



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

SB1315

Introduced 2/18/2015, by Sen. Heather A. Steans

SYNOPSIS AS INTRODUCED:

See Index

Amends the Nurse Practice Act. Eliminates the requirement for a written collaborative agreement for all advanced practice nurses. Eliminates the requirement for an anesthesia plan for certified registered nurse anesthetists. Removes references to a written collaborative agreement and anesthesia plan throughout the Act. Repeals certain Sections of the Act and a Section of the Podiatric Medical Practice Act of 1987 concerning written collaborative agreements. Amends various other Acts to make related changes. Effective immediately.

LRB099 06069 HAF 26123 b

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Identification Card Act is amended
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois
9 Identification Card to any natural person who is a resident of
10 the State of Illinois who applies for such card, or renewal
11 thereof, or who applies for a standard Illinois Identification
12 Card upon release as a committed person on parole, mandatory
13 supervised release, aftercare release, final discharge, or
14 pardon from the Department of Corrections or Department of
15 Juvenile Justice by submitting an identification card issued by
16 the Department of Corrections or Department of Juvenile Justice
17 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of
18 Corrections, together with the prescribed fees. No
19 identification card shall be issued to any person who holds a
20 valid foreign state identification card, license, or permit
21 unless the person first surrenders to the Secretary of State
22 the valid foreign state identification card, license, or
23 permit. The card shall be prepared and supplied by the

1 Secretary of State and shall include a photograph and signature
2 or mark of the applicant. However, the Secretary of State may
3 provide by rule for the issuance of Illinois Identification
4 Cards without photographs if the applicant has a bona fide
5 religious objection to being photographed or to the display of
6 his or her photograph. The Illinois Identification Card may be
7 used for identification purposes in any lawful situation only
8 by the person to whom it was issued. As used in this Act,
9 "photograph" means any color photograph or digitally produced
10 and captured image of an applicant for an identification card.
11 As used in this Act, "signature" means the name of a person as
12 written by that person and captured in a manner acceptable to
13 the Secretary of State.

14 (a-5) If an applicant for an identification card has a
15 current driver's license or instruction permit issued by the
16 Secretary of State, the Secretary may require the applicant to
17 utilize the same residence address and name on the
18 identification card, driver's license, and instruction permit
19 records maintained by the Secretary. The Secretary may
20 promulgate rules to implement this provision.

21 (a-10) If the applicant is a judicial officer as defined in
22 Section 1-10 of the Judicial Privacy Act or a peace officer,
23 the applicant may elect to have his or her office or work
24 address listed on the card instead of the applicant's residence
25 or mailing address. The Secretary may promulgate rules to
26 implement this provision. For the purposes of this subsection

1 (a-10), "peace officer" means any person who by virtue of his
2 or her office or public employment is vested by law with a duty
3 to maintain public order or to make arrests for a violation of
4 any penal statute of this State, whether that duty extends to
5 all violations or is limited to specific violations.

6 (b) The Secretary of State shall issue a special Illinois
7 Identification Card, which shall be known as an Illinois Person
8 with a Disability Identification Card, to any natural person
9 who is a resident of the State of Illinois, who is a person
10 with a disability as defined in Section 4A of this Act, who
11 applies for such card, or renewal thereof. No Illinois Person
12 with a Disability Identification Card shall be issued to any
13 person who holds a valid foreign state identification card,
14 license, or permit unless the person first surrenders to the
15 Secretary of State the valid foreign state identification card,
16 license, or permit. The Secretary of State shall charge no fee
17 to issue such card. The card shall be prepared and supplied by
18 the Secretary of State, and shall include a photograph and
19 signature or mark of the applicant, a designation indicating
20 that the card is an Illinois Person with a Disability
21 Identification Card, and shall include a comprehensible
22 designation of the type and classification of the applicant's
23 disability as set out in Section 4A of this Act. However, the
24 Secretary of State may provide by rule for the issuance of
25 Illinois Person with a Disability Identification Cards without
26 photographs if the applicant has a bona fide religious

1 objection to being photographed or to the display of his or her
2 photograph. If the applicant so requests, the card shall
3 include a description of the applicant's disability and any
4 information about the applicant's disability or medical
5 history which the Secretary determines would be helpful to the
6 applicant in securing emergency medical care. If a mark is used
7 in lieu of a signature, such mark shall be affixed to the card
8 in the presence of two witnesses who attest to the authenticity
9 of the mark. The Illinois Person with a Disability
10 Identification Card may be used for identification purposes in
11 any lawful situation by the person to whom it was issued.

12 The Illinois Person with a Disability Identification Card
13 may be used as adequate documentation of disability in lieu of
14 a physician's determination of disability, a determination of
15 disability from a physician assistant who has been delegated
16 the authority to make this determination by his or her
17 supervising physician, a determination of disability from an
18 advanced practice nurse ~~who has a written collaborative~~
19 ~~agreement with a collaborating physician that authorizes the~~
20 ~~advanced practice nurse to make this determination,~~ or any
21 other documentation of disability whenever any State law
22 requires that a disabled person provide such documentation of
23 disability, however an Illinois Person with a Disability
24 Identification Card shall not qualify the cardholder to
25 participate in any program or to receive any benefit which is
26 not available to all persons with like disabilities.

1 Notwithstanding any other provisions of law, an Illinois Person
2 with a Disability Identification Card, or evidence that the
3 Secretary of State has issued an Illinois Person with a
4 Disability Identification Card, shall not be used by any person
5 other than the person named on such card to prove that the
6 person named on such card is a disabled person or for any other
7 purpose unless the card is used for the benefit of the person
8 named on such card, and the person named on such card consents
9 to such use at the time the card is so used.

10 An optometrist's determination of a visual disability
11 under Section 4A of this Act is acceptable as documentation for
12 the purpose of issuing an Illinois Person with a Disability
13 Identification Card.

14 When medical information is contained on an Illinois Person
15 with a Disability Identification Card, the Office of the
16 Secretary of State shall not be liable for any actions taken
17 based upon that medical information.

18 (c) The Secretary of State shall provide that each original
19 or renewal Illinois Identification Card or Illinois Person with
20 a Disability Identification Card issued to a person under the
21 age of 21 shall be of a distinct nature from those Illinois
22 Identification Cards or Illinois Person with a Disability
23 Identification Cards issued to individuals 21 years of age or
24 older. The color designated for Illinois Identification Cards
25 or Illinois Person with a Disability Identification Cards for
26 persons under the age of 21 shall be at the discretion of the

1 Secretary of State.

2 (c-1) Each original or renewal Illinois Identification
3 Card or Illinois Person with a Disability Identification Card
4 issued to a person under the age of 21 shall display the date
5 upon which the person becomes 18 years of age and the date upon
6 which the person becomes 21 years of age.

7 (c-3) The General Assembly recognizes the need to identify
8 military veterans living in this State for the purpose of
9 ensuring that they receive all of the services and benefits to
10 which they are legally entitled, including healthcare,
11 education assistance, and job placement. To assist the State in
12 identifying these veterans and delivering these vital services
13 and benefits, the Secretary of State is authorized to issue
14 Illinois Identification Cards and Illinois Person with a
15 Disability Identification Cards with the word "veteran"
16 appearing on the face of the cards. This authorization is
17 predicated on the unique status of veterans. The Secretary may
18 not issue any other identification card which identifies an
19 occupation, status, affiliation, hobby, or other unique
20 characteristics of the identification card holder which is
21 unrelated to the purpose of the identification card.

22 (c-5) Beginning on or before July 1, 2015, the Secretary of
23 State shall designate a space on each original or renewal
24 identification card where, at the request of the applicant, the
25 word "veteran" shall be placed. The veteran designation shall
26 be available to a person identified as a veteran under

1 subsection (b) of Section 5 of this Act who was discharged or
2 separated under honorable conditions.

3 (d) The Secretary of State may issue a Senior Citizen
4 discount card, to any natural person who is a resident of the
5 State of Illinois who is 60 years of age or older and who
6 applies for such a card or renewal thereof. The Secretary of
7 State shall charge no fee to issue such card. The card shall be
8 issued in every county and applications shall be made available
9 at, but not limited to, nutrition sites, senior citizen centers
10 and Area Agencies on Aging. The applicant, upon receipt of such
11 card and prior to its use for any purpose, shall have affixed
12 thereon in the space provided therefor his signature or mark.

13 (e) The Secretary of State, in his or her discretion, may
14 designate on each Illinois Identification Card or Illinois
15 Person with a Disability Identification Card a space where the
16 card holder may place a sticker or decal, issued by the
17 Secretary of State, of uniform size as the Secretary may
18 specify, that shall indicate in appropriate language that the
19 card holder has renewed his or her Illinois Identification Card
20 or Illinois Person with a Disability Identification Card.

21 (Source: P.A. 97-371, eff. 1-1-12; 97-739, eff. 1-1-13; 97-847,
22 eff. 1-1-13; 97-1064, eff. 1-1-13; 98-323, eff. 1-1-14; 98-463,
23 eff. 8-16-13; 98-558, eff. 1-1-14; 98-756, eff. 7-16-14.)

24 Section 10. The Alcoholism and Other Drug Abuse and
25 Dependency Act is amended by changing Section 5-23 as follows:

1 (20 ILCS 301/5-23)

2 Sec. 5-23. Drug Overdose Prevention Program.

3 (a) Reports of drug overdose.

4 (1) The Director of the Division of Alcoholism and
5 Substance Abuse may publish annually a report on drug
6 overdose trends statewide that reviews State death rates
7 from available data to ascertain changes in the causes or
8 rates of fatal and nonfatal drug overdose for the preceding
9 period of not less than 5 years. The report shall also
10 provide information on interventions that would be
11 effective in reducing the rate of fatal or nonfatal drug
12 overdose.

13 (2) The report may include:

14 (A) Trends in drug overdose death rates.

15 (B) Trends in emergency room utilization related
16 to drug overdose and the cost impact of emergency room
17 utilization.

18 (C) Trends in utilization of pre-hospital and
19 emergency services and the cost impact of emergency
20 services utilization.

21 (D) Suggested improvements in data collection.

22 (E) A description of other interventions effective
23 in reducing the rate of fatal or nonfatal drug
24 overdose.

25 (b) Programs; drug overdose prevention.

1 (1) The Director may establish a program to provide for
2 the production and publication, in electronic and other
3 formats, of drug overdose prevention, recognition, and
4 response literature. The Director may develop and
5 disseminate curricula for use by professionals,
6 organizations, individuals, or committees interested in
7 the prevention of fatal and nonfatal drug overdose,
8 including, but not limited to, drug users, jail and prison
9 personnel, jail and prison inmates, drug treatment
10 professionals, emergency medical personnel, hospital
11 staff, families and associates of drug users, peace
12 officers, firefighters, public safety officers, needle
13 exchange program staff, and other persons. In addition to
14 information regarding drug overdose prevention,
15 recognition, and response, literature produced by the
16 Department shall stress that drug use remains illegal and
17 highly dangerous and that complete abstinence from illegal
18 drug use is the healthiest choice. The literature shall
19 provide information and resources for substance abuse
20 treatment.

21 The Director may establish or authorize programs for
22 prescribing, dispensing, or distributing naloxone
23 hydrochloride or any other similarly acting and equally
24 safe drug approved by the U.S. Food and Drug Administration
25 for the treatment of drug overdose. Such programs may
26 include the prescribing of naloxone hydrochloride or any

1 other similarly acting and equally safe drug approved by
2 the U.S. Food and Drug Administration for the treatment of
3 drug overdose to and education about administration by
4 individuals who are not personally at risk of opioid
5 overdose.

6 (2) The Director may provide advice to State and local
7 officials on the growing drug overdose crisis, including
8 the prevalence of drug overdose incidents, trends in drug
9 overdose incidents, and solutions to the drug overdose
10 crisis.

11 (c) Grants.

12 (1) The Director may award grants, in accordance with
13 this subsection, to create or support local drug overdose
14 prevention, recognition, and response projects. Local
15 health departments, correctional institutions, hospitals,
16 universities, community-based organizations, and
17 faith-based organizations may apply to the Department for a
18 grant under this subsection at the time and in the manner
19 the Director prescribes.

20 (2) In awarding grants, the Director shall consider the
21 necessity for overdose prevention projects in various
22 settings and shall encourage all grant applicants to
23 develop interventions that will be effective and viable in
24 their local areas.

25 (3) The Director shall give preference for grants to
26 proposals that, in addition to providing life-saving

1 interventions and responses, provide information to drug
2 users on how to access drug treatment or other strategies
3 for abstaining from illegal drugs. The Director shall give
4 preference to proposals that include one or more of the
5 following elements:

6 (A) Policies and projects to encourage persons,
7 including drug users, to call 911 when they witness a
8 potentially fatal drug overdose.

9 (B) Drug overdose prevention, recognition, and
10 response education projects in drug treatment centers,
11 outreach programs, and other organizations that work
12 with, or have access to, drug users and their families
13 and communities.

14 (C) Drug overdose recognition and response
15 training, including rescue breathing, in drug
16 treatment centers and for other organizations that
17 work with, or have access to, drug users and their
18 families and communities.

19 (D) The production and distribution of targeted or
20 mass media materials on drug overdose prevention and
21 response.

22 (E) Prescription and distribution of naloxone
23 hydrochloride or any other similarly acting and
24 equally safe drug approved by the U.S. Food and Drug
25 Administration for the treatment of drug overdose.

26 (F) The institution of education and training

1 projects on drug overdose response and treatment for
2 emergency services and law enforcement personnel.

3 (G) A system of parent, family, and survivor
4 education and mutual support groups.

5 (4) In addition to moneys appropriated by the General
6 Assembly, the Director may seek grants from private
7 foundations, the federal government, and other sources to
8 fund the grants under this Section and to fund an
9 evaluation of the programs supported by the grants.

10 (d) Health care professional prescription of drug overdose
11 treatment medication.

12 (1) A health care professional who, acting in good
13 faith, directly or by standing order, prescribes or
14 dispenses an opioid antidote to a patient who, in the
15 judgment of the health care professional, is capable of
16 administering the drug in an emergency, shall not, as a
17 result of his or her acts or omissions, be subject to
18 disciplinary or other adverse action under the Medical
19 Practice Act of 1987, the Physician Assistant Practice Act
20 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
21 or any other professional licensing statute.

22 (2) A person who is not otherwise licensed to
23 administer an opioid antidote may in an emergency
24 administer without fee an opioid antidote if the person has
25 received the patient information specified in paragraph
26 (4) of this subsection and believes in good faith that

1 another person is experiencing a drug overdose. The person
2 shall not, as a result of his or her acts or omissions, be
3 liable for any violation of the Medical Practice Act of
4 1987, the Physician Assistant Practice Act of 1987, the
5 Nurse Practice Act, the Pharmacy Practice Act, or any other
6 professional licensing statute, or subject to any criminal
7 prosecution arising from or related to the unauthorized
8 practice of medicine or the possession of an opioid
9 antidote.

10 (3) A health care professional prescribing an opioid
11 antidote to a patient shall ensure that the patient
12 receives the patient information specified in paragraph
13 (4) of this subsection. Patient information may be provided
14 by the health care professional or a community-based
15 organization, substance abuse program, or other
16 organization with which the health care professional
17 establishes a written agreement that includes a
18 description of how the organization will provide patient
19 information, how employees or volunteers providing
20 information will be trained, and standards for documenting
21 the provision of patient information to patients.
22 Provision of patient information shall be documented in the
23 patient's medical record or through similar means as
24 determined by agreement between the health care
25 professional and the organization. The Director of the
26 Division of Alcoholism and Substance Abuse, in

1 consultation with statewide organizations representing
2 physicians, advanced practice nurses, physician
3 assistants, substance abuse programs, and other interested
4 groups, shall develop and disseminate to health care
5 professionals, community-based organizations, substance
6 abuse programs, and other organizations training materials
7 in video, electronic, or other formats to facilitate the
8 provision of such patient information.

9 (4) For the purposes of this subsection:

10 "Opioid antidote" means naloxone hydrochloride or any
11 other similarly acting and equally safe drug approved by
12 the U.S. Food and Drug Administration for the treatment of
13 drug overdose.

14 "Health care professional" means a physician licensed
15 to practice medicine in all its branches, a physician
16 assistant who has been delegated the prescription or
17 dispensation of an opioid antidote by his or her
18 supervising physician, an advanced practice ~~registered~~
19 nurse ~~who has a written collaborative agreement with a~~
20 ~~collaborating physician that authorizes the prescription~~
21 ~~or dispensation of an opioid antidote,~~ or an advanced
22 practice nurse who practices in a hospital or ambulatory
23 surgical treatment center and possesses appropriate
24 clinical privileges in accordance with the Nurse Practice
25 Act.

26 "Patient" includes a person who is not at risk of

1 opioid overdose but who, in the judgment of the physician,
2 may be in a position to assist another individual during an
3 overdose and who has received patient information as
4 required in paragraph (2) of this subsection on the
5 indications for and administration of an opioid antidote.

6 "Patient information" includes information provided to
7 the patient on drug overdose prevention and recognition;
8 how to perform rescue breathing and resuscitation; opioid
9 antidote dosage and administration; the importance of
10 calling 911; care for the overdose victim after
11 administration of the overdose antidote; and other issues
12 as necessary.

13 (Source: P.A. 96-361, eff. 1-1-10.)

14 Section 15. The School Code is amended by changing Sections
15 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

16 (105 ILCS 5/22-30)

17 Sec. 22-30. Self-administration and self-carry of asthma
18 medication and epinephrine auto-injectors; administration of
19 undesignated epinephrine auto-injectors.

20 (a) For the purpose of this Section only, the following
21 terms shall have the meanings set forth below:

22 "Asthma inhaler" means a quick reliever asthma inhaler.

23 "Epinephrine auto-injector" means a single-use device used
24 for the automatic injection of a pre-measured dose of

1 epinephrine into the human body.

2 "Asthma medication" means a medicine, prescribed by (i) a
3 physician licensed to practice medicine in all its branches,
4 (ii) a physician assistant who has been delegated the authority
5 to prescribe asthma medications by his or her supervising
6 physician, or (iii) an advanced practice nurse ~~who has a~~
7 ~~written collaborative agreement with a collaborating physician~~
8 ~~that delegates the authority to prescribe asthma medications,~~
9 for a pupil that pertains to the pupil's asthma and that has an
10 individual prescription label.

11 "School nurse" means a registered nurse working in a school
12 with or without licensure endorsed in school nursing.

13 "Self-administration" means a pupil's discretionary use of
14 his or her prescribed asthma medication or epinephrine
15 auto-injector.

16 "Self-carry" means a pupil's ability to carry his or her
17 prescribed asthma medication or epinephrine auto-injector.

18 "Standing protocol" may be issued by (i) a physician
19 licensed to practice medicine in all its branches, (ii) a
20 physician assistant who has been delegated the authority to
21 prescribe asthma medications or epinephrine auto-injectors by
22 his or her supervising physician, or (iii) an advanced practice
23 nurse ~~who has a collaborative agreement with a collaborating~~
24 ~~physician that delegates authority to issue a standing protocol~~
25 ~~for asthma medications or epinephrine auto-injectors.~~

26 "Trained personnel" means any school employee or volunteer

1 personnel authorized in Sections 10-22.34, 10-22.34a, and
2 10-22.34b of this Code who has completed training under
3 subsection (g) of this Section to recognize and respond to
4 anaphylaxis.

5 "Undesignated epinephrine auto-injector" means an
6 epinephrine auto-injector prescribed in the name of a school
7 district, public school, or nonpublic school.

8 (b) A school, whether public or nonpublic, must permit the
9 self-administration and self-carry of asthma medication by a
10 pupil with asthma or the self-administration and self-carry of
11 an epinephrine auto-injector by a pupil, provided that:

12 (1) the parents or guardians of the pupil provide to
13 the school (i) written authorization from the parents or
14 guardians for (A) the self-administration and self-carry
15 of asthma medication or (B) the self-carry of asthma
16 medication or (ii) for (A) the self-administration and
17 self-carry of an epinephrine auto-injector or (B) the
18 self-carry of an epinephrine auto-injector, written
19 authorization from the pupil's physician, physician
20 assistant, or advanced practice nurse; and

21 (2) the parents or guardians of the pupil provide to
22 the school (i) the prescription label, which must contain
23 the name of the asthma medication, the prescribed dosage,
24 and the time at which or circumstances under which the
25 asthma medication is to be administered, or (ii) for the
26 self-administration or self-carry of an epinephrine

1 auto-injector, a written statement from the pupil's
2 physician, physician assistant, or advanced practice nurse
3 containing the following information:

4 (A) the name and purpose of the epinephrine
5 auto-injector;

6 (B) the prescribed dosage; and

7 (C) the time or times at which or the special
8 circumstances under which the epinephrine
9 auto-injector is to be administered.

10 The information provided shall be kept on file in the office of
11 the school nurse or, in the absence of a school nurse, the
12 school's administrator.

13 (b-5) A school district, public school, or nonpublic school
14 may authorize the provision of a student-specific or
15 undesignated epinephrine auto-injector to a student or any
16 personnel authorized under a student's Individual Health Care
17 Action Plan, Illinois Food Allergy Emergency Action Plan and
18 Treatment Authorization Form, or plan pursuant to Section 504
19 of the federal Rehabilitation Act of 1973 to administer an
20 epinephrine auto-injector to the student, that meets the
21 student's prescription on file.

22 (b-10) The school district, public school, or nonpublic
23 school may authorize a school nurse or trained personnel to do
24 the following: (i) provide an undesignated epinephrine
25 auto-injector to a student for self-administration only or any
26 personnel authorized under a student's Individual Health Care

1 Action Plan, Illinois Food Allergy Emergency Action Plan and
2 Treatment Authorization Form, or plan pursuant to Section 504
3 of the federal Rehabilitation Act of 1973 to administer to the
4 student, that meets the student's prescription on file; (ii)
5 administer an undesignated epinephrine auto-injector that
6 meets the prescription on file to any student who has an
7 Individual Health Care Action Plan, Illinois Food Allergy
8 Emergency Action Plan and Treatment Authorization Form, or plan
9 pursuant to Section 504 of the federal Rehabilitation Act of
10 1973 that authorizes the use of an epinephrine auto-injector;
11 and (iii) administer an undesignated epinephrine auto-injector
12 to any person that the school nurse or trained personnel in
13 good faith believes is having an anaphylactic reaction.

14 (c) The school district, public school, or nonpublic school
15 must inform the parents or guardians of the pupil, in writing,
16 that the school district, public school, or nonpublic school
17 and its employees and agents, including a physician, physician
18 assistant, or advanced practice nurse providing standing
19 protocol or prescription for school epinephrine
20 auto-injectors, are to incur no liability or professional
21 discipline, except for willful and wanton conduct, as a result
22 of any injury arising from the administration of asthma
23 medication or of an epinephrine auto-injector regardless of
24 whether authorization was given by the pupil's parents or
25 guardians or by the pupil's physician, physician assistant, or
26 advanced practice nurse. The parents or guardians of the pupil

1 must sign a statement acknowledging that the school district,
2 public school, or nonpublic school and its employees and agents
3 are to incur no liability, except for willful and wanton
4 conduct, as a result of any injury arising from the
5 administration of asthma medication or of an epinephrine
6 auto-injector regardless of whether authorization was given by
7 the pupil's parents or guardians or by the pupil's physician,
8 physician assistant, or advanced practice nurse and that the
9 parents or guardians must indemnify and hold harmless the
10 school district, public school, or nonpublic school and its
11 employees and agents against any claims, except a claim based
12 on willful and wanton conduct, arising out of the
13 administration of asthma medication or of an epinephrine
14 auto-injector regardless of whether authorization was given by
15 the pupil's parents or guardians or by the pupil's physician,
16 physician assistant, or advanced practice nurse.

17 (c-5) Upon the effective date of this amendatory Act of the
18 98th General Assembly, when a school nurse or trained personnel
19 administers an undesignated epinephrine auto-injector to a
20 person whom the school nurse or trained personnel in good faith
21 believes is having an anaphylactic reaction, notwithstanding
22 the lack of notice to the parents or guardians of the pupil or
23 the absence of the parents or guardians signed statement
24 acknowledging no liability, except for willful and wanton
25 conduct, the school district, public school, or nonpublic
26 school and its employees and agents, and a physician, a

1 physician assistant, or an advanced practice nurse providing
2 standing protocol or prescription for undesignated epinephrine
3 auto-injectors, are to incur no liability or professional
4 discipline, except for willful and wanton conduct, as a result
5 of any injury arising from the use of an undesignated
6 epinephrine auto-injector regardless of whether authorization
7 was given by the pupil's parents or guardians or by the pupil's
8 physician, physician assistant, or advanced practice nurse.

9 (d) The permission for self-administration and self-carry
10 of asthma medication or the self-administration and self-carry
11 of an epinephrine auto-injector is effective for the school
12 year for which it is granted and shall be renewed each
13 subsequent school year upon fulfillment of the requirements of
14 this Section.

15 (e) Provided that the requirements of this Section are
16 fulfilled, a pupil with asthma may self-administer and
17 self-carry his or her asthma medication or a pupil may
18 self-administer and self-carry an epinephrine auto-injector
19 (i) while in school, (ii) while at a school-sponsored activity,
20 (iii) while under the supervision of school personnel, or (iv)
21 before or after normal school activities, such as while in
22 before-school or after-school care on school-operated
23 property.

24 (e-5) Provided that the requirements of this Section are
25 fulfilled, a school nurse or trained personnel may administer
26 an undesignated epinephrine auto-injector to any person whom

1 the school nurse or trained personnel in good faith believes to
2 be having an anaphylactic reaction (i) while in school, (ii)
3 while at a school-sponsored activity, (iii) while under the
4 supervision of school personnel, or (iv) before or after normal
5 school activities, such as while in before-school or
6 after-school care on school-operated property. A school nurse
7 or trained personnel may carry undesignated epinephrine
8 auto-injectors on his or her person while in school or at a
9 school-sponsored activity.

10 (f) The school district, public school, or nonpublic school
11 may maintain a supply of undesignated epinephrine
12 auto-injectors in any secure location where an allergic person
13 is most at risk, including, but not limited to, classrooms and
14 lunchrooms. A physician, a physician assistant who has been
15 delegated prescriptive authority for asthma medication or
16 epinephrine auto-injectors in accordance with Section 7.5 of
17 the Physician Assistant Practice Act of 1987, or an advanced
18 practice nurse ~~who has been delegated prescriptive authority~~
19 ~~for asthma medication or epinephrine auto injectors in~~
20 ~~accordance with Section 65-40 of the Nurse Practice Act~~ may
21 prescribe undesignated epinephrine auto-injectors in the name
22 of the school district, public school, or nonpublic school to
23 be maintained for use when necessary. Any supply of epinephrine
24 auto-injectors shall be maintained in accordance with the
25 manufacturer's instructions.

26 (f-5) Upon any administration of an epinephrine

1 auto-injector, a school district, public school, or nonpublic
2 school must immediately activate the EMS system and notify the
3 student's parent, guardian, or emergency contact, if known.

4 (f-10) Within 24 hours of the administration of an
5 undesignated epinephrine auto-injector, a school district,
6 public school, or nonpublic school must notify the physician,
7 physician assistant, or advance practice nurse who provided the
8 standing protocol or prescription for the undesignated
9 epinephrine auto-injector of its use.

10 (g) Prior to the administration of an undesignated
11 epinephrine auto-injector, trained personnel must submit to
12 his or her school's administration proof of completion of a
13 training curriculum to recognize and respond to anaphylaxis
14 that meets the requirements of subsection (h) of this Section.
15 Training must be completed annually. Trained personnel must
16 also submit to his or her school's administration proof of
17 cardiopulmonary resuscitation and automated external
18 defibrillator certification. The school district, public
19 school, or nonpublic school must maintain records related to
20 the training curriculum and trained personnel.

21 (h) A training curriculum to recognize and respond to
22 anaphylaxis, including the administration of an undesignated
23 epinephrine auto-injector, may be conducted online or in
24 person. It must include, but is not limited to:

25 (1) how to recognize symptoms of an allergic reaction;

26 (2) a review of high-risk areas within the school and

- 1 its related facilities;
- 2 (3) steps to take to prevent exposure to allergens;
- 3 (4) how to respond to an emergency involving an
4 allergic reaction;
- 5 (5) how to administer an epinephrine auto-injector;
- 6 (6) how to respond to a student with a known allergy as
7 well as a student with a previously unknown allergy;
- 8 (7) a test demonstrating competency of the knowledge
9 required to recognize anaphylaxis and administer an
10 epinephrine auto-injector; and
- 11 (8) other criteria as determined in rules adopted
12 pursuant to this Section.

