

Rep. Mary E. Flowers

## Filed: 3/7/2017

|    | 10000HB0281ham001 LRB100 00019 SMS 22533 a                     |
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| 1  | AMENDMENT TO HOUSE BILL 281                                    |
| 2  | AMENDMENT NO Amend House Bill 281 by replacing                 |
| 3  | everything after the enacting clause with the following:       |
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| 4  | "Section 5. The Administration of Psychotropic Medications     |
| 5  | to Children Act is amended by changing Section 5 and by adding |
| 6  | Section 7 as follows:  |
|    |  |
| 7  | (20 ILCS 535/5)  |
| 8  | Sec. 5. Administration of psychotropic medications. On or      |
| 9  | before October 1, 2011, the Department of Children and Family  |
| 10 | Services shall promulgate final rules, amending its current    |
| 11 | rules establishing and maintaining standards and procedures to |
| 12 | govern the administration of psychotropic medications. Such    |
| 13 | amendments to its rules shall include, but are not limited to, |
| 14 | the following:   |
| 15 | (a) The role of the Department in the administration of        |

15 (a) The role of the Department in the administration of 16 psychotropic medications to youth for whom it is legally responsible and who are in facilities operated by the Illinois
 Department of Corrections or the Illinois Department of
 Juvenile Justice.

4 (b) Provisions regarding the administration of 5 psychotropic medications for youth for whom the Department is legally responsible and who are in residential facilities, 6 group homes, transitional living programs, or foster homes 7 where the youth is under the age of 18 or where the youth is 18 8 9 or older and has provided the Department with appropriate 10 consent.

11 <u>(b-5)</u> Provisions requiring the Department to distribute 12 treatment guidelines on an annual basis to all persons licensed 13 under the Medical Practice Act of 1987 to practice medicine in 14 all of its branches who prescribe psychotropic medications to 15 youth for whom the Department is legally responsible.

16 (c) Provisions regarding the administration of 17 psychotropic medications for youth for whom the Department is 18 legally responsible and who are in psychiatric hospitals.

19 (d) Provisions concerning the emergency use of 20 psychotropic medications, including appropriate and timely 21 reporting.

(e) Provisions prohibiting the administration of psychotropic medications to persons for whom the Department is legally responsible as punishment for bad behavior, for the convenience of staff or caregivers, or as a substitute for adequate mental health care or other services. 10000HB0281ham001 -3- LRB100 00019 SMS 22533 a

1 (f) The creation of a committee to develop, post on a website, and periodically review materials listing which 2 psychotropic medications are approved for use with youth for 3 whom the Department has legal responsibility. The materials 4 5 shall include guidelines for the use of psychotropic 6 medications and may include the acceptable range of dosages, contraindications, and time limits, if any, and such other 7 8 topics necessary to ensure the safe and appropriate use of 9 psychotropic medications.

10 (g) Provisions regarding the appointment, qualifications, 11 and training of employees of the Department who are authorized 12 to consent to the administration of psychotropic medications to 13 youth for whom the Department has legal responsibility, 14 including the scope of the authority of such persons.

(h) Provisions regarding training and materials for parents, foster parents, and relative caretakers concerning the rules governing the use of psychotropic medications with youth for whom the Department has legal responsibility.

(i) With respect to any youth under the age of 18 for whom 19 20 the Department has legal responsibility and who does not assent 21 to the administration of recommended psychotropic medication, 22 provisions providing standards and procedures for reviewing 23 the youth's concerns. With respect to any youth over the age of 24 18 for whom the Department has legal responsibility and who does not consent to the administration of recommended 25 psychotropic medication, provisions providing standards and 26

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procedures for reviewing the youth's concerns upon the youth's request and with the youth's consent. Standards and procedures developed under this subsection shall not be inconsistent with the Mental Health and Developmental Disabilities Code.

