HB3450

LRB104 10056 AAS 20127 b

104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB3450

Introduced 2/18/2025, by Rep. Terra Costa Howard

SYNOPSIS AS INTRODUCED:

New Act
225 ILCS 60/54.5
720 ILCS 570/102 from Ch. 56 1/2, par. 1102

Creates the Naturopathic Medical Practice Act. Provides for the licensure of naturopathic doctors. Sets forth the qualifications for licensure. Provides the scope of practice of naturopathic doctors. Requires a person licensed under the Act to use specified titles and prohibits a person not licensed under the Act from using specified titles. Creates the Naturopathic Medical Board to oversee the licensure of naturopathic doctors and matters relating to training and licensure of naturopathic doctors. Sets forth the membership and duties of the Board. Contains provisions concerning approved naturopathic medical educational programs; displaying licenses; written collaboration agreements; prohibited actions by a licensee; exemptions; license expiration, renewal, denial, revocation, and continuing education; grounds for disciplinary action; investigations, notice, and hearings; records of proceedings at formal hearings; and confidentiality. Amends the Medical Practice Act of 1987. Authorizes physicians to collaborate with a naturopathic doctor in accordance with the requirements of the Naturopathic Medical Practice Act. Amends the Illinois Controlled Substances Act. Adds naturopathic doctors to meaning of "prescriber" and "prescription". Effective immediately.

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A BILL FOR

AN ACT concerning regulation.

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

Section 1. Short title. This Act may be cited as the Naturopathic Medical Practice Act.

Section 5. Purpose and findings. The practice of naturopathic medicine in the State is declared to affect the public health, safety, and welfare and to be subject to regulation and control in the public interest. It is further declared to be a matter of public interest that naturopathic doctors and the practice of naturopathic medicine, as defined in this Act, merit the confidence of the public, that only qualified persons be authorized to practice naturopathic medicine in the State, and that no person shall practice naturopathic medicine without a valid existing license to do so.

The State is facing an unprecedented primary care shortage in urban counties and an even higher shortage in rural counties. Naturopathic doctors with a proper scope of practice can help fill this void.

The General Assembly recognizes that naturopathic doctors comprise a distinct health care profession that affects the public health, safety, and welfare and that licensure of

naturopathic doctors will increase freedom of choice in health care and help address the primary care shortage in the State. This Act shall be liberally construed to best carry out these subjects and purposes.

Section 10. Definitions. In this Act:

"Approved naturopathic medical educational program" means an educational program that the Board has approved as meeting the requirements of Section 20 of this Act and that prepares naturopathic doctors for the practice of naturopathic medicine.

"Association" means an entity that is approved by the American Association of Naturopathic Physicians and that represents the interests of naturopathic doctors in this State.

"Board" means the Naturopathic Medical Board established under Section 80 of this Act.

"Clinical laboratory procedure" means the use of venipuncture consistent with naturopathic medical practice, commonly used diagnostic modalities consistent with naturopathic practice, the recording of a patient's health history, physical examination, ordering and interpretation of radiographic diagnostics, and other standard imaging and examination of body orifices, excluding endoscopy and colonoscopy. "Clinical laboratory procedure" includes the practice of obtaining samples of human tissues, except

surgical excision beyond surgical excision that is authorized as a minor office procedure.

"Department" mean the Department of Financial and Professional Regulation.

"Homeopathic medicine" means a system of medicine based on the use of infinitesimal doses of substances capable of producing symptoms similar to those of the disease treated, as listed in the Homeopathic Pharmacopoeia of the United States.

"Hygiene" means the use of preventive techniques, including personal hygiene for asepsis, public health, and safety.

"Laboratory examination" means:

(1) phlebotomy;

(2) a clinical laboratory procedure;

(3) an orificial examination;

(4) a physiological function test; and

(5) a screening or test that is consistent with naturopathic education and training.

"Legend drug" has the same meaning as set forth in Section 3.23 of the Illinois Food, Drug and Cosmetic Act.

"License" means a license issued by the Board to an individual pursuant to this Act and rules authorizing that individual to practice naturopathic medicine in this State.

"Licensee" means a naturopathic doctor licensed by the Board to practice naturopathic medicine in this State.

"Minor office procedure" includes:

(1) the treatment of superficial lacerations, lesions, or abrasions, excluding surgical care to treat a lesion suspected of malignancy;

(2) the removal of foreign bodies located in superficial structures, excluding the globe of the eye;

(3) trigger point therapy;

(4) dermal stimulation; and

(5) the use of antiseptics and topical or local anesthetics.

"Naturopathic doctor" means an individual licensed under this Act as a naturopathic doctor to practice naturopathic medicine in this State as a primary care provider.

"Naturopathic medicine" means:

(1) a system of health care for the prevention, diagnosis, and treatment of human health conditions, injury, and disease;

(2) the promotion or restoration of health; and

(3) the support and stimulation of a patient's inherent self-healing processes through patient education and the use of naturopathic therapies and therapeutic substances.

