

103RD GENERAL ASSEMBLY**State of Illinois****2023 and 2024****SB3653**

Introduced 2/9/2024, by Sen. Lakesia Collins

SYNOPSIS AS INTRODUCED:

See Index

Amends the Ambulatory Surgical Treatment Center Act. Removes a provision which provides that, in ambulatory surgical treatment centers, anesthesia service shall be under the direction of a physician who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. Specifies that with respect to anesthesia service in an ambulatory surgical treatment center, a certified registered nurse anesthetist shall seek consultation regarding development of an anesthesia plan and treatment of patients as is appropriate to the certified registered nurse anesthetist's level of expertise and scope of practice and as is warranted by the needs of the patient. Removes a requirement that an anesthesiologist participate through discussion of and agreement with the anesthesia plan and remain physically present and be available on the premises. Provides that a certified registered nurse anesthetist with clinical privileges may perform acts of advanced assessment and diagnosis and may provide such functions for which the certified registered nurse anesthetist is educationally and experientially prepared. Makes conforming changes to the Hospital Licensing Act. Amends the Medical Practice Act of 1987. Provides that a written collaborative agreement shall be adequate with respect to collaboration with certified registered nurse anesthetists if all of the following apply: (1) the agreement is written to promote exercise of professional judgment by the certified registered nurse anesthetist commensurate with his or her education and experience; (2) the certified registered nurse anesthetist provides service based on a written collaborative agreement with the collaborating physician; and (3) methods of communication are available with the collaborating physician in person or through telecommunications for consultation, collaboration, and referral as needed to address patient care needs. Amends the Nurse Practice Act. Provides that an Illinois-licensed advanced practice registered nurse certified as a certified registered nurse anesthetist shall be deemed by law to possess the ability to practice without a written collaborative agreement. Sets forth requirements of a certified registered nurse anesthetist. Makes conforming changes in the Illinois Dental Practice Act. Effective immediately.

LRB103 38272 CES 68407 b

A BILL FOR

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 Ambulatory Surgical Treatment Center Act is
5 amended by changing Section 6.5 as follows:

6 (210 ILCS 5/6.5)

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

11 (1) No ASTC policy, rule, regulation, or practice
12 shall be inconsistent with the provision of adequate
13 collaboration and consultation in accordance with Section
14 54.5 of the Medical Practice Act of 1987.

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

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

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

23 (3) An advanced practice registered nurse is not
24 required to possess prescriptive authority or a written
25 collaborative agreement meeting the requirements of the
26 Nurse Practice Act to provide advanced practice registered

1 nursing services in an ambulatory surgical treatment
2 center. An advanced practice registered nurse must possess
3 clinical privileges granted by the consulting medical
4 staff committee and ambulatory surgical treatment center
5 in order to provide services. Individual advanced practice
6 registered nurses may also be granted clinical privileges
7 to order, select, and administer medications, including
8 controlled substances, to provide delineated care. The
9 attending physician must determine the advanced practice
10 registered nurse's role in providing care for his or her
11 patients, except as otherwise provided in the consulting
12 staff policies. The consulting medical staff committee
13 shall periodically review the services of advanced
14 practice registered nurses granted privileges.

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

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

- 1 (i) an anesthesiologist; or
2 (ii) a physician licensed to practice medicine
3 in all its branches; or
4 (iii) a dentist with authority to administer
5 anesthesia under Section 8.1 of the Illinois
6 Dental Practice Act; or
7 (iv) a licensed certified registered nurse
8 anesthetist; or
9 (v) a podiatric physician licensed under the
10 Podiatric Medical Practice Act of 1987.

11 (B) For anesthesia services, a certified
12 registered nurse anesthetist shall seek consultation
13 regarding development of an anesthesia plan and
14 treatment of patients as is appropriate to the
15 certified registered nurse anesthetist's level of
16 expertise and scope of practice and as is warranted by
17 the needs of the patient ~~an anesthesiologist shall~~
18 ~~participate through discussion of and agreement with~~
19 ~~the anesthesia plan and shall remain physically~~
20 ~~present and be available on the premises during the~~
21 ~~delivery of anesthesia services for diagnosis,~~
22 ~~consultation, and treatment of emergency medical~~
23 ~~conditions. In the absence of 24 hour availability of~~
24 ~~anesthesiologists with clinical privileges, an~~
25 ~~alternate policy (requiring participation, presence,~~
26 ~~and availability of a physician licensed to practice~~

1 ~~medicine in all its branches) shall be developed by~~
2 ~~the medical staff consulting committee in consultation~~
3 ~~with the anesthesia service and included in the~~
4 ~~medical staff consulting committee policies.~~

