



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1482

Introduced 1/31/2025, by Sen. Cristina Castro

SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.40

210 ILCS 5/6.5

210 ILCS 85/10.7

225 ILCS 60/7.1

225 ILCS 60/54.5

225 ILCS 60/54.7 new

Creates the Certified Anesthesiologist Assistant Practice Act. Provides for the licensure of certified anesthesiologist assistants by the Department of Financial and Professional Regulation. Sets forth provisions concerning: email address and address of record for all applicants and licensees; the function, powers, and duties of the Department; supervision requirements; applications for licensure; qualifications for licensure; endorsement by the Department of certified anesthesiologist assistants from another jurisdictions; criminal history records background checks; and other specified requirements. Amends the Regulatory Sunset Act to repeal the Certified Anesthesiologist Assistant Practice Act on January 1, 2030. Amends the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act. Provides that, in addition to the specified professionals, a licensed certified anesthesiologist assistant may assist a licensed physician, dentist, or podiatric physician. Provides that, in addition to the specified professionals, a licensed anesthesiologist assistant under the supervision of an anesthesiologist is an individual who, with clinical privileges granted at the hospital, may administer anesthesia services. Amends the Medical Practice Act of 1987. Provides that one member of the Illinois State Medical Board shall be a certified anesthesiologist assistant licensed to practice in Illinois. Establishes delegation of authority from a supervising anesthesiologist to a certified anesthesiologist assistant. Provides that the Act does not preclude a certified anesthesiologist assistant from performing specified actions.

LRB104 06901 BAB 16937 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 1. Short title. This Act may be cited as the
5 Certified Anesthesiologist Assistant Practice Act.

6 Section 5. Findings. The practice of anesthesiology is the
7 practice of medicine. The practice as a certified
8 anesthesiologist assistant in this State is declared to affect
9 the public health, safety, and welfare and to be subject to
10 regulation and control in the public interest. The purpose and
11 legislative intent of this Act is to encourage and promote the
12 more effective utilization of the skills of anesthesiologists
13 by enabling them to delegate certain medical care to certified
14 anesthesiologist assistants where such delegation is
15 consistent with the health and welfare of the patient and is
16 conducted at the direction of and under the responsible
17 supervision of an anesthesiologist.

18 It is further declared to be a matter of public health and
19 concern that the practice as a certified anesthesiologist
20 assistant, as defined in this Act, merit and receive the
21 confidence of the public and that only qualified persons be
22 authorized to practice as a certified anesthesiologist
23 assistant in this State. This Act shall be liberally construed

1 to best carry out these subjects and purposes.

2 Section 10. Definitions. As used in this Act:

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

7 "Anesthesiologist" means a physician licensed to practice
8 medicine in all its branches by the Department who has
9 completed a residency in anesthesiology approved by the
10 American Board of Anesthesiology or the American Osteopathic
11 Board of Anesthesiology, is board eligible or board certified,
12 holds an unrestricted license, and is actively engaged in
13 clinical practice.

14 "Board" means the Illinois State Medical Board constituted
15 under the Medical Practice Act of 1987.

16 "Certified anesthesiologist assistant" means an individual
17 licensed by the Department to provide anesthesia services
18 under the supervision of an anesthesiologist.

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

21 "Email address of record" means the designated email
22 address recorded by the Department in the applicant's
23 application file or the licensee's license file, as maintained
24 by the Department's licensure maintenance unit.

25 "Secretary" means the Secretary of Financial and

1 Professional Regulation.

2 "Supervision" means overseeing the activities of, and
3 accepting responsibility for, the medical services rendered by
4 the certified anesthesiologist assistant and maintaining
5 physical proximity that allows the anesthesiologist to return
6 to reestablish direct contact with the patient to meet medical
7 needs and address any urgent or emergent clinical problems at
8 all times that medical services are rendered by the certified
9 anesthesiologist assistant.

10 Section 15. Address of record; email address of record.

11 All applicants and licensees shall:

12 (1) provide a valid address and email address to the
13 Department, which shall serve as the address of record and
14 email address of record, respectively, at the time of
15 application for licensure or renewal of a license; and

16 (2) inform the Department of any change of address of
17 record or email address of record within 14 days after
18 such change either through the Department's website or by
19 contacting the Department's licensure maintenance unit.

20 Section 20. Powers and duties of the Department. Subject
21 to the provisions of this Act, the Department shall exercise
22 the following functions, powers, and duties:

23 (1) Conduct or authorize examinations to ascertain the
24 qualifications and fitness of candidates for a license to

1 engage in the practice of certified anesthesiologist
2 assistant, pass upon the qualifications of applicants for
3 licenses, and issue licenses to those who are found to be
4 fit and qualified.

