



Rep. Sara Feigenholtz

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LRB099 05828 AMC 34231 a

1 AMENDMENT TO HOUSE BILL 421

2 AMENDMENT NO. _____. Amend House Bill 421, AS AMENDED,
3 with reference to page and line numbers of House Amendment No.
4 1, by replacing line 9 on page 47 through line 8 on page 59 with
5 the following:

6 "Section 33. 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9 (Section scheduled to be repealed on December 31, 2015)

10 Sec. 54.5. Physician delegation of authority to physician
11 assistants, advanced practice nurses, and prescribing
12 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. A

1 physician licensed to practice medicine in all its branches may
2 enter into supervising physician agreements with no more than 5
3 physician assistants as set forth in subsection (a) of Section
4 7 of the Physician Assistant Practice Act of 1987.

5 (b) A physician licensed to practice medicine in all its
6 branches in active clinical practice may collaborate with an
7 advanced practice nurse in accordance with the requirements of
8 the Nurse Practice Act. Collaboration is for the purpose of
9 providing medical consultation, and no employment relationship
10 is required. A written collaborative agreement shall conform to
11 the requirements of Section 65-35 of the Nurse Practice Act.
12 The written collaborative agreement shall be for services in
13 the same area of practice or specialty as the collaborating
14 physician ~~generally provides or may provide~~ in his or her
15 clinical medical practice. A written collaborative agreement
16 shall be adequate with respect to collaboration with advanced
17 practice nurses if all of the following apply:

18 (1) The agreement is written to promote the exercise of
19 professional judgment by the advanced practice nurse
20 commensurate with his or her education and experience. ~~The~~
21 ~~agreement need not describe the exact steps that an~~
22 ~~advanced practice nurse must take with respect to each~~
23 ~~specific condition, disease, or symptom, but must specify~~
24 ~~those procedures that require a physician's presence as the~~
25 ~~procedures are being performed.~~

26 ~~(2) Practice guidelines and orders are developed and~~

1 ~~approved jointly by the advanced practice nurse and~~
2 ~~collaborating physician, as needed, based on the practice~~
3 ~~of the practitioners. Such guidelines and orders and the~~
4 ~~patient services provided thereunder are periodically~~
5 ~~reviewed by the collaborating physician.~~

6 (2) ~~(3)~~ The advance practice nurse provides services
7 based upon a written collaborative agreement with the
8 collaborating physician ~~generally provides or may provide~~
9 ~~in his or her clinical medical practice,~~ except as set
10 forth in subsection (b-5) of this Section. With respect to
11 labor and delivery, the collaborating physician must
12 provide delivery services in order to participate with a
13 certified nurse midwife.

14 ~~(4) The collaborating physician and advanced practice~~
15 ~~nurse consult at least once a month to provide~~
16 ~~collaboration and consultation.~~

17 (3) ~~(5)~~ Methods of communication are available with the
18 collaborating physician in person or through
19 telecommunications for consultation, collaboration, and
20 referral as needed to address patient care needs.

21 ~~(6) The agreement contains provisions detailing notice~~
22 ~~for termination or change of status involving a written~~
23 ~~collaborative agreement, except when such notice is given~~
24 ~~for just cause.~~

25 (b-5) An anesthesiologist or physician licensed to
26 practice medicine in all its branches may collaborate with a

1 certified registered nurse anesthetist in accordance with
2 Section 65-35 of the Nurse Practice Act for the provision of
3 anesthesia services. With respect to the provision of
4 anesthesia services, the collaborating anesthesiologist or
5 physician shall have training and experience in the delivery of
6 anesthesia services consistent with Department rules.
7 Collaboration 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 anesthesia
16 services for diagnosis, consultation, and treatment of
17 emergency medical conditions. Anesthesia services in a
18 hospital shall be conducted in accordance with Section 10.7
19 of the Hospital Licensing Act and in an ambulatory surgical
20 treatment center in accordance with Section 6.5 of the
21 Ambulatory Surgical Treatment Center Act.

22 (b-10) The anesthesiologist or operating physician must
23 agree with the anesthesia plan prior to the delivery of
24 services.

25 (c) The supervising physician shall have access to the
26 medical records of all patients attended by a physician

1 assistant. The collaborating physician shall have access to the
2 medical records of all patients attended to by an advanced
3 practice nurse.

4 (d) (Blank).

5 (e) A physician shall not be liable for the acts or
6 omissions of a prescribing psychologist, physician assistant,
7 or advanced practice nurse solely on the basis of having signed
8 a supervision agreement or guidelines or a collaborative
9 agreement, an order, a standing medical order, a standing
10 delegation order, or other order or guideline authorizing a
11 prescribing psychologist, physician assistant, or advanced
12 practice nurse to perform acts, unless the physician has reason
13 to believe the prescribing psychologist, physician assistant,
14 or advanced practice nurse lacked the competency to perform the
15 act or acts or commits willful and wanton misconduct.

16 (f) A collaborating physician may, but is not required to,
17 delegate prescriptive authority to an advanced practice nurse
18 as part of a written collaborative agreement, and the
19 delegation of prescriptive authority shall conform to the
20 requirements of Section 65-40 of the Nurse Practice Act.

21 (g) A supervising physician may, but is not required to,
22 delegate prescriptive authority to a physician assistant as
23 part of a written supervision agreement, and the delegation of
24 prescriptive authority shall conform to the requirements of
25 Section 7.5 of the Physician Assistant Practice Act of 1987.

26 (h) (Blank). ~~For the purposes of this Section, "generally~~

1 ~~provides or may provide in his or her clinical medical~~
2 ~~practice" means categories of care or treatment, not specific~~
3 ~~tasks or duties, that the physician provides individually or~~
4 ~~through delegation to other persons so that the physician has~~
5 ~~the experience and ability to provide collaboration and~~
6 ~~consultation. This definition shall not be construed to~~
7 ~~prohibit an advanced practice nurse from providing primary~~
8 ~~health treatment or care within the scope of his or her~~
9 ~~training and experience, including, but not limited to, health~~
10 ~~screenings, patient histories, physical examinations, women's~~
11 ~~health examinations, or school physicals that may be provided~~
12 ~~as part of the routine practice of an advanced practice nurse~~
13 ~~or on a volunteer basis.~~

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

19 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;
20 98-192, eff. 1-1-14; 98-668, eff. 6-25-14.)

21 Section 35. The Nurse Practice Act is amended by changing
22 Sections 50-10, 65-35, and 65-45 and by adding Section 65-35.1
23 as follows:

24 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

1 (Section scheduled to be repealed on January 1, 2018)

2 Sec. 50-10. Definitions. Each of the following terms, when
3 used in this Act, shall have the meaning ascribed to it in this
4 Section, except where the context clearly indicates otherwise:

5 "Academic year" means the customary annual schedule of
6 courses at a college, university, or approved school,
7 customarily regarded as the school year as distinguished from
8 the calendar year.

