



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4804

by Rep. Bob Morgan

SYNOPSIS AS INTRODUCED:

| | |
|-----------------------|-----------------------|
| 225 ILCS 65/50-10 | was 225 ILCS 65/5-10 |
| 225 ILCS 65/60-36 new | |
| 225 ILCS 65/60-37 new | |
| 225 ILCS 65/60-38 new | |
| 225 ILCS 65/60-39 new | |
| 225 ILCS 65/60-41 new | |
| 225 ILCS 65/60-42 new | |
| 225 ILCS 65/70-5 | was 225 ILCS 65/10-45 |
| 225 ILCS 65/70-27 new | |

Amends the Nurse Practice Act. In provisions concerning registered professional nurses, adds provisions concerning: the use of artificial intelligence in recorded or transcribed encounters; prohibition on substituting artificial intelligence for nursing services; use of artificial intelligence as clinical decision support under the control of a registered professional nurse; patient notice and transparency; confidentiality protections; exceptions for nonclinical activity; and defined terms. Amends the grounds for discipline to add violations of the artificial intelligence provisions by a registered professional nurse. Requires a health care entity that employs registered professional nurses and deploys artificial intelligence in direct patient care to maintain validation and bias monitoring records for each system and make such records available to the Department of Financial and Professional Regulation upon request; provide registered professional nurses with training on intended use, data limits, and known failure modes; ensure registered professional nurses have access to data inputs and key factors that produced any recommendation used in direct patient care; and prohibit staffing, triage, admission, discharge, or transfer decisions that rely solely on artificial intelligence. Allows the Department to investigate any health care entity that employs registered professional nurses for a violation of the artificial intelligence provisions. Effective immediately.

LRB104 19511 CCC 32959 b

1 AN ACT concerning regulation.

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

4 Section 5. The Nurse Practice Act is amended by changing
5 Sections 50-10 and 70-5 and by adding Sections 60-36, 60-37,
6 60-38, 60-39, 60-41, 60-42, and 70-27 as follows:

7 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

8 (Section scheduled to be repealed on January 1, 2028)

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

12 "Academic year" means the customary annual schedule of
13 courses at a college, university, or approved school,
14 customarily regarded as the school year as distinguished from
15 the calendar year.

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

20 "Advanced practice registered nurse" or "APRN" means a
21 person who has met the qualifications for a (i) certified
22 nurse midwife (CNM); (ii) certified nurse practitioner (CNP);
23 (iii) certified registered nurse anesthetist (CRNA); or (iv)

1 clinical nurse specialist (CNS) and has been licensed by the
2 Department. All advanced practice registered nurses licensed
3 and practicing in the State of Illinois shall use the title
4 APRN and may use specialty credentials CNM, CNP, CRNA, or CNS
5 after their name. All advanced practice registered nurses may
6 only practice in accordance with national certification and
7 this Act.

8 "Advisory Board" means the Illinois Nursing Workforce
9 Center Advisory Board.

10 "Affect recognition" means technology that infers a
11 person's emotions, mood, mental state, or intent from voice,
12 facial expression, physiology, behavior, or other signals.

13 "Approved program of professional nursing education" and
14 "approved program of practical nursing education" are programs
15 of professional or practical nursing, respectively, approved
16 by the Department under the provisions of this Act.

17 "Artificial intelligence" and "generative artificial
18 intelligence" have the meanings given to those terms in
19 Section 2-101 of the Illinois Human Rights Act.

20 "Board" means the Board of Nursing appointed by the
21 Secretary.

22 "Center" means the Illinois Nursing Workforce Center.

23 "Clinical decision support" means information presented to
24 a nurse that assists clinical judgment and allows independent
25 review of the basis for any recommendation.

26 "Collaboration" means a process involving 2 or more health

1 care professionals working together, each contributing one's
2 respective area of expertise to provide more comprehensive
3 patient care.

4 "Competence" means an expected and measurable level of
5 performance that integrates knowledge, skills, abilities, and
6 judgment based on established scientific knowledge and
7 expectations for nursing practice.