13 In consultation with statewide professional organizations
14 representing physicians licensed to practice medicine in all of
15 its branches, registered nurses, and school nurses, the Board
16 shall make available resource materials consistent with
17 criteria in this subsection (h) for educating trained personnel
18 to recognize and respond to anaphylaxis. The Board may take
19 into consideration the curriculum on this subject developed by
20 other states, as well as any other curricular materials
21 suggested by medical experts and other groups that work on
22 life-threatening allergy issues. The Board is not required to
23 create new resource materials. The Board shall make these
24 resource materials available on its Internet website.

25 (i) Within 3 days after the administration of an
26 undesignated epinephrine auto-injector by a school nurse,

1 trained personnel, or a student at a school or school-sponsored
2 activity, the school must report to the Board in a form and
3 manner prescribed by the Board the following information:

4 (1) age and type of person receiving epinephrine
5 (student, staff, visitor);

6 (2) any previously known diagnosis of a severe allergy;

7 (3) trigger that precipitated allergic episode;

8 (4) location where symptoms developed;

9 (5) number of doses administered;

10 (6) type of person administering epinephrine (school
11 nurse, trained personnel, student); and

12 (7) any other information required by the Board.

13 (j) By October 1, 2015 and every year thereafter, the Board
14 shall submit a report to the General Assembly identifying the
15 frequency and circumstances of epinephrine administration
16 during the preceding academic year. This report shall be
17 published on the Board's Internet website on the date the
18 report is delivered to the General Assembly.

19 (k) The Board may adopt rules necessary to implement this
20 Section.

21 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

22 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

23 Sec. 24-5. Physical fitness and professional growth.

24 (a) In this Section, "employee" means any employee of a
25 school district, a student teacher, an employee of a contractor

1 that provides services to students or in schools, or any other
2 individual subject to the requirements of Section 10-21.9 or
3 34-18.5 of this Code.

4 (b) School boards shall require of new employees evidence
5 of physical fitness to perform duties assigned and freedom from
6 communicable disease. Such evidence shall consist of a physical
7 examination by a physician licensed in Illinois or any other
8 state to practice medicine and surgery in all its branches, an
9 advanced practice nurse ~~who has a written collaborative~~
10 ~~agreement with a collaborating physician that authorizes the~~
11 ~~advanced practice nurse to perform health examinations,~~ or a
12 physician assistant who has been delegated the authority to
13 perform health examinations by his or her supervising physician
14 not more than 90 days preceding time of presentation to the
15 board, and the cost of such examination shall rest with the
16 employee. A new or existing employee may be subject to
17 additional health examinations, including screening for
18 tuberculosis, as required by rules adopted by the Department of
19 Public Health or by order of a local public health official.
20 The board may from time to time require an examination of any
21 employee by a physician licensed in Illinois to practice
22 medicine and surgery in all its branches, an advanced practice
23 nurse ~~who has a written collaborative agreement with a~~
24 ~~collaborating physician that authorizes the advanced practice~~
25 ~~nurse to perform health examinations,~~ or a physician assistant
26 who has been delegated the authority to perform health

1 examinations by his or her supervising physician and shall pay
2 the expenses thereof from school funds.

3 (c) School boards may require teachers in their employ to
4 furnish from time to time evidence of continued professional
5 growth.

6 (Source: P.A. 98-716, eff. 7-16-14.)

7 (105 ILCS 5/24-6)

8 Sec. 24-6. Sick leave. The school boards of all school
9 districts, including special charter districts, but not
10 including school districts in municipalities of 500,000 or
11 more, shall grant their full-time teachers, and also shall
12 grant such of their other employees as are eligible to
13 participate in the Illinois Municipal Retirement Fund under the
14 "600-Hour Standard" established, or under such other
15 eligibility participation standard as may from time to time be
16 established, by rules and regulations now or hereafter
17 promulgated by the Board of that Fund under Section 7-198 of
18 the Illinois Pension Code, as now or hereafter amended, sick
19 leave provisions not less in amount than 10 days at full pay in
20 each school year. If any such teacher or employee does not use
21 the full amount of annual leave thus allowed, the unused amount
22 shall be allowed to accumulate to a minimum available leave of
23 180 days at full pay, including the leave of the current year.
24 Sick leave shall be interpreted to mean personal illness,
25 quarantine at home, serious illness or death in the immediate

1 family or household, or birth, adoption, or placement for
2 adoption. The school board may require a certificate from a
3 physician licensed in Illinois to practice medicine and surgery
4 in all its branches, a chiropractic physician licensed under
5 the Medical Practice Act of 1987, an advanced practice nurse
6 ~~who has a written collaborative agreement with a collaborating~~
7 ~~physician that authorizes the advanced practice nurse to~~
8 ~~perform health examinations~~, a physician assistant who has been
9 delegated the authority to perform health examinations by his
10 or her supervising physician, or, if the treatment is by prayer
11 or spiritual means, a spiritual adviser or practitioner of the
12 teacher's or employee's faith as a basis for pay during leave
13 after an absence of 3 days for personal illness or 30 days for
14 birth or as the school board may deem necessary in other cases.
15 If the school board does require a certificate as a basis for
16 pay during leave of less than 3 days for personal illness, the
17 school board shall pay, from school funds, the expenses
18 incurred by the teachers or other employees in obtaining the
19 certificate. For paid leave for adoption or placement for
20 adoption, the school board may require that the teacher or
21 other employee provide evidence that the formal adoption
22 process is underway, and such leave is limited to 30 days
23 unless a longer leave has been negotiated with the exclusive
24 bargaining representative.

25 If, by reason of any change in the boundaries of school
26 districts, or by reason of the creation of a new school

1 district, the employment of a teacher is transferred to a new
2 or different board, the accumulated sick leave of such teacher
3 is not thereby lost, but is transferred to such new or
4 different district.

5 For purposes of this Section, "immediate family" shall
6 include parents, spouse, brothers, sisters, children,
7 grandparents, grandchildren, parents-in-law, brothers-in-law,
8 sisters-in-law, and legal guardians.

9 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
10 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

11 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

12 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
13 custody or control of any child (i) between the ages of 7 and
14 17 years (unless the child has already graduated from high
15 school) for school years before the 2014-2015 school year or
16 (ii) between the ages of 6 (on or before September 1) and 17
17 years (unless the child has already graduated from high school)
18 beginning with the 2014-2015 school year shall cause such child
19 to attend some public school in the district wherein the child
20 resides the entire time it is in session during the regular
21 school term, except as provided in Section 10-19.1, and during
22 a required summer school program established under Section
23 10-22.33B; provided, that the following children shall not be
24 required to attend the public schools:

25 1. Any child attending a private or a parochial school

1 where children are taught the branches of education taught
2 to children of corresponding age and grade in the public
3 schools, and where the instruction of the child in the
4 branches of education is in the English language;

5 2. Any child who is physically or mentally unable to
6 attend school, such disability being certified to the
7 county or district truant officer by a competent physician
8 licensed in Illinois to practice medicine and surgery in
9 all its branches, a chiropractic physician licensed under
10 the Medical Practice Act of 1987, an advanced practice
11 nurse ~~who has a written collaborative agreement with a~~
12 ~~collaborating physician that authorizes the advanced~~
13 ~~practice nurse to perform health examinations,~~ a physician
14 assistant who has been delegated the authority to perform
15 health examinations by his or her supervising physician, or
16 a Christian Science practitioner residing in this State and
17 listed in the Christian Science Journal; or who is excused
18 for temporary absence for cause by the principal or teacher
19 of the school which the child attends; the exemptions in
20 this paragraph (2) do not apply to any female who is
21 pregnant or the mother of one or more children, except
22 where a female is unable to attend school due to a
23 complication arising from her pregnancy and the existence
24 of such complication is certified to the county or district
25 truant officer by a competent physician;

26 3. Any child necessarily and lawfully employed

1 according to the provisions of the law regulating child
2 labor may be excused from attendance at school by the
3 county superintendent of schools or the superintendent of
4 the public school which the child should be attending, on
5 certification of the facts by and the recommendation of the
6 school board of the public school district in which the
7 child resides. In districts having part time continuation
8 schools, children so excused shall attend such schools at
9 least 8 hours each week;

10 4. Any child over 12 and under 14 years of age while in
11 attendance at confirmation classes;

12 5. Any child absent from a public school on a
13 particular day or days or at a particular time of day for
14 the reason that he is unable to attend classes or to
15 participate in any examination, study or work requirements
16 on a particular day or days or at a particular time of day,
17 because the tenets of his religion forbid secular activity
18 on a particular day or days or at a particular time of day.
19 Each school board shall prescribe rules and regulations
20 relative to absences for religious holidays including, but
21 not limited to, a list of religious holidays on which it
22 shall be mandatory to excuse a child; but nothing in this
23 paragraph 5 shall be construed to limit the right of any
24 school board, at its discretion, to excuse an absence on
25 any other day by reason of the observance of a religious
26 holiday. A school board may require the parent or guardian

1 of a child who is to be excused from attending school due
2 to the observance of a religious holiday to give notice,
3 not exceeding 5 days, of the child's absence to the school
4 principal or other school personnel. Any child excused from
5 attending school under this paragraph 5 shall not be
6 required to submit a written excuse for such absence after
7 returning to school; and

8 6. Any child 16 years of age or older who (i) submits
9 to a school district evidence of necessary and lawful
10 employment pursuant to paragraph 3 of this Section and (ii)
11 is enrolled in a graduation incentives program pursuant to
12 Section 26-16 of this Code or an alternative learning
13 opportunities program established pursuant to Article 13B
14 of this Code.

15 (Source: P.A. 98-544, eff. 7-1-14.)

16 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

17 Sec. 27-8.1. Health examinations and immunizations.

18 (1) In compliance with rules and regulations which the
19 Department of Public Health shall promulgate, and except as
20 hereinafter provided, all children in Illinois shall have a
21 health examination as follows: within one year prior to
22 entering kindergarten or the first grade of any public,
23 private, or parochial elementary school; upon entering the
24 sixth and ninth grades of any public, private, or parochial
25 school; prior to entrance into any public, private, or

1 parochial nursery school; and, irrespective of grade,
2 immediately prior to or upon entrance into any public, private,
3 or parochial school or nursery school, each child shall present
4 proof of having been examined in accordance with this Section
5 and the rules and regulations promulgated hereunder. Any child
6 who received a health examination within one year prior to
7 entering the fifth grade for the 2007-2008 school year is not
8 required to receive an additional health examination in order
9 to comply with the provisions of Public Act 95-422 when he or
10 she attends school for the 2008-2009 school year, unless the
11 child is attending school for the first time as provided in
12 this paragraph.

13 A tuberculosis skin test screening shall be included as a
14 required part of each health examination included under this
15 Section if the child resides in an area designated by the
16 Department of Public Health as having a high incidence of
17 tuberculosis. Additional health examinations of pupils,
18 including eye examinations, may be required when deemed
19 necessary by school authorities. Parents are encouraged to have
20 their children undergo eye examinations at the same points in
21 time required for health examinations.

22 (1.5) In compliance with rules adopted by the Department of
23 Public Health and except as otherwise provided in this Section,
24 all children in kindergarten and the second and sixth grades of
25 any public, private, or parochial school shall have a dental
26 examination. Each of these children shall present proof of

1 having been examined by a dentist in accordance with this
2 Section and rules adopted under this Section before May 15th of
3 the school year. If a child in the second or sixth grade fails
4 to present proof by May 15th, the school may hold the child's
5 report card until one of the following occurs: (i) the child
6 presents proof of a completed dental examination or (ii) the
7 child presents proof that a dental examination will take place
8 within 60 days after May 15th. The Department of Public Health
9 shall establish, by rule, a waiver for children who show an
10 undue burden or a lack of access to a dentist. Each public,
11 private, and parochial school must give notice of this dental
12 examination requirement to the parents and guardians of
13 students at least 60 days before May 15th of each school year.

14 (1.10) Except as otherwise provided in this Section, all
15 children enrolling in kindergarten in a public, private, or
16 parochial school on or after the effective date of this
17 amendatory Act of the 95th General Assembly and any student
18 enrolling for the first time in a public, private, or parochial
19 school on or after the effective date of this amendatory Act of
20 the 95th General Assembly shall have an eye examination. Each
21 of these children shall present proof of having been examined
22 by a physician licensed to practice medicine in all of its
23 branches or a licensed optometrist within the previous year, in
24 accordance with this Section and rules adopted under this
25 Section, before October 15th of the school year. If the child
26 fails to present proof by October 15th, the school may hold the

1 child's report card until one of the following occurs: (i) the
2 child presents proof of a completed eye examination or (ii) the
3 child presents proof that an eye examination will take place
4 within 60 days after October 15th. The Department of Public
5 Health shall establish, by rule, a waiver for children who show
6 an undue burden or a lack of access to a physician licensed to
7 practice medicine in all of its branches who provides eye
8 examinations or to a licensed optometrist. Each public,
9 private, and parochial school must give notice of this eye
10 examination requirement to the parents and guardians of
11 students in compliance with rules of the Department of Public
12 Health. Nothing in this Section shall be construed to allow a
13 school to exclude a child from attending because of a parent's
14 or guardian's failure to obtain an eye examination for the
15 child.

16 (2) The Department of Public Health shall promulgate rules
17 and regulations specifying the examinations and procedures
18 that constitute a health examination, which shall include the
19 collection of data relating to obesity (including at a minimum,
20 date of birth, gender, height, weight, blood pressure, and date
21 of exam), and a dental examination and may recommend by rule
22 that certain additional examinations be performed. The rules
23 and regulations of the Department of Public Health shall
24 specify that a tuberculosis skin test screening shall be
25 included as a required part of each health examination included
26 under this Section if the child resides in an area designated

1 by the Department of Public Health as having a high incidence
2 of tuberculosis. The Department of Public Health shall specify
3 that a diabetes screening as defined by rule shall be included
4 as a required part of each health examination. Diabetes testing
5 is not required.

6 Physicians licensed to practice medicine in all of its
7 branches, advanced practice nurses ~~who have a written~~
8 ~~collaborative agreement with a collaborating physician which~~
9 ~~authorizes them to perform health examinations,~~ or physician
10 assistants who have been delegated the performance of health
11 examinations by their supervising physician shall be
12 responsible for the performance of the health examinations,
13 other than dental examinations, eye examinations, and vision
14 and hearing screening, and shall sign all report forms required
15 by subsection (4) of this Section that pertain to those
16 portions of the health examination for which the physician,
17 advanced practice nurse, or physician assistant is
18 responsible. If a registered nurse performs any part of a
19 health examination, then a physician licensed to practice
20 medicine in all of its branches must review and sign all
21 required report forms. Licensed dentists shall perform all
22 dental examinations and shall sign all report forms required by
23 subsection (4) of this Section that pertain to the dental
24 examinations. Physicians licensed to practice medicine in all
25 its branches or licensed optometrists shall perform all eye
26 examinations required by this Section and shall sign all report

1 forms required by subsection (4) of this Section that pertain
2 to the eye examination. For purposes of this Section, an eye
3 examination shall at a minimum include history, visual acuity,
4 subjective refraction to best visual acuity near and far,
5 internal and external examination, and a glaucoma evaluation,
6 as well as any other tests or observations that in the
7 professional judgment of the doctor are necessary. Vision and
8 hearing screening tests, which shall not be considered
9 examinations as that term is used in this Section, shall be
10 conducted in accordance with rules and regulations of the
11 Department of Public Health, and by individuals whom the
12 Department of Public Health has certified. In these rules and
13 regulations, the Department of Public Health shall require that
14 individuals conducting vision screening tests give a child's
15 parent or guardian written notification, before the vision
16 screening is conducted, that states, "Vision screening is not a
17 substitute for a complete eye and vision evaluation by an eye
18 doctor. Your child is not required to undergo this vision
19 screening if an optometrist or ophthalmologist has completed
20 and signed a report form indicating that an examination has
21 been administered within the previous 12 months."

22 (3) Every child shall, at or about the same time as he or
23 she receives a health examination required by subsection (1) of
24 this Section, present to the local school proof of having
25 received such immunizations against preventable communicable
26 diseases as the Department of Public Health shall require by

1 rules and regulations promulgated pursuant to this Section and
2 the Communicable Disease Prevention Act.

3 (4) The individuals conducting the health examination,
4 dental examination, or eye examination shall record the fact of
5 having conducted the examination, and such additional
6 information as required, including for a health examination
7 data relating to obesity (including at a minimum, date of
8 birth, gender, height, weight, blood pressure, and date of
9 exam), on uniform forms which the Department of Public Health
10 and the State Board of Education shall prescribe for statewide
11 use. The examiner shall summarize on the report form any
12 condition that he or she suspects indicates a need for special
13 services, including for a health examination factors relating
14 to obesity. The individuals confirming the administration of
15 required immunizations shall record as indicated on the form
16 that the immunizations were administered.

17 (5) If a child does not submit proof of having had either
18 the health examination or the immunization as required, then
19 the child shall be examined or receive the immunization, as the
20 case may be, and present proof by October 15 of the current
21 school year, or by an earlier date of the current school year
22 established by a school district. To establish a date before
23 October 15 of the current school year for the health
24 examination or immunization as required, a school district must
25 give notice of the requirements of this Section 60 days prior
26 to the earlier established date. If for medical reasons one or

1 more of the required immunizations must be given after October
2 15 of the current school year, or after an earlier established
3 date of the current school year, then the child shall present,
4 by October 15, or by the earlier established date, a schedule
5 for the administration of the immunizations and a statement of
6 the medical reasons causing the delay, both the schedule and
7 the statement being issued by the physician, advanced practice
8 nurse, physician assistant, registered nurse, or local health
9 department that will be responsible for administration of the
10 remaining required immunizations. If a child does not comply by
11 October 15, or by the earlier established date of the current
12 school year, with the requirements of this subsection, then the
13 local school authority shall exclude that child from school
14 until such time as the child presents proof of having had the
15 health examination as required and presents proof of having
16 received those required immunizations which are medically
17 possible to receive immediately. During a child's exclusion
18 from school for noncompliance with this subsection, the child's
19 parents or legal guardian shall be considered in violation of
20 Section 26-1 and subject to any penalty imposed by Section
21 26-10. This subsection (5) does not apply to dental
22 examinations and eye examinations. If the student is an
23 out-of-state transfer student and does not have the proof
24 required under this subsection (5) before October 15 of the
25 current year or whatever date is set by the school district,
26 then he or she may only attend classes (i) if he or she has

1 proof that an appointment for the required vaccinations has
2 been scheduled with a party authorized to submit proof of the
3 required vaccinations. If the proof of vaccination required
4 under this subsection (5) is not submitted within 30 days after
5 the student is permitted to attend classes, then the student is
6 not to be permitted to attend classes until proof of the
7 vaccinations has been properly submitted. No school district or
8 employee of a school district shall be held liable for any
9 injury or illness to another person that results from admitting
10 an out-of-state transfer student to class that has an
11 appointment scheduled pursuant to this subsection (5).

12 (6) Every school shall report to the State Board of
13 Education by November 15, in the manner which that agency shall
14 require, the number of children who have received the necessary
15 immunizations and the health examination (other than a dental
16 examination or eye examination) as required, indicating, of
17 those who have not received the immunizations and examination
18 as required, the number of children who are exempt from health
19 examination and immunization requirements on religious or
20 medical grounds as provided in subsection (8). On or before
21 December 1 of each year, every public school district and
22 registered nonpublic school shall make publicly available the
23 immunization data they are required to submit to the State
24 Board of Education by November 15. The immunization data made
25 publicly available must be identical to the data the school
26 district or school has reported to the State Board of

1 Education.

2 Every school shall report to the State Board of Education
3 by June 30, in the manner that the State Board requires, the
4 number of children who have received the required dental
5 examination, indicating, of those who have not received the
6 required dental examination, the number of children who are
7 exempt from the dental examination on religious grounds as
8 provided in subsection (8) of this Section and the number of
9 children who have received a waiver under subsection (1.5) of
10 this Section.

11 Every school shall report to the State Board of Education
12 by June 30, in the manner that the State Board requires, the
13 number of children who have received the required eye
14 examination, indicating, of those who have not received the
15 required eye examination, the number of children who are exempt
16 from the eye examination as provided in subsection (8) of this
17 Section, the number of children who have received a waiver
18 under subsection (1.10) of this Section, and the total number
19 of children in noncompliance with the eye examination
20 requirement.

21 The reported information under this subsection (6) shall be
22 provided to the Department of Public Health by the State Board
23 of Education.

24 (7) Upon determining that the number of pupils who are
25 required to be in compliance with subsection (5) of this
26 Section is below 90% of the number of pupils enrolled in the

1 school district, 10% of each State aid payment made pursuant to
2 Section 18-8.05 to the school district for such year may be
3 withheld by the State Board of Education until the number of
4 students in compliance with subsection (5) is the applicable
5 specified percentage or higher.

6 (8) Parents or legal guardians who object to health,
7 dental, or eye examinations or any part thereof, or to
8 immunizations, on religious grounds shall not be required to
9 submit their children or wards to the examinations or
10 immunizations to which they so object if such parents or legal
11 guardians present to the appropriate local school authority a
12 signed statement of objection, detailing the grounds for the
13 objection. If the physical condition of the child is such that
14 any one or more of the immunizing agents should not be
15 administered, the examining physician, advanced practice
16 nurse, or physician assistant responsible for the performance
17 of the health examination shall endorse that fact upon the
18 health examination form. Exempting a child from the health,
19 dental, or eye examination does not exempt the child from
20 participation in the program of physical education training
21 provided in Sections 27-5 through 27-7 of this Code.

22 (9) For the purposes of this Section, "nursery schools"
23 means those nursery schools operated by elementary school
24 systems or secondary level school units or institutions of
25 higher learning.

26 (Source: P.A. 97-216, eff. 1-1-12; 97-910, eff. 1-1-13; 98-673,

1 eff. 6-30-14.)

2 Section 20. The Ambulatory Surgical Treatment Center Act is
3 amended by changing Section 6.5 as follows:

4 (210 ILCS 5/6.5)

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

8 (1) No ASTC policy, rule, regulation, or practice shall be
9 inconsistent with the provision of adequate collaboration and
10 consultation in accordance with Section 54.5 of the Medical
11 Practice Act of 1987.

12 (2) Operative surgical procedures shall be performed only
13 by a physician licensed to practice medicine in all its
14 branches under the Medical Practice Act of 1987, a dentist
15 licensed under the Illinois Dental Practice Act, or a podiatric
16 physician licensed under the Podiatric Medical Practice Act of
17 1987, with medical staff membership and surgical clinical
18 privileges granted by the consulting committee of the ASTC. A
19 licensed physician, dentist, or podiatric physician may be
20 assisted by a physician licensed to practice medicine in all
21 its branches, dentist, dental assistant, podiatric physician,
22 licensed advanced practice nurse, licensed physician
23 assistant, licensed registered nurse, licensed practical
24 nurse, surgical assistant, surgical technician, or other

1 individuals granted clinical privileges to assist in surgery by
2 the consulting committee of the ASTC. Payment for services
3 rendered by an assistant in surgery who is not an ambulatory
4 surgical treatment center employee shall be paid at the
5 appropriate non-physician modifier rate if the payor would have
6 made payment had the same services been provided by a
7 physician.

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

17 ~~(3) An advanced practice nurse is not required to possess~~
18 ~~prescriptive authority or a written collaborative agreement~~
19 ~~meeting the requirements of the Nurse Practice Act to provide~~
20 ~~advanced practice nursing services in an ambulatory surgical~~
21 ~~treatment center.~~ An advanced practice nurse must possess
22 clinical privileges granted by the consulting medical staff
23 committee and ambulatory surgical treatment center in order to
24 provide services. Individual advanced practice nurses may also
25 be granted clinical privileges to order, select, and administer
26 medications, including controlled substances, to provide

1 delineated care. The attending physician must determine the
2 advance practice nurse's role in providing care for his or her
3 patients, except as otherwise provided in the consulting staff
4 policies. The consulting medical staff committee shall
5 periodically review the services of advanced practice nurses
6 granted privileges.

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

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

19 (i) an anesthesiologist; or

20 (ii) a physician licensed to practice medicine in
21 all its branches; or

22 (iii) a dentist with authority to administer
23 anesthesia under Section 8.1 of the Illinois Dental
24 Practice Act; or

25 (iv) a licensed certified registered nurse
26 anesthetist; or

1 (v) a podiatric physician licensed under the
2 Podiatric Medical Practice Act of 1987.

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

17 (C) ~~A certified registered nurse anesthetist is not~~
18 ~~required to possess prescriptive authority or a written~~
19 ~~collaborative agreement meeting the requirements of~~
20 ~~Section 65-35 of the Nurse Practice Act to provide~~
21 ~~anesthesia services ordered by a licensed physician,~~
22 ~~dentist, or podiatric physician.~~ Licensed certified
23 registered nurse anesthetists are authorized to select,
24 order, and administer drugs and apply ~~the~~ appropriate
25 medical devices in the provision of anesthesia services
26 ~~under the anesthesia plan agreed with by the~~

1 ~~anesthesiologist or, in the absence of an available~~
2 ~~anesthesiologist with clinical privileges, agreed with by~~
3 ~~the operating physician, operating dentist, or operating~~
4 ~~podiatric physician in accordance with the medical staff~~
5 ~~consulting committee policies of a licensed ambulatory~~
6 ~~surgical treatment center.~~

7 (Source: P.A. 98-214, eff. 8-9-13.)

8 Section 25. The Illinois Clinical Laboratory and Blood Bank
9 Act is amended by changing Section 7-101 as follows:

10 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

11 Sec. 7-101. Examination of specimens. A clinical
12 laboratory shall examine specimens only at the request of (i) a
13 licensed physician, (ii) a licensed dentist, (iii) a licensed
14 podiatric physician, (iv) a licensed optometrist, (v) a
15 licensed physician assistant in accordance with the written
16 supervision agreement required under Section 7.5 of the
17 Physician Assistant Practice Act of 1987 or when authorized
18 under Section 7.7 of the Physician Assistant Practice Act of
19 1987, (v-A) an advanced practice nurse ~~in accordance with the~~
20 ~~written collaborative agreement required under Section 65-35~~
21 ~~of the Nurse Practice Act or when authorized under Section~~
22 ~~65-45 of the Nurse Practice Act,~~ (vi) an authorized law
23 enforcement agency or, in the case of blood alcohol, at the
24 request of the individual for whom the test is to be performed

1 in compliance with Sections 11-501 and 11-501.1 of the Illinois
2 Vehicle Code, or (vii) a genetic counselor with the specific
3 authority from a referral to order a test or tests pursuant to
4 subsection (b) of Section 20 of the Genetic Counselor Licensing
5 Act. If the request to a laboratory is oral, the physician or
6 other authorized person shall submit a written request to the
7 laboratory within 48 hours. If the laboratory does not receive
8 the written request within that period, it shall note that fact
9 in its records. For purposes of this Section, a request made by
10 electronic mail or fax constitutes a written request.

11 (Source: P.A. 97-333, eff. 8-12-11; 98-185, eff. 1-1-14;
12 98-214, eff. 8-9-13; 98-756, eff. 7-16-14; 98-767, eff.
13 1-1-15.)

14 Section 30. The Home Health, Home Services, and Home
15 Nursing Agency Licensing Act is amended by changing Section
16 2.05 as follows:

17 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

18 Sec. 2.05. "Home health services" means services provided
19 to a person at his residence according to a plan of treatment
20 for illness or infirmity prescribed by a physician licensed to
21 practice medicine in all its branches, a physician assistant
22 who has been delegated the authority to prescribe home health
23 services by his or her supervising physician, or an advanced
24 practice nurse ~~who has a written collaborative agreement with a~~

1 ~~collaborating physician that delegates the authority to~~
2 ~~prescribe home health services.~~ Such services include part time
3 and intermittent nursing services and other therapeutic
4 services such as physical therapy, occupational therapy,
5 speech therapy, medical social services, or services provided
6 by a home health aide.

7 (Source: P.A. 98-261, eff. 8-9-13.)