9 "Advanced practice nurse" or "APN" means a person who has
10 met the qualifications for a (i) certified nurse midwife (CNM);
11 (ii) certified nurse practitioner (CNP); (iii) certified
12 registered nurse anesthetist (CRNA); or (iv) clinical nurse
13 specialist (CNS) and has been licensed by the Department. All
14 advanced practice nurses licensed and practicing in the State
15 of Illinois shall use the title APN and may use specialty
16 credentials CNM, CNP, CRNA, or CNS after their name. All
17 advanced practice nurses may only practice in accordance with
18 national certification and this Act.

19 "Approved program of professional nursing education" and
20 "approved program of practical nursing education" are programs
21 of professional or practical nursing, respectively, approved
22 by the Department under the provisions of this Act.

23 "Board" means the Board of Nursing appointed by the
24 Secretary.

25 "Collaboration" means a process involving 2 or more health
26 care professionals working together, each contributing one's

1 respective area of expertise to provide more comprehensive
2 patient care.

3 "Consultation" means the process whereby an advanced
4 practice nurse seeks the advice or opinion of another health
5 care professional.

6 "Credentialed" means the process of assessing and
7 validating the qualifications of a health care professional.

8 "Current nursing practice update course" means a planned
9 nursing education curriculum approved by the Department
10 consisting of activities that have educational objectives,
11 instructional methods, content or subject matter, clinical
12 practice, and evaluation methods, related to basic review and
13 updating content and specifically planned for those nurses
14 previously licensed in the United States or its territories and
15 preparing for reentry into nursing practice.

16 "Dentist" means a person licensed to practice dentistry
17 under the Illinois Dental Practice Act.

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

20 "Impaired nurse" means a nurse licensed under this Act who
21 is unable to practice with reasonable skill and safety because
22 of a physical or mental disability as evidenced by a written
23 determination or written consent based on clinical evidence,
24 including loss of motor skills, abuse of drugs or alcohol, or a
25 psychiatric disorder, of sufficient degree to diminish his or
26 her ability to deliver competent patient care.

1 "License-pending advanced practice nurse" means a
2 registered professional nurse who has completed all
3 requirements for licensure as an advanced practice nurse except
4 the certification examination and has applied to take the next
5 available certification exam and received a temporary license
6 from the Department.

7 "License-pending registered nurse" means a person who has
8 passed the Department-approved registered nurse licensure exam
9 and has applied for a license from the Department. A
10 license-pending registered nurse shall use the title "RN lic
11 pend" on all documentation related to nursing practice.

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

14 "Podiatric physician" means a person licensed to practice
15 podiatry under the Podiatric Medical Practice Act of 1987.

16 "Practical nurse" or "licensed practical nurse" means a
17 person who is licensed as a practical nurse under this Act and
18 practices practical nursing as defined in this Act. Only a
19 practical nurse licensed under this Act is entitled to use the
20 title "licensed practical nurse" and the abbreviation
21 "L.P.N.".

22 "Practical nursing" means the performance of nursing acts
23 requiring the basic nursing knowledge, judgment ~~judgement~~, and
24 skill acquired by means of completion of an approved practical
25 nursing education program. Practical nursing includes
26 assisting in the nursing process as delegated by a registered

1 professional nurse or an advanced practice nurse. The practical
2 nurse may work under the direction of a licensed physician,
3 dentist, podiatric physician, or other health care
4 professional determined by the Department.

5 "Privileged" means the authorization granted by the
6 governing body of a healthcare facility, agency, or
7 organization to provide specific patient care services within
8 well-defined limits, based on qualifications reviewed in the
9 credentialing process.

10 "Registered Nurse" or "Registered Professional Nurse"
11 means a person who is licensed as a professional nurse under
12 this Act and practices nursing as defined in this Act. Only a
13 registered nurse licensed under this Act is entitled to use the
14 titles "registered nurse" and "registered professional nurse"
15 and the abbreviation, "R.N.".

16 "Registered professional nursing practice" is a scientific
17 process founded on a professional body of knowledge; it is a
18 learned profession based on the understanding of the human
19 condition across the life span and environment and includes all
20 nursing specialties and means the performance of any nursing
21 act based upon professional knowledge, judgment, and skills
22 acquired by means of completion of an approved professional
23 nursing education program. A registered professional nurse
24 provides holistic nursing care through the nursing process to
25 individuals, groups, families, or communities, that includes
26 but is not limited to: (1) the assessment of healthcare needs,

1 nursing diagnosis, planning, implementation, and nursing
2 evaluation; (2) the promotion, maintenance, and restoration of
3 health; (3) counseling, patient education, health education,
4 and patient advocacy; (4) the administration of medications and
5 treatments as prescribed by a physician licensed to practice
6 medicine in all of its branches, a licensed dentist, a licensed
7 podiatric physician, or a licensed optometrist or as prescribed
8 by a physician assistant ~~in accordance with written guidelines~~
9 ~~required under the Physician Assistant Practice Act of 1987~~ or
10 by an advanced practice nurse ~~in accordance with Article 65 of~~
11 ~~this Act~~; (5) the coordination and management of the nursing
12 plan of care; (6) the delegation to and supervision of
13 individuals who assist the registered professional nurse
14 implementing the plan of care; and (7) teaching nursing
15 students. The foregoing shall not be deemed to include those
16 acts of medical diagnosis or prescription of therapeutic or
17 corrective measures.

18 "Professional assistance program for nurses" means a
19 professional assistance program that meets criteria
20 established by the Board of Nursing and approved by the
21 Secretary, which provides a non-disciplinary treatment
22 approach for nurses licensed under this Act whose ability to
23 practice is compromised by alcohol or chemical substance
24 addiction.

25 "Secretary" means the Secretary of Financial and
26 Professional Regulation.

1 "Unencumbered license" means a license issued in good
2 standing.

3 "Written collaborative agreement" means a written
4 agreement between an advanced practice nurse and a
5 collaborating physician, dentist, or podiatric physician
6 pursuant to Section 65-35.

7 (Source: P.A. 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

8 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 65-35. Written collaborative agreements.

11 (a) A written collaborative agreement is required for all
12 advanced practice nurses engaged in clinical practice, except
13 for advanced practice nurses who are authorized to practice in
14 a hospital, hospital affiliate, or ambulatory surgical
15 treatment center.