8 "Comprehensive nursing assessment" means the gathering of
9 information about the patient's physiological, psychological,
10 sociological, and spiritual status on an ongoing basis by a
11 registered professional nurse and is the first step in
12 implementing and guiding the nursing plan of care.

13 "Consent" means a written, informed, freely given,
14 specific, and unambiguous agreement by the patient or the
15 patient's representative to the use of artificial intelligence
16 in connection with a recorded or transcribed encounter.

17 "Consultation" means the process whereby an advanced
18 practice registered nurse seeks the advice or opinion of
19 another health care professional.

20 "Credentialed" means the process of assessing and
21 validating the qualifications of a health care professional.

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

24 "Department" means the Department of Financial and
25 Professional Regulation.

26 "Direct patient care" means any activity involving

1 assessment, planning, intervention, education, delegation, or
2 evaluation that affects an identifiable patient.

3 "Email address of record" means the designated email
4 address recorded by the Department in the applicant's
5 application file or the licensee's license file, as maintained
6 by the Department's licensure maintenance unit.

7 "Focused nursing assessment" means an appraisal of an
8 individual's status and current situation, contributing to the
9 comprehensive nursing assessment performed by the registered
10 professional nurse or advanced practice registered nurse or
11 the assessment by the physician assistant, physician, dentist,
12 podiatric physician, or other licensed health care
13 professional, as determined by the Department, supporting
14 ongoing data collection, and deciding who needs to be informed
15 of the information and when to inform.

16 "Full practice authority" means the authority of an
17 advanced practice registered nurse licensed in Illinois and
18 certified as a nurse practitioner, clinical nurse specialist,
19 or nurse midwife to practice without a written collaborative
20 agreement and:

21 (1) to be fully accountable to patients for the
22 quality of advanced nursing care rendered;

23 (2) to be fully accountable for recognizing limits of
24 knowledge and experience and for planning for the
25 management of situations beyond the advanced practice
26 registered nurse's expertise; the full practice authority

1 for advanced practice registered nurses includes accepting
2 referrals from, consulting with, collaborating with, or
3 referring to other health care professionals as warranted
4 by the needs of the patient; and

5 (3) to possess the authority to prescribe medications,
6 including Schedule II through V controlled substances, as
7 provided in Section 65-43.

8 "Full practice authority-pending advanced practice
9 registered nurse" means an advanced practice registered nurse
10 licensed in Illinois and certified as a nurse practitioner,
11 clinical nurse specialist, or nurse midwife who has provided a
12 notarized attestation of completion of at least 250 hours of
13 continuing education or training in the advanced practice
14 registered nurse's area of certification and at least 4,000
15 hours of clinical experience after first attaining national
16 certification and who has submitted an application to the
17 Department to be granted full practice authority.

18 "Hospital affiliate" means a corporation, partnership,
19 joint venture, limited liability company, or similar
20 organization, other than a hospital, that is devoted primarily
21 to the provision, management, or support of health care
22 services and that directly or indirectly controls, is
23 controlled by, or is under common control of the hospital. For
24 the purposes of this definition, "control" means having at
25 least an equal or a majority ownership or membership interest.
26 A hospital affiliate shall be 100% owned or controlled by any

1 combination of hospitals, their parent corporations, or
2 physicians licensed to practice medicine in all its branches
3 in Illinois. "Hospital affiliate" does not include a health
4 maintenance organization regulated under the Health
5 Maintenance Organization Act.

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

13 "License-pending advanced practice registered nurse" means
14 a registered professional nurse who has completed all
15 requirements for licensure as an advanced practice registered
16 nurse except the certification examination and has applied to
17 take the next available certification exam and received a
18 temporary permit from the Department.

19 "License-pending registered nurse" means a person who has
20 passed the Department-approved registered nurse licensure exam
21 and has applied for a license from the Department. A
22 license-pending registered nurse shall use the title "RN lic
23 pend" on all documentation related to nursing practice.

