



## 103RD GENERAL ASSEMBLY

### State of Illinois

### 2023 and 2024

### SB3114

Introduced 2/2/2024, by Sen. Ann Gillespie

#### SYNOPSIS AS INTRODUCED:

|                     |                            |
|---------------------|----------------------------|
| 225 ILCS 95/4       | from Ch. 111, par. 4604    |
| 225 ILCS 95/6       | from Ch. 111, par. 4606    |
| 225 ILCS 95/7       | from Ch. 111, par. 4607    |
| 225 ILCS 95/7.5     |                            |
| 225 ILCS 95/7.7     |                            |
| 225 ILCS 95/7.8 new |                            |
| 225 ILCS 95/7.9 new |                            |
| 225 ILCS 95/17      | from Ch. 111, par. 4617    |
| 225 ILCS 95/20      | from Ch. 111, par. 4620    |
| 225 ILCS 95/21      | from Ch. 111, par. 4621    |
| 720 ILCS 570/102    | from Ch. 56 1/2, par. 1102 |
| 720 ILCS 570/303.05 |                            |

Amends the Physician Assistant Practice Act of 1987. Provides that a physician assistant may prescribe, dispense, order, administer, and procure drugs and medical devices without delegation of authority by a physician. Provides that a physician assistant may practice without a written collaborative agreement. Provides that a physician assistant who files with the Department of Financial and Professional Regulation a notarized attestation of completion of at least 250 hours of continuing education or training and at least 2,000 hours of clinical experience after first attaining national certification shall not require a written collaborative agreement. Makes changes in provisions concerning definitions; physician assistant title; collaboration requirements; written collaborative agreements, prescriptive authority, and physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers; inactive status; limitations; and grounds for disciplinary action. Amends the Illinois Controlled Substances Act to make corresponding changes.

LRB103 39234 SPS 69386 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 Physician Assistant Practice Act of 1987 is  
5 amended by changing Sections 4, 6, 7, 7.5, 7.7, 17, 20, and 21  
6 and by adding Sections 7.8 and 7.9 as follows:

7 (225 ILCS 95/4) (from Ch. 111, par. 4604)

8 (Text of Section before amendment by P.A. 103-65)

9 (Section scheduled to be repealed on January 1, 2028)

10 Sec. 4. Definitions. In this Act:

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

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

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

1 exercise such direction, collaboration, and control over such  
2 physician assistants as will assure that patients shall  
3 receive quality medical care. Physician assistants shall be  
4 capable of performing a variety of tasks within the specialty  
5 of medical care in collaboration with a physician.  
6 Collaboration with the physician assistant shall not be  
7 construed to necessarily require the personal presence of the  
8 collaborating physician at all times at the place where  
9 services are rendered, as long as there is communication  
10 available for consultation by radio, telephone or  
11 telecommunications within established guidelines as determined  
12 by the physician/physician assistant team. The collaborating  
13 physician may delegate tasks and duties to the physician  
14 assistant. Delegated tasks or duties shall be consistent with  
15 physician assistant education, training, and experience. The  
16 delegated tasks or duties shall be specific to the practice  
17 setting and shall be implemented and reviewed under a written  
18 collaborative agreement established by the physician or  
19 physician/physician assistant team. A physician assistant,  
20 acting as an agent of the physician, shall be permitted to  
21 transmit the collaborating physician's orders as determined by  
22 the institution's bylaws ~~by laws~~, policies, procedures, or job  
23 description within which the physician/physician assistant  
24 team practices. Physician assistants shall practice only in  
25 accordance with a written collaborative agreement.

26 Any person who holds an active license or permit issued

1 pursuant to the Medical Practice Act of 1987 shall have that  
2 license automatically placed into inactive status upon  
3 issuance of a physician assistant license. Any person who  
4 holds an active license as a physician assistant who is issued  
5 a license or permit pursuant to the Medical Practice Act of  
6 1987 shall have his or her physician assistant license  
7 automatically placed into inactive status.

8 3.5. "Physician assistant practice" means the performance  
9 of procedures within the specialty of the collaborating  
10 physician. Physician assistants shall be capable of performing  
11 a variety of tasks within the specialty of medical care of the  
12 collaborating physician. Collaboration with the physician  
13 assistant shall not be construed to necessarily require the  
14 personal presence of the collaborating physician at all times  
15 at the place where services are rendered, as long as there is  
16 communication available for consultation by radio, telephone,  
17 telecommunications, or electronic communications. The  
18 collaborating physician may delegate tasks and duties to the  
19 physician assistant. Delegated tasks or duties shall be  
20 consistent with physician assistant education, training, and  
21 experience. The delegated tasks or duties shall be specific to  
22 the practice setting and shall be implemented and reviewed  
23 under a written collaborative agreement established by the  
24 physician or physician/physician assistant team. A physician  
25 assistant shall be permitted to transmit the collaborating  
26 physician's orders as determined by the institution's bylaws,

1 policies, or procedures or the job description within which  
2 the physician/physician assistant team practices. Physician  
3 assistants shall practice only in accordance with a written  
4 collaborative agreement, except as provided in Section 7.5 of  
5 this Act.

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

8 5. (Blank).

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

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

17 8. (Blank).

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

22 10. "Hospital affiliate" means a corporation, partnership,  
23 joint venture, limited liability company, or similar  
24 organization, other than a hospital, that is devoted primarily  
25 to the provision, management, or support of health care  
26 services and that directly or indirectly controls, is

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

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

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

15 (Text of Section after amendment by P.A. 103-65)

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

17 Sec. 4. Definitions. In this Act:

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

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

22 3. "Physician assistant" means any person not holding an  
23 active license or permit issued by the Department pursuant to  
24 the Medical Practice Act of 1987 who has been certified as a  
25 physician assistant by the National Commission on the

1 Certification of Physician Assistants or equivalent successor  
2 agency. ~~and performs procedures in collaboration with a~~  
3 ~~physician as defined in this Act. A physician assistant may~~  
4 ~~perform such procedures within the specialty of the~~  
5 ~~collaborating physician, except that such physician shall~~  
6 ~~exercise such direction, collaboration, and control over such~~  
7 ~~physician assistants as will assure that patients shall~~  
8 ~~receive quality medical care. Physician assistants shall be~~  
9 ~~capable of performing a variety of tasks within the specialty~~  
10 ~~of medical care in collaboration with a physician.~~  
11 ~~Collaboration with the physician assistant shall not be~~  
12 ~~construed to necessarily require the personal presence of the~~  
13 ~~collaborating physician at all times at the place where~~  
14 ~~services are rendered, as long as there is communication~~  
15 ~~available for consultation by radio, telephone or~~  
16 ~~telecommunications within established guidelines as determined~~  
17 ~~by the physician/physician assistant team. The collaborating~~  
18 ~~physician may delegate tasks and duties to the physician~~  
19 ~~assistant. Delegated tasks or duties shall be consistent with~~  
20 ~~physician assistant education, training, and experience. The~~  
21 ~~delegated tasks or duties shall be specific to the practice~~  
22 ~~setting and shall be implemented and reviewed under a written~~  
23 ~~collaborative agreement established by the physician or~~  
24 ~~physician/physician assistant team. A physician assistant,~~  
25 ~~acting as an agent of the physician, shall be permitted to~~  
26 ~~transmit the collaborating physician's orders as determined by~~

1 ~~the institution's by laws, policies, procedures, or job~~  
2 ~~description within which the physician/physician assistant~~  
3 ~~team practices. Physician assistants shall practice only in~~  
4 ~~accordance with a written collaborative agreement.~~

5 ~~Any person who holds an active license or permit issued~~  
6 ~~pursuant to the Medical Practice Act of 1987 shall have that~~  
7 ~~license automatically placed into inactive status upon~~  
8 ~~issuance of a physician assistant license. Any person who~~  
9 ~~holds an active license as a physician assistant who is issued~~  
10 ~~a license or permit pursuant to the Medical Practice Act of~~  
11 ~~1987 shall have his or her physician assistant license~~  
12 ~~automatically placed into inactive status.~~

13 3.5. "Physician assistant practice" means the performance  
14 of any legal medical service for which the physician assistant  
15 has been prepared by the physician assistant's education,  
16 training, and experience and is competent to perform as  
17 determined by the practice through employment agreement or  
18 credentialing and privileging system of the licensed facility.  
19 Medical and surgical services provided by physician assistants  
20 include, but are not limited to:

21 (A) obtaining and performing comprehensive health  
22 histories and physical examinations;

23 (B) evaluating, diagnosing, managing, and providing  
24 medical treatment;

25 (C) ordering, performing, and interpreting diagnostic  
26 studies and therapeutic procedures;



1           (D) educating patients on health promotion and disease  
2 prevention;

3           (E) providing consultation upon request;

4           (F) writing medical orders;

5           (G) prescribing, dispensing, ordering, administering,  
6 and procuring drugs and medical devices; and

7           (H) assisting in surgery. ~~procedures within the~~  
8 ~~specialty of the collaborating physician. Physician~~  
9 ~~assistants shall be capable of performing a variety of~~  
10 ~~tasks within the specialty of medical care of the~~  
11 ~~collaborating physician. Collaboration with the physician~~  
12 ~~assistant shall not be construed to necessarily require~~  
13 ~~the personal presence of the collaborating physician at~~  
14 ~~all times at the place where services are rendered, as~~  
15 ~~long as there is communication available for consultation~~  
16 ~~by radio, telephone, telecommunications, or electronic~~  
17 ~~communications. The collaborating physician may delegate~~  
18 ~~tasks and duties to the physician assistant. Delegated~~  
19 ~~tasks or duties shall be consistent with physician~~  
20 ~~assistant education, training, and experience. The~~  
21 ~~delegated tasks or duties shall be specific to the~~  
22 ~~practice setting and shall be implemented and reviewed~~  
23 ~~under a written collaborative agreement established by the~~  
24 ~~physician or physician/physician assistant team. A~~  
25 ~~physician assistant shall be permitted to transmit the~~  
26 ~~collaborating physician's orders as determined by the~~

1 ~~institution's bylaws, policies, or procedures or the job~~  
2 ~~description within which the physician/physician assistant~~  
3 ~~team practices. Physician assistants shall practice only~~  
4 ~~in accordance with a written collaborative agreement,~~  
5 ~~except as provided in Section 7.5 of this Act.~~

6 4. "Board" means the Illinois State Medical Board ~~Medical~~  
7 ~~Licensing Board constituted under the Medical Practice Act of~~  
8 ~~1987.~~

9 5. (Blank).

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

13 7. "Collaborating physician" means the physician who,  
14 within his or her specialty and expertise, may delegate a  
15 variety of tasks and procedures to the physician assistant.  
16 Such tasks and procedures shall be delegated in accordance  
17 with a written collaborative agreement when the agreement is  
18 required under this Act.

19 8. (Blank).

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

24 10. "Hospital affiliate" means a corporation, partnership,  
25 joint venture, limited liability company, or similar  
26 organization, other than a hospital, that is devoted primarily

1 to the provision, management, or support of health care  
2 services and that directly or indirectly controls, is  
3 controlled by, or is under common control of the hospital. For  
4 the purposes of this definition, "control" means having at  
5 least an equal or a majority ownership or membership interest.  
6 A hospital affiliate shall be 100% owned or controlled by any  
7 combination of hospitals, their parent corporations, or  
8 physicians licensed to practice medicine in all its branches  
9 in Illinois. "Hospital affiliate" does not include a health  
10 maintenance organization regulated under the Health  
11 Maintenance Organization Act.

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

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

19 (Source: P.A. 102-1117, eff. 1-13-23; 103-65, eff. 1-1-24.)

