital, hospital affiliate, or ambulatory surgical treatment  
7 center pursuant to Section 65-45.

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

13 (h) Nothing in this Section shall be construed to prohibit  
14 generic substitution.

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

16 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

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

20 (a) An advanced practice nurse may provide services in a  
21 ~~licensed~~ hospital or a hospital affiliate as those terms are  
22 defined in the Hospital Licensing Act or the University of  
23 Illinois Hospital Act or a licensed ambulatory surgical  
24 treatment center without ~~prescriptive authority or~~ a written  
25 collaborative agreement pursuant to Section 65-35 of this Act.

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

20 (a-2) An advanced practice nurse granted authority to order  
21 medications including controlled substances may complete  
22 discharge prescriptions provided the prescription is in the  
23 name of the advanced practice nurse and the attending or  
24 discharging physician.

25 (a-3) Advanced practice nurses practicing in a hospital or  
26 an ambulatory surgical treatment center are not required to

1 obtain a mid-level controlled substance license to order  
2 controlled substances under Section 303.05 of the Illinois  
3 Controlled Substances Act.

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

22 (b) An advanced practice nurse who provides services in a  
23 hospital shall do so in accordance with Section 10.7 of the  
24 Hospital Licensing Act and, in an ambulatory surgical treatment  
25 center, in accordance with Section 6.5 of the Ambulatory  
26 Surgical Treatment Center Act.



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

2 Section 15. The Physician Assistant Practice Act of 1987 is  
3 amended by changing Section 7.5 as follows:

4 (225 ILCS 95/7.5)

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

6 Sec. 7.5. Prescriptions; written supervision agreements;  
7 prescriptive authority.

8 (a) A written supervision agreement is required for all  
9 physician assistants to practice in the State.

10 (1) A written supervision agreement shall describe the  
11 working relationship of the physician assistant with the  
12 supervising physician and shall authorize the categories  
13 of care, treatment, or procedures to be performed by the  
14 physician assistant. The written supervision agreement  
15 shall ~~be defined to~~ promote the exercise of professional  
16 judgment by the physician assistant commensurate with his  
17 or her education and experience. The services to be  
18 provided by the physician assistant shall be services that  
19 the supervising physician is authorized to and generally  
20 provides to his or her patients in the normal course of his  
21 or her clinical medical practice. The written supervision  
22 agreement need not describe the exact steps that a  
23 physician assistant must take with respect to each specific  
24 condition, disease, or symptom but must specify which

1 authorized procedures require the presence of the  
2 supervising physician as the procedures are being  
3 performed. The supervision relationship under a written  
4 supervision agreement shall not be construed to require the  
5 personal presence of a physician ~~at all times~~ at the place  
6 where services are rendered. Methods of communication  
7 shall be available for consultation with the supervising  
8 physician in person or by telecommunications in accordance  
9 with established written guidelines as set forth in the  
10 written supervision agreement. For the purposes of this  
11 Act, "generally provides to his or her patients in the  
12 normal course of his or her clinical medical practice"  
13 means services, not specific tasks or duties, the  
14 supervising physician routinely provides individually or  
15 through delegation to other persons so that the physician  
16 has the experience and ability to provide supervision and  
17 consultation.

18 (2) The written supervision agreement shall be  
19 adequate if a physician does each of the following:

20 (A) Participates in the joint formulation and  
21 joint approval of orders or guidelines with the  
22 physician assistant and he or she periodically reviews  
23 such orders and the services provided patients under  
24 such orders in accordance with accepted standards of  
25 medical practice and physician assistant practice.

26 (B) Provides supervision and consultation ~~Meets in~~

1 ~~person with the physician assistant~~ at least once a  
2 month ~~to provide supervision.~~

3 (3) A copy of the signed, written supervision agreement  
4 must be available to the Department upon request from both  
5 the physician assistant and the supervising physician.

6 (4) A physician assistant shall inform each  
7 supervising physician of all written supervision  
8 agreements he or she has signed and provide a copy of these  
9 to any supervising physician upon request.