16 (a-5) If an advanced practice nurse engages in clinical
17 practice outside of a hospital, hospital affiliate, or
18 ambulatory surgical treatment center in which he or she is
19 authorized to practice, the advanced practice nurse must have a
20 written collaborative agreement.

21 (b) A written collaborative agreement shall describe the
22 ~~working~~ relationship of the advanced practice nurse with the
23 collaborating physician or podiatric physician and shall
24 describe ~~authorize~~ the categories of care, treatment, or
25 procedures to be provided ~~performed~~ by the advanced practice

1 nurse. A collaborative agreement with a dentist must be in
2 accordance with subsection (c-10) of this Section.
3 Collaboration does not require an employment relationship
4 between the collaborating physician or podiatric physician and
5 advanced practice nurse. ~~Collaboration means the relationship
6 under which an advanced practice nurse works with a
7 collaborating physician or podiatric physician in an active
8 clinical practice to deliver health care services in accordance
9 with (i) the advanced practice nurse's training, education, and
10 experience and (ii) collaboration and consultation as
11 documented in a jointly developed written collaborative
12 agreement.~~

13 ~~The agreement shall promote the exercise of professional
14 judgment by the advanced practice nurse commensurate with his
15 or her education and experience. The services to be provided by
16 the advanced practice nurse shall be services that the
17 collaborating physician or podiatric physician is authorized
18 to and generally provides or may provide in his or her clinical
19 medical or podiatric practice, except as set forth in
20 subsection (b-5) or (c-5) of this Section. The agreement need
21 not describe the exact steps that an advanced practice nurse
22 must take with respect to each specific condition, disease, or
23 symptom but must specify which authorized procedures require
24 the presence of the collaborating physician or podiatric
25 physician as the procedures are being performed. The
26 collaborative relationship under an agreement shall not be~~

1 construed to require the personal presence of a physician or
2 podiatric physician at the place where services are rendered.
3 Methods of communication shall be available for consultation
4 with the collaborating physician or podiatric physician in
5 person or by telecommunications or electronic communications
6 ~~in accordance with established written guidelines~~ as set forth
7 in the written agreement.

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

16 (c) ~~Collaboration and consultation under all collaboration~~
17 ~~agreements shall be adequate if a collaborating physician or~~
18 ~~podiatric physician does each of the following:~~

19 ~~(1) Participates in the joint formulation and joint~~
20 ~~approval of orders or guidelines with the advanced practice~~
21 ~~nurse and he or she periodically reviews such orders and~~
22 ~~the services provided patients under such orders in~~
23 ~~accordance with accepted standards of medical practice or~~
24 ~~podiatric practice and advanced practice nursing practice.~~

25 ~~(2) Provides collaboration and consultation with the~~
26 ~~advanced practice nurse at least once a month. In the case~~

1 ~~of anesthesia services provided by a certified registered~~
2 ~~nurse anesthetist, an anesthesiologist, a physician, a~~
3 ~~dentist, or a podiatric physician must participate through~~
4 ~~discussion of and agreement with the anesthesia plan and~~
5 ~~remain physically present and available on the premises~~
6 ~~during the delivery of anesthesia services for diagnosis,~~
7 ~~consultation, and treatment of emergency medical~~
8 ~~conditions.~~

9 ~~(3) Is available through telecommunications for~~
10 ~~consultation on medical problems, complications, or~~
11 ~~emergencies or patient referral.~~ In the case of anesthesia
12 services provided by a certified registered nurse
13 anesthetist, an anesthesiologist, a physician, a dentist,
14 or a podiatric physician must participate through
15 discussion of and agreement with the anesthesia plan and
16 remain physically present and available on the premises
17 during the delivery of anesthesia services for diagnosis,
18 consultation, and treatment of emergency medical
19 conditions.

20 ~~The agreement must contain provisions detailing notice for~~
21 ~~termination or change of status involving a written~~
22 ~~collaborative agreement, except when such notice is given for~~
23 ~~just cause.~~

24 (c-5) A certified registered nurse anesthetist, who
25 provides anesthesia services outside of a hospital or
26 ambulatory surgical treatment center shall enter into a written

1 collaborative agreement with an anesthesiologist or the
2 physician licensed to practice medicine in all its branches or
3 the podiatric physician performing the procedure. Outside of a
4 hospital or ambulatory surgical treatment center, the
5 certified registered nurse anesthetist may provide only those
6 services that the collaborating podiatric physician is
7 authorized to provide pursuant to the Podiatric Medical
8 Practice Act of 1987 and rules adopted thereunder. A certified
9 registered nurse anesthetist may select, order, and administer
10 medication, including controlled substances, and apply
11 appropriate medical devices for delivery of anesthesia
12 services under the anesthesia plan agreed with by the
13 anesthesiologist or the operating physician or operating
14 podiatric physician.

15 (c-10) A certified registered nurse anesthetist who
16 provides anesthesia services in a dental office shall enter
17 into a written collaborative agreement with an
18 anesthesiologist or the physician licensed to practice
19 medicine in all its branches or the operating dentist
20 performing the procedure. The agreement shall describe the
21 working relationship of the certified registered nurse
22 anesthetist and dentist and shall authorize the categories of
23 care, treatment, or procedures to be performed by the certified
24 registered nurse anesthetist. In a collaborating dentist's
25 office, the certified registered nurse anesthetist may only
26 provide those services that the operating dentist with the

1 appropriate permit is authorized to provide pursuant to the
2 Illinois Dental Practice Act and rules adopted thereunder. For
3 anesthesia services, an anesthesiologist, physician, or
4 operating dentist shall participate through discussion of and
5 agreement with the anesthesia plan and shall remain physically
6 present and be available on the premises during the delivery of
7 anesthesia services for diagnosis, consultation, and treatment
8 of emergency medical conditions. A certified registered nurse
9 anesthetist may select, order, and administer medication,
10 including controlled substances, and apply appropriate medical
11 devices for delivery of anesthesia services under the
12 anesthesia plan agreed with by the operating dentist.

13 (d) A copy of the signed, written collaborative agreement
14 must be available to the Department upon request from both the
15 advanced practice nurse and the collaborating physician,
16 dentist, or podiatric physician.

17 (e) Nothing in this Act shall be construed to limit the
18 delegation of tasks or duties by a physician to a licensed
19 practical nurse, a registered professional nurse, or other
20 persons in accordance with Section 54.2 of the Medical Practice
21 Act of 1987. Nothing in this Act shall be construed to limit
22 the method of delegation that may be authorized by any means,
23 including, but not limited to, oral, written, electronic,
24 standing orders, protocols, guidelines, or verbal orders.
25 Nothing in this Act shall be construed to authorize an advanced
26 practice nurse to provide health care services required by law

1 or rule to be performed by a physician.

