

**96TH GENERAL ASSEMBLY****State of Illinois****2009 and 2010****SB2800**

Introduced 1/28/2010, by Sen. Iris Y. Martinez

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides that in determining what action to take or whether to proceed with prosecution of a complaint, the Complaint Committee shall consider any recommendation made by the Department. Sets forth criteria that the Licensing Board may consider in making a determination of professional capacity, and makes other changes concerning professional capacity. Makes a change concerning a visiting professor permit. Changes references from "licensure without examination" to "licensure by endorsement". Makes a change concerning requiring an examination. Provides that the Licensing Board and Disciplinary Board may compel an applicant, licensee, or permit holder, whichever is applicable, to submit to a physical examination or mental examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation. Requires the State's Attorney of each county to report to the Disciplinary Board, within 5 days after a conviction, all instances in which a person licensed under the Act is convicted of any felony or a class A misdemeanor for an act or conduct similar to an act or conduct that would constitute grounds for disciplinary action (now, the State's Attorney must report all instances in which a licensee is convicted or otherwise found guilty of any felony). Allows the disclosure of certain confidential information to a medical licensing authority of another state or jurisdiction in certain instances. Makes other changes. Repeals a Section concerning the practice of medicine by persons licensed in any other state who have applied to the Department for a license to practice medicine in all of its branches. Makes other changes. Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from December 31, 2010 until December 31, 2020. Effective December 30, 2010.

LRB096 18358 ASK 33735 b

FISCAL NOTE ACT
MAY APPLY**A BILL FOR**

1 AN ACT concerning professional regulation.

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

4 Section 5. The Regulatory Sunset Act is amended by adding
5 Section 4.31 as follows:

6 (5 ILCS 80/4.31 new)

7 Sec. 4.31. Act repealed on December 31, 2020. The following
8 Act is repealed on December 31, 2020:

9 The Medical Practice Act of 1987.

10 Section 10. The Medical Practice Act of 1987 is amended by
11 changing Sections 7.5, 9, 18, 19, 22, 23, and 26 as follows:

12 (225 ILCS 60/7.5)

13 (Section scheduled to be repealed on December 31, 2010)

14 Sec. 7.5. Complaint Committee.

15 (a) There shall be a Complaint Committee of the
16 Disciplinary Board composed of at least one of the medical
17 coordinators established by subsection (g) of Section 7 of this
18 Act, the Chief of Medical Investigations (person employed by
19 the Department who is in charge of investigating complaints
20 against physicians and physician assistants), and at least 3
21 voting members of the Disciplinary Board (at least 2 of whom

1 shall be physicians) designated by the Chairman of the Medical
2 Disciplinary Board with the approval of the Disciplinary Board.
3 The Disciplinary Board members so appointed shall serve
4 one-year terms and may be eligible for reappointment for
5 subsequent terms.

6 (b) The Complaint Committee shall meet at least twice a
7 month to exercise its functions and duties set forth in
8 subsection (c) below. At least 2 members of the Disciplinary
9 Board shall be in attendance in order for any business to be
10 transacted by the Complaint Committee. The Complaint Committee
11 shall make every effort to consider expeditiously and take
12 prompt action on each item on its agenda.

13 (c) The Complaint Committee shall have the following duties
14 and functions:

15 (1) To recommend to the Disciplinary Board that a
16 complaint file be closed.

17 (2) To refer a complaint file to the office of the
18 Chief of Medical Prosecutions (person employed by the
19 Department who is in charge of prosecuting formal
20 complaints against licensees) for review.

21 (3) To make a decision in conjunction with the Chief of
22 Medical Prosecutions regarding action to be taken on a
23 complaint file.

24 (d) In determining what action to take or whether to
25 proceed with prosecution of a complaint, the Complaint
26 Committee shall consider, but not be limited to, the following

1 factors: sufficiency of the evidence presented, prosecutorial
2 merit under Section 22 of this Act, any recommendation made by
3 the Department, and insufficient cooperation from complaining
4 parties.

5 (Source: P.A. 93-214, eff. 1-1-04.)

6 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

7 (Section scheduled to be repealed on December 31, 2010)

8 Sec. 9. Application for license. Each applicant for a
9 license shall:

10 (A) Make application on blank forms prepared and
11 furnished by the Department of Professional Regulation
12 hereinafter referred to as the Department.

13 (B) Submit evidence satisfactory to the Department
14 that the applicant:

15 (1) is of good moral character. In determining
16 moral character under this Section, the Department may
17 take into consideration whether the applicant has
18 engaged in conduct or activities which would
19 constitute grounds for discipline under this Act. The
20 Department may also request the applicant to submit,
21 and may consider as evidence of moral character,
22 endorsements from 2 or 3 individuals licensed under
23 this Act;

24 (2) has the preliminary and professional education
25 required by this Act;

1 (3) (blank); and

2 (4) is physically, mentally, and professionally
3 capable of practicing medicine with reasonable
4 judgment, skill, and safety. In determining physical,
5 mental and professional capacity under this Section,
6 the ~~Medical~~ Licensing Board may, upon a showing of a
7 possible incapacity or conduct or activities which
8 would constitute grounds for discipline under this
9 Act, compel any applicant to submit to a mental or
10 physical examination, or both as provided for in
11 Section 22 of this Act. The Licensing Board may
12 condition or restrict any license, subject to the same
13 terms and conditions as are provided for the ~~Medical~~
14 Disciplinary Board under Section 22 of this Act. Any
15 such condition of a restricted license shall provide
16 that the Chief Medical Coordinator or Deputy Medical
17 Coordinator shall have the authority to review the
18 subject physician's compliance with such conditions or
19 restrictions, including, where appropriate, the
20 physician's record of treatment and counseling
21 regarding the impairment, to the extent permitted by
22 applicable federal statutes and regulations
23 safeguarding the confidentiality of medical records of
24 patients.