5 (C) A certified registered nurse anesthetist is
6 not required to possess prescriptive authority or a
7 written collaborative agreement meeting the
8 requirements of Section 65-35 of the Nurse Practice
9 Act to provide anesthesia and related services ~~ordered~~
10 ~~by a licensed physician, dentist, or podiatric~~
11 ~~physician.~~ Licensed certified registered nurse
12 anesthetists are authorized to select, order, and
13 administer drugs and apply the appropriate medical
14 devices in the provision of anesthesia and related
15 services ~~under the anesthesia plan agreed with by the~~
16 ~~anesthesiologist or, in the absence of an available~~
17 ~~anesthesiologist with clinical privileges, agreed with~~
18 ~~by the operating physician, operating dentist, or~~
19 ~~operating podiatric physician~~ in accordance with the
20 medical staff consulting committee policies of a
21 licensed ambulatory surgical treatment center.

22 (D) In accordance with the medical staff
23 consulting committee policies of a licensed ambulatory
24 surgical treatment center, a certified registered
25 nurse anesthetist with clinical privileges may perform
26 acts of advanced assessment and diagnosis and may

1 provide such functions for which the certified
2 registered nurse anesthetist is educationally and
3 experientially prepared. A certified registered nurse
4 anesthetist shall practice in accordance with the
5 scope and all standards of the appropriate national
6 professional nursing association.

7 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

8 Section 10. The Hospital Licensing Act is amended by
9 changing Section 10.7 as follows:

10 (210 ILCS 85/10.7)

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

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

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

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

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

24 (3) An advanced practice registered nurse is not
25 required to possess prescriptive authority or a written
26 collaborative agreement meeting the requirements of the

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

18 (4) (Blank). ~~The anesthesia service shall be under the~~
19 ~~direction of a physician licensed to practice medicine in~~
20 ~~all its branches who has had specialized preparation or~~
21 ~~experience in the area or who has completed a residency in~~
22 ~~anesthesiology. An anesthesiologist, Board certified or~~
23 ~~Board eligible, is recommended. Anesthesia services may~~
24 ~~only be administered pursuant to the order of a physician~~
25 ~~licensed to practice medicine in all its branches,~~
26 ~~licensed dentist, or licensed podiatric physician.~~

1 (A) The individuals who, with clinical privileges
2 granted at the hospital, may administer anesthesia
3 services are limited to the following:

4 (i) an anesthesiologist; or

5 (ii) a physician licensed to practice medicine
6 in all its branches; or

7 (iii) a dentist with authority to administer
8 anesthesia under Section 8.1 of the Illinois
9 Dental Practice Act; or

10 (iv) a licensed certified registered nurse
11 anesthetist; or

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

14 (B) For anesthesia services, a certified
15 registered nurse anesthetist shall seek consultation
16 regarding development of an anesthesia plan and
17 treatment of patients as is appropriate to the
18 certified registered nurse anesthetist's level of
19 expertise and scope of practice and as is warranted by
20 the needs of the patient ~~an anesthesiologist shall~~
21 ~~participate through discussion of and agreement with~~
22 ~~the anesthesia plan and shall remain physically~~
23 ~~present and be available on the premises during the~~
24 ~~delivery of anesthesia services for diagnosis,~~
25 ~~consultation, and treatment of emergency medical~~
26 ~~conditions. In the absence of 24 hour availability of~~

1 ~~anesthesiologists with medical staff privileges, an~~
2 ~~alternate policy (requiring participation, presence,~~
3 ~~and availability of a physician licensed to practice~~
4 ~~medicine in all its branches) shall be developed by~~
5 ~~the medical staff and licensed hospital in~~
6 ~~consultation with the anesthesia service.~~

7 (C) A certified registered nurse anesthetist is
8 not required to possess prescriptive authority or a
9 written collaborative agreement meeting the
10 requirements of Section 65-35 of the Nurse Practice
11 Act to provide anesthesia and related services ~~ordered~~
12 ~~by a licensed physician, dentist, or podiatric~~
13 ~~physician.~~ Licensed certified registered nurse
14 anesthetists are authorized to select, order, and
15 administer drugs and apply the appropriate medical
16 devices in the provision of anesthesia and related
17 services ~~under the anesthesia plan agreed with by the~~
18 ~~anesthesiologist or, in the absence of an available~~
19 ~~anesthesiologist with clinical privileges, agreed with~~
20 ~~by the operating physician, operating dentist, or~~
21 ~~operating podiatric physician~~ in accordance with the
22 hospital's ~~alternative~~ policy.

23 (D) In accordance with the hospital's policies, a
24 certified registered nurse anesthetist with clinical
25 privileges may perform acts of advanced assessment and
26 diagnosis and may provide such functions for which the

1 CRNA is educationally and experientially prepared. A
2 certified registered nurse anesthetist shall practice
3 in accordance with the scope and all standards of the
4 appropriate national professional nursing association.