20 (225 ILCS 95/6) (from Ch. 111, par. 4606)

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

22 Sec. 6. Physician assistant title.

23 (a) No physician assistant shall use the title of doctor,  
24 physician, or associate with his or her name or any other term  
25 that would indicate to other persons that he or she is

1 qualified to engage in the general practice of medicine.

2 (b) A physician assistant shall verbally identify himself  
3 or herself as a physician assistant, including, when  
4 applicable, specialty certification, to each patient.

5 (c) Nothing in this Act shall be construed to relieve a  
6 physician assistant of the professional or legal  
7 responsibility for the care and treatment of persons attended  
8 by him or her.

9 (d) (Blank). ~~The collaborating physician shall file with~~  
10 ~~the Department notice of employment, discharge, or~~  
11 ~~collaboration with a physician assistant within 60 days of~~  
12 ~~employment, discharge, or assumption of collaboration with a~~  
13 ~~physician assistant. Nothing in this Section shall prevent a~~  
14 ~~physician assistant from beginning his or her employment~~  
15 ~~before the notice of employment or collaboration has been~~  
16 ~~filed.~~

17 (Source: P.A. 102-735, eff. 1-1-23.)

18 (225 ILCS 95/7) (from Ch. 111, par. 4607)

19 (Text of Section before amendment by P.A. 103-65)

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

21 Sec. 7. Collaboration requirements.

22 (a) A collaborating physician shall determine the number  
23 of physician assistants to collaborate with, provided the  
24 physician is able to provide adequate collaboration as  
25 outlined in the written collaborative agreement required under

1 Section 7.5 of this Act and consideration is given to the  
2 nature of the physician's practice, complexity of the patient  
3 population, and the experience of each physician assistant. A  
4 collaborating physician may collaborate with a maximum of 7  
5 full-time equivalent physician assistants as described in  
6 Section 54.5 of the Medical Practice Act of 1987. As used in  
7 this Section, "full-time equivalent" means the equivalent of  
8 40 hours per week per individual. Physicians and physician  
9 assistants who work in a hospital, hospital affiliate, or  
10 ambulatory surgical treatment center as defined by Section 7.7  
11 of this Act are exempt from the collaborative ratio  
12 restriction requirements of this Section. A physician  
13 assistant shall be able to hold more than one professional  
14 position. A collaborating physician shall file a notice of  
15 collaboration of each physician assistant according to the  
16 rules of the Department.

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

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

24 Nothing in this Act shall be construed to prohibit the  
25 employment of physician assistants by a hospital, nursing home  
26 or other health care facility where such physician assistants

1 function with ~~under~~ a collaborating physician.

2 A physician assistant may be employed by a practice group  
3 or other entity employing multiple physicians at one or more  
4 locations. In that case, one of the physicians practicing at a  
5 location shall be designated the collaborating physician. The  
6 other physicians with that practice group or other entity who  
7 practice in the same general type of practice or specialty as  
8 the collaborating physician may collaborate with the physician  
9 assistant with respect to their patients.

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

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

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

24 (Text of Section after amendment by P.A. 103-65)

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

1           Sec. 7. Collaboration requirements.

2           (a) A written collaborative agreement is required for all  
3 physician assistants engaged in clinical practice prior to  
4 satisfying the requirements of Section 7.9, except for  
5 physician assistants who practice in a hospital, hospital  
6 affiliate, federally qualified health center, or ambulatory  
7 surgical treatment center as provided in Section 7.7.

8           (b) ~~(a)~~ A collaborating physician shall determine the  
9 number of physician assistants to collaborate with, provided  
10 the physician is able to provide adequate collaboration as  
11 outlined in the written collaborative agreement required under  
12 Section 7.5 of this Act and consideration is given to the  
13 nature of the physician's practice, complexity of the patient  
14 population, and the experience of each physician assistant. A  
15 collaborating physician may collaborate with a maximum of 7  
16 full-time equivalent physician assistants as described in  
17 Section 54.5 of the Medical Practice Act of 1987. As used in  
18 this Section, "full-time equivalent" means the equivalent of  
19 40 hours per week per individual. Physicians and physician  
20 assistants who work in a hospital, hospital affiliate,  
21 federally qualified health center, or ambulatory surgical  
22 treatment center as defined by Section 7.7 of this Act are  
23 exempt from the collaborative ratio restriction requirements  
24 of this Section. A physician assistant shall be able to hold  
25 more than one professional position. A collaborating physician  
26 shall file a notice of collaboration of each physician

1 assistant according to the rules of the Department.

2 (c) Physician assistants shall collaborate only with  
3 physicians as defined in this Act who are engaged in clinical  
4 practice, or in clinical practice in public health or other  
5 community health facilities.

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

9 (e) Nothing in this Act shall be construed to prohibit the  
10 employment of physician assistants by a hospital, nursing home  
11 or other health care facility where such physician assistants  
12 function with ~~under~~ a collaborating physician.

13 (f) A physician assistant may be employed by a practice  
14 group or other entity employing multiple physicians at one or  
15 more locations. In that case, one of the physicians practicing  
16 at a location shall be designated the collaborating physician.  
17 The other physicians with that practice group or other entity  
18 who practice in the same general type of practice or specialty  
19 as the collaborating physician may collaborate with the  
20 physician assistant with respect to their patients.

21 (g) ~~(b)~~ A physician assistant licensed in this State, or  
22 licensed or authorized to practice in any other U.S.  
23 jurisdiction or credentialed by his or her federal employer as  
24 a physician assistant, who is responding to a need for medical  
25 care created by an emergency or by a state or local disaster  
26 may render such care that the physician assistant is able to



1 provide without collaboration as it is defined in this Section  
2 or with such collaboration as is available.

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

8 (Source: P.A. 103-65, eff. 1-1-24.)

9 (225 ILCS 95/7.5)

10 (Text of Section before amendment by P.A. 103-65)

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

12 Sec. 7.5. Written collaborative agreements; prescriptive  
13 authority.

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

17 (1) A written collaborative agreement shall describe  
18 the working relationship of the physician assistant with  
19 the collaborating physician and shall describe the  
20 categories of care, treatment, or procedures to be  
21 provided by the physician assistant. The written  
22 collaborative agreement shall promote the exercise of  
23 professional judgment by the physician assistant  
24 commensurate with his or her education and experience. The  
25 services to be provided by the physician assistant shall

1 be services that the collaborating physician is authorized  
2 to and generally provides to his or her patients in the  
3 normal course of his or her clinical medical practice. The  
4 written collaborative agreement need not describe the  
5 exact steps that a physician assistant must take with  
6 respect to each specific condition, disease, or symptom  
7 but must specify which authorized procedures require the  
8 presence of the collaborating physician as the procedures  
9 are being performed. The relationship under a written  
10 collaborative agreement shall not be construed to require  
11 the personal presence of a physician at the place where  
12 services are rendered. Methods of communication shall be  
13 available for consultation with the collaborating  
14 physician in person or by telecommunications or electronic  
15 communications as set forth in the written collaborative  
16 agreement. For the purposes of this Act, "generally  
17 provides to his or her patients in the normal course of his  
18 or her clinical medical practice" means services, not  
19 specific tasks or duties, the collaborating physician  
20 routinely provides individually or through delegation to  
21 other persons so that the physician has the experience and  
22 ability to collaborate and provide consultation.

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

25 (A) Participates in the joint formulation and  
26 joint approval of orders or guidelines with the

1 physician assistant and he or she periodically reviews  
2 such orders and the services provided patients under  
3 such orders in accordance with accepted standards of  
4 medical practice and physician assistant practice.

5 (B) Provides consultation at least once a month.

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

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

14 (b) A collaborating physician may, but is not required to,  
15 delegate prescriptive authority to a physician assistant as  
16 part of a written collaborative agreement. This authority may,  
17 but is not required to, include prescription of, selection of,  
18 orders for, administration of, storage of, acceptance of  
19 samples of, and dispensing medical devices, over-the-counter  
20 ~~over the counter~~ medications, legend drugs, medical gases, and  
21 controlled substances categorized as Schedule II through V  
22 controlled substances, as defined in Article II of the  
23 Illinois Controlled Substances Act, and other preparations,  
24 including, but not limited to, botanical and herbal remedies.  
25 The collaborating physician must have a valid, current  
26 Illinois controlled substance license and federal registration

1 with the Drug Enforcement Administration to delegate the  
2 authority to prescribe controlled substances.

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

9 (2) The collaborating physician shall file with the  
10 Department notice of delegation of prescriptive authority  
11 to a physician assistant and termination of delegation,  
12 specifying the authority delegated or terminated. Upon  
13 receipt of this notice delegating authority to prescribe  
14 controlled substances, the physician assistant shall be  
15 eligible to register for a mid-level practitioner  
16 controlled substances license under Section 303.05 of the  
17 Illinois Controlled Substances Act. Nothing in this Act  
18 shall be construed to limit the delegation of tasks or  
19 duties by the collaborating physician to a nurse or other  
20 appropriately trained persons in accordance with Section  
21 54.2 of the Medical Practice Act of 1987.

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

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

10           (B) (Blank).

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

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

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

22           (c) Nothing in this Act shall be construed to limit the  
23 delegation of tasks or duties by a physician to a licensed  
24 practical nurse, a registered professional nurse, or other  
25 persons. Nothing in this Act shall be construed to limit the  
26 method of delegation that may be authorized by any means,

1 including, but not limited to, oral, written, electronic,  
2 standing orders, protocols, guidelines, or verbal orders.  
3 Nothing in this Act shall be construed to authorize a  
4 physician assistant to provide health care services required  
5 by law or rule to be performed by a physician. Nothing in this  
6 Act shall be construed to authorize the delegation or  
7 performance of operative surgery. Nothing in this Section  
8 shall be construed to preclude a physician assistant from  
9 assisting in surgery.

10 (c-5) Nothing in this Section shall be construed to apply  
11 to any medication authority, including Schedule II controlled  
12 substances of a licensed physician assistant for care provided  
13 in a hospital, hospital affiliate, or ambulatory surgical  
14 treatment center pursuant to Section 7.7 of this Act.

15 (d) (Blank).

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

18 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21;  
19 revised 9-21-23.)