"Naturopathic physical medicine" means the use of one or more of the following physical agents in a manner consistent with naturopathic medical practice on a part or the whole of the body, by hand or by mechanical means, in the resolution of a human ailment or conditions:

(1) air;

(2) water;

(3) heat;

(4) cold;

(5) sound;

(6) light;

(7) electromagnetism;

(8) soft tissue therapy;

(9) joint mobilization;

(10) therapeutic exercise; or

(11) naturopathic manipulation.

"Naturopathic therapy" means the use of:

(1) naturopathic physical medicine;

(2) suggestion;

(3) hygiene;

(4) a therapeutic substance;

(5) nutrition and food science;

(6) homeopathic medicine;

(7) a clinical laboratory procedure; or

(8) a minor office procedure.

"Nutrition and food science" means the prevention and treatment of disease or other human conditions through the use of food, water, herbs, roots, bark, or natural food elements.

"Prescription" has the same meaning as set forth in Section 3 of the Pharmacy Practice Act.

"Professional examination" means a competency based

naturopathic doctor licensing examination as determined by Department rule.

"Suggestion" means a technique using:

(1) biofeedback;

(2) health education; or

(3) health counseling.

"Telehealth" or "telepractice" means the delivery of services under this Act by using electronic communication, information technologies, or other means between an individual licensed under this Act in one location and a patient or client in another location, with or without an intervening healthcare provider. "Telehealth" or "telepractice" includes direct, interactive patient encounters, asynchronous store-and-forward technologies, and remote monitoring. Telehealth or telepractice is not prohibited under this Act if the provision of telehealth or telepractice services is appropriate for the client and the level of care provided meets the required level of care for that client. Individuals providing services regulated by this Act via telepractice shall comply with and are subject to all licensing and disciplinary provisions of this Act.

"Therapeutic substance" means any of the following exemplified in a standard naturopathic medical text, journal, or pharmacopoeia:

(1) a vitamin;

(2) a mineral;

(3) a nutraceutical;

(4) a botanical medicine;

(5) oxygen;

(6) a homeopathic medicine;

(7) a hormone;

(8) a hormonal or pharmaceutical contraceptive device;

(9) an enzyme; or

(10) other physiologic substance.

Section 15. Qualifications for licensure. The Board shall license an applicant who:

(1) submits, in accordance with rules of the Department, the following items to the Board:

(A) an application for licensure designed and approved by the Board and submitted in accordance with rules of the Department;

(B) an application fee submitted in an amount and manner established by rules of the Department;

(C) evidence that the applicant has graduated from a Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body, approved naturopathic medical education program;

(D) evidence that the applicant has passed a professional examination authorized by rule of the Department and administered by the North American Board of Naturopathic Examiners or its successor;

(E) evidence that the applicant has passed a minor surgery examination authorized by rules of the Department and administered by the North American Board of Naturopathic Examiners or its successor; and

(F) evidence that the applicant has passed a jurisprudence examination conducted by the Naturopathic Medical Board;

(2) is determined by the Board to be physically and mentally capable of safely practicing naturopathic medicine with or without reasonable accommodation; and

(3) has not had a license to practice naturopathic medicine or other health care license, registration, or certificate refused, revoked, or suspended by any other jurisdiction for reasons that relate to the applicant's ability to skillfully and safely practice naturopathic medicine unless that license, registration, or certification has been restored to good standing by that jurisdiction.

Section 20. Approved naturopathic medical educational program. The Department shall establish, by rule, guidelines for an approved naturopathic medical educational program, which guidelines shall meet the following requirements and the Department's specifications for the education of naturopathic doctors. The approved naturopathic medical educational program shall:

(1) offer graduate-level, full-time didactic and supervised clinical training;

(2) be accredited, or have achieved candidacy status for accreditation, by the Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body for naturopathic medical programs that is also recognized by the Department; and

(3) be conducted by an institution of higher education, or a division of an institution of higher education, that:

(A) is accredited or is a candidate for accreditation by a regional or national institutional accrediting agency recognized by the United States Secretary of Education or a diploma-granting, degree-equivalent college or university; or

(B) meets equivalent standards for recognition of accreditation established by rules of the Department for medical education programs offered in Canada.

Section 25. Display of license. A licensee shall display the licensee's license in the licensee's place of business in a location clearly visible to the licensee's patients and shall also display evidence of the licensee having completed an approved naturopathic medical educational program.

Section 30. Written collaborative agreements; prescriptive

authority.

(a) A written collaborative agreement is required for all naturopathic doctors to practice in the State, except as provided in Section 35 and Section 40.