5 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

6 Section 15. The Medical Practice Act of 1987 is amended by
7 changing Section 54.5 as follows:

8 (225 ILCS 60/54.5)

9 (Section scheduled to be repealed on January 1, 2027)

10 Sec. 54.5. Physician delegation of authority to physician
11 assistants, advanced practice registered nurses without full
12 practice authority, and prescribing psychologists.

13 (a) Physicians licensed to practice medicine in all its
14 branches may delegate care and treatment responsibilities to a
15 physician assistant under guidelines in accordance with the
16 requirements of the Physician Assistant Practice Act of 1987.
17 A physician licensed to practice medicine in all its branches
18 may enter into collaborative agreements with no more than 7
19 full-time equivalent physician assistants, except in a
20 hospital, hospital affiliate, or ambulatory surgical treatment
21 center as set forth by Section 7.7 of the Physician Assistant
22 Practice Act of 1987 and as provided in subsection (a-5).

23 (a-5) A physician licensed to practice medicine in all its
24 branches may collaborate with more than 7 physician assistants

1 when the services are provided in a federal primary care
2 health professional shortage area with a Health Professional
3 Shortage Area score greater than or equal to 12, as determined
4 by the United States Department of Health and Human Services.

5 The collaborating physician must keep appropriate
6 documentation of meeting this exemption and make it available
7 to the Department upon request.

8 (b) A physician licensed to practice medicine in all its
9 branches in active clinical practice may collaborate with an
10 advanced practice registered nurse in accordance with the
11 requirements of the Nurse Practice Act. Collaboration is for
12 the purpose of providing medical consultation, and no
13 employment relationship is required. A written collaborative
14 agreement shall conform to the requirements of Section 65-35
15 of the Nurse Practice Act. The written collaborative agreement
16 shall be for services for which the collaborating physician
17 can provide adequate collaboration. A written collaborative
18 agreement shall be adequate with respect to collaboration with
19 advanced practice registered nurses if all of the following
20 apply:

21 (1) The agreement is written to promote the exercise
22 of professional judgment by the advanced practice
23 registered nurse commensurate with his or her education
24 and experience.

25 (2) The advanced practice registered nurse provides
26 services based upon a written collaborative agreement with

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

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

10 (b-5) An anesthesiologist or physician licensed to
11 practice medicine in all its branches may collaborate with a
12 certified registered nurse anesthetist in accordance with
13 Section 65-35 of the Nurse Practice Act for the provision of
14 anesthesia and related services. A written collaborative
15 agreement shall be adequate with respect to collaboration with
16 certified registered nurse anesthetists if all of the
17 following apply:

18 (1) The agreement is written to promote exercise of
19 professional judgment by the certified registered nurse
20 anesthetist commensurate with his or her education and
21 experience.

22 (2) The certified registered nurse anesthetist
23 provides service based on a written collaborative
24 agreement with the collaborating physician.

25 (3) Methods of communication are available with the
26 collaborating physician in person or through

1 telecommunications for consultation, collaboration, and
2 referral as needed to address patient care needs. ~~With~~
3 ~~respect to the provision of anesthesia services, the~~
4 ~~collaborating anesthesiologist or physician shall have~~
5 ~~training and experience in the delivery of anesthesia~~
6 ~~services consistent with Department rules. Collaboration~~
7 ~~shall be adequate if:~~

8 ~~(1) an anesthesiologist or a physician participates in~~
9 ~~the joint formulation and joint approval of orders or~~
10 ~~guidelines and periodically reviews such orders and the~~
11 ~~services provided patients under such orders; and~~

12 ~~(2) for anesthesia services, the anesthesiologist or~~
13 ~~physician participates through discussion of and agreement~~
14 ~~with the anesthesia plan and is physically present and~~
15 ~~available on the premises during the delivery of~~
16 ~~anesthesia services for diagnosis, consultation, and~~
17 ~~treatment of emergency medical conditions.~~ Collaboration

18 with respect to an anesthesia and related Anesthesia
19 services in a hospital shall be conducted in accordance
20 with Section 10.7 of the Hospital Licensing Act and in an
21 ambulatory surgical treatment center in accordance with
22 Section 6.5 of the Ambulatory Surgical Treatment Center
23 Act.

24 (b-10) For anesthesia services, a certified registered
25 nurse anesthetist shall consult with the collaborating
26 physician or other appropriate health care professionals

1 regarding development of an anesthesia plan and treatment of a
2 patient as is appropriate to the certified registered nurse
3 anesthetist's level of expertise and scope of practice and as
4 is warranted by the needs of the patient ~~The anesthesiologist~~
5 ~~or operating physician must agree with the anesthesia plan~~
6 ~~prior to the delivery of services.~~

7 (c) The collaborating physician shall have access to the
8 medical records of all patients attended by a physician
9 assistant. The collaborating physician shall have access to
10 the medical records of all patients attended to by an advanced
11 practice registered nurse.