8 Section 35. The Hospital Licensing Act is amended by
9 changing Section 10.7 as follows:

10 (210 ILCS 85/10.7)

11 Sec. 10.7. Clinical privileges; advanced practice nurses.
12 All hospitals licensed under this Act shall comply with the
13 following requirements:

14 (1) No hospital policy, rule, regulation, or practice shall
15 be inconsistent with the provision of adequate collaboration
16 and consultation in accordance with Section 54.5 of the Medical
17 Practice Act of 1987.

18 (2) Operative surgical procedures shall be performed only
19 by a physician licensed to practice medicine in all its
20 branches under the Medical Practice Act of 1987, a dentist
21 licensed under the Illinois Dental Practice Act, or a podiatric
22 physician licensed under the Podiatric Medical Practice Act of
23 1987, with medical staff membership and surgical clinical
24 privileges granted at the hospital. A licensed physician,

1 dentist, or podiatric physician may be assisted by a physician
2 licensed to practice medicine in all its branches, dentist,
3 dental assistant, podiatric physician, licensed advanced
4 practice nurse, licensed physician assistant, licensed
5 registered nurse, licensed practical nurse, surgical
6 assistant, surgical technician, or other individuals granted
7 clinical privileges to assist in surgery at the hospital.
8 Payment for services rendered by an assistant in surgery who is
9 not a hospital employee shall be paid at the appropriate
10 non-physician modifier rate if the payor would have made
11 payment had the same services been provided by a physician.

12 (2.5) A registered nurse licensed under the Nurse Practice
13 Act and qualified by training and experience in operating room
14 nursing shall be present in the operating room and function as
15 the circulating nurse during all invasive or operative
16 procedures. For purposes of this paragraph (2.5), "circulating
17 nurse" means a registered nurse who is responsible for
18 coordinating all nursing care, patient safety needs, and the
19 needs of the surgical team in the operating room during an
20 invasive or operative procedure.

21 (3) ~~An advanced practice nurse is not required to possess~~
22 ~~prescriptive authority or a written collaborative agreement~~
23 ~~meeting the requirements of the Nurse Practice Act to provide~~
24 ~~advanced practice nursing services in a hospital.~~ An advanced
25 practice nurse must possess clinical privileges recommended by
26 the medical staff and granted by the hospital in order to

1 provide services. Individual advanced practice nurses may also
2 be granted clinical privileges to order, select, and administer
3 medications, including controlled substances, to provide
4 delineated care. ~~The attending physician must determine the~~
5 ~~advance practice nurse's role in providing care for his or her~~
6 ~~patients, except as otherwise provided in medical staff bylaws.~~
7 The medical staff shall periodically review the services of
8 advanced practice nurses granted privileges. This review shall
9 be conducted in accordance with item (2) of subsection (a) of
10 Section 10.8 of this Act for advanced practice nurses employed
11 by the hospital.

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

21 (A) The individuals who, with clinical privileges
22 granted at the hospital, may administer anesthesia
23 services are limited to the following:

24 (i) an anesthesiologist; or

25 (ii) a physician licensed to practice medicine in
26 all its branches; or

1 (iii) a dentist with authority to administer
2 anesthesia under Section 8.1 of the Illinois Dental
3 Practice Act; or

4 (iv) a licensed certified registered nurse
5 anesthetist; or

6 (v) a podiatric physician licensed under the
7 Podiatric Medical Practice Act of 1987.

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

21 (C) ~~A certified registered nurse anesthetist is not~~
22 ~~required to possess prescriptive authority or a written~~
23 ~~collaborative agreement meeting the requirements of~~
24 ~~Section 65-35 of the Nurse Practice Act to provide~~
25 ~~anesthesia services ordered by a licensed physician,~~
26 ~~dentist, or podiatric physician. Licensed certified~~

1 registered nurse anesthetists are authorized to select,
2 order, and administer drugs and apply ~~the~~ appropriate
3 medical devices in the provision of anesthesia services
4 ~~under the anesthesia plan agreed with by the~~
5 ~~anesthesiologist or, in the absence of an available~~
6 ~~anesthesiologist with clinical privileges, agreed with by~~
7 ~~the operating physician, operating dentist, or operating~~
8 ~~podiatric physician in accordance with the hospital's~~
9 ~~alternative policy.~~

10 (Source: P.A. 98-214, eff. 8-9-13.)

11 Section 40. The Illinois Insurance Code is amended by
12 changing Sections 356g.5 and 356z.1 as follows:

13 (215 ILCS 5/356g.5)

14 Sec. 356g.5. Clinical breast exam.

15 (a) The General Assembly finds that clinical breast
16 examinations are a critical tool in the early detection of
17 breast cancer, while the disease is in its earlier and
18 potentially more treatable stages. Insurer reimbursement of
19 clinical breast examinations is essential to the effort to
20 reduce breast cancer deaths in Illinois.

21 (b) Every insurer shall provide, in each group or
22 individual policy, contract, or certificate of accident or
23 health insurance issued or renewed for persons who are
24 residents of Illinois, coverage for complete and thorough

1 clinical breast examinations as indicated by guidelines of
2 practice, performed by a physician licensed to practice
3 medicine in all its branches, an advanced practice nurse ~~who~~
4 ~~has a collaborative agreement with a collaborating physician~~
5 ~~that authorizes breast examinations,~~ or a physician assistant
6 who has been delegated authority to provide breast
7 examinations, to check for lumps and other changes for the
8 purpose of early detection and prevention of breast cancer as
9 follows:

10 (1) at least every 3 years for women at least 20 years
11 of age but less than 40 years of age; and

12 (2) annually for women 40 years of age or older.

13 (c) Upon approval of a nationally recognized separate and
14 distinct clinical breast exam code that is compliant with all
15 State and federal laws, rules, and regulations, public and
16 private insurance plans shall take action to cover clinical
17 breast exams on a separate and distinct basis.

18 (Source: P.A. 95-189, eff. 8-16-07.)

19 (215 ILCS 5/356z.1)

20 Sec. 356z.1. Prenatal HIV testing. An individual or group
21 policy of accident and health insurance that provides maternity
22 coverage and is amended, delivered, issued, or renewed after
23 the effective date of this amendatory Act of the 92nd General
24 Assembly must provide coverage for prenatal HIV testing ordered
25 by an attending physician licensed to practice medicine in all

1 its branches, or by a physician assistant or advanced practice
2 registered nurse ~~who has a written collaborative agreement with~~
3 ~~a collaborating physician that authorizes these services,~~
4 including but not limited to orders consistent with the
5 recommendations of the American College of Obstetricians and
6 Gynecologists or the American Academy of Pediatrics.

7 (Source: P.A. 92-130, eff. 7-20-01.)

8 Section 42. The Illinois Dental Practice Act is amended by
9 changing Section 8.1 as follows:

10 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

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

12 Sec. 8.1. Permit for the administration of anesthesia and
13 sedation.

14 (a) No licensed dentist shall administer general
15 anesthesia, deep sedation, or conscious sedation without first
16 applying for and obtaining a permit for such purpose from the
17 Department. The Department shall issue such permit only after
18 ascertaining that the applicant possesses the minimum
19 qualifications necessary to protect public safety. A person
20 with a dental degree who administers anesthesia, deep sedation,
21 or conscious sedation in an approved hospital training program
22 under the supervision of either a licensed dentist holding such
23 permit or a physician licensed to practice medicine in all its
24 branches shall not be required to obtain such permit.

1 (b) In determining the minimum permit qualifications that
2 are necessary to protect public safety, the Department, by
3 rule, shall:

4 (1) establish the minimum educational and training
5 requirements necessary for a dentist to be issued an
6 appropriate permit;

7 (2) establish the standards for properly equipped
8 dental facilities (other than licensed hospitals and
9 ambulatory surgical treatment centers) in which general
10 anesthesia, deep sedation, or conscious sedation is
11 administered, as necessary to protect public safety;

12 (3) establish minimum requirements for all persons who
13 assist the dentist in the administration of general
14 anesthesia, deep sedation, or conscious sedation,
15 including minimum training requirements for each member of
16 the dental team, monitoring requirements, recordkeeping
17 requirements, and emergency procedures; ~~and~~

18 (4) ensure that the dentist and all persons assisting
19 the dentist or monitoring the administration of general
20 anesthesia, deep sedation, or conscious sedation maintain
21 current certification in Basic Life Support (BLS); ~~and-~~

22 (5) establish continuing education requirements in
23 sedation techniques for dentists who possess a permit under
24 this Section.

25 When establishing requirements under this Section, the
26 Department shall consider the current American Dental

1 Association guidelines on sedation and general anesthesia, the
2 current "Guidelines for Monitoring and Management of Pediatric
3 Patients During and After Sedation for Diagnostic and
4 Therapeutic Procedures" established by the American Academy of
5 Pediatrics and the American Academy of Pediatric Dentistry, and
6 the current parameters of care and Office Anesthesia Evaluation
7 (OAE) Manual established by the American Association of Oral
8 and Maxillofacial Surgeons.

9 (c) A licensed dentist must hold an appropriate permit
10 issued under this Section in order to perform dentistry while a
11 nurse anesthetist administers conscious sedation, ~~and a valid
12 written collaborative agreement must exist between the dentist
13 and the nurse anesthetist, in accordance with the Nurse
14 Practice Act.~~

15 A licensed dentist must hold an appropriate permit issued
16 under this Section in order to perform dentistry while a nurse
17 anesthetist administers deep sedation or general anesthesia, ~~18 and a valid written collaborative agreement must exist between
19 the dentist and the nurse anesthetist, in accordance with the
20 Nurse Practice Act.~~

21 For the purposes of this subsection (c), "nurse
22 anesthetist" means a licensed certified registered nurse
23 anesthetist who holds a license as an advanced practice nurse.

24 (Source: P.A. 95-399, eff. 1-1-08; 95-639, eff. 1-1-08; 96-328,
25 eff. 8-11-09.)

1 Section 45. The Medical Practice Act of 1987 is amended by
2 changing Sections 22 and 54.5 as follows:

3 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

5 Sec. 22. Disciplinary action.

6 (A) The Department may revoke, suspend, place on probation,
7 reprimand, refuse to issue or renew, or take any other
8 disciplinary or non-disciplinary action as the Department may
9 deem proper with regard to the license or permit of any person
10 issued under this Act, including imposing fines not to exceed
11 \$10,000 for each violation, upon any of the following grounds:

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

14 (a) a facility licensed pursuant to the Ambulatory
15 Surgical Treatment Center Act;

16 (b) an institution licensed under the Hospital
17 Licensing Act;

18 (c) an ambulatory surgical treatment center or
19 hospitalization or care facility maintained by the
20 State or any agency thereof, where such department or
21 agency has authority under law to establish and enforce
22 standards for the ambulatory surgical treatment
23 centers, hospitalization, or care facilities under its
24 management and control;

25 (d) ambulatory surgical treatment centers,

1 hospitalization or care facilities maintained by the
2 Federal Government; or

3 (e) ambulatory surgical treatment centers,
4 hospitalization or care facilities maintained by any
5 university or college established under the laws of
6 this State and supported principally by public funds
7 raised by taxation.

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

11 (3) A plea of guilty or nolo contendere, finding of
12 guilt, jury verdict, or entry of judgment or sentencing,
13 including, but not limited to, convictions, preceding
14 sentences of supervision, conditional discharge, or first
15 offender probation, under the laws of any jurisdiction of
16 the United States of any crime that is a felony.

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

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

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

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

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

3 (9) Fraud or misrepresentation in applying for, or
4 procuring, a license under this Act or in connection with
5 applying for renewal of a license under this Act.

6 (10) Making a false or misleading statement regarding
7 their skill or the efficacy or value of the medicine,
8 treatment, or remedy prescribed by them at their direction
9 in the treatment of any disease or other condition of the
10 body or mind.

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

13 (12) Adverse action taken by another state or
14 jurisdiction against a license or other authorization to
15 practice as a medical doctor, doctor of osteopathy, doctor
16 of osteopathic medicine or doctor of chiropractic, a
17 certified copy of the record of the action taken by the
18 other state or jurisdiction being prima facie evidence
19 thereof. This includes any adverse action taken by a State
20 or federal agency that prohibits a medical doctor, doctor
21 of osteopathy, doctor of osteopathic medicine, or doctor of
22 chiropractic from providing services to the agency's
23 participants.

24 (13) Violation of any provision of this Act or of the
25 Medical Practice Act prior to the repeal of that Act, or
26 violation of the rules, or a final administrative action of

1 the Secretary, after consideration of the recommendation
2 of the Disciplinary Board.

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

5 (15) A finding by the Disciplinary Board that the
6 registrant after having his or her license placed on
7 probationary status or subjected to conditions or
8 restrictions violated the terms of the probation or failed
9 to comply with such terms or conditions.

10 (16) Abandonment of a patient.

11 (17) Prescribing, selling, administering,
12 distributing, giving or self-administering any drug
13 classified as a controlled substance (designated product)
14 or narcotic for other than medically accepted therapeutic
15 purposes.

16 (18) Promotion of the sale of drugs, devices,
17 appliances or goods provided for a patient in such manner
18 as to exploit the patient for financial gain of the
19 physician.

20 (19) Offering, undertaking or agreeing to cure or treat
21 disease by a secret method, procedure, treatment or
22 medicine, or the treating, operating or prescribing for any
23 human condition by a method, means or procedure which the
24 licensee refuses to divulge upon demand of the Department.

25 (20) Immoral conduct in the commission of any act
26 including, but not limited to, commission of an act of

1 sexual misconduct related to the licensee's practice.

2 (21) Wilfully making or filing false records or reports
3 in his or her practice as a physician, including, but not
4 limited to, false records to support claims against the
5 medical assistance program of the Department of Healthcare
6 and Family Services (formerly Department of Public Aid)
7 under the Illinois Public Aid Code.

8 (22) Wilful omission to file or record, or wilfully
9 impeding the filing or recording, or inducing another
10 person to omit to file or record, medical reports as
11 required by law, or wilfully failing to report an instance
12 of suspected abuse or neglect as required by law.

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

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

23 (25) Gross and wilful and continued overcharging for
24 professional services, including filing false statements
25 for collection of fees for which services are not rendered,
26 including, but not limited to, filing such false statements

1 for collection of monies for services not rendered from the
2 medical assistance program of the Department of Healthcare
3 and Family Services (formerly Department of Public Aid)
4 under the Illinois Public Aid Code.

5 (26) A pattern of practice or other behavior which
6 demonstrates incapacity or incompetence to practice under
7 this Act.

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

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

15 (29) Cheating on or attempt to subvert the licensing
16 examinations administered under this Act.

17 (30) Wilfully or negligently violating the
18 confidentiality between physician and patient except as
19 required by law.

20 (31) The use of any false, fraudulent, or deceptive
21 statement in any document connected with practice under
22 this Act.

23 (32) Aiding and abetting an individual not licensed
24 under this Act in the practice of a profession licensed
25 under this Act.

26 (33) Violating state or federal laws or regulations

1 relating to controlled substances, legend drugs, or
2 ephedra as defined in the Ephedra Prohibition Act.

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

13 (35) Failure to report to the Department surrender of a
14 license or authorization to practice as a medical doctor, a
15 doctor of osteopathy, a doctor of osteopathic medicine, or
16 doctor of chiropractic in another state or jurisdiction, or
17 surrender of membership on any medical staff or in any
18 medical or professional association or society, while
19 under disciplinary investigation by any of those
20 authorities or bodies, for acts or conduct similar to acts
21 or conduct which would constitute grounds for action as
22 defined in this Section.

23 (36) Failure to report to the Department any adverse
24 judgment, settlement, or award arising from a liability
25 claim related to acts or conduct similar to acts or conduct
26 which would constitute grounds for action as defined in

1 this Section.

2 (37) Failure to provide copies of medical records as
3 required by law.

4 (38) Failure to furnish the Department, its
5 investigators or representatives, relevant information,
6 legally requested by the Department after consultation
7 with the Chief Medical Coordinator or the Deputy Medical
8 Coordinator.

9 (39) Violating the Health Care Worker Self-Referral
10 Act.

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

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

15 (42) (Blank). ~~Entering into an excessive number of~~
16 ~~written collaborative agreements with licensed advanced~~
17 ~~practice nurses resulting in an inability to adequately~~
18 ~~collaborate.~~

19 (43) Repeated failure to adequately collaborate with a
20 licensed advanced practice nurse.

21 (44) Violating the Compassionate Use of Medical
22 Cannabis Pilot Program Act.

23 (45) Entering into an excessive number of written
24 collaborative agreements with licensed prescribing
25 psychologists resulting in an inability to adequately
26 collaborate.

1 (46) Repeated failure to adequately collaborate with a
2 licensed prescribing psychologist.

3 Except for actions involving the ground numbered (26), all
4 proceedings to suspend, revoke, place on probationary status,
5 or take any other disciplinary action as the Department may
6 deem proper, with regard to a license on any of the foregoing
7 grounds, must be commenced within 5 years next after receipt by
8 the Department of a complaint alleging the commission of or
9 notice of the conviction order for any of the acts described
10 herein. Except for the grounds numbered (8), (9), (26), and
11 (29), no action shall be commenced more than 10 years after the
12 date of the incident or act alleged to have violated this
13 Section. For actions involving the ground numbered (26), a
14 pattern of practice or other behavior includes all incidents
15 alleged to be part of the pattern of practice or other behavior
16 that occurred, or a report pursuant to Section 23 of this Act
17 received, within the 10-year period preceding the filing of the
18 complaint. In the event of the settlement of any claim or cause
19 of action in favor of the claimant or the reduction to final
20 judgment of any civil action in favor of the plaintiff, such
21 claim, cause of action or civil action being grounded on the
22 allegation that a person licensed under this Act was negligent
23 in providing care, the Department shall have an additional
24 period of 2 years from the date of notification to the
25 Department under Section 23 of this Act of such settlement or
26 final judgment in which to investigate and commence formal

1 disciplinary proceedings under Section 36 of this Act, except
2 as otherwise provided by law. The time during which the holder
3 of the license was outside the State of Illinois shall not be
4 included within any period of time limiting the commencement of
5 disciplinary action by the Department.

6 The entry of an order or judgment by any circuit court
7 establishing that any person holding a license under this Act
8 is a person in need of mental treatment operates as a
9 suspension of that license. That person may resume their
10 practice only upon the entry of a Departmental order based upon
11 a finding by the Disciplinary Board that they have been
12 determined to be recovered from mental illness by the court and
13 upon the Disciplinary Board's recommendation that they be
14 permitted to resume their practice.

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

23 The Department, upon the recommendation of the
24 Disciplinary Board, shall adopt rules which set forth standards
25 to be used in determining:

26 (a) when a person will be deemed sufficiently

1 rehabilitated to warrant the public trust;

2 (b) what constitutes dishonorable, unethical or
3 unprofessional conduct of a character likely to deceive,
4 defraud, or harm the public;

5 (c) what constitutes immoral conduct in the commission
6 of any act, including, but not limited to, commission of an
7 act of sexual misconduct related to the licensee's
8 practice; and

9 (d) what constitutes gross negligence in the practice
10 of medicine.

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

14 In enforcing this Section, the Disciplinary Board or the
15 Licensing Board, upon a showing of a possible violation, may
16 compel, in the case of the Disciplinary Board, any individual
17 who is licensed to practice under this Act or holds a permit to
18 practice under this Act, or, in the case of the Licensing
19 Board, any individual who has applied for licensure or a permit
20 pursuant to this Act, to submit to a mental or physical
21 examination and evaluation, or both, which may include a
22 substance abuse or sexual offender evaluation, as required by
23 the Licensing Board or Disciplinary Board and at the expense of
24 the Department. The Disciplinary Board or Licensing Board shall
25 specifically designate the examining physician licensed to
26 practice medicine in all of its branches or, if applicable, the

1 multidisciplinary team involved in providing the mental or
2 physical examination and evaluation, or both. The
3 multidisciplinary team shall be led by a physician licensed to
4 practice medicine in all of its branches and may consist of one
5 or more or a combination of physicians licensed to practice
6 medicine in all of its branches, licensed chiropractic
7 physicians, licensed clinical psychologists, licensed clinical
8 social workers, licensed clinical professional counselors, and
9 other professional and administrative staff. Any examining
10 physician or member of the multidisciplinary team may require
11 any person ordered to submit to an examination and evaluation
12 pursuant to this Section to submit to any additional
13 supplemental testing deemed necessary to complete any
14 examination or evaluation process, including, but not limited
15 to, blood testing, urinalysis, psychological testing, or
16 neuropsychological testing. The Disciplinary Board, the
17 Licensing Board, or the Department may order the examining
18 physician or any member of the multidisciplinary team to
19 provide to the Department, the Disciplinary Board, or the
20 Licensing Board any and all records, including business
21 records, that relate to the examination and evaluation,
22 including any supplemental testing performed. The Disciplinary
23 Board, the Licensing Board, or the Department may order the
24 examining physician or any member of the multidisciplinary team
25 to present testimony concerning this examination and
26 evaluation of the licensee, permit holder, or applicant,

1 including testimony concerning any supplemental testing or
2 documents relating to the examination and evaluation. No
3 information, report, record, or other documents in any way
4 related to the examination and evaluation shall be excluded by
5 reason of any common law or statutory privilege relating to
6 communication between the licensee, permit holder, or
7 applicant and the examining physician or any member of the
8 multidisciplinary team. No authorization is necessary from the
9 licensee, permit holder, or applicant ordered to undergo an
10 evaluation and examination for the examining physician or any
11 member of the multidisciplinary team to provide information,
12 reports, records, or other documents or to provide any
13 testimony regarding the examination and evaluation. The
14 individual to be examined may have, at his or her own expense,
15 another physician of his or her choice present during all
16 aspects of the examination. Failure of any individual to submit
17 to mental or physical examination and evaluation, or both, when
18 directed, shall result in an automatic suspension, without
19 hearing, until such time as the individual submits to the
20 examination. If the Disciplinary Board or Licensing Board finds
21 a physician unable to practice following an examination and
22 evaluation because of the reasons set forth in this Section,
23 the Disciplinary Board or Licensing Board shall require such
24 physician to submit to care, counseling, or treatment by
25 physicians, or other health care professionals, approved or
26 designated by the Disciplinary Board, as a condition for

1 issued, continued, reinstated, or renewed licensure to
2 practice. Any physician, whose license was granted pursuant to
3 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
4 renewed, disciplined or supervised, subject to such terms,
5 conditions or restrictions who shall fail to comply with such
6 terms, conditions or restrictions, or to complete a required
7 program of care, counseling, or treatment, as determined by the
8 Chief Medical Coordinator or Deputy Medical Coordinators,
9 shall be referred to the Secretary for a determination as to
10 whether the licensee shall have their license suspended
11 immediately, pending a hearing by the Disciplinary Board. In
12 instances in which the Secretary immediately suspends a license
13 under this Section, a hearing upon such person's license must
14 be convened by the Disciplinary Board within 15 days after such
15 suspension and completed without appreciable delay. The
16 Disciplinary Board shall have the authority to review the
17 subject physician's record of treatment and counseling
18 regarding the impairment, to the extent permitted by applicable
19 federal statutes and regulations safeguarding the
20 confidentiality of medical records.

21 An individual licensed under this Act, affected under this
22 Section, shall be afforded an opportunity to demonstrate to the
23 Disciplinary Board that they can resume practice in compliance
24 with acceptable and prevailing standards under the provisions
25 of their license.

26 The Department may promulgate rules for the imposition of

1 fines in disciplinary cases, not to exceed \$10,000 for each
2 violation of this Act. Fines may be imposed in conjunction with
3 other forms of disciplinary action, but shall not be the
4 exclusive disposition of any disciplinary action arising out of
5 conduct resulting in death or injury to a patient. Any funds
6 collected from such fines shall be deposited in the Medical
7 Disciplinary Fund.

8 All fines imposed under this Section shall be paid within
9 60 days after the effective date of the order imposing the fine
10 or in accordance with the terms set forth in the order imposing
11 the fine.

12 (B) The Department shall revoke the license or permit
13 issued under this Act to practice medicine or a chiropractic
14 physician who has been convicted a second time of committing
15 any felony under the Illinois Controlled Substances Act or the
16 Methamphetamine Control and Community Protection Act, or who
17 has been convicted a second time of committing a Class 1 felony
18 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
19 person whose license or permit is revoked under this subsection
20 B shall be prohibited from practicing medicine or treating
21 human ailments without the use of drugs and without operative
22 surgery.

23 (C) The Disciplinary Board shall recommend to the
24 Department civil penalties and any other appropriate
25 discipline in disciplinary cases when the Board finds that a
26 physician willfully performed an abortion with actual

1 knowledge that the person upon whom the abortion has been
2 performed is a minor or an incompetent person without notice as
3 required under the Parental Notice of Abortion Act of 1995.
4 Upon the Board's recommendation, the Department shall impose,
5 for the first violation, a civil penalty of \$1,000 and for a
6 second or subsequent violation, a civil penalty of \$5,000.
7 (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13;
8 98-668, eff. 6-25-14; 98-1140, eff. 12-30-14.)

9 (225 ILCS 60/54.5)

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

11 Sec. 54.5. Physician delegation of authority to physician
12 assistants, advanced practice nurses, and prescribing
13 psychologists.

14 (a) Physicians licensed to practice medicine in all its
15 branches may delegate care and treatment responsibilities to a
16 physician assistant under guidelines in accordance with the
17 requirements of the Physician Assistant Practice Act of 1987. A
18 physician licensed to practice medicine in all its branches may
19 enter into supervising physician agreements with no more than 5
20 physician assistants as set forth in subsection (a) of Section
21 7 of the Physician Assistant Practice Act of 1987.

22 (b) A physician licensed to practice medicine in all its
23 branches in active clinical practice may collaborate and
24 consult with an advanced practice nurse in accordance with the
25 requirements of the Nurse Practice Act. Collaboration is for

1 the purpose of providing medical consultation, and no
2 employment relationship is required. ~~A written collaborative~~
3 ~~agreement shall conform to the requirements of Section 65-35 of~~
4 ~~the Nurse Practice Act. The written collaborative agreement~~
5 ~~shall be for services the collaborating physician generally~~
6 ~~provides or may provide in his or her clinical medical~~
7 ~~practice. A written collaborative agreement shall be adequate~~
8 ~~with respect to collaboration with advanced practice nurses if~~
9 ~~all of the following apply:~~

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

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

24 ~~(3) The advance practice nurse provides services the~~
25 ~~collaborating physician generally provides or may provide~~
26 ~~in his or her clinical medical practice, except as set~~

1 ~~forth in subsection (b-5) of this Section. With respect to~~
2 ~~labor and delivery, the collaborating physician must~~
3 ~~provide delivery services in order to participate with a~~
4 ~~certified nurse midwife.~~

5 ~~(4) The collaborating physician and advanced practice~~
6 ~~nurse consult at least once a month to provide~~
7 ~~collaboration and consultation.~~

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

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

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

25 ~~(1) an anesthesiologist or a physician participates in~~
26 ~~the joint formulation and joint approval of orders or~~

1 ~~guidelines and periodically reviews such orders and the~~
2 ~~services provided patients under such orders; and~~

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

13 (b-10) (Blank). ~~The anesthesiologist or operating~~
14 ~~physician must agree with the anesthesia plan prior to the~~
15 ~~delivery of services.~~

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

21 (d) (Blank).

22 (e) A physician shall not be liable for the acts or
23 omissions of a prescribing psychologist, physician assistant,
24 or advanced practice nurse solely on the basis of having signed
25 a supervision agreement or guidelines for a physician assistant
26 or providing consultation and collaboration with an advanced

1 practice nurse, issuing ~~or a collaborative agreement,~~ an order,
2 a standing medical order, a standing delegation order, or other
3 order or guideline authorizing a prescribing psychologist,
4 physician assistant, or advanced practice nurse to perform
5 acts, unless the physician has reason to believe the
6 prescribing psychologist, physician assistant, or advanced
7 practice nurse lacked the competency to perform the act or acts
8 or commits willful and wanton misconduct.

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

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

19 (h) For the purposes of this Section, "generally provides
20 or may provide in his or her clinical medical practice" means
21 categories of care or treatment, not specific tasks or duties,
22 that the physician provides individually or through delegation
23 to other persons so that the physician has the experience and
24 ability to provide collaboration and consultation. This
25 definition shall not be construed to prohibit an advanced
26 practice nurse from providing primary health treatment or care

1 within the scope of his or her training and experience,
2 including, but not limited to, health screenings, patient
3 histories, physical examinations, women's health examinations,
4 or school physicals that may be provided as part of the routine
5 practice of an advanced practice nurse or on a volunteer basis.

