

1 AN ACT concerning health.

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

4 Section 1. Short title. This Act may be cited as the Right
5 to Try Act.

6 Section 5. Findings. The General Assembly finds that the
7 process of approval for investigational drugs, biological
8 products, and devices in the United States often takes many
9 years, and a patient with a terminal illness does not have the
10 luxury of waiting until such drug, product, or device receives
11 final approval from the United States Food and Drug
12 Administration. As a result, the standards of the United States
13 Food and Drug Administration for the use of investigational
14 drugs, biological products, and devices may deny the benefits
15 of potentially life-saving treatments to terminally ill
16 patients. A patient with a terminal illness has a fundamental
17 right to attempt to preserve his or her own life by accessing
18 investigational drugs, biological products, and devices.
19 Whether to use available investigational drugs, biological
20 products, and devices is a decision that rightfully should be
21 made by the patient with a terminal illness in consultation
22 with his or her physician and is not a decision to be made by
23 the government.

1 Section 10. Definitions. For the purposes of this Act:

2 "Accident and health insurer" has the meaning given to that
3 term in Section 126.2 of the Illinois Insurance Code.

4 "Eligible patient" means a person who:

5 (1) has a terminal illness;

6 (2) has considered all other treatment options
7 approved by the United States Food and Drug Administration;

8 (3) has received a prescription or recommendation from
9 his or her physician for an investigational drug,
10 biological product, or device;

11 (4) has given his or her informed consent in writing
12 for the use of the investigational drug, biological
13 product, or device or, if he or she is a minor or lacks the
14 mental capacity to provide informed consent, a parent or
15 legal guardian has given informed consent on his or her
16 behalf; and

17 (5) has documentation from his or her physician
18 indicating that he or she has met the requirements of this
19 Act.

20 "Investigational drug, biological product, or device"
21 means a drug, biological product, or device that has
22 successfully completed Phase I of a clinical trial, but has not
23 been approved for general use by the United States Food and
24 Drug Administration.

25 "Phase I of a clinical trial" means the stage of a clinical

1 trial where an investigational drug, biological product, or
2 device has been tested in a small group for the first time to
3 evaluate its safety, determine a safe dosage range, and
4 identify side effects.

5 "Terminal illness" means a disease that, without
6 life-sustaining measures, can reasonably be expected to result
7 in death in 24 months or less.

8 Section 15. Availability of drugs, biological products,
9 and devices.

10 (a) A manufacturer of an investigational drug, biological
11 product, or device may make available such drug, product, or
12 device to eligible patients. Nothing in this Act shall be
13 construed to require a manufacturer to make available any drug,
14 product, or device.

15 (b) A manufacturer may:

16 (1) provide an investigational drug, biological
17 product, or device to an eligible patient without receiving
18 compensation; or

19 (2) require an eligible patient to pay the costs of or
20 associated with the manufacture of the investigational
21 drug, biological product, or device.

22 Section 20. Insurance coverage. An accident and health
23 insurer may choose to provide coverage for the cost of an
24 investigational drug, biological product, or device. Nothing

1 in this Act shall be construed to require an accident and
2 health insurer to provide coverage for the cost of any
3 investigational drug, biological product, or device.

4 Section 80. The Nursing Home Care Act is amended by
5 changing Section 2-104 as follows:

6 (210 ILCS 45/2-104) (from Ch. 111 1/2, par. 4152-104)

7 Sec. 2-104. (a) A resident shall be permitted to retain the
8 services of his own personal physician at his own expense or
9 under an individual or group plan of health insurance, or under
10 any public or private assistance program providing such
11 coverage. However, the facility is not liable for the
12 negligence of any such personal physician. Every resident shall
13 be permitted to obtain from his own physician or the physician
14 attached to the facility complete and current information
15 concerning his medical diagnosis, treatment and prognosis in
16 terms and language the resident can reasonably be expected to
17 understand. Every resident shall be permitted to participate in
18 the planning of his total care and medical treatment to the
19 extent that his condition permits. No resident shall be
20 subjected to experimental research or treatment without first
21 obtaining his informed, written consent. The conduct of any
22 experimental research or treatment shall be authorized and
23 monitored by an institutional review board appointed by the
24 Director. The membership, operating procedures and review