20 (Text of Section after amendment by P.A. 103-65)

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

22 Sec. 7.5. Written collaborative agreements, ~~prescriptive~~  
23 ~~authority.~~

24 (a) A written collaborative agreement is required for all  
25 physician assistants to practice in the State, except as

1 provided in Sections ~~Section~~ 7.7 and 7.9 of this Act. When a  
2 written collaborative agreement is required under this Act,  
3 the following shall apply:

4 (1) A written collaborative agreement shall describe  
5 the working relationship of the physician assistant with  
6 the collaborating physician and shall describe the  
7 categories of care, treatment, or procedures to be  
8 provided by the physician assistant. ~~The written~~  
9 ~~collaborative agreement shall promote the exercise of~~  
10 ~~professional judgment by the physician assistant~~  
11 ~~commensurate with his or her education and experience. The~~  
12 ~~services to be provided by the physician assistant shall~~  
13 ~~be services that the collaborating physician is authorized~~  
14 ~~to and generally provides to his or her patients in the~~  
15 ~~normal course of his or her clinical medical practice. The~~  
16 ~~written collaborative agreement need not describe the~~  
17 ~~exact steps that a physician assistant must take with~~  
18 ~~respect to each specific condition, disease, or symptom~~  
19 ~~but must specify which authorized procedures require the~~  
20 ~~presence of the collaborating physician as the procedures~~  
21 ~~are being performed.~~ The relationship under a written  
22 collaborative agreement shall not be construed to require  
23 the personal presence of a physician at the place where  
24 services are rendered. Methods of communication shall be  
25 available for consultation with the collaborating  
26 physician in person or by telecommunications or electronic

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

9 (2) (Blank). ~~The written collaborative agreement shall~~  
10 ~~be adequate if a physician does each of the following:~~

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

17 ~~(B) Provides consultation at least once a month.~~

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

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

26 (b) To prescribe Schedule II, III, IV, or V controlled



1 substances under this Section, a physician assistant must  
2 obtain a mid-level practitioner controlled substances license.  
3 ~~A collaborating physician may, but is not required to,~~  
4 ~~delegate prescriptive authority to a physician assistant as~~  
5 ~~part of a written collaborative agreement. This authority may,~~  
6 ~~but is not required to, include prescription of, selection of,~~  
7 ~~orders for, administration of, storage of, acceptance of~~  
8 ~~samples of, and dispensing medical devices, over the counter~~  
9 ~~medications, legend drugs, medical gases, and controlled~~  
10 ~~substances categorized as Schedule II through V controlled~~  
11 ~~substances, as defined in Article II of the Illinois~~  
12 ~~Controlled Substances Act, and other preparations, including,~~  
13 ~~but not limited to, botanical and herbal remedies. The~~  
14 ~~collaborating physician must have a valid, current Illinois~~  
15 ~~controlled substance license and federal registration with the~~  
16 ~~Drug Enforcement Administration to delegate the authority to~~  
17 ~~prescribe controlled substances.~~

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

24 ~~(2) The collaborating physician shall file with the~~  
25 ~~Department notice of delegation of prescriptive authority~~  
26 ~~to a physician assistant and termination of delegation,~~

1 ~~specifying the authority delegated or terminated. Upon~~  
2 ~~receipt of this notice delegating authority to prescribe~~  
3 ~~controlled substances, the physician assistant shall be~~  
4 ~~eligible to register for a mid-level practitioner~~  
5 ~~controlled substances license under Section 303.05 of the~~  
6 ~~Illinois Controlled Substances Act. Nothing in this Act~~  
7 ~~shall be construed to limit the delegation of tasks or~~  
8 ~~duties by the collaborating physician to a nurse or other~~  
9 ~~appropriately trained persons in accordance with Section~~  
10 ~~54.2 of the Medical Practice Act of 1987.~~

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

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

25 ~~(B) (Blank).~~

26 ~~(C) Any prescription must be limited to no more~~

1 ~~than a 30 day supply, with any continuation authorized~~  
2 ~~only after prior approval of the collaborating~~  
3 ~~physician.~~

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

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

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

25 (c-5) Nothing in this Section shall be construed to apply  
26 to any medication authority, including Schedule II controlled

1 substances of a licensed physician assistant for care provided  
2 in a hospital, hospital affiliate, federally qualified health  
3 center, or ambulatory surgical treatment center pursuant to  
4 Section 7.7 of this Act, or to a physician assistant  
5 satisfying the requirements of Section 7.9.

6 (d) (Blank).

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

9 (f) Delegation of prescriptive authority by a physician is  
10 not required under this Section.

11 (Source: P.A. 102-558, eff. 8-20-21; 103-65, eff. 1-1-24;  
12 revised 9-21-23.)

13 (225 ILCS 95/7.7)

14 (Text of Section before amendment by P.A. 103-65)

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

16 Sec. 7.7. Physician assistants in hospitals, hospital  
17 affiliates, or ambulatory surgical treatment centers.

18 (a) A physician assistant may provide services in a  
19 hospital as defined in the Hospital Licensing Act, a hospital  
20 affiliate as defined in the University of Illinois Hospital  
21 Act, or a licensed ambulatory surgical treatment center as  
22 defined in the Ambulatory Surgical Treatment Center Act  
23 without a written collaborative agreement pursuant to Section  
24 7.5 of this Act. A physician assistant must possess clinical  
25 privileges recommended by the hospital medical staff and

1 granted by the hospital or the consulting medical staff  
2 committee and ambulatory surgical treatment center in order to  
3 provide services. The medical staff or consulting medical  
4 staff committee shall periodically review the services of  
5 physician assistants granted clinical privileges, including  
6 any care provided in a hospital affiliate. Authority may also  
7 be granted when recommended by the hospital medical staff and  
8 granted by the hospital or recommended by the consulting  
9 medical staff committee and ambulatory surgical treatment  
10 center to individual physician assistants to select, order,  
11 and administer medications, including controlled substances,  
12 to provide delineated care. In a hospital, hospital affiliate,  
13 or ambulatory surgical treatment center, the attending  
14 physician shall determine a physician assistant's role in  
15 providing care for his or her patients, except as otherwise  
16 provided in the medical staff bylaws or consulting committee  
17 policies.

18 (a-5) Physician assistants practicing in a hospital  
19 affiliate may be, but are not required to be, granted  
20 authority to prescribe Schedule II through V controlled  
21 substances when such authority is recommended by the  
22 appropriate physician committee of the hospital affiliate and  
23 granted by the hospital affiliate. This authority may, but is  
24 not required to, include prescription of, selection of, orders  
25 for, administration of, storage of, acceptance of samples of,  
26 and dispensing over-the-counter medications, legend drugs,

1 medical gases, and controlled substances categorized as  
2 Schedule II through V controlled substances, as defined in  
3 Article II of the Illinois Controlled Substances Act, and  
4 other preparations, including, but not limited to, botanical  
5 and herbal remedies.

6 To prescribe controlled substances under this subsection  
7 (a-5), a physician assistant must obtain a mid-level  
8 practitioner controlled substance license. Medication orders  
9 shall be reviewed periodically by the appropriate hospital  
10 affiliate physicians committee or its physician designee.

11 The hospital affiliate shall file with the Department  
12 notice of a grant of prescriptive authority consistent with  
13 this subsection (a-5) and termination of such a grant of  
14 authority in accordance with rules of the Department. Upon  
15 receipt of this notice of grant of authority to prescribe any  
16 Schedule II through V controlled substances, the licensed  
17 physician assistant may register for a mid-level practitioner  
18 controlled substance license under Section 303.05 of the  
19 Illinois Controlled Substances Act.

20 In addition, a hospital affiliate may, but is not required  
21 to, grant authority to a physician assistant to prescribe any  
22 Schedule II controlled substances if all of the following  
23 conditions apply:

24 (1) specific Schedule II controlled substances by oral  
25 dosage or topical or transdermal application may be  
26 designated, provided that the designated Schedule II

1 controlled substances are routinely prescribed by  
2 physician assistants in their area of certification; this  
3 grant of authority must identify the specific Schedule II  
4 controlled substances by either brand name or generic  
5 name; authority to prescribe or dispense Schedule II  
6 controlled substances to be delivered by injection or  
7 other route of administration may not be granted;

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

11 (3) any prescription must be limited to no more than a  
12 30-day supply;

13 (4) the physician assistant must discuss the condition  
14 of any patients for whom a controlled substance is  
15 prescribed monthly with the appropriate physician  
16 committee of the hospital affiliate or its physician  
17 designee; and

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

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

26 (c) Physician assistants practicing in a hospital,

1 hospital affiliate, or an ambulatory surgical treatment center  
2 are not required to obtain a mid-level controlled substance  
3 license to order controlled substances under Section 303.05 of  
4 the Illinois Controlled Substances Act.

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

6 (Text of Section after amendment by P.A. 103-65)

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

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

11 (a) A physician assistant may provide services in a  
12 hospital as defined in the Hospital Licensing Act, a hospital  
13 affiliate as defined in the University of Illinois Hospital  
14 Act, a federally qualified health center, or a licensed  
15 ambulatory surgical treatment center as defined in the  
16 Ambulatory Surgical Treatment Center Act without a written  
17 collaborative agreement pursuant to Section 7.5 of this Act  
18 only in accordance with this Section. A physician assistant  
19 must possess clinical privileges recommended by (i) the  
20 hospital medical staff and granted by the hospital, (ii) the  
21 physician committee and federally qualified health center, or  
22 (iii) the consulting medical staff committee and ambulatory  
23 surgical treatment center in order to provide services. The  
24 medical staff, physician committee, or consulting medical  
25 staff committee shall periodically review the services of



1 physician assistants granted clinical privileges, including  
2 any care provided in a hospital affiliate or federally  
3 qualified health center. A physician assistant practicing  
4 under this Section may prescribe, select, order, and  
5 administer medications, including controlled substances.  
6 ~~Authority may also be granted when recommended by the hospital~~  
7 ~~medical staff and granted by the hospital, recommended by the~~  
8 ~~physician committee and granted by the federally qualified~~  
9 ~~health center, or recommended by the consulting medical staff~~  
10 ~~committee and ambulatory surgical treatment center to~~  
11 ~~individual physician assistants to select, order, and~~  
12 ~~administer medications, including controlled substances, to~~  
13 ~~provide delineated care.~~ In a hospital, hospital affiliate,  
14 federally qualified health center, or ambulatory surgical  
15 treatment center, the attending physician shall determine a  
16 physician assistant's role in providing care for his or her  
17 patients, except as otherwise provided in the medical staff  
18 bylaws or consulting committee policies.

19 (a-5) Physician assistants practicing in a hospital  
20 affiliate or a federally qualified health center may ~~be, but~~  
21 ~~are not required to be, granted authority to~~ prescribe  
22 Schedule II through V controlled substances ~~when such~~  
23 ~~authority is recommended by the appropriate physician~~  
24 ~~committee of the hospital affiliate and granted by the~~  
25 ~~hospital affiliate or recommended by the physician committee~~  
26 ~~of the federally qualified health center and granted by the~~

1 ~~federally qualified health center.~~ This authority may, ~~but is~~  
2 ~~not required to,~~ include prescription of, selection of, orders  
3 for, administration of, storage of, acceptance of samples of,  
4 and dispensing over-the-counter medications, legend drugs,  
5 medical gases, and controlled substances categorized as  
6 Schedule II through V controlled substances, as defined in  
7 Article II of the Illinois Controlled Substances Act, and  
8 other preparations, including, but not limited to, botanical  
9 and herbal remedies.

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

17 ~~The hospital affiliate or federally qualified health~~  
18 ~~center shall file with the Department notice of a grant of~~  
19 ~~prescriptive authority consistent with this subsection (a 5)~~  
20 ~~and termination of such a grant of authority in accordance~~  
21 ~~with rules of the Department. Upon receipt of this notice of~~  
22 ~~grant of authority to prescribe any Schedule II through V~~  
23 ~~controlled substances, the licensed physician assistant may~~  
24 ~~register for a mid-level practitioner controlled substance~~  
25 ~~license under Section 303.05 of the Illinois Controlled~~  
26 ~~Substances Act.~~

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

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

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

18           ~~(3) any prescription must be limited to no more than a~~  
19 ~~30 day supply;~~

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

26           ~~(5) the physician assistant must meet the education~~

1 ~~requirements of Section 303.05 of the Illinois Controlled~~  
2 ~~Substances Act.~~

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

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

14 (d) Delegation of prescriptive authority by a physician is  
15 not required under this Section.

16 (Source: P.A. 103-65, eff. 1-1-24.)

17 (225 ILCS 95/7.8 new)

18 Sec. 7.8. Prescriptive authority. A physician assistant  
19 may prescribe, dispense, order, administer, and procure drugs  
20 and medical devices without delegation of authority by a  
21 physician. The prescriptive authority may include prescribing  
22 Schedule II, III, IV, and V controlled substances. To  
23 prescribe Schedule II, III, IV, or V controlled substances  
24 under this Act, a physician assistant must obtain a mid-level  
25 practitioner controlled substances license. When a written

1 collaborative agreement is required under this Act, delegation  
2 of prescriptive authority by a physician is not required.

3 (225 ILCS 95/7.9 new)

4 Sec. 7.9. Optimal practice.

5 (a) A physician assistant may practice without a written  
6 collaborative agreement as described in this Section.