2 (f) An advanced practice nurse shall inform each
3 collaborating physician, dentist, or podiatric physician of
4 all collaborative agreements he or she has signed and provide a
5 copy of these to any collaborating physician, dentist, or
6 podiatric physician upon request.

7 (g) (Blank). ~~For the purposes of this Act, "generally~~
8 ~~provides or may provide in his or her clinical medical~~
9 ~~practice" means categories of care or treatment, not specific~~
10 ~~tasks or duties, the physician provides individually or through~~
11 ~~delegation to other persons so that the physician has the~~
12 ~~experience and ability to provide collaboration and~~
13 ~~consultation. This definition shall not be construed to~~
14 ~~prohibit an advanced practice nurse from providing primary~~
15 ~~health treatment or care within the scope of his or her~~
16 ~~training and experience, including, but not limited to, health~~
17 ~~screenings, patient histories, physical examinations, women's~~
18 ~~health examinations, or school physicals that may be provided~~
19 ~~as part of the routine practice of an advanced practice nurse~~
20 ~~or on a volunteer basis.~~

21 ~~For the purposes of this Act, "generally provides or may~~
22 ~~provide in his or her clinical podiatric practice" means~~
23 ~~services, not specific tasks or duties, that the podiatric~~
24 ~~physician routinely provides individually or through~~
25 ~~delegation to other persons so that the podiatric physician has~~
26 ~~the experience and ability to provide collaboration and~~

1 ~~consultation.~~

2 (Source: P.A. 97-358, eff. 8-12-11; 98-192, eff. 1-1-14;
3 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

4 (225 ILCS 65/65-35.1 new)

5 Sec. 65-35.1. Written collaborative agreement; temporary
6 practice. Any advanced practice nurse required to enter into a
7 written collaborative agreement with a collaborating physician
8 or collaborating podiatrist is authorized to continue to
9 practice for up to 90 days after the termination of a
10 collaborative agreement provided the advanced practice nurse
11 seeks any needed collaboration at a local hospital and refers
12 patients who require services beyond the training and
13 experience of the advanced practice nurse to a physician or
14 other health care provider.

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

16 (Section scheduled to be repealed on January 1, 2018)

17 Sec. 65-45. Advanced practice nursing in hospitals,
18 hospital affiliates, or ambulatory surgical treatment centers.

19 (a) An advanced practice nurse may provide services in a
20 hospital or a hospital affiliate as those terms are defined in
21 the Hospital Licensing Act or the University of Illinois
22 Hospital Act or a licensed ambulatory surgical treatment center
23 without a written collaborative agreement pursuant to Section
24 65-35 of this Act. An advanced practice nurse must possess

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

19 (a-2) An advanced practice nurse granted authority to order
20 medications including controlled substances may complete
21 discharge prescriptions provided the prescription is in the
22 name of the advanced practice nurse and the attending or
23 discharging physician.

24 (a-3) Advanced practice nurses practicing in a hospital or
25 an ambulatory surgical treatment center are not required to
26 obtain a mid-level controlled substance license to order

1 controlled substances under Section 303.05 of the Illinois
2 Controlled Substances Act.

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

21 (b) An advanced practice nurse who provides services in a
22 hospital shall do so in accordance with Section 10.7 of the
23 Hospital Licensing Act and, in an ambulatory surgical treatment
24 center, in accordance with Section 6.5 of the Ambulatory
25 Surgical Treatment Center Act.

26 (c) Advanced practice nurses certified as nurse

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

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

22 The hospital affiliate shall file with the Department
23 notice of a grant of prescriptive authority consistent with
24 this subsection (c) and termination of such a grant of
25 authority, in accordance with rules of the Department. Upon
26 receipt of this notice of grant of authority to prescribe any

1 Schedule II through V controlled substances, the licensed
2 advanced practice nurse certified as a nurse practitioner,
3 nurse midwife, or clinical nurse specialist may register for a
4 mid-level practitioner controlled substance license under
5 Section 303.05 of the Illinois Controlled Substances Act.

6 In addition, a hospital affiliate may, but is not required
7 to, grant authority to an advanced practice nurse certified as
8 a nurse practitioner, nurse midwife, or clinical nurse
9 specialist to prescribe any Schedule II controlled substances,
10 if all of the following conditions apply:

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

21 (2) any grant of authority must be controlled
22 substances limited to the practice of the advanced practice
23 nurse;

24 (3) any prescription must be limited to no more than a
25 30-day supply;

26 (4) the advanced practice nurse must discuss the

1 condition of any patients for whom a controlled substance
2 is prescribed monthly with the appropriate physician
3 committee of the hospital affiliate or its physician
4 designee; and

5 (5) the advanced practice nurse must meet the education
6 requirements of Section 303.05 of the Illinois Controlled
7 Substances Act.

8 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)"; and

9 on page 65, immediately below line 24, by inserting the
10 following:

11 "Section 53. The Podiatric Medical Practice Act of 1987 is
12 amended by changing Section 20.5 as follows:

13 (225 ILCS 100/20.5)

14 (Section scheduled to be repealed on January 1, 2018)

15 Sec. 20.5. Delegation of authority to advanced practice
16 nurses.

17 (a) A podiatric physician in active clinical practice may
18 collaborate with an advanced practice nurse in accordance with
19 the requirements of the Nurse Practice Act. Collaboration shall
20 be for the purpose of providing podiatric care ~~consultation~~ and
21 no employment relationship shall be required. A written
22 collaborative agreement shall conform to the requirements of
23 Section 65-35 of the Nurse Practice Act. ~~The written~~

1 ~~collaborative agreement shall be for services the~~
2 ~~collaborating podiatric physician generally provides to his or~~
3 ~~her patients in the normal course of clinical podiatric~~
4 ~~practice, except as set forth in item (3) of this subsection~~

5 ~~(a)~~. A written collaborative agreement and podiatric physician
6 collaboration and consultation shall be adequate with respect
7 to advanced practice nurses if all of the following apply:

8 ~~(1) The agreement is written to promote the exercise of~~
9 ~~professional judgment by the advanced practice nurse~~
10 ~~commensurate with his or her education and experience. The~~
11 ~~agreement need not describe the exact steps that an~~
12 ~~advanced practice nurse must take with respect to each~~
13 ~~specific condition, disease, or symptom, but must specify~~
14 ~~which procedures require a podiatric physician's presence~~
15 ~~as the procedures are being performed.~~

16 ~~(2) Practice guidelines and orders are developed and~~
17 ~~approved jointly by the advanced practice nurse and~~
18 ~~collaborating podiatric physician, as needed, based on the~~
19 ~~practice of the practitioners. Such guidelines and orders~~
20 ~~and the patient services provided thereunder are~~
21 ~~periodically reviewed by the collaborating podiatric~~
22 ~~physician.~~

23 (1) ~~(3) The advance practice nurse provides services~~
24 ~~that the collaborating podiatric physician generally~~
25 ~~provides to his or her patients in the normal course of~~
26 ~~clinical practice. With respect to the provision of~~

1 anesthesia services by a certified registered nurse
2 anesthetist, the collaborating podiatric physician must
3 have training and experience in the delivery of anesthesia
4 consistent with Department rules.