12 (d) (Blank).

13 (e) A physician shall not be liable for the acts or
14 omissions of a prescribing psychologist, physician assistant,
15 or advanced practice registered nurse solely on the basis of
16 having signed a supervision agreement or guidelines or a
17 collaborative agreement, an order, a standing medical order, a
18 standing delegation order, or other order or guideline
19 authorizing a prescribing psychologist, physician assistant,
20 or advanced practice registered nurse to perform acts, unless
21 the physician has reason to believe the prescribing
22 psychologist, physician assistant, or advanced practice
23 registered nurse lacked the competency to perform the act or
24 acts or commits willful and wanton misconduct.

25 (f) A collaborating physician may, but is not required to,
26 delegate prescriptive authority to an advanced practice

1 registered nurse as part of a written collaborative agreement,
2 and the delegation of prescriptive authority shall conform to
3 the requirements of Section 65-40 of the Nurse Practice Act.

4 (g) A collaborating physician may, but is not required to,
5 delegate prescriptive authority to a physician assistant as
6 part of a written collaborative agreement, and the delegation
7 of prescriptive authority shall conform to the requirements of
8 Section 7.5 of the Physician Assistant Practice Act of 1987.

9 (h) (Blank).

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

15 (j) As set forth in Section 22.2 of this Act, a licensee
16 under this Act may not directly or indirectly divide, share,
17 or split any professional fee or other form of compensation
18 for professional services with anyone in exchange for a
19 referral or otherwise, other than as provided in Section 22.2.

20 (Source: P.A. 103-228, eff. 1-1-24.)

21 Section 20. The Nurse Practice Act is amended by changing
22 Sections 65-35 and 65-45 and by adding Section 65-70 as
23 follows:

24 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

2 Sec. 65-35. Written collaborative agreements.

3 (a) A written collaborative agreement is required for all
4 advanced practice registered nurses engaged in clinical
5 practice prior to meeting the requirements of Section 65-43,
6 except for advanced practice registered nurses who are
7 privileged to practice in a hospital, hospital affiliate, or
8 ambulatory surgical treatment center.

9 (a-5) If an advanced practice registered nurse engages in
10 clinical practice outside of a hospital, hospital affiliate,
11 or ambulatory surgical treatment center in which he or she is
12 privileged to practice, the advanced practice registered nurse
13 must have a written collaborative agreement, except as set
14 forth in Section 65-43 and 65-70.

15 (b) A written collaborative agreement shall describe the
16 relationship of the advanced practice registered nurse with
17 the collaborating physician and shall describe the categories
18 of care, treatment, or procedures to be provided by the
19 advanced practice registered nurse. A collaborative agreement
20 with a podiatric physician must be in accordance with
21 subsection (c-5) or (c-15) of this Section. A collaborative
22 agreement with a dentist must be in accordance with subsection
23 (c-10) of this Section. A collaborative agreement with a
24 podiatric physician must be in accordance with subsection
25 (c-5) of this Section. Collaboration does not require an
26 employment relationship between the collaborating physician

1 and the advanced practice registered nurse.

2 The collaborative relationship under an agreement shall
3 not be construed to require the personal presence of a
4 collaborating physician at the place where services are
5 rendered. Methods of communication shall be available for
6 consultation with the collaborating physician in person or by
7 telecommunications or electronic communications as set forth
8 in the written agreement.

9 (b-5) Absent an employment relationship, a written
10 collaborative agreement may not (1) restrict the categories of
11 patients of an advanced practice registered nurse within the
12 scope of the advanced practice registered nurses training and
13 experience, (2) limit third party payors or government health
14 programs, such as the medical assistance program or Medicare
15 with which the advanced practice registered nurse contracts,
16 or (3) limit the geographic area or practice location of the
17 advanced practice registered nurse in this State.

18 (c) In the case of anesthesia services provided by a
19 certified registered nurse anesthetist, a certified registered
20 nurse anesthetist shall seek consultation regarding
21 development of an anesthesia plan and treatment of patients as
22 is appropriate to the certified registered nurse anesthetist's
23 level of expertise and scope of practice and as is warranted by
24 the needs of the patient ~~an anesthesiologist, a physician, a~~
25 ~~dentist, or a podiatric physician must participate through~~
26 ~~discussion of and agreement with the anesthesia plan and~~

1 ~~remain physically present and available on the premises during~~
2 ~~the delivery of anesthesia services for diagnosis,~~
3 ~~consultation, and treatment of emergency medical conditions.~~