7 (b) A physician assistant who files with the Department a  
8 notarized attestation of completion of at least 250 hours of  
9 continuing education or training and at least 2,000 hours of  
10 clinical experience after first attaining national  
11 certification shall not require a written collaborative  
12 agreement. Documentation of successful completion shall be  
13 provided to the Department upon request.

14 (c) The scope of practice of a physician assistant with  
15 optimal practice includes:

16 (1) all matters defined as physician assistant  
17 practice;

18 (2) practicing without a written collaborative  
19 agreement in all practice settings consistent with this  
20 Act;

21 (3) authority to prescribe both legend drugs and  
22 Schedule II through V controlled substances, including  
23 prescription of, selection of, orders for, administration  
24 of, storage of, acceptance of samples of, and dispensing  
25 over-the-counter medications, legend drugs, and controlled

1 substances categorized as any Schedule II through V  
2 controlled substances, as defined in Article II of the  
3 Illinois Controlled Substances Act, and other  
4 preparations, including, but not limited to, botanical and  
5 herbal remedies; and

6 (4) authority to obtain an Illinois controlled  
7 substance license and a federal Drug Enforcement  
8 Administration number.

9 The scope of practice of a physician assistant does not  
10 include operative surgery. Nothing in this Section shall be  
11 construed to preclude a physician assistant from assisting in  
12 surgery or performing other procedures as privileged by the  
13 physician assistant's employer.

14 (d) The Department may adopt rules necessary to administer  
15 this Section, including, but not limited to, requiring the  
16 completion of forms and the payment of fees.

17 (e) Nothing in this Section shall be construed to prohibit  
18 a physician assistant's employer from requiring a physician  
19 assistant who satisfies the qualifications of subsection (b)  
20 to practice with a written collaborative agreement.

21 (f) Nothing in this Act shall be construed to authorize a  
22 physician assistant with optimal practice authority to provide  
23 health care services required by law or rule to be performed by  
24 a physician.

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

2 Sec. 17. Inactive status. Any physician assistant who  
3 notified the Department in writing on forms prescribed by the  
4 Department, may elect to place his or her license on an  
5 inactive status and shall, subject to rules of the Department,  
6 be excused from payment of renewal fees until he or she  
7 notifies the Department in writing of his or her intention to  
8 restore the license. Any person who holds an active license or  
9 permit issued under the Medical Practice Act of 1987 shall  
10 have that license or permit automatically placed into inactive  
11 status upon issuance of a physician assistant license. Any  
12 person who holds an active license as a physician assistant  
13 who is issued a license or permit under the Medical Practice  
14 Act of 1987 shall have the physician assistant license  
15 automatically placed into inactive status.

16 Any physician assistant requesting restoration from  
17 inactive status shall be required to pay the current renewal  
18 fee and shall be required to restore his or her license, as  
19 provided in Section 16 of this Act.

20 Any physician assistant whose license is in an inactive  
21 status shall not practice in the State of Illinois.

22 Any licensee who shall engage in practice while his or her  
23 license is lapsed or on inactive status shall be considered to  
24 be practicing without a license, which shall be grounds for  
25 discipline under Section 21 of this Act.

26 (Source: P.A. 90-61, eff. 12-30-97.)

1 (225 ILCS 95/20) (from Ch. 111, par. 4620)

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

3 Sec. 20. Limitations.

4 (a) No corporation, which stated purpose includes, or  
5 which practices, or which holds itself out as available to  
6 practice as a physician assistant or to practice any of the  
7 functions described in Section 4 of this Act, shall be issued a  
8 license by the Department, nor shall the Secretary of State  
9 approve or accept articles of incorporation for such a  
10 corporation.

11 (b) Pursuant to subparagraph (a) of paragraph (2) of  
12 Section 3.6 of the Professional Service Corporation Act and  
13 Section 2 of the Medical Corporation Act, a person licensed  
14 under this Act may not own a corporation for the purposes of  
15 practicing medicine.

16 (c) Pursuant to paragraph (2) of subsection (a) of Section  
17 13 of the Professional Limited Liability Company Act, a person  
18 licensed under this Act may not own a professional limited  
19 liability company for the purposes of practicing medicine.

20 (Source: P.A. 85-981.)

21 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

23 Sec. 21. Grounds for disciplinary action.

24 (a) The Department may refuse to issue or to renew, or may



1 revoke, suspend, place on probation, reprimand, or take other  
2 disciplinary or non-disciplinary action with regard to any  
3 license issued under this Act as the Department may deem  
4 proper, including the issuance of fines not to exceed \$10,000  
5 for each violation, for any one or combination of the  
6 following causes:

7 (1) Material misstatement in furnishing information to  
8 the Department.

9 (2) Violations of this Act, or the rules adopted under  
10 this Act.

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

20 (4) Making any misrepresentation for the purpose of  
21 obtaining licenses.

22 (5) Professional incompetence.

23 (6) Aiding or assisting another person in violating  
24 any provision of this Act or its rules.

25 (7) Failing, within 60 days, to provide information in  
26 response to a written request made by the Department.

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

4           (9) Habitual or excessive use or addiction to alcohol,  
5 narcotics, stimulants, or any other chemical agent or drug  
6 that results in a physician assistant's inability to  
7 practice with reasonable judgment, skill, or safety.

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

12           (11) Directly or indirectly giving to or receiving  
13 from any person, firm, corporation, partnership, or  
14 association any fee, commission, rebate or other form of  
15 compensation for any professional services not actually or  
16 personally rendered. Nothing in this paragraph (11)  
17 affects any bona fide independent contractor or employment  
18 arrangements, which may include provisions for  
19 compensation, health insurance, pension, or other  
20 employment benefits, with persons or entities authorized  
21 under this Act for the provision of services within the  
22 scope of the licensee's practice under this Act.

23           (12) A finding by the Board that the licensee, after  
24 having his or her license placed on probationary status,  
25 has violated the terms of probation.

26           (13) Abandonment of a patient.

1           (14) Willfully making or filing false records or  
2 reports in his or her practice, including, but not limited  
3 to, false records filed with State agencies or  
4 departments.

5           (15) Willfully failing to report an instance of  
6 suspected child abuse or neglect as required by the Abused  
7 and Neglected Child Reporting Act.

8           (16) Physical illness, or mental illness or impairment  
9 that results in the inability to practice the profession  
10 with reasonable judgment, skill, or safety, including, but  
11 not limited to, deterioration through the aging process or  
12 loss of motor skill.

13           (17) 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           (18) (Blank).

21           (19) Gross negligence resulting in permanent injury or  
22 death of a patient.

23           (20) Employment of fraud, deception or any unlawful  
24 means in applying for or securing a license as a physician  
25 assistant.

26           (21) Exceeding the authority delegated to him or her

1 by his or her collaborating physician in a written  
2 collaborative agreement, when the agreement is required  
3 under this Act.

4 (22) Immoral conduct in the commission of any act,  
5 such as sexual abuse, sexual misconduct, or sexual  
6 exploitation related to the licensee's practice.

7 (23) Violation of the Health Care Worker Self-Referral  
8 Act.

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

11 (25) Making a false or misleading statement regarding  
12 his or her skill or the efficacy or value of the medicine,  
13 treatment, or remedy prescribed by him or her in the  
14 course of treatment.

15 (26) Allowing another person to use his or her license  
16 to practice.

17 (27) Prescribing, selling, administering,  
18 distributing, giving, or self-administering a drug  
19 classified as a controlled substance for other than  
20 medically accepted therapeutic purposes.

21 (28) Promotion of the sale of drugs, devices,  
22 appliances, or goods provided for a patient in a manner to  
23 exploit the patient for financial gain.

24 (29) A pattern of practice or other behavior that  
25 demonstrates incapacity or incompetence to practice under  
26 this Act.

1 (30) Violating State or federal laws or regulations  
2 relating to controlled substances or other legend drugs or  
3 ephedra as defined in the Ephedra Prohibition Act.

4 (31) (Blank). ~~Exceeding the prescriptive authority~~  
5 ~~delegated by the collaborating physician or violating the~~  
6 ~~written collaborative agreement delegating that authority.~~

7 (32) (Blank). ~~Practicing without providing to the~~  
8 ~~Department a notice of collaboration or delegation of~~  
9 ~~prescriptive authority.~~

10 (33) Failure to establish and maintain records of  
11 patient care and treatment as required by law.

12 (34) Attempting to subvert or cheat on the examination  
13 of the National Commission on Certification of Physician  
14 Assistants or its successor agency.

15 (35) Willfully or negligently violating the  
16 confidentiality between physician assistant and patient,  
17 except as required by law.

18 (36) Willfully failing to report an instance of  
19 suspected abuse, neglect, financial exploitation, or  
20 self-neglect of an eligible adult as defined in and  
21 required by the Adult Protective Services Act.

22 (37) Being named as an abuser in a verified report by  
23 the Department on Aging under the Adult Protective  
24 Services Act and upon proof by clear and convincing  
25 evidence that the licensee abused, neglected, or  
26 financially exploited an eligible adult as defined in the

1 Adult Protective Services Act.

2 (38) Failure to report to the Department an adverse  
3 final action taken against him or her by another licensing  
4 jurisdiction of the United States or a foreign state or  
5 country, a peer review body, a health care institution, a  
6 professional society or association, a governmental  
7 agency, a law enforcement agency, or a court acts or  
8 conduct similar to acts or conduct that would constitute  
9 grounds for action under this Section.

10 (39) Failure to provide copies of records of patient  
11 care or treatment, except as required by law.

12 (40) (Blank). ~~Entering into an excessive number of~~  
13 ~~written collaborative agreements with licensed physicians~~  
14 ~~resulting in an inability to adequately collaborate.~~

15 (41) (Blank). ~~Repeated failure to adequately~~  
16 ~~collaborate with a collaborating physician.~~

17 (42) Violating the Compassionate Use of Medical  
18 Cannabis Program Act.

19 (b) The Department may, without a hearing, refuse to issue  
20 or renew or may suspend the license of any person who fails to  
21 file a return, or to pay the tax, penalty or interest shown in  
22 a filed return, or to pay any final assessment of the tax,  
23 penalty, or interest as required by any tax Act administered  
24 by the Illinois Department of Revenue, until such time as the  
25 requirements of any such tax Act are satisfied.

26 (b-5) The Department shall not revoke, suspend, summarily

1 suspend, place on prohibition, reprimand, refuse to issue or  
2 renew, or take any other disciplinary or non-disciplinary  
3 action against the license or permit issued under this Act to  
4 practice as a physician assistant based solely upon the  
5 physician assistant providing, authorizing, recommending,  
6 aiding, assisting, referring for, or otherwise participating  
7 in any health care service, so long as the care was not  
8 unlawful under the laws of this State, regardless of whether  
9 the patient was a resident of this State or another state.

10 (b-10) The Department shall not revoke, suspend, summarily  
11 suspend, place on prohibition, reprimand, refuse to issue or  
12 renew, or take any other disciplinary or non-disciplinary  
13 action against the license or permit issued under this Act to  
14 practice as a physician assistant based upon the physician  
15 assistant's license being revoked or suspended, or the  
16 physician assistant being otherwise disciplined by any other  
17 state, if that revocation, suspension, or other form of  
18 discipline was based solely on the physician assistant  
19 violating another state's laws prohibiting the provision of,  
20 authorization of, recommendation of, aiding or assisting in,  
21 referring for, or participation in any health care service if  
22 that health care service as provided would not have been  
23 unlawful under the laws of this State and is consistent with  
24 the standards of conduct for a physician assistant practicing  
25 in Illinois.

26 (b-15) The conduct specified in subsections (b-5) and

1 (b-10) shall not constitute grounds for suspension under  
2 Section 22.13.