5 (j) Provisions ensuring that, subject to all relevant 6 confidentiality laws, service plans for youth for whom the 7 Department has legal responsibility include the following 8 information:

9 (1) Identification by name and dosage of the 10 psychotropic medication known by the Department to have 11 been administered to the youth since the last service plan.

(2) The benefits of the psychotropic medication.

13 (3) The negative side effects of the psychotropic14 medication.

15 (Source: P.A. 97-245, eff. 8-4-11.)

16 (20 ILCS 535/7 new)

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## 17 <u>Sec. 7. Annual reports on prescribing patterns.</u>

(a) No later than December 31, 2018, and December 31 of 18 19 each year thereafter, the Department shall prepare and submit an annual report, covering the previous fiscal year, to the 20 21 General Assembly concerning the administration of psychotropic medication to youth for whom it is legally responsible. This 22 23 report shall include, but is not limited to, pharmacy claims 24 data for youth for whom the Department is legally responsible 25 for each of the following:

| 1  | (1) The total number of youths with approved requests        |
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| 2  | for psychotropic medication during the reporting period.     |
| 3  | (2) The youth categorized by age groups 0 through 6, 7       |
| 4  | through 12, or 13 through 17 and further categorized by      |
| 5  | gender and the number and type of medication prescribed.     |
| 6  | (3) The number of physicians who have prescribed             |
| 7  | psychotropic medication to youth for whom the Department is  |
| 8  | legally responsible with consent of the guardian.            |
| 9  | (4) The number of physicians who have prescribed             |
| 10 | psychotropic medication to youth for whom the Department is  |
| 11 | legally responsible without consent of the guardian.         |
| 12 | Prior to the release of this data, personal identifiers,     |
| 13 | such as name, date of birth, address, and Social Security    |
| 14 | number, shall be removed and a unique identifier shall be    |
| 15 | submitted.   |
| 16 | (b) For each youth who falls into one of the categories      |
| 17 | described in subsection (a), the Department shall maintain a |
| 18 | record of the following information:                         |
| 19 | (1) a list of the psychotropic medications prescribed;       |
| 20 | (2) the consent date for each psychotropic medication        |
| 21 | prescribed;  |
| 22 | (3) the prescriber's name and contact information;           |
| 23 | (4) the youth's year of birth;                               |
| 24 | (5) the diagnoses received on each youth; and                |
| 25 | (6) the youth's weight.                                      |
| 26 | (c) The Department may contract for consulting services      |

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| 1   | from, if available, a psychiatrist who has expertise and        |
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| 2   | specializes in pediatric care for the purpose of reviewing the  |
| 3   | data provided to the General Assembly in subsection (a).        |
| 4   | (d) Using information gathered from subsection (a), the         |
| 5   | Department shall analyze prescribing patterns by population     |
| 6   | for youth for whom it is legally responsible.                   |
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| 8   | Section 10. The Medical Practice Act of 1987 is amended by      |
| 9   | changing Section 22 as follows:                                 |
| 1.0 |   |
| 10  | (225 ILCS 60/22) (from Ch. 111, par. 4400-22)                   |
| 11  | (Section scheduled to be repealed on December 31, 2017)         |
| 12  | Sec. 22. Disciplinary action.                                   |
| 13  | (A) The Department may revoke, suspend, place on probation,     |
| 14  | reprimand, refuse to issue or renew, or take any other          |
| 15  | disciplinary or non-disciplinary action as the Department may   |
| 16  | deem proper with regard to the license or permit of any person  |
| 17  | issued under this Act, including imposing fines not to exceed   |
| 18  | \$10,000 for each violation, upon any of the following grounds: |
| 19  | (1) Performance of an elective abortion in any place,           |
| 20  | locale, facility, or institution other than:                    |
| 21  | (a) a facility licensed pursuant to the Ambulatory              |
| 22  | Surgical Treatment Center Act;                                  |
| 23  | (b) an institution licensed under the Hospital                  |
| 24  | Licensing Act;  |
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1 (c) an ambulatory surgical treatment center or 2 hospitalization or care facility maintained by the 3 State or any agency thereof, where such department or 4 agency has authority under law to establish and enforce 5 standards for the ambulatory surgical treatment 6 centers, hospitalization, or care facilities under its 7 management and control;