1 criteria for the institutional review board shall be prescribed
2 under rules and regulations of the Department and shall comply
3 with the requirements for institutional review boards
4 established by the federal Food and Drug Administration. No
5 person who has received compensation in the prior 3 years from
6 an entity that manufactures, distributes, or sells
7 pharmaceuticals, biologics, or medical devices may serve on the
8 institutional review board.

9 The institutional review board may approve only research or
10 treatment that meets the standards of the federal Food and Drug
11 Administration with respect to (i) the protection of human
12 subjects and (ii) financial disclosure by clinical
13 investigators. The Office of State Long Term Care Ombudsman and
14 the State Protection and Advocacy organization shall be given
15 an opportunity to comment on any request for approval before
16 the board makes a decision. Those entities shall not be
17 provided information that would allow a potential human subject
18 to be individually identified, unless the board asks the
19 Ombudsman for help in securing information from or about the
20 resident. The board shall require frequent reporting of the
21 progress of the approved research or treatment and its impact
22 on residents, including immediate reporting of any adverse
23 impact to the resident, the resident's representative, the
24 Office of the State Long Term Care Ombudsman, and the State
25 Protection and Advocacy organization. The board may not approve
26 any retrospective study of the records of any resident about

1 the safety or efficacy of any care or treatment if the resident
2 was under the care of the proposed researcher or a business
3 associate when the care or treatment was given, unless the
4 study is under the control of a researcher without any business
5 relationship to any person or entity who could benefit from the
6 findings of the study.

7 No facility shall permit experimental research or
8 treatment to be conducted on a resident, or give access to any
9 person or person's records for a retrospective study about the
10 safety or efficacy of any care or treatment, without the prior
11 written approval of the institutional review board. No nursing
12 home administrator, or person licensed by the State to provide
13 medical care or treatment to any person, may assist or
14 participate in any experimental research on or treatment of a
15 resident, including a retrospective study, that does not have
16 the prior written approval of the board. Such conduct shall be
17 grounds for professional discipline by the Department of
18 Financial and Professional Regulation.

19 The institutional review board may exempt from ongoing
20 review research or treatment initiated on a resident before the
21 individual's admission to a facility and for which the board
22 determines there is adequate ongoing oversight by another
23 institutional review board. Nothing in this Section shall
24 prevent a facility, any facility employee, or any other person
25 from assisting or participating in any experimental research on
26 or treatment of a resident, if the research or treatment began

1 before the person's admission to a facility, until the board
2 has reviewed the research or treatment and decided to grant or
3 deny approval or to exempt the research or treatment from
4 ongoing review.

5 The institutional review board requirements of this
6 subsection (a) do not apply to investigational drugs,
7 biological products, or devices used by a resident with a
8 terminal illness as set forth in the Right to Try Act.

9 (b) All medical treatment and procedures shall be
10 administered as ordered by a physician. All new physician
11 orders shall be reviewed by the facility's director of nursing
12 or charge nurse designee within 24 hours after such orders have
13 been issued to assure facility compliance with such orders.

14 All physician's orders and plans of treatment shall have
15 the authentication of the physician. For the purposes of this
16 subsection (b), "authentication" means an original written
17 signature or an electronic signature system that allows for the
18 verification of a signer's credentials. A stamp signature, with
19 or without initials, is not sufficient.

20 According to rules adopted by the Department, every woman
21 resident of child-bearing age shall receive routine
22 obstetrical and gynecological evaluations as well as necessary
23 prenatal care.

