

AN ACT concerning regulation.

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

Section 5. The Physician Assistant Practice Act of 1987 is amended by changing Sections 4, 7, 7.5, and 7.7 and by adding Section 7.6 as follows:

(225 ILCS 95/4) (from Ch. 111, par. 4604)

(Section scheduled to be repealed on January 1, 2028)

Sec. 4. Definitions. In this Act:

1. "Department" means the Department of Financial and Professional Regulation.

2. "Secretary" means the Secretary of Financial and Professional Regulation.

3. "Physician assistant" means any person not holding an active license or permit issued by the Department pursuant to the Medical Practice Act of 1987 who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants or equivalent successor agency and performs procedures in collaboration with a physician as defined in this Act. A physician assistant may perform such procedures within the specialty of the collaborating physician, except that such physician shall exercise such direction, collaboration, and control over such

physician assistants as will assure that patients shall receive quality medical care. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care in collaboration with a physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone or telecommunications within established guidelines as determined by the physician/physician assistant team. The collaborating physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written collaborative agreement established by the physician or physician/physician assistant team. A physician assistant, acting as an agent of the physician, shall be permitted to transmit the collaborating physician's orders as determined by the institution's by-laws, policies, procedures, or job description within which the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement.

Any person who holds an active license or permit issued pursuant to the Medical Practice Act of 1987 shall have that

license automatically placed into inactive status upon issuance of a physician assistant license. Any person who holds an active license as a physician assistant who is issued a license or permit pursuant to the Medical Practice Act of 1987 shall have his or her physician assistant license automatically placed into inactive status.

3.5. "Physician assistant practice" means the performance of procedures within the specialty of the collaborating physician. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care of the collaborating physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone, telecommunications, or electronic communications. The collaborating physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written collaborative agreement established by the physician or physician/physician assistant team. A physician assistant shall be permitted to transmit the collaborating physician's orders as determined by the institution's bylaws, policies, or procedures or the job description within which

the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement, except as provided in Section 7.5 of this Act.

4. "Board" means the Medical Licensing Board constituted under the Medical Practice Act of 1987.

5. (Blank).

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

7. "Collaborating physician" means the physician who, within his or her specialty and expertise, may delegate a variety of tasks and procedures to the physician assistant. Such tasks and procedures shall be delegated in accordance with a written collaborative agreement.

8. (Blank).

9. "Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file maintained by the Department's licensure maintenance unit.

10. "Hospital affiliate" means a corporation, partnership, joint venture, limited liability company, or similar organization, other than a hospital, that is devoted primarily to the provision, management, or support of health care services and that directly or indirectly controls, is controlled by, or is under common control of the hospital. For

the purposes of this definition, "control" means having at least an equal or a majority ownership or membership interest. A hospital affiliate shall be 100% owned or controlled by any combination of hospitals, their parent corporations, or physicians licensed to practice medicine in all its branches in Illinois. "Hospital affiliate" does not include a health maintenance organization regulated under the Health Maintenance Organization Act.

11. "Email address of record" means the designated email address recorded by the Department in the applicant's application file or the licensee's license file, as maintained by the Department's licensure maintenance unit.

12. "Federally qualified health center" means a health center funded under Section 330 of the federal Public Health Service Act.

(Source: P.A. 102-1117, eff. 1-13-23.)

(225 ILCS 95/7) (from Ch. 111, par. 4607)

(Section scheduled to be repealed on January 1, 2028)

Sec. 7. Collaboration requirements.

(a) A collaborating physician shall determine the number of physician assistants to collaborate with, provided the physician is able to provide adequate collaboration as outlined in the written collaborative agreement required under Section 7.5 of this Act and consideration is given to the nature of the physician's practice, complexity of the patient

population, and the experience of each physician assistant. A collaborating physician may collaborate with a maximum of 7 full-time equivalent physician assistants as described in Section 54.5 of the Medical Practice Act of 1987. As used in this Section, "full-time equivalent" means the equivalent of 40 hours per week per individual. Physicians and physician assistants who work in a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center as defined by Section 7.7 of this Act are exempt from the collaborative ratio restriction requirements of this Section. A physician assistant shall be able to hold more than one professional position. A collaborating physician shall file a notice of collaboration of each physician assistant according to the rules of the Department.

Physician assistants shall collaborate only with physicians as defined in this Act who are engaged in clinical practice, or in clinical practice in public health or other community health facilities.

Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a nurse or other appropriately trained personnel.

Nothing in this Act shall be construed to prohibit the employment of physician assistants by a hospital, nursing home or other health care facility where such physician assistants function under a collaborating physician.

A physician assistant may be employed by a practice group

or other entity employing multiple physicians at one or more locations. In that case, one of the physicians practicing at a location shall be designated the collaborating physician. The other physicians with that practice group or other entity who practice in the same general type of practice or specialty as the collaborating physician may collaborate with the physician assistant with respect to their patients.

(b) A physician assistant licensed in this State, or licensed or authorized to practice in any other U.S. jurisdiction or credentialed by his or her federal employer as a physician assistant, who is responding to a need for medical care created by an emergency or by a state or local disaster may render such care that the physician assistant is able to provide without collaboration as it is defined in this Section or with such collaboration as is available.

Any physician who collaborates with a physician assistant providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in this Section for a collaborating physician.

(Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

(225 ILCS 95/7.5)

(Section scheduled to be repealed on January 1, 2028)

Sec. 7.5. Written collaborative agreements; prescriptive authority.

(a) A written collaborative agreement is required for all physician assistants to practice in the State, except as provided in Section 7.7 of this Act.