6 (i) A collaborating physician shall delegate prescriptive
7 authority to a prescribing psychologist as part of a written
8 collaborative agreement, and the delegation of prescriptive
9 authority shall conform to the requirements of Section 4.3 of
10 the Clinical Psychologist Licensing Act.

11 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;
12 98-192, eff. 1-1-14; 98-668, eff. 6-25-14.)

13 Section 50. The Nurse Practice Act is amended by changing
14 Sections 50-10, 65-30, 65-45, and 70-5 as follows:

15 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

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

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

20 "Academic year" means the customary annual schedule of
21 courses at a college, university, or approved school,
22 customarily regarded as the school year as distinguished from
23 the calendar year.

24 "Advanced practice nurse" or "APN" means a person who has

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

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

12 "Board" means the Board of Nursing appointed by the
13 Secretary.

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

18 "Consultation" means the process whereby an advanced
19 practice nurse seeks the advice or opinion of another health
20 care professional.

21 "Credentialed" means the process of assessing and
22 validating the qualifications of a health care professional.

23 "Current nursing practice update course" means a planned
24 nursing education curriculum approved by the Department
25 consisting of activities that have educational objectives,
26 instructional methods, content or subject matter, clinical

1 practice, and evaluation methods, related to basic review and
2 updating content and specifically planned for those nurses
3 previously licensed in the United States or its territories and
4 preparing for reentry into nursing practice.

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

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

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

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

22 "License-pending registered nurse" means a person who has
23 passed the Department-approved registered nurse licensure exam
24 and has applied for a license from the Department. A
25 license-pending registered nurse shall use the title "RN lic
26 pend" on all documentation related to nursing practice.

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

3 "Podiatric physician" means a person licensed to practice
4 podiatry under the Podiatric Medical Practice Act of 1987.

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

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

20 "Privileged" means the authorization granted by the
21 governing body of a healthcare facility, agency, or
22 organization to provide specific patient care services within
23 well-defined limits, based on qualifications reviewed in the
24 credentialing process.

25 "Registered Nurse" or "Registered Professional Nurse"
26 means a person who is licensed as a professional nurse under

1 this Act and practices nursing as defined in this Act. Only a
2 registered nurse licensed under this Act is entitled to use the
3 titles "registered nurse" and "registered professional nurse"
4 and the abbreviation, "R.N."

5 "Registered professional nursing practice" is a scientific
6 process founded on a professional body of knowledge; it is a
7 learned profession based on the understanding of the human
8 condition across the life span and environment and includes all
9 nursing specialties and means the performance of any nursing
10 act based upon professional knowledge, judgment, and skills
11 acquired by means of completion of an approved professional
12 nursing education program. A registered professional nurse
13 provides holistic nursing care through the nursing process to
14 individuals, groups, families, or communities, that includes
15 but is not limited to: (1) the assessment of healthcare needs,
16 nursing diagnosis, planning, implementation, and nursing
17 evaluation; (2) the promotion, maintenance, and restoration of
18 health; (3) counseling, patient education, health education,
19 and patient advocacy; (4) the administration of medications and
20 treatments as prescribed by a physician licensed to practice
21 medicine in all of its branches, a licensed dentist, a licensed
22 podiatric physician, or a licensed optometrist or as prescribed
23 by a physician assistant in accordance with written guidelines
24 required under the Physician Assistant Practice Act of 1987 or
25 by an advanced practice nurse in accordance with Article 65 of
26 this Act; (5) the coordination and management of the nursing

1 plan of care; (6) the delegation to and supervision of
2 individuals who assist the registered professional nurse
3 implementing the plan of care; and (7) teaching nursing
4 students. The foregoing shall not be deemed to include those
5 acts of medical diagnosis or prescription of therapeutic or
6 corrective measures.

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

14 "Secretary" means the Secretary of Financial and
15 Professional Regulation.

16 "Unencumbered license" means a license issued in good
17 standing.

18 ~~"Written collaborative agreement" means a written~~
19 ~~agreement between an advanced practice nurse and a~~
20 ~~collaborating physician, dentist, or podiatric physician~~
21 ~~pursuant to Section 65-35.~~

22 (Source: P.A. 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

23 (225 ILCS 65/65-30)

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

25 Sec. 65-30. APN scope of practice.

1 (a) Advanced practice nursing by certified nurse
2 practitioners, certified nurse anesthetists, certified nurse
3 midwives, or clinical nurse specialists is based on knowledge
4 and skills acquired throughout an advanced practice nurse's
5 nursing education, training, and experience.

6 (b) Practice as an advanced practice nurse means a scope of
7 nursing practice, with or without compensation, and includes
8 the registered nurse scope of practice.

9 (c) The scope of practice of an advanced practice nurse
10 includes, but is not limited to, each of the following:

11 (1) Advanced nursing patient assessment and diagnosis.

12 (2) Ordering diagnostic and therapeutic tests and
13 procedures, performing those tests and procedures when using
14 health care equipment, and interpreting and using the results
15 of diagnostic and therapeutic tests and procedures ordered by
16 the advanced practice nurse or another health care
17 professional.

18 (3) Ordering treatments, ordering or applying
19 appropriate medical devices, and using nursing medical,
20 therapeutic, and corrective measures to treat illness and
21 improve health status.

22 (4) Providing palliative and end-of-life care.

23 (5) Providing advanced counseling, patient education,
24 health education, and patient advocacy.

25 (6) Prescribing any Schedule II through Schedule V
26 controlled substance. ~~Prescriptive authority as defined in~~

1 ~~Section 65-40 of this Act.~~

2 (7) Delegating selected nursing activities or tasks to
3 a licensed practical nurse, a registered professional nurse, or
4 other personnel.

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

6 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

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

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

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

9 (a-2) (Blank). ~~An advanced practice nurse granted~~
10 ~~authority to order medications including controlled substances~~
11 ~~may complete discharge prescriptions provided the prescription~~
12 ~~is in the name of the advanced practice nurse and the attending~~
13 ~~or discharging physician.~~

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

19 (a-5) (Blank). ~~For anesthesia services provided by a~~
20 ~~certified registered nurse anesthetist, an anesthesiologist,~~
21 ~~physician, dentist, or podiatric physician shall participate~~
22 ~~through discussion of and agreement with the anesthesia plan~~
23 ~~and shall remain physically present and be available on the~~
24 ~~premises during the delivery of anesthesia services for~~
25 ~~diagnosis, consultation, and treatment of emergency medical~~
26 ~~conditions, unless hospital policy adopted pursuant to clause~~

1 ~~(B) of subdivision (3) of Section 10.7 of the Hospital~~
2 ~~Licensing Act or ambulatory surgical treatment center policy~~
3 ~~adopted pursuant to clause (B) of subdivision (3) of Section~~
4 ~~6.5 of the Ambulatory Surgical Treatment Center Act provides~~
5 ~~otherwise. A certified registered nurse anesthetist may~~
6 ~~select, order, and administer medication for anesthesia~~
7 ~~services under the anesthesia plan agreed to by the~~
8 ~~anesthesiologist or the physician, in accordance with hospital~~
9 ~~alternative policy or the medical staff consulting committee~~
10 ~~policies of a licensed ambulatory surgical treatment center.~~

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

16 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

17 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

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

20 (a) The Department may refuse to issue or to renew, or may
21 revoke, suspend, place on probation, reprimand, or take other
22 disciplinary or non-disciplinary action as the Department may
23 deem appropriate, including fines not to exceed \$10,000 per
24 violation, with regard to a license for any one or combination
25 of the causes set forth in subsection (b) below. All fines

1 collected under this Section shall be deposited in the Nursing
2 Dedicated and Professional Fund.

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

4 (1) Material deception in furnishing information to
5 the Department.

6 (2) Material violations of any provision of this Act or
7 violation of the rules of or final administrative action of
8 the Secretary, after consideration of the recommendation
9 of the Board.

10 (3) Conviction by plea of guilty or nolo contendere,
11 finding of guilt, jury verdict, or entry of judgment or by
12 sentencing of any crime, including, but not limited to,
13 convictions, preceding sentences of supervision,
14 conditional discharge, or first offender probation, under
15 the laws of any jurisdiction of the United States: (i) that
16 is a felony; or (ii) that is a misdemeanor, an essential
17 element of which is dishonesty, or that is directly related
18 to the practice of the profession.

19 (4) A pattern of practice or other behavior which
20 demonstrates incapacity or incompetency to practice under
21 this Act.

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

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

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

4 (8) Unlawful taking, theft, selling, distributing, or
5 manufacturing of any drug, narcotic, or prescription
6 device.

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

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

15 (11) A finding that the licensee, after having her or
16 his license placed on probationary status or subject to
17 conditions or restrictions, has violated the terms of
18 probation or failed to comply with such terms or
19 conditions.

20 (12) Being named as a perpetrator in an indicated
21 report by the Department of Children and Family Services
22 and under the Abused and Neglected Child Reporting Act, and
23 upon proof by clear and convincing evidence that the
24 licensee has caused a child to be an abused child or
25 neglected child as defined in the Abused and Neglected
26 Child Reporting Act.

1 (13) Willful omission to file or record, or willfully
2 impeding the filing or recording or inducing another person
3 to omit to file or record medical reports as required by
4 law or willfully failing to report an instance of suspected
5 child abuse or neglect as required by the Abused and
6 Neglected Child Reporting Act.

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

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

11 (16) Failure of a licensee to report to the Department
12 any adverse final action taken against him or her by
13 another licensing jurisdiction of the United States or any
14 foreign state or country, any peer review body, any health
15 care institution, any professional or nursing society or
16 association, any governmental agency, any law enforcement
17 agency, or any court or a nursing liability claim related
18 to acts or conduct similar to acts or conduct that would
19 constitute grounds for action as defined in this Section.

20 (17) Failure of a licensee to report to the Department
21 surrender by the licensee of a license or authorization to
22 practice nursing or advanced practice nursing in another
23 state or jurisdiction or current surrender by the licensee
24 of membership on any nursing staff or in any nursing or
25 advanced practice nursing or professional association or
26 society while under disciplinary investigation by any of

1 those authorities or bodies for acts or conduct similar to
2 acts or conduct that would constitute grounds for action as
3 defined by this Section.

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

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

8 (20) Fraud, deceit or misrepresentation in applying
9 for or procuring a license under this Act or in connection
10 with applying for renewal of a license under this Act.

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

13 (22) Willfully making or filing false records or
14 reports in the licensee's practice, 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 (23) Attempting to subvert or cheat on a licensing
20 examination administered under this Act.

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

25 (25) Willfully or negligently violating the
26 confidentiality between nurse and patient except as

1 required by law.

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

4 (27) The use of any false, fraudulent, or deceptive
5 statement in any document connected with the licensee's
6 practice.

7 (28) Directly or indirectly giving to or receiving from
8 a person, firm, corporation, partnership, or association a
9 fee, commission, rebate, or other form of compensation for
10 professional services not actually or personally rendered.
11 Nothing in this paragraph (28) affects any bona fide
12 independent contractor or employment arrangements among
13 health care professionals, health facilities, health care
14 providers, or other entities, except as otherwise
15 prohibited by law. Any employment arrangements may include
16 provisions for compensation, health insurance, pension, or
17 other employment benefits for the provision of services
18 within the scope of the licensee's practice under this Act.
19 Nothing in this paragraph (28) shall be construed to
20 require an employment arrangement to receive professional
21 fees for services rendered.

22 (29) A violation of the Health Care Worker
23 Self-Referral Act.

24 (30) Physical illness, including but not limited to
25 deterioration through the aging process or loss of motor
26 skill, mental illness, or disability that results in the

1 inability to practice the profession with reasonable
2 judgment, skill, or safety.

3 (31) (Blank). ~~Exceeding the terms of a collaborative~~
4 ~~agreement or the prescriptive authority delegated to a~~
5 ~~licensee by his or her collaborating physician or podiatric~~
6 ~~physician in guidelines established under a written~~
7 ~~collaborative agreement.~~

8 (32) Making a false or misleading statement regarding a
9 licensee's skill or the efficacy or value of the medicine,
10 treatment, or remedy prescribed by him or her in the course
11 of treatment.

12 (33) Prescribing, selling, administering,
13 distributing, giving, or self-administering a drug
14 classified as a controlled substance (designated product)
15 or narcotic for other than medically accepted therapeutic
16 purposes.

17 (34) Promotion of the sale of drugs, devices,
18 appliances, or goods provided for a patient in a manner to
19 exploit the patient for financial gain.

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

22 (36) Willfully or negligently violating the
23 confidentiality between an advanced practice nurse,
24 collaborating physician, dentist, or podiatric physician
25 and a patient, except as required by law.

26 (37) A violation of any provision of this Act or any

1 rules promulgated under this Act.

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

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

19 (e) In enforcing this Act, the Department or Board, upon a
20 showing of a possible violation, may compel an individual
21 licensed to practice under this Act or who has applied for
22 licensure under this Act, to submit to a mental or physical
23 examination, or both, as required by and at the expense of the
24 Department. The Department or Board may order the examining
25 physician to present testimony concerning the mental or
26 physical examination of the licensee or applicant. No

1 information shall be excluded by reason of any common law or
2 statutory privilege relating to communications between the
3 licensee or applicant and the examining physician. The
4 examining physicians shall be specifically designated by the
5 Board or Department. The individual to be examined may have, at
6 his or her own expense, another physician of his or her choice
7 present during all aspects of this examination. Failure of an
8 individual to submit to a mental or physical examination, when
9 directed, shall result in an automatic suspension without
10 hearing.

11 All substance-related violations shall mandate an
12 automatic substance abuse assessment. Failure to submit to an
13 assessment by a licensed physician who is certified as an
14 addictionist or an advanced practice nurse with specialty
15 certification in addictions may be grounds for an automatic
16 suspension, as defined by rule.

17 If the Department or Board finds an individual unable to
18 practice or unfit for duty because of the reasons set forth in
19 this Section, the Department or Board may require that
20 individual to submit to a substance abuse evaluation or
21 treatment by individuals or programs approved or designated by
22 the Department or Board, as a condition, term, or restriction
23 for continued, reinstated, or renewed licensure to practice;
24 or, in lieu of evaluation or treatment, the Department may
25 file, or the Board may recommend to the Department to file, a
26 complaint to immediately suspend, revoke, or otherwise

1 discipline the license of the individual. An individual whose
2 license was granted, continued, reinstated, renewed,
3 disciplined or supervised subject to such terms, conditions, or
4 restrictions, and who fails to comply with such terms,
5 conditions, or restrictions, shall be referred to the Secretary
6 for a determination as to whether the individual shall have his
7 or her license suspended immediately, pending a hearing by the
8 Department.

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

18 An individual licensed under this Act and affected under
19 this Section shall be afforded an opportunity to demonstrate to
20 the Department that he or she can resume practice in compliance
21 with nursing standards under the provisions of his or her
22 license.

23 (Source: P.A. 98-214, eff. 8-9-13.)

24 Section 55. The Illinois Occupational Therapy Practice Act
25 is amended by changing Section 3.1 as follows:

1 (225 ILCS 75/3.1)

2 (Section scheduled to be repealed on January 1, 2024)

3 Sec. 3.1. Referrals.

4 (a) A licensed occupational therapist or licensed
5 occupational therapy assistant may consult with, educate,
6 evaluate, and monitor services for individuals, groups, and
7 populations concerning occupational therapy needs. Except as
8 indicated in subsections (b) and (c) of this Section,
9 implementation of direct occupational therapy treatment to
10 individuals for their specific health care conditions shall be
11 based upon a referral from a licensed physician, dentist,
12 podiatric physician, ~~or advanced practice nurse who has a~~
13 ~~written collaborative agreement with a collaborating physician~~
14 ~~to provide or accept referrals from licensed occupational~~
15 ~~therapists,~~ physician assistant who has been delegated
16 authority to provide or accept referrals from or to licensed
17 occupational therapists, or optometrist.

18 (b) A referral is not required for the purpose of providing
19 consultation, habilitation, screening, education, wellness,
20 prevention, environmental assessments, and work-related
21 ergonomic services to individuals, groups, or populations.

22 (c) Referral from a physician or other health care provider
23 is not required for evaluation or intervention for children and
24 youths if an occupational therapist or occupational therapy
25 assistant provides services in a school-based or educational

1 environment, including the child's home.

2 (d) An occupational therapist shall refer to a licensed
3 physician, dentist, optometrist, advanced practice nurse,
4 physician assistant, or podiatric physician any patient whose
5 medical condition should, at the time of evaluation or
6 treatment, be determined to be beyond the scope of practice of
7 the occupational therapist.

8 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
9 98-756, eff. 7-16-14.)

10 Section 60. The Orthotics, Prosthetics, and Pedorthics
11 Practice Act is amended by changing Section 57 as follows:

12 (225 ILCS 84/57)

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

14 Sec. 57. Limitation on provision of care and services. A
15 licensed orthotist, prosthetist, or pedorthist may provide
16 care or services only if the care or services are provided
17 pursuant to an order from (i) a licensed physician, (ii) a
18 podiatric physician, (iii) an advanced practice nurse ~~who has a~~
19 ~~written collaborative agreement with a collaborating physician~~
20 ~~or podiatric physician that specifically authorizes ordering~~
21 ~~the services of an orthotist, prosthetist or pedorthist, or~~
22 (iv) ~~an advanced practice nurse who practices in a hospital or~~
23 ~~ambulatory surgical treatment center and possesses clinical~~
24 ~~privileges to order services of an orthotist, prosthetist, or~~

1 ~~pedorthist, or (v)~~ a physician assistant who has been delegated
2 the authority to order the services of an orthotist,
3 prosthetist, or pedorthist by his or her supervising physician.
4 A licensed podiatric physician or advanced practice nurse
5 collaborating with a podiatric physician may only order care or
6 services concerning the foot from a licensed prosthetist.
7 (Source: P.A. 98-214, eff. 8-9-13.)

8 Section 65. The Pharmacy Practice Act is amended by
9 changing Section 4 as follows:

10 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

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

14 (a) the lawful practice of any physician licensed to
15 practice medicine in all of its branches, dentist, podiatric
16 physician, veterinarian, or therapeutically or diagnostically
17 certified optometrist within the limits of his or her license,
18 or prevent him or her from supplying to his or her bona fide
19 patients such drugs, medicines, or poisons as may seem to him
20 appropriate;

21 (b) the sale of compressed gases;

22 (c) the sale of patent or proprietary medicines and
23 household remedies when sold in original and unbroken packages
24 only, if such patent or proprietary medicines and household

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

18 (d) the sale of poultry and livestock remedies in original
19 and unbroken packages only, labeled for poultry and livestock
20 medication;

21 (e) the sale of poisonous substances or mixture of
22 poisonous substances, in unbroken packages, for nonmedicinal
23 use in the arts or industries or for insecticide purposes;
24 provided, they are properly and adequately labeled as to
25 content and such nonmedicinal usage, in conformity with the
26 provisions of all applicable federal, state and local laws and

1 regulations promulgated thereunder now in effect relating
2 thereto and governing the same, and those which are required
3 under such applicable laws and regulations to be labeled with
4 the word "Poison", are also labeled with the word "Poison"
5 printed thereon in prominent type and the name of a readily
6 obtainable antidote with directions for its administration;

7 (f) the delegation of limited prescriptive authority by a
8 physician licensed to practice medicine in all its branches to
9 a physician assistant under Section 7.5 of the Physician
10 Assistant Practice Act of 1987. This delegated authority under
11 Section 7.5 of the Physician Assistant Practice Act of 1987
12 may, but is not required to, include prescription of controlled
13 substances, as defined in Article II of the Illinois Controlled
14 Substances Act, in accordance with a written supervision
15 agreement; and

16 (g) (blank). ~~the delegation of prescriptive authority by a~~
17 ~~physician licensed to practice medicine in all its branches or~~
18 ~~a licensed podiatric physician to an advanced practice nurse in~~
19 ~~accordance with a written collaborative agreement under~~
20 ~~Sections 65-35 and 65-40 of the Nurse Practice Act.~~

21 (Source: P.A. 98-214, eff. 8-9-13.)

22 Section 70. The Illinois Physical Therapy Act is amended by
23 changing Section 1 as follows:

24 (225 ILCS 90/1) (from Ch. 111, par. 4251)

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

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

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

4 (A) Examining, evaluating, and testing individuals who
5 may have mechanical, physiological, or developmental
6 impairments, functional limitations, disabilities, or
7 other health and movement-related conditions, classifying
8 these disorders, determining a rehabilitation prognosis
9 and plan of therapeutic intervention, and assessing the
10 on-going effects of the interventions.

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

22 (C) Reducing the risk of injury, impairment,
23 functional limitation, or disability, including the
24 promotion and maintenance of fitness, health, and
25 wellness.

26 (D) Engaging in administration, consultation,

1 education, and research.

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

1 should, at the time of evaluation or treatment, be determined
2 to be beyond the scope of practice of the physical therapist.

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

6 (3) "Department" means the Department of Professional
7 Regulation.

8 (4) "Director" means the Director of Professional
9 Regulation.

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

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

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

1 assistant, or podiatric physician.

2 (8) "State" includes:

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

4 (b) the District of Columbia; and

5 (c) the Commonwealth of Puerto Rico.

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

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

19 (11) "Advanced practice nurse" means a person licensed as
20 an advanced practice nurse under the Nurse Practice Act ~~who has~~
21 ~~a collaborative agreement with a collaborating physician that~~
22 ~~authorizes referrals to physical therapists.~~

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

26 (Source: P.A. 98-214, eff. 8-9-13.)

1 Section 75. The Respiratory Care Practice Act is amended by
2 changing Section 10 as follows:

3 (225 ILCS 106/10)

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

5 Sec. 10. Definitions. In this Act:

6 "Advanced practice nurse" means an advanced practice nurse
7 licensed under the Nurse Practice Act.

8 "Board" means the Respiratory Care Board appointed by the
9 Director.

10 "Basic respiratory care activities" means and includes all
11 of the following activities:

12 (1) Cleaning, disinfecting, and sterilizing equipment
13 used in the practice of respiratory care as delegated by a
14 licensed health care professional or other authorized
15 licensed personnel.

16 (2) Assembling equipment used in the practice of
17 respiratory care as delegated by a licensed health care
18 professional or other authorized licensed personnel.

19 (3) Collecting and reviewing patient data through
20 non-invasive means, provided that the collection and
21 review does not include the individual's interpretation of
22 the clinical significance of the data. Collecting and
23 reviewing patient data includes the performance of pulse
24 oximetry and non-invasive monitoring procedures in order

1 to obtain vital signs and notification to licensed health
2 care professionals and other authorized licensed personnel
3 in a timely manner.

4 (4) Maintaining a nasal cannula or face mask for oxygen
5 therapy in the proper position on the patient's face.

6 (5) Assembling a nasal cannula or face mask for oxygen
7 therapy at patient bedside in preparation for use.

8 (6) Maintaining a patient's natural airway by
9 physically manipulating the jaw and neck, suctioning the
10 oral cavity, or suctioning the mouth or nose with a bulb
11 syringe.

12 (7) Performing assisted ventilation during emergency
13 resuscitation using a manual resuscitator.

14 (8) Using a manual resuscitator at the direction of a
15 licensed health care professional or other authorized
16 licensed personnel who is present and performing routine
17 airway suctioning. These activities do not include care of
18 a patient's artificial airway or the adjustment of
19 mechanical ventilator settings while a patient is
20 connected to the ventilator.

21 "Basic respiratory care activities" does not mean activities
22 that involve any of the following:

23 (1) Specialized knowledge that results from a course of
24 education or training in respiratory care.

25 (2) An unreasonable risk of a negative outcome for the
26 patient.

1 (3) The assessment or making of a decision concerning
2 patient care.

3 (4) The administration of aerosol medication or
4 oxygen.

5 (5) The insertion and maintenance of an artificial
6 airway.

7 (6) Mechanical ventilatory support.

8 (7) Patient assessment.

9 (8) Patient education.

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

12 "Director" means the Director of Professional Regulation.

13 "Licensed" means that which is required to hold oneself out
14 as a respiratory care practitioner as defined in this Act.

15 "Licensed health care professional" means a physician
16 licensed to practice medicine in all its branches, an advanced
17 practice nurse ~~who has a written collaborative agreement with a~~
18 ~~collaborating physician that authorizes the advanced practice~~
19 ~~nurse to transmit orders to a respiratory care practitioner, or~~
20 a physician assistant who has been delegated the authority to
21 transmit orders to a respiratory care practitioner by his or
22 her supervising physician.

23 "Order" means a written, oral, or telecommunicated
24 authorization for respiratory care services for a patient by
25 (i) a licensed health care professional who maintains medical
26 supervision of the patient and makes a diagnosis or verifies

1 that the patient's condition is such that it may be treated by
2 a respiratory care practitioner or (ii) a certified registered
3 nurse anesthetist in a licensed hospital or ambulatory surgical
4 treatment center.

5 "Other authorized licensed personnel" means a licensed
6 respiratory care practitioner, a licensed registered nurse, or
7 a licensed practical nurse whose scope of practice authorizes
8 the professional to supervise an individual who is not
9 licensed, certified, or registered as a health professional.

10 "Proximate supervision" means a situation in which an
11 individual is responsible for directing the actions of another
12 individual in the facility and is physically close enough to be
13 readily available, if needed, by the supervised individual.

14 "Respiratory care" and "cardiorespiratory care" mean
15 preventative services, evaluation and assessment services,
16 therapeutic services, and rehabilitative services under the
17 order of a licensed health care professional or a certified
18 registered nurse anesthetist in a licensed hospital for an
19 individual with a disorder, disease, or abnormality of the
20 cardiopulmonary system. These terms include, but are not
21 limited to, measuring, observing, assessing, and monitoring
22 signs and symptoms, reactions, general behavior, and general
23 physical response of individuals to respiratory care services,
24 including the determination of whether those signs, symptoms,
25 reactions, behaviors, or general physical responses exhibit
26 abnormal characteristics; the administration of

1 pharmacological and therapeutic agents related to respiratory
2 care services; the collection of blood specimens and other
3 bodily fluids and tissues for, and the performance of,
4 cardiopulmonary diagnostic testing procedures, including, but
5 not limited to, blood gas analysis; development,
6 implementation, and modification of respiratory care treatment
7 plans based on assessed abnormalities of the cardiopulmonary
8 system, respiratory care guidelines, referrals, and orders of a
9 licensed health care professional; application, operation, and
10 management of mechanical ventilatory support and other means of
11 life support; and the initiation of emergency procedures under
12 the rules promulgated by the Department. A respiratory care
13 practitioner shall refer to a physician licensed to practice
14 medicine in all its branches any patient whose condition, at
15 the time of evaluation or treatment, is determined to be beyond
16 the scope of practice of the respiratory care practitioner.

17 "Respiratory care education program" means a course of
18 academic study leading to eligibility for registry or
19 certification in respiratory care. The training is to be
20 approved by an accrediting agency recognized by the Board and
21 shall include an evaluation of competence through a
22 standardized testing mechanism that is determined by the Board
23 to be both valid and reliable.

24 "Respiratory care practitioner" means a person who is
25 licensed by the Department of Professional Regulation and meets
26 all of the following criteria:

1 (1) The person is engaged in the practice of
2 cardiorespiratory care and has the knowledge and skill
3 necessary to administer respiratory care.

4 (2) The person is capable of serving as a resource to
5 the licensed health care professional in relation to the
6 technical aspects of cardiorespiratory care and the safe
7 and effective methods for administering cardiorespiratory
8 care modalities.

9 (3) The person is able to function in situations of
10 unsupervised patient contact requiring great individual
11 judgment.

12 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

13 Section 80. The Genetic Counselor Licensing Act is amended
14 by changing Sections 10, 20, and 95 as follows:

15 (225 ILCS 135/10)

16 (Section scheduled to be repealed on January 1, 2025)

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

18 "ABGC" means the American Board of Genetic Counseling.

19 "ABMG" means the American Board of Medical Genetics.

20 "Active candidate status" is awarded to applicants who have
21 received approval from the ABGC or ABMG to sit for their
22 respective certification examinations.

23 "Address of record" means the designated address recorded
24 by the Department in the applicant's or licensee's application

1 file or license file as maintained by the Department's
2 licensure maintenance unit. It is the duty of the applicant or
3 licensee to inform the Department of any change of address, and
4 those changes must be made either through the Department's
5 website or by contacting the Department.