3 (b-20) An applicant seeking licensure, certification, or  
4 authorization pursuant to this Act who has been subject to  
5 disciplinary action by a duly authorized professional  
6 disciplinary agency of another jurisdiction solely on the  
7 basis of having provided, authorized, recommended, aided,  
8 assisted, referred for, or otherwise participated in health  
9 care shall not be denied such licensure, certification, or  
10 authorization, unless the Department determines that such  
11 action would have constituted professional misconduct in this  
12 State; however, nothing in this Section shall be construed as  
13 prohibiting the Department from evaluating the conduct of such  
14 applicant and making a determination regarding the licensure,  
15 certification, or authorization to practice a profession under  
16 this Act.

17 (c) The determination by a circuit court that a licensee  
18 is subject to involuntary admission or judicial admission as  
19 provided in the Mental Health and Developmental Disabilities  
20 Code operates as an automatic suspension. The suspension will  
21 end only upon a finding by a court that the patient is no  
22 longer subject to involuntary admission or judicial admission  
23 and issues an order so finding and discharging the patient,  
24 and upon the recommendation of the Board to the Secretary that  
25 the licensee be allowed to resume his or her practice.

26 (d) In enforcing this Section, the Department upon a



1 showing of a possible violation may compel an individual  
2 licensed to practice under this Act, or who has applied for  
3 licensure under this Act, to submit to a mental or physical  
4 examination, or both, which may include a substance abuse or  
5 sexual offender evaluation, as required by and at the expense  
6 of the Department.

7 The Department shall specifically designate the examining  
8 physician licensed to practice medicine in all of its branches  
9 or, if applicable, the multidisciplinary team involved in  
10 providing the mental or physical examination or both. The  
11 multidisciplinary team shall be led by a physician licensed to  
12 practice medicine in all of its branches and may consist of one  
13 or more or a combination of physicians licensed to practice  
14 medicine in all of its branches, licensed clinical  
15 psychologists, licensed clinical social workers, licensed  
16 clinical professional counselors, and other professional and  
17 administrative staff. Any examining physician or member of the  
18 multidisciplinary team may require any person ordered to  
19 submit to an examination pursuant to this Section to submit to  
20 any additional supplemental testing deemed necessary to  
21 complete any examination or evaluation process, including, but  
22 not limited to, blood testing, urinalysis, psychological  
23 testing, or neuropsychological testing.

24 The Department may order the examining physician or any  
25 member of the multidisciplinary team to provide to the  
26 Department any and all records, including business records,

1 that relate to the examination and evaluation, including any  
2 supplemental testing performed.

3 The Department may order the examining physician or any  
4 member of the multidisciplinary team to present testimony  
5 concerning the mental or physical examination of the licensee  
6 or applicant. No information, report, record, or other  
7 documents in any way related to the examination shall be  
8 excluded by reason of any common law or statutory privilege  
9 relating to communications between the licensee or applicant  
10 and the examining physician or any member of the  
11 multidisciplinary team. No authorization is necessary from the  
12 licensee or applicant ordered to undergo an examination for  
13 the examining physician or any member of the multidisciplinary  
14 team to provide information, reports, records, or other  
15 documents or to provide any testimony regarding the  
16 examination and evaluation.

17 The individual to be examined may have, at his or her own  
18 expense, another physician of his or her choice present during  
19 all aspects of this examination. However, that physician shall  
20 be present only to observe and may not interfere in any way  
21 with the examination.

22 Failure of an individual to submit to a mental or physical  
23 examination, when ordered, shall result in an automatic  
24 suspension of his or her license until the individual submits  
25 to the examination.

26 If the Department finds an individual unable to practice

1 because of the reasons set forth in this Section, the  
2 Department may require that individual to submit to care,  
3 counseling, or treatment by physicians approved or designated  
4 by the Department, as a condition, term, or restriction for  
5 continued, reinstated, or renewed licensure to practice; or,  
6 in lieu of care, counseling, or treatment, the Department may  
7 file a complaint to immediately suspend, revoke, or otherwise  
8 discipline the license of the individual. An individual whose  
9 license was granted, continued, reinstated, renewed,  
10 disciplined, or supervised subject to such terms, conditions,  
11 or restrictions, and who fails to comply with such terms,  
12 conditions, or restrictions, shall be referred to the  
13 Secretary for a determination as to whether the individual  
14 shall have his or her license suspended immediately, pending a  
15 hearing by the Department.

16 In instances in which the Secretary immediately suspends a  
17 person's license under this Section, a hearing on that  
18 person's license must be convened by the Department within 30  
19 days after the suspension and completed without appreciable  
20 delay. The Department shall have the authority to review the  
21 subject individual's record of treatment and counseling  
22 regarding the impairment to the extent permitted by applicable  
23 federal statutes and regulations safeguarding the  
24 confidentiality of medical records.

25 An individual licensed under this Act and affected under  
26 this Section shall be afforded an opportunity to demonstrate

1 to the Department that he or she can resume practice in  
2 compliance with acceptable and prevailing standards under the  
3 provisions of his or her license.

4 (e) An individual or organization acting in good faith,  
5 and not in a willful and wanton manner, in complying with this  
6 Section by providing a report or other information to the  
7 Board, by assisting in the investigation or preparation of a  
8 report or information, by participating in proceedings of the  
9 Board, or by serving as a member of the Board, shall not be  
10 subject to criminal prosecution or civil damages as a result  
11 of such actions.

12 (f) Members of the Board shall be indemnified by the State  
13 for any actions occurring within the scope of services on the  
14 Board, done in good faith and not willful and wanton in nature.  
15 The Attorney General shall defend all such actions unless he  
16 or she determines either that there would be a conflict of  
17 interest in such representation or that the actions complained  
18 of were not in good faith or were willful and wanton.

19 If the Attorney General declines representation, the  
20 member has the right to employ counsel of his or her choice,  
21 whose fees shall be provided by the State, after approval by  
22 the Attorney General, unless there is a determination by a  
23 court that the member's actions were not in good faith or were  
24 willful and wanton.

25 The member must notify the Attorney General within 7 days  
26 after receipt of notice of the initiation of any action

1 involving services of the Board. Failure to so notify the  
2 Attorney General constitutes an absolute waiver of the right  
3 to a defense and indemnification.

4 The Attorney General shall determine, within 7 days after  
5 receiving such notice, whether he or she will undertake to  
6 represent the member.

7 (g) The Department may adopt rules to implement the  
8 changes made by this amendatory Act of the 102nd General  
9 Assembly.

10 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;  
11 102-1117, eff. 1-13-23.)

12 Section 10. The Illinois Controlled Substances Act is  
13 amended by changing Sections 102 and 303.05 as follows:

14 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

15 Sec. 102. Definitions. As used in this Act, unless the  
16 context otherwise requires:

17 (a) "Addict" means any person who habitually uses any  
18 drug, chemical, substance or dangerous drug other than alcohol  
19 so as to endanger the public morals, health, safety or welfare  
20 or who is so far addicted to the use of a dangerous drug or  
21 controlled substance other than alcohol as to have lost the  
22 power of self control with reference to his or her addiction.

23 (b) "Administer" means the direct application of a  
24 controlled substance, whether by injection, inhalation,

1 ingestion, or any other means, to the body of a patient,  
2 research subject, or animal (as defined by the Humane  
3 Euthanasia in Animal Shelters Act) by:

4 (1) a practitioner (or, in his or her presence, by his  
5 or her authorized agent),

6 (2) the patient or research subject pursuant to an  
7 order, or

8 (3) a euthanasia technician as defined by the Humane  
9 Euthanasia in Animal Shelters Act.

10 (c) "Agent" means an authorized person who acts on behalf  
11 of or at the direction of a manufacturer, distributor,  
12 dispenser, prescriber, or practitioner. It does not include a  
13 common or contract carrier, public warehouseman or employee of  
14 the carrier or warehouseman.

15 (c-1) "Anabolic Steroids" means any drug or hormonal  
16 substance, chemically and pharmacologically related to  
17 testosterone (other than estrogens, progestins,  
18 corticosteroids, and dehydroepiandrosterone), and includes:

19 (i) 3[beta],17-dihydroxy-5a-androstane,

20 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

21 (iii) 5[alpha]-androstane-3,17-dione,

22 (iv) 1-androstenediol (3[beta],

23 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

24 (v) 1-androstenediol (3[alpha],

25 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

26 (vi) 4-androstenediol

1           (3[beta],17[beta]-dihydroxy-androst-4-ene),  
2           (vii) 5-androstenediol  
3           (3[beta],17[beta]-dihydroxy-androst-5-ene),  
4           (viii) 1-androstenedione  
5           ([5alpha]-androst-1-en-3,17-dione),  
6           (ix) 4-androstenedione  
7           (androst-4-en-3,17-dione),  
8           (x) 5-androstenedione  
9           (androst-5-en-3,17-dione),  
10          (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-  
11           hydroxyandrost-4-en-3-one),  
12          (xii) boldenone (17[beta]-hydroxyandrost-  
13           1,4,-diene-3-one),  
14          (xiii) boldione (androsta-1,4-  
15           diene-3,17-dione),  
16          (xiv) calusterone (7[beta],17[alpha]-dimethyl-17  
17           [beta]-hydroxyandrost-4-en-3-one),  
18          (xv) clostebol (4-chloro-17[beta]-  
19           hydroxyandrost-4-en-3-one),  
20          (xvi) dehydrochloromethyltestosterone (4-chloro-  
21           17[beta]-hydroxy-17[alpha]-methyl-  
22           androst-1,4-dien-3-one),  
23          (xvii) desoxymethyltestosterone  
24          (17[alpha]-methyl-5[alpha]  
25           -androst-2-en-17[beta]-ol) (a.k.a., madol),  
26          (xviii) [delta]1-dihydrotestosterone (a.k.a.

1 '1-testosterone') (17[beta]-hydroxy-  
2 5[alpha]-androst-1-en-3-one),  
3 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-  
4 androstan-3-one),  
5 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-  
6 5[alpha]-androstan-3-one),  
7 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-  
8 hydroxyestr-4-ene),  
9 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-  
10 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),  
11 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],  
12 17[beta]-dihydroxyandrost-1,4-dien-3-one),  
13 (xxiv) furazabol (17[alpha]-methyl-17[beta]-  
14 hydroxyandrostan[2,3-c]-furazan),  
15 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one,  
16 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-  
17 androst-4-en-3-one),  
18 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-  
19 dihydroxy-estr-4-en-3-one),  
20 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-  
21 hydroxy-5-androstan-3-one),  
22 (xxix) mesterolone (17[alpha]-methyl-17[beta]-hydroxy-  
23 [5a]-androstan-3-one),  
24 (xxx) methandienone (17[alpha]-methyl-17[beta]-  
25 hydroxyandrost-1,4-dien-3-one),  
26 (xxxi) methandriol (17[alpha]-methyl-3[beta],17[beta]-



1 dihydroxyandrost-5-ene),  
2 (xxxii) methenolone (1-methyl-17[beta]-hydroxy-  
3 5[alpha]-androst-1-en-3-one),  
4 (xxxiii) 17[alpha]-methyl-3[beta], 17[beta]-  
5 dihydroxy-5a-androstane,  
6 (xxxiv) 17[alpha]-methyl-3[alpha], 17[beta]-dihydroxy  
7 -5a-androstane,  
8 (xxxv) 17[alpha]-methyl-3[beta], 17[beta]-  
9 dihydroxyandrost-4-ene),  
10 (xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-  
11 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),  
12 (xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-  
13 hydroxyestra-4,9(10)-dien-3-one),  
14 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-  
15 hydroxyestra-4,9-11-trien-3-one),  
16 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-  
17 hydroxyandrost-4-en-3-one),  
18 (xl) mibolerone (7[alpha], 17a-dimethyl-17[beta]-  
19 hydroxyestr-4-en-3-one),  
20 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone  
21 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-  
22 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-  
23 1-testosterone'),  
24 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),  
25 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-  
26 dihydroxyestr-4-ene),