5 (2) Adopt rules required for the administration and
6 enforcement of this Act.

7 (3) Prescribe forms to be issued or electronic means
8 for the administration and enforcement of this Act and
9 rules adopted pursuant to this Act.

10 (4) Conduct investigations related to possible
11 violations of this Act and rules adopted pursuant to this
12 Act.

13 (5) Conduct hearings on proceedings to refuse to issue
14 or renew licenses or to revoke, suspend, place on
15 probation, reprimand, or otherwise discipline a license
16 under this Act or take other nondisciplinary action.

17 Section 25. Applicability. This Act does not prohibit:

18 (1) Any person licensed in this State under any other
19 Act from engaging in the practice for which the person is
20 licensed.

21 (2) The practice as a certified anesthesiologist
22 assistant by a person who is employed by the United States
23 government or any bureau, division, or agency thereof
24 while in the discharge of the employee's official duties.

25 (3) The practice as a certified anesthesiologist

1 assistant that is included in the certified
2 anesthesiologist assistant's program of study by students
3 enrolled in schools.

4 Section 30. Title; advertising; billing.

5 (a) No certified anesthesiologist assistant shall use the
6 title of doctor or associate with the licensee's name or any
7 other term in the clinical setting or while in contact with
8 patients under the licensee's care that would indicate to
9 other persons that the licensee is qualified to engage in the
10 general independent practice of anesthesiology or
11 interventional pain management.

12 (b) A licensee shall include in every advertisement for
13 services regulated under this Act the licensee's title as it
14 appears on the license or the initials authorized under this
15 Act.

16 (c) A certified anesthesiologist assistant shall not be
17 allowed to bill patients or in any way charge for services.
18 Nothing in this Act, however, shall be so construed as to
19 prevent the employer of a certified anesthesiologist assistant
20 from charging for services rendered by the certified
21 anesthesiologist assistant. Payment for services rendered by a
22 certified anesthesiologist assistant shall be made to the
23 certified anesthesiologist assistant's employer if the payor
24 would have made payment had the services been provided by an
25 anesthesiologist.

1 Section 35. Supervision requirements.

2 (a) As used in this Section, "supervision" means the use
3 of the powers of direction and decision to coordinate, direct,
4 and inspect the accomplishment of another, and to oversee the
5 implementation of the anesthesiologist's intentions.

6 (b) A certified anesthesiologist assistant may deliver
7 medical care only under the supervision of an anesthesiologist
8 and only as described in a supervision agreement between the
9 certified anesthesiologist assistant and an anesthesiologist
10 who represents the certified anesthesiologist assistant's
11 employer. The supervising anesthesiologist shall be
12 immediately available at all times while supervising a
13 certified anesthesiologist assistant. The Department shall
14 establish by rule the maximum number of certified
15 anesthesiologist assistants that may be supervised by the
16 supervising anesthesiologist and that number shall align with
17 the national standards and maximum ratio set by the Centers
18 for Medicare and Medicaid Services.

19 For the purposes of this Section, "immediately available"
20 means the medically directing anesthesiologist being in such
21 physical proximity to allow the anesthesiologist to return to
22 reestablish direct contact with the patient to meet the
23 patient's medical needs and address any urgent or emergent
24 problems. These responsibilities may also be met through
25 careful coordination among anesthesiologists of the same group

1 or department. It is recognized that the design and size of
2 various facilities, the severity of patient illnesses, and the
3 complexity and demands of the particular surgical procedures
4 make it impossible to define a specific time or distance for
5 physical proximity.

6 (c) A certified anesthesiologist assistant's practice may
7 not exceed the licensee's education and training, the scope of
8 practice of the supervising anesthesiologist, and the practice
9 outlined in the certified anesthesiologist assistant
10 supervision agreement. A medical care task assigned by the
11 supervising anesthesiologist to the certified anesthesiologist
12 assistant may not be delegated by the certified
13 anesthesiologist assistant to another person, except for the
14 preceptorship of a student in an anesthesiologist assistant
15 training program.

16 (d) A certified anesthesiologist assistant may assist only
17 the supervising anesthesiologist in the delivery of medical
18 care and may perform medical care tasks as well as any other
19 tasks within the scope of training and education of the
20 certified anesthesiologist assistant as assigned by the
21 supervising anesthesiologist.