10 (b) A supervising physician may, but is not required to,  
11 delegate prescriptive authority to a physician assistant as  
12 part of a written supervision agreement. This authority may,  
13 but is not required to, include prescription of, selection of,  
14 orders for, administration of, storage of, acceptance of  
15 samples of, and dispensing over the counter medications, legend  
16 drugs, medical gases, and controlled substances categorized as  
17 Schedule III through V controlled substances, as defined in  
18 Article II of the Illinois Controlled Substances Act, and other  
19 preparations, including, but not limited to, botanical and  
20 herbal remedies. The supervising physician must have a valid,  
21 current Illinois controlled substance license and federal  
22 registration with the Drug Enforcement Agency to delegate the  
23 authority to prescribe controlled substances.

24 (1) To prescribe Schedule III, IV, or V controlled  
25 substances under this Section, a physician assistant must  
26 obtain a mid-level practitioner controlled substances

1 license. Medication orders issued by a physician assistant  
2 shall be reviewed periodically by the supervising  
3 physician.

4 (2) The supervising physician shall file with the  
5 Department notice of delegation of prescriptive authority  
6 to a physician assistant and termination of delegation,  
7 specifying the authority delegated or terminated. Upon  
8 receipt of this notice delegating authority to prescribe  
9 Schedule III, IV, or V controlled substances, the physician  
10 assistant shall be eligible to register for a mid-level  
11 practitioner controlled substances license under Section  
12 303.05 of the Illinois Controlled Substances Act. Nothing  
13 in this Act shall be construed to limit the delegation of  
14 tasks or duties by the supervising physician to a nurse or  
15 other appropriately trained persons in accordance with  
16 Section 54.2 of the Medical Practice Act of 1987.

17 (3) In addition to the requirements of subsection (b)  
18 of this Section, a supervising physician may, but is not  
19 required to, delegate authority to a physician assistant to  
20 prescribe Schedule II controlled substances, if all of the  
21 following conditions apply:

22 (A) Specific ~~No more than 5~~ Schedule II controlled  
23 substances by oral dosage or topical or transdermal  
24 application may be delegated, provided that the  
25 delegated Schedule II controlled substances are  
26 routinely prescribed by the supervising physician.

1           This delegation must identify the specific Schedule II  
2           controlled substances by either brand name or generic  
3           name. Schedule II controlled substances to be  
4           delivered by injection or other route of  
5           administration may not be delegated.

6           (B) Any delegation must be controlled substances  
7           that the supervising physician prescribes.

8           (C) Any prescription must be limited to no more  
9           than a 30-day supply ~~oral dosage~~, with any continuation  
10           authorized only after prior approval of the  
11           supervising physician.

12           (D) The physician assistant must discuss the  
13           condition of any patients for whom a controlled  
14           substance is prescribed monthly with the supervising  
15           physician.

16           (E) The physician assistant meets the education  
17           requirements of Section 303.05 of the Illinois  
18           Controlled Substances Act.

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

26           (d) Any physician assistant who writes a prescription for a

1 controlled substance without having a valid appropriate  
2 authority may be fined by the Department not more than \$50 per  
3 prescription, and the Department may take any other  
4 disciplinary action provided for in this Act.

5 (e) Nothing in this Section shall be construed to prohibit  
6 generic substitution.

7 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;  
8 96-1000, eff. 7-2-10.)

9 Section 20. The Podiatric Medical Practice Act of 1987 is  
10 amended by changing Section 20.5 as follows:

11 (225 ILCS 100/20.5)

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

13 Sec. 20.5. Delegation of authority to advanced practice  
14 nurses.

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

1     except as set forth in item (3) of this subsection (a). A  
2     written collaborative agreement and podiatric collaboration  
3     and consultation shall be adequate with respect to advanced  
4     practice nurses if all of the following apply:

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

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

19            (3) The advance practice nurse provides services that  
20    the collaborating podiatrist generally provides to his or  
21    her patients in the normal course of clinical practice.  
22    With respect to the provision of anesthesia services by a  
23    certified registered nurse anesthetist, the collaborating  
24    podiatrist must have training and experience in the  
25    delivery of anesthesia consistent with Department rules.