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

8 "Genetic anomaly" means a variation in an individual's DNA
9 that has been shown to confer a genetically influenced disease
10 or predisposition to a genetically influenced disease or makes
11 a person a carrier of such variation. A "carrier" of a genetic
12 anomaly means a person who may or may not have a predisposition
13 or risk of incurring a genetically influenced condition and who
14 is at risk of having offspring with a genetically influenced
15 condition.

16 "Genetic counseling" means the provision of services,
17 which may include the ordering of genetic tests, pursuant to a
18 referral, to individuals, couples, groups, families, and
19 organizations by one or more appropriately trained individuals
20 to address the physical and psychological issues associated
21 with the occurrence or risk of occurrence or recurrence of a
22 genetic disorder, birth defect, disease, or potentially
23 inherited or genetically influenced condition in an individual
24 or a family. "Genetic counseling" consists of the following:

25 (A) Estimating the likelihood of occurrence or
26 recurrence of a birth defect or of any potentially

1 inherited or genetically influenced condition. This
2 assessment may involve:

3 (i) obtaining and analyzing a complete health
4 history of the person and his or her family;

5 (ii) reviewing pertinent medical records;

6 (iii) evaluating the risks from exposure to
7 possible mutagens or teratogens;

8 (iv) recommending genetic testing or other
9 evaluations to diagnose a condition or determine the
10 carrier status of one or more family members;

11 (B) Helping the individual, family, health care
12 provider, or health care professional (i) appreciate the
13 medical, psychological and social implications of a
14 disorder, including its features, variability, usual
15 course and management options, (ii) learn how genetic
16 factors contribute to the disorder and affect the chance
17 for recurrence of the condition in other family members,
18 and (iii) understand available options for coping with,
19 preventing, or reducing the chance of occurrence or
20 recurrence of a condition.

21 (C) Facilitating an individual's or family's (i)
22 exploration of the perception of risk and burden associated
23 with the disorder and (ii) adjustment and adaptation to the
24 condition or their genetic risk by addressing needs for
25 psychological, social, and medical support.

26 "Genetic counselor" means a person licensed under this Act

1 to engage in the practice of genetic counseling.

2 "Genetic testing" and "genetic test" mean a test or
3 analysis of human genes, gene products, DNA, RNA, chromosomes,
4 proteins, or metabolites that detects genotypes, mutations,
5 chromosomal changes, abnormalities, or deficiencies, including
6 carrier status, that (i) are linked to physical or mental
7 disorders or impairments, (ii) indicate a susceptibility to
8 illness, disease, impairment, or other disorders, whether
9 physical or mental, or (iii) demonstrate genetic or chromosomal
10 damage due to environmental factors. "Genetic testing" and
11 "genetic tests" do not include routine physical measurements;
12 chemical, blood and urine analyses that are widely accepted and
13 in use in clinical practice; tests for use of drugs; tests for
14 the presence of the human immunodeficiency virus; analyses of
15 proteins or metabolites that do not detect genotypes,
16 mutations, chromosomal changes, abnormalities, or
17 deficiencies; or analyses of proteins or metabolites that are
18 directly related to a manifested disease, disorder, or
19 pathological condition that could reasonably be detected by a
20 health care professional with appropriate training and
21 expertise in the field of medicine involved.

22 "Person" means an individual, association, partnership, or
23 corporation.

24 "Qualified supervisor" means any person who is a licensed
25 genetic counselor, as defined by rule, or a physician licensed
26 to practice medicine in all its branches. A qualified

1 supervisor may be provided at the applicant's place of work, or
2 may be contracted by the applicant to provide supervision. The
3 qualified supervisor shall file written documentation with the
4 Department of employment, discharge, or supervisory control of
5 a genetic counselor at the time of employment, discharge, or
6 assumption of supervision of a genetic counselor.

7 "Referral" means a written or telecommunicated
8 authorization for genetic counseling services from a physician
9 licensed to practice medicine in all its branches, an advanced
10 practice nurse ~~who has a collaborative agreement with a~~
11 ~~collaborating physician that authorizes referrals to a genetic~~
12 ~~counselor~~, or a physician assistant who has a supervision
13 agreement with a supervising physician that authorizes
14 referrals to a genetic counselor.

15 "Secretary" means the Secretary of Financial and
16 Professional Regulation.

17 "Supervision" means review of aspects of genetic
18 counseling and case management in a bimonthly meeting with the
19 person under supervision.

20 (Source: P.A. 98-813, eff. 1-1-15.)

21 (225 ILCS 135/20)

22 (Section scheduled to be repealed on January 1, 2025)

23 Sec. 20. Restrictions and limitations.

24 (a) Except as provided in Section 15, no person shall,
25 without a valid license as a genetic counselor issued by the

1 Department (i) in any manner hold himself or herself out to the
2 public as a genetic counselor under this Act; (ii) use in
3 connection with his or her name or place of business the title
4 "genetic counselor", "licensed genetic counselor", "gene
5 counselor", "genetic consultant", or "genetic associate" or
6 any words, letters, abbreviations, or insignia indicating or
7 implying a person has met the qualifications for or has the
8 license issued under this Act; or (iii) offer to render or
9 render to individuals, corporations, or the public genetic
10 counseling services if the words "genetic counselor" or
11 "licensed genetic counselor" are used to describe the person
12 offering to render or rendering them, or "genetic counseling"
13 is used to describe the services rendered or offered to be
14 rendered.

15 (b) No licensed genetic counselor may provide genetic
16 counseling to individuals, couples, groups, or families
17 without a referral from a physician licensed to practice
18 medicine in all its branches, an advanced practice nurse ~~who~~
19 ~~has a collaborative agreement with a collaborating physician~~
20 ~~that authorizes referrals to a genetic counselor,~~ or a
21 physician assistant who has been delegated authority to make
22 referrals to genetic counselors. The physician, advanced
23 practice nurse, or physician assistant shall maintain
24 supervision of the patient and be provided timely written
25 reports on the services, including genetic testing results,
26 provided by the licensed genetic counselor. Genetic testing

1 shall be ordered by a physician licensed to practice medicine
2 in all its branches or a genetic counselor pursuant to a
3 referral that gives the specific authority to order genetic
4 tests. Genetic test results and reports shall be provided to
5 the referring physician, advanced practice nurse, or physician
6 assistant. General seminars or talks to groups or organizations
7 on genetic counseling that do not include individual, couple,
8 or family specific counseling may be conducted without a
9 referral. In clinical settings, genetic counselors who serve as
10 a liaison between family members of a patient and a genetic
11 research project, may, with the consent of the patient, provide
12 information to family members for the purpose of gathering
13 additional information, as it relates to the patient, without a
14 referral. In non-clinical settings where no patient is being
15 treated, genetic counselors who serve as a liaison between a
16 genetic research project and participants in that genetic
17 research project may provide information to the participants,
18 without a referral.

19 (c) No association or partnership shall practice genetic
20 counseling unless every member, partner, and employee of the
21 association or partnership who practices genetic counseling or
22 who renders genetic counseling services holds a valid license
23 issued under this Act. No license shall be issued to a
24 corporation, the stated purpose of which includes or which
25 practices or which holds itself out as available to practice
26 genetic counseling, unless it is organized under the

1 Professional Service Corporation Act.

2 (d) Nothing in this Act shall be construed as permitting
3 persons licensed as genetic counselors to engage in any manner
4 in the practice of medicine in all its branches as defined by
5 law in this State.

6 (e) Nothing in this Act shall be construed to authorize a
7 licensed genetic counselor to diagnose, test (unless
8 authorized in a referral), or treat any genetic or other
9 disease or condition.

10 (f) When, in the course of providing genetic counseling
11 services to any person, a genetic counselor licensed under this
12 Act finds any indication of a disease or condition that in his
13 or her professional judgment requires professional service
14 outside the scope of practice as defined in this Act, he or she
15 shall refer that person to a physician licensed to practice
16 medicine in all of its branches.

17 (Source: P.A. 98-813, eff. 1-1-15.)

18 (225 ILCS 135/95)

19 (Section scheduled to be repealed on January 1, 2025)

20 Sec. 95. Grounds for discipline.

21 (a) The Department may refuse to issue, renew, or may
22 revoke, suspend, place on probation, reprimand, or take other
23 disciplinary or non-disciplinary action as the Department
24 deems appropriate, including the issuance of fines not to
25 exceed \$10,000 for each violation, with regard to any license

1 for any one or more of the following:

2 (1) Material misstatement in furnishing information to
3 the Department or to any other State agency.

4 (2) Violations or negligent or intentional disregard
5 of this Act, or any of its rules.

6 (3) Conviction by plea of guilty or nolo contendere,
7 finding of guilt, jury verdict, or entry of judgment or
8 sentencing, including, but not limited to, convictions,
9 preceding sentences of supervision, conditional discharge,
10 or first offender probation, under the laws of any
11 jurisdiction of the United States: (i) that is a felony or
12 (ii) that is a misdemeanor, an essential element of which
13 is dishonesty, or that is directly related to the practice
14 of genetic counseling.

15 (4) Making any misrepresentation for the purpose of
16 obtaining a license, or violating any provision of this Act
17 or its rules.

18 (5) Negligence in the rendering of genetic counseling
19 services.

20 (6) Failure to provide genetic testing results and any
21 requested information to a referring physician licensed to
22 practice medicine in all its branches, advanced practice
23 nurse, or physician assistant.

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

26 (8) Failing to provide information within 60 days in

1 response to a written request made by the Department.

2 (9) Engaging in dishonorable, unethical, or
3 unprofessional conduct of a character likely to deceive,
4 defraud, or harm the public and violating the rules of
5 professional conduct adopted by the Department.

6 (10) Failing to maintain the confidentiality of any
7 information received from a client, unless otherwise
8 authorized or required by law.

9 (10.5) Failure to maintain client records of services
10 provided and provide copies to clients upon request.

11 (11) Exploiting a client for personal advantage,
12 profit, or interest.

13 (12) Habitual or excessive use or addiction to alcohol,
14 narcotics, stimulants, or any other chemical agent or drug
15 which results in inability to practice with reasonable
16 skill, judgment, or safety.

17 (13) Discipline by another governmental agency or unit
18 of government, by any jurisdiction of the United States, or
19 by a foreign nation, if at least one of the grounds for the
20 discipline is the same or substantially equivalent to those
21 set forth in this Section.

22 (14) Directly or indirectly giving to or receiving from
23 any person, firm, corporation, partnership, or association
24 any fee, commission, rebate, or other form of compensation
25 for any professional service not actually rendered.
26 Nothing in this paragraph (14) affects any bona fide

1 independent contractor or employment arrangements among
2 health care professionals, health facilities, health care
3 providers, or other entities, except as otherwise
4 prohibited by law. Any employment arrangements may include
5 provisions for compensation, health insurance, pension, or
6 other employment benefits for the provision of services
7 within the scope of the licensee's practice under this Act.
8 Nothing in this paragraph (14) shall be construed to
9 require an employment arrangement to receive professional
10 fees for services rendered.

11 (15) A finding by the Department that the licensee,
12 after having the license placed on probationary status has
13 violated the terms of probation.

14 (16) Failing to refer a client to other health care
15 professionals when the licensee is unable or unwilling to
16 adequately support or serve the client.

17 (17) Willfully filing false reports relating to a
18 licensee's practice, including but not limited to false
19 records filed with federal or State agencies or
20 departments.

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

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

1 and 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 (20) Physical or mental disability, including
6 deterioration through the aging process or loss of
7 abilities and skills which results in the inability to
8 practice the profession with reasonable judgment, skill,
9 or safety.

10 (21) Solicitation of professional services by using
11 false or misleading advertising.

12 (22) Failure to file a return, or to pay the tax,
13 penalty of interest shown in a filed return, or to pay any
14 final assessment of tax, penalty or interest, as required
15 by any tax Act administered by the Illinois Department of
16 Revenue or any successor agency or the Internal Revenue
17 Service or any successor agency.

18 (23) Fraud or making any misrepresentation in applying
19 for or procuring a license under this Act or in connection
20 with applying for renewal of a license under this Act.

21 (24) Practicing or attempting to practice under a name
22 other than the full name as shown on the license or any
23 other legally authorized name.

24 (25) Gross overcharging for professional services,
25 including filing statements for collection of fees or
26 monies for which services are not rendered.

1 (26) Providing genetic counseling services to
2 individuals, couples, groups, or families without a
3 referral from either a physician licensed to practice
4 medicine in all its branches, an advanced practice nurse
5 ~~who has a collaborative agreement with a collaborating~~
6 ~~physician that authorizes the advanced practice nurse to~~
7 ~~make referrals to a genetic counselor,~~ or a physician
8 assistant who has been delegated authority to make
9 referrals to genetic counselors.

10 (27) Charging for professional services not rendered,
11 including filing false statements for the collection of
12 fees for which services are not rendered.

13 (28) Allowing one's license under this Act to be used
14 by an unlicensed person in violation of this Act.

15 (b) The Department shall deny, without hearing, any
16 application or renewal for a license under this Act to any
17 person who has defaulted on an educational loan guaranteed by
18 the Illinois State Assistance Commission; however, the
19 Department may issue a license or renewal if the person in
20 default has established a satisfactory repayment record as
21 determined by the Illinois Student Assistance Commission.

22 (c) The determination by a court that a licensee is subject
23 to involuntary admission or judicial admission as provided in
24 the Mental Health and Developmental Disabilities Code will
25 result in an automatic suspension of his or her license. The
26 suspension will end upon a finding by a court that the licensee

1 is no longer subject to involuntary admission or judicial
2 admission, the issuance of an order so finding and discharging
3 the patient, and the determination of the Secretary that the
4 licensee be allowed to resume professional practice.

5 (d) The Department may refuse to issue or renew or may
6 suspend without hearing the license of any person who fails to
7 file a return, to pay the tax penalty or interest shown in a
8 filed return, or to pay any final assessment of the tax,
9 penalty, or interest as required by any Act regarding the
10 payment of taxes administered by the Illinois Department of
11 Revenue until the requirements of the Act are satisfied in
12 accordance with subsection (g) of Section 2105-15 of the Civil
13 Administrative Code of Illinois.

14 (e) In cases where the Department of Healthcare and Family
15 Services has previously determined that a licensee or a
16 potential licensee is more than 30 days delinquent in the
17 payment of child support and has subsequently certified the
18 delinquency to the Department, the Department may refuse to
19 issue or renew or may revoke or suspend that person's license
20 or may take other disciplinary action against that person based
21 solely upon the certification of delinquency made by the
22 Department of Healthcare and Family Services in accordance with
23 item (5) of subsection (a) of Section 2105-15 of the Department
24 of Professional Regulation Law of the Civil Administrative Code
25 of Illinois.

26 (f) All fines or costs imposed under this Section shall be

1 paid within 60 days after the effective date of the order
2 imposing the fine or costs or in accordance with the terms set
3 forth in the order imposing the fine.

4 (Source: P.A. 97-813, eff. 7-13-12; 98-813, eff. 1-1-15.)

5 Section 85. The Perinatal Mental Health Disorders
6 Prevention and Treatment Act is amended by changing Section 10
7 as follows:

8 (405 ILCS 95/10)

9 Sec. 10. Definitions. In this Act:

10 "Hospital" has the meaning given to that term in the
11 Hospital Licensing Act.

12 "Licensed health care professional" means a physician
13 licensed to practice medicine in all its branches, an advanced
14 practice nurse ~~who has a collaborative agreement with a~~
15 ~~collaborating physician that authorizes care,~~ or a physician's
16 assistant who has been delegated authority to provide care.

17 "Postnatal care" means an office visit to a licensed health
18 care professional occurring after birth, with reference to the
19 infant or mother.

20 "Prenatal care" means an office visit to a licensed health
21 care professional for pregnancy-related care occurring before
22 birth.

23 "Questionnaire" means an assessment tool administered by a
24 licensed health care professional to detect perinatal mental

1 health disorders, such as the Edinburgh Postnatal Depression
2 Scale, the Postpartum Depression Screening Scale, the Beck
3 Depression Inventory, the Patient Health Questionnaire, or
4 other validated assessment methods.

5 (Source: P.A. 95-469, eff. 1-1-08.)

6 Section 90. The Lead Poisoning Prevention Act is amended by
7 changing Section 6.2 as follows:

8 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

9 Sec. 6.2. Testing children and pregnant persons.

10 (a) Any physician licensed to practice medicine in all its
11 branches or health care provider who sees or treats children 6
12 years of age or younger shall test those children for lead
13 poisoning when those children reside in an area defined as high
14 risk by the Department. Children residing in areas defined as
15 low risk by the Department shall be evaluated for risk by the
16 Childhood Lead Risk Questionnaire developed by the Department
17 and tested if indicated. Children shall be evaluated in
18 accordance with rules adopted by the Department.

19 (b) Each licensed, registered, or approved health care
20 facility serving children 6 years of age or younger, including,
21 but not limited to, health departments, hospitals, clinics, and
22 health maintenance organizations approved, registered, or
23 licensed by the Department, shall take the appropriate steps to
24 ensure that children 6 years of age or younger be evaluated for

1 risk or tested for lead poisoning or both.

2 (c) Children 7 years and older and pregnant persons may
3 also be tested by physicians or health care providers, in
4 accordance with rules adopted by the Department. Physicians and
5 health care providers shall also evaluate children for lead
6 poisoning in conjunction with the school health examination, as
7 required under the School Code, when, in the medical judgment
8 ~~judgment~~ of the physician, advanced practice nurse ~~who has a~~
9 ~~written collaborative agreement with a collaborating physician~~
10 ~~that authorizes the advance practice nurse to perform health~~
11 ~~examinations~~, or physician assistant who has been delegated to
12 perform health examinations by the supervising physician, the
13 child is potentially at high risk of lead poisoning.

14 (d) (Blank).

15 (Source: P.A. 98-690, eff. 1-1-15; revised 12-10-14.)

16 Section 95. The Sexual Assault Survivors Emergency
17 Treatment Act is amended by changing Sections 2.2, 5, and 5.5
18 as follows:

19 (410 ILCS 70/2.2)

20 Sec. 2.2. Emergency contraception.

21 (a) The General Assembly finds:

22 (1) Crimes of sexual assault and sexual abuse cause
23 significant physical, emotional, and psychological trauma
24 to the victims. This trauma is compounded by a victim's

1 fear of becoming pregnant and bearing a child as a result
2 of the sexual assault.

3 (2) Each year over 32,000 women become pregnant in the
4 United States as the result of rape and approximately 50%
5 of these pregnancies end in abortion.

6 (3) As approved for use by the Federal Food and Drug
7 Administration (FDA), emergency contraception can
8 significantly reduce the risk of pregnancy if taken within
9 72 hours after the sexual assault.

10 (4) By providing emergency contraception to rape
11 victims in a timely manner, the trauma of rape can be
12 significantly reduced.

13 (b) Within 120 days after the effective date of this
14 amendatory Act of the 92nd General Assembly, every hospital
15 providing services to sexual assault survivors in accordance
16 with a plan approved under Section 2 must develop a protocol
17 that ensures that each survivor of sexual assault will receive
18 medically and factually accurate and written and oral
19 information about emergency contraception; the indications and
20 counter-indications and risks associated with the use of
21 emergency contraception; and a description of how and when
22 victims may be provided emergency contraception upon the
23 written order of a physician licensed to practice medicine in
24 all its branches, an advanced practice nurse ~~who has a written~~
25 ~~collaborative agreement with a collaborating physician that~~
26 ~~authorizes prescription of emergency contraception, or a~~

1 physician assistant who has been delegated authority to
2 prescribe emergency contraception. The Department shall
3 approve the protocol if it finds that the implementation of the
4 protocol would provide sufficient protection for survivors of
5 sexual assault.

6 The hospital shall implement the protocol upon approval by
7 the Department. The Department shall adopt rules and
8 regulations establishing one or more safe harbor protocols and
9 setting minimum acceptable protocol standards that hospitals
10 may develop and implement. The Department shall approve any
11 protocol that meets those standards. The Department may provide
12 a sample acceptable protocol upon request.

13 (Source: P.A. 95-432, eff. 1-1-08.)

14 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

15 Sec. 5. Minimum requirements for hospitals providing
16 hospital emergency services and forensic services to sexual
17 assault survivors.

18 (a) Every hospital providing hospital emergency services
19 and forensic services to sexual assault survivors under this
20 Act shall, as minimum requirements for such services, provide,
21 with the consent of the sexual assault survivor, and as ordered
22 by the attending physician, an advanced practice nurse ~~who has~~
23 ~~a written collaborative agreement with a collaborating~~
24 ~~physician that authorizes provision of emergency services,~~ or a
25 physician assistant who has been delegated authority to provide

1 hospital emergency services and forensic services, the
2 following:

3 (1) appropriate medical examinations and laboratory
4 tests required to ensure the health, safety, and welfare of
5 a sexual assault survivor or which may be used as evidence
6 in a criminal proceeding against a person accused of the
7 sexual assault, or both; and records of the results of such
8 examinations and tests shall be maintained by the hospital
9 and made available to law enforcement officials upon the
10 request of the sexual assault survivor;

11 (2) appropriate oral and written information
12 concerning the possibility of infection, sexually
13 transmitted disease and pregnancy resulting from sexual
14 assault;

15 (3) appropriate oral and written information
16 concerning accepted medical procedures, medication, and
17 possible contraindications of such medication available
18 for the prevention or treatment of infection or disease
19 resulting from sexual assault;

20 (4) an amount of medication for treatment at the
21 hospital and after discharge as is deemed appropriate by
22 the attending physician, an advanced practice nurse, or a
23 physician assistant and consistent with the hospital's
24 current approved protocol for sexual assault survivors;

25 (5) an evaluation of the sexual assault survivor's risk
26 of contracting human immunodeficiency virus (HIV) from the

1 sexual assault;

2 (6) written and oral instructions indicating the need
3 for follow-up examinations and laboratory tests after the
4 sexual assault to determine the presence or absence of
5 sexually transmitted disease;

6 (7) referral by hospital personnel for appropriate
7 counseling; and

8 (8) when HIV prophylaxis is deemed appropriate, an
9 initial dose or doses of HIV prophylaxis, along with
10 written and oral instructions indicating the importance of
11 timely follow-up healthcare.

12 (b) Any person who is a sexual assault survivor who seeks
13 emergency hospital services and forensic services or follow-up
14 healthcare under this Act shall be provided such services
15 without the consent of any parent, guardian, custodian,
16 surrogate, or agent.

17 (c) Nothing in this Section creates a physician-patient
18 relationship that extends beyond discharge from the hospital
19 emergency department.

20 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

21 (410 ILCS 70/5.5)

22 Sec. 5.5. Minimum reimbursement requirements for follow-up
23 healthcare.

24 (a) Every hospital, health care professional, laboratory,
25 or pharmacy that provides follow-up healthcare to a sexual

1 assault survivor, with the consent of the sexual assault
2 survivor and as ordered by the attending physician, an advanced
3 practice nurse ~~who has a written collaborative agreement with a~~
4 ~~collaborating physician,~~ or physician assistant who has been
5 delegated authority by a supervising physician shall be
6 reimbursed for the follow-up healthcare services provided.
7 Follow-up healthcare services include, but are not limited to,
8 the following:

9 (1) a physical examination;

10 (2) laboratory tests to determine the presence or
11 absence of sexually transmitted disease; and

12 (3) appropriate medications, including HIV
13 prophylaxis.

14 (b) Reimbursable follow-up healthcare is limited to office
15 visits with a physician, advanced practice nurse, or physician
16 assistant within 90 days after an initial visit for hospital
17 emergency services.

18 (c) Nothing in this Section requires a hospital, health
19 care professional, laboratory, or pharmacy to provide
20 follow-up healthcare to a sexual assault survivor.

21 (Source: P.A. 95-432, eff. 1-1-08.)

22 Section 100. The Consent by Minors to Medical Procedures
23 Act is amended by changing Sections 1, 1.5, 2, and 3 as
24 follows:

1 (410 ILCS 210/1) (from Ch. 111, par. 4501)

2 Sec. 1. Consent by minor. The consent to the performance of
3 a medical or surgical procedure by a physician licensed to
4 practice medicine and surgery, an advanced practice nurse ~~who~~
5 ~~has a written collaborative agreement with a collaborating~~
6 ~~physician that authorizes provision of services for minors,~~ or
7 a physician assistant who has been delegated authority to
8 provide services for minors executed by a married person who is
9 a minor, by a parent who is a minor, by a pregnant woman who is
10 a minor, or by any person 18 years of age or older, is not
11 voidable because of such minority, and, for such purpose, a
12 married person who is a minor, a parent who is a minor, a
13 pregnant woman who is a minor, or any person 18 years of age or
14 older, is deemed to have the same legal capacity to act and has
15 the same powers and obligations as has a person of legal age.

16 (Source: P.A. 93-962, eff. 8-20-04.)

17 (410 ILCS 210/1.5)

18 Sec. 1.5. Consent by minor seeking care for primary care
19 services.

20 (a) The consent to the performance of primary care services
21 by a physician licensed to practice medicine in all its
22 branches, an advanced practice nurse ~~who has a written~~
23 ~~collaborative agreement with a collaborating physician that~~
24 ~~authorizes provision of services for minors,~~ or a physician
25 assistant who has been delegated authority to provide services

1 for minors executed by a minor seeking care is not voidable
2 because of such minority, and for such purpose, a minor seeking
3 care is deemed to have the same legal capacity to act and has
4 the same powers and obligations as has a person of legal age
5 under the following circumstances:

6 (1) the health care professional reasonably believes
7 that the minor seeking care understands the benefits and
8 risks of any proposed primary care or services; and

9 (2) the minor seeking care is identified in writing as
10 a minor seeking care by:

11 (A) an adult relative;

12 (B) a representative of a homeless service agency
13 that receives federal, State, county, or municipal
14 funding to provide those services or that is otherwise
15 sanctioned by a local continuum of care;

16 (C) an attorney licensed to practice law in this
17 State;

18 (D) a public school homeless liaison or school
19 social worker;

20 (E) a social service agency providing services to
21 at risk, homeless, or runaway youth; or

22 (F) a representative of a religious organization.

23 (b) A health care professional rendering primary care
24 services under this Section shall not incur civil or criminal
25 liability for failure to obtain valid consent or professional
26 discipline for failure to obtain valid consent if he or she

1 relied in good faith on the representations made by the minor
2 or the information provided under paragraph (2) of subsection
3 (a) of this Section. Under such circumstances, good faith shall
4 be presumed.

5 (c) The confidential nature of any communication between a
6 health care professional described in Section 1 of this Act and
7 a minor seeking care is not waived (1) by the presence, at the
8 time of communication, of any additional persons present at the
9 request of the minor seeking care, (2) by the health care
10 professional's disclosure of confidential information to the
11 additional person with the consent of the minor seeking care,
12 when reasonably necessary to accomplish the purpose for which
13 the additional person is consulted, or (3) by the health care
14 professional billing a health benefit insurance or plan under
15 which the minor seeking care is insured, is enrolled, or has
16 coverage for the services provided.

17 (d) Nothing in this Section shall be construed to limit or
18 expand a minor's existing powers and obligations under any
19 federal, State, or local law. Nothing in this Section shall be
20 construed to affect the Parental Notice of Abortion Act of
21 1995. Nothing in this Section affects the right or authority of
22 a parent or legal guardian to verbally, in writing, or
23 otherwise authorize health care services to be provided for a
24 minor in their absence.

25 (e) For the purposes of this Section:

26 "Minor seeking care" means a person at least 14 years

1 of age but less than 18 years of age who is living separate
2 and apart from his or her parents or legal guardian,
3 whether with or without the consent of a parent or legal
4 guardian who is unable or unwilling to return to the
5 residence of a parent, and managing his or her own personal
6 affairs. "Minor seeking care" does not include minors who
7 are under the protective custody, temporary custody, or
8 guardianship of the Department of Children and Family
9 Services.

10 "Primary care services" means health care services
11 that include screening, counseling, immunizations,
12 medication, and treatment of illness and conditions
13 customarily provided by licensed health care professionals
14 in an out-patient setting. "Primary care services" does not
15 include invasive care, beyond standard injections,
16 laceration care, or non-surgical fracture care.

17 (Source: P.A. 98-671, eff. 10-1-14.)