24 "Maternity care desert" means a county without any
25 hospital, any birth center, or any licensed health care
26 professional offering obstetric care.

1 "Nursing intervention" means any treatment based on
2 clinical nursing judgment or knowledge that a nurse performs.
3 An individual or entity shall not mandate that a registered
4 professional nurse delegate nursing interventions if the
5 registered professional nurse determines it is inappropriate
6 to do so. A nurse shall not be subject to disciplinary or any
7 other adverse action for refusing to delegate a nursing
8 intervention based on patient safety.

9 "Nonclinical information service" means educational or
10 self-help content that does not purport to provide nursing
11 services, clinical advice, diagnosis, or treatment for an
12 identifiable patient.

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

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

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

23 "Practical nursing" means the performance of nursing
24 interventions requiring the nursing knowledge, judgment, and
25 skill acquired by means of completion of an approved practical
26 nursing education program. Practical nursing includes

1 assisting in the nursing process under the guidance of a
2 registered professional nurse or an advanced practice
3 registered nurse. The practical nurse may work under the
4 direction of a licensed physician, dentist, podiatric
5 physician, or other health care professional determined by the
6 Department.

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

12 "Professional assistance program for nurses" means a
13 professional assistance program that meets criteria
14 established by the Board of Nursing and approved by the
15 Secretary, which provides a non-disciplinary treatment
16 approach for nurses licensed under this Act whose ability to
17 practice is compromised by alcohol or chemical substance
18 addiction.

19 "Recorded or transcribed encounter" means any audio,
20 video, or text capture of a clinical interaction that is
21 processed by software to produce notes, transcripts,
22 summaries, risk scores, or recommendations for direct patient
23 care.

24 "Registered Nurse" or "Registered Professional Nurse"
25 means a person who is licensed as a professional nurse under
26 this Act and practices nursing as defined in this Act. Only a

1 registered nurse licensed under this Act is entitled to use
2 the titles "registered nurse" and "registered professional
3 nurse" and the abbreviation, "R.N."

4 "Registered professional nursing practice" means a
5 scientific process founded on a professional body of knowledge
6 that includes, but is not limited to, the protection,
7 promotion, and optimization of health and abilities,
8 prevention of illness and injury, development and
9 implementation of the nursing plan of care, facilitation of
10 nursing interventions to alleviate suffering, care
11 coordination, and advocacy in the care of individuals,
12 families, groups, communities, and populations. "Registered
13 professional nursing practice" does not include the act of
14 medical diagnosis or prescription of medical therapeutic or
15 corrective measures.

16 "Risk scoring" means any algorithmic score or
17 classification that ranks a patient's likelihood of events
18 such as deterioration, readmission, utilization, mortality,
19 self-harm, or nonadherence.

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

1 "Secretary" means the Secretary of Financial and
2 Professional Regulation.

3 "Unencumbered license" means a license issued in good
4 standing.

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

9 (Source: P.A. 103-154, eff. 6-30-23; 103-686, eff. 1-1-25;
10 104-244, eff. 1-1-26.)

11 (225 ILCS 65/60-36 new)

12 Sec. 60-36. Use of artificial intelligence in recorded or
13 transcribed encounters.

14 (a) A registered professional nurse shall obtain consent
15 before using artificial intelligence to record, transcribe,
16 summarize, or analyze a clinical encounter or its artifacts
17 for direct patient care. A registered professional nurse may
18 not obtain consent through the use of prechecked boxes,
19 blanket terms of service, take it or leave it conditions, or
20 other dark patterns. A patient may revoke consent at any time,
21 and revocation must be honored without delay.

22 (b) A registered professional nurse shall provide a clear
23 mechanism for the revocation of consent. Upon revocation of
24 consent, processing stops, and previously generated outputs
25 shall not be used for clinical decisions unless required to

1 preserve the medical record.

2 (c) This Section does not diminish any federal or State
3 confidentiality protections.