26            (4) The collaborating podiatrist and the advanced

1 practice nurse consult ~~meet in person~~ at least once a month  
2 to provide collaboration and consultation.

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

7 (6) With respect to the provision of anesthesia  
8 services by a certified registered nurse anesthetist, an  
9 anesthesiologist, physician, or podiatrist shall  
10 participate through discussion of and agreement with the  
11 anesthesia plan and shall remain physically present and be  
12 available on the premises during the delivery of anesthesia  
13 services for diagnosis, consultation, and treatment of  
14 emergency medical conditions. The anesthesiologist or  
15 operating podiatrist must agree with the anesthesia plan  
16 prior to the delivery of services.

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

21 (b) The collaborating podiatrist shall have access to the  
22 records of all patients attended to by an advanced practice  
23 nurse.

24 (c) Nothing in this Section shall be construed to limit the  
25 delegation of tasks or duties by a podiatrist to a licensed  
26 practical nurse, a registered professional nurse, or other



1 appropriately trained persons.

2 (d) A podiatrist shall not be liable for the acts or  
3 omissions of an advanced practice nurse solely on the basis of  
4 having signed guidelines or a collaborative agreement, an  
5 order, a standing order, a standing delegation order, or other  
6 order or guideline authorizing an advanced practice nurse to  
7 perform acts, unless the podiatrist has reason to believe the  
8 advanced practice nurse lacked the competency to perform the  
9 act or acts or commits willful or wanton misconduct.

10 (f) A podiatrist, may, but is not required to delegate  
11 prescriptive authority to an advanced practice nurse as part of  
12 a written collaborative agreement and the delegation of  
13 prescriptive authority shall conform to the requirements of  
14 Section 65-40 of the Nurse Practice Act.

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

16 Section 25. The Illinois Controlled Substances Act is  
17 amended by changing Section 303.05 as follows:

18 (720 ILCS 570/303.05)

19 Sec. 303.05. Mid-level practitioner registration.

20 (a) The Department of Financial and Professional  
21 Regulation shall register licensed physician assistants and  
22 licensed advanced practice nurses to prescribe and dispense  
23 controlled substances under Section 303 and euthanasia  
24 agencies to purchase, store, or administer animal euthanasia

1 drugs under the following circumstances:

2 (1) with respect to physician assistants,

3 (A) the physician assistant has been delegated  
4 authority to prescribe any Schedule III through V  
5 controlled substances by a physician licensed to  
6 practice medicine in all its branches in accordance  
7 with Section 7.5 of the Physician Assistant Practice  
8 Act of 1987; and the physician assistant has completed  
9 the appropriate application forms and has paid the  
10 required fees as set by rule; or

11 (B) the physician assistant has been delegated  
12 authority by a supervising physician licensed to  
13 practice medicine in all its branches to prescribe or  
14 dispense Schedule II controlled substances through a  
15 written delegation of authority and under the  
16 following conditions:

17 (i) Specific ~~no more than 5~~ Schedule II  
18 controlled substances by oral dosage or topical or  
19 transdermal application may be delegated, provided  
20 that the delegated Schedule II controlled  
21 substances are routinely prescribed by the  
22 supervising physician. This delegation must  
23 identify the specific Schedule II controlled  
24 substances by either brand name or generic name.  
25 Schedule II controlled substances to be delivered  
26 by injection or other route of administration may

1           not be delegated;

2           (ii) any delegation must be of controlled  
3 substances prescribed by the supervising  
4 physician;

5           (iii) all prescriptions must be limited to no  
6 more than a 30-day supply ~~oral dosage~~, with any  
7 continuation authorized only after prior approval  
8 of the supervising physician;

9           (iv) the physician assistant must discuss the  
10 condition of any patients for whom a controlled  
11 substance is prescribed monthly with the  
12 delegating physician; ~~and~~

13           (v) the physician assistant must have  
14 completed the appropriate application forms and  
15 paid the required fees as set by rule;

16           (vi) the physician assistant must provide  
17 evidence of satisfactory completion of 45 contact  
18 hours in pharmacology from any physician assistant  
19 program accredited by the Accreditation Review  
20 Commission on Education for the Physician  
21 Assistant (ARC-PA), or its predecessor agency, for  
22 any new license issued with Schedule II authority  
23 after the effective date of this amendatory Act of  
24 the 97th General Assembly; and

25           (vii) the physician assistant must annually  
26 complete at least 5 hours of continuing education

1           in pharmacology.