4 (c-5) A certified registered nurse anesthetist, who
5 provides anesthesia and related services outside of a hospital
6 or ambulatory surgical treatment center shall enter into a
7 written collaborative agreement with an anesthesiologist or
8 the physician licensed to practice medicine in all its
9 branches or the podiatric physician performing the procedure.
10 The collaborative agreement may, but is not required to,
11 include the following terms: (i) that the certified registered
12 nurse anesthetist providing anesthesia services and the
13 anesthesiologist, physician, or podiatric physician
14 participate through discussion of and reach agreement on the
15 anesthesia plan or (ii) that anesthesia services shall only be
16 delivered when the anesthesiologist, physician, or podiatric
17 physician is present and available on the premises for
18 diagnosis, consultation, and treatment of emergency medical
19 conditions. Outside of a hospital or ambulatory surgical
20 treatment center, the certified registered nurse anesthetist
21 may provide only those services that the collaborating
22 podiatric physician is authorized to provide pursuant to the
23 Podiatric Medical Practice Act of 1987 and rules adopted
24 thereunder. A certified registered nurse anesthetist may
25 select, order, and administer medication, including controlled
26 substances, and apply appropriate medical devices for delivery

1 of anesthesia and related services ~~under the anesthesia plan~~
2 ~~agreed with by the anesthesiologist or the operating physician~~
3 ~~or operating podiatric physician.~~

4 (c-10) A certified registered nurse anesthetist who
5 provides anesthesia services in a dental office shall enter
6 into a written collaborative agreement with an
7 anesthesiologist or the physician licensed to practice
8 medicine in all its branches or the operating dentist
9 performing the procedure. The agreement shall describe the
10 working relationship of the certified registered nurse
11 anesthetist and dentist and shall authorize the categories of
12 care, treatment, or procedures to be performed by the
13 certified registered nurse anesthetist. The collaborative
14 agreement may, but is not required to, include the following
15 terms: (i) that the certified registered nurse anesthetist
16 providing anesthesia services and the anesthesiologist,
17 physician, or podiatric physician participate through
18 discussion of and reach agreement on the anesthesia plan or
19 (ii) that anesthesia services shall only be delivered when the
20 anesthesiologist, physician, or podiatric physician is present
21 and available on the premises for diagnosis, consultation, and
22 treatment of emergency medical conditions. In a collaborating
23 dentist's office, the certified registered nurse anesthetist
24 may only provide those services that the operating dentist
25 with the appropriate permit is authorized to provide pursuant
26 to the Illinois Dental Practice Act and rules adopted

1 thereunder. For anesthesia services, a certified registered
2 nurse anesthetist shall seek consultation regarding
3 development of an anesthesia plan and treatment of patients as
4 is appropriate to the certified registered nurse anesthetist's
5 level of expertise and scope of practice and as is warranted by
6 the needs of the patient ~~an anesthesiologist, physician, or~~
7 ~~operating dentist shall participate through discussion of and~~
8 ~~agreement with the anesthesia plan and shall remain physically~~
9 ~~present and be available on the premises during the delivery~~
10 ~~of anesthesia services for diagnosis, consultation, and~~
11 ~~treatment of emergency medical conditions.~~ A certified
12 registered nurse anesthetist may select, order, and administer
13 medication, including controlled substances, and apply
14 appropriate medical devices for delivery of anesthesia and
15 related services ~~under the anesthesia plan agreed with by the~~
16 ~~operating dentist.~~

17 (c-15) An advanced practice registered nurse who had a
18 written collaborative agreement with a podiatric physician
19 immediately before the effective date of Public Act 100-513
20 may continue in that collaborative relationship or enter into
21 a new written collaborative relationship with a podiatric
22 physician under the requirements of this Section and Section
23 65-40, as those Sections existed immediately before the
24 amendment of those Sections by Public Act 100-513 with regard
25 to a written collaborative agreement between an advanced
26 practice registered nurse and a podiatric physician.

1 (d) A copy of the signed, written collaborative agreement
2 must be available to the Department upon request from both the
3 advanced practice registered nurse and the collaborating
4 physician, dentist, or podiatric physician.

5 (e) Nothing in this Act shall be construed to limit the
6 delegation of tasks or duties by a physician to a licensed
7 practical nurse, a registered professional nurse, or other
8 persons in accordance with Section 54.2 of the Medical
9 Practice Act of 1987. Nothing in this Act shall be construed to
10 limit the method of delegation that may be authorized by any
11 means, including, but not limited to, oral, written,
12 electronic, standing orders, protocols, guidelines, or verbal
13 orders.

14 (e-5) Nothing in this Act shall be construed to authorize
15 an advanced practice registered nurse to provide health care
16 services required by law or rule to be performed by a
17 physician. The scope of practice of an advanced practice
18 registered nurse does not include operative surgery. Nothing
19 in this Section shall be construed to preclude an advanced
20 practice registered nurse from assisting in surgery.