25 In determining professional capacity under this
26 Section, an ~~any~~ individual ~~who has not been actively~~

1 ~~engaged in the practice of medicine or as a medical,~~
2 ~~osteopathic, or chiropractic student or who has not been~~
3 ~~engaged in a formal program of medical education during the~~
4 ~~2 years immediately preceding their application~~ may be
5 required to complete such additional testing, training, or
6 remedial education as the Licensing Board may deem
7 necessary in order to establish the applicant's present
8 capacity to practice medicine with reasonable judgment,
9 skill, and safety. The Medical Licensing Board may consider
10 all of the following criteria as they relate to an
11 applicant, as part of its determination of professional
12 capacity:

13 (1) Medical research in an established research
14 facility, hospital, college or university, or private
15 corporation.

16 (2) Specialized training or education.

17 (3) Publication of original work in learned,
18 medical or scientific journals.

19 (4) Participation in federal, State, local, or
20 international public health programs or organizations.

21 (5) Professional service in a federal veterans or
22 military institution.

23 (6) Any other professional activities deemed to
24 maintain and enhance the clinical capabilities of the
25 applicant.

26 Any applicant applying for a license to practice

1 medicine in all of its branches or for a license as a
2 chiropractic physician who has not been engaged in the
3 active practice of medicine or has not been enrolled in a
4 medical program for 2 years prior to application must
5 submit proof of professional capacity to the Medical
6 Licensing Board.

7 Any applicant applying for a temporary license that has
8 not been engaged in the active practice of medicine or has
9 not been enrolled in a medical program for longer than 5
10 years prior to application must submit proof of
11 professional capacity to the Medical Licensing Board.

12 (C) Designate specifically the name, location, and
13 kind of professional school, college, or institution of
14 which the applicant is a graduate and the category under
15 which the applicant seeks, and will undertake, to practice.

16 (D) Pay to the Department at the time of application
17 the required fees.

18 (E) Pursuant to Department rules, as required, pass an
19 examination authorized by the Department to determine the
20 applicant's fitness to receive a license.

21 (F) Complete the application process within 3 years
22 from the date of application. If the process has not been
23 completed within 3 years, the application shall be denied,
24 application fees shall be forfeited, and the applicant must
25 reapply and meet the requirements in effect at the time of
26 reapplication.

1 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

2 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

3 (Section scheduled to be repealed on December 31, 2010)

4 Sec. 18. Visiting professor, physician, or resident
5 permits.

6 (A) Visiting professor permit.

7 (1) A visiting professor permit shall entitle a person
8 to practice medicine in all of its branches or to practice
9 the treatment of human ailments without the use of drugs
10 and without operative surgery provided:

11 (a) the person maintains an equivalent
12 authorization to practice medicine in all of its
13 branches or to practice the treatment of human ailments
14 without the use of drugs and without operative surgery
15 in good standing in their native licensing
16 jurisdiction during the period of the visiting
17 professor permit;

18 (b) the person has received a faculty appointment
19 to teach in a medical, osteopathic or chiropractic
20 school in Illinois; and

21 (c) the Department may prescribe the information
22 necessary to establish an applicant's eligibility for
23 a permit. This information shall include without
24 limitation (i) a statement from the dean of the medical
25 school at which the applicant will be employed

1 describing the applicant's qualifications and (ii) a
2 statement from the dean of the medical school listing
3 every affiliated institution in which the applicant
4 will be providing instruction as part of the medical
5 school's education program and justifying any clinical
6 activities at each of the institutions listed by the
7 dean.

8 (2) Application for visiting professor permits shall
9 be made to the Department, in writing, on forms prescribed
10 by the Department and shall be accompanied by the required
11 fee established by rule, which shall not be refundable. Any
12 application shall require the information as, in the
13 judgment of the Department, will enable the Department to
14 pass on the qualifications of the applicant.

15 (3) A visiting professor permit shall be valid for no
16 longer than 2 years from the date of issuance or until the
17 time the faculty appointment is terminated, whichever
18 occurs first, and may be renewed only in accordance with
19 subdivision (A) (6) of this Section.

20 (4) The applicant may be required to appear before the
21 Medical Licensing Board for an interview prior to, and as a
22 requirement for, the issuance of the original permit and
23 the renewal.

24 (5) Persons holding a permit under this Section shall
25 only practice medicine in all of its branches or practice
26 the treatment of human ailments without the use of drugs

1 and without operative surgery in the State of Illinois in
2 their official capacity under their contract within the
3 medical school itself and any affiliated institution in
4 which the permit holder is providing instruction as part of
5 the medical school's educational program and for which the
6 medical school has assumed direct responsibility.

7 (6) After the initial renewal of a visiting professor
8 permit, a ~~A~~ visiting professor permit shall be valid until
9 the last day of the next physician license renewal period,
10 as set by rule, and may only be renewed for applicants who
11 meet the following requirements:

12 (i) have obtained the required continuing
13 education hours as set by rule; and

14 (ii) have paid the fee prescribed for a license
15 under Section 21 of this Act.

16 For initial renewal, the visiting professor must
17 successfully pass a general competency examination authorized
18 by the Department by rule, unless he or she was issued an
19 initial visiting professor permit on or after January 1, 2007,
20 but prior to July 1, 2007.

21 (B) Visiting physician permit.