(1) A written collaborative agreement shall describe the working relationship of the physician assistant with the collaborating physician and shall describe the categories of care, treatment, or procedures to be provided by the physician assistant. The written collaborative agreement shall promote the exercise of professional judgment by the physician assistant commensurate with his or her education and experience. The services to be provided by the physician assistant shall be services that the collaborating physician is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice. The written collaborative agreement need not describe the exact steps that a physician assistant must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the presence of the collaborating physician as the procedures are being performed. The relationship under a written collaborative agreement shall not be construed to require the personal presence of a physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician in person or by telecommunications or electronic

communications as set forth in the written collaborative agreement. For the purposes of this Act, "generally provides to his or her patients in the normal course of his or her clinical medical practice" means services, not specific tasks or duties, the collaborating physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to collaborate and provide consultation.

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

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

(B) Provides consultation at least once a month.

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

(4) A physician assistant shall inform each collaborating physician of all written collaborative agreements he or she has signed and provide a copy of these to any collaborating physician upon request.

(b) A collaborating physician may, but is not required to,

delegate prescriptive authority to a physician assistant as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing medical devices, over the counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician must have a valid, current Illinois controlled substance license and federal registration with the Drug Enforcement Administration to delegate the authority to prescribe controlled substances.

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

(2) The collaborating physician shall file with the Department notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated. Upon receipt of this notice delegating authority to prescribe controlled substances, the physician assistant shall be

eligible to register for a mid-level practitioner controlled substances license under Section 303.05 of the Illinois Controlled Substances Act. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the collaborating physician to a nurse or other appropriately trained persons in accordance with Section 54.2 of the Medical Practice Act of 1987.

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

(A) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated.

(B) (Blank).

(C) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.

(D) The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the collaborating physician.

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

(c) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders. Nothing in this Act shall be construed to authorize a physician assistant to provide health care services required by law or rule to be performed by a physician. Nothing in this Act shall be construed to authorize the delegation or performance of operative surgery. Nothing in this Section shall be construed to preclude a physician assistant from assisting in surgery.

(c-5) Nothing in this Section shall be construed to apply to any medication authority, including Schedule II controlled substances of a licensed physician assistant for care provided in a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center pursuant to

Section 7.7 of this Act.

(d) (Blank).

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

(Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

(225 ILCS 95/7.6 new)

Sec. 7.6. Written collaborative agreement; temporary practice. Any physician assistant required to enter into a written collaborative agreement with a collaborating physician is authorized to continue to practice for up to 90 days after the termination of a written collaborative agreement, provided the physician assistant seeks any necessary collaboration at a local hospital and refers patients who require services beyond the training and experience of the physician assistant to a physician or other health care provider.

(225 ILCS 95/7.7)

(Section scheduled to be repealed on January 1, 2028)

Sec. 7.7. Physician assistants in hospitals, hospital affiliates, federally qualified health centers, or ambulatory surgical treatment centers.

(a) A physician assistant may provide services in a hospital as defined in the Hospital Licensing Act, a hospital affiliate as defined in the University of Illinois Hospital Act, a federally qualified health center, or a licensed

ambulatory surgical treatment center as defined in the Ambulatory Surgical Treatment Center Act without a written collaborative agreement pursuant to Section 7.5 of this Act only in accordance with this Section. A physician assistant must possess clinical privileges recommended by (i) the hospital medical staff and granted by the hospital, (ii) the physician committee and federally qualified health center, or (iii) the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff, physician committee, or consulting medical staff committee shall periodically review the services of physician assistants granted clinical privileges, including any care provided in a hospital affiliate or federally qualified health center. Authority may also be granted when recommended by the hospital medical staff and granted by the hospital, recommended by the physician committee and granted by the federally qualified health center, or recommended by the consulting medical staff committee and ambulatory surgical treatment center to individual physician assistants to select, order, and administer medications, including controlled substances, to provide delineated care. In a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center, the attending physician shall determine a physician assistant's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

(a-5) Physician assistants practicing in a hospital affiliate or a federally qualified health center may be, but are not required to be, granted authority to prescribe Schedule II through V controlled substances when such authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate or recommended by the physician committee of the federally qualified health center and granted by the federally qualified health center. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over-the-counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies.

To prescribe controlled substances under this subsection (a-5), a physician assistant must obtain a mid-level practitioner controlled substance license. Medication orders shall be reviewed periodically by the appropriate hospital affiliate physicians committee or its physician designee or by the physician committee of a federally qualified health center.

The hospital affiliate or federally qualified health center shall file with the Department notice of a grant of

prescriptive authority consistent with this subsection (a-5) and termination of such a grant of authority in accordance with rules of the Department. Upon receipt of this notice of grant of authority to prescribe any Schedule II through V controlled substances, the licensed physician assistant may register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

In addition, a hospital affiliate or a federally qualified health center may, but is not required to, grant authority to a physician assistant to prescribe any Schedule II controlled substances if all of the following conditions apply:

(1) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by physician assistants in their area of certification; this grant of authority must identify the specific Schedule II controlled substances by either brand name or generic name; authority to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;

(2) any grant of authority must be controlled substances limited to the practice of the physician assistant;

(3) any prescription must be limited to no more than a

30-day supply;

(4) the physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee, or the physician committee of a federally qualified health center; and

(5) the physician assistant must meet the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

(b) A physician assistant granted authority to order medications including controlled substances may complete discharge prescriptions provided the prescription is in the name of the physician assistant and the attending or discharging physician.

(c) Physician assistants practicing in a hospital, hospital affiliate, federally qualified health center, or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.

(Source: P.A. 100-453, eff. 8-25-17.)