

**104TH GENERAL ASSEMBLY****State of Illinois****2025 and 2026****SB0239**

Introduced 1/22/2025, by Sen. Lakesia Collins

**SYNOPSIS AS INTRODUCED:**

See Index

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

LRB104 07525 BAB 17569 b

**A BILL FOR**

1 AN ACT concerning regulation.

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

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

6 (210 ILCS 5/6.5)

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

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

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

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

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

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

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

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

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

1 (i) an anesthesiologist; or

2 (ii) a physician licensed to practice medicine  
3 in all its branches; or

4 (iii) a dentist with authority to administer  
5 anesthesia under Section 8.1 of the Illinois  
6 Dental Practice Act; or

7 (iv) a licensed certified registered nurse  
8 anesthetist; or

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

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

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

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

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

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

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

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

10           (210 ILCS 85/10.7)

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

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

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

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

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

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

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

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

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

4 (i) an anesthesiologist; or

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

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

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

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

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

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

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

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

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

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

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

8           (225 ILCS 60/54.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (d) (Blank).

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

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

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

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

9 (h) (Blank).

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

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

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

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

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

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

2 Sec. 65-35. Written collaborative agreements.

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

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

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

1 and the advanced practice registered nurse.

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

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

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

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

4 (c-5) A certified registered nurse anesthetist, who  
5 provides anesthesia and related services outside of a hospital  
6 or ambulatory surgical treatment center shall enter into a  
7 written collaborative agreement with an anesthesiologist or  
8 the physician licensed to practice medicine in all its  
9 branches or the podiatric physician performing the procedure.

10 The collaborative agreement may, but is not required to,  
11 include the following terms: (i) that the certified registered  
12 nurse anesthetist providing anesthesia services and the  
13 anesthesiologist, physician, or podiatric physician  
14 participate through discussion of and reach agreement on the  
15 anesthesia plan or (ii) that anesthesia services shall only be  
16 delivered when the anesthesiologist, physician, or podiatric  
17 physician is present and available on the premises for  
18 diagnosis, consultation, and treatment of emergency medical  
19 conditions. Outside of a hospital or ambulatory surgical

20 treatment center, the certified registered nurse anesthetist  
21 may provide only those services that the collaborating  
22 podiatric physician is authorized to provide pursuant to the  
23 Podiatric Medical Practice Act of 1987 and rules adopted  
24 thereunder. A certified registered nurse anesthetist may  
25 select, order, and administer medication, including controlled  
26 substances, and apply appropriate medical devices for delivery

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

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

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

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

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

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

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

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

26           (g) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

1 treatment center.

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

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

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

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

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

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

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

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

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

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

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

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

16 (225 ILCS 65/65-70 new)

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

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

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

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

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

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

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

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

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

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

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

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

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

1 rule to be performed by a physician.

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

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

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

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

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

20 (b) The minimum requirements for a permit to administer  
21 moderate sedation issued after the effective date of this  
22 amendatory Act of the 103rd General Assembly shall include the  
23 completion of a minimum of 75 hours of didactic and supervised  
24 clinical study in either:

1           (1) an American Dental Association Commission on  
2 Dental Accreditation accredited dental specialty program,  
3 general practice residency, or advanced education in  
4 general dentistry residency that includes training and  
5 documentation in moderate sedation techniques appropriate  
6 for each specialty or an American Dental Association  
7 Commission on Dental Accreditation accredited dental  
8 anesthesiology residency program and proof of completion  
9 of 20 individually managed patients utilizing appropriate  
10 routes of administration, in which the applicant is the  
11 sole provider, which can include, but are not limited to,  
12 intravenous, oral, intranasal, or intramuscular or  
13 combinations thereof; or

14           (2) a structured course of study provided by an  
15 approved continuing education provider that includes  
16 training and documentation in moderate sedation, physical  
17 evaluation, venipuncture, advanced airway management,  
18 technical administration, recognition and management of  
19 complications and emergencies and monitoring with  
20 additional supervised experience and documentation  
21 demonstrating competence in providing moderate sedation  
22 utilizing enteral and parenteral routes of administration  
23 of medications to competency to 20 individual patient  
24 experiences on a 1 to 1 ratio with an instructor, in which  
25 the applicant is the sole provider of sedation over a  
26 continuous time frame as set by the Department and as

1 provided in the American Dental Association's Guidelines  
2 for Teaching Pain Control and Sedation to Dentists and  
3 Dental Students.

4 (b-5) The minimum requirements for a permit to administer  
5 deep sedation and general anesthesia issued after the  
6 effective date of this amendatory Act of the 103rd General  
7 Assembly shall include:

8 (1) the completion of a minimum of 2 years of advanced  
9 training in anesthesiology beyond the pre-doctoral level  
10 in a training program approved by the American Dental  
11 Association's Council on Dental Education and Licensure,  
12 as outlined in Guidelines for Teaching Pain Control and  
13 Sedation to Dentists and Dental Students, as published by  
14 the American Dental Association's Council on Dental  
15 Education and Licensure;

16 (2) a specialty license in oral and maxillofacial  
17 surgery;

18 (3) completion of an accredited oral or maxillofacial  
19 surgery residency program; or

20 (4) the completion of an American Dental Association  
21 Commission on Dental Accreditation accredited dental  
22 anesthesiology residency program.

23 (b-10) The Department may establish, by rule, additional  
24 training programs and training requirements consistent with  
25 this Section to ensure patient safety in dental offices  
26 administering anesthesia, which shall include, but not be

1 limited to the following:

2 (1) (blank);

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

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

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

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

24 The Department shall adopt rules that ensure that a  
25 continuing education course designed to meet the permit  
26 requirements for moderate sedation training is reviewed and

1 certified by the Department if the course is not accredited by  
2 the American Dental Association Commission on Dental  
3 Accreditation.

4 When establishing requirements under this Section, the  
5 Department shall consider the current American Dental  
6 Association guidelines on sedation and general anesthesia, the  
7 current "Guidelines for Monitoring and Management of Pediatric  
8 Patients During and After Sedation for Diagnostic and  
9 Therapeutic Procedures" established by the American Academy of  
10 Pediatrics and the American Academy of Pediatric Dentistry,  
11 and the current parameters of care and Office Anesthesia  
12 Evaluation (OAE) Manual established by the American  
13 Association of Oral and Maxillofacial Surgeons.

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

21 A licensed dentist must hold an appropriate permit issued  
22 under this Section in order to perform dentistry while a nurse  
23 anesthetist administers deep sedation or general anesthesia,  
24 and a valid written collaborative agreement must exist between  
25 the dentist and the nurse anesthetist, in accordance with the  
26 Nurse Practice Act, unless the nurse anesthetist has full

1 practice authority under the requirements of Section 65-70.

2 For the purposes of this subsection (c), "nurse  
3 anesthetist" means a licensed certified registered nurse  
4 anesthetist who holds a license as an advanced practice  
5 registered nurse.

6 (Source: P.A. 103-628, eff. 7-1-24.)

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

9 (225 ILCS 100/20.5)

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

11 Sec. 20.5. Delegation of authority to advanced practice  
12 registered nurses.

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

24 (1) With respect to the provision of anesthesia

1 services by a certified registered nurse anesthetist, the  
2 collaborating podiatric physician must have training and  
3 experience in the delivery of anesthesia consistent with  
4 Department rules unless the certified registered nurse  
5 anesthetist has full practice authority under the  
6 requirements of Section 65-70.

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

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

1       ~~delivery of services.~~

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

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

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

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

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

24       Section 99. Effective date. This Act takes effect upon  
25 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 210 ILCS 5/6.5

4 210 ILCS 85/10.7

5 225 ILCS 60/54.5

6 225 ILCS 65/65-35 was 225 ILCS 65/15-15

7 225 ILCS 65/65-45 was 225 ILCS 65/15-25

8 225 ILCS 65/65-70 new

9 225 ILCS 25/8.1 from Ch. 111, par. 2308.1

10 225 ILCS 100/20.5