22 (1) The Department may, in its discretion, issue a
23 temporary visiting physician permit, without examination,
24 provided:

25 (a) (blank);

1 (b) that the person maintains an equivalent
2 authorization to practice medicine in all of its
3 branches or to practice the treatment of human ailments
4 without the use of drugs and without operative surgery
5 in good standing in his or her native licensing
6 jurisdiction during the period of the temporary
7 visiting physician permit;

8 (c) that the person has received an invitation or
9 appointment to study, demonstrate, or perform a
10 specific medical, osteopathic, chiropractic or
11 clinical subject or technique in a medical,
12 osteopathic, or chiropractic school, a state or
13 national medical, osteopathic, or chiropractic
14 professional association or society conference or
15 meeting, a hospital licensed under the Hospital
16 Licensing Act, a hospital organized under the
17 University of Illinois Hospital Act, or a facility
18 operated pursuant to the Ambulatory Surgical Treatment
19 Center Act; and

20 (d) that the temporary visiting physician permit
21 shall only permit the holder to practice medicine in
22 all of its branches or practice the treatment of human
23 ailments without the use of drugs and without operative
24 surgery within the scope of the medical, osteopathic,
25 chiropractic, or clinical studies, or in conjunction
26 with the state or national medical, osteopathic, or

1 chiropractic professional association or society
2 conference or meeting, for which the holder was invited
3 or appointed.

4 (2) The application for the temporary visiting
5 physician permit shall be made to the Department, in
6 writing, on forms prescribed by the Department, and shall
7 be accompanied by the required fee established by rule,
8 which shall not be refundable. The application shall
9 require information that, in the judgment of the
10 Department, will enable the Department to pass on the
11 qualification of the applicant, and the necessity for the
12 granting of a temporary visiting physician permit.

13 (3) A temporary visiting physician permit shall be
14 valid for no longer than (i) 180 days from the date of
15 issuance or (ii) until the time the medical, osteopathic,
16 chiropractic, or clinical studies are completed, or the
17 state or national medical, osteopathic, or chiropractic
18 professional association or society conference or meeting
19 has concluded, whichever occurs first.

20 (4) The applicant for a temporary visiting physician
21 permit may be required to appear before the Medical
22 Licensing Board for an interview prior to, and as a
23 requirement for, the issuance of a temporary visiting
24 physician permit.

25 (5) A limited temporary visiting physician permit
26 shall be issued to a physician licensed in another state

1 who has been requested to perform emergency procedures in
2 Illinois if he or she meets the requirements as established
3 by rule.

4 (C) Visiting resident permit.

5 (1) The Department may, in its discretion, issue a
6 temporary visiting resident permit, without examination,
7 provided:

8 (a) (blank);

9 (b) that the person maintains an equivalent
10 authorization to practice medicine in all of its
11 branches or to practice the treatment of human ailments
12 without the use of drugs and without operative surgery
13 in good standing in his or her native licensing
14 jurisdiction during the period of the temporary
15 visiting resident permit;

16 (c) that the applicant is enrolled in a
17 postgraduate clinical training program outside the
18 State of Illinois that is approved by the Department;

19 (d) that the individual has been invited or
20 appointed for a specific period of time to perform a
21 portion of that post graduate clinical training
22 program under the supervision of an Illinois licensed
23 physician in an Illinois patient care clinic or
24 facility that is affiliated with the out-of-State post
25 graduate training program; and

1 (e) that the temporary visiting resident permit
2 shall only permit the holder to practice medicine in
3 all of its branches or practice the treatment of human
4 ailments without the use of drugs and without operative
5 surgery within the scope of the medical, osteopathic,
6 chiropractic or clinical studies for which the holder
7 was invited or appointed.

8 (2) The application for the temporary visiting
9 resident permit shall be made to the Department, in
10 writing, on forms prescribed by the Department, and shall
11 be accompanied by the required fee established by rule. The
12 application shall require information that, in the
13 judgment of the Department, will enable the Department to
14 pass on the qualifications of the applicant.

15 (3) A temporary visiting resident permit shall be valid
16 for 180 days from the date of issuance or until the time
17 the medical, osteopathic, chiropractic, or clinical
18 studies are completed, whichever occurs first.

19 (4) The applicant for a temporary visiting resident
20 permit may be required to appear before the Medical
21 Licensing Board for an interview prior to, and as a
22 requirement for, the issuance of a temporary visiting
23 resident permit.

24 (Source: P.A. 95-915, eff. 8-26-08; 96-398, eff. 8-13-09.)

25 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

1 (Section scheduled to be repealed on December 31, 2010)

2 Sec. 19. Licensure by endorsement ~~without examination~~. The
3 Department may, in its discretion, issue a license by
4 endorsement ~~without examination~~ to any person who is currently
5 licensed to practice medicine in all of its branches, or to
6 practice the treatment of human ailments without the use of
7 drugs or operative surgery, in any other state, territory,
8 country or province, upon the following conditions:

9 (A) (Blank);

10 (B) That the applicant is of good moral character. In
11 determining moral character under this Section, the
12 Department may take into consideration whether the
13 applicant has engaged in conduct or activities which would
14 constitute grounds for discipline under this Act. The
15 Department may also request the applicant to submit, and
16 may consider as evidence of moral character, endorsements
17 from 2 or 3 individuals licensed under this Act;

18 (C) That the applicant is physically, mentally and
19 professionally capable of practicing medicine with
20 reasonable judgment, skill and safety. In determining
21 physical, mental and professional capacity under this
22 Section the Medical Licensing Board may, upon a showing of
23 a possible incapacity, compel an applicant to submit to a
24 mental or physical examination, or both, and may condition
25 or restrict any license, subject to the same terms and
26 conditions as are provided for the Medical Disciplinary

1 Board under Section 22 of this Act. The Medical Licensing
2 Board or the Department may order the examining physician
3 to present testimony concerning this mental or physical
4 examination of the applicant. No information shall be
5 excluded by reason of any common law or statutory privilege
6 relating to communications between the applicant and the
7 examining physician. Any condition of restricted license
8 shall provide that the Chief Medical Coordinator or Deputy
9 Medical Coordinator shall have the authority to review the
10 subject physician's compliance with such conditions or
11 restrictions, including, where appropriate, the
12 physician's record of treatment and counseling regarding
13 the impairment, to the extent permitted by applicable
14 federal statutes and regulations safeguarding the
15 confidentiality of medical records of patients.