- 1 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-  
2 dihydroxyestr-4-ene),  
3 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-  
4 dihydroxyestr-5-ene),  
5 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-  
6 dihydroxyestr-5-ene),  
7 (xlvii) 19-nor-4,9(10)-androstadienedione  
8 (estra-4,9(10)-diene-3,17-dione),  
9 (xlviii) 19-nor-4-androstenedione (estr-4-  
10 en-3,17-dione),  
11 (xlix) 19-nor-5-androstenedione (estr-5-  
12 en-3,17-dione),  
13 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-  
14 hydroxygon-4-en-3-one),  
15 (li) norclostebol (4-chloro-17[beta]-  
16 hydroxyestr-4-en-3-one),  
17 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-  
18 hydroxyestr-4-en-3-one),  
19 (liii) normethandrolone (17[alpha]-methyl-17[beta]-  
20 hydroxyestr-4-en-3-one),  
21 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-  
22 2-oxa-5[alpha]-androstan-3-one),  
23 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-  
24 dihydroxyandrost-4-en-3-one),  
25 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-  
26 17[beta]-hydroxy-(5[alpha]-androstan-3-one),

- 1 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-  
2 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),  
3 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-  
4 (5[alpha]-androst-1-en-3-one),  
5 (lix) testolactone (13-hydroxy-3-oxo-13,17-  
6 secoandrosta-1,4-dien-17-oic  
7 acid lactone),  
8 (lx) testosterone (17[beta]-hydroxyandrost-  
9 4-en-3-one),  
10 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-  
11 diethyl-17[beta]-hydroxygon-  
12 4,9,11-trien-3-one),  
13 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,  
14 11-trien-3-one).

15 Any person who is otherwise lawfully in possession of an  
16 anabolic steroid, or who otherwise lawfully manufactures,  
17 distributes, dispenses, delivers, or possesses with intent to  
18 deliver an anabolic steroid, which anabolic steroid is  
19 expressly intended for and lawfully allowed to be administered  
20 through implants to livestock or other nonhuman species, and  
21 which is approved by the Secretary of Health and Human  
22 Services for such administration, and which the person intends  
23 to administer or have administered through such implants,  
24 shall not be considered to be in unauthorized possession or to  
25 unlawfully manufacture, distribute, dispense, deliver, or  
26 possess with intent to deliver such anabolic steroid for

1 purposes of this Act.

2 (d) "Administration" means the Drug Enforcement  
3 Administration, United States Department of Justice, or its  
4 successor agency.

5 (d-5) "Clinical Director, Prescription Monitoring Program"  
6 means a Department of Human Services administrative employee  
7 licensed to either prescribe or dispense controlled substances  
8 who shall run the clinical aspects of the Department of Human  
9 Services Prescription Monitoring Program and its Prescription  
10 Information Library.

11 (d-10) "Compounding" means the preparation and mixing of  
12 components, excluding flavorings, (1) as the result of a  
13 prescriber's prescription drug order or initiative based on  
14 the prescriber-patient-pharmacist relationship in the course  
15 of professional practice or (2) for the purpose of, or  
16 incident to, research, teaching, or chemical analysis and not  
17 for sale or dispensing. "Compounding" includes the preparation  
18 of drugs or devices in anticipation of receiving prescription  
19 drug orders based on routine, regularly observed dispensing  
20 patterns. Commercially available products may be compounded  
21 for dispensing to individual patients only if both of the  
22 following conditions are met: (i) the commercial product is  
23 not reasonably available from normal distribution channels in  
24 a timely manner to meet the patient's needs and (ii) the  
25 prescribing practitioner has requested that the drug be  
26 compounded.

1 (e) "Control" means to add a drug or other substance, or  
2 immediate precursor, to a Schedule whether by transfer from  
3 another Schedule or otherwise.

4 (f) "Controlled Substance" means (i) a drug, substance,  
5 immediate precursor, or synthetic drug in the Schedules of  
6 Article II of this Act or (ii) a drug or other substance, or  
7 immediate precursor, designated as a controlled substance by  
8 the Department through administrative rule. The term does not  
9 include distilled spirits, wine, malt beverages, or tobacco,  
10 as those terms are defined or used in the Liquor Control Act of  
11 1934 and the Tobacco Products Tax Act of 1995.

12 (f-5) "Controlled substance analog" means a substance:

13 (1) the chemical structure of which is substantially  
14 similar to the chemical structure of a controlled  
15 substance in Schedule I or II;

16 (2) which has a stimulant, depressant, or  
17 hallucinogenic effect on the central nervous system that  
18 is substantially similar to or greater than the stimulant,  
19 depressant, or hallucinogenic effect on the central  
20 nervous system of a controlled substance in Schedule I or  
21 II; or

22 (3) with respect to a particular person, which such  
23 person represents or intends to have a stimulant,  
24 depressant, or hallucinogenic effect on the central  
25 nervous system that is substantially similar to or greater  
26 than the stimulant, depressant, or hallucinogenic effect

1 on the central nervous system of a controlled substance in  
2 Schedule I or II.

3 (g) "Counterfeit substance" means a controlled substance,  
4 which, or the container or labeling of which, without  
5 authorization bears the trademark, trade name, or other  
6 identifying mark, imprint, number or device, or any likeness  
7 thereof, of a manufacturer, distributor, or dispenser other  
8 than the person who in fact manufactured, distributed, or  
9 dispensed the substance.

10 (h) "Deliver" or "delivery" means the actual, constructive  
11 or attempted transfer of possession of a controlled substance,  
12 with or without consideration, whether or not there is an  
13 agency relationship. "Deliver" or "delivery" does not include  
14 the donation of drugs to the extent permitted under the  
15 Illinois Drug Reuse Opportunity Program Act.

16 (i) "Department" means the Illinois Department of Human  
17 Services (as successor to the Department of Alcoholism and  
18 Substance Abuse) or its successor agency.

19 (j) (Blank).

20 (k) "Department of Corrections" means the Department of  
21 Corrections of the State of Illinois or its successor agency.

22 (l) "Department of Financial and Professional Regulation"  
23 means the Department of Financial and Professional Regulation  
24 of the State of Illinois or its successor agency.

25 (m) "Depressant" means any drug that (i) causes an overall  
26 depression of central nervous system functions, (ii) causes

1 impaired consciousness and awareness, and (iii) can be  
2 habit-forming or lead to a substance abuse problem, including,  
3 but not limited to, alcohol, cannabis and its active  
4 principles and their analogs, benzodiazepines and their  
5 analogs, barbiturates and their analogs, opioids (natural and  
6 synthetic) and their analogs, and chloral hydrate and similar  
7 sedative hypnotics.

8 (n) (Blank).

9 (o) "Director" means the Director of the Illinois State  
10 Police or his or her designated agents.

11 (p) "Dispense" means to deliver a controlled substance to  
12 an ultimate user or research subject by or pursuant to the  
13 lawful order of a prescriber, including the prescribing,  
14 administering, packaging, labeling, or compounding necessary  
15 to prepare the substance for that delivery.

16 (q) "Dispenser" means a practitioner who dispenses.

17 (r) "Distribute" means to deliver, other than by  
18 administering or dispensing, a controlled substance.

19 (s) "Distributor" means a person who distributes.

20 (t) "Drug" means (1) substances recognized as drugs in the  
21 official United States Pharmacopoeia, Official Homeopathic  
22 Pharmacopoeia of the United States, or official National  
23 Formulary, or any supplement to any of them; (2) substances  
24 intended for use in diagnosis, cure, mitigation, treatment, or  
25 prevention of disease in man or animals; (3) substances (other  
26 than food) intended to affect the structure of any function of

1 the body of man or animals and (4) substances intended for use  
2 as a component of any article specified in clause (1), (2), or  
3 (3) of this subsection. It does not include devices or their  
4 components, parts, or accessories.

5 (t-3) "Electronic health record" or "EHR" means an  
6 electronic record of health-related information on an  
7 individual that is created, gathered, managed, and consulted  
8 by authorized health care clinicians and staff.

9 (t-3.5) "Electronic health record system" or "EHR system"  
10 means any computer-based system or combination of federally  
11 certified Health IT Modules (defined at 42 CFR 170.102 or its  
12 successor) used as a repository for electronic health records  
13 and accessed or updated by a prescriber or authorized  
14 surrogate in the ordinary course of his or her medical  
15 practice. For purposes of connecting to the Prescription  
16 Information Library maintained by the Bureau of Pharmacy and  
17 Clinical Support Systems or its successor, an EHR system may  
18 connect to the Prescription Information Library directly or  
19 through all or part of a computer program or system that is a  
20 federally certified Health IT Module maintained by a third  
21 party and used by the EHR system to secure access to the  
22 database.

23 (t-4) "Emergency medical services personnel" has the  
24 meaning ascribed to it in the Emergency Medical Services (EMS)  
25 Systems Act.

26 (t-5) "Euthanasia agency" means an entity certified by the



1 Department of Financial and Professional Regulation for the  
2 purpose of animal euthanasia that holds an animal control  
3 facility license or animal shelter license under the Animal  
4 Welfare Act. A euthanasia agency is authorized to purchase,  
5 store, possess, and utilize Schedule II nonnarcotic and  
6 Schedule III nonnarcotic drugs for the sole purpose of animal  
7 euthanasia.

8 (t-10) "Euthanasia drugs" means Schedule II or Schedule  
9 III substances (nonnarcotic controlled substances) that are  
10 used by a euthanasia agency for the purpose of animal  
11 euthanasia.

12 (u) "Good faith" means the prescribing or dispensing of a  
13 controlled substance by a practitioner in the regular course  
14 of professional treatment to or for any person who is under his  
15 or her treatment for a pathology or condition other than that  
16 individual's physical or psychological dependence upon or  
17 addiction to a controlled substance, except as provided  
18 herein: and application of the term to a pharmacist shall mean  
19 the dispensing of a controlled substance pursuant to the  
20 prescriber's order which in the professional judgment of the  
21 pharmacist is lawful. The pharmacist shall be guided by  
22 accepted professional standards, including, but not limited  
23 to, the following, in making the judgment:

24 (1) lack of consistency of prescriber-patient  
25 relationship,

26 (2) frequency of prescriptions for same drug by one

1 prescriber for large numbers of patients,

2 (3) quantities beyond those normally prescribed,

3 (4) unusual dosages (recognizing that there may be  
4 clinical circumstances where more or less than the usual  
5 dose may be used legitimately),

6 (5) unusual geographic distances between patient,  
7 pharmacist and prescriber,

8 (6) consistent prescribing of habit-forming drugs.

9 (u-0.5) "Hallucinogen" means a drug that causes markedly  
10 altered sensory perception leading to hallucinations of any  
11 type.

12 (u-1) "Home infusion services" means services provided by  
13 a pharmacy in compounding solutions for direct administration  
14 to a patient in a private residence, long-term care facility,  
15 or hospice setting by means of parenteral, intravenous,  
16 intramuscular, subcutaneous, or intraspinal infusion.

17 (u-5) "Illinois State Police" means the Illinois State  
18 Police or its successor agency.

19 (v) "Immediate precursor" means a substance:

20 (1) which the Department has found to be and by rule  
21 designated as being a principal compound used, or produced  
22 primarily for use, in the manufacture of a controlled  
23 substance;

24 (2) which is an immediate chemical intermediary used  
25 or likely to be used in the manufacture of such controlled  
26 substance; and

1           (3) the control of which is necessary to prevent,  
2           curtail or limit the manufacture of such controlled  
3           substance.

4           (w) "Instructional activities" means the acts of teaching,  
5           educating or instructing by practitioners using controlled  
6           substances within educational facilities approved by the State  
7           Board of Education or its successor agency.