18 (410 ILCS 210/2) (from Ch. 111, par. 4502)

19 Sec. 2. Any parent, including a parent who is a minor, may
20 consent to the performance upon his or her child of a medical
21 or surgical procedure by a physician licensed to practice
22 medicine and surgery, an advanced practice nurse ~~who has a~~
23 ~~written collaborative agreement with a collaborating physician~~
24 ~~that authorizes provision of services for minors,~~ or a
25 physician assistant who has been delegated authority to provide

1 services for minors or a dental procedure by a licensed
2 dentist. The consent of a parent who is a minor shall not be
3 voidable because of such minority, but, for such purpose, a
4 parent who is a minor shall be deemed to have the same legal
5 capacity to act and shall have the same powers and obligations
6 as has a person of legal age.

7 (Source: P.A. 93-962, eff. 8-20-04.)

8 (410 ILCS 210/3) (from Ch. 111, par. 4503)

9 Sec. 3. (a) Where a hospital, a physician licensed to
10 practice medicine or surgery, an advanced practice nurse ~~who~~
11 ~~has a written collaborative agreement with a collaborating~~
12 ~~physician that authorizes provision of services for minors,~~ or
13 a physician assistant who has been delegated authority to
14 provide services for minors renders emergency treatment or
15 first aid or a licensed dentist renders emergency dental
16 treatment to a minor, consent of the minor's parent or legal
17 guardian need not be obtained if, in the sole opinion of the
18 physician, advanced practice nurse, physician assistant,
19 dentist, or hospital, the obtaining of consent is not
20 reasonably feasible under the circumstances without adversely
21 affecting the condition of such minor's health.

22 (b) Where a minor is the victim of a predatory criminal
23 sexual assault of a child, aggravated criminal sexual assault,
24 criminal sexual assault, aggravated criminal sexual abuse or
25 criminal sexual abuse, as provided in Sections 11-1.20 through

1 11-1.60 of the Criminal Code of 2012, the consent of the
2 minor's parent or legal guardian need not be obtained to
3 authorize a hospital, physician, advanced practice nurse,
4 physician assistant, or other medical personnel to furnish
5 medical care or counseling related to the diagnosis or
6 treatment of any disease or injury arising from such offense.
7 The minor may consent to such counseling, diagnosis or
8 treatment as if the minor had reached his or her age of
9 majority. Such consent shall not be voidable, nor subject to
10 later disaffirmance, because of minority.

11 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

12 Section 105. The Prenatal and Newborn Care Act is amended
13 by changing Section 2 as follows:

14 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

15 Sec. 2. Definitions. As used in this Act, unless the
16 context otherwise requires:

17 "Advanced practice nurse" or "APN" means an advanced
18 practice nurse licensed under the Nurse Practice Act ~~who has a~~
19 ~~written collaborative agreement with a collaborating physician~~
20 ~~that authorizes the provision of prenatal and newborn care.~~

21 "Department" means the Illinois Department of Human
22 Services.

23 "Early and Periodic Screening, Diagnosis and Treatment
24 (EPSDT)" means the provision of preventative health care under

1 42 C.F.R. 441.50 et seq., including medical and dental
2 services, needed to assess growth and development and detect
3 and treat health problems.

4 "Hospital" means a hospital as defined under the Hospital
5 Licensing Act.

6 "Local health authority" means the full-time official
7 health department or board of health, as recognized by the
8 Illinois Department of Public Health, having jurisdiction over
9 a particular area.

10 "Nurse" means a nurse licensed under the Nurse Practice
11 Act.

12 "Physician" means a physician licensed to practice
13 medicine in all of its branches.

14 "Physician assistant" means a physician assistant licensed
15 under the Physician Assistant Practice Act of 1987 who has been
16 delegated authority to provide prenatal and newborn care.

17 "Postnatal visit" means a visit occurring after birth, with
18 reference to the newborn.

19 "Prenatal visit" means a visit occurring before birth.

20 "Program" means the Prenatal and Newborn Care Program
21 established pursuant to this Act.

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

23 Section 110. The AIDS Confidentiality Act is amended by
24 changing Section 3 as follows:

1 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

2 Sec. 3. When used in this Act:

3 (a) "AIDS" means acquired immunodeficiency syndrome.

4 (b) "Authority" means the Illinois Health Information
5 Exchange Authority established pursuant to the Illinois Health
6 Information Exchange and Technology Act.

7 (c) "Business associate" has the meaning ascribed to it
8 under HIPAA, as specified in 45 CFR 160.103.

9 (d) "Covered entity" has the meaning ascribed to it under
10 HIPAA, as specified in 45 CFR 160.103.

11 (e) "De-identified information" means health information
12 that is not individually identifiable as described under HIPAA,
13 as specified in 45 CFR 164.514(b).

14 (f) "Department" means the Illinois Department of Public
15 Health or its designated agents.

16 (g) "Disclosure" has the meaning ascribed to it under
17 HIPAA, as specified in 45 CFR 160.103.

18 (h) "Health care operations" has the meaning ascribed to it
19 under HIPAA, as specified in 45 CFR 164.501.

20 (i) "Health care professional" means (i) a licensed
21 physician, (ii) a physician assistant to whom the physician
22 assistant's supervising physician has delegated the provision
23 of AIDS and HIV-related health services, (iii) an advanced
24 practice ~~registered nurse who has a written collaborative~~
25 ~~agreement with a collaborating physician which authorizes the~~
26 ~~provision of AIDS and HIV related health services,~~ (iv) a

1 licensed dentist, (v) a licensed podiatric physician, or (vi)
2 an individual certified to provide HIV testing and counseling
3 by a state or local public health department.

4 (j) "Health care provider" has the meaning ascribed to it
5 under HIPAA, as specified in 45 CFR 160.103.

6 (k) "Health facility" means a hospital, nursing home, blood
7 bank, blood center, sperm bank, or other health care
8 institution, including any "health facility" as that term is
9 defined in the Illinois Finance Authority Act.

10 (l) "Health information exchange" or "HIE" means a health
11 information exchange or health information organization that
12 oversees and governs the electronic exchange of health
13 information that (i) is established pursuant to the Illinois
14 Health Information Exchange and Technology Act, or any
15 subsequent amendments thereto, and any administrative rules
16 adopted thereunder; (ii) has established a data sharing
17 arrangement with the Authority; or (iii) as of August 16, 2013,
18 was designated by the Authority Board as a member of, or was
19 represented on, the Authority Board's Regional Health
20 Information Exchange Workgroup; provided that such designation
21 shall not require the establishment of a data sharing
22 arrangement or other participation with the Illinois Health
23 Information Exchange or the payment of any fee. In certain
24 circumstances, in accordance with HIPAA, an HIE will be a
25 business associate.

26 (m) "Health oversight agency" has the meaning ascribed to

1 it under HIPAA, as specified in 45 CFR 164.501.

2 (n) "HIPAA" means the Health Insurance Portability and
3 Accountability Act of 1996, Public Law 104-191, as amended by
4 the Health Information Technology for Economic and Clinical
5 Health Act of 2009, Public Law 111-05, and any subsequent
6 amendments thereto and any regulations promulgated thereunder.

7 (o) "HIV" means the human immunodeficiency virus.

8 (p) "HIV-related information" means the identity of a
9 person upon whom an HIV test is performed, the results of an
10 HIV test, as well as diagnosis, treatment, and prescription
11 information that reveals a patient is HIV-positive, including
12 such information contained in a limited data set. "HIV-related
13 information" does not include information that has been
14 de-identified in accordance with HIPAA.

15 (q) "Informed consent" means a written or verbal agreement
16 by the subject of a test or the subject's legally authorized
17 representative without undue inducement or any element of
18 force, fraud, deceit, duress, or other form of constraint or
19 coercion, which entails at least the following pre-test
20 information:

21 (1) a fair explanation of the test, including its
22 purpose, potential uses, limitations, and the meaning of
23 its results;

24 (2) a fair explanation of the procedures to be
25 followed, including the voluntary nature of the test, the
26 right to withdraw consent to the testing process at any

1 time, the right to anonymity to the extent provided by law
2 with respect to participation in the test and disclosure of
3 test results, and the right to confidential treatment of
4 information identifying the subject of the test and the
5 results of the test, to the extent provided by law; and

6 (3) where the person providing informed consent is a
7 participant in an HIE, a fair explanation that the results
8 of the patient's HIV test will be accessible through an HIE
9 and meaningful disclosure of the patient's opt-out right
10 under Section 9.6 of this Act.

11 Pre-test information may be provided in writing, verbally,
12 or by video, electronic, or other means. The subject must be
13 offered an opportunity to ask questions about the HIV test and
14 decline testing. Nothing in this Act shall prohibit a health
15 care provider or health care professional from combining a form
16 used to obtain informed consent for HIV testing with forms used
17 to obtain written consent for general medical care or any other
18 medical test or procedure provided that the forms make it clear
19 that the subject may consent to general medical care, tests, or
20 medical procedures without being required to consent to HIV
21 testing and clearly explain how the subject may opt out of HIV
22 testing.

23 (r) "Limited data set" has the meaning ascribed to it under
24 HIPAA, as described in 45 CFR 164.514(e)(2).

25 (s) "Minimum necessary" means the HIPAA standard for using,
26 disclosing, and requesting protected health information found

1 in 45 CFR 164.502(b) and 164.514(d).

2 (t) "Organized health care arrangement" has the meaning
3 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

4 (u) "Patient safety activities" has the meaning ascribed to
5 it under 42 CFR 3.20.

6 (v) "Payment" has the meaning ascribed to it under HIPAA,
7 as specified in 45 CFR 164.501.

8 (w) "Person" includes any natural person, partnership,
9 association, joint venture, trust, governmental entity, public
10 or private corporation, health facility, or other legal entity.

11 (x) "Protected health information" has the meaning
12 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

13 (y) "Research" has the meaning ascribed to it under HIPAA,
14 as specified in 45 CFR 164.501.

15 (z) "State agency" means an instrumentality of the State of
16 Illinois and any instrumentality of another state that,
17 pursuant to applicable law or a written undertaking with an
18 instrumentality of the State of Illinois, is bound to protect
19 the privacy of HIV-related information of Illinois persons.

20 (aa) "Test" or "HIV test" means a test to determine the
21 presence of the antibody or antigen to HIV, or of HIV
22 infection.

23 (bb) "Treatment" has the meaning ascribed to it under
24 HIPAA, as specified in 45 CFR 164.501.

25 (cc) "Use" has the meaning ascribed to it under HIPAA, as
26 specified in 45 CFR 160.103, where context dictates.

1 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15.)

2 Section 115. The Illinois Sexually Transmissible Disease
3 Control Act is amended by changing Sections 3 and 4 as follows:

4 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

5 Sec. 3. Definitions. As used in this Act, unless the
6 context clearly requires otherwise:

7 (1) "Department" means the Department of Public Health.

8 (2) "Local health authority" means the full-time official
9 health department or board of health, as recognized by the
10 Department, having jurisdiction over a particular area.

11 (3) "Sexually transmissible disease" means a bacterial,
12 viral, fungal or parasitic disease, determined by rule of the
13 Department to be sexually transmissible, to be a threat to the
14 public health and welfare, and to be a disease for which a
15 legitimate public interest will be served by providing for
16 regulation and treatment. In considering which diseases are to
17 be designated sexually transmissible diseases, the Department
18 shall consider such diseases as chancroid, gonorrhea,
19 granuloma inguinale, lymphogranuloma venereum, genital herpes
20 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic
21 inflammatory disease (PID)/Acute Salpingitis, syphilis,
22 Acquired Immunodeficiency Syndrome (AIDS), and Human
23 Immunodeficiency Virus (HIV) for designation, and shall
24 consider the recommendations and classifications of the

1 Centers for Disease Control and other nationally recognized
2 medical authorities. Not all diseases that are sexually
3 transmissible need be designated for purposes of this Act.

4 (4) "Health care professional" means a physician licensed
5 to practice medicine in all its branches, a physician assistant
6 who has been delegated the provision of sexually transmissible
7 disease therapy services or expedited partner therapy services
8 by his or her supervising physician, or an advanced practice
9 nurse ~~who has a written collaborative agreement with a~~
10 ~~collaborating physician that authorizes the provision of~~
11 ~~sexually transmissible disease therapy services or expedited~~
12 ~~partner therapy services, or an advanced practice nurse who~~
13 ~~practices in a hospital or ambulatory surgical treatment center~~
14 ~~and possesses appropriate clinical privileges in accordance~~
15 ~~with the Nurse Practice Act.~~

16 (5) "Expedited partner therapy" means to prescribe,
17 dispense, furnish, or otherwise provide prescription
18 antibiotic drugs to the partner or partners of persons
19 clinically diagnosed as infected with a sexually transmissible
20 disease, without physical examination of the partner or
21 partners.

22 (Source: P.A. 96-613, eff. 1-1-10.)

23 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

24 Sec. 4. Reporting required.

25 (a) A physician licensed under the provisions of the

1 Medical Practice Act of 1987, an advanced practice nurse
2 licensed under the provisions of the Nurse Practice Act ~~who has~~
3 ~~a written collaborative agreement with a collaborating~~
4 ~~physician that authorizes the provision of services for a~~
5 ~~sexually transmissible disease,~~ or a physician assistant
6 licensed under the provisions of the Physician Assistant
7 Practice Act of 1987 who has been delegated authority to
8 provide services for a sexually transmissible disease who makes
9 a diagnosis of or treats a person with a sexually transmissible
10 disease and each laboratory that performs a test for a sexually
11 transmissible disease which concludes with a positive result
12 shall report such facts as may be required by the Department by
13 rule, within such time period as the Department may require by
14 rule, but in no case to exceed 2 weeks.

15 (b) The Department shall adopt rules specifying the
16 information required in reporting a sexually transmissible
17 disease, the method of reporting and specifying a minimum time
18 period for reporting. In adopting such rules, the Department
19 shall consider the need for information, protections for the
20 privacy and confidentiality of the patient, and the practical
21 abilities of persons and laboratories to report in a reasonable
22 fashion.

23 (c) Any person who knowingly or maliciously disseminates
24 any false information or report concerning the existence of any
25 sexually transmissible disease under this Section is guilty of
26 a Class A misdemeanor.

1 (d) Any person who violates the provisions of this Section
2 or the rules adopted hereunder may be fined by the Department
3 up to \$500 for each violation. The Department shall report each
4 violation of this Section to the regulatory agency responsible
5 for licensing a health care professional or a laboratory to
6 which these provisions apply.

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

8 Section 120. The Perinatal HIV Prevention Act is amended by
9 changing Section 5 as follows:

10 (410 ILCS 335/5)

11 Sec. 5. Definitions. In this Act:

12 "Department" means the Department of Public Health.

13 "Health care professional" means a physician licensed to
14 practice medicine in all its branches, a physician assistant
15 who has been delegated the provision of health services by his
16 or her supervising physician, or an advanced practice
17 ~~registered nurse who has a written collaborative agreement with~~
18 ~~a collaborating physician that authorizes the provision of~~
19 ~~health services.~~

20 "Health care facility" or "facility" means any hospital or
21 other institution that is licensed or otherwise authorized to
22 deliver health care services.

23 "Health care services" means any prenatal medical care or
24 labor or delivery services to a pregnant woman and her newborn

1 infant, including hospitalization.

2 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

3 Section 125. The Genetic Information Privacy Act is amended
4 by changing Section 10 as follows:

5 (410 ILCS 513/10)

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

7 "Authority" means the Illinois Health Information Exchange
8 Authority established pursuant to the Illinois Health
9 Information Exchange and Technology Act.

10 "Business associate" has the meaning ascribed to it under
11 HIPAA, as specified in 45 CFR 160.103.

12 "Covered entity" has the meaning ascribed to it under
13 HIPAA, as specified in 45 CFR 160.103.

14 "De-identified information" means health information that
15 is not individually identifiable as described under HIPAA, as
16 specified in 45 CFR 164.514(b).

17 "Disclosure" has the meaning ascribed to it under HIPAA, as
18 specified in 45 CFR 160.103.

19 "Employer" means the State of Illinois, any unit of local
20 government, and any board, commission, department,
21 institution, or school district, any party to a public
22 contract, any joint apprenticeship or training committee
23 within the State, and every other person employing employees
24 within the State.

1 "Employment agency" means both public and private
2 employment agencies and any person, labor organization, or
3 labor union having a hiring hall or hiring office regularly
4 undertaking, with or without compensation, to procure
5 opportunities to work, or to procure, recruit, refer, or place
6 employees.

7 "Family member" means, with respect to an individual, (i)
8 the spouse of the individual; (ii) a dependent child of the
9 individual, including a child who is born to or placed for
10 adoption with the individual; (iii) any other person qualifying
11 as a covered dependent under a managed care plan; and (iv) all
12 other individuals related by blood or law to the individual or
13 the spouse or child described in subsections (i) through (iii)
14 of this definition.

15 "Genetic information" has the meaning ascribed to it under
16 HIPAA, as specified in 45 CFR 160.103.

17 "Genetic monitoring" means the periodic examination of
18 employees to evaluate acquired modifications to their genetic
19 material, such as chromosomal damage or evidence of increased
20 occurrence of mutations that may have developed in the course
21 of employment due to exposure to toxic substances in the
22 workplace in order to identify, evaluate, and respond to
23 effects of or control adverse environmental exposures in the
24 workplace.

25 "Genetic services" has the meaning ascribed to it under
26 HIPAA, as specified in 45 CFR 160.103.

1 "Genetic testing" and "genetic test" have the meaning
2 ascribed to "genetic test" under HIPAA, as specified in 45 CFR
3 160.103.

4 "Health care operations" has the meaning ascribed to it
5 under HIPAA, as specified in 45 CFR 164.501.

6 "Health care professional" means (i) a licensed physician,
7 (ii) a physician assistant to whom the physician assistant's
8 supervising physician has delegated the provision of genetic
9 testing or genetic counseling-related services, (iii) an
10 advanced practice registered nurse ~~who has a written~~
11 ~~collaborative agreement with a collaborating physician which~~
12 ~~authorizes the provision of genetic testing or genetic~~
13 ~~counseling-related health services,~~ (iv) a licensed dentist,
14 (v) a licensed podiatrist, (vi) a licensed genetic counselor,
15 or (vii) an individual certified to provide genetic testing by
16 a state or local public health department.

17 "Health care provider" has the meaning ascribed to it under
18 HIPAA, as specified in 45 CFR 160.103.

19 "Health facility" means a hospital, blood bank, blood
20 center, sperm bank, or other health care institution, including
21 any "health facility" as that term is defined in the Illinois
22 Finance Authority Act.

23 "Health information exchange" or "HIE" means a health
24 information exchange or health information organization that
25 exchanges health information electronically that (i) is
26 established pursuant to the Illinois Health Information

1 Exchange and Technology Act, or any subsequent amendments
2 thereto, and any administrative rules promulgated thereunder;
3 (ii) has established a data sharing arrangement with the
4 Authority; or (iii) as of August 16, 2013, was designated by
5 the Authority Board as a member of, or was represented on, the
6 Authority Board's Regional Health Information Exchange
7 Workgroup; provided that such designation shall not require the
8 establishment of a data sharing arrangement or other
9 participation with the Illinois Health Information Exchange or
10 the payment of any fee. In certain circumstances, in accordance
11 with HIPAA, an HIE will be a business associate.

12 "Health oversight agency" has the meaning ascribed to it
13 under HIPAA, as specified in 45 CFR 164.501.

14 "HIPAA" means the Health Insurance Portability and
15 Accountability Act of 1996, Public Law 104-191, as amended by
16 the Health Information Technology for Economic and Clinical
17 Health Act of 2009, Public Law 111-05, and any subsequent
18 amendments thereto and any regulations promulgated thereunder.

19 "Insurer" means (i) an entity that is subject to the
20 jurisdiction of the Director of Insurance and (ii) a managed
21 care plan.

22 "Labor organization" includes any organization, labor
23 union, craft union, or any voluntary unincorporated
24 association designed to further the cause of the rights of
25 union labor that is constituted for the purpose, in whole or in
26 part, of collective bargaining or of dealing with employers

1 concerning grievances, terms or conditions of employment, or
2 apprenticeships or applications for apprenticeships, or of
3 other mutual aid or protection in connection with employment,
4 including apprenticeships or applications for apprenticeships.

5 "Licensing agency" means a board, commission, committee,
6 council, department, or officers, except a judicial officer, in
7 this State or any political subdivision authorized to grant,
8 deny, renew, revoke, suspend, annul, withdraw, or amend a
9 license or certificate of registration.

10 "Limited data set" has the meaning ascribed to it under
11 HIPAA, as described in 45 CFR 164.514(e)(2).

12 "Managed care plan" means a plan that establishes,
13 operates, or maintains a network of health care providers that
14 have entered into agreements with the plan to provide health
15 care services to enrollees where the plan has the ultimate and
16 direct contractual obligation to the enrollee to arrange for
17 the provision of or pay for services through:

18 (1) organizational arrangements for ongoing quality
19 assurance, utilization review programs, or dispute
20 resolution; or

21 (2) financial incentives for persons enrolled in the
22 plan to use the participating providers and procedures
23 covered by the plan.

24 A managed care plan may be established or operated by any
25 entity including a licensed insurance company, hospital or
26 medical service plan, health maintenance organization, limited

1 health service organization, preferred provider organization,
2 third party administrator, or an employer or employee
3 organization.

4 "Minimum necessary" means HIPAA's standard for using,
5 disclosing, and requesting protected health information found
6 in 45 CFR 164.502(b) and 164.514(d).

7 "Nontherapeutic purpose" means a purpose that is not
8 intended to improve or preserve the life or health of the
9 individual whom the information concerns.

10 "Organized health care arrangement" has the meaning
11 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

12 "Patient safety activities" has the meaning ascribed to it
13 under 42 CFR 3.20.

14 "Payment" has the meaning ascribed to it under HIPAA, as
15 specified in 45 CFR 164.501.

16 "Person" includes any natural person, partnership,
17 association, joint venture, trust, governmental entity, public
18 or private corporation, health facility, or other legal entity.

19 "Protected health information" has the meaning ascribed to
20 it under HIPAA, as specified in 45 CFR 164.103.

21 "Research" has the meaning ascribed to it under HIPAA, as
22 specified in 45 CFR 164.501.

23 "State agency" means an instrumentality of the State of
24 Illinois and any instrumentality of another state which
25 pursuant to applicable law or a written undertaking with an
26 instrumentality of the State of Illinois is bound to protect

1 the privacy of genetic information of Illinois persons.

2 "Treatment" has the meaning ascribed to it under HIPAA, as
3 specified in 45 CFR 164.501.

4 "Use" has the meaning ascribed to it under HIPAA, as
5 specified in 45 CFR 160.103, where context dictates.

6 (Source: P.A. 98-1046, eff. 1-1-15.)

7 Section 130. The Home Health and Hospice Drug Dispensation
8 and Administration Act is amended by changing Section 10 as
9 follows:

10 (410 ILCS 642/10)

11 Sec. 10. Definitions. In this Act:

12 "Authorized nursing employee" means a registered nurse or
13 advanced practice nurse, as defined in the Nurse Practice Act,
14 who is employed by a home health agency or hospice licensed in
15 this State.

16 "Health care professional" means a physician licensed to
17 practice medicine in all its branches, an advanced practice
18 nurse ~~who has a written collaborative agreement with a~~
19 ~~collaborating physician that authorizes services under this~~
20 ~~Act~~, or a physician assistant who has been delegated the
21 authority to perform services under this Act by his or her
22 supervising physician.

23 "Home health agency" has the meaning ascribed to it in
24 Section 2.04 of the Home Health, Home Services, and Home

1 Nursing Agency Licensing Act.

2 "Hospice" means a full hospice, as defined in Section 3 of
3 the Hospice Program Licensing Act.

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

6 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
7 95-639, eff. 10-5-07.)

8 Section 135. The Illinois Vehicle Code is amended by
9 changing Sections 1-159.1, 3-616, 6-103, 6-106.1, and 6-901 as
10 follows:

11 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

12 Sec. 1-159.1. Person with disabilities. A natural person
13 who, as determined by a licensed physician, by a physician
14 assistant who has been delegated the authority to make this
15 determination by his or her supervising physician, or by an
16 advanced practice nurse ~~who has a written collaborative~~
17 ~~agreement with a collaborating physician that authorizes the~~
18 ~~advanced practice nurse to make this determination:~~ (1) cannot
19 walk without the use of, or assistance from, a brace, cane,
20 crutch, another person, prosthetic device, wheelchair, or
21 other assistive device; (2) is restricted by lung disease to
22 such an extent that his or her forced (respiratory) expiratory
23 volume for one second, when measured by spirometry, is less
24 than one liter, or the arterial oxygen tension is less than 60

1 mm/hg on room air at rest; (3) uses portable oxygen; (4) has a
2 cardiac condition to the extent that the person's functional
3 limitations are classified in severity as Class III or Class
4 IV, according to standards set by the American Heart
5 Association; (5) is severely limited in the person's ability to
6 walk due to an arthritic, neurological, oncological, or
7 orthopedic condition; (6) cannot walk 200 feet without stopping
8 to rest because of one of the above 5 conditions; or (7) is
9 missing a hand or arm or has permanently lost the use of a hand
10 or arm.

11 (Source: P.A. 98-405, eff. 1-1-14.)

12 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

13 Sec. 3-616. Disability license plates.

14 (a) Upon receiving an application for a certificate of
15 registration for a motor vehicle of the first division or for a
16 motor vehicle of the second division weighing no more than
17 8,000 pounds, accompanied with payment of the registration fees
18 required under this Code from a person with disabilities or a
19 person who is deaf or hard of hearing, the Secretary of State,
20 if so requested, shall issue to such person registration plates
21 as provided for in Section 3-611, provided that the person with
22 disabilities or person who is deaf or hard of hearing must not
23 be disqualified from obtaining a driver's license under
24 subsection 8 of Section 6-103 of this Code, and further
25 provided that any person making such a request must submit a

1 statement, certified by a licensed physician, by a physician
2 assistant who has been delegated the authority to make this
3 certification by his or her supervising physician, or by an
4 advanced practice nurse ~~who has a written collaborative~~
5 ~~agreement with a collaborating physician that authorizes the~~
6 ~~advanced practice nurse to make this certification,~~ to the
7 effect that such person is a person with disabilities as
8 defined by Section 1-159.1 of this Code, or alternatively
9 provide adequate documentation that such person has a Class 1A,
10 Class 2A or Type Four disability under the provisions of
11 Section 4A of the Illinois Identification Card Act. For
12 purposes of this Section, an Illinois Person with a Disability
13 Identification Card issued pursuant to the Illinois
14 Identification Card Act indicating that the person thereon
15 named has a disability shall be adequate documentation of such
16 a disability.

17 (b) The Secretary shall issue plates under this Section to
18 a parent or legal guardian of a person with disabilities if the
19 person with disabilities has a Class 1A or Class 2A disability
20 as defined in Section 4A of the Illinois Identification Card
21 Act or is a person with disabilities as defined by Section
22 1-159.1 of this Code, and does not possess a vehicle registered
23 in his or her name, provided that the person with disabilities
24 relies frequently on the parent or legal guardian for
25 transportation. Only one vehicle per family may be registered
26 under this subsection, unless the applicant can justify in

1 writing the need for one additional set of plates. Any person
2 requesting special plates under this subsection shall submit
3 such documentation or such physician's, physician assistant's,
4 or advanced practice nurse's statement as is required in
5 subsection (a) and a statement describing the circumstances
6 qualifying for issuance of special plates under this
7 subsection. An optometrist may certify a Class 2A Visual
8 Disability, as defined in Section 4A of the Illinois
9 Identification Card Act, for the purpose of qualifying a person
10 with disabilities for special plates under this subsection.

11 (c) The Secretary may issue a parking decal or device to a
12 person with disabilities as defined by Section 1-159.1 without
13 regard to qualification of such person with disabilities for a
14 driver's license or registration of a vehicle by such person
15 with disabilities or such person's immediate family, provided
16 such person with disabilities making such a request has been
17 issued an Illinois Person with a Disability Identification Card
18 indicating that the person named thereon has a Class 1A or
19 Class 2A disability, or alternatively, submits a statement
20 certified by a licensed physician, or by a physician assistant
21 or an advanced practice nurse as provided in subsection (a), to
22 the effect that such person is a person with disabilities as
23 defined by Section 1-159.1. An optometrist may certify a Class
24 2A Visual Disability as defined in Section 4A of the Illinois
25 Identification Card Act for the purpose of qualifying a person
26 with disabilities for a parking decal or device under this

1 subsection.