16 (D) That if the applicant seeks to practice medicine in
17 all of its branches:

18 (1) if the applicant was licensed in another
19 jurisdiction prior to January 1, 1988, that the
20 applicant has satisfied the educational requirements
21 of paragraph (1) of subsection (A) or paragraph (2) of
22 subsection (A) of Section 11 of this Act; or

23 (2) if the applicant was licensed in another
24 jurisdiction after December 31, 1987, that the
25 applicant has satisfied the educational requirements
26 of paragraph (A) (2) of Section 11 of this Act; and

1 (3) the requirements for a license to practice
2 medicine in all of its branches in the particular
3 state, territory, country or province in which the
4 applicant is licensed are deemed by the Department to
5 have been substantially equivalent to the requirements
6 for a license to practice medicine in all of its
7 branches in force in this State at the date of the
8 applicant's license;

9 (E) That if the applicant seeks to treat human ailments
10 without the use of drugs and without operative surgery:

11 (1) the applicant is a graduate of a chiropractic
12 school or college approved by the Department at the
13 time of their graduation;

14 (2) the requirements for the applicant's license
15 to practice the treatment of human ailments without the
16 use of drugs are deemed by the Department to have been
17 substantially equivalent to the requirements for a
18 license to practice in this State at the date of the
19 applicant's license;

20 (F) That the Department may, in its discretion, issue a
21 license by endorsement ~~, without examination,~~ to any
22 graduate of a medical or osteopathic college, reputable and
23 in good standing in the judgment of the Department, who has
24 passed an examination for admission to the United States
25 Public Health Service, or who has passed any other
26 examination deemed by the Department to have been at least

1 equal in all substantial respects to the examination
2 required for admission to any such medical corps;

3 (G) That applications for licenses by endorsement
4 ~~without examination~~ shall be filed with the Department,
5 under oath, on forms prepared and furnished by the
6 Department, and shall set forth, and applicants therefor
7 shall supply such information respecting the life,
8 education, professional practice, and moral character of
9 applicants as the Department may require to be filed for
10 its use;

11 (H) That the applicant undergo the criminal background
12 check established under Section 9.7 of this Act.

13 In the exercise of its discretion under this Section, the
14 Department is empowered to consider and evaluate each applicant
15 on an individual basis. It may take into account, among other
16 things, the extent to which there is or is not available to the
17 Department, authentic and definitive information concerning
18 the quality of medical education and clinical training which
19 the applicant has had. Under no circumstances shall a license
20 be issued under the provisions of this Section to any person
21 who has previously taken and failed the written examination
22 conducted by the Department for such license. In the exercise
23 of its discretion under this Section, the Department may, upon
24 the recommendation of the Medical Licensing Board, require an
25 applicant to successfully complete an examination as
26 recommended by the Medical Licensing Board. In determining

1 moral character, the Department may take into consideration
2 whether the applicant has engaged in conduct or activities
3 which would constitute grounds for discipline under this Act.
4 The Department may also request the applicant to submit, and
5 may consider as evidence of moral character, evidence from 2 or
6 3 individuals licensed under this Act. Applicants have 3 years
7 from the date of application to complete the application
8 process. If the process has not been completed within 3 years,
9 the application shall be denied, the fees shall be forfeited,
10 and the applicant must reapply and meet the requirements in
11 effect at the time of reapplication.

12 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

13 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

14 (Section scheduled to be repealed on December 31, 2010)

15 Sec. 22. Disciplinary action.

16 (A) The Department may revoke, suspend, place on
17 probationary status, refuse to renew, or take any other
18 disciplinary action as the Department may deem proper with
19 regard to the license or visiting professor permit of any
20 person issued under this Act to practice medicine, or to treat
21 human ailments without the use of drugs and without operative
22 surgery upon any of the following grounds:

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

25 (a) a facility licensed pursuant to the Ambulatory

1 Surgical Treatment Center Act;

2 (b) an institution licensed under the Hospital
3 Licensing Act; ~~or~~

4 (c) an ambulatory surgical treatment center or
5 hospitalization or care facility maintained by the
6 State or any agency thereof, where such department or
7 agency has authority under law to establish and enforce
8 standards for the ambulatory surgical treatment
9 centers, hospitalization, or care facilities under its
10 management and control; ~~or~~

11 (d) ambulatory surgical treatment centers,
12 hospitalization or care facilities maintained by the
13 Federal Government; or

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

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

22 (3) The conviction of a felony in this or any other
23 jurisdiction, except as otherwise provided in subsection B
24 of this Section, whether or not related to practice under
25 this Act, or the entry of a guilty or nolo contendere plea
26 to a felony charge.

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

2 (5) Engaging in dishonorable, unethical or
3 unprofessional conduct of a character likely to deceive,
4 defraud or harm the public.

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

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

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

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

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

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

23 (12) Disciplinary action of another state or
24 jurisdiction against a license or other authorization to
25 practice as a medical doctor, doctor of osteopathy, doctor
26 of osteopathic medicine or doctor of chiropractic, a

1 certified copy of the record of the action taken by the
2 other state or jurisdiction being prima facie evidence
3 thereof.

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

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

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

16 (16) Abandonment of a patient.

