



Sen. William R. Haine

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09700SB2255sam001

LRB097 09159 CEL 52671 a

1 AMENDMENT TO SENATE BILL 2255

2 AMENDMENT NO. _____. Amend Senate Bill 2255 by replacing
3 everything after the enacting clause with the following:

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7 (Section scheduled to be repealed on November 30, 2011)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

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

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

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

1 reviewed by the collaborating physician.

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

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

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

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

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

1 anesthesia services consistent with Department rules.

2 Collaboration shall be adequate if:

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

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

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

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

25 (d) (Blank).

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

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

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

15 (g) A supervising physician may, but is not required to,
16 delegate prescriptive authority to a physician assistant as
17 part of a written supervision agreement, and the delegation of
18 prescriptive authority shall conform to the requirements of
19 Section 7.5 of the Physician Assistant Practice Act of 1987.

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

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

23 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

1 Sec. 65-35. Written collaborative agreements.

2 (a) A written collaborative agreement is required for all
3 advanced practice nurses engaged in clinical practice, except
4 for advanced practice nurses who are authorized to practice in
5 a hospital or ambulatory surgical treatment center.

6 (a-5) If an advanced practice nurse engages in clinical
7 practice outside of a hospital or ambulatory surgical treatment
8 center in which he or she is authorized to practice, the
9 advanced practice nurse must have a written collaborative
10 agreement.

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

1 collaboration and consultation as documented in a jointly
2 developed written collaborative agreement.

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

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

1 (1) Participates in the joint formulation and joint
2 approval of orders or guidelines with the advanced practice
3 nurse and he or she periodically reviews such orders and
4 the services provided patients under such orders in
5 accordance with accepted standards of medical practice or
6 podiatric practice and advanced practice nursing practice.

7 (2) Provides collaboration and consultation ~~Meets in~~
8 ~~person~~ with the advanced practice nurse at least once a
9 month ~~to provide collaboration and consultation~~. In the
10 case of anesthesia services provided by a certified
11 registered nurse anesthetist, an anesthesiologist,
12 physician, dentist, or podiatrist must participate through
13 discussion of and agreement with the anesthesia plan and
14 remain physically present and available on the premises
15 during the delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical
17 conditions.

18 (3) Is available through telecommunications for
19 consultation on medical problems, complications, or
20 emergencies or patient referral. In the case of anesthesia
21 services provided by a certified registered nurse
22 anesthetist, an anesthesiologist, physician, dentist, or
23 podiatrist must participate through discussion of and
24 agreement with the anesthesia plan and remain physically
25 present and available on the premises during the delivery
26 of anesthesia services for diagnosis, consultation, and

1 treatment of emergency medical conditions.

2 The agreement must contain provisions detailing notice for
3 termination or change of status involving a written
4 collaborative agreement, except when such notice is given for
5 just cause.

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

22 (c-10) A certified registered nurse anesthetist who
23 provides anesthesia services in a dental office shall enter
24 into a written collaborative agreement with an
25 anesthesiologist or the physician licensed to practice
26 medicine in all its branches or the operating dentist

1 performing the procedure. The agreement shall describe the
2 working relationship of the certified registered nurse
3 anesthetist and dentist and shall authorize the categories of
4 care, treatment, or procedures to be performed by the certified
5 registered nurse anesthetist. In a collaborating dentist's
6 office, the certified registered nurse anesthetist may only
7 provide those services that the operating dentist with the
8 appropriate permit is authorized to provide pursuant to the
9 Illinois Dental Practice Act and rules adopted thereunder. For
10 anesthesia services, an anesthesiologist, physician, or
11 operating dentist shall participate through discussion of and
12 agreement with the anesthesia plan and shall remain physically
13 present and be available on the premises during the delivery of
14 anesthesia services for diagnosis, consultation, and treatment
15 of emergency medical conditions. A certified registered nurse
16 anesthetist may select, order, and administer medication,
17 including controlled substances, and apply appropriate medical
18 devices for delivery of anesthesia services under the
19 anesthesia plan agreed with by the operating dentist.