5 ~~(4) The collaborating podiatric physician and the~~
6 ~~advanced practice nurse consult at least once a month to~~
7 ~~provide collaboration and consultation.~~

8 (2) ~~(5)~~ Methods of communication are available with the
9 collaborating podiatric physician in person or through
10 telecommunications or electronic communications for
11 consultation, collaboration, and referral as needed to
12 address patient care needs.

13 (3) ~~(6)~~ With respect to the provision of anesthesia
14 services by a certified registered nurse anesthetist, an
15 anesthesiologist, physician, or podiatric physician shall
16 participate through discussion of and agreement with the
17 anesthesia plan and shall remain physically present and be
18 available on the premises during the delivery of anesthesia
19 services for diagnosis, consultation, and treatment of
20 emergency medical conditions. The anesthesiologist or
21 operating podiatric physician must agree with the
22 anesthesia plan prior to the delivery of services.

23 ~~(7) The agreement contains provisions detailing notice~~
24 ~~for termination or change of status involving a written~~
25 ~~collaborative agreement, except when such notice is given~~
26 ~~for just cause.~~

1 (b) The collaborating podiatric physician shall have
2 access to the records of all patients attended to by an
3 advanced practice nurse.

4 (c) Nothing in this Section shall be construed to limit the
5 delegation of tasks or duties by a podiatric physician to a
6 licensed practical nurse, a registered professional nurse, or
7 other appropriately trained persons.

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

17 (e) A podiatric physician, may, but is not required to
18 delegate prescriptive authority to an advanced practice nurse
19 as part of a written collaborative agreement and the delegation
20 of prescriptive authority shall conform to the requirements of
21 Section 65-40 of the Nurse Practice Act.

22 (Source: P.A. 97-358, eff. 8-12-11; 97-813, eff. 7-13-12;
23 98-214, eff. 8-9-13.)"; and

24 on page 85, immediately below line 3, by inserting the
25 following:

1 "Section 63. The Illinois Public Aid Code is amended by
2 changing Section 5-8 as follows:

3 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

4 Sec. 5-8. Practitioners. In supplying medical assistance,
5 the Illinois Department may provide for the legally authorized
6 services of (i) persons licensed under the Medical Practice Act
7 of 1987, as amended, except as hereafter in this Section
8 stated, whether under a general or limited license, (ii)
9 persons licensed under the Nurse Practice Act as advanced
10 practice nurses, regardless of whether or not the persons have
11 written collaborative agreements, (iii) persons licensed or
12 registered under other laws of this State to provide dental,
13 medical, pharmaceutical, optometric, podiatric, or nursing
14 services, or other remedial care recognized under State law,
15 and (iv) ~~(iii)~~ persons licensed under other laws of this State
16 as a clinical social worker. The Department may not provide for
17 legally authorized services of any physician who has been
18 convicted of having performed an abortion procedure in a wilful
19 and wanton manner on a woman who was not pregnant at the time
20 such abortion procedure was performed. The utilization of the
21 services of persons engaged in the treatment or care of the
22 sick, which persons are not required to be licensed or
23 registered under the laws of this State, is not prohibited by
24 this Section.

1 (Source: P.A. 95-518, eff. 8-28-07.)"; and

2 on page 140, immediately below line 5, by inserting the
3 following:

4 "Section 120. The Illinois Controlled Substances Act is
5 amended by changing Sections 102 and 303.05 as follows:

6 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

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

9 (a) "Addict" means any person who habitually uses any drug,
10 chemical, substance or dangerous drug other than alcohol so as
11 to endanger the public morals, health, safety or welfare or who
12 is so far addicted to the use of a dangerous drug or controlled
13 substance other than alcohol as to have lost the power of self
14 control with reference to his or her addiction.

15 (b) "Administer" means the direct application of a
16 controlled substance, whether by injection, inhalation,
17 ingestion, or any other means, to the body of a patient,
18 research subject, or animal (as defined by the Humane
19 Euthanasia in Animal Shelters Act) by:

20 (1) a practitioner (or, in his or her presence, by his
21 or her authorized agent),

22 (2) the patient or research subject pursuant to an
23 order, or

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

3 (c) "Agent" means an authorized person who acts on behalf
4 of or at the direction of a manufacturer, distributor,
5 dispenser, prescriber, or practitioner. It does not include a
6 common or contract carrier, public warehouseman or employee of
7 the carrier or warehouseman.

8 (c-1) "Anabolic Steroids" means any drug or hormonal
9 substance, chemically and pharmacologically related to
10 testosterone (other than estrogens, progestins,
11 corticosteroids, and dehydroepiandrosterone), and includes:

- 12 (i) 3[beta] ,17-dihydroxy-5a-androstane,
13 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
14 (iii) 5[alpha] -androst-3,17-dione,
15 (iv) 1-androstenediol (3[beta] ,
16 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
17 (v) 1-androstenediol (3[alpha] ,
18 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
19 (vi) 4-androstenediol
20 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
21 (vii) 5-androstenediol
22 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
23 (viii) 1-androstenedione
24 ([5alpha] -androst-1-en-3,17-dione),
25 (ix) 4-androstenedione
26 (androst-4-en-3,17-dione),

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

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

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

1 (estra-4,9(10)-diene-3,17-dione),
2 (xlvi) 19-nor-4-androstenedione (estr-4-
3 en-3,17-dione),
4 (xlix) 19-nor-5-androstenedione (estr-5-
5 en-3,17-dione),
6 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
7 hydroxygon-4-en-3-one),
8 (li) norclostebol (4-chloro-17[beta] -
9 hydroxyestr-4-en-3-one),
10 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
11 hydroxyestr-4-en-3-one),
12 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
13 hydroxyestr-4-en-3-one),
14 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
15 2-oxa-5[alpha] -androstan-3-one),
16 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
17 dihydroxyandrost-4-en-3-one),
18 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
19 17[beta] -hydroxy- (5[alpha] -androstan-3-one),
20 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
21 (5[alpha] -androst-2-eno[3,2-c] -pyrazole),
22 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
23 (5[alpha] -androst-1-en-3-one),
24 (lix) testolactone (13-hydroxy-3-oxo-13,17-
25 secoandrosta-1,4-dien-17-oic
26 acid lactone),

- 1 (lx) testosterone (17[beta] -hydroxyandrost-
2 4-en-3-one),
3 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
4 diethyl-17[beta] -hydroxygon-
5 4,9,11-trien-3-one),
6 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
7 11-trien-3-one).