8           (x) "Local authorities" means a duly organized State,  
9           County or Municipal peace unit or police force.

10          (y) "Look-alike substance" means a substance, other than a  
11          controlled substance which (1) by overall dosage unit  
12          appearance, including shape, color, size, markings or lack  
13          thereof, taste, consistency, or any other identifying physical  
14          characteristic of the substance, would lead a reasonable  
15          person to believe that the substance is a controlled  
16          substance, or (2) is expressly or impliedly represented to be  
17          a controlled substance or is distributed under circumstances  
18          which would lead a reasonable person to believe that the  
19          substance is a controlled substance. For the purpose of  
20          determining whether the representations made or the  
21          circumstances of the distribution would lead a reasonable  
22          person to believe the substance to be a controlled substance  
23          under this clause (2) of subsection (y), the court or other  
24          authority may consider the following factors in addition to  
25          any other factor that may be relevant:

26                 (a) statements made by the owner or person in control

1 of the substance concerning its nature, use or effect;

2 (b) statements made to the buyer or recipient that the  
3 substance may be resold for profit;

4 (c) whether the substance is packaged in a manner  
5 normally used for the illegal distribution of controlled  
6 substances;

7 (d) whether the distribution or attempted distribution  
8 included an exchange of or demand for money or other  
9 property as consideration, and whether the amount of the  
10 consideration was substantially greater than the  
11 reasonable retail market value of the substance.

12 Clause (1) of this subsection (y) shall not apply to a  
13 noncontrolled substance in its finished dosage form that was  
14 initially introduced into commerce prior to the initial  
15 introduction into commerce of a controlled substance in its  
16 finished dosage form which it may substantially resemble.

17 Nothing in this subsection (y) prohibits the dispensing or  
18 distributing of noncontrolled substances by persons authorized  
19 to dispense and distribute controlled substances under this  
20 Act, provided that such action would be deemed to be carried  
21 out in good faith under subsection (u) if the substances  
22 involved were controlled substances.

23 Nothing in this subsection (y) or in this Act prohibits  
24 the manufacture, preparation, propagation, compounding,  
25 processing, packaging, advertising or distribution of a drug  
26 or drugs by any person registered pursuant to Section 510 of

1 the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

2 (y-1) "Mail-order pharmacy" means a pharmacy that is  
3 located in a state of the United States that delivers,  
4 dispenses or distributes, through the United States Postal  
5 Service or other common carrier, to Illinois residents, any  
6 substance which requires a prescription.

7 (z) "Manufacture" means the production, preparation,  
8 propagation, compounding, conversion or processing of a  
9 controlled substance other than methamphetamine, either  
10 directly or indirectly, by extraction from substances of  
11 natural origin, or independently by means of chemical  
12 synthesis, or by a combination of extraction and chemical  
13 synthesis, and includes any packaging or repackaging of the  
14 substance or labeling of its container, except that this term  
15 does not include:

16 (1) by an ultimate user, the preparation or  
17 compounding of a controlled substance for his or her own  
18 use;

19 (2) by a practitioner, or his or her authorized agent  
20 under his or her supervision, the preparation,  
21 compounding, packaging, or labeling of a controlled  
22 substance:

23 (a) as an incident to his or her administering or  
24 dispensing of a controlled substance in the course of  
25 his or her professional practice; or

26 (b) as an incident to lawful research, teaching or

1 chemical analysis and not for sale; or

2 (3) the packaging, repackaging, or labeling of drugs  
3 only to the extent permitted under the Illinois Drug Reuse  
4 Opportunity Program Act.

5 (z-1) (Blank).

6 (z-5) "Medication shopping" means the conduct prohibited  
7 under subsection (a) of Section 314.5 of this Act.

8 (z-10) "Mid-level practitioner" means (i) a physician  
9 assistant ~~who has been delegated authority to prescribe~~  
10 ~~through a written delegation of authority by a physician~~  
11 ~~licensed to practice medicine in all of its branches, in~~  
12 ~~accordance with Section 7.5 of the Physician Assistant~~  
13 ~~Practice Act of 1987,~~ (ii) an advanced practice registered  
14 nurse who has been delegated authority to prescribe through a  
15 written delegation of authority by a physician licensed to  
16 practice medicine in all of its branches or by a podiatric  
17 physician, in accordance with Section 65-40 of the Nurse  
18 Practice Act, (iii) an advanced practice registered nurse  
19 certified as a nurse practitioner, nurse midwife, or clinical  
20 nurse specialist who has been granted authority to prescribe  
21 by a hospital affiliate in accordance with Section 65-45 of  
22 the Nurse Practice Act, (iv) an animal euthanasia agency, or  
23 (v) a prescribing psychologist.

24 (aa) "Narcotic drug" means any of the following, whether  
25 produced directly or indirectly by extraction from substances  
26 of vegetable origin, or independently by means of chemical

1 synthesis, or by a combination of extraction and chemical  
2 synthesis:

3 (1) opium, opiates, derivatives of opium and opiates,  
4 including their isomers, esters, ethers, salts, and salts  
5 of isomers, esters, and ethers, whenever the existence of  
6 such isomers, esters, ethers, and salts is possible within  
7 the specific chemical designation; however the term  
8 "narcotic drug" does not include the isoquinoline  
9 alkaloids of opium;

10 (2) (blank);

11 (3) opium poppy and poppy straw;

12 (4) coca leaves, except coca leaves and extracts of  
13 coca leaves from which substantially all of the cocaine  
14 and ecgonine, and their isomers, derivatives and salts,  
15 have been removed;

16 (5) cocaine, its salts, optical and geometric isomers,  
17 and salts of isomers;

18 (6) ecgonine, its derivatives, their salts, isomers,  
19 and salts of isomers;

20 (7) any compound, mixture, or preparation which  
21 contains any quantity of any of the substances referred to  
22 in subparagraphs (1) through (6).

23 (bb) "Nurse" means a registered nurse licensed under the  
24 Nurse Practice Act.

25 (cc) (Blank).

26 (dd) "Opiate" means any substance having an addiction

1 forming or addiction sustaining liability similar to morphine  
2 or being capable of conversion into a drug having addiction  
3 forming or addiction sustaining liability.

4 (ee) "Opium poppy" means the plant of the species *Papaver*  
5 *somniferum* L., except its seeds.

6 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
7 solution or other liquid form of medication intended for  
8 administration by mouth, but the term does not include a form  
9 of medication intended for buccal, sublingual, or transmucosal  
10 administration.

11 (ff) "Parole and Pardon Board" means the Parole and Pardon  
12 Board of the State of Illinois or its successor agency.

13 (gg) "Person" means any individual, corporation,  
14 mail-order pharmacy, government or governmental subdivision or  
15 agency, business trust, estate, trust, partnership or  
16 association, or any other entity.

17 (hh) "Pharmacist" means any person who holds a license or  
18 certificate of registration as a registered pharmacist, a  
19 local registered pharmacist or a registered assistant  
20 pharmacist under the Pharmacy Practice Act.

21 (ii) "Pharmacy" means any store, ship or other place in  
22 which pharmacy is authorized to be practiced under the  
23 Pharmacy Practice Act.

24 (ii-5) "Pharmacy shopping" means the conduct prohibited  
25 under subsection (b) of Section 314.5 of this Act.

26 (ii-10) "Physician" (except when the context otherwise



1 requires) means a person licensed to practice medicine in all  
2 of its branches.

3 (jj) "Poppy straw" means all parts, except the seeds, of  
4 the opium poppy, after mowing.

5 (kk) "Practitioner" means a physician licensed to practice  
6 medicine in all its branches, dentist, optometrist, podiatric  
7 physician, veterinarian, scientific investigator, pharmacist,  
8 physician assistant, advanced practice registered nurse,  
9 licensed practical nurse, registered nurse, emergency medical  
10 services personnel, hospital, laboratory, or pharmacy, or  
11 other person licensed, registered, or otherwise lawfully  
12 permitted by the United States or this State to distribute,  
13 dispense, conduct research with respect to, administer or use  
14 in teaching or chemical analysis, a controlled substance in  
15 the course of professional practice or research.

16 (ll) "Pre-printed prescription" means a written  
17 prescription upon which the designated drug has been indicated  
18 prior to the time of issuance; the term does not mean a written  
19 prescription that is individually generated by machine or  
20 computer in the prescriber's office.

21 (mm) "Prescriber" means a physician licensed to practice  
22 medicine in all its branches, dentist, optometrist,  
23 prescribing psychologist licensed under Section 4.2 of the  
24 Clinical Psychologist Licensing Act with prescriptive  
25 authority delegated under Section 4.3 of the Clinical  
26 Psychologist Licensing Act, podiatric physician, or

1 veterinarian who issues a prescription, a physician assistant  
2 who issues a prescription for a controlled substance in  
3 accordance with Section 303.05, ~~a written delegation, and a~~  
4 ~~written collaborative agreement required under Section 7.5 of~~  
5 ~~the Physician Assistant Practice Act of 1987,~~ an advanced  
6 practice registered nurse with prescriptive authority  
7 delegated under Section 65-40 of the Nurse Practice Act and in  
8 accordance with Section 303.05, a written delegation, and a  
9 written collaborative agreement under Section 65-35 of the  
10 Nurse Practice Act, an advanced practice registered nurse  
11 certified as a nurse practitioner, nurse midwife, or clinical  
12 nurse specialist who has been granted authority to prescribe  
13 by a hospital affiliate in accordance with Section 65-45 of  
14 the Nurse Practice Act and in accordance with Section 303.05,  
15 or an advanced practice registered nurse certified as a nurse  
16 practitioner, nurse midwife, or clinical nurse specialist who  
17 has full practice authority pursuant to Section 65-43 of the  
18 Nurse Practice Act.

19 (nn) "Prescription" means a written, facsimile, or oral  
20 order, or an electronic order that complies with applicable  
21 federal requirements, of a physician licensed to practice  
22 medicine in all its branches, dentist, podiatric physician or  
23 veterinarian for any controlled substance, of an optometrist  
24 in accordance with Section 15.1 of the Illinois Optometric  
25 Practice Act of 1987, of a prescribing psychologist licensed  
26 under Section 4.2 of the Clinical Psychologist Licensing Act

1 with prescriptive authority delegated under Section 4.3 of the  
2 Clinical Psychologist Licensing Act, of a physician assistant  
3 for a controlled substance in accordance with Section 303.05,  
4 a written delegation, and a written collaborative agreement  
5 required under Section 7.5 of the Physician Assistant Practice  
6 Act of 1987, of an advanced practice registered nurse with  
7 prescriptive authority delegated under Section 65-40 of the  
8 Nurse Practice Act who issues a prescription for a controlled  
9 substance in accordance with Section 303.05, a written  
10 delegation, and a written collaborative agreement under  
11 Section 65-35 of the Nurse Practice Act, of an advanced  
12 practice registered nurse certified as a nurse practitioner,  
13 nurse midwife, or clinical nurse specialist who has been  
14 granted authority to prescribe by a hospital affiliate in  
15 accordance with Section 65-45 of the Nurse Practice Act and in  
16 accordance with Section 303.05 when required by law, or of an  
17 advanced practice registered nurse certified as a nurse  
18 practitioner, nurse midwife, or clinical nurse specialist who  
19 has full practice authority pursuant to Section 65-43 of the  
20 Nurse Practice Act.

21 (nn-5) "Prescription Information Library" (PIL) means an  
22 electronic library that contains reported controlled substance  
23 data.

24 (nn-10) "Prescription Monitoring Program" (PMP) means the  
25 entity that collects, tracks, and stores reported data on  
26 controlled substances and select drugs pursuant to Section

1 316.