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

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

26 (19) Offering, undertaking or agreeing to cure or treat

1 disease by a secret method, procedure, treatment or
2 medicine, or the treating, operating or prescribing for any
3 human condition by a method, means or procedure which the
4 licensee refuses to divulge upon demand of the Department.

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

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

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

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

26 (24) Solicitation of professional patronage by any

1 corporation, agents or persons, or profiting from those
2 representing themselves to be agents of the licensee.

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

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

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

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

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

23 (30) Wilfully or negligently violating the
24 confidentiality between physician and patient except as
25 required by law.

26 (31) The use of any false, fraudulent, or deceptive

1 statement in any document connected with practice under
2 this Act.

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

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

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

19 (35) Failure to report to the Department surrender of a
20 license or authorization to practice as a medical doctor, a
21 doctor of osteopathy, a doctor of osteopathic medicine, or
22 doctor of chiropractic in another state or jurisdiction, or
23 surrender of membership on any medical staff or in any
24 medical or professional association or society, while
25 under disciplinary investigation by any of those
26 authorities or bodies, for acts or conduct similar to acts

1 or conduct which would constitute grounds for action as
2 defined in this Section.

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

8 (37) Failure to provide copies of medical records as
9 required by law.

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

15 (39) Violating the Health Care Worker Self-Referral
16 Act.

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

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

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

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

1 Except for actions involving the ground numbered (26), all
2 proceedings to suspend, revoke, place on probationary status,
3 or take any other disciplinary action as the Department may
4 deem proper, with regard to a license on any of the foregoing
5 grounds, must be commenced within 5 years next after receipt by
6 the Department of a complaint alleging the commission of or
7 notice of the conviction order for any of the acts described
8 herein. Except for the grounds numbered (8), (9), (26), and
9 (29), no action shall be commenced more than 10 years after the
10 date of the incident or act alleged to have violated this
11 Section. For actions involving the ground numbered (26), a
12 pattern of practice or other behavior includes all incidents
13 alleged to be part of the pattern of practice or other behavior
14 that occurred or a report pursuant to Section 23 of this Act
15 received within the 10-year period preceding the filing of the
16 complaint. In the event of the settlement of any claim or cause
17 of action in favor of the claimant or the reduction to final
18 judgment of any civil action in favor of the plaintiff, such
19 claim, cause of action or civil action being grounded on the
20 allegation that a person licensed under this Act was negligent
21 in providing care, the Department shall have an additional
22 period of 2 years from the date of notification to the
23 Department under Section 23 of this Act of such settlement or
24 final judgment in which to investigate and commence formal
25 disciplinary proceedings under Section 36 of this Act, except
26 as otherwise provided by law. The time during which the holder

1 of the license was outside the State of Illinois shall not be
2 included within any period of time limiting the commencement of
3 disciplinary action by the Department.

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

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

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

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

26 (b) what constitutes dishonorable, unethical or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public;

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

7 (d) what constitutes gross negligence in the practice
8 of medicine.

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

12 In enforcing this Section, the ~~Medical~~ Disciplinary Board
13 or the Licensing Board, upon a showing of a possible violation,
14 may compel, in the case of the Disciplinary Board, any
15 individual who is licensed to practice under this Act or holds
16 a permit to practice under this Act, or may compel, in the case
17 of the Licensing Board, any individual who has applied for
18 licensure or a permit pursuant to this Act, to submit to a
19 mental examination and evaluation or physical examination, or
20 both, which may include a substance abuse or sexual offender
21 evaluation, as required by the Licensing Board or Disciplinary
22 Board and at the expense of the Department.

23 The Disciplinary Board or Licensing Board shall
24 specifically designate the examining physician licensed to
25 practice medicine in all of its branches or, if applicable, the
26 members of a multidisciplinary team involved in providing the

1 physical examination or mental examination and evaluation. The
2 multidisciplinary team shall be led by a physician licensed to
3 practice medicine in all of its branches and may consist of one
4 or a combination of physicians licensed to practice medicine in
5 all of its branches, licensed clinical psychologists, licensed
6 clinical social workers, licensed clinical professional
7 counselors, and other professional and administrative staff.
8 Any examining physician or member of the multidisciplinary team
9 may require any person ordered to submit to an examination or
10 evaluation pursuant to this Section to submit to any additional
11 supplemental testing deemed necessary to complete any
12 examination or evaluation process including, but not limited
13 to, blood testing, urinalysis, psychological testing, or
14 neuropsychological testing. ~~The examining physician or~~
15 ~~physicians shall be those specifically designated by the~~
16 ~~Disciplinary Board.~~

17 The ~~Medical~~ Disciplinary Board, the Licensing Board, or the
18 Department may order the examining physician or any member of
19 the multidisciplinary team to provide to the Department any and
20 all records, including business records, that relate to the
21 examination or evaluation, including any supplemental testing
22 performed. The Disciplinary Board, Licensing Board, or
23 Department may order the examining physician or any member of
24 the multidisciplinary team to present testimony concerning
25 this mental or physical examination or evaluation of the
26 licensee, permit holder, or applicant, including testimony

1 concerning any supplemental testing or documents relating to
2 the examination or evaluation. No information, report, record,
3 or other documents in any way related to the examination or
4 supplemental testing shall be excluded by reason of any common
5 law or statutory privilege relating to communication between
6 the licensee or applicant and the examining physician or any
7 member of the multidisciplinary team. The individual to be
8 examined may have, at his or her own expense, another physician
9 of his or her choice present during all aspects of the
10 examination.