22 (e) An anesthesiologist who represents a certified
23 anesthesiologist assistant's employer shall review the
24 supervision agreement with the certified anesthesiologist
25 assistant at least annually. The supervision agreement shall
26 be available for inspection at the location where the

1 certified anesthesiologist assistant practices. The
2 supervision agreement may limit the practice of a certified
3 anesthesiologist assistant to less than the full scope of
4 practice authorized under this Act.

5 (f) A certified anesthesiologist assistant shall be
6 employed by a health care provider that is licensed in this
7 State for the primary purpose of providing the medical
8 services of physicians or that is an entity. If a certified
9 anesthesiologist assistant's employer is not an
10 anesthesiologist, the employer shall provide for, and not
11 interfere with, an anesthesiologist's supervision of the
12 certified anesthesiologist assistant.

13 (g) A student in an anesthesiologist assistant training
14 program may assist only an anesthesiologist in the delivery of
15 medical care and may perform only medical care tasks assigned
16 by the anesthesiologist. An anesthesiologist may delegate the
17 preceptorship of a student in an anesthesiologist assistant
18 training program to a qualified anesthesia provider. This
19 Section shall not be interpreted to limit the number of other
20 qualified anesthesia providers an anesthesiologist may
21 supervise.

22 (h) A student in an anesthesiologist assistant training
23 program shall be identified as a student anesthesiologist
24 assistant or an anesthesiologist assistant student and may not
25 be identified as an "intern", "resident", or "fellow".

1 Section 40. Application for licensure. An application for
2 an original license shall be made to the Department in writing
3 on forms or electronically as prescribed by the Department and
4 shall be accompanied by the required fee, which shall not be
5 refundable. An application shall require information that, in
6 the judgment of the Department, will enable the Department to
7 pass on the qualifications of the applicant for a license.

8 An applicant has 3 years from the date of application to
9 complete the application process. If the process has not been
10 completed in 3 years, the application shall be denied, the fee
11 shall be forfeited, and the applicant must reapply and meet
12 the requirements in effect at the time of reapplication.

13 Section 45. Social security number on license application.
14 In addition to any other information required to be contained
15 in the application, every application for an original license
16 under this Act shall include the applicant's social security
17 number or federal individual taxpayer identification number,
18 which shall be retained in the agency's records pertaining to
19 the license.

20 As soon as practical, the Department shall assign a
21 customer's identification number to each applicant for a
22 license. Every application for a renewal or restored license
23 shall require the applicant's customer identification number.

24 Section 50. Qualifications for licensure. A person shall

1 be qualified for licensure as a certified anesthesiologist
2 assistant and the Department may issue a certified
3 anesthesiologist assistant license to such person, if the
4 person has done all of the following:

5 (1) Applied in writing or electronically in a form and
6 substance satisfactory to the Department and has not
7 violated any of the provisions of this Act or the rules
8 adopted under this Act. The Department may take into
9 consideration any felony conviction of the applicant but
10 shall deny the application if any conviction constitutes a
11 bar to licensure or is otherwise prohibited as provided by
12 law.

13 (2) Submitted evidence satisfactory to the Department
14 that the applicant has:

15 (A) obtained a master's degree in anesthesia from
16 an anesthesiologist assistant program approved by the
17 Department; and

18 (B) passed an examination approved by the
19 Department.

20 (3) Complied with all applicable rules of the
21 Department.

22 Section 55. Endorsement. Upon payment of the required fee,
23 the Department may, in its discretion, license as a certified
24 anesthesiologist assistant any person who is a certified
25 anesthesiologist assistant licensed in another jurisdiction,

1 if the requirements for licensure in that jurisdiction were on
2 the date of licensure either substantially equivalent to the
3 requirements in force in this State on that date or equivalent
4 to the requirements of this Act and the rules adopted under
5 this Act and not otherwise prohibited by law.

6 Section 60. Criminal history records background check.
7 Each applicant for licensure under Sections 40, 50, and 55
8 shall have the applicant's fingerprints submitted to the
9 Illinois State Police in an electronic format that complies
10 with the form and manner for requesting and furnishing
11 criminal history record information as prescribed by the
12 Illinois State Police. These fingerprints shall be checked
13 against the Illinois State Police and Federal Bureau of
14 Investigation criminal history record databases now and
15 hereafter filed. The Illinois State Police shall charge
16 applicants a fee for conducting the criminal history records
17 check, which shall be deposited into the State Police Services
18 Fund and shall not exceed the actual cost of the records check.
19 The Illinois State Police shall furnish, pursuant to positive
20 identification, records of Illinois convictions to the
21 Department. The Department may require applicants to pay a
22 separate fingerprinting fee, either to the Department or to a
23 vendor designated or approved by the Department. The
24 Department, in its discretion, may allow an applicant who does
25 not have reasonable access to a designated vendor to provide

1 the applicant's fingerprints in an alternative manner. The
2 Department may adopt any rules necessary to implement this
3 Section.