24 (c) Every resident shall be permitted to refuse medical
25 treatment and to know the consequences of such action, unless
26 such refusal would be harmful to the health and safety of

1 others and such harm is documented by a physician in the
2 resident's clinical record. The resident's refusal shall free
3 the facility from the obligation to provide the treatment.

4 (d) Every resident, resident's guardian, or parent if the
5 resident is a minor shall be permitted to inspect and copy all
6 his clinical and other records concerning his care and
7 maintenance kept by the facility or by his physician. The
8 facility may charge a reasonable fee for duplication of a
9 record.

10 (Source: P.A. 96-1372, eff. 7-29-10; 97-179, eff. 1-1-12.)

11 Section 90. The Medical Practice Act of 1987 is amended by
12 changing Section 22 as follows:

13 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

14 (Section scheduled to be repealed on December 31, 2015)

15 Sec. 22. Disciplinary action.

16 (A) The Department may revoke, suspend, place on probation,
17 reprimand, refuse to issue or renew, or take any other
18 disciplinary or non-disciplinary action as the Department may
19 deem proper with regard to the license or permit of any person
20 issued under this Act, including imposing fines not to exceed
21 \$10,000 for each violation, upon any of the following grounds:

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

24 (a) a facility licensed pursuant to the Ambulatory

1 Surgical Treatment Center Act;

2 (b) an institution licensed under the Hospital
3 Licensing Act;

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

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

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

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

22 (3) A plea of guilty or nolo contendere, finding of
23 guilt, jury verdict, or entry of judgment or sentencing,
24 including, but not limited to, convictions, preceding
25 sentences of supervision, conditional discharge, or first
26 offender probation, under the laws of any jurisdiction of

1 the United States of any crime that is a felony.

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

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

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

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

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

14 (9) Fraud or misrepresentation in applying for, or
15 procuring, a license under this Act or in connection with
16 applying for renewal of a license under this Act.

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

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

24 (12) Adverse action taken by another state or
25 jurisdiction against a license or other authorization to
26 practice as a medical doctor, doctor of osteopathy, doctor

1 of osteopathic medicine or doctor of chiropractic, a
2 certified copy of the record of the action taken by the
3 other state or jurisdiction being prima facie evidence
4 thereof. This includes any adverse action taken by a State
5 or federal agency that prohibits a medical doctor, doctor
6 of osteopathy, doctor of osteopathic medicine, or doctor of
7 chiropractic from providing services to the agency's
8 participants.

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

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

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

21 (16) Abandonment of a patient.

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

1 (18) Promotion of the sale of drugs, devices,
2 appliances or goods provided for a patient in such manner
3 as to exploit the patient for financial gain of the
4 physician.

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

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

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

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

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

1 upon proof by clear and convincing evidence that the
2 licensee has caused a child to be an abused child or
3 neglected child as defined in the Abused and Neglected
4 Child Reporting Act.

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

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

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

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

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

26 (29) Cheating on or attempt to subvert the licensing

1 examinations administered under this Act.

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

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

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

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

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

24 (35) Failure to report to the Department surrender of a
25 license or authorization to practice as a medical doctor, a
26 doctor of osteopathy, a doctor of osteopathic medicine, or

1 doctor of chiropractic in another state or jurisdiction, or
2 surrender of membership on any medical staff or in any
3 medical or professional association or society, while
4 under disciplinary investigation by any of those
5 authorities or bodies, for acts or conduct similar to acts
6 or conduct which would constitute grounds for action as
7 defined in this Section.

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

13 (37) Failure to provide copies of medical records as
14 required by law.

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

20 (39) Violating the Health Care Worker Self-Referral
21 Act.

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

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

26 (42) Entering into an excessive number of written

1 collaborative agreements with licensed advanced practice
2 nurses resulting in an inability to adequately
3 collaborate.

4 (43) Repeated failure to adequately collaborate with a
5 licensed advanced practice nurse.

6 (44) Violating the Compassionate Use of Medical
7 Cannabis Pilot Program Act.