2 (d) The Secretary shall prescribe by rules and regulations
3 procedures to certify or re-certify as necessary the
4 eligibility of persons whose disabilities are other than
5 permanent for special plates or parking decals or devices
6 issued under subsections (a), (b) and (c). Except as provided
7 under subsection (f) of this Section, no such special plates,
8 decals or devices shall be issued by the Secretary of State to
9 or on behalf of any person with disabilities unless such person
10 is certified as meeting the definition of a person with
11 disabilities pursuant to Section 1-159.1 or meeting the
12 requirement of a Type Four disability as provided under Section
13 4A of the Illinois Identification Card Act for the period of
14 time that the physician, or the physician assistant or advanced
15 practice nurse as provided in subsection (a), determines the
16 applicant will have the disability, but not to exceed 6 months
17 from the date of certification or recertification.

18 (e) Any person requesting special plates under this Section
19 may also apply to have the special plates personalized, as
20 provided under Section 3-405.1.

21 (f) The Secretary of State, upon application, shall issue
22 disability registration plates or a parking decal to
23 corporations, school districts, State or municipal agencies,
24 limited liability companies, nursing homes, convalescent
25 homes, or special education cooperatives which will transport
26 persons with disabilities. The Secretary shall prescribe by

1 rule a means to certify or re-certify the eligibility of
2 organizations to receive disability plates or decals and to
3 designate which of the 2 person with disabilities emblems shall
4 be placed on qualifying vehicles.

5 (g) The Secretary of State, or his designee, may enter into
6 agreements with other jurisdictions, including foreign
7 jurisdictions, on behalf of this State relating to the
8 extension of parking privileges by such jurisdictions to
9 permanently disabled residents of this State who display a
10 special license plate or parking device that contains the
11 International symbol of access on his or her motor vehicle, and
12 to recognize such plates or devices issued by such other
13 jurisdictions. This State shall grant the same parking
14 privileges which are granted to disabled residents of this
15 State to any non-resident whose motor vehicle is licensed in
16 another state, district, territory or foreign country if such
17 vehicle displays the international symbol of access or a
18 distinguishing insignia on license plates or parking device
19 issued in accordance with the laws of the non-resident's state,
20 district, territory or foreign country.

21 (Source: P.A. 97-1064, eff. 1-1-13.)

22 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

23 Sec. 6-103. What persons shall not be licensed as drivers
24 or granted permits. The Secretary of State shall not issue,
25 renew, or allow the retention of any driver's license nor issue

1 any permit under this Code:

2 1. To any person, as a driver, who is under the age of
3 18 years except as provided in Section 6-107, and except
4 that an instruction permit may be issued under Section
5 6-107.1 to a child who is not less than 15 years of age if
6 the child is enrolled in an approved driver education
7 course as defined in Section 1-103 of this Code and
8 requires an instruction permit to participate therein,
9 except that an instruction permit may be issued under the
10 provisions of Section 6-107.1 to a child who is 17 years
11 and 3 months of age without the child having enrolled in an
12 approved driver education course and except that an
13 instruction permit may be issued to a child who is at least
14 15 years and 3 months of age, is enrolled in school, meets
15 the educational requirements of the Driver Education Act,
16 and has passed examinations the Secretary of State in his
17 or her discretion may prescribe;

18 1.5. To any person at least 18 years of age but less
19 than 21 years of age unless the person has, in addition to
20 any other requirements of this Code, successfully
21 completed an adult driver education course as provided in
22 Section 6-107.5 of this Code;

23 2. To any person who is under the age of 18 as an
24 operator of a motorcycle other than a motor driven cycle
25 unless the person has, in addition to meeting the
26 provisions of Section 6-107 of this Code, successfully

1 completed a motorcycle training course approved by the
2 Illinois Department of Transportation and successfully
3 completes the required Secretary of State's motorcycle
4 driver's examination;

5 3. To any person, as a driver, whose driver's license
6 or permit has been suspended, during the suspension, nor to
7 any person whose driver's license or permit has been
8 revoked, except as provided in Sections 6-205, 6-206, and
9 6-208;

10 4. To any person, as a driver, who is a user of alcohol
11 or any other drug to a degree that renders the person
12 incapable of safely driving a motor vehicle;

13 5. To any person, as a driver, who has previously been
14 adjudged to be afflicted with or suffering from any mental
15 or physical disability or disease and who has not at the
16 time of application been restored to competency by the
17 methods provided by law;

18 6. To any person, as a driver, who is required by the
19 Secretary of State to submit an alcohol and drug evaluation
20 or take an examination provided for in this Code unless the
21 person has successfully passed the examination and
22 submitted any required evaluation;

23 7. To any person who is required under the provisions
24 of the laws of this State to deposit security or proof of
25 financial responsibility and who has not deposited the
26 security or proof;

1 8. To any person when the Secretary of State has good
2 cause to believe that the person by reason of physical or
3 mental disability would not be able to safely operate a
4 motor vehicle upon the highways, unless the person shall
5 furnish to the Secretary of State a verified written
6 statement, acceptable to the Secretary of State, from a
7 competent medical specialist, a licensed physician
8 assistant who has been delegated the performance of medical
9 examinations by his or her supervising physician, or a
10 licensed advanced practice nurse ~~who has a written~~
11 ~~collaborative agreement with a collaborating physician~~
12 ~~which authorizes him or her to perform medical~~
13 ~~examinations~~, to the effect that the operation of a motor
14 vehicle by the person would not be inimical to the public
15 safety;

16 9. To any person, as a driver, who is 69 years of age
17 or older, unless the person has successfully complied with
18 the provisions of Section 6-109;

19 10. To any person convicted, within 12 months of
20 application for a license, of any of the sexual offenses
21 enumerated in paragraph 2 of subsection (b) of Section
22 6-205;

23 11. To any person who is under the age of 21 years with
24 a classification prohibited in paragraph (b) of Section
25 6-104 and to any person who is under the age of 18 years
26 with a classification prohibited in paragraph (c) of

1 Section 6-104;

2 12. To any person who has been either convicted of or
3 adjudicated under the Juvenile Court Act of 1987 based upon
4 a violation of the Cannabis Control Act, the Illinois
5 Controlled Substances Act, or the Methamphetamine Control
6 and Community Protection Act while that person was in
7 actual physical control of a motor vehicle. For purposes of
8 this Section, any person placed on probation under Section
9 10 of the Cannabis Control Act, Section 410 of the Illinois
10 Controlled Substances Act, or Section 70 of the
11 Methamphetamine Control and Community Protection Act shall
12 not be considered convicted. Any person found guilty of
13 this offense, while in actual physical control of a motor
14 vehicle, shall have an entry made in the court record by
15 the judge that this offense did occur while the person was
16 in actual physical control of a motor vehicle and order the
17 clerk of the court to report the violation to the Secretary
18 of State as such. The Secretary of State shall not issue a
19 new license or permit for a period of one year;

20 13. To any person who is under the age of 18 years and
21 who has committed the offense of operating a motor vehicle
22 without a valid license or permit in violation of Section
23 6-101 or a similar out of state offense;

24 14. To any person who is 90 days or more delinquent in
25 court ordered child support payments or has been
26 adjudicated in arrears in an amount equal to 90 days'

1 obligation or more and who has been found in contempt of
2 court for failure to pay the support, subject to the
3 requirements and procedures of Article VII of Chapter 7 of
4 the Illinois Vehicle Code;

5 14.5. To any person certified by the Illinois
6 Department of Healthcare and Family Services as being 90
7 days or more delinquent in payment of support under an
8 order of support entered by a court or administrative body
9 of this or any other State, subject to the requirements and
10 procedures of Article VII of Chapter 7 of this Code
11 regarding those certifications;

12 15. To any person released from a term of imprisonment
13 for violating Section 9-3 of the Criminal Code of 1961 or
14 the Criminal Code of 2012, or a similar provision of a law
15 of another state relating to reckless homicide or for
16 violating subparagraph (F) of paragraph (1) of subsection
17 (d) of Section 11-501 of this Code relating to aggravated
18 driving under the influence of alcohol, other drug or
19 drugs, intoxicating compound or compounds, or any
20 combination thereof, if the violation was the proximate
21 cause of a death, within 24 months of release from a term
22 of imprisonment;

23 16. To any person who, with intent to influence any act
24 related to the issuance of any driver's license or permit,
25 by an employee of the Secretary of State's Office, or the
26 owner or employee of any commercial driver training school

1 licensed by the Secretary of State, or any other individual
2 authorized by the laws of this State to give driving
3 instructions or administer all or part of a driver's
4 license examination, promises or tenders to that person any
5 property or personal advantage which that person is not
6 authorized by law to accept. Any persons promising or
7 tendering such property or personal advantage shall be
8 disqualified from holding any class of driver's license or
9 permit for 120 consecutive days. The Secretary of State
10 shall establish by rule the procedures for implementing
11 this period of disqualification and the procedures by which
12 persons so disqualified may obtain administrative review
13 of the decision to disqualify;

14 17. To any person for whom the Secretary of State
15 cannot verify the accuracy of any information or
16 documentation submitted in application for a driver's
17 license; or

18 18. To any person who has been adjudicated under the
19 Juvenile Court Act of 1987 based upon an offense that is
20 determined by the court to have been committed in
21 furtherance of the criminal activities of an organized
22 gang, as provided in Section 5-710 of that Act, and that
23 involved the operation or use of a motor vehicle or the use
24 of a driver's license or permit. The person shall be denied
25 a license or permit for the period determined by the court.
26 The Secretary of State shall retain all conviction

1 information, if the information is required to be held
2 confidential under the Juvenile Court Act of 1987.

3 (Source: P.A. 97-185, eff. 7-22-11; 97-1150, eff. 1-25-13;
4 98-167, eff. 7-1-14; 98-756, eff. 7-16-14.)

5 (625 ILCS 5/6-106.1)

6 Sec. 6-106.1. School bus driver permit.

7 (a) The Secretary of State shall issue a school bus driver
8 permit to those applicants who have met all the requirements of
9 the application and screening process under this Section to
10 insure the welfare and safety of children who are transported
11 on school buses throughout the State of Illinois. Applicants
12 shall obtain the proper application required by the Secretary
13 of State from their prospective or current employer and submit
14 the completed application to the prospective or current
15 employer along with the necessary fingerprint submission as
16 required by the Department of State Police to conduct
17 fingerprint based criminal background checks on current and
18 future information available in the state system and current
19 information available through the Federal Bureau of
20 Investigation's system. Applicants who have completed the
21 fingerprinting requirements shall not be subjected to the
22 fingerprinting process when applying for subsequent permits or
23 submitting proof of successful completion of the annual
24 refresher course. Individuals who on the effective date of this
25 Act possess a valid school bus driver permit that has been

1 previously issued by the appropriate Regional School
2 Superintendent are not subject to the fingerprinting
3 provisions of this Section as long as the permit remains valid
4 and does not lapse. The applicant shall be required to pay all
5 related application and fingerprinting fees as established by
6 rule including, but not limited to, the amounts established by
7 the Department of State Police and the Federal Bureau of
8 Investigation to process fingerprint based criminal background
9 investigations. All fees paid for fingerprint processing
10 services under this Section shall be deposited into the State
11 Police Services Fund for the cost incurred in processing the
12 fingerprint based criminal background investigations. All
13 other fees paid under this Section shall be deposited into the
14 Road Fund for the purpose of defraying the costs of the
15 Secretary of State in administering this Section. All
16 applicants must:

- 17 1. be 21 years of age or older;
- 18 2. possess a valid and properly classified driver's
19 license issued by the Secretary of State;
- 20 3. possess a valid driver's license, which has not been
21 revoked, suspended, or canceled for 3 years immediately
22 prior to the date of application, or have not had his or
23 her commercial motor vehicle driving privileges
24 disqualified within the 3 years immediately prior to the
25 date of application;
- 26 4. successfully pass a written test, administered by

1 the Secretary of State, on school bus operation, school bus
2 safety, and special traffic laws relating to school buses
3 and submit to a review of the applicant's driving habits by
4 the Secretary of State at the time the written test is
5 given;

6 5. demonstrate ability to exercise reasonable care in
7 the operation of school buses in accordance with rules
8 promulgated by the Secretary of State;

9 6. demonstrate physical fitness to operate school
10 buses by submitting the results of a medical examination,
11 including tests for drug use for each applicant not subject
12 to such testing pursuant to federal law, conducted by a
13 licensed physician, an advanced practice nurse ~~who has a~~
14 ~~written collaborative agreement with a collaborating~~
15 ~~physician which authorizes him or her to perform medical~~
16 ~~examinations~~, or a physician assistant who has been
17 delegated the performance of medical examinations by his or
18 her supervising physician within 90 days of the date of
19 application according to standards promulgated by the
20 Secretary of State;

21 7. affirm under penalties of perjury that he or she has
22 not made a false statement or knowingly concealed a
23 material fact in any application for permit;

24 8. have completed an initial classroom course,
25 including first aid procedures, in school bus driver safety
26 as promulgated by the Secretary of State; and after

1 satisfactory completion of said initial course an annual
2 refresher course; such courses and the agency or
3 organization conducting such courses shall be approved by
4 the Secretary of State; failure to complete the annual
5 refresher course, shall result in cancellation of the
6 permit until such course is completed;

7 9. not have been under an order of court supervision
8 for or convicted of 2 or more serious traffic offenses, as
9 defined by rule, within one year prior to the date of
10 application that may endanger the life or safety of any of
11 the driver's passengers within the duration of the permit
12 period;

13 10. not have been under an order of court supervision
14 for or convicted of reckless driving, aggravated reckless
15 driving, driving while under the influence of alcohol,
16 other drug or drugs, intoxicating compound or compounds or
17 any combination thereof, or reckless homicide resulting
18 from the operation of a motor vehicle within 3 years of the
19 date of application;

20 11. not have been convicted of committing or attempting
21 to commit any one or more of the following offenses: (i)
22 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
23 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
24 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,
25 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,
26 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,

1 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
2 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
3 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
4 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
5 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
6 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
7 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
8 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,
9 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
10 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
11 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,
12 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section
13 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),
14 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and
15 in subsection (a) and subsection (b), clause (1), of
16 Section 12-4, and in subsection (A), clauses (a) and (b),
17 of Section 24-3, and those offenses contained in Article
18 29D of the Criminal Code of 1961 or the Criminal Code of
19 2012; (ii) those offenses defined in the Cannabis Control
20 Act except those offenses defined in subsections (a) and
21 (b) of Section 4, and subsection (a) of Section 5 of the
22 Cannabis Control Act; (iii) those offenses defined in the
23 Illinois Controlled Substances Act; (iv) those offenses
24 defined in the Methamphetamine Control and Community
25 Protection Act; (v) any offense committed or attempted in
26 any other state or against the laws of the United States,

1 which if committed or attempted in this State would be
2 punishable as one or more of the foregoing offenses; (vi)
3 the offenses defined in Section 4.1 and 5.1 of the Wrongs
4 to Children Act or Section 11-9.1A of the Criminal Code of
5 1961 or the Criminal Code of 2012; (vii) those offenses
6 defined in Section 6-16 of the Liquor Control Act of 1934;
7 and (viii) those offenses defined in the Methamphetamine
8 Precursor Control Act;

9 12. not have been repeatedly involved as a driver in
10 motor vehicle collisions or been repeatedly convicted of
11 offenses against laws and ordinances regulating the
12 movement of traffic, to a degree which indicates lack of
13 ability to exercise ordinary and reasonable care in the
14 safe operation of a motor vehicle or disrespect for the
15 traffic laws and the safety of other persons upon the
16 highway;

17 13. not have, through the unlawful operation of a motor
18 vehicle, caused an accident resulting in the death of any
19 person;

20 14. not have, within the last 5 years, been adjudged to
21 be afflicted with or suffering from any mental disability
22 or disease; and

23 15. consent, in writing, to the release of results of
24 reasonable suspicion drug and alcohol testing under
25 Section 6-106.1c of this Code by the employer of the
26 applicant to the Secretary of State.

1 (b) A school bus driver permit shall be valid for a period
2 specified by the Secretary of State as set forth by rule. It
3 shall be renewable upon compliance with subsection (a) of this
4 Section.

5 (c) A school bus driver permit shall contain the holder's
6 driver's license number, legal name, residence address, zip
7 code, and date of birth, a brief description of the holder and
8 a space for signature. The Secretary of State may require a
9 suitable photograph of the holder.

10 (d) The employer shall be responsible for conducting a
11 pre-employment interview with prospective school bus driver
12 candidates, distributing school bus driver applications and
13 medical forms to be completed by the applicant, and submitting
14 the applicant's fingerprint cards to the Department of State
15 Police that are required for the criminal background
16 investigations. The employer shall certify in writing to the
17 Secretary of State that all pre-employment conditions have been
18 successfully completed including the successful completion of
19 an Illinois specific criminal background investigation through
20 the Department of State Police and the submission of necessary
21 fingerprints to the Federal Bureau of Investigation for
22 criminal history information available through the Federal
23 Bureau of Investigation system. The applicant shall present the
24 certification to the Secretary of State at the time of
25 submitting the school bus driver permit application.

26 (e) Permits shall initially be provisional upon receiving

1 certification from the employer that all pre-employment
2 conditions have been successfully completed, and upon
3 successful completion of all training and examination
4 requirements for the classification of the vehicle to be
5 operated, the Secretary of State shall provisionally issue a
6 School Bus Driver Permit. The permit shall remain in a
7 provisional status pending the completion of the Federal Bureau
8 of Investigation's criminal background investigation based
9 upon fingerprinting specimens submitted to the Federal Bureau
10 of Investigation by the Department of State Police. The Federal
11 Bureau of Investigation shall report the findings directly to
12 the Secretary of State. The Secretary of State shall remove the
13 bus driver permit from provisional status upon the applicant's
14 successful completion of the Federal Bureau of Investigation's
15 criminal background investigation.

16 (f) A school bus driver permit holder shall notify the
17 employer and the Secretary of State if he or she is issued an
18 order of court supervision for or convicted in another state of
19 an offense that would make him or her ineligible for a permit
20 under subsection (a) of this Section. The written notification
21 shall be made within 5 days of the entry of the order of court
22 supervision or conviction. Failure of the permit holder to
23 provide the notification is punishable as a petty offense for a
24 first violation and a Class B misdemeanor for a second or
25 subsequent violation.

26 (g) Cancellation; suspension; notice and procedure.

1 (1) The Secretary of State shall cancel a school bus
2 driver permit of an applicant whose criminal background
3 investigation discloses that he or she is not in compliance
4 with the provisions of subsection (a) of this Section.

5 (2) The Secretary of State shall cancel a school bus
6 driver permit when he or she receives notice that the
7 permit holder fails to comply with any provision of this
8 Section or any rule promulgated for the administration of
9 this Section.

10 (3) The Secretary of State shall cancel a school bus
11 driver permit if the permit holder's restricted commercial
12 or commercial driving privileges are withdrawn or
13 otherwise invalidated.

14 (4) The Secretary of State may not issue a school bus
15 driver permit for a period of 3 years to an applicant who
16 fails to obtain a negative result on a drug test as
17 required in item 6 of subsection (a) of this Section or
18 under federal law.

19 (5) The Secretary of State shall forthwith suspend a
20 school bus driver permit for a period of 3 years upon
21 receiving notice that the holder has failed to obtain a
22 negative result on a drug test as required in item 6 of
23 subsection (a) of this Section or under federal law.

24 (6) The Secretary of State shall suspend a school bus
25 driver permit for a period of 3 years upon receiving notice
26 from the employer that the holder failed to perform the

1 inspection procedure set forth in subsection (a) or (b) of
2 Section 12-816 of this Code.

3 (7) The Secretary of State shall suspend a school bus
4 driver permit for a period of 3 years upon receiving notice
5 from the employer that the holder refused to submit to an
6 alcohol or drug test as required by Section 6-106.1c or has
7 submitted to a test required by that Section which
8 disclosed an alcohol concentration of more than 0.00 or
9 disclosed a positive result on a National Institute on Drug
10 Abuse five-drug panel, utilizing federal standards set
11 forth in 49 CFR 40.87.

12 The Secretary of State shall notify the State
13 Superintendent of Education and the permit holder's
14 prospective or current employer that the applicant has (1) has
15 failed a criminal background investigation or (2) is no longer
16 eligible for a school bus driver permit; and of the related
17 cancellation of the applicant's provisional school bus driver
18 permit. The cancellation shall remain in effect pending the
19 outcome of a hearing pursuant to Section 2-118 of this Code.
20 The scope of the hearing shall be limited to the issuance
21 criteria contained in subsection (a) of this Section. A
22 petition requesting a hearing shall be submitted to the
23 Secretary of State and shall contain the reason the individual
24 feels he or she is entitled to a school bus driver permit. The
25 permit holder's employer shall notify in writing to the
26 Secretary of State that the employer has certified the removal

1 of the offending school bus driver from service prior to the
2 start of that school bus driver's next workshift. An employing
3 school board that fails to remove the offending school bus
4 driver from service is subject to the penalties defined in
5 Section 3-14.23 of the School Code. A school bus contractor who
6 violates a provision of this Section is subject to the
7 penalties defined in Section 6-106.11.

8 All valid school bus driver permits issued under this
9 Section prior to January 1, 1995, shall remain effective until
10 their expiration date unless otherwise invalidated.

11 (h) When a school bus driver permit holder who is a service
12 member is called to active duty, the employer of the permit
13 holder shall notify the Secretary of State, within 30 days of
14 notification from the permit holder, that the permit holder has
15 been called to active duty. Upon notification pursuant to this
16 subsection, (i) the Secretary of State shall characterize the
17 permit as inactive until a permit holder renews the permit as
18 provided in subsection (i) of this Section, and (ii) if a
19 permit holder fails to comply with the requirements of this
20 Section while called to active duty, the Secretary of State
21 shall not characterize the permit as invalid.

22 (i) A school bus driver permit holder who is a service
23 member returning from active duty must, within 90 days, renew a
24 permit characterized as inactive pursuant to subsection (h) of
25 this Section by complying with the renewal requirements of
26 subsection (b) of this Section.

1 (j) For purposes of subsections (h) and (i) of this
2 Section:

3 "Active duty" means active duty pursuant to an executive
4 order of the President of the United States, an act of the
5 Congress of the United States, or an order of the Governor.

6 "Service member" means a member of the Armed Services or
7 reserve forces of the United States or a member of the Illinois
8 National Guard.

9 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;
10 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.
11 7-22-10; 96-1551, Article 1, Section 950, eff. 7-1-11; 96-1551,
12 Article 2, Section 1025, eff. 7-1-11; 97-224, eff. 7-28-11;
13 97-229, eff. 7-28-11; 97-333, eff. 8-12-11; 97-466, eff.
14 1-1-12; 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150,
15 eff. 1-25-13.)

16 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)
17 Sec. 6-901. Definitions. For the purposes of this Article:

18 "Board" means the Driver's License Medical Advisory Board.

19 "Medical examiner" or "medical practitioner" means:

20 (i) any person licensed to practice medicine in all its
21 branches in the State of Illinois or any other state;

22 (ii) a licensed physician assistant who has been
23 delegated the performance of medical examinations by his or
24 her supervising physician; or

25 (iii) a licensed advanced practice nurse ~~who has a~~

1 ~~written collaborative agreement with a collaborating~~
2 ~~physician which authorizes him or her to perform medical~~
3 ~~examinations.~~

4 (Source: P.A. 96-962, eff. 7-2-10; 97-185, eff. 7-22-11.)

5 Section 140. The Illinois Controlled Substances Act is
6 amended by changing Sections 102 and 303.05 as follows:

7 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

8 Sec. 102. Definitions. As used in this Act, unless the
9 context otherwise requires:

10 (a) "Addict" means any person who habitually uses any drug,
11 chemical, substance or dangerous drug other than alcohol so as
12 to endanger the public morals, health, safety or welfare or who
13 is so far addicted to the use of a dangerous drug or controlled
14 substance other than alcohol as to have lost the power of self
15 control with reference to his or her addiction.

16 (b) "Administer" means the direct application of a
17 controlled substance, whether by injection, inhalation,
18 ingestion, or any other means, to the body of a patient,
19 research subject, or animal (as defined by the Humane
20 Euthanasia in Animal Shelters Act) by:

21 (1) a practitioner (or, in his or her presence, by his
22 or her authorized agent),

23 (2) the patient or research subject pursuant to an
24 order, or

1 (3) a euthanasia technician as defined by the Humane
2 Euthanasia in Animal Shelters Act.

3 (c) "Agent" means an authorized person who acts on behalf
4 of or at the direction of a manufacturer, distributor,
5 dispenser, prescriber, or practitioner. It does not include a
6 common or contract carrier, public warehouseman or employee of
7 the carrier or warehouseman.

8 (c-1) "Anabolic Steroids" means any drug or hormonal
9 substance, chemically and pharmacologically related to
10 testosterone (other than estrogens, progestins,
11 corticosteroids, and dehydroepiandrosterone), and includes:

- 12 (i) 3[beta] ,17-dihydroxy-5a-androstane,
13 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
14 (iii) 5[alpha] -androstane-3,17-dione,
15 (iv) 1-androstenediol (3[beta] ,
16 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
17 (v) 1-androstenediol (3[alpha] ,
18 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
19 (vi) 4-androstenediol
20 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
21 (vii) 5-androstenediol
22 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
23 (viii) 1-androstenedione
24 ([5alpha] -androst-1-en-3,17-dione),
25 (ix) 4-androstenedione
26 (androst-4-en-3,17-dione),

- 1 (x) 5-androstenedione
2 (androst-5-en-3,17-dione),
3 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
4 hydroxyandrost-4-en-3-one),
5 (xii) boldenone (17[beta] -hydroxyandrost-
6 1,4,-diene-3-one),
7 (xiii) boldione (androsta-1,4-
8 diene-3,17-dione),
9 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
10 [beta] -hydroxyandrost-4-en-3-one),
11 (xv) clostebol (4-chloro-17[beta] -
12 hydroxyandrost-4-en-3-one),
13 (xvi) dehydrochloromethyltestosterone (4-chloro-
14 17[beta] -hydroxy-17[alpha] -methyl-
15 androst-1,4-dien-3-one),
16 (xvii) desoxymethyltestosterone
17 (17[alpha] -methyl-5[alpha]
18 -androst-2-en-17[beta] -ol) (a.k.a., madol),
19 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
20 '1-testosterone') (17[beta] -hydroxy-
21 5[alpha] -androst-1-en-3-one),
22 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
23 androstan-3-one),
24 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-
25 5[alpha] -androstan-3-one),
26 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -

1 hydroxyestr-4-ene),
2 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
3 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one) ,
4 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
5 17[beta] -dihydroxyandrost-1,4-dien-3-one) ,
6 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
7 hydroxyandrostano[2,3-c] -furazan) ,
8 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
9 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
10 androst-4-en-3-one) ,
11 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
12 dihydroxy-estr-4-en-3-one) ,
13 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
14 hydroxy-5-androstan-3-one) ,
15 (xxix) mesterolone (1-methyl-17[beta] -hydroxy-
16 [5a] -androstan-3-one) ,
17 (xxx) methandienone (17[alpha] -methyl-17[beta] -
18 hydroxyandrost-1,4-dien-3-one) ,
19 (xxxi) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
20 dihydroxyandrost-5-ene) ,
21 (xxxii) methenolone (1-methyl-17[beta] -hydroxy-
22 5[alpha] -androst-1-en-3-one) ,
23 (xxxiii) 17[alpha] -methyl-3[beta] , 17[beta] -
24 dihydroxy-5a-androstane) ,
25 (xxxiv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
26 -5a-androstane) ,

- 1 (xxxv) 17[alpha] -methyl-3[beta] ,17[beta] -
2 dihydroxyandrost-4-ene) ,
3 (xxxvi) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
4 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one) ,
5 (xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
6 hydroxyestra-4,9(10)-dien-3-one) ,
7 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
8 hydroxyestra-4,9-11-trien-3-one) ,
9 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
10 hydroxyandrost-4-en-3-one) ,
11 (xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
12 hydroxyestr-4-en-3-one) ,
13 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
14 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
15 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
16 1-testosterone') ,
17 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one) ,
18 (xliii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
19 dihydroxyestr-4-ene) ,
20 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
21 dihydroxyestr-4-ene) ,
22 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
23 dihydroxyestr-5-ene) ,
24 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -
25 dihydroxyestr-5-ene) ,
26 (xlvii) 19-nor-4,9(10)-androstadienedione

1 (estra-4,9(10)-diene-3,17-dione),
2 (xlvi) 19-nor-4-androstenedione (estr-4-
3 en-3,17-dione),
4 (xlix) 19-nor-5-androstenedione (estr-5-
5 en-3,17-dione),
6 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
7 hydroxygon-4-en-3-one),
8 (li) norclostebol (4-chloro-17[beta] -
9 hydroxyestr-4-en-3-one),
10 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
11 hydroxyestr-4-en-3-one),
12 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
13 hydroxyestr-4-en-3-one),
14 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
15 2-oxa-5[alpha] -androstan-3-one),
16 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
17 dihydroxyandrost-4-en-3-one),
18 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
19 17[beta] -hydroxy-(5[alpha] -androstan-3-one),
20 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
21 (5[alpha] -androst-2-eno[3,2-c] -pyrazole),
22 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
23 (5[alpha] -androst-1-en-3-one),
24 (lix) testolactone (13-hydroxy-3-oxo-13,17-
25 secoandrosta-1,4-dien-17-oic
26 acid lactone),

- 1 (lx) testosterone (17[beta] -hydroxyandrost-
2 4-en-3-one),
3 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
4 diethyl-17[beta] -hydroxygon-
5 4,9,11-trien-3-one),
6 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
7 11-trien-3-one).