4 Section 65. Fees; deposit of fees and fines.

5 (a) The fees for the administration and enforcement of
6 this Act, including, but not limited to, fees for original
7 licensure, renewal, and restoration, shall be set by rule. The
8 fees shall not be refundable.

9 (b) All of the fees and fines collected under this Act
10 shall be deposited into the Illinois State Medical
11 Disciplinary Fund and be appropriated to the Department for
12 the ordinary and contingent expenses of the Department in the
13 administration and enforcement of this Act.

14 Section 70. Checks or order to Department dishonored
15 because of insufficient funds. Any person who delivers a check
16 or other payment to the Department that is returned to the
17 Department unpaid by the financial institution upon which it
18 is drawn shall pay to the Department, in addition to the amount
19 already owed to the Department, a fine of \$50. The fines
20 imposed by this Section are in addition to any other
21 discipline provided under this Act for unlicensed practice or
22 practice on a nonrenewed license. The Department shall notify
23 the person that payment of fees and fines shall be paid to the
24 Department by certified check or money order within 30

1 calendar days after the notification. If, after the expiration
2 of 30 days after the date of the notification, the person has
3 failed to submit the necessary remittance, the Department
4 shall automatically terminate the license or deny the
5 application, without hearing. If, after termination or denial,
6 the person seeks a license, the person shall apply to the
7 Department for restoration or issuance of the license and pay
8 all fees and fines due to the Department. The Department may
9 establish a fee for the processing of an application for
10 restoration of a license to pay all expenses of processing
11 this application. The Secretary may waive the fines due under
12 this Section in individual cases in which the Secretary finds
13 that the fines would be unreasonable or unnecessarily
14 burdensome.

15 Section 75. Identification. No person may designate
16 oneself as a certified anesthesiologist assistant, use or
17 assume the title "certified anesthesiologist assistant", or
18 append to the person's name the words or letters "certified
19 anesthesiologist assistant" or "C.A.A." or any other titles,
20 letters, or designation that represents or may tend to
21 represent the person as a certified anesthesiologist assistant
22 unless the person is licensed as a certified anesthesiologist
23 assistant by the Department. A certified anesthesiologist
24 assistant shall be clearly identified as a certified
25 anesthesiologist assistant.

1 Section 80. Unlicensed practice; violation; civil penalty.

2 (a) Any person who practices, offers to practice, attempts
3 to practice, or holds oneself out to practice as a certified
4 anesthesiologist assistant without being licensed under this
5 Act shall, in addition to any other penalty provided by law,
6 pay a civil penalty to the Department in an amount not to
7 exceed \$10,000 for each offense as determined by the
8 Department. The civil penalty shall be assessed by the
9 Department after a hearing is held in accordance with the
10 provisions set forth in this Act regarding the provision of a
11 hearing for the discipline of a licensee.

12 (b) The Department has the authority and power to
13 investigate any and all unlicensed activity.

14 (c) The civil penalty shall be paid within 60 days after
15 the effective date of the order imposing the civil penalty.
16 The order shall constitute a judgment and may be filed and
17 execution had thereon in the same manner as any judgment from
18 any court of record.

19 Section 85. Expiration and renewal of license. The
20 expiration date and renewal period for each license issued
21 under this Act shall be set by rule. Renewal shall be
22 conditioned on paying the required fee and by meeting such
23 other requirements as may be established by law or rule,
24 including completion of continuing education.

1 Any certified anesthesiologist assistant who has permitted
2 the license to expire or who has had the license on inactive
3 status may have the license restored by making application to
4 the Department and filing proof acceptable to the Department
5 of the individual's fitness to have the license restored, and
6 by paying the required fees. Proof of fitness may include
7 sworn evidence certifying to active lawful practice in another
8 jurisdiction.

9 If the certified anesthesiologist assistant has not
10 maintained an active practice in another jurisdiction
11 satisfactory to the Department, the Department shall
12 determine, by an evaluation program established by rule, the
13 individual's fitness for restoration of the license and shall
14 establish procedures and requirements for such restoration.

15 However, any certified anesthesiologist assistant whose
16 license expired while the individual was (i) in federal
17 service on active duty with the Armed Forces of the United
18 States, or the State Militia called into service or training,
19 or (ii) in training or education under the supervision of the
20 United States preliminary to induction into the military
21 service, may have the individual's license restored without
22 paying any lapsed renewal fees if within 2 years after
23 honorable termination of such service, training, or education
24 the individual furnishes the Department with satisfactory
25 evidence to the effect that the individual has been so engaged
26 and that the individual's service, training, or education has

1 been so terminated.