11 Failure of any individual to submit to mental or physical
12 examination, when directed, shall be grounds for suspension of
13 his or her license until such time as the individual submits to
14 the examination if the Disciplinary Board finds, after notice
15 and hearing, that the refusal to submit to the examination was
16 without reasonable cause. If the Disciplinary Board finds a
17 physician unable to practice because of the reasons set forth
18 in this Section, the Disciplinary Board shall require such
19 physician to submit to care, counseling, or treatment by
20 physicians approved or designated by the Disciplinary Board, as
21 a condition for continued, reinstated, or renewed licensure to
22 practice. Any physician, whose license was granted pursuant to
23 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
24 renewed, disciplined or supervised, subject to such terms,
25 conditions or restrictions who shall fail to comply with such
26 terms, conditions or restrictions, or to complete a required

1 program of care, counseling, or treatment, as determined by the
2 Chief Medical Coordinator or Deputy Medical Coordinators,
3 shall be referred to the Secretary for a determination as to
4 whether the licensee shall have their license suspended
5 immediately, pending a hearing by the Disciplinary Board. In
6 instances in which the Secretary immediately suspends a license
7 under this Section, a hearing upon such person's license must
8 be convened by the Disciplinary Board within 15 days after such
9 suspension and completed without appreciable delay. The
10 Disciplinary Board shall have the authority to review the
11 subject physician's record of treatment and counseling
12 regarding the impairment, to the extent permitted by applicable
13 federal statutes and regulations safeguarding the
14 confidentiality of medical records.

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

20 The Department may promulgate rules for the imposition of
21 fines in disciplinary cases, not to exceed \$10,000 for each
22 violation of this Act. Fines may be imposed in conjunction with
23 other forms of disciplinary action, but shall not be the
24 exclusive disposition of any disciplinary action arising out of
25 conduct resulting in death or injury to a patient. Any funds
26 collected from such fines shall be deposited in the Medical

1 Disciplinary Fund.

2 (B) The Department shall revoke the license or visiting
3 permit of any person issued under this Act to practice medicine
4 or to treat human ailments without the use of drugs and without
5 operative surgery, who has been convicted a second time of
6 committing any felony under the Illinois Controlled Substances
7 Act or the Methamphetamine Control and Community Protection
8 Act, or who has been convicted a second time of committing a
9 Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois
10 Public Aid Code. A person whose license or visiting permit is
11 revoked under this subsection B of Section 22 of this Act shall
12 be prohibited from practicing medicine or treating human
13 ailments without the use of drugs and without operative
14 surgery.

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

25 (Source: P.A. 95-331, eff. 8-21-07; 96-608, eff. 8-24-09;
26 revised 11-3-09.)

1 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

2 (Section scheduled to be repealed on December 31, 2010)

3 Sec. 23. Reports relating to professional conduct and
4 capacity.

5 (A) Entities required to report.

6 (1) Health care institutions. The chief administrator
7 or executive officer of any health care institution
8 licensed by the Illinois Department of Public Health shall
9 report to the Disciplinary Board when any person's clinical
10 privileges are terminated or are restricted based on a
11 final determination made 7 in accordance with that
12 institution's by-laws or rules and regulations,7 that a
13 person has either committed an act or acts which may
14 directly threaten patient care, and not of an
15 administrative nature, or that a person may be mentally or
16 physically disabled in such a manner as to endanger
17 patients under that person's care. Such officer also shall
18 report if a person accepts voluntary termination or
19 restriction of clinical privileges in lieu of formal action
20 based upon conduct related directly to patient care and not
21 of an administrative nature, or in lieu of formal action
22 seeking to determine whether a person may be mentally or
23 physically disabled in such a manner as to endanger
24 patients under that person's care. The Medical
25 Disciplinary Board shall, by rule, provide for the

1 reporting to it of all instances in which a person,
2 licensed under this Act, who is impaired by reason of age,
3 drug or alcohol abuse or physical or mental impairment, is
4 under supervision and, where appropriate, is in a program
5 of rehabilitation. Such reports shall be strictly
6 confidential and may be reviewed and considered only by the
7 members of the Disciplinary Board, or by authorized staff
8 as provided by rules of the Disciplinary Board. Provisions
9 shall be made for the periodic report of the status of any
10 such person not less than twice annually in order that the
11 Disciplinary Board shall have current information upon
12 which to determine the status of any such person. Such
13 initial and periodic reports of impaired physicians shall
14 not be considered records within the meaning of The State
15 Records Act and shall be disposed of, following a
16 determination by the Disciplinary Board that such reports
17 are no longer required, in a manner and at such time as the
18 Disciplinary Board shall determine by rule. The filing of
19 such reports shall be construed as the filing of a report
20 for purposes of subsection (C) of this Section.

21 (2) Professional associations. The President or chief
22 executive officer of any association or society, of persons
23 licensed under this Act, operating within this State shall
24 report to the Disciplinary Board when the association or
25 society renders a final determination that a person has
26 committed unprofessional conduct related directly to

1 patient care or that a person may be mentally or physically
2 disabled in such a manner as to endanger patients under
3 that person's care.

4 (3) Professional liability insurers. Every insurance
5 company which offers policies of professional liability
6 insurance to persons licensed under this Act, or any other
7 entity which seeks to indemnify the professional liability
8 of a person licensed under this Act, shall report to the
9 Disciplinary Board the settlement of any claim or cause of
10 action, or final judgment rendered in any cause of action,
11 which alleged negligence in the furnishing of medical care
12 by such licensed person when such settlement or final
13 judgment is in favor of the plaintiff.