8 Any person who is otherwise lawfully in possession of an
9 anabolic steroid, or who otherwise lawfully manufactures,
10 distributes, dispenses, delivers, or possesses with intent to
11 deliver an anabolic steroid, which anabolic steroid is
12 expressly intended for and lawfully allowed to be administered
13 through implants to livestock or other nonhuman species, and
14 which is approved by the Secretary of Health and Human Services
15 for such administration, and which the person intends to
16 administer or have administered through such implants, shall
17 not be considered to be in unauthorized possession or to
18 unlawfully manufacture, distribute, dispense, deliver, or
19 possess with intent to deliver such anabolic steroid for
20 purposes of this Act.

21 (d) "Administration" means the Drug Enforcement
22 Administration, United States Department of Justice, or its
23 successor agency.

24 (d-5) "Clinical Director, Prescription Monitoring Program"
25 means a Department of Human Services administrative employee
26 licensed to either prescribe or dispense controlled substances

1 who shall run the clinical aspects of the Department of Human
2 Services Prescription Monitoring Program and its Prescription
3 Information Library.

4 (d-10) "Compounding" means the preparation and mixing of
5 components, excluding flavorings, (1) as the result of a
6 prescriber's prescription drug order or initiative based on the
7 prescriber-patient-pharmacist relationship in the course of
8 professional practice or (2) for the purpose of, or incident
9 to, research, teaching, or chemical analysis and not for sale
10 or dispensing. "Compounding" includes the preparation of drugs
11 or devices in anticipation of receiving prescription drug
12 orders based on routine, regularly observed dispensing
13 patterns. Commercially available products may be compounded
14 for dispensing to individual patients only if both of the
15 following conditions are met: (i) the commercial product is not
16 reasonably available from normal distribution channels in a
17 timely manner to meet the patient's needs and (ii) the
18 prescribing practitioner has requested that the drug be
19 compounded.

20 (e) "Control" means to add a drug or other substance, or
21 immediate precursor, to a Schedule whether by transfer from
22 another Schedule or otherwise.

23 (f) "Controlled Substance" means (i) a drug, substance, or
24 immediate precursor in the Schedules of Article II of this Act
25 or (ii) a drug or other substance, or immediate precursor,
26 designated as a controlled substance by the Department through

1 administrative rule. The term does not include distilled
2 spirits, wine, malt beverages, or tobacco, as those terms are
3 defined or used in the Liquor Control Act of 1934 and the
4 Tobacco Products Tax Act of 1995.

5 (f-5) "Controlled substance analog" means a substance:

6 (1) the chemical structure of which is substantially
7 similar to the chemical structure of a controlled substance
8 in Schedule I or II;

9 (2) which has a stimulant, depressant, or
10 hallucinogenic effect on the central nervous system that is
11 substantially similar to or greater than the stimulant,
12 depressant, or hallucinogenic effect on the central
13 nervous system of a controlled substance in Schedule I or
14 II; or

15 (3) with respect to a particular person, which such
16 person represents or intends to have a stimulant,
17 depressant, or hallucinogenic effect on the central
18 nervous system that is substantially similar to or greater
19 than the stimulant, depressant, or hallucinogenic effect
20 on the central nervous system of a controlled substance in
21 Schedule I or II.

22 (g) "Counterfeit substance" means a controlled substance,
23 which, or the container or labeling of which, without
24 authorization bears the trademark, trade name, or other
25 identifying mark, imprint, number or device, or any likeness
26 thereof, of a manufacturer, distributor, or dispenser other

1 than the person who in fact manufactured, distributed, or
2 dispensed the substance.

3 (h) "Deliver" or "delivery" means the actual, constructive
4 or attempted transfer of possession of a controlled substance,
5 with or without consideration, whether or not there is an
6 agency relationship.

7 (i) "Department" means the Illinois Department of Human
8 Services (as successor to the Department of Alcoholism and
9 Substance Abuse) or its successor agency.

10 (j) (Blank).

11 (k) "Department of Corrections" means the Department of
12 Corrections of the State of Illinois or its successor agency.

13 (l) "Department of Financial and Professional Regulation"
14 means the Department of Financial and Professional Regulation
15 of the State of Illinois or its successor agency.

16 (m) "Depressant" means any drug that (i) causes an overall
17 depression of central nervous system functions, (ii) causes
18 impaired consciousness and awareness, and (iii) can be
19 habit-forming or lead to a substance abuse problem, including
20 but not limited to alcohol, cannabis and its active principles
21 and their analogs, benzodiazepines and their analogs,
22 barbiturates and their analogs, opioids (natural and
23 synthetic) and their analogs, and chloral hydrate and similar
24 sedative hypnotics.

25 (n) (Blank).

26 (o) "Director" means the Director of the Illinois State

1 Police or his or her designated agents.

2 (p) "Dispense" means to deliver a controlled substance to
3 an ultimate user or research subject by or pursuant to the
4 lawful order of a prescriber, including the prescribing,
5 administering, packaging, labeling, or compounding necessary
6 to prepare the substance for that delivery.

7 (q) "Dispenser" means a practitioner who dispenses.

8 (r) "Distribute" means to deliver, other than by
9 administering or dispensing, a controlled substance.

10 (s) "Distributor" means a person who distributes.

11 (t) "Drug" means (1) substances recognized as drugs in the
12 official United States Pharmacopoeia, Official Homeopathic
13 Pharmacopoeia of the United States, or official National
14 Formulary, or any supplement to any of them; (2) substances
15 intended for use in diagnosis, cure, mitigation, treatment, or
16 prevention of disease in man or animals; (3) substances (other
17 than food) intended to affect the structure of any function of
18 the body of man or animals and (4) substances intended for use
19 as a component of any article specified in clause (1), (2), or
20 (3) of this subsection. It does not include devices or their
21 components, parts, or accessories.

22 (t-5) "Euthanasia agency" means an entity certified by the
23 Department of Financial and Professional Regulation for the
24 purpose of animal euthanasia that holds an animal control
25 facility license or animal shelter license under the Animal
26 Welfare Act. A euthanasia agency is authorized to purchase,

1 store, possess, and utilize Schedule II nonnarcotic and
2 Schedule III nonnarcotic drugs for the sole purpose of animal
3 euthanasia.

4 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
5 substances (nonnarcotic controlled substances) that are used
6 by a euthanasia agency for the purpose of animal euthanasia.

7 (u) "Good faith" means the prescribing or dispensing of a
8 controlled substance by a practitioner in the regular course of
9 professional treatment to or for any person who is under his or
10 her treatment for a pathology or condition other than that
11 individual's physical or psychological dependence upon or
12 addiction to a controlled substance, except as provided herein:
13 and application of the term to a pharmacist shall mean the
14 dispensing of a controlled substance pursuant to the
15 prescriber's order which in the professional judgment of the
16 pharmacist is lawful. The pharmacist shall be guided by
17 accepted professional standards including, but not limited to
18 the following, in making the judgment:

19 (1) lack of consistency of prescriber-patient
20 relationship,

21 (2) frequency of prescriptions for same drug by one
22 prescriber for large numbers of patients,

23 (3) quantities beyond those normally prescribed,

24 (4) unusual dosages (recognizing that there may be
25 clinical circumstances where more or less than the usual
26 dose may be used legitimately),

1 (5) unusual geographic distances between patient,
2 pharmacist and prescriber,

3 (6) consistent prescribing of habit-forming drugs.

4 (u-0.5) "Hallucinogen" means a drug that causes markedly
5 altered sensory perception leading to hallucinations of any
6 type.

7 (u-1) "Home infusion services" means services provided by a
8 pharmacy in compounding solutions for direct administration to
9 a patient in a private residence, long-term care facility, or
10 hospice setting by means of parenteral, intravenous,
11 intramuscular, subcutaneous, or intraspinal infusion.

12 (u-5) "Illinois State Police" means the State Police of the
13 State of Illinois, or its successor agency.

14 (v) "Immediate precursor" means a substance:

15 (1) which the Department has found to be and by rule
16 designated as being a principal compound used, or produced
17 primarily for use, in the manufacture of a controlled
18 substance;

19 (2) which is an immediate chemical intermediary used or
20 likely to be used in the manufacture of such controlled
21 substance; and

22 (3) the control of which is necessary to prevent,
23 curtail or limit the manufacture of such controlled
24 substance.

25 (w) "Instructional activities" means the acts of teaching,
26 educating or instructing by practitioners using controlled

1 substances within educational facilities approved by the State
2 Board of Education or its successor agency.

3 (x) "Local authorities" means a duly organized State,
4 County or Municipal peace unit or police force.

5 (y) "Look-alike substance" means a substance, other than a
6 controlled substance which (1) by overall dosage unit
7 appearance, including shape, color, size, markings or lack
8 thereof, taste, consistency, or any other identifying physical
9 characteristic of the substance, would lead a reasonable person
10 to believe that the substance is a controlled substance, or (2)
11 is expressly or impliedly represented to be a controlled
12 substance or is distributed under circumstances which would
13 lead a reasonable person to believe that the substance is a
14 controlled substance. For the purpose of determining whether
15 the representations made or the circumstances of the
16 distribution would lead a reasonable person to believe the
17 substance to be a controlled substance under this clause (2) of
18 subsection (y), the court or other authority may consider the
19 following factors in addition to any other factor that may be
20 relevant:

21 (a) statements made by the owner or person in control
22 of the substance concerning its nature, use or effect;

23 (b) statements made to the buyer or recipient that the
24 substance may be resold for profit;

25 (c) whether the substance is packaged in a manner
26 normally used for the illegal distribution of controlled

1 substances;

2 (d) whether the distribution or attempted distribution
3 included an exchange of or demand for money or other
4 property as consideration, and whether the amount of the
5 consideration was substantially greater than the
6 reasonable retail market value of the substance.

7 Clause (1) of this subsection (y) shall not apply to a
8 noncontrolled substance in its finished dosage form that was
9 initially introduced into commerce prior to the initial
10 introduction into commerce of a controlled substance in its
11 finished dosage form which it may substantially resemble.

12 Nothing in this subsection (y) prohibits the dispensing or
13 distributing of noncontrolled substances by persons authorized
14 to dispense and distribute controlled substances under this
15 Act, provided that such action would be deemed to be carried
16 out in good faith under subsection (u) if the substances
17 involved were controlled substances.

18 Nothing in this subsection (y) or in this Act prohibits the
19 manufacture, preparation, propagation, compounding,
20 processing, packaging, advertising or distribution of a drug or
21 drugs by any person registered pursuant to Section 510 of the
22 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

23 (y-1) "Mail-order pharmacy" means a pharmacy that is
24 located in a state of the United States that delivers,
25 dispenses or distributes, through the United States Postal
26 Service or other common carrier, to Illinois residents, any

1 substance which requires a prescription.

2 (z) "Manufacture" means the production, preparation,
3 propagation, compounding, conversion or processing of a
4 controlled substance other than methamphetamine, either
5 directly or indirectly, by extraction from substances of
6 natural origin, or independently by means of chemical
7 synthesis, or by a combination of extraction and chemical
8 synthesis, and includes any packaging or repackaging of the
9 substance or labeling of its container, except that this term
10 does not include:

11 (1) by an ultimate user, the preparation or compounding
12 of a controlled substance for his or her own use; or

13 (2) by a practitioner, or his or her authorized agent
14 under his or her supervision, the preparation,
15 compounding, packaging, or labeling of a controlled
16 substance:

17 (a) as an incident to his or her administering or
18 dispensing of a controlled substance in the course of
19 his or her professional practice; or

20 (b) as an incident to lawful research, teaching or
21 chemical analysis and not for sale.

22 (z-1) (Blank).

23 (z-5) "Medication shopping" means the conduct prohibited
24 under subsection (a) of Section 314.5 of this Act.

25 (z-10) "Mid-level practitioner" means (i) a physician
26 assistant who has been delegated authority to prescribe through

1 a written delegation of authority by a physician licensed to
2 practice medicine in all of its branches, in accordance with
3 Section 7.5 of the Physician Assistant Practice Act of 1987,
4 (ii) an advanced practice nurse ~~who has been delegated~~
5 ~~authority to prescribe through a written delegation of~~
6 ~~authority by a physician licensed to practice medicine in all~~
7 ~~of its branches or by a podiatric physician, in accordance with~~
8 ~~Section 65-40 of the Nurse Practice Act,~~ (iii) an animal
9 euthanasia agency, or (iv) a prescribing psychologist.

10 (aa) "Narcotic drug" means any of the following, whether
11 produced directly or indirectly by extraction from substances
12 of vegetable origin, or independently by means of chemical
13 synthesis, or by a combination of extraction and chemical
14 synthesis:

15 (1) opium, opiates, derivatives of opium and opiates,
16 including their isomers, esters, ethers, salts, and salts
17 of isomers, esters, and ethers, whenever the existence of
18 such isomers, esters, ethers, and salts is possible within
19 the specific chemical designation; however the term
20 "narcotic drug" does not include the isoquinoline
21 alkaloids of opium;

22 (2) (blank);

23 (3) opium poppy and poppy straw;

24 (4) coca leaves, except coca leaves and extracts of
25 coca leaves from which substantially all of the cocaine and
26 ecgonine, and their isomers, derivatives and salts, have

1 been removed;

2 (5) cocaine, its salts, optical and geometric isomers,
3 and salts of isomers;

4 (6) ecgonine, its derivatives, their salts, isomers,
5 and salts of isomers;

6 (7) any compound, mixture, or preparation which
7 contains any quantity of any of the substances referred to
8 in subparagraphs (1) through (6).

9 (bb) "Nurse" means a registered nurse licensed under the
10 Nurse Practice Act.

11 (cc) (Blank).

12 (dd) "Opiate" means any substance having an addiction
13 forming or addiction sustaining liability similar to morphine
14 or being capable of conversion into a drug having addiction
15 forming or addiction sustaining liability.

16 (ee) "Opium poppy" means the plant of the species *Papaver*
17 *somniferum* L., except its seeds.

18 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
19 solution or other liquid form of medication intended for
20 administration by mouth, but the term does not include a form
21 of medication intended for buccal, sublingual, or transmucosal
22 administration.

23 (ff) "Parole and Pardon Board" means the Parole and Pardon
24 Board of the State of Illinois or its successor agency.

25 (gg) "Person" means any individual, corporation,
26 mail-order pharmacy, government or governmental subdivision or

1 agency, business trust, estate, trust, partnership or
2 association, or any other entity.

3 (hh) "Pharmacist" means any person who holds a license or
4 certificate of registration as a registered pharmacist, a local
5 registered pharmacist or a registered assistant pharmacist
6 under the Pharmacy Practice Act.

7 (ii) "Pharmacy" means any store, ship or other place in
8 which pharmacy is authorized to be practiced under the Pharmacy
9 Practice Act.

10 (ii-5) "Pharmacy shopping" means the conduct prohibited
11 under subsection (b) of Section 314.5 of this Act.

12 (ii-10) "Physician" (except when the context otherwise
13 requires) means a person licensed to practice medicine in all
14 of its branches.

15 (jj) "Poppy straw" means all parts, except the seeds, of
16 the opium poppy, after mowing.

17 (kk) "Practitioner" means a physician licensed to practice
18 medicine in all its branches, dentist, optometrist, podiatric
19 physician, veterinarian, scientific investigator, pharmacist,
20 physician assistant, advanced practice nurse, licensed
21 practical nurse, registered nurse, hospital, laboratory, or
22 pharmacy, or other person licensed, registered, or otherwise
23 lawfully permitted by the United States or this State to
24 distribute, dispense, conduct research with respect to,
25 administer or use in teaching or chemical analysis, a
26 controlled substance in the course of professional practice or

1 research.

2 (ll) "Pre-printed prescription" means a written
3 prescription upon which the designated drug has been indicated
4 prior to the time of issuance; the term does not mean a written
5 prescription that is individually generated by machine or
6 computer in the prescriber's office.

7 (mm) "Prescriber" means a physician licensed to practice
8 medicine in all its branches, dentist, optometrist,
9 prescribing psychologist licensed under Section 4.2 of the
10 Clinical Psychologist Licensing Act with prescriptive
11 authority delegated under Section 4.3 of the Clinical
12 Psychologist Licensing Act, podiatric physician, or
13 veterinarian who issues a prescription, a physician assistant
14 who issues a prescription for a controlled substance in
15 accordance with Section 303.05, a written delegation, and a
16 written supervision agreement required under Section 7.5 of the
17 Physician Assistant Practice Act of 1987, or an advanced
18 practice nurse with prescriptive authority ~~delegated under~~
19 ~~Section 65-40 of the Nurse Practice Act and in accordance with~~
20 ~~Section 303.05, a written delegation, and a written~~
21 ~~collaborative agreement under Section 65-35 of the Nurse~~
22 ~~Practice Act.~~

23 (nn) "Prescription" means a written, facsimile, or oral
24 order, or an electronic order that complies with applicable
25 federal requirements, of a physician licensed to practice
26 medicine in all its branches, dentist, podiatric physician or

1 veterinarian for any controlled substance, of an optometrist
2 for a Schedule II, III, IV, or V controlled substance in
3 accordance with Section 15.1 of the Illinois Optometric
4 Practice Act of 1987, of a prescribing psychologist licensed
5 under Section 4.2 of the Clinical Psychologist Licensing Act
6 with prescriptive authority delegated under Section 4.3 of the
7 Clinical Psychologist Licensing Act, of a physician assistant
8 for a controlled substance in accordance with Section 303.05, a
9 written delegation, and a written supervision agreement
10 required under Section 7.5 of the Physician Assistant Practice
11 Act of 1987, or of an advanced practice nurse with prescriptive
12 authority ~~delegated under Section 65-40 of the Nurse Practice~~
13 ~~Act~~ who issues a prescription for a controlled substance in
14 accordance with Section 303.05, ~~a written delegation, and a~~
15 ~~written collaborative agreement under Section 65-35 of the~~
16 ~~Nurse Practice Act when required by law.~~

17 (nn-5) "Prescription Information Library" (PIL) means an
18 electronic library that contains reported controlled substance
19 data.

20 (nn-10) "Prescription Monitoring Program" (PMP) means the
21 entity that collects, tracks, and stores reported data on
22 controlled substances and select drugs pursuant to Section 316.

23 (oo) "Production" or "produce" means manufacture,
24 planting, cultivating, growing, or harvesting of a controlled
25 substance other than methamphetamine.

26 (pp) "Registrant" means every person who is required to

1 register under Section 302 of this Act.

2 (qq) "Registry number" means the number assigned to each
3 person authorized to handle controlled substances under the
4 laws of the United States and of this State.

5 (qq-5) "Secretary" means, as the context requires, either
6 the Secretary of the Department or the Secretary of the
7 Department of Financial and Professional Regulation, and the
8 Secretary's designated agents.

9 (rr) "State" includes the State of Illinois and any state,
10 district, commonwealth, territory, insular possession thereof,
11 and any area subject to the legal authority of the United
12 States of America.

13 (rr-5) "Stimulant" means any drug that (i) causes an
14 overall excitation of central nervous system functions, (ii)
15 causes impaired consciousness and awareness, and (iii) can be
16 habit-forming or lead to a substance abuse problem, including
17 but not limited to amphetamines and their analogs,
18 methylphenidate and its analogs, cocaine, and phencyclidine
19 and its analogs.

20 (ss) "Ultimate user" means a person who lawfully possesses
21 a controlled substance for his or her own use or for the use of
22 a member of his or her household or for administering to an
23 animal owned by him or her or by a member of his or her
24 household.

25 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,
26 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;

1 revised 10-1-14.)

2 (720 ILCS 570/303.05)

3 Sec. 303.05. Mid-level practitioner registration.

4 (a) The Department of Financial and Professional
5 Regulation shall register licensed physician assistants,
6 licensed advanced practice nurses, and prescribing
7 psychologists licensed under Section 4.2 of the Clinical
8 Psychologist Licensing Act to prescribe and dispense
9 controlled substances under Section 303 and animal euthanasia
10 agencies to purchase, store, or administer animal euthanasia
11 drugs under the following circumstances:

12 (1) with respect to physician assistants,

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

21 (B) the physician assistant has been delegated
22 authority by a supervising physician licensed to
23 practice medicine in all its branches to prescribe or
24 dispense Schedule II controlled substances through a
25 written delegation of authority and under the

1 following conditions:

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

12 (ii) any delegation must be of controlled
13 substances prescribed by the supervising
14 physician;

15 (iii) all prescriptions must be limited to no
16 more than a 30-day supply, with any continuation
17 authorized only after prior approval of the
18 supervising physician;

19 (iv) the physician assistant must discuss the
20 condition of any patients for whom a controlled
21 substance is prescribed monthly with the
22 delegating physician;

23 (v) the physician assistant must have
24 completed the appropriate application forms and
25 paid the required fees as set by rule;

26 (vi) the physician assistant must provide

1 evidence of satisfactory completion of 45 contact
2 hours in pharmacology from any physician assistant
3 program accredited by the Accreditation Review
4 Commission on Education for the Physician
5 Assistant (ARC-PA), or its predecessor agency, for
6 any new license issued with Schedule II authority
7 after the effective date of this amendatory Act of
8 the 97th General Assembly; and

9 (vii) the physician assistant must annually
10 complete at least 5 hours of continuing education
11 in pharmacology;

12 (2) (blank); ~~with respect to advanced practice nurses,~~

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

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

1 ~~of authority and under the following conditions:~~

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

13 ~~(ii) any delegation must be of controlled~~
14 ~~substances prescribed by the collaborating~~
15 ~~physician or podiatric physician;~~

16 ~~(iii) all prescriptions must be limited to no~~
17 ~~more than a 30 day supply, with any continuation~~
18 ~~authorized only after prior approval of the~~
19 ~~collaborating physician or podiatric physician;~~

20 ~~(iv) the advanced practice nurse must discuss~~
21 ~~the condition of any patients for whom a controlled~~
22 ~~substance is prescribed monthly with the~~
23 ~~delegating physician or podiatric physician or in~~
24 ~~the course of review as required by Section 65-40~~
25 ~~of the Nurse Practice Act;~~

26 ~~(v) the advanced practice nurse must have~~

1 ~~completed the appropriate application forms and~~
2 ~~paid the required fees as set by rule;~~

3 ~~(vi) the advanced practice nurse must provide~~
4 ~~evidence of satisfactory completion of at least 45~~
5 ~~graduate contact hours in pharmacology for any new~~
6 ~~license issued with Schedule II authority after~~
7 ~~the effective date of this amendatory Act of the~~
8 ~~97th General Assembly; and~~

9 ~~(vii) the advanced practice nurse must~~
10 ~~annually complete 5 hours of continuing education~~
11 ~~in pharmacology;~~

12 (3) with respect to animal euthanasia agencies, the
13 euthanasia agency has obtained a license from the
14 Department of Financial and Professional Regulation and
15 obtained a registration number from the Department; or

16 (4) with respect to prescribing psychologists, the
17 prescribing psychologist has been delegated authority to
18 prescribe any nonnarcotic Schedule III through V
19 controlled substances by a collaborating physician
20 licensed to practice medicine in all its branches in
21 accordance with Section 4.3 of the Clinical Psychologist
22 Licensing Act, and the prescribing psychologist has
23 completed the appropriate application forms and has paid
24 the required fees as set by rule.

25 (b) The physician assistant ~~mid-level practitioner~~ shall
26 only be licensed to prescribe those schedules of controlled

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

8 An advanced practice nurse shall only be licensed to
9 prescribe Schedule II through V controlled substances.

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

14 (d) (Blank). ~~A collaborating physician or podiatric~~
15 ~~physician may, but is not required to, delegate prescriptive~~
16 ~~authority to an advanced practice nurse as part of a written~~
17 ~~collaborative agreement, and the delegation of prescriptive~~
18 ~~authority shall conform to the requirements of Section 65-40 of~~
19 ~~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. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;
2 97-813, eff. 7-13-12; 98-214, eff. 8-9-13; 98-668, eff.
3 6-25-14.)

4 (225 ILCS 65/65-35 rep.)

5 (225 ILCS 65/65-40 rep.)

6 Section 145. The Nurse Practice Act is amended by repealing
7 Sections 65-35 and 65-40.

8 (225 ILCS 100/20.5 rep.)

9 Section 150. The Podiatric Medical Practice Act of 1987 is
10 amended by repealing Section 20.5.

11 Section 999. Effective date. This Act takes effect upon
12 becoming law.

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2 Statutes amended in order of appearance

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| 3 | 15 ILCS 335/4 | from Ch. 124, par. 24 |
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| 6 | 105 ILCS 5/24-5 | from Ch. 122, par. 24-5 |
| 7 | 105 ILCS 5/24-6 | |
| 8 | 105 ILCS 5/26-1 | from Ch. 122, par. 26-1 |
| 9 | 105 ILCS 5/27-8.1 | from Ch. 122, par. 27-8.1 |
| 10 | 210 ILCS 5/6.5 | |
| 11 | 210 ILCS 25/7-101 | from Ch. 111 1/2, par. 627-101 |
| 12 | 210 ILCS 55/2.05 | from Ch. 111 1/2, par. 2802.05 |
| 13 | 210 ILCS 85/10.7 | |
| 14 | 215 ILCS 5/356g.5 | |
| 15 | 215 ILCS 5/356z.1 | |
| 16 | 225 ILCS 25/8.1 | from Ch. 111, par. 2308.1 |
| 17 | 225 ILCS 60/22 | from Ch. 111, par. 4400-22 |
| 18 | 225 ILCS 60/54.5 | |
| 19 | 225 ILCS 65/50-10 | was 225 ILCS 65/5-10 |
| 20 | 225 ILCS 65/65-30 | |
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| 22 | 225 ILCS 65/70-5 | was 225 ILCS 65/10-45 |
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| 25 | 225 ILCS 85/4 | from Ch. 111, par. 4124 |

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| 9 | 410 ILCS 70/5 | from Ch. 111 1/2, par. 87-5 |
| 10 | 410 ILCS 70/5.5 | |
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| 12 | 410 ILCS 210/1.5 | |
| 13 | 410 ILCS 210/2 | from Ch. 111, par. 4502 |
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| 16 | 410 ILCS 305/3 | from Ch. 111 1/2, par. 7303 |
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| 18 | 410 ILCS 325/4 | from Ch. 111 1/2, par. 7404 |
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| 21 | 410 ILCS 642/10 | |
| 22 | 625 ILCS 5/1-159.1 | from Ch. 95 1/2, par. 1-159.1 |
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| 24 | 625 ILCS 5/6-103 | from Ch. 95 1/2, par. 6-103 |
| 25 | 625 ILCS 5/6-106.1 | |
| 26 | 625 ILCS 5/6-901 | from Ch. 95 1/2, par. 6-901 |

- 1 720 ILCS 570/102 from Ch. 56 1/2, par. 1102
- 2 720 ILCS 570/303.05
- 3 225 ILCS 65/65-35 rep.
- 4 225 ILCS 65/65-40 rep.
- 5 225 ILCS 100/20.5 rep.