2 Section 90. Inactive status. Any certified
3 anesthesiologist assistant who notifies the Department in
4 writing on forms prescribed by the Department, may elect to
5 place the license on an inactive status and shall, subject to
6 rules of the Department, be excused from payment of renewal
7 fees until the individual notifies the Department in writing
8 of the individual's intention to restore the license.

9 Any certified anesthesiologist assistant requesting
10 restoration from inactive status shall be required to pay the
11 current renewal fee and shall be required to restore the
12 license, as provided in Section 85.

13 Any certified anesthesiologist assistant whose license is
14 in an inactive status shall not practice in this State.

15 Any certified anesthesiologist assistant who engages in
16 practice while the license is lapsed or on inactive status
17 shall be considered to be practicing without a license, which
18 shall be grounds for discipline under Sections 80 and 95.

19 Section 95. Grounds for disciplinary action.

20 (a) The Department may refuse to issue or renew, or may
21 revoke, suspend, place on probation, reprimand, or take other
22 disciplinary or nondisciplinary action with regard to any
23 license issued under this Act as the Department may deem
24 proper, including the issuance of fines not to exceed \$10,000

1 for each violation, for any one or a combination of the
2 following causes:

3 (1) Material misstatement in furnishing information to
4 the Department.

5 (2) Violations of this Act or the rules adopted under
6 this Act.

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

16 (4) Making any misrepresentation for the purpose of
17 obtaining licenses.

18 (5) Professional incompetence.

19 (6) Aiding or assisting another person in violating
20 any provision of this Act or its rules.

21 (7) Failing, within 60 days, to provide information in
22 response to a written request made by the Department.

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

26 (9) Habitual or excessive use or addiction to alcohol,

1 narcotics, stimulants, or any other chemical agent or drug
2 that results in a certified anesthesiologist assistant's
3 inability to practice with reasonable judgment, skill, or
4 safety.

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

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

20 (12) A finding by the Board that the licensee, after
21 having the licensee's license placed on probationary
22 status has violated the terms of probation.

23 (13) Abandonment of a patient.

24 (14) Willfully making or filing false records or
25 reports in the certified anesthesiologist assistant's
26 practice, including, but not limited to, false records

1 filed with State agencies or departments.

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

5 (16) Physical illness or mental illness or impairment
6 that results in the inability to practice the profession
7 with reasonable judgment, skill, or safety, including, but
8 not limited to, deterioration through the aging process or
9 loss of motor skill.

10 (17) Being named as a perpetrator in an indicated
11 report by the Department of Children and Family Services
12 under the Abused and Neglected Child Reporting Act, and
13 upon proof by clear and convincing evidence that the
14 licensee has caused a child to be an abused child or
15 neglected child as defined in the Abused and Neglected
16 Child Reporting Act.

17 (18) Gross negligence resulting in the permanent
18 injury or death of a patient.

19 (19) Employment of fraud, deception, or any unlawful
20 means in applying for or securing a license as a certified
21 anesthesiologist assistant.

22 (20) Exceeding the authority delegated to the
23 certified anesthesiologist assistant by the certified
24 anesthesiologist assistant's supervising
25 anesthesiologist.

26 (21) Immoral conduct in the commission of any act,

1 such as sexual abuse, sexual misconduct, or sexual
2 exploitation related to the licensee's practice.

3 (22) Violation of the Health Care Worker Self-Referral
4 Act.

5 (23) Practicing under a false or assumed name, except
6 as provided by law.

7 (24) Making a false or misleading statement regarding
8 the certified anesthesiologist assistant's skill or the
9 efficacy or value of the medicine, treatment, or remedy
10 prescribed by the certified anesthesiologist assistant in
11 the course of treatment.

12 (25) Allowing another person to use the certified
13 anesthesiologist assistant's license to practice.

14 (26) Prescribing, selling, administering,
15 distributing, giving, or self-administering a drug
16 classified as a controlled substance for other than
17 medically accepted therapeutic purposes.

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

21 (28) A pattern of practice or other behavior that
22 demonstrates incapacity or incompetence to practice under
23 this Act.

24 (29) Violating State or federal laws, rules, or
25 regulations relating to controlled substances or other
26 legend drugs or ephedra as defined in the Ephedra

1 Prohibition Act.

2 (30) Failure to establish and maintain records of
3 patient care and treatment as required by law.