8 (45) Entering into an excessive number of written
9 collaborative agreements with licensed prescribing
10 psychologists resulting in an inability to adequately
11 collaborate.

12 (46) Repeated failure to adequately collaborate with a
13 licensed prescribing psychologist.

14 Except for actions involving the ground numbered (26), all
15 proceedings to suspend, revoke, place on probationary status,
16 or take any other disciplinary action as the Department may
17 deem proper, with regard to a license on any of the foregoing
18 grounds, must be commenced within 5 years next after receipt by
19 the Department of a complaint alleging the commission of or
20 notice of the conviction order for any of the acts described
21 herein. Except for the grounds numbered (8), (9), (26), and
22 (29), no action shall be commenced more than 10 years after the
23 date of the incident or act alleged to have violated this
24 Section. For actions involving the ground numbered (26), a
25 pattern of practice or other behavior includes all incidents
26 alleged to be part of the pattern of practice or other behavior

1 that occurred, or a report pursuant to Section 23 of this Act
2 received, within the 10-year period preceding the filing of the
3 complaint. In the event of the settlement of any claim or cause
4 of action in favor of the claimant or the reduction to final
5 judgment of any civil action in favor of the plaintiff, such
6 claim, cause of action or civil action being grounded on the
7 allegation that a person licensed under this Act was negligent
8 in providing care, the Department shall have an additional
9 period of 2 years from the date of notification to the
10 Department under Section 23 of this Act of such settlement or
11 final judgment in which to investigate and commence formal
12 disciplinary proceedings under Section 36 of this Act, except
13 as otherwise provided by law. The time during which the holder
14 of the license was outside the State of Illinois shall not be
15 included within any period of time limiting the commencement of
16 disciplinary action by the Department.

17 The entry of an order or judgment by any circuit court
18 establishing that any person holding a license under this Act
19 is a person in need of mental treatment operates as a
20 suspension of that license. That person may resume their
21 practice only upon the entry of a Departmental order based upon
22 a finding by the Disciplinary Board that they have been
23 determined to be recovered from mental illness by the court and
24 upon the Disciplinary Board's recommendation that they be
25 permitted to resume their practice.

26 The Department may refuse to issue or take disciplinary

1 action concerning the license of any person who fails to file a
2 return, or to pay the tax, penalty or interest shown in a filed
3 return, or to pay any final assessment of tax, penalty or
4 interest, as required by any tax Act administered by the
5 Illinois Department of Revenue, until such time as the
6 requirements of any such tax Act are satisfied as determined by
7 the Illinois Department of Revenue.

8 The Department, upon the recommendation of the
9 Disciplinary Board, shall adopt rules which set forth standards
10 to be used in determining:

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

13 (b) what constitutes dishonorable, unethical or
14 unprofessional conduct of a character likely to deceive,
15 defraud, or harm the public;

16 (c) what constitutes immoral conduct in the commission
17 of any act, including, but not limited to, commission of an
18 act of sexual misconduct related to the licensee's
19 practice; and

20 (d) what constitutes gross negligence in the practice
21 of medicine.

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

25 In enforcing this Section, the Disciplinary Board or the
26 Licensing Board, upon a showing of a possible violation, may

1 compel, in the case of the Disciplinary Board, any individual
2 who is licensed to practice under this Act or holds a permit to
3 practice under this Act, or, in the case of the Licensing
4 Board, any individual who has applied for licensure or a permit
5 pursuant to this Act, to submit to a mental or physical
6 examination and evaluation, or both, which may include a
7 substance abuse or sexual offender evaluation, as required by
8 the Licensing Board or Disciplinary Board and at the expense of
9 the Department. The Disciplinary Board or Licensing Board shall
10 specifically designate the examining physician licensed to
11 practice medicine in all of its branches or, if applicable, the
12 multidisciplinary team involved in providing the mental or
13 physical examination and evaluation, or both. The
14 multidisciplinary team shall be led by a physician licensed to
15 practice medicine in all of its branches and may consist of one
16 or more or a combination of physicians licensed to practice
17 medicine in all of its branches, licensed chiropractic
18 physicians, licensed clinical psychologists, licensed clinical
19 social workers, licensed clinical professional counselors, and
20 other professional and administrative staff. Any examining
21 physician or member of the multidisciplinary team may require
22 any person ordered to submit to an examination and evaluation
23 pursuant to this Section to submit to any additional
24 supplemental testing deemed necessary to complete any
25 examination or evaluation process, including, but not limited
26 to, blood testing, urinalysis, psychological testing, or