21 (f) An advanced practice registered nurse shall inform
22 each collaborating physician, dentist, or podiatric physician
23 of all collaborative agreements he or she has signed and
24 provide a copy of these to any collaborating physician,
25 dentist, or podiatric physician upon request.

26 (g) (Blank).

1 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
2 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

3 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

5 Sec. 65-45. Advanced practice registered nursing in
6 hospitals, hospital affiliates, or ambulatory surgical
7 treatment centers.

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

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

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

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

18 (a-4) An advanced practice registered nurse meeting the
19 requirements of Section 65-43 or 65-70 may be privileged to
20 complete discharge orders and prescriptions under the advanced
21 practice registered nurse's name.

22 (a-5) For anesthesia services provided by a certified
23 registered nurse anesthetist, certified registered nurse
24 anesthetist shall seek consultation regarding development of
25 an anesthesia plan and treatment of patients as is appropriate
26 to the certified registered nurse anesthetist's level of

1 expertise and scope of practice and as is warranted by the
2 needs of the patient ~~an anesthesiologist, physician, dentist,~~
3 ~~or podiatric physician shall participate through discussion of~~
4 ~~and agreement with the anesthesia plan and shall remain~~
5 ~~physically present and be available on the premises during the~~
6 ~~delivery of anesthesia services for diagnosis, consultation,~~
7 ~~and treatment of emergency medical conditions, unless hospital~~
8 ~~policy adopted pursuant to clause (B) of subdivision (3) of~~
9 ~~Section 10.7 of the Hospital Licensing Act or ambulatory~~
10 ~~surgical treatment center policy adopted pursuant to clause~~
11 ~~(B) of subdivision (3) of Section 6.5 of the Ambulatory~~
12 ~~Surgical Treatment Center Act provides otherwise.~~ A certified
13 registered nurse anesthetist may select, order, and administer
14 medication for anesthesia and related services ~~under the~~
15 ~~anesthesia plan agreed to by the anesthesiologist or the~~
16 ~~physician,~~ in accordance with hospital ~~alternative~~ policy or
17 the medical staff consulting committee policies of a licensed
18 ambulatory surgical treatment center.

19 (b) An advanced practice registered nurse who provides
20 services in a hospital shall do so in accordance with Section
21 10.7 of the Hospital Licensing Act and, in an ambulatory
22 surgical treatment center, in accordance with Section 6.5 of
23 the Ambulatory Surgical Treatment Center Act. Nothing in this
24 Act shall be construed to require an advanced practice
25 registered nurse to have a collaborative agreement to practice
26 in a hospital, hospital affiliate, or ambulatory surgical

1 treatment center.

2 (c) Advanced practice registered nurses certified as nurse
3 practitioners, nurse midwives, or clinical nurse specialists
4 practicing in a hospital affiliate may be, but are not
5 required to be, privileged to prescribe Schedule II through V
6 controlled substances when such authority is recommended by
7 the appropriate physician committee of the hospital affiliate
8 and granted by the hospital affiliate. This authority may, but
9 is not required to, include prescription of, selection of,
10 orders for, administration of, storage of, acceptance of
11 samples of, and dispensing over-the-counter medications,
12 legend drugs, medical gases, and controlled substances
13 categorized as Schedule II through V controlled substances, as
14 defined in Article II of the Illinois Controlled Substances
15 Act, and other preparations, including, but not limited to,
16 botanical and herbal remedies.

17 To prescribe controlled substances under this subsection
18 (c), an advanced practice registered nurse certified as a
19 nurse practitioner, nurse midwife, or clinical nurse
20 specialist must obtain a controlled substance license.
21 Medication orders shall be reviewed periodically by the
22 appropriate hospital affiliate physicians committee or its
23 physician designee.

24 The hospital affiliate shall file with the Department
25 notice of a grant of prescriptive authority consistent with
26 this subsection (c) and termination of such a grant of

1 authority, in accordance with rules of the Department. Upon
2 receipt of this notice of grant of authority to prescribe any
3 Schedule II through V controlled substances, the licensed
4 advanced practice registered nurse certified as a nurse
5 practitioner, nurse midwife, or clinical nurse specialist may
6 register for a mid-level practitioner controlled substance
7 license under Section 303.05 of the Illinois Controlled
8 Substances Act.