4 (225 ILCS 65/60-37 new)

5 Sec. 60-37. Prohibition on substituting artificial
6 intelligence for nursing services.

7 (a) An artificial intelligence system shall not provide
8 nursing services in place of a registered professional nurse
9 in direct patient care.

10 (b) An artificial intelligence system shall not perform or
11 be assigned any of the following:

12 (1) A comprehensive or focused nursing assessment.

13 (2) Nursing judgment or clinical decision-making.

14 (3) Nursing diagnosis or problem identification.

15 (4) Development, approval, or modification of a
16 nursing plan of care.

17 (5) Delegation decisions.

18 (6) Patient education or counseling that requires
19 clinical judgment.

20 (7) Evaluation of patient responses and outcomes.

21 (8) Affect recognition used for clinical decisions.

22 (9) Risk scoring used for clinical decisions without
23 human review and approval by a nurse.

24 (10) Triage, admission, discharge, or transfer
25 determinations without human review and approval by a

1 nurse.

2 (c) Any output from an artificial intelligence system is
3 advisory only. A registered professional nurse shall not rely
4 on any output without independent review for clinical validity
5 and relevance to the patient.

6 (225 ILCS 65/60-38 new)

7 Sec. 60-38. Use of artificial intelligence as clinical
8 decision support under the control of a registered
9 professional nurse.

10 (a) A registered professional nurse shall use artificial
11 intelligence only as clinical decision support or for
12 administrative tasks that do not constitute nursing services.

13 (b) The registered professional nurse remains responsible
14 and accountable for all nursing services. The registered
15 professional nurse shall review, interpret, and document the
16 rationale for accepting or rejecting any output from
17 artificial intelligence.

18 (c) A registered professional nurse has the right to
19 refuse use or delegation when patient safety requires refusal.
20 An employer shall not retaliate for a good faith refusal under
21 this Section.

22 (225 ILCS 65/60-39 new)

23 Sec. 60-39. Artificial intelligence; patient notice and
24 transparency.

1 (a) If a registered professional nurse uses artificial
2 intelligence in direct patient care, the treatment record
3 shall include the system name, version, and a brief
4 description of the role or artificial intelligence.

5 (b) Patients shall receive written notice in plain
6 language that states artificial intelligence supports the
7 decision-making of a registered professional nurse and does
8 not replace a registered professional nurse. The notice shall
9 be included in the admission packet and posted in a
10 conspicuous location in the care setting.

11 (225 ILCS 65/60-41 new)

12 Sec. 60-41. Artificial intelligence; confidentiality
13 protections.

14 (a) Use of artificial intelligence does not diminish,
15 wave, or alter any confidentiality or privacy obligation
16 under the Health Insurance Portability and Accountability Act
17 of 1996 and its regulations, the Medical Patient Rights Act,
18 or any other applicable law.

19 (b) A registered professional nurse shall ensure that
20 vendors or business associates processing data for artificial
21 intelligence comply with all confidentiality or privacy
22 obligations under the Health Insurance Portability and
23 Accountability Act of 1996 and its regulations, the Medical
24 Patient Rights Act, or any other applicable law.

1 (225 ILCS 65/60-42 new)

2 Sec. 60-42. Artificial intelligence; exceptions for
3 nonclinical activity.

4 (a) Sections 60-36 through 60-41 do not apply to
5 nonclinical information services that provide general
6 education or self-help content to the public and do not
7 purport to provide nursing services, clinical advice,
8 diagnosis, or treatment to an identifiable patient.

9 (b) Sections 60-36 through 60-41 does not restrict
10 administrative uses that do not affect clinical decisions for
11 an identifiable patient, including supply management, room
12 assignment logistics, or claims processing, provided a
13 registered professional nurse's clinical judgment is not
14 displaced.

15 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

17 Sec. 70-5. Grounds for disciplinary action.

18 (a) The Department may refuse to issue or to renew, or may
19 revoke, suspend, place on probation, reprimand, or take other
20 disciplinary or non-disciplinary action as the Department may
21 deem appropriate, including fines not to exceed \$10,000 per
22 violation, with regard to a license for any one or combination
23 of the causes set forth in subsection (b) below. All fines
24 collected under this Section shall be deposited in the Nursing
25 Dedicated and Professional Fund.

1 (b) Grounds for disciplinary action include the following:

2 (1) Material deception in furnishing information to
3 the Department.

4 (2) Material violations of any provision of this Act
5 or violation of the rules of or final administrative
6 action of the Secretary, after consideration of the
7 recommendation of the Board.

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

17 (4) A pattern of practice or other behavior which
18 demonstrates incapacity or incompetency to practice under
19 this Act.

20 (5) Knowingly aiding or assisting another person in
21 violating any provision of this Act or rules.

22 (6) Failing, within 90 days, to provide a response to
23 a request for information in response to a written request
24 made by the Department by certified or registered mail or
25 by email to the email address of record.

26 (7) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public, as defined by rule.

3 (8) Unlawful taking, theft, selling, distributing, or
4 manufacturing of any drug, narcotic, or prescription
5 device.

6 (9) Habitual or excessive use or addiction to alcohol,
7 narcotics, stimulants, or any other chemical agent or drug
8 that could result in a licensee's inability to practice
9 with reasonable judgment, skill, or safety.

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

14 (11) A finding that the licensee, after having her or
15 his license placed on probationary status or subject to
16 conditions or restrictions, has violated the terms of
17 probation or failed to comply with such terms or
18 conditions.

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

26 (13) Willful omission to file or record, or willfully

1 impeding the filing or recording or inducing another
2 person to omit to file or record medical reports as
3 required by law.

4 (13.5) Willfully failing to report an instance of
5 suspected child abuse or neglect as required by the Abused
6 and Neglected Child Reporting Act.

7 (14) Gross negligence in the practice of practical,
8 professional, or advanced practice registered nursing.

9 (15) Holding oneself out to be practicing nursing
10 under any name other than one's own.

11 (16) Failure of a licensee to report to the Department
12 any adverse final action taken against him or her by
13 another licensing jurisdiction of the United States or any
14 foreign state or country, any peer review body, any health
15 care institution, any professional or nursing society or
16 association, any governmental agency, any law enforcement
17 agency, or any court or a nursing liability claim related
18 to acts or conduct similar to acts or conduct that would
19 constitute grounds for action as defined in this Section.

20 (17) Failure of a licensee to report to the Department
21 surrender by the licensee of a license or authorization to
22 practice nursing or advanced practice registered nursing
23 in another state or jurisdiction or current surrender by
24 the licensee of membership on any nursing staff or in any
25 nursing or advanced practice registered nursing or
26 professional association or society while under

1 disciplinary investigation by any of those authorities or
2 bodies for acts or conduct similar to acts or conduct that
3 would constitute grounds for action as defined by this
4 Section.

5 (18) Failing, within 60 days, to provide information
6 in response to a written request made by the Department.

7 (19) Failure to establish and maintain records of
8 patient care and treatment as required by law.

9 (20) Fraud, deceit, or misrepresentation in applying
10 for or procuring a license under this Act or in connection
11 with applying for renewal of a license under this Act.

12 (21) Allowing another person or organization to use
13 the licensee's license to deceive the public.

14 (22) Willfully making or filing false records or
15 reports in the licensee's practice, including, but not
16 limited to, false records to support claims against the
17 medical assistance program of the Department of Healthcare
18 and Family Services (formerly Department of Public Aid)
19 under the Illinois Public Aid Code.

20 (23) Attempting to subvert or cheat on a licensing
21 examination administered under this Act.

22 (24) Immoral conduct in the commission of an act,
23 including, but not limited to, sexual abuse, sexual
24 misconduct, or sexual exploitation, related to the
25 licensee's practice.

26 (25) Willfully or negligently violating the

1 confidentiality between nurse and patient except as
2 required by law.

3 (26) Practicing under a false or assumed name, except
4 as provided by law.

5 (27) The use of any false, fraudulent, or deceptive
6 statement in any document connected with the licensee's
7 practice.

8 (28) Directly or indirectly giving to or receiving
9 from a person, firm, corporation, partnership, or
10 association a fee, commission, rebate, or other form of
11 compensation for professional services not actually or
12 personally rendered. Nothing in this paragraph (28)
13 affects any bona fide independent contractor or employment
14 arrangements among health care professionals, health
15 facilities, health care providers, or other entities,
16 except as otherwise prohibited by law. Any employment
17 arrangements may include provisions for compensation,
18 health insurance, pension, or other employment benefits
19 for the provision of services within the scope of the
20 licensee's practice under this Act. Nothing in this
21 paragraph (28) shall be construed to require an employment
22 arrangement to receive professional fees for services
23 rendered.

24 (29) A violation of the Health Care Worker
25 Self-Referral Act.

26 (30) Physical illness, mental illness, or disability

1 that results in the inability to practice the profession
2 with reasonable judgment, skill, or safety.

3 (31) Exceeding the terms of a collaborative agreement
4 or the prescriptive authority delegated to a licensee by
5 his or her collaborating physician or podiatric physician
6 in guidelines established under a written collaborative
7 agreement.

8 (32) Making a false or misleading statement regarding
9 a licensee's skill or the efficacy or value of the
10 medicine, treatment, or remedy prescribed by him or her in
11 the course of treatment.

12 (33) Prescribing, selling, administering,
13 distributing, giving, or self-administering a drug
14 classified as a controlled substance (designated product)
15 or narcotic for other than medically accepted therapeutic
16 purposes.

17 (34) Promotion of the sale of drugs, devices,
18 appliances, or goods provided for a patient in a manner to
19 exploit the patient for financial gain.

20 (35) Violating State or federal laws, rules, or
21 regulations relating to controlled substances.

22 (36) Willfully or negligently violating the
23 confidentiality between an advanced practice registered
24 nurse, collaborating physician, dentist, or podiatric
25 physician and a patient, except as required by law.

26 (37) Willfully failing to report an instance of

1 suspected abuse, neglect, financial exploitation, or
2 self-neglect of an eligible adult as defined in and
3 required by the Adult Protective Services Act.

4 (38) Being named as an abuser in a verified report by
5 the Department on Aging and under the Adult Protective
6 Services Act, and upon proof by clear and convincing
7 evidence that the licensee abused, neglected, or
8 financially exploited an eligible adult as defined in the
9 Adult Protective Services Act.

10 (39) A violation of any provision of this Act or any
11 rules adopted under this Act.

12 (40) Violating the Compassionate Use of Medical
13 Cannabis Program Act.

14 (41) Use of artificial intelligence in place of a
15 registered professional nurse for any act listed in
16 Section 60-37, directing any person to do so, failure to
17 obtain consent required by Section 60-36, or failure to
18 make the disclosures required by Section 60-39,
19 constitutes unprofessional conduct and grounds for
20 discipline.

21 (b-5) The Department shall not revoke, suspend, summarily
22 suspend, place on probation, reprimand, refuse to issue or
23 renew, or take any other disciplinary or non-disciplinary
24 action against a person's authorization to practice under this
25 Act based solely upon the person providing, authorizing,
26 recommending, aiding, assisting, referring for, or otherwise

1 participating in any health care service, so long as the care
2 was not unlawful under the laws of this State, regardless of
3 whether the patient was a resident of this State or another
4 state.

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

20 (b-15) The conduct specified in subsections (b-5) and
21 (b-10) shall not trigger reporting requirements under Section
22 65-65 or constitute grounds for suspension under Section
23 70-60.

24 (b-20) An applicant seeking licensure, certification, or
25 authorization under this Act who has been subject to
26 disciplinary action by a duly authorized professional

1 disciplinary agency of another jurisdiction solely on the
2 basis of having provided, authorized, recommended, aided,
3 assisted, referred for, or otherwise participated in health
4 care shall not be denied such licensure, certification, or
5 authorization, unless the Department determines that such
6 action would have constituted professional misconduct in this
7 State; however, nothing in this Section shall be construed as
8 prohibiting the Department from evaluating the conduct of such
9 applicant and making a determination regarding the licensure,
10 certification, or authorization to practice a profession under
11 this Act.