1 neuropsychological testing. The Disciplinary Board, the
2 Licensing Board, or the Department may order the examining
3 physician or any member of the multidisciplinary team to
4 provide to the Department, the Disciplinary Board, or the
5 Licensing Board any and all records, including business
6 records, that relate to the examination and evaluation,
7 including any supplemental testing performed. The Disciplinary
8 Board, the Licensing Board, or the Department may order the
9 examining physician or any member of the multidisciplinary team
10 to present testimony concerning this examination and
11 evaluation of the licensee, permit holder, or applicant,
12 including testimony concerning any supplemental testing or
13 documents relating to the examination and evaluation. No
14 information, report, record, or other documents in any way
15 related to the examination and evaluation shall be excluded by
16 reason of any common law or statutory privilege relating to
17 communication between the licensee, permit holder, or
18 applicant and the examining physician or any member of the
19 multidisciplinary team. No authorization is necessary from the
20 licensee, permit holder, or applicant ordered to undergo an
21 evaluation and examination for the examining physician or any
22 member of the multidisciplinary team to provide information,
23 reports, records, or other documents or to provide any
24 testimony regarding the examination and evaluation. The
25 individual to be examined may have, at his or her own expense,
26 another physician of his or her choice present during all

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

1 Disciplinary Board shall have the authority to review the
2 subject physician's record of treatment and counseling
3 regarding the impairment, to the extent permitted by applicable
4 federal statutes and regulations safeguarding the
5 confidentiality of medical records.

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

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

19 All fines imposed under this Section shall be paid within
20 60 days after the effective date of the order imposing the fine
21 or in accordance with the terms set forth in the order imposing
22 the fine.

23 (B) The Department shall revoke the license or permit
24 issued under this Act to practice medicine or a chiropractic
25 physician who has been convicted a second time of committing
26 any felony under the Illinois Controlled Substances Act or the

1 Methamphetamine Control and Community Protection Act, or who
2 has been convicted a second time of committing a Class 1 felony
3 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
4 person whose license or permit is revoked under this subsection
5 B shall be prohibited from practicing medicine or treating
6 human ailments without the use of drugs and without operative
7 surgery.

8 (C) The Department shall not revoke, suspend, place on
9 probation, reprimand, refuse to issue or renew, or take any
10 other disciplinary or non-disciplinary action against the
11 license or permit issued under this Act to practice medicine to
12 a physician based solely upon the recommendation of the
13 physician to an eligible patient, as defined under Section 10
14 of the Right to Try Act, regarding, or prescription for, or
15 treatment with, an investigational drug, biological product,
16 or device.

17 (D) ~~(C)~~ The Disciplinary Board shall recommend to the
18 Department civil penalties and any other appropriate
19 discipline in disciplinary cases when the Board finds that a
20 physician willfully performed an abortion with actual
21 knowledge that the person upon whom the abortion has been
22 performed is a minor or an incompetent person without notice as
23 required under the Parental Notice of Abortion Act of 1995.
24 Upon the Board's recommendation, the Department shall impose,
25 for the first violation, a civil penalty of \$1,000 and for a
26 second or subsequent violation, a civil penalty of \$5,000.

1 (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13;
2 98-668, eff. 6-25-14; 98-1140, eff. 12-30-14.)