20 (d) A copy of the signed, written collaborative agreement
21 must be available to the Department upon request from both the
22 advanced practice nurse and the collaborating physician or
23 podiatrist.

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

1 persons in accordance with Section 54.2 of the Medical Practice
2 Act of 1987. Nothing in this Act shall be construed to limit
3 the method of delegation that may be authorized by any means,
4 including, but not limited to, oral, written, electronic,
5 standing orders, protocols, guidelines, or verbal orders.

6 (f) An advanced practice nurse shall inform each
7 collaborating physician, dentist, or podiatrist of all
8 collaborative agreements he or she has signed and provide a
9 copy of these to any collaborating physician, dentist, or
10 podiatrist upon request.

11 (g) For the purposes of this Act, "generally provides to
12 his or her patients in the normal course of his or her clinical
13 medical practice" means services the physician or podiatrist
14 routinely provides individually or through delegation to other
15 persons so that the physician or podiatrist has the experience
16 and ability to provide collaboration and consultation.

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

18 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

20 Sec. 65-40. Prescriptive authority.

21 (a) A collaborating physician or podiatrist may, but is not
22 required to, delegate prescriptive authority to an advanced
23 practice nurse as part of a written collaborative agreement.
24 This authority may, but is not required to, include
25 prescription of, selection of, orders for, administration of,

1 storage of, acceptance of samples of, and dispensing over the
2 counter medications, legend drugs, medical gases, and
3 controlled substances categorized as any Schedule III through V
4 controlled substances, as defined in Article II of the Illinois
5 Controlled Substances Act, and other preparations, including,
6 but not limited to, botanical and herbal remedies. The
7 collaborating physician or podiatrist must have a valid current
8 Illinois controlled substance license and federal registration
9 to delegate authority to prescribe delegated controlled
10 substances.

11 (b) To prescribe controlled substances under this Section,
12 an advanced practice nurse must obtain a mid-level practitioner
13 controlled substance license. Medication orders shall be
14 reviewed periodically by the collaborating physician or
15 podiatrist.

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

25 (d) In addition to the requirements of subsections (a),
26 (b), and (c) of this Section, a collaborating physician or

1 podiatrist may, but is not required to, delegate authority to
2 an advanced practice nurse to prescribe any Schedule II
3 controlled substances, if all of the following conditions
4 apply:

5 (1) No more than 10 ~~5~~ Schedule II controlled substances
6 by oral dosage or topical or transdermal application may be
7 delegated. Schedule II controlled substances to be
8 delivered by injection or other route may not be delegated.

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

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

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

18 (e) Nothing in this Act shall be construed to limit the
19 delegation of tasks or duties by a physician to a licensed
20 practical nurse, a registered professional nurse, or other
21 persons. Nothing in this Act shall be construed to limit the
22 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) Any advanced practice nurse who writes a prescription
26 for a controlled substance without having a valid appropriate

1 mid-level practitioner license may be fined by the Department
2 up to \$100 per prescription, and the Department may take any
3 other disciplinary action provided for in this Act.

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

5 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

7 Sec. 65-45. Advanced practice nursing in hospitals or
8 ambulatory surgical treatment centers.

9 (a) An advanced practice nurse may provide services in a
10 ~~licensed~~ hospital licensed under the Hospital Licensing Act or
11 the University of Illinois Hospital Act or a licensed
12 ambulatory surgical treatment center without prescriptive
13 authority or a written collaborative agreement pursuant to
14 Section 65-35 of this Act. An advanced practice nurse must
15 possess clinical privileges recommended by the hospital
16 medical staff and granted by the hospital or the consulting
17 medical staff committee and ambulatory surgical treatment
18 center in order to provide services. The medical staff or
19 consulting medical staff committee shall periodically review
20 the services of advanced practice nurses granted clinical
21 privileges. Authority may also be granted to individual
22 advanced practice nurses to select, order, and administer
23 medications, including controlled substances, to provide
24 delineated care. The attending physician shall determine an
25 advanced practice nurse's role in providing care for his or her

1 patients, except as otherwise provided in the medical staff
2 bylaws or consulting committee policies.