2 (oo) "Production" or "produce" means manufacture,  
3 planting, cultivating, growing, or harvesting of a controlled  
4 substance other than methamphetamine.

5 (pp) "Registrant" means every person who is required to  
6 register under Section 302 of this Act.

7 (qq) "Registry number" means the number assigned to each  
8 person authorized to handle controlled substances under the  
9 laws of the United States and of this State.

10 (qq-5) "Secretary" means, as the context requires, either  
11 the Secretary of the Department or the Secretary of the  
12 Department of Financial and Professional Regulation, and the  
13 Secretary's designated agents.

14 (rr) "State" includes the State of Illinois and any state,  
15 district, commonwealth, territory, insular possession thereof,  
16 and any area subject to the legal authority of the United  
17 States of America.

18 (rr-5) "Stimulant" means any drug that (i) causes an  
19 overall excitation of central nervous system functions, (ii)  
20 causes impaired consciousness and awareness, and (iii) can be  
21 habit-forming or lead to a substance abuse problem, including,  
22 but not limited to, amphetamines and their analogs,  
23 methylphenidate and its analogs, cocaine, and phencyclidine  
24 and its analogs.

25 (rr-10) "Synthetic drug" includes, but is not limited to,  
26 any synthetic cannabinoids or piperazines or any synthetic

1 cathinones as provided for in Schedule I.

2 (ss) "Ultimate user" means a person who lawfully possesses  
3 a controlled substance for his or her own use or for the use of  
4 a member of his or her household or for administering to an  
5 animal owned by him or her or by a member of his or her  
6 household.

7 (Source: P.A. 101-666, eff. 1-1-22; 102-389, eff. 1-1-22;  
8 102-538, eff. 8-20-21; 102-813, eff. 5-13-22.)

9 (720 ILCS 570/303.05)

10 Sec. 303.05. Mid-level practitioner registration.

11 (a) The Department of Financial and Professional  
12 Regulation shall register licensed physician assistants,  
13 licensed advanced practice registered nurses, and prescribing  
14 psychologists licensed under Section 4.2 of the Clinical  
15 Psychologist Licensing Act to prescribe and dispense  
16 controlled substances under Section 303 and euthanasia  
17 agencies to purchase, store, or administer animal euthanasia  
18 drugs under the following circumstances:

19 (1) with respect to physician assistants,

20 ~~(A) the physician assistant has been delegated~~  
21 ~~written authority to prescribe any Schedule III~~  
22 ~~through V controlled substances by a physician~~  
23 ~~licensed to practice medicine in all its branches in~~  
24 ~~accordance with Section 7.5 of the Physician Assistant~~  
25 ~~Practice Act of 1987; and the physician assistant has~~

1 ~~completed the appropriate application forms and has~~  
2 ~~paid the required fees as set by rule; or~~

3 ~~(B) the physician assistant has been delegated~~  
4 ~~authority by a collaborating physician licensed to~~  
5 ~~practice medicine in all its branches to prescribe or~~  
6 ~~dispense Schedule II controlled substances through a~~  
7 ~~written delegation of authority and under the~~  
8 ~~following conditions:~~

9 ~~(i) Specific Schedule II controlled substances~~  
10 ~~by oral dosage or topical or transdermal~~  
11 ~~application may be delegated, provided that the~~  
12 ~~delegated Schedule II controlled substances are~~  
13 ~~routinely prescribed by the collaborating~~  
14 ~~physician. This delegation must identify the~~  
15 ~~specific Schedule II controlled substances by~~  
16 ~~either brand name or generic name. Schedule II~~  
17 ~~controlled substances to be delivered by injection~~  
18 ~~or other route of administration may not be~~  
19 ~~delegated;~~

20 ~~(ii) any delegation must be of controlled~~  
21 ~~substances prescribed by the collaborating~~  
22 ~~physician;~~

23 ~~(iii) all prescriptions must be limited to no~~  
24 ~~more than a 30-day supply, with any continuation~~  
25 ~~authorized only after prior approval of the~~  
26 ~~collaborating physician;~~

1                   ~~(iv) the physician assistant must discuss the~~  
2                   ~~condition of any patients for whom a controlled~~  
3                   ~~substance is prescribed monthly with the~~  
4                   ~~delegating physician;~~

5                   (A) ~~(v)~~ the physician assistant must have  
6                   completed the appropriate application forms and paid  
7                   the required fees as set by rule;

8                   (B) ~~(vi)~~ the physician assistant must provide  
9                   evidence of satisfactory completion of 45 contact  
10                  hours in pharmacology from any physician assistant  
11                  program accredited by the Accreditation Review  
12                  Commission on Education for the Physician Assistant  
13                  (ARC-PA), or its predecessor agency, for any new  
14                  license issued with Schedule II authority after the  
15                  effective date of this amendatory Act of the 97th  
16                  General Assembly; and

17                  (C) ~~(vii)~~ the physician assistant must annually  
18                  complete at least 5 hours of continuing education in  
19                  pharmacology;

20                  (2) with respect to advanced practice registered  
21                  nurses who do not meet the requirements of Section 65-43  
22                  of the Nurse Practice Act,

23                  (A) the advanced practice registered nurse has  
24                  been delegated authority to prescribe any Schedule III  
25                  through V controlled substances by a collaborating  
26                  physician licensed to practice medicine in all its

1 branches or a collaborating podiatric physician in  
2 accordance with Section 65-40 of the Nurse Practice  
3 Act. The advanced practice registered nurse has  
4 completed the appropriate application forms and has  
5 paid the required fees as set by rule; or

6 (B) the advanced practice registered nurse has  
7 been delegated authority by a collaborating physician  
8 licensed to practice medicine in all its branches to  
9 prescribe or dispense Schedule II controlled  
10 substances through a written delegation of authority  
11 and under the following conditions:

12 (i) specific Schedule II controlled substances  
13 by oral dosage or topical or transdermal  
14 application may be delegated, provided that the  
15 delegated Schedule II controlled substances are  
16 routinely prescribed by the collaborating  
17 physician. This delegation must identify the  
18 specific Schedule II controlled substances by  
19 either brand name or generic name. Schedule II  
20 controlled substances to be delivered by injection  
21 or other route of administration may not be  
22 delegated;

23 (ii) any delegation must be of controlled  
24 substances prescribed by the collaborating  
25 physician;

26 (iii) all prescriptions must be limited to no



1 more than a 30-day supply, with any continuation  
2 authorized only after prior approval of the  
3 collaborating physician;

4 (iv) the advanced practice registered nurse  
5 must discuss the condition of any patients for  
6 whom a controlled substance is prescribed monthly  
7 with the delegating physician or in the course of  
8 review as required by Section 65-40 of the Nurse  
9 Practice Act;

10 (v) the advanced practice registered nurse  
11 must have completed the appropriate application  
12 forms and paid the required fees as set by rule;

13 (vi) the advanced practice registered nurse  
14 must provide evidence of satisfactory completion  
15 of at least 45 graduate contact hours in  
16 pharmacology for any new license issued with  
17 Schedule II authority after the effective date of  
18 this amendatory Act of the 97th General Assembly;  
19 and

20 (vii) the advanced practice registered nurse  
21 must annually complete 5 hours of continuing  
22 education in pharmacology;

23 (2.5) with respect to advanced practice registered  
24 nurses certified as nurse practitioners, nurse midwives,  
25 or clinical nurse specialists who do not meet the  
26 requirements of Section 65-43 of the Nurse Practice Act

1 practicing in a hospital affiliate,

2 (A) the advanced practice registered nurse  
3 certified as a nurse practitioner, nurse midwife, or  
4 clinical nurse specialist has been privileged to  
5 prescribe any Schedule II through V controlled  
6 substances by the hospital affiliate upon the  
7 recommendation of the appropriate physician committee  
8 of the hospital affiliate in accordance with Section  
9 65-45 of the Nurse Practice Act, has completed the  
10 appropriate application forms, and has paid the  
11 required fees as set by rule; and

12 (B) an advanced practice registered nurse  
13 certified as a nurse practitioner, nurse midwife, or  
14 clinical nurse specialist has been privileged to  
15 prescribe any Schedule II controlled substances by the  
16 hospital affiliate upon the recommendation of the  
17 appropriate physician committee of the hospital  
18 affiliate, then the following conditions must be met:

19 (i) specific Schedule II controlled substances  
20 by oral dosage or topical or transdermal  
21 application may be designated, provided that the  
22 designated Schedule II controlled substances are  
23 routinely prescribed by advanced practice  
24 registered nurses in their area of certification;  
25 the privileging documents must identify the  
26 specific Schedule II controlled substances by

1           either brand name or generic name; privileges to  
2           prescribe or dispense Schedule II controlled  
3           substances to be delivered by injection or other  
4           route of administration may not be granted;

5           (ii) any privileges must be controlled  
6           substances limited to the practice of the advanced  
7           practice registered nurse;

8           (iii) any prescription must be limited to no  
9           more than a 30-day supply;

10          (iv) the advanced practice registered nurse  
11          must discuss the condition of any patients for  
12          whom a controlled substance is prescribed monthly  
13          with the appropriate physician committee of the  
14          hospital affiliate or its physician designee; and

15          (v) the advanced practice registered nurse  
16          must meet the education requirements of this  
17          Section;

18          (3) with respect to animal euthanasia agencies, the  
19          euthanasia agency has obtained a license from the  
20          Department of Financial and Professional Regulation and  
21          obtained a registration number from the Department; or

22          (4) with respect to prescribing psychologists, the  
23          prescribing psychologist has been delegated authority to  
24          prescribe any nonnarcotic Schedule III through V  
25          controlled substances by a collaborating physician  
26          licensed to practice medicine in all its branches in

1           accordance with Section 4.3 of the Clinical Psychologist  
2           Licensing Act, and the prescribing psychologist has  
3           completed the appropriate application forms and has paid  
4           the required fees as set by rule.

5           (b) The mid-level practitioner shall only be licensed to  
6           prescribe those schedules of controlled substances for which a  
7           licensed physician has delegated prescriptive authority,  
8           except that an animal euthanasia agency does not have any  
9           prescriptive authority and a physician assistant shall have  
10          prescriptive authority in accordance with the Physician  
11          Assistant Practice Act of 1987 without delegation by a  
12          physician. ~~An A physician assistant and an~~ advanced practice  
13          registered nurse is ~~are~~ prohibited from prescribing  
14          medications and controlled substances not set forth in the  
15          required written delegation of authority or as authorized by  
16          their practice Act.

17          (c) Upon completion of all registration requirements,  
18          physician assistants, advanced practice registered nurses, and  
19          animal euthanasia agencies may be issued a mid-level  
20          practitioner controlled substances license for Illinois.

21          (d) A collaborating physician may, but is not required to,  
22          delegate prescriptive authority to an advanced practice  
23          registered nurse as part of a written collaborative agreement,  
24          and the delegation of prescriptive authority shall conform to  
25          the requirements of Section 65-40 of the Nurse Practice Act.

26          (e) (Blank). ~~A collaborating physician may, but is not~~

1 ~~required to, delegate prescriptive authority to a physician~~  
2 ~~assistant as part of a written collaborative agreement, and~~  
3 ~~the delegation of prescriptive authority shall conform to the~~  
4 ~~requirements of Section 7.5 of the Physician Assistant~~  
5 ~~Practice Act of 1987.~~

6 (f) Nothing in this Section shall be construed to prohibit  
7 generic substitution.

8 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;  
9 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

10 Section 95. No acceleration or delay. Where this Act makes  
11 changes in a statute that is represented in this Act by text  
12 that is not yet or no longer in effect (for example, a Section  
13 represented by multiple versions), the use of that text does  
14 not accelerate or delay the taking effect of (i) the changes  
15 made by this Act or (ii) provisions derived from any other  
16 Public Act.