8 (d) ambulatory surgical treatment centers, 9 hospitalization or care facilities maintained by the 10 Federal Government; or

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

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

19 (3) A plea of guilty or nolo contendere, finding of 20 guilt, jury verdict, or entry of judgment or sentencing, 21 including, but not limited to, convictions, preceding 22 sentences of supervision, conditional discharge, or first 23 offender probation, under the laws of any jurisdiction of 24 the United States of any crime that is a felony.

(4) Gross negligence in practice under this Act.

26 (5) Engaging in dishonorable, unethical or

unprofessional conduct of a character likely to deceive,
 defraud or harm the public.

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

5 (7) Habitual or excessive use or abuse of drugs defined 6 in law as controlled substances, of alcohol, or of any 7 other substances which results in the inability to practice 8 with reasonable judgment, skill or safety.

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

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

14 (10) Making a false or misleading statement regarding 15 their skill or the efficacy or value of the medicine, 16 treatment, or remedy prescribed by them at their direction 17 in the treatment of any disease or other condition of the 18 body or mind.

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

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

6 (13) Violation of any provision of this Act or of the 7 Medical Practice Act prior to the repeal of that Act, or 8 violation of the rules, or a final administrative action of 9 the Secretary, after consideration of the recommendation 10 of the Disciplinary Board.

11 (14) Violation of the prohibition against fee12 splitting in Section 22.2 of this Act.

13 (15) A finding by the Disciplinary Board that the 14 registrant after having his or her license placed on 15 probationary status or subjected to conditions or 16 restrictions violated the terms of the probation or failed 17 to comply with such terms or conditions.

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(16) Abandonment of a patient.

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

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

1 physician.

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

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

10 (21) Wilfully making or filing false records or reports 11 in his or her practice as a physician, including, but not 12 limited to, false records to support claims against the 13 medical assistance program of the Department of Healthcare 14 and Family Services (formerly Department of Public Aid) 15 under the Illinois Public Aid Code.

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

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

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1 Child Reporting Act.
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2 (24) Solicitation of professional patronage by any
 3 corporation, agents or persons, or profiting from those
 4 representing themselves to be agents of the licensee.

5 (25) Gross and wilful and continued overcharging for professional services, including filing false statements 6 for collection of fees for which services are not rendered, 7 including, but not limited to, filing such false statements 8 9 for collection of monies for services not rendered from the 10 medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) 11 under the Illinois Public Aid Code. 12

13 (26) A pattern of practice or other behavior which
14 demonstrates incapacity or incompetence to practice under
15 this Act.

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

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

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

(30) Wilfully or negligently violating the
 confidentiality between physician and patient except as

1 required by law.

2 (31) The use of any false, fraudulent, or deceptive
3 statement in any document connected with practice under
4 this Act.

5 (32) Aiding and abetting an individual not licensed 6 under this Act in the practice of a profession licensed 7 under this Act.

8 (33) Violating state or federal laws or regulations 9 relating to controlled substances, legend drugs, or 10 ephedra as defined in the Ephedra Prohibition Act.

11 (34) Failure to report to the Department any adverse final action taken against them by another licensing 12 13 jurisdiction (any other state or any territory of the 14 United States or any foreign state or country), by any peer 15 review body, by any health care institution, by any professional society or association related to practice 16 under this Act, by any governmental agency, by any law 17 enforcement agency, or by any court for acts or conduct 18 similar to acts or conduct which would constitute grounds 19 20 for action as defined in this Section.

(35) Failure to report to the Department surrender of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while 1 under disciplinary investigation by any of those 2 authorities or bodies, for acts or conduct similar to acts 3 or conduct which would constitute grounds for action as 4 defined in this Section.