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

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

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

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

3 (225 ILCS 95/7.5)

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

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

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

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

1 supervising physician as the procedures are being
2 performed. The supervision relationship under a written
3 supervision agreement shall not be construed to require the
4 personal presence of a physician ~~at all times~~ at the place
5 where services are rendered. Methods of communication
6 shall be available for consultation with the supervising
7 physician in person or by telecommunications in accordance
8 with established written guidelines as set forth in the
9 written supervision agreement.

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

12 (A) Participates in the joint formulation and
13 joint approval of orders or guidelines with the
14 physician assistant and he or she periodically reviews
15 such orders and the services provided patients under
16 such orders in accordance with accepted standards of
17 medical practice and physician assistant practice.

18 (B) Provides collaboration and consultation ~~Meets~~
19 ~~in person with the physician assistant~~ at least once a
20 month to provide supervision.

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

24 (4) A physician assistant shall inform each
25 supervising physician of all written supervision
26 agreements he or she has signed and provide a copy of these

1 to any supervising physician upon request.

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

16 (1) To prescribe Schedule III, IV, or V controlled
17 substances under this Section, a physician assistant must
18 obtain a mid-level practitioner controlled substances
19 license. Medication orders issued by a physician assistant
20 shall be reviewed periodically by the supervising
21 physician.

22 (2) The supervising physician shall file with the
23 Department notice of delegation of prescriptive authority
24 to a physician assistant and termination of delegation,
25 specifying the authority delegated or terminated. Upon
26 receipt of this notice delegating authority to prescribe

1 Schedule III, IV, or V controlled substances, the physician
2 assistant shall be eligible to register for a mid-level
3 practitioner controlled substances license under Section
4 303.05 of the Illinois Controlled Substances Act. Nothing
5 in this Act shall be construed to limit the delegation of
6 tasks or duties by the supervising physician to a nurse or
7 other appropriately trained persons in accordance with
8 Section 54.2 of the Medical Practice Act of 1987.

9 (3) In addition to the requirements of subsection (b)
10 of this Section, a supervising physician may, but is not
11 required to, delegate authority to a physician assistant to
12 prescribe Schedule II controlled substances, if all of the
13 following conditions apply:

14 (A) No more than 10 ~~5~~ Schedule II controlled
15 substances by oral dosage or topical or transdermal
16 application may be delegated. Schedule II controlled
17 substances to be delivered by injection or other route
18 may not be delegated.

19 (B) Any delegation must be controlled substances
20 that the supervising physician prescribes.

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

25 (c) Nothing in this Act shall be construed to limit the
26 delegation of tasks or duties by a physician to a licensed

1 practical nurse, a registered professional nurse, or other
2 persons. Nothing in this Act shall be construed to limit the
3 method of delegation that may be authorized by any means,
4 including, but not limited to, oral, written, electronic,
5 standing orders, protocols, guidelines, or verbal orders.

6 (d) Any physician assistant who writes a prescription for a
7 controlled substance without having a valid appropriate
8 mid-level practitioner license may be fined by the Department
9 up to \$100 per prescription, and the Department may take any
10 other disciplinary action provided for in this Act.

11 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;
12 96-1000, eff. 7-2-10.)