8 Any person who is otherwise lawfully in possession of an
9 anabolic steroid, or who otherwise lawfully manufactures,
10 distributes, dispenses, delivers, or possesses with intent to
11 deliver an anabolic steroid, which anabolic steroid is
12 expressly intended for and lawfully allowed to be administered
13 through implants to livestock or other nonhuman species, and
14 which is approved by the Secretary of Health and Human Services
15 for such administration, and which the person intends to
16 administer or have administered through such implants, shall
17 not be considered to be in unauthorized possession or to
18 unlawfully manufacture, distribute, dispense, deliver, or
19 possess with intent to deliver such anabolic steroid for
20 purposes of this Act.

21 (d) "Administration" means the Drug Enforcement
22 Administration, United States Department of Justice, or its
23 successor agency.

24 (d-5) "Clinical Director, Prescription Monitoring Program"
25 means a Department of Human Services administrative employee
26 licensed to either prescribe or dispense controlled substances

1 who shall run the clinical aspects of the Department of Human
2 Services Prescription Monitoring Program and its Prescription
3 Information Library.

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

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

23 (f) "Controlled Substance" means (i) a drug, substance, or
24 immediate precursor in the Schedules of Article II of this Act
25 or (ii) a drug or other substance, or immediate precursor,
26 designated as a controlled substance by the Department through

1 administrative rule. The term does not include distilled
2 spirits, wine, malt beverages, or tobacco, as those terms are
3 defined or used in the Liquor Control Act of 1934 and the
4 Tobacco Products Tax Act of 1995.

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

6 (1) the chemical structure of which is substantially
7 similar to the chemical structure of a controlled substance
8 in Schedule I or II;

9 (2) which has a stimulant, depressant, or
10 hallucinogenic effect on the central nervous system that is
11 substantially similar to or greater than the stimulant,
12 depressant, or hallucinogenic effect on the central
13 nervous system of a controlled substance in Schedule I or
14 II; or

15 (3) with respect to a particular person, which such
16 person represents or intends to have a stimulant,
17 depressant, or hallucinogenic effect on the central
18 nervous system that is substantially similar to or greater
19 than the stimulant, depressant, or hallucinogenic effect
20 on the central nervous system of a controlled substance in
21 Schedule I or II.

22 (g) "Counterfeit substance" means a controlled substance,
23 which, or the container or labeling of which, without
24 authorization bears the trademark, trade name, or other
25 identifying mark, imprint, number or device, or any likeness
26 thereof, of a manufacturer, distributor, or dispenser other

1 than the person who in fact manufactured, distributed, or
2 dispensed the substance.

3 (h) "Deliver" or "delivery" means the actual, constructive
4 or attempted transfer of possession of a controlled substance,
5 with or without consideration, whether or not there is an
6 agency relationship.

7 (i) "Department" means the Illinois Department of Human
8 Services (as successor to the Department of Alcoholism and
9 Substance Abuse) or its successor agency.

10 (j) (Blank).

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

13 (l) "Department of Financial and Professional Regulation"
14 means the Department of Financial and Professional Regulation
15 of the State of Illinois or its successor agency.

16 (m) "Depressant" means any drug that (i) causes an overall
17 depression of central nervous system functions, (ii) causes
18 impaired consciousness and awareness, and (iii) can be
19 habit-forming or lead to a substance abuse problem, including
20 but not limited to alcohol, cannabis and its active principles
21 and their analogs, benzodiazepines and their analogs,
22 barbiturates and their analogs, opioids (natural and
23 synthetic) and their analogs, and chloral hydrate and similar
24 sedative hypnotics.

25 (n) (Blank).

26 (o) "Director" means the Director of the Illinois State

1 Police or his or her designated agents.

2 (p) "Dispense" means to deliver a controlled substance to
3 an ultimate user or research subject by or pursuant to the
4 lawful order of a prescriber, including the prescribing,
5 administering, packaging, labeling, or compounding necessary
6 to prepare the substance for that delivery.

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

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

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

11 (t) "Drug" means (1) substances recognized as drugs in the
12 official United States Pharmacopoeia, Official Homeopathic
13 Pharmacopoeia of the United States, or official National
14 Formulary, or any supplement to any of them; (2) substances
15 intended for use in diagnosis, cure, mitigation, treatment, or
16 prevention of disease in man or animals; (3) substances (other
17 than food) intended to affect the structure of any function of
18 the body of man or animals and (4) substances intended for use
19 as a component of any article specified in clause (1), (2), or
20 (3) of this subsection. It does not include devices or their
21 components, parts, or accessories.

22 (t-5) "Euthanasia agency" means an entity certified by the
23 Department of Financial and Professional Regulation for the
24 purpose of animal euthanasia that holds an animal control
25 facility license or animal shelter license under the Animal
26 Welfare Act. A euthanasia agency is authorized to purchase,

1 store, possess, and utilize Schedule II nonnarcotic and
2 Schedule III nonnarcotic drugs for the sole purpose of animal
3 euthanasia.

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

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

19 (1) lack of consistency of prescriber-patient
20 relationship,

21 (2) frequency of prescriptions for same drug by one
22 prescriber for large numbers of patients,

23 (3) quantities beyond those normally prescribed,

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

1 (5) unusual geographic distances between patient,
2 pharmacist and prescriber,

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

4 (u-0.5) "Hallucinogen" means a drug that causes markedly
5 altered sensory perception leading to hallucinations of any
6 type.

7 (u-1) "Home infusion services" means services provided by a
8 pharmacy in compounding solutions for direct administration to
9 a patient in a private residence, long-term care facility, or
10 hospice setting by means of parenteral, intravenous,
11 intramuscular, subcutaneous, or intraspinal infusion.

12 (u-5) "Illinois State Police" means the State Police of the
13 State of Illinois, or its successor agency.

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

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

19 (2) which is an immediate chemical intermediary used or
20 likely to be used in the manufacture of such controlled
21 substance; and

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

25 (w) "Instructional activities" means the acts of teaching,
26 educating or instructing by practitioners using controlled

1 substances within educational facilities approved by the State
2 Board of Education or its successor agency.