5 (36) Failure to report to the Department any adverse 6 judgment, settlement, or award arising from a liability 7 claim related to acts or conduct similar to acts or conduct 8 which would constitute grounds for action as defined in 9 this Section.

10 (37) Failure to provide copies of medical records as11 required by law.

12 (38) Failure to furnish the Department, its 13 investigators or representatives, relevant information, 14 legally requested by the Department after consultation 15 with the Chief Medical Coordinator or the Deputy Medical 16 Coordinator.

17 (39) Violating the Health Care Worker Self-Referral18 Act.

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

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

23 (42) Entering into an excessive number of written 24 collaborative agreements with licensed advanced practice 25 nurses resulting in an inability to adequately 26 collaborate.

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

3 (44) Violating the Compassionate Use of Medical 4 Cannabis Pilot Program Act.

5 (45) Entering into an excessive number of written licensed prescribing 6 collaborative agreements with psychologists resulting in an inability to adequately 7 8 collaborate.

9 (46) Repeated failure to adequately collaborate with a 10 licensed prescribing psychologist.

11 (47) Repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a 12 13 minor without a good faith prior examination of the patient 14 and medical reason therefor.

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

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1 alleged to be part of the pattern of practice or other behavior 2 that occurred, or a report pursuant to Section 23 of this Act 3 received, within the 10-year period preceding the filing of the 4 complaint. In the event of the settlement of any claim or cause 5 of action in favor of the claimant or the reduction to final 6 judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being grounded on the 7 8 allegation that a person licensed under this Act was negligent 9 in providing care, the Department shall have an additional 10 period of 2 years from the date of notification to the 11 Department under Section 23 of this Act of such settlement or final judgment in which to investigate and commence formal 12 13 disciplinary proceedings under Section 36 of this Act, except 14 as otherwise provided by law. The time during which the holder 15 of the license was outside the State of Illinois shall not be 16 included within any period of time limiting the commencement of 17 disciplinary action by the Department.

18 The entry of an order or judgment by any circuit court 19 establishing that any person holding a license under this Act 20 is a person in need of mental treatment operates as a suspension of that license. That person may resume their 21 22 practice only upon the entry of a Departmental order based upon 23 a finding by the Disciplinary Board that they have been 24 determined to be recovered from mental illness by the court and 25 upon the Disciplinary Board's recommendation that they be 26 permitted to resume their practice.

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1 The Department may refuse to issue or take disciplinary action concerning the license of any person who fails to file a 2 3 return, or to pay the tax, penalty or interest shown in a filed 4 return, or to pay any final assessment of tax, penalty or 5 interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as 6 the requirements of any such tax Act are satisfied as determined by 7 8 the Illinois Department of Revenue.

9 The Department, upon the recommendation of the 10 Disciplinary Board, shall adopt rules which set forth standards 11 to be used in determining:

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

14 (b) what constitutes dishonorable, unethical or 15 unprofessional conduct of a character likely to deceive, 16 defraud, or harm the public;

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

21 (d) what constitutes gross negligence in the practice22 of medicine.

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

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In enforcing this Section, the Disciplinary Board or the

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

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

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

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1 suspension and completed without appreciable delay. The 2 Disciplinary Board shall have the authority to review the subject physician's record of treatment and counseling 3 4 regarding the impairment, to the extent permitted by applicable 5 federal statutes and regulations safeguarding the 6 confidentiality of medical records.

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

The Department may promulgate rules for the imposition of 12 13 fines in disciplinary cases, not to exceed \$10,000 for each 14 violation of this Act. Fines may be imposed in conjunction with 15 other forms of disciplinary action, but shall not be the 16 exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Any funds 17 collected from such fines shall be deposited in the Illinois 18 19 State Medical Disciplinary Fund.

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

(B) The Department shall revoke the license or permit
issued under this Act to practice medicine or a chiropractic
physician who has been convicted a second time of committing

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

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

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

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1 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;

2 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16; 99-933, eff. 3 1-27-17.)".