9 In addition, a hospital affiliate may, but is not required
10 to, privilege an advanced practice registered nurse certified
11 as a nurse practitioner, nurse midwife, or clinical nurse
12 specialist to prescribe any Schedule II controlled substances,
13 if all of the following conditions apply:

14 (1) specific Schedule II controlled substances by oral
15 dosage or topical or transdermal application may be
16 designated, provided that the designated Schedule II
17 controlled substances are routinely prescribed by advanced
18 practice registered nurses in their area of certification;
19 the privileging documents must identify the specific
20 Schedule II controlled substances by either brand name or
21 generic name; privileges to prescribe or dispense Schedule
22 II controlled substances to be delivered by injection or
23 other route of administration may not be granted;

24 (2) any privileges must be controlled substances
25 limited to the practice of the advanced practice
26 registered nurse;

1 (3) any prescription must be limited to no more than a
2 30-day supply;

3 (4) the advanced practice registered nurse must
4 discuss the condition of any patients for whom a
5 controlled substance is prescribed monthly with the
6 appropriate physician committee of the hospital affiliate
7 or its physician designee; and

8 (5) the advanced practice registered nurse must meet
9 the education requirements of Section 303.05 of the
10 Illinois Controlled Substances Act.

11 (d) An advanced practice registered nurse meeting the
12 requirements of Section 65-43 may be privileged to prescribe
13 controlled substances categorized as Schedule II through V in
14 accordance with Section 65-43.

15 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

16 (225 ILCS 65/65-70 new)

17 Sec. 65-70. Conditions under which a written collaborative
18 agreement not required.

19 (a) An Illinois-licensed advanced practice registered
20 nurse certified as a certified registered nurse anesthetist
21 shall be deemed by law to possess the ability to practice
22 without a written collaborative agreement as set forth in this
23 Act.

24 (b) An advanced practice registered nurse certified as a
25 certified registered nurse anesthetist who (i) has attained

1 national certification and completed a professional practice
2 doctorate or (ii) files with the Department a notarized
3 attestation of completion of at least 250 hours of continuing
4 education or training and at least 4,000 hours of clinical
5 experience after first attaining national certification, shall
6 not require a written collaborative agreement. Documentation
7 of successful completion shall be provided to the Department
8 upon request. Continuing education or training hours required
9 by this subsection shall be in the certified registered nurse
10 anesthetist's area of certification as set forth by Department
11 rule.

12 The clinical experience must be in the certified
13 registered nurse anesthetist's area of certification. The
14 clinical experience shall be in collaboration with a physician
15 or physicians or a certified registered nurse anesthetist with
16 full practice authority. Completion of the clinical experience
17 must be attested to by the collaborating physician or
18 physicians or employer, collaborating certified registered
19 nurse anesthetist and the certified registered nurse
20 anesthetist. If the collaborating physician or physicians
21 collaborating certified nurse anesthetist, or employer is
22 unable to attest to the completion of the clinical experience,
23 the Department may accept other evidence of clinical
24 experience as established by rule.

25 (c) The scope of practice of a certified registered nurse
26 anesthetist with full practice authority includes:

1 (1) all matters included in subsection (c) of Section
2 65-30 of this Act;

3 (2) practicing without a written collaborative
4 agreement in all practice settings consistent with
5 national certification;

6 (3) authority to prescribe both legend drugs and
7 Schedule II through V controlled substances; this
8 authority includes prescription of, selection of, orders
9 for, administration of, storage of, acceptance of samples
10 of, and dispensing over the counter medications, legend
11 drugs, and controlled substances categorized as any
12 Schedule II through V controlled substances, as defined in
13 Article II of the Illinois Controlled Substances Act, and
14 other preparations, including, but not limited to,
15 botanical and herbal remedies;

16 (4) prescribing benzodiazepines or Schedule II
17 narcotic drugs, such as opioids; and

18 (5) authority to obtain an Illinois controlled
19 substance license and a federal Drug Enforcement
20 Administration number.

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

24 (e) Nothing in this Act shall be construed to authorize a
25 certified registered nurse anesthetist with full practice
26 authority to provide health care services required by law or

1 rule to be performed by a physician.

2 Section 25. The Illinois Dental Practice Act is amended by
3 changing Section 8.1 as follows:

4 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

5 (Section scheduled to be repealed on January 1, 2026)

6 Sec. 8.1. Permit for the administration of anesthesia and
7 sedation.

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

20 (b) In determining the minimum permit qualifications that
21 are necessary to protect public safety, the Department, by
22 rule, shall:

23 (1) establish the minimum educational and training
24 requirements necessary for a dentist to be issued an

1 appropriate permit;

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

7 (3) establish minimum requirements for all persons who
8 assist the dentist in the administration of general
9 anesthesia, deep sedation, or conscious sedation,
10 including minimum training requirements for each member of
11 the dental team, monitoring requirements, recordkeeping
12 requirements, and emergency procedures;

13 (4) ensure that the dentist has completed and
14 maintains current certification in advanced cardiac life
15 support or pediatric advanced life support and all persons
16 assisting the dentist or monitoring the administration of
17 general anesthesia, deep sedation, or conscious sedation
18 maintain current certification in Basic Life Support
19 (BLS); and

20 (5) establish continuing education requirements in
21 sedation techniques and airway management for dentists who
22 possess a permit under this Section.