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

15 (225 ILCS 100/20.5)

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

17 Sec. 20.5. Delegation of authority to advanced practice
18 nurses.

19 (a) A podiatrist in active clinical practice may
20 collaborate with an advanced practice nurse in accordance with
21 the requirements of the Nurse Practice Act. Collaboration shall
22 be for the purpose of providing podiatric consultation and no
23 employment relationship shall be required. A written
24 collaborative agreement shall conform to the requirements of

1 Section 65-35 of the Nurse Practice Act. The written
2 collaborative agreement shall be for services the
3 collaborating podiatrist generally provides to his or her
4 patients in the normal course of clinical podiatric practice,
5 except as set forth in item (3) of this subsection (a). A
6 written collaborative agreement and podiatric collaboration
7 and consultation shall be adequate with respect to advanced
8 practice nurses if all of the following apply:

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

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

23 (3) The advance practice nurse provides services that
24 the collaborating podiatrist generally provides to his or
25 her patients in the normal course of clinical practice.
26 With respect to the provision of anesthesia services by a

1 certified registered nurse anesthetist, the collaborating
2 podiatrist must have training and experience in the
3 delivery of anesthesia consistent with Department rules.

4 (4) The collaborating podiatrist and the advanced
5 practice nurse consult ~~meet in person~~ at least once a month
6 to provide collaboration and consultation.

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

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

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

25 (b) The collaborating podiatrist shall have access to the
26 records of all patients attended to by an advanced practice

1 nurse.

2 (c) Nothing in this Section shall be construed to limit the
3 delegation of tasks or duties by a podiatrist to a licensed
4 practical nurse, a registered professional nurse, or other
5 appropriately trained persons.

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

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

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

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

22 (720 ILCS 570/303.05)

23 Sec. 303.05. Mid-level practitioner registration.

24 (a) The Department of Financial and Professional

1 Regulation shall register licensed physician assistants and
2 licensed advanced practice nurses to prescribe and dispense
3 controlled substances under Section 303 and euthanasia
4 agencies to purchase, store, or administer animal euthanasia
5 drugs under the following circumstances:

6 (1) with respect to physician assistants,

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

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

21 (i) no more than 10 ~~5~~ Schedule II controlled
22 substances by oral dosage or topical or
23 transdermal application may be delegated. Schedule
24 II controlled substances to be delivered by
25 injection or other route may not be delegated;

26 (ii) any delegation must be of controlled

1 substances prescribed by the supervising
2 physician;

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

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

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

14 (2) with respect to advanced practice nurses,

15 (A) the advanced practice nurse has been delegated
16 authority to prescribe any Schedule III through V
17 controlled substances by a physician licensed to
18 practice medicine in all its branches or a podiatrist
19 in accordance with Section 65-40 of the Nurse Practice
20 Act. The advanced practice nurse has completed the
21 appropriate application forms and has paid the
22 required fees as set by rule; or

23 (B) the advanced practice nurse has been delegated
24 authority by a collaborating physician licensed to
25 practice medicine in all its branches or podiatrist to
26 prescribe or dispense Schedule II controlled

1 substances through a written delegation of authority
2 and under the following conditions:

3 (i) no more than 10 ~~5~~ Schedule II controlled
4 substances by oral dosage or topical or
5 transdermal application may be delegated. Schedule
6 II controlled substances to be delivered by
7 injection or other route may not be delegated;

8 (ii) any delegation must be of controlled
9 substances prescribed by the collaborating
10 physician or podiatrist;

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

15 (iv) the advanced practice nurse must discuss
16 the condition of any patients for whom a controlled
17 substance is prescribed monthly with the
18 delegating physician or podiatrist; and

19 (v) the advanced practice nurse must have
20 completed the appropriate application forms and
21 paid the required fees as set by rule; or

22 (3) with respect to animal euthanasia agencies, the
23 euthanasia agency has obtained a license from the
24 Department of Professional Regulation and obtained a
25 registration number from the Department.

26 (b) The mid-level practitioner shall only be licensed to

1 prescribe those schedules of controlled substances for which a
2 licensed physician or licensed podiatrist has delegated
3 prescriptive authority, except that an animal euthanasia
4 agency does not have any prescriptive authority. A physician
5 assistant and an advanced practice nurse are prohibited from
6 prescribing medications and controlled substances not set
7 forth in the required written delegation of authority.

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

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

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

22 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;
23 96-268, eff. 8-11-09; 96-1000, eff. 7-2-10.)

24 Section 99. Effective date. This Act takes effect July 1,
25 2011."