14 (4) State's Attorneys. The State's Attorney of each
15 county shall report to the Disciplinary Board, within 5
16 days, any ~~all~~ instances in which a person licensed under
17 this Act is convicted ~~or otherwise found guilty of the~~
18 ~~commission~~ of any felony or a class A misdemeanor for an
19 act or conduct similar to an act or conduct that would
20 constitute grounds for disciplinary action under Section
21 22 of this Act. The State's Attorney of each county may
22 report to the Disciplinary Board through a verified
23 complaint any instance in which the State's Attorney
24 believes that a physician has willfully violated the notice
25 requirements of the Parental Notice of Abortion Act of
26 1995.

1 (5) State agencies. All agencies, boards, commissions,
2 departments, or other instrumentalities of the government
3 of the State of Illinois shall report to the Disciplinary
4 Board any instance arising in connection with the
5 operations of such agency, including the administration of
6 any law by such agency, in which a person licensed under
7 this Act has either committed an act or acts which may be a
8 violation of this Act or which may constitute
9 unprofessional conduct related directly to patient care or
10 which indicates that a person licensed under this Act may
11 be mentally or physically disabled in such a manner as to
12 endanger patients under that person's care.

13 (B) Mandatory reporting. All reports required by items
14 (34), (35), and (36) of subsection (A) of Section 22 and by
15 Section 23 shall be submitted to the Disciplinary Board in a
16 timely fashion. The reports shall be filed in writing within 60
17 days after a determination that a report is required under this
18 Act. All reports shall contain the following information:

19 (1) The name, address and telephone number of the
20 person making the report.

21 (2) The name, address and telephone number of the
22 person who is the subject of the report.

23 (3) The name and date of birth of any patient or
24 patients whose treatment is a subject of the report, if
25 available, or other means of identification if such
26 information is not available, identification of the

1 hospital or other healthcare facility where the care at
2 issue in the report was rendered, provided, however, no
3 medical records may be revealed.

4 (4) A brief description of the facts which gave rise to
5 the issuance of the report, including the dates of any
6 occurrences deemed to necessitate the filing of the report.

7 (5) If court action is involved, the identity of the
8 court in which the action is filed, along with the docket
9 number and date of filing of the action.

10 (6) Any further pertinent information which the
11 reporting party deems to be an aid in the evaluation of the
12 report.

13 The Disciplinary Board or Department may also exercise the
14 power under Section 38 of this Act to subpoena copies of
15 hospital or medical records in mandatory report cases alleging
16 death or permanent bodily injury. Appropriate rules shall be
17 adopted by the Department with the approval of the Disciplinary
18 Board.

19 When the Department has received written reports
20 concerning incidents required to be reported in items (34),
21 (35), and (36) of subsection (A) of Section 22, the licensee's
22 failure to report the incident to the Department under those
23 items shall not be the sole grounds for disciplinary action.

24 Nothing contained in this Section shall act to in any way,
25 waive or modify the confidentiality of medical reports and
26 committee reports to the extent provided by law. Any

1 information reported or disclosed shall be kept for the
2 confidential use of the Disciplinary Board, the Medical
3 Coordinators, the Disciplinary Board's attorneys, the medical
4 investigative staff, and authorized clerical staff, as
5 provided in this Act, and shall be afforded the same status as
6 is provided information concerning medical studies in Part 21
7 of Article VIII of the Code of Civil Procedure, except that the
8 Department may disclose information and documents to a federal,
9 State, or local law enforcement agency pursuant to a subpoena
10 in an ongoing criminal investigation or to a medical licensing
11 authority of another state or jurisdiction pursuant to an
12 official request made by that authority. Furthermore,
13 information and documents disclosed to a federal, State, or
14 local law enforcement agency may be used by that agency only
15 for the investigation and prosecution of a criminal offense or,
16 in the case of disclosure to another medical licensing
17 authority, only for investigations and disciplinary action
18 proceedings with regard to a license.

19 (C) Immunity from prosecution. Any individual or
20 organization acting in good faith, and not in a wilful and
21 wanton manner, in complying with this Act by providing any
22 report or other information to the Disciplinary Board or a peer
23 review committee, or assisting in the investigation or
24 preparation of such information, or by voluntarily reporting to
25 the Disciplinary Board or a peer review committee information
26 regarding alleged errors or negligence by a person licensed

1 under this Act, or by participating in proceedings of the
2 Disciplinary Board or a peer review committee, or by serving as
3 a member of the Disciplinary Board or a peer review committee,
4 shall not, as a result of such actions, be subject to criminal
5 prosecution or civil damages.

6 (D) Indemnification. Members of the Disciplinary Board,
7 the Medical Coordinators, the Disciplinary Board's attorneys,
8 the medical investigative staff, physicians retained under
9 contract to assist and advise the medical coordinators in the
10 investigation, and authorized clerical staff shall be
11 indemnified by the State for any actions occurring within the
12 scope of services on the Disciplinary Board, done in good faith
13 and not wilful and wanton in nature. The Attorney General shall
14 defend all such actions unless he or she determines either that
15 there would be a conflict of interest in such representation or
16 that the actions complained of were not in good faith or were
17 wilful and wanton.

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

24 The member must notify the Attorney General within 7 days
25 of receipt of notice of the initiation of any action involving
26 services of the Disciplinary Board. Failure to so notify the

1 Attorney General shall constitute an absolute waiver of the
2 right to a defense and indemnification.

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

6 (E) Deliberations of Disciplinary Board. Upon the receipt
7 of any report called for by this Act, other than those reports
8 of impaired persons licensed under this Act required pursuant
9 to the rules of the Disciplinary Board, the Disciplinary Board
10 shall notify in writing, by certified mail, the person who is
11 the subject of the report. Such notification shall be made
12 within 30 days of receipt by the Disciplinary Board of the
13 report.