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

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

21 (a) statements made by the owner or person in control
22 of the substance concerning its nature, use or effect;

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

25 (c) whether the substance is packaged in a manner
26 normally used for the illegal distribution of controlled

1 substances;

2 (d) whether the distribution or attempted distribution
3 included an exchange of or demand for money or other
4 property as consideration, and whether the amount of the
5 consideration was substantially greater than the
6 reasonable retail market value of the substance.

7 Clause (1) of this subsection (y) shall not apply to a
8 noncontrolled substance in its finished dosage form that was
9 initially introduced into commerce prior to the initial
10 introduction into commerce of a controlled substance in its
11 finished dosage form which it may substantially resemble.

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

18 Nothing in this subsection (y) or in this Act prohibits the
19 manufacture, preparation, propagation, compounding,
20 processing, packaging, advertising or distribution of a drug or
21 drugs by any person registered pursuant to Section 510 of the
22 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

23 (y-1) "Mail-order pharmacy" means a pharmacy that is
24 located in a state of the United States that delivers,
25 dispenses or distributes, through the United States Postal
26 Service or other common carrier, to Illinois residents, any

1 substance which requires a prescription.

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

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

13 (2) by a practitioner, or his or her authorized agent
14 under his or her supervision, the preparation,
15 compounding, packaging, or labeling of a controlled
16 substance:

17 (a) as an incident to his or her administering or
18 dispensing of a controlled substance in the course of
19 his or her professional practice; or

20 (b) as an incident to lawful research, teaching or
21 chemical analysis and not for sale.

22 (z-1) (Blank).

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

25 (z-10) "Mid-level practitioner" means (i) a physician
26 assistant who has been delegated authority to prescribe through

1 a written delegation of authority by a physician licensed to
2 practice medicine in all of its branches, in accordance with
3 Section 7.5 of the Physician Assistant Practice Act of 1987,
4 (ii) an advanced practice nurse who has been delegated
5 authority to prescribe through a written delegation of
6 authority by a physician licensed to practice medicine in all
7 of its branches or by a podiatric physician, in accordance with
8 Section 65-40 of the Nurse Practice Act, (iii) an advanced
9 practice nurse certified as a nurse practitioner, nurse
10 midwife, or clinical nurse specialist who has been granted
11 authority to prescribe by a hospital affiliate in accordance
12 with Section 65-45 of the Nurse Practice Act, (iv) an animal
13 euthanasia agency, or (v) ~~(iv)~~ a prescribing psychologist.

14 (aa) "Narcotic drug" means any of the following, whether
15 produced directly or indirectly by extraction from substances
16 of vegetable origin, or independently by means of chemical
17 synthesis, or by a combination of extraction and chemical
18 synthesis:

19 (1) opium, opiates, derivatives of opium and opiates,
20 including their isomers, esters, ethers, salts, and salts
21 of isomers, esters, and ethers, whenever the existence of
22 such isomers, esters, ethers, and salts is possible within
23 the specific chemical designation; however the term
24 "narcotic drug" does not include the isoquinoline
25 alkaloids of opium;

26 (2) (blank);

1 (3) opium poppy and poppy straw;

2 (4) coca leaves, except coca leaves and extracts of
3 coca leaves from which substantially all of the cocaine and
4 ecgonine, and their isomers, derivatives and salts, have
5 been removed;

6 (5) cocaine, its salts, optical and geometric isomers,
7 and salts of isomers;

8 (6) ecgonine, its derivatives, their salts, isomers,
9 and salts of isomers;

10 (7) any compound, mixture, or preparation which
11 contains any quantity of any of the substances referred to
12 in subparagraphs (1) through (6).

13 (bb) "Nurse" means a registered nurse licensed under the
14 Nurse Practice Act.

15 (cc) (Blank).

16 (dd) "Opiate" means any substance having an addiction
17 forming or addiction sustaining liability similar to morphine
18 or being capable of conversion into a drug having addiction
19 forming or addiction sustaining liability.

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

22 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
23 solution or other liquid form of medication intended for
24 administration by mouth, but the term does not include a form
25 of medication intended for buccal, sublingual, or transmucosal
26 administration.

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

3 (gg) "Person" means any individual, corporation,
4 mail-order pharmacy, government or governmental subdivision or
5 agency, business trust, estate, trust, partnership or
6 association, or any other entity.

7 (hh) "Pharmacist" means any person who holds a license or
8 certificate of registration as a registered pharmacist, a local
9 registered pharmacist or a registered assistant pharmacist
10 under the Pharmacy Practice Act.

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

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

16 (ii-10) "Physician" (except when the context otherwise
17 requires) means a person licensed to practice medicine in all
18 of its branches.

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

21 (kk) "Practitioner" means a physician licensed to practice
22 medicine in all its branches, dentist, optometrist, podiatric
23 physician, veterinarian, scientific investigator, pharmacist,
24 physician assistant, advanced practice nurse, licensed
25 practical nurse, registered nurse, hospital, laboratory, or
26 pharmacy, or other person licensed, registered, or otherwise

1 lawfully permitted by the United States or this State to
2 distribute, dispense, conduct research with respect to,
3 administer or use in teaching or chemical analysis, a
4 controlled substance in the course of professional practice or
5 research.

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

11 (mm) "Prescriber" means a physician licensed to practice
12 medicine in all its branches, dentist, optometrist,
13 prescribing psychologist licensed under Section 4.2 of the
14 Clinical Psychologist Licensing Act with prescriptive
15 authority delegated under Section 4.3 of the Clinical
16 Psychologist Licensing Act, podiatric physician, or
17 veterinarian who issues a prescription, a physician assistant
18 who issues a prescription for a controlled substance in
19 accordance with Section 303.05, a written delegation, and a
20 written supervision agreement required under Section 7.5 of the
21 Physician Assistant Practice Act of 1987, ~~or~~ an advanced
22 practice nurse with prescriptive authority delegated under
23 Section 65-40 of the Nurse Practice Act and in accordance with
24 Section 303.05, a written delegation, and a written
25 collaborative agreement under Section 65-35 of the Nurse
26 Practice Act, or an advanced practice nurse certified as a

1 nurse practitioner, nurse midwife, or clinical nurse
2 specialist who has been granted authority to prescribe by a
3 hospital affiliate in accordance with Section 65-45 of the
4 Nurse Practice Act and in accordance with Section 303.05.