(b) A written collaborative agreement shall describe the working relationship of the naturopathic doctor with the collaborating physician and shall describe the categories of care, treatment, or procedures to be provided by the naturopathic doctor. The written collaborative agreement shall promote the exercise of professional judgment by the naturopathic doctor commensurate with his or her education, training and experience. The services to be provided by the naturopathic doctor shall be services that the collaborating physician is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice. The written collaborative agreement need not describe the exact steps that a naturopathic doctor must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the presence of the collaborating physician as the procedures are being performed. The relationship under a written collaborative agreement shall not be construed to require the personal presence of a physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician in person or by telecommunications or electronic communications as set forth

in the written collaborative agreement. For the purposes of this Section, "generally provides to his or her patients in the normal course of his or her clinical medical practice" means services, not specific tasks or duties, the collaborating physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to collaborate and provide consultation.

(c) The written collaborative agreement shall be adequate if a physician:

(1) participates in the joint formulation and joint approval of orders or guidelines with the naturopathic doctor and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and naturopathic doctor practice; and

(2) provides consultation at least once a month.

(d) A copy of the signed, written collaborative agreement must be available to the Department upon request from both the naturopathic doctor and the collaborating physician.

(e) A naturopathic doctor shall inform each collaborating physician of all written collaborative agreements he or she has signed and provide a copy of these to any collaborating physician upon request.

(f) A collaborating physician may, but is not required to, delegate prescriptive authority to a naturopathic doctor as

part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing medical devices, over-the-counter medications, legend drugs excluding controlled substances, and other preparations, including, but not limited to, botanical and herbal remedies.

(g) The collaborating physician shall file with the Department notice of delegation of prescriptive authority to a naturopathic doctor and termination of delegation, specifying the authority delegated or terminated. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the collaborating physician to a nurse or other appropriately trained persons in accordance with Section 54.2 of the Medical Practice Act of 1987.

(h) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders. Nothing in this Act shall be construed to authorize a naturopathic doctor to provide health care services required by law or rule to be performed by a physician. Nothing in this Act shall be construed to authorize the delegation or

performance of operative surgery.

Section 35. Written collaborative agreement; temporary practice. Any naturopathic doctor required to enter into a written collaborative agreement with a collaborating physician is authorized to continue to practice for up to 90 days after the termination of a written collaborative agreement provided the naturopathic doctor seeks any necessary collaboration at a local hospital and refers patients who require services beyond the training and experience of the naturopathic doctor to a physician or other health care provider.

Section 40. Written collaborative agreement exemptions. A naturopathic doctor shall be exempt from a written collaborative agreement and granted full practice authority if the naturopathic doctor meets either of the following:

(1) possesses a minimum of 2 years practicing in a state with prescriptive authority; or

(2) has completed an internship or residency that had a duration of at least one year.

Section 45. Full practice authority.

(a) A naturopathic doctor shall be deemed by law to possess the ability to practice without a written collaborative agreement if the naturopathic doctor files with the Department a notarized attestation of completion of at

least 100 hours of continuing education or training and at least 2,000 hours of clinical experience. Documentation of successful completion of the continuing education hours shall be provided to the Department upon request. Completion of the clinical experience must be attested to by the collaborating physician or physicians or employer and the naturopathic doctor. If the collaborating physician or physicians or employer is unable to attest to the completion of the clinical experience, the Department may accept other evidence of clinical experience as established by rule.

(b) The scope of practice of a naturopathic doctor with full practice authority includes the following:

(1) all matters included in Section 50;

(2) practicing without a written collaborative agreement in all practice settings;

(3) authority to prescribe legend drugs, excluding controlled substances, over-the-counter medications, and other preparations, including, but not limited to, botanical and herbal remedies; and

(4) use of only local anesthetic.

The scope of practice of a naturopathic doctor does not include operative surgery.

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

(d) Nothing in this Act shall be construed to authorize a

naturopathic doctor with full practice authority to provide health care services required by law or rule to be performed by a physician.

Section 50. Scope of practice. A licensee may practice naturopathic medicine to provide primary care in alignment with naturopathic medical education to:

(1) perform physical examinations;

(2) order laboratory examinations;

(3) order diagnostic imaging studies;

(4) interpret the results of laboratory examinations for diagnostic purposes;

(5) order and, based on a radiologist's report, take action on diagnostic imaging studies in a manner consistent with naturopathic training;

(6) prescribe, administer, dispense, and order food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, dietary supplements, and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act;

(7) use routes of administration that include oral, nasal, auricular, subcutaneous, intravenous, transdermal, and intramuscular routes of administration, consistent with the education and training of a naturopathic doctor;

(8) perform naturopathic physical medicine;

(9) employ the use of naturopathic therapy;

(10) use therapeutic devices, barrier contraception, hormonal and pharmaceutical contraception, and durable medical equipment; or

Section 55. Referral requirement. If a patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the scope of practice of a licensee, then the licensee must refer the patient to a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an advanced practice registered nurse licensed under the Nurse Practice Act.