14 The notification shall include a written notice setting
15 forth the person's right to examine the report. Included in
16 such notification shall be the address at which the file is
17 maintained, the name of the custodian of the reports, and the
18 telephone number at which the custodian may be reached. The
19 person who is the subject of the report shall submit a written
20 statement responding, clarifying, adding to, or proposing the
21 amending of the report previously filed. The person who is the
22 subject of the report shall also submit with the written
23 statement any medical records related to the report. The
24 statement and accompanying medical records shall become a
25 permanent part of the file and must be received by the
26 Disciplinary Board no more than 30 days after the date on which

1 the person was notified by the Disciplinary Board of the
2 existence of the original report.

3 The Disciplinary Board shall review all reports received by
4 it, together with any supporting information and responding
5 statements submitted by persons who are the subject of reports.
6 The review by the Disciplinary Board shall be in a timely
7 manner but in no event, shall the Disciplinary Board's initial
8 review of the material contained in each disciplinary file be
9 less than 61 days nor more than 180 days after the receipt of
10 the initial report by the Disciplinary Board.

11 When the Disciplinary Board makes its initial review of the
12 materials contained within its disciplinary files, the
13 Disciplinary Board shall, in writing, make a determination as
14 to whether there are sufficient facts to warrant further
15 investigation or action. Failure to make such determination
16 within the time provided shall be deemed to be a determination
17 that there are not sufficient facts to warrant further
18 investigation or action.

19 Should the Disciplinary Board find that there are not
20 sufficient facts to warrant further investigation, or action,
21 the report shall be accepted for filing and the matter shall be
22 deemed closed and so reported to the Secretary. The Secretary
23 shall then have 30 days to accept the Medical Disciplinary
24 Board's decision or request further investigation. The
25 Secretary shall inform the Board in writing of the decision to
26 request further investigation, including the specific reasons

1 for the decision. The individual or entity filing the original
2 report or complaint and the person who is the subject of the
3 report or complaint shall be notified in writing by the
4 Secretary of any final action on their report or complaint.

5 (F) Summary reports. The Disciplinary Board shall prepare,
6 on a timely basis, but in no event less than once every other
7 month, a summary report of final actions taken upon
8 disciplinary files maintained by the Disciplinary Board. The
9 summary reports shall be made available to the public upon
10 request and payment of the fees set by the Department. This
11 publication may be made available to the public on the
12 Department's Internet website.

13 (G) Any violation of this Section shall be a Class A
14 misdemeanor.

15 (H) If any such person violates the provisions of this
16 Section an action may be brought in the name of the People of
17 the State of Illinois, through the Attorney General of the
18 State of Illinois, for an order enjoining such violation or for
19 an order enforcing compliance with this Section. Upon filing of
20 a verified petition in such court, the court may issue a
21 temporary restraining order without notice or bond and may
22 preliminarily or permanently enjoin such violation, and if it
23 is established that such person has violated or is violating
24 the injunction, the court may punish the offender for contempt
25 of court. Proceedings under this paragraph shall be in addition
26 to, and not in lieu of, all other remedies and penalties

1 provided for by this Section.

2 (Source: P.A. 94-677, eff. 8-25-05; 95-639, eff. 10-5-07.)

3 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

4 (Section scheduled to be repealed on December 31, 2010)

5 Sec. 26. Advertising.

6 (1) Any person licensed under this Act may advertise the
7 availability of professional services in the public media or on
8 the premises where such professional services are rendered.
9 Such advertising shall be limited to the following information:

10 (a) Publication of the person's name, title, office
11 hours, address and telephone number;

12 (b) Information pertaining to the person's areas of
13 specialization, including appropriate board certification
14 or limitation of professional practice;

15 (c) Information on usual and customary fees for routine
16 professional services offered, which information shall
17 include, notification that fees may be adjusted due to
18 complications or unforeseen circumstances;

19 (d) Announcement of the opening of, change of, absence
20 from, or return to business;

21 (e) Announcement of additions to or deletions from
22 professional licensed staff;

23 (f) The issuance of business or appointment cards.

24 (2) It is unlawful for any person licensed under this Act
25 to use ~~testimonials or~~ claims of superior quality of care to

1 entice the public. It shall be unlawful to advertise fee
2 comparisons of available services with those of other persons
3 licensed under this Act.

4 (3) This Act does not authorize the advertising of
5 professional services which the offeror of such services is not
6 licensed to render. Nor shall the advertiser use statements
7 which contain false, fraudulent, deceptive or misleading
8 material or guarantees of success, statements which play upon
9 the vanity or fears of the public, or statements which promote
10 or produce unfair competition.

11 (4) A licensee shall include in every advertisement for
12 services regulated under this Act his or her title as it
13 appears on the license or the initials authorized under this
14 Act.

15 (Source: P.A. 91-310, eff. 1-1-00.)

16 (5 ILCS 80/4.20 rep.)

17 Section 15. The Regulatory Sunset Act is amended by
18 repealing Section 4.20.

19 (225 ILCS 60/32 rep.)

20 Section 90. The Medical Practice Act of 1987 is amended by
21 repealing Section 32.

22 Section 99. Effective date. This Act takes effect on
23 December 30, 2010.

1	INDEX	
2	Statutes amended in order of appearance	
3	5 ILCS 80/4.31 new	
4	225 ILCS 60/7.5	
5	225 ILCS 60/9	from Ch. 111, par. 4400-9
6	225 ILCS 60/18	from Ch. 111, par. 4400-18
7	225 ILCS 60/19	from Ch. 111, par. 4400-19
8	225 ILCS 60/22	from Ch. 111, par. 4400-22
9	225 ILCS 60/23	from Ch. 111, par. 4400-23
10	225 ILCS 60/26	from Ch. 111, par. 4400-26
11	5 ILCS 80/4.20 rep.	
12	225 ILCS 60/32 rep.	