23 When establishing requirements under this Section, the
24 Department shall consider the current American Dental
25 Association guidelines on sedation and general anesthesia, the
26 current "Guidelines for Monitoring and Management of Pediatric

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

7 (c) A licensed dentist must hold an appropriate permit
8 issued under this Section in order to perform dentistry while
9 a nurse anesthetist administers conscious sedation, and a
10 valid written collaborative agreement must exist between the
11 dentist and the nurse anesthetist, in accordance with the
12 Nurse Practice Act, unless the nurse anesthetist has full
13 practice authority under the requirements of Section 65-70.

14 A licensed dentist must hold an appropriate permit issued
15 under this Section in order to perform dentistry while a nurse
16 anesthetist administers deep sedation or general anesthesia,
17 and a valid written collaborative agreement must exist between
18 the dentist and the nurse anesthetist, in accordance with the
19 Nurse Practice Act, unless the nurse anesthetist has full
20 practice authority under the requirements of Section 65-70.

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

25 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18;
26 101-162, eff. 7-26-19.)

1 Section 30. The Podiatric Medical Practice Act of 1987 is
2 amended by changing Section 20.5 as follows:

3 (225 ILCS 100/20.5)

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

5 Sec. 20.5. Delegation of authority to advanced practice
6 registered nurses.

7 (a) A podiatric physician in active clinical practice may
8 collaborate with an advanced practice registered nurse in
9 accordance with the requirements of the Nurse Practice Act.
10 Collaboration shall be for the purpose of providing podiatric
11 care and no employment relationship shall be required. A
12 written collaborative agreement shall conform to the
13 requirements of Section 65-35 of the Nurse Practice Act. A
14 written collaborative agreement and podiatric physician
15 collaboration and consultation shall be adequate with respect
16 to advanced practice registered nurses if all of the following
17 apply:

18 (1) With respect to the provision of anesthesia
19 services by a certified registered nurse anesthetist, the
20 collaborating podiatric physician must have training and
21 experience in the delivery of anesthesia consistent with
22 Department rules unless the certified registered nurse
23 anesthetist has full practice authority under the
24 requirements of Section 65-70.

1 (2) Methods of communication are available with the
2 collaborating podiatric physician in person or through
3 telecommunications or electronic communications for
4 consultation, collaboration, and referral as needed to
5 address patient care needs.

6 (3) With respect to the provision of anesthesia
7 services by a certified registered nurse anesthetist,
8 certified registered nurse anesthetist shall seek
9 consultation regarding development of an anesthesia plan
10 and treatment of patients as is appropriate to the
11 certified registered nurse anesthetist's level of
12 expertise and scope of practice and as is warranted by the
13 needs of the patient ~~an anesthesiologist, physician, or~~
14 ~~podiatric physician shall participate through discussion~~
15 ~~of and agreement with the anesthesia plan and shall remain~~
16 ~~physically present and be available on the premises during~~
17 ~~the delivery of anesthesia services for diagnosis,~~
18 ~~consultation, and treatment of emergency medical~~
19 ~~conditions. The anesthesiologist or operating podiatric~~
20 ~~physician must agree with the anesthesia plan prior to the~~
21 ~~delivery of services.~~

22 (b) The collaborating podiatric physician shall have
23 access to the records of all patients attended to by an
24 advanced practice registered nurse.

25 (c) Nothing in this Section shall be construed to limit
26 the delegation of tasks or duties by a podiatric physician to a

1 licensed practical nurse, a registered professional nurse, or
2 other appropriately trained persons.

3 (d) A podiatric physician shall not be liable for the acts
4 or omissions of an advanced practice registered nurse solely
5 on the basis of having signed guidelines or a collaborative
6 agreement, an order, a standing order, a standing delegation
7 order, or other order or guideline authorizing an advanced
8 practice registered nurse to perform acts, unless the
9 podiatric physician has reason to believe the advanced
10 practice registered nurse lacked the competency to perform the
11 act or acts or commits willful or wanton misconduct.

12 (e) A podiatric physician, may, but is not required to
13 delegate prescriptive authority to an advanced practice
14 registered nurse as part of a written collaborative agreement
15 and the delegation of prescriptive authority shall conform to
16 the requirements of Section 65-40 of the Nurse Practice Act.

17 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.

1		INDEX	
2		Statutes amended in order of appearance	
3	210 ILCS 5/6.5		
4	210 ILCS 85/10.7		
5	225 ILCS 60/54.5		
6	225 ILCS 65/65-35	was 225 ILCS 65/15-15	
7	225 ILCS 65/65-45	was 225 ILCS 65/15-25	
8	225 ILCS 65/65-70 new		
9	225 ILCS 25/8.1	from Ch. 111, par. 2308.1	
10	225 ILCS 100/20.5		