2           (2) with respect to advanced practice nurses,

3           (A) the advanced practice nurse has been delegated  
4 authority to prescribe any Schedule III through V  
5 controlled substances by a collaborating physician  
6 licensed to practice medicine in all its branches or a  
7 collaborating podiatrist in accordance with Section  
8 65-40 of the Nurse Practice Act. The advanced practice  
9 nurse has completed the appropriate application forms  
10 and has paid the required fees as set by rule; or

11           (B) the advanced practice nurse has been delegated  
12 authority by a collaborating physician licensed to  
13 practice medicine in all its branches or collaborating  
14 podiatrist to prescribe or dispense Schedule II  
15 controlled substances through a written delegation of  
16 authority and under the following conditions:

17           (i) specific ~~no more than 5~~ Schedule II  
18 controlled substances by oral dosage or topical or  
19 transdermal application may be delegated, provided  
20 that the delegated Schedule II controlled  
21 substances are routinely prescribed by the  
22 collaborating physician or podiatrist. This  
23 delegation must identify the specific Schedule II  
24 controlled substances by either brand name or  
25 generic name. Schedule II controlled substances to  
26 be delivered by injection or other route of

1           administration may not be delegated;

2           (ii) any delegation must be of controlled  
3 substances prescribed by the collaborating  
4 physician or podiatrist;

5           (iii) all prescriptions must be limited to no  
6 more than a 30-day supply ~~oral dosage~~, with any  
7 continuation authorized only after prior approval  
8 of the collaborating physician or podiatrist;

9           (iv) the advanced practice nurse must discuss  
10 the condition of any patients for whom a controlled  
11 substance is prescribed monthly with the  
12 delegating physician or podiatrist; and

13           (v) the advanced practice nurse must have  
14 completed the appropriate application forms and  
15 paid the required fees as set by rule; ~~or~~

16           (vi) the advanced practice nurse must provide  
17 evidence of satisfactory completion of at least 45  
18 graduate contact hours in pharmacology for any new  
19 license issued with Schedule II authority after  
20 the effective date of this amendatory Act of the  
21 97th General Assembly; and

22           (vii) the advanced practice nurse must  
23 annually complete 5 hours of continuing education  
24 in pharmacology; or

25           (3) with respect to animal euthanasia agencies, the  
26 euthanasia agency has obtained a license from the

1 Department of Professional Regulation and obtained a  
2 registration number from the Department.

3 (b) The mid-level practitioner shall only be licensed to  
4 prescribe those schedules of controlled substances for which a  
5 licensed physician or licensed podiatrist has delegated  
6 prescriptive authority, except that an animal euthanasia  
7 agency does not have any prescriptive authority. A physician  
8 assistant and an advanced practice nurse are prohibited from  
9 prescribing medications and controlled substances not set  
10 forth in the required written delegation of authority.

11 (c) Upon completion of all registration requirements,  
12 physician assistants, advanced practice nurses, and animal  
13 euthanasia agencies shall be issued a mid-level practitioner  
14 controlled substances license for Illinois.

15 (d) A collaborating physician or podiatrist may, but is not  
16 required to, delegate prescriptive authority to an advanced  
17 practice nurse as part of a written collaborative agreement,  
18 and the delegation of prescriptive authority shall conform to  
19 the requirements of Section 65-40 of the Nurse Practice Act.

20 (e) A supervising physician may, but is not required to,  
21 delegate prescriptive authority to a physician assistant as  
22 part of a written supervision agreement, and the delegation of  
23 prescriptive authority shall conform to the requirements of  
24 Section 7.5 of the Physician Assistant Practice Act of 1987.

25 (f) Nothing in this Section shall be construed to prohibit  
26 generic substitution.

1 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;  
2 96-268, eff. 8-11-09; 96-1000, eff. 7-2-10.)

3 Section 99. Effective date. This Act takes effect July 1,  
4 2011.