4 (31) Attempting to subvert or cheat on the designated
5 examination for licensure.

6 (32) Willfully or negligently violating the
7 confidentiality between the certified anesthesiologist
8 assistant and patient, except as required by law.

9 (33) Willfully failing to report an instance of
10 suspected abuse, neglect, financial exploitation, or
11 self-neglect of an eligible adult as defined in and
12 required by the Adult Protective Services Act.

13 (34) Being named as an abuser in a verified report by
14 the Department on Aging under the Adult Protective
15 Services Act and upon proof by clear and convincing
16 evidence that the licensee abused, neglected, or
17 financially exploited an eligible adult as defined in the
18 Adult Protective Services Act.

19 (35) Failure to report to the Department an adverse
20 final action taken against the certified anesthesiologist
21 assistant by another licensing jurisdiction of the United
22 States or a foreign state or country, a peer review body, a
23 health care institution, a professional society or
24 association, a governmental agency, a law enforcement
25 agency, or a court for acts or conduct similar to acts or
26 conduct that would constitute grounds for action under

1 this Section.

2 (36) Failure to provide copies of records of patient
3 care or treatment, except as required by law.

4 (37) Violating the Compassionate Use of Medical
5 Cannabis Program Act.

6 (b) The Department may, without a hearing, refuse to issue
7 or renew or may suspend the license of any person who (i) fails
8 to file a return, or to pay the tax, penalty, or interest shown
9 in a filed return, or to pay any final assessment of the tax,
10 penalty, or interest as required by any tax Act administered
11 by the Department of Revenue, until the requirements of any
12 such tax Act are satisfied or (ii) fails to pay any
13 court-ordered child support as determined by a court order or
14 by referral from the Department of Healthcare and Family
15 Services, until the requirements of any such court order are
16 satisfied.

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

26 (d) In enforcing this Section, the Department upon a

1 showing of a possible violation may compel an individual
2 licensed to practice under this Act, or who has applied for
3 licensure under this Act, to submit to a mental or physical
4 examination, or both, which may include a substance abuse or
5 sexual offender evaluation, as required by and at the expense
6 of the Department.

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

24 The Department may order the examining physician or any
25 member of the multidisciplinary team to provide to the
26 Department any and all records, including business records,

1 that relate to the examination and evaluation, including any
2 supplemental testing performed.

3 The Department may order the examining physician or any
4 member of the multidisciplinary team to present testimony
5 concerning the mental or physical examination of the licensee
6 or applicant. No information, report, record, or other
7 documents in any way related to the examination shall be
8 excluded by reason of any common law or statutory privilege
9 relating to communications between the licensee or applicant
10 and the examining physician or any member of the
11 multidisciplinary team. No authorization is necessary from the
12 licensee or applicant ordered to undergo an examination for
13 the examining physician or any member of the multidisciplinary
14 team to provide information, reports, records, or other
15 documents or to provide any testimony regarding the
16 examination and evaluation.

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

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

26 If the Department finds an individual unable to practice

1 because of the reasons set forth in this Section, the
2 Department may require that individual to submit to care,
3 counseling, or treatment by physicians approved or designated
4 by the Department, as a condition, term, or restriction for
5 continued, reinstated, or renewed licensure to practice; or,
6 in lieu of care, counseling, or treatment, the Department may
7 file a complaint to immediately suspend, revoke, or otherwise
8 discipline the license of the individual. An individual whose
9 license was granted, continued, reinstated, renewed,
10 disciplined, or supervised subject to such terms, conditions,
11 or restrictions, and who fails to comply with such terms,
12 conditions, or restrictions, shall be referred to the
13 Secretary for a determination as to whether the individual
14 shall have the individual's license suspended immediately,
15 pending a hearing by the Department.

16 In instances in which the Secretary immediately suspends
17 an individual's license under this Section, a hearing on that
18 individual's license must be convened by the Department within
19 30 days after the suspension and completed without appreciable
20 delay. The Department shall have the authority to review the
21 subject individual's record of treatment and counseling
22 regarding the impairment to the extent permitted by applicable
23 federal statutes and regulations safeguarding the
24 confidentiality of medical records.

25 An individual licensed under this Act and affected under
26 this Section shall be afforded an opportunity to demonstrate

1 to the Department that the individual can resume practice in
2 compliance with acceptable and prevailing standards under the
3 provisions of the individual's license.

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

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

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

26 The member must notify the Attorney General within 7 days

1 after receipt of notice of the initiation of any action
2 involving services of the Board. Failure to so notify the
3 Attorney General constitutes an absolute waiver of the right
4 to a defense and indemnification.