Section 56. Prohibitions. A licensee shall not:

(1) perform major surgery;

(2) use general or spinal anesthetics;

(3) administer ionizing radioactive substances for therapeutic purposes;

(4) perform a surgical procedure using a laser device;

(5) perform a surgical procedure involving any of the following areas of the body that extend beyond superficial tissue:

(A) eyes;

(B) ears;

(C) tendons;

(D) nerves;

(E) veins; or

(F) arteries;

(6) perform a surgical abortion;

(7) treat any lesion suspected of malignancy or requiring surgical removal; or

(8) perform acupuncture.

Section 70. Exemptions. Nothing in this Act shall be construed to prohibit or to restrict:

(1) the practice of a health care profession by an individual who is licensed, certified, or registered under other laws of this State and who is performing services within the individual's authorized scope of practice;

(2) the practice of naturopathic medicine by a student enrolled in an approved naturopathic medical educational program if the practice of naturopathic medicine by a student is performed pursuant to a course of instruction or an assignment from an instructor at an accredited university or college by an instructor duly licensed as a health care provider in this State;

(3) any person who sells a vitamin or herb from providing information about the vitamin or herb;

(4) the practice of naturopathic medicine by persons who are licensed to practice in any other state or district in the United States and who enter this State to consult with a naturopathic doctor of this State if the

consultation is limited to an examination or recommendation; or

(5) any person or practitioner who is not licensed as a naturopathic doctor from recommending ayurvedic medicine, herbal remedies, nutritional advice, homeopathy, or other therapy that is within the scope of practice of naturopathic medicine; however, the person or practitioner shall not:

(A) use a title protected pursuant to Section 75;

(B) represent or assume the character or appearance of a licensee; or

(C) otherwise use a name, title, or other designation that indicates or implies that the person is a licensee.

Section 75. Protected titles.

(a) A licensee shall use the title "naturopathic doctor" and the recognized abbreviation "N.D.".

(b) A licensee has the exclusive right to use the following terms in reference to the licensee's self:

(1) "naturopathic doctor";

(2) "doctor of naturopathic medicine";

(3) "doctor of naturopathy";

(4) "naturopath";

(5) "N.D."; and

(6) "ND".

(c) An individual represents the individual's self to be a naturopathic doctor when the individual uses or adopts any of the following terms in reference to the individual's self:

(1) "naturopathic doctor";

(2) "doctor of naturopathic medicine";

(3) "doctor of naturopathy";

(4) "naturopath";

(5) "N.D."; or

(6) "ND".

(d) An individual shall not represent the individual's self to the public as a naturopathic doctor, a doctor of naturopathic medicine, a doctor of naturopathy, a naturopath, a naturopathic medical doctor, a naturopathic physician, or as being otherwise authorized to practice naturopathic medicine in this State, unless the individual is a licensee.

Section 80. Naturopathic Medical Board.

(a) The Naturopathic Medical Board shall oversee:

(1) licensure of naturopathic doctors; and

(2) matters relating to training and licensure of naturopathic doctors.

(b) Within 180 days after the effective date of this Act, the Governor shall appoint an initial Board consisting of 2 members for terms of 4 years each, 3 members for terms of 3 years each, and 4 members for terms of 2 years each. The initial Board shall consist of the following voting members:

(1) 5 licensed naturopathic doctors who are residents of this State;

(2) 2 practicing physicians licensed to practice medicine in all of its branches; and

(3) 2 public members who are residents of this State, who are not, and never have been, a licensed health care practitioner, and who do not have an interest in naturopathic education, naturopathic medicine, or naturopathic business or practice.

Members of the Board may be recommended to the Governor by the Illinois Association of Naturopathic Physicians.

(c) As the terms of the initial Board members expire, the Governor shall appoint successors for terms of 4 years each as follows:

(1) 5 naturopathic doctors licensed pursuant to this Act;

(2) 2 practicing physicians licensed to practice medicine in all of its branches with experience working with naturopathic doctors; and

(3) 2 public members that are residents of this State who are not, and never have been, a licensed health care practitioner and who do not have an interest in naturopathic education, naturopathic medicine, or naturopathic business or practice.

(d) Within 30 days after the Board is established, the Board shall call the first meeting, at which meeting members

shall elect a chair. The Board may hold meetings at the call of the chair or at the written request of any 2 members of the Board.

(e) Vacancies on the Board shall be filled from a list of not fewer than 3 candidates.

(f) A majority of the Board shall constitute a quorum.

(g) Members of the Board shall serve without compensation but may, at the discretion of the Board, be reimbursed for their expenses incurred in performing their duties.

(h) The Department of Financial and Professional Regulation shall provide administrative and other support to the Board.