5 (nn) "Prescription" means a written, facsimile, or oral
6 order, or an electronic order that complies with applicable
7 federal requirements, of a physician licensed to practice
8 medicine in all its branches, dentist, podiatric physician or
9 veterinarian for any controlled substance, of an optometrist
10 for a Schedule II, III, IV, or V controlled substance in
11 accordance with Section 15.1 of the Illinois Optometric
12 Practice Act of 1987, of a prescribing psychologist licensed
13 under Section 4.2 of the Clinical Psychologist Licensing Act
14 with prescriptive authority delegated under Section 4.3 of the
15 Clinical Psychologist Licensing Act, of a physician assistant
16 for a controlled substance in accordance with Section 303.05, a
17 written delegation, and a written supervision agreement
18 required under Section 7.5 of the Physician Assistant Practice
19 Act of 1987, ~~or~~ of an advanced practice nurse with prescriptive
20 authority delegated under Section 65-40 of the Nurse Practice
21 Act who issues a prescription for a controlled substance in
22 accordance with Section 303.05, a written delegation, and a
23 written collaborative agreement under Section 65-35 of the
24 Nurse Practice Act, or of an advanced practice nurse certified
25 as a nurse practitioner, nurse midwife, or clinical nurse
26 specialist who has been granted authority to prescribe by a

1 hospital affiliate in accordance with Section 65-45 of the
2 Nurse Practice Act and in accordance with Section 303.05 when
3 required by law.

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

7 (nn-10) "Prescription Monitoring Program" (PMP) means the
8 entity that collects, tracks, and stores reported data on
9 controlled substances and select drugs pursuant to Section 316.

10 (oo) "Production" or "produce" means manufacture,
11 planting, cultivating, growing, or harvesting of a controlled
12 substance other than methamphetamine.

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

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

18 (qq-5) "Secretary" means, as the context requires, either
19 the Secretary of the Department or the Secretary of the
20 Department of Financial and Professional Regulation, and the
21 Secretary's designated agents.

22 (rr) "State" includes the State of Illinois and any state,
23 district, commonwealth, territory, insular possession thereof,
24 and any area subject to the legal authority of the United
25 States of America.

26 (rr-5) "Stimulant" means any drug that (i) causes an

1 overall excitation of central nervous system functions, (ii)
2 causes impaired consciousness and awareness, and (iii) can be
3 habit-forming or lead to a substance abuse problem, including
4 but not limited to amphetamines and their analogs,
5 methylphenidate and its analogs, cocaine, and phencyclidine
6 and its analogs.

7 (ss) "Ultimate user" means a person who lawfully possesses
8 a controlled substance for his or her own use or for the use of
9 a member of his or her household or for administering to an
10 animal owned by him or her or by a member of his or her
11 household.

12 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,
13 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;
14 revised 10-1-14.)

15 (720 ILCS 570/303.05)

16 Sec. 303.05. Mid-level practitioner registration.

17 (a) The Department of Financial and Professional
18 Regulation shall register licensed physician assistants,
19 licensed advanced practice nurses, and prescribing
20 psychologists licensed under Section 4.2 of the Clinical
21 Psychologist Licensing Act to prescribe and dispense
22 controlled substances under Section 303 and euthanasia
23 agencies to purchase, store, or administer animal euthanasia
24 drugs under the following circumstances:

25 (1) with respect to physician assistants,

1 (A) the physician assistant has been delegated
2 written authority to prescribe any Schedule III
3 through V controlled substances by a physician
4 licensed to practice medicine in all its branches in
5 accordance with Section 7.5 of the Physician Assistant
6 Practice Act of 1987; and the physician assistant has
7 completed the appropriate application forms and has
8 paid the required fees as set by rule; or

9 (B) the physician assistant has been delegated
10 authority by a supervising physician licensed to
11 practice medicine in all its branches to prescribe or
12 dispense Schedule II controlled substances through a
13 written delegation of authority and under the
14 following conditions:

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

25 (ii) any delegation must be of controlled
26 substances prescribed by the supervising

1 physician;

2 (iii) all prescriptions must be limited to no
3 more than a 30-day supply, with any continuation
4 authorized only after prior approval of the
5 supervising physician;

6 (iv) the physician assistant must discuss the
7 condition of any patients for whom a controlled
8 substance is prescribed monthly with the
9 delegating physician;

10 (v) the physician assistant must have
11 completed the appropriate application forms and
12 paid the required fees as set by rule;

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

22 (vii) the physician assistant must annually
23 complete at least 5 hours of continuing education
24 in pharmacology;

25 (2) with respect to advanced practice nurses,

26 (A) the advanced practice nurse has been delegated

1 authority to prescribe any Schedule III through V
2 controlled substances by a collaborating physician
3 licensed to practice medicine in all its branches or a
4 collaborating podiatric physician in accordance with
5 Section 65-40 of the Nurse Practice Act. The advanced
6 practice nurse has completed the appropriate
7 application forms and has paid the required fees as set
8 by rule; or

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

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

26 (ii) any delegation must be of controlled

1 substances prescribed by the collaborating
2 physician or podiatric physician;

3 (iii) all prescriptions must be limited to no
4 more than a 30-day supply, with any continuation
5 authorized only after prior approval of the
6 collaborating physician or podiatric physician;

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

13 (v) the advanced practice nurse must have
14 completed the appropriate application forms and
15 paid the required fees as set by rule;

16 (vi) the advanced practice nurse must provide
17 evidence of satisfactory completion of at least 45
18 graduate contact hours in pharmacology for any new
19 license issued with Schedule II authority after
20 the effective date of this amendatory Act of the
21 97th General Assembly; and

22 (vii) the advanced practice nurse must
23 annually complete 5 hours of continuing education
24 in pharmacology;

25 (2.5) with respect to advanced practice nurses
26 certified as nurse practitioners, nurse midwives, or

1 clinical nurse specialists practicing in a hospital
2 affiliate,

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

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

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

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

6 (ii) any grant of authority must be controlled
7 substances limited to the practice of the advanced
8 practice nurse;

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

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

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

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

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

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

5 (b) The mid-level practitioner shall only be licensed to
6 prescribe those schedules of controlled substances for which a
7 licensed physician or licensed podiatric physician has
8 delegated prescriptive authority, except that an animal
9 euthanasia agency does not have any prescriptive authority. A
10 physician assistant and an advanced practice nurse are
11 prohibited from prescribing medications and controlled
12 substances not set forth in the required written delegation of
13 authority.

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

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

24 (e) A supervising physician may, but is not required to,
25 delegate prescriptive authority to a physician assistant as
26 part of a written supervision agreement, and the delegation of

1 prescriptive authority shall conform to the requirements of
2 Section 7.5 of the Physician Assistant Practice Act of 1987.

3 (f) Nothing in this Section shall be construed to prohibit
4 generic substitution.

5 (Source: P.A. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;
6 97-813, eff. 7-13-12; 98-214, eff. 8-9-13; 98-668, eff.
7 6-25-14.)".