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

8 Section 100. Continuing education. The Department shall
9 adopt rules for continuing education for persons licensed
10 under this Act. The continuing education rules shall ensure
11 that licensees are given the opportunity to participate in
12 programs sponsored by or through their State or national
13 professional organizations, hospitals, or other providers of
14 continuing education. The rules shall also address waivers in
15 part or in whole for good cause, including, but not limited to,
16 illness or hardship. Each licensee is responsible for
17 maintaining records of completion of continuing education and
18 shall be prepared to produce the records when requested by the
19 Department.

20 Section 105. Violations; injunction; cease and desist
21 order.

22 (a) If any person violates the provisions of this Act, the
23 Secretary may, in the name of the People of the State of
24 Illinois, through the Attorney General, petition for an order

1 enjoining such violation or for an order enforcing compliance
2 with this Act. Upon the filing of a verified petition, the
3 court with appropriate jurisdiction may issue a temporary
4 restraining order without notice or bond, and may
5 preliminarily and permanently enjoin such violation. If it is
6 established that such person has violated or is violating the
7 injunction, the court may punish the offender for contempt of
8 court. Proceedings under this Section shall be in addition to
9 all other remedies and penalties provided by this Act.

10 (b) Whenever, in the opinion of the Department, a person
11 violates any provision of this Act, the Department may issue a
12 rule to show cause why an order to cease and desist should not
13 be entered against such person. The rule shall clearly set
14 forth the grounds relied upon by the Department and shall
15 allow at least 7 days from the date of the rule to file an
16 answer satisfactory to the Department. Failure to answer to
17 the satisfaction of the Department shall cause an order to
18 cease and desist to be issued.

19 Section 110. Investigations; notice and hearing.

20 (a) The Department may investigate the actions of any
21 applicant or of any person holding or claiming to hold a
22 license under this Act.

23 (b) The Department shall, before disciplining an applicant
24 or licensee, at least 30 days prior to the date set for the
25 hearing: (i) notify, in writing, the accused of the charges

1 made and the time and place for the hearing on the charges,
2 (ii) direct the person to file a written answer to the charges
3 under oath within 20 days after the service of the notice, and
4 (iii) inform the applicant or licensee that failure to file an
5 answer will result in a default being entered against the
6 applicant or licensee.

7 (c) Written or electronic notice, and any notice in the
8 subsequent proceeding, may be served by personal delivery, by
9 email, or by mail to the applicant or licensee at the
10 applicant's or licensee's address of record or email address
11 of record.

12 (d) At the time and place fixed in the notice, the Board or
13 hearing officer appointed by the Secretary shall proceed to
14 hear the charges and the parties or their counsel shall be
15 accorded ample opportunity to present any statements,
16 testimony, evidence, and argument as may be pertinent to the
17 charges or to their defense. The Board or hearing officer may
18 continue the hearing from time to time.

19 (e) In case the person, after receiving the notice, fails
20 to file an answer, the person's license may, in the discretion
21 of the Secretary, having first received the recommendation of
22 the Board, be suspended, revoked, or placed on probationary
23 status, or be subject to whatever disciplinary action the
24 Secretary deems proper, including limiting the scope, nature,
25 or extent of the person's practice or the imposition of a fine,
26 without hearing, if the act or acts charged constitute

1 sufficient grounds for that action under the Act.

2 Section 115. Record of proceedings; transcript. The
3 Department, at its expense, shall preserve a record of all
4 proceedings at the formal hearing of any case. The notice of
5 hearing, complaint, all other documents in the nature of
6 pleadings, written motions filed in the proceedings, the
7 transcript of testimony, the report of the Board, and orders
8 of the Department shall be in the record of such proceeding.
9 The Department shall furnish a copy of the record to any person
10 upon payment of the fee required under Section 2105-115 of the
11 Department of Professional Regulation Law.

12 Section 120. Subpoenas; depositions; oaths. The Department
13 shall have the power to subpoena and to bring before it any
14 person and to take testimony either orally or by deposition,
15 or both, with the same fees and mileage and in the same manner
16 as prescribed in civil cases in the courts of this State.

17 The Secretary, the designated hearing officer, and every
18 member of the Board shall have power to administer oaths to
19 witnesses at any hearing which the Department is authorized to
20 conduct, and any other oath authorized in any Act administered
21 by the Department.

22 Section 125. Compelling testimony. Any court, upon
23 application of the Department, designated hearing officer, or

1 the applicant or licensee against whom proceedings under this
2 Act are pending, may enter an order requiring the attendance
3 of witnesses and their testimony, and the production of
4 papers, files, books, and records in connection with any
5 hearing or investigation. The court may compel obedience to
6 its order by proceedings for contempt.