Section 85. Board duties. The Board shall have the following duties:

(1) regulating the licensure of naturopathic doctors and determining the hours of continuing education units required for maintaining licensure as a naturopathic doctor;

(2) prescribing the manner in which records of examinations and treatments shall be kept and maintained;

(3) establishing standards for professional responsibility and conduct;

(4) identifying disciplinary actions and circumstances that require disciplinary action;

(5) developing a means to provide information to all

licensees in this State;

(6) providing for the investigation of complaints against licensees or persons holding themselves out as naturopathic doctors in this State;

(7) providing for the publication of information for the public about licensees and the practice of naturopathic medicine in this State;

(8) providing for an orderly process for reinstatement of a license;

(9) establishing criteria for advertising or promotional materials;

(10) establishing procedures and standards for reviewing licensing examination scores;

(11) establishing procedures for reviewing transcripts demonstrating completion of the approved naturopathic medical educational program;

(12) establishing and maintaining a list of naturopathic medical education programs that meet the requirements of Section 20;

(13) establishing the requirements for issuance and renewal of licenses;

(14) creating and conducting the jurisprudence examination; and

(15) any other matter necessary to implement this Act.

Section 90. License expiration, renewal, denial,

revocation, and continuing education.

(a) A license issued or renewed pursuant to this Act shall expire in a time frame determined by rule by the Department.

(b) The Board may renew the license of any licensee who, upon the expiration of the licensee's license:

(1) has submitted an application for renewal;

(2) has paid the renewal fee established by rules of the Department;

(3) meets the qualifications for licensure set forth in this Act and rules of the Department; and

(4) meets the continuing education requirements established by the Board.

(c) If the Board intends to refuse to issue or renew, revoke, or suspend a license, the Department shall grant the applicant or licensee an opportunity for a hearing.

Section 95. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or nondisciplinary action with regard to any license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed $10,000 for each violation, for any one or combination of the following causes:

(1) material misstatement in furnishing information to the Department;

(2) violations of this Act, or the rules adopted under this Act;

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

(4) making any misrepresentation for the purpose of obtaining licenses;

(5) professional incompetence;

(6) aiding or assisting another person in violating any provision of this Act or its rules;

(7) failing, within 60 days, to provide information in response to a written request made by the Department;

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

(9) habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that results in a naturopathic doctor's inability to practice with reasonable judgment, skill, or safety;

(10) discipline by another U.S. jurisdiction or

foreign nation, if at least one of the grounds for discipline is the same or substantially equivalent to those set forth in this Section;

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

(12) abandonment of a patient;

(13) willfully making or filing false records or reports in the individual's practice, including, but not limited to, false records filed with State agencies or departments;

(14) physical illness, or mental illness or impairment that results in the inability to practice the profession with reasonable judgment, skill, or safety, including, but not limited to, deterioration through the aging process or loss of motor skill;

(15) being named as a perpetrator in an indicated report by the Department of Children and Family Services

under the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act;

(16) gross negligence resulting in permanent injury or death of a patient;

(17) employment of fraud, deception or any unlawful means in applying for or securing a license under this Act;

(18) immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;

(19) practicing under a false or assumed name, except as provided by law;

(20) making a false or misleading statement regarding the licensee's skill or the efficacy or value of the treatment or remedy prescribed by the licensee in the course of treatment;

(21) allowing another person to use the licensee's license to practice;

(22) prescribing, selling, administering, distributing, giving, or self-administering a drug classified as a controlled substance;

(23) a pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under

this Act;

(24) violating State or federal laws or regulations relating to controlled substances or other legend drugs or ephedra as defined in the Ephedra Prohibition Act;

(25) failure to establish and maintain records of patient care and treatment as required by law;

(26) attempting to subvert or cheat on the required examinations;

(27) willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act;

(28) being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act;

(29) failure to report to the Department an adverse final action taken against the individual by another licensing jurisdiction of the United States or a foreign state or country, a peer review body, a health care institution, a professional society or association, a governmental agency, a law enforcement agency, or a court acts or conduct similar to acts or conduct that would constitute grounds for action under this Section; and

(30) failure to provide copies of records of patient care or treatment, except as required by law.

(b) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, or pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until the requirements of any such tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient, and upon the recommendation of the Board to the Department that the licensee be allowed to resume the licensee's practice.

(d) In enforcing this Section, the Department upon a showing of a possible violation may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical

examination, or both, which may include a substance abuse or sexual offender evaluation, as required by and at the expense of the Department.

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

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed.

The Department may order the examining physician or any

member of the multidisciplinary team to present testimony concerning the mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation.

The individual to be examined may have, at the individual's own expense, another physician of the individual's choice present during all aspects of this examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

Failure of an individual to submit to a mental or physical examination, when ordered, shall result in an automatic suspension of the individual's license until the individual submits to the examination.

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated

by the Department, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

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

An individual licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that the individual can resume practice in compliance with acceptable and prevailing standards under the provisions of the individual's license.

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

(f) Members of the Board and the Department shall be indemnified by this State for any actions occurring within the scope of services under the Act, done in good faith and not willful and wanton in nature. The Attorney General shall defend all such actions unless the Attorney General determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were willful and wanton.

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

The member must notify the Attorney General within 7 days after receipt of notice of the initiation of any action involving services of the Board. Failure to notify the Attorney General constitutes an absolute waiver of the right

to a defense and indemnification.

The Attorney General shall determine, within 7 days after receiving such notice, whether the Attorney General will undertake to represent the member.

Section 100. Investigation; notice; hearing. The Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license. The Department shall, before suspending, revoking, placing on probationary status, or taking any other disciplinary action as the Department may deem proper with regard to any license, at least 30 days prior to the date set for the hearing, notify the licensee in writing of any charges made and the time and place for a hearing of the charges before the Department, direct the licensee to file the licensee's written answer thereto to the Department under oath within 20 days after the service on the licensee of such notice and inform the licensee that if the licensee fails to file such answer, default will be taken against the licensee and the license may be suspended, revoked, placed on probationary status, or have other disciplinary action, including limiting the scope, nature or extent of the licensee's practice, as the Department may deem proper taken with regard thereto. Written or electronic notice may be served by personal delivery, email, or mail to the applicant or licensee at the licensee's address of record or email address of record. At the time and place fixed in the

notice, the Department shall proceed to hear the charges and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence, and argument as may be pertinent to the charges or to the defense thereto. The Department may continue such hearing from time to time. In case the applicant or licensee, after receiving notice, fails to file an answer, the licensee's license may in the discretion of the Secretary, having received first the recommendation of the Department, be suspended, revoked, placed on probationary status, or the Department may take whatever disciplinary action as the Department may deem proper, including limiting the scope, nature, or extent of such person's practice, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act.

Section 105. Record of proceedings. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case involving the refusal to issue or renew a license or discipline a licensee. The notice of hearing, complaint, and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Department, and orders of the Department shall be the record of such proceeding.

Section 110. Confidentiality. All information collected by the Department in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee filed with the Department and information collected to investigate any such complaint, shall be maintained for the confidential use of the Department and shall not be disclosed. The Department shall not disclose the information to anyone other than law enforcement officials, regulatory agencies that have an appropriate regulatory interest as determined by the Department, or a party presenting a lawful subpoena to the Department. Information and documents disclosed to a federal, State, county, or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Department or any order issued by the Department against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

Section 115. Illinois Administrative Procedure Act. The Illinois Administrative Procedure Act is expressly adopted and incorporated herein as if all of the provisions of that Act were included in this Act, except that the provision of paragraph (d) of Section 10-65 of the Illinois Administrative Procedure Act, which provides that at hearings the licensee or person holding a license has the right to show compliance with

all lawful requirements for retention or continuation of the license, is specifically excluded. For the purpose of this Act, the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when personally served, mailed to the address of record of the applicant or licensee, or emailed to the email address of record of the applicant or licensee.

Section 116. The Medical Practice Act of 1987 is amended by changing Section 54.5 as follows:

(225 ILCS 60/54.5)

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

Sec. 54.5. Physician delegation of authority to physician assistants, advanced practice registered nurses without full practice authority, ~~and~~ prescribing psychologists, and naturopathic doctors without full practice authority.

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

Practice Act of 1987 and as provided in subsection (a-5).

(a-5) A physician licensed to practice medicine in all its branches may collaborate with more than 7 physician assistants when the services are provided in a federal primary care health professional shortage area with a Health Professional Shortage Area score greater than or equal to 12, as determined by the United States Department of Health and Human Services.

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

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

(1) The agreement is written to promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his or her education

and experience.

(2) The advanced practice registered nurse provides services based upon a written collaborative agreement with the collaborating physician, except as set forth in subsection (b-5) of this Section. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.

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

(b-5) An anesthesiologist or physician licensed to practice medicine in all its branches may collaborate with a certified registered nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act for the provision of anesthesia services. With respect to the provision of anesthesia services, the collaborating anesthesiologist or physician shall have training and experience in the delivery of anesthesia services consistent with Department rules. Collaboration shall be adequate if:

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

(2) for anesthesia services, the anesthesiologist or

physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

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

(c) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with a naturopathic doctor in accordance with the requirements of the Naturopathic Medical Practice Act. Collaboration shall be for the purpose of providing medical consultation and an employment relationship shall not be required. A written collaborative agreement shall conform to the requirements of Section 30 of the Naturopathic Medical Practice Act. The written collaborative agreement shall be for services for which the collaborating physician can provide adequate collaboration. A written collaborative agreement shall be adequate with respect to collaboration with naturopathic doctors if all of the following apply:

(1) The agreement is written to promote the exercise of professional judgment by the naturopathic doctor commensurate with his or her education and experience.

(2) The naturopathic doctor provides services based upon a written collaborative agreement with the collaborating physician.

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

(d) ~~(c)~~ The collaborating physician shall have access to the medical records of all patients attended to by a physician assistant. The collaborating physician shall have access to the medical records of all patients attended to by an advanced practice registered nurse. The collaborating physician shall have access to the medical records of all patients attended to by a naturopathic doctor.

~~(d) (Blank).~~

(e) A physician shall not be liable for the acts or omissions of a prescribing psychologist, physician assistant, ~~or~~ advanced practice registered nurse, or naturopathic doctor solely on the basis of having signed a supervision agreement or guidelines or a collaborative agreement, an order, a standing medical order, a standing delegation order, or other order or guideline authorizing a prescribing psychologist, physician assistant, ~~or~~ advanced practice registered nurse, or

naturopathic doctor to perform acts, unless the physician has reason to believe the prescribing psychologist, physician assistant, ~~or~~ advanced practice registered nurse, or naturopathic doctor lacked the competency to perform the act or acts or commits willful and wanton misconduct.

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

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

(h) (Blank).

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

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

(k) A collaborating physician may, but is not required to, delegate prescriptive authority to a naturopathic doctor as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 30 of the Naturopathic Medical Practice Act.

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

Section 120. The Illinois Controlled Substances Act is amended by changing Section 102 as follows:

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

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

(a) "Person with a substance use disorder" means any person who has a substance use disorder diagnosis defined as a spectrum of persistent and recurring problematic behavior that encompasses 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; and tobacco; and other unknown substances leading to clinically significant impairment or distress.

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

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

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

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

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

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

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

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

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

(iv) 1-androstenediol (3[beta], 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

(v) 1-androstenediol (3[alpha], 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

(vi) 4-androstenediol (3[beta],17[beta]-dihydroxy-androst-4-ene),

(vii) 5-androstenediol (3[beta],17[beta]-dihydroxy-androst-5-ene),

(viii) 1-androstenedione ([5alpha]-androst-1-en-3,17-dione),
(ix) 4-androstenedione (androst-4-en-3,17-dione),
(x) 5-androstenedione (androst-5-en-3,17-dione),
(xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-hydroxyandrost-4-en-3-one),
(xii) boldenone (17[beta]-hydroxyandrost-1,4,-diene-3-one),
(xiii) boldione (androsta-1,4-diene-3,17-dione),
(xiv) calusterone (7[beta],17[alpha]-dimethyl-17[beta]-hydroxyandrost-4-en-3-one),
(xv) clostebol (4-chloro-17[beta]-hydroxyandrost-4-en-3-one),
(xvi) dehydrochloromethyltestosterone (4-chloro-17[beta]-hydroxy-17[alpha]-methyl-androst-1,4-dien-3-one),
(xvii) desoxymethyltestosterone (17[alpha]-methyl-5[alpha]-androst-2-en-17[beta]-ol)(a.k.a., madol),
(xviii) [delta]1-dihydrotestosterone (a.k.a. '1-testosterone') (17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),
(xix) 4-dihydrotestosterone (17[beta]-hydroxy-

androstan-3-one),

(xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-5[alpha]-androstan-3-one),

(xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-hydroxyestr-4-ene),

(xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-1[beta],17[beta]-dihydroxyandrost-4-en-3-one),

(xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha], 17[beta]-dihydroxyandrost-1,4-dien-3-one),

(xxiv) furazabol (17[alpha]-methyl-17[beta]-hydroxyandrostano[2,3-c]-furazan),

(xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one,

(xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-androst-4-en-3-one),

(xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-dihydroxy-estr-4-en-3-one),

(xxviii) mestanolone (17[alpha]-methyl-17[beta]-hydroxy-5-androstan-3-one),

(xxix) mesterolone (1amethyl-17[beta]-hydroxy-[5a]-androstan-3-one),

(xxx) methandienone (17[alpha]-methyl-17[beta]-hydroxyandrost-1,4-dien-3-one),

(xxxi) methandriol (17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-5-ene),

(xxxii) methenolone (1-methyl-17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),

(xxxiii) 17[alpha]-methyl-3[beta], 17[beta]-dihydroxy-5a-androstane,

(xxxiv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy-5a-androstane,

(xxxv) 17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-4-ene),

(xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),

(xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9(10)-dien-3-one),

(xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9-11-trien-3-one),

(xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-hydroxyandrost-4-en-3-one),

(xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-hydroxyestr-4-en-3-one),

(xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-androst-1-en-3-one)(a.k.a. '17-[alpha]-methyl-1-testosterone'),

(xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),

(xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-dihydroxyestr-4-ene),

(xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-dihydroxyestr-4-ene),

(xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-

dihydroxyestr-5-ene),

(xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-dihydroxyestr-5-ene),

(xlvii) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione),

(xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione),

(xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione),

(l) norbolethone (13[beta], 17a-diethyl-17[beta]-hydroxygon-4-en-3-one),

(li) norclostebol (4-chloro-17[beta]-hydroxyestr-4-en-3-one),

(lii) norethandrolone (17[alpha]-ethyl-17[beta]-hydroxyestr-4-en-3-one),

(liii) normethandrolone (17[alpha]-methyl-17[beta]-hydroxyestr-4-en-3-one),

(liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-2-oxa-5[alpha]-androstan-3-one),

(lv) oxymesterone (17[alpha]-methyl-4,17[beta]-dihydroxyandrost-4-en-3-one),

(lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-17[beta]-hydroxy-(5[alpha]-androstan-3-one),

(lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-(5[alpha]-androst-2-eno[3,2-c]-pyrazole),

(lviii) stenbolone (17[beta]-hydroxy-2-methyl-

(5[alpha]-androst-1-en-3-one),

(lix) testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone),

(lx) testosterone (17[beta]-hydroxyandrost-4-en-3-one),

(lxi) tetrahydrogestrinone (13[beta], 17[alpha]-diethyl-17[beta]-hydroxygon-4,9,11-trien-3-one),

(lxii) trenbolone (17[beta]-hydroxyestr-4,9,11-trien-3-one).

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

(d) "Administration" means the Drug Enforcement Administration, United States Department of Justice, or its

successor agency.

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

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

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

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

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

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

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

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

(g) "Counterfeit substance" means a controlled substance,

which, or the container or labeling of which, without authorization bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance.

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

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

(j) (Blank).

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

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

(m) "Depressant" means any drug that (i) causes an overall depression of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance misuse or substance use disorder, including, but not limited to, alcohol, cannabis and

its active principles and their analogs, benzodiazepines and their analogs, barbiturates and their analogs, opioids (natural and synthetic) and their analogs, and chloral hydrate and similar sedative hypnotics.

(n) (Blank).

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

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

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

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

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

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

components, parts, or accessories.

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

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

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

(t-5) "Euthanasia agency" means an entity certified by the Department of Financial and Professional Regulation for the purpose of animal euthanasia that holds an animal control facility license or animal shelter license under the Animal

Welfare Act. A euthanasia agency is authorized to purchase, store, possess, and utilize Schedule II nonnarcotic and Schedule III nonnarcotic drugs for the sole purpose of animal euthanasia.

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

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

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

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

(3) quantities beyond those normally prescribed,

(4) unusual dosages (recognizing that there may be

clinical circumstances where more or less than the usual dose may be used legitimately),

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

(6) consistent prescribing of habit-forming drugs.

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

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

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

(v) "Immediate precursor" means a substance:

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

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

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

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

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

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

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

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

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

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

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

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

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

(y-1) "Mail-order pharmacy" means a pharmacy that is located in a state of the United States that delivers,

dispenses or distributes, through the United States Postal Service or other common carrier, to Illinois residents, any substance which requires a prescription.

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

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

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

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

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

(3) the packaging, repackaging, or labeling of drugs only to the extent permitted under the Illinois Drug Reuse

Opportunity Program Act.

(z-1) (Blank).

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

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

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

(1) opium, opiates, derivatives of opium and opiates,

including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation; however the term "narcotic drug" does not include the isoquinoline alkaloids of opium;

(2) (blank);

(3) opium poppy and poppy straw;

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

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

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

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

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

(cc) (Blank).

(dd) "Opiate" means a drug derived from or related to opium.

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

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

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

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

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

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

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

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

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

(kk) "Practitioner" means a physician licensed to practice

medicine in all its branches, dentist, optometrist, podiatric physician, veterinarian, scientific investigator, pharmacist, physician assistant, advanced practice registered nurse, licensed practical nurse, registered nurse, emergency medical services personnel, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

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

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, optometrist, prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, podiatric physician, or veterinarian who issues a prescription, a physician assistant who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987, an advanced

practice registered nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05, ~~or~~ an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has full practice authority pursuant to Section 65-43 of the Nurse Practice Act, or a naturopathic doctor with prescriptive authority delegated under Section 30 of the Naturopathic Medical Practice Act or who has full practice authority pursuant to Section 40 or Section 45 of the Naturopathic Medical Practice Act.

(nn) "Prescription" means a written, facsimile, or oral order, or an electronic order that complies with applicable federal requirements, of a physician licensed to practice medicine in all its branches, dentist, podiatric physician or veterinarian for any controlled substance, of an optometrist in accordance with Section 15.1 of the Illinois Optometric Practice Act of 1987, of a prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the

Clinical Psychologist Licensing Act, of a physician assistant for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987, of an advanced practice registered nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, of an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05 when required by law, ~~or~~ of an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has full practice authority pursuant to Section 65-43 of the Nurse Practice Act, or of a naturopathic doctor with prescriptive authority delegated under Section 30 of the Naturopathic Medical Practice Act or who has full practice authority pursuant to Section 40 or Section 45 of the Naturopathic Medical Practice Act.

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

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

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

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

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

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

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

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

and its analogs.

(rr-10) "Synthetic drug" includes, but is not limited to, any synthetic cannabinoids or piperazines or any synthetic cathinones as provided for in Schedule I.

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

(Source: P.A. 102-389, eff. 1-1-22; 102-538, eff. 8-20-21; 102-813, eff. 5-13-22; 103-881, eff. 1-1-25.)

Section 999. Effective date. This Act takes effect upon becoming law.