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

22 (d) The Department may refuse to issue or may suspend or
23 otherwise discipline the license of any person who fails to
24 file a return, or to pay the tax, penalty, or interest shown in
25 a filed return, or to pay any final assessment of the tax,
26 penalty, or interest as required by any tax Act administered

1 by the Department of Revenue, until such time as the
2 requirements of any such tax Act are satisfied.

3 (e) In enforcing this Act, the Department, upon a showing
4 of a possible violation, may compel an individual licensed to
5 practice under this Act or who has applied for licensure under
6 this Act, to submit to a mental or physical examination, or
7 both, as required by and at the expense of the Department. The
8 Department may order the examining physician to present
9 testimony concerning the mental or physical examination of the
10 licensee or applicant. No information shall be excluded by
11 reason of any common law or statutory privilege relating to
12 communications between the licensee or applicant and the
13 examining physician. The examining physicians shall be
14 specifically designated by the Department. The individual to
15 be examined may have, at his or her own expense, another
16 physician of his or her choice present during all aspects of
17 this examination. Failure of an individual to submit to a
18 mental or physical examination, when directed, shall result in
19 an automatic suspension without hearing.

20 All substance-related violations shall mandate an
21 automatic substance abuse assessment. Failure to submit to an
22 assessment by a licensed physician who is certified as an
23 addictionist or an advanced practice registered nurse with
24 specialty certification in addictions may be grounds for an
25 automatic suspension, as defined by rule.

26 If the Department finds an individual unable to practice

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

18 In instances in which the Secretary immediately suspends a
19 person's license under this subsection (e), a hearing on that
20 person's license must be convened by the Department within 15
21 days after the suspension and completed without appreciable
22 delay. The Department and Board shall have the authority to
23 review the subject individual's record of treatment and
24 counseling regarding the impairment to the extent permitted by
25 applicable federal statutes and regulations safeguarding the
26 confidentiality of medical records.

1 An individual licensed under this Act and affected under
2 this subsection (e) shall be afforded an opportunity to
3 demonstrate to the Department that he or she can resume
4 practice in compliance with nursing standards under the
5 provisions of his or her license.

6 (f) The Department may adopt rules to implement,
7 administer, and enforce this Section.

8 (Source: P.A. 104-432, eff. 1-1-26.)

9 (225 ILCS 65/70-27 new)

10 Sec. 70-27. Use of artificial intelligence in recorded or
11 transcribed encounters by registered professional nurses;
12 employers.

13 (a) A health care entity that employs registered
14 professional nurses and deploys artificial intelligence in
15 direct patient care shall do all of the following:

16 (1) Maintain validation and bias monitoring records
17 for each system and make such records available to the
18 Department upon request.

19 (2) Provide registered professional nurses with
20 training on intended use, data limits, and known failure
21 modes.

22 (3) Ensure registered professional nurses have access
23 to data inputs and key factors that produced any
24 recommendation used in direct patient care.

25 (4) Prohibit staffing, triage, admission, discharge,

1 or transfer decisions that rely solely on artificial
2 intelligence. Human clinical review by a registered
3 professional nurse is required.

4 (b) The Department may investigate any health care entity
5 for a violation of this Section and regarding violations of
6 Sections 60-36 through 60-41 of the Nurse Practice Act by a
7 registered professional nurse employed by the health care
8 entity.

9 (c) The Department may impose a civil penalty on any
10 health care entity that violates this Section. Each day of
11 noncompliance is a separate offense.

12 (d) Hearings on civil penalties under this Section shall
13 follow the procedures set forth in the Department of
14 Professional Regulation Law of the Civil Administrative Code
15 of Illinois.

16 Section 99. Effective date. This Act takes effect upon
17 becoming law.