7 Section 130. Findings and recommendations. At the
8 conclusion of the hearing, the Board shall present to the
9 Secretary a written report of its findings of fact,
10 conclusions of law, and recommendations. The report shall
11 contain a finding whether or not the licensee violated this
12 Act or failed to comply with the conditions required in this
13 Act. The Board shall specify the nature of the violation or
14 failure to comply, and shall make its recommendations to the
15 Secretary.

16 Section 135. Hearing; motion for rehearing.

17 (a) The Board or hearing officer appointed by the
18 Secretary shall hear evidence in support of the formal charges
19 and evidence produced by the licensee. At the conclusion of
20 the hearing, the Board shall present to the Secretary a
21 written report of its findings of fact, conclusions of law,
22 and recommendations.

23 (b) At the conclusion of the hearing, a copy of the hearing
24 officer's or Board's report shall be served upon the applicant

1 or licensee by the Department, either personally or as
2 provided in this Act for the service of the notice of hearing.
3 Within 20 calendar days after service, the applicant or
4 licensee may present to the Secretary a motion in writing for a
5 rehearing which shall specify the particular grounds for
6 rehearing. The Department may respond to the motion for
7 rehearing within 20 calendar days after its service on the
8 Department. If no motion for rehearing is filed, then upon the
9 expiration of the time specified for filing such a motion, or
10 upon denial of a motion for rehearing, the Secretary may enter
11 an order in accordance with the recommendations of the Board
12 or hearing officer. If the applicant or licensee orders from
13 the reporting service and pays for a transcript of the record
14 within the time for filing a motion for rehearing, the 20-day
15 period within which a motion may be filed shall commence upon
16 the delivery of the transcript to the applicant or licensee.

17 (c) If the Secretary disagrees in any regard with the
18 report of the Board, the Secretary may issue an order contrary
19 to the report.

20 (d) Whenever the Secretary is not satisfied that
21 substantial justice has been done, the Secretary may order a
22 rehearing by the same or another hearing officer.

23 (e) At any point in any investigation or disciplinary
24 proceeding provided for in this Act, both parties may agree to
25 a negotiated consent order. The consent order shall be final
26 upon signature of the Secretary.

1 Section 140. Appointment of a hearing officer.
2 Notwithstanding any other provision of this Act, the Secretary
3 has the authority to appoint any attorney duly licensed to
4 practice law in the State of Illinois to serve as the hearing
5 officer in any action for refusal to issue or renew a license
6 or to discipline a licensee. The hearing officer shall have
7 full authority to conduct the hearing. The hearing officer
8 shall report the hearing officer's findings of fact,
9 conclusions of law, and recommendations to the Board.

10 Section 145. Order or certified copy thereof; prima facie
11 proof. An order or a certified copy thereof, over the seal of
12 the Department and purporting to be signed by the Secretary,
13 shall be prima facie proof that:

14 (1) such signature is the genuine signature of the
15 Secretary;

16 (2) such Secretary is duly appointed and qualified;
17 and

18 (3) the Board and the members thereof are qualified to
19 act.

20 Section 150. Restoration. At any time after the successful
21 completion of the minimum term of probation, suspension, or
22 revocation of any license, the Department may restore the
23 license to the licensee upon the written recommendation of the

1 Board unless after an investigation and hearing the Board or
2 Secretary determines that restoration is not in the public
3 interest. Where circumstances of suspension or revocation so
4 indicate, the Secretary may require an examination of the
5 licensee prior to restoring the license. No person whose
6 license has been revoked as authorized in this Act may apply
7 for restoration of that license until such time as provided
8 for in the Civil Administrative Code of Illinois.

9 Section 155. Surrender of license. Upon the revocation or
10 suspension of any license, the licensee shall immediately
11 surrender the license to the Department. If the licensee fails
12 to do so, the Department shall have the right to seize the
13 license.

14 Section 160. Summary suspension of a license. The
15 Secretary may summarily suspend the license of a certified
16 anesthesiologist assistant without a hearing simultaneously
17 with the institution of proceedings for a hearing provided for
18 in this Act if the Secretary finds that evidence in the
19 Secretary's possession indicates that a licensee's
20 continuation in practice would constitute an imminent danger
21 to the public. In the event the Secretary summarily suspends
22 such license without a hearing, a hearing by the Board or
23 hearing officer shall be commenced within 30 calendar days
24 after the suspension has occurred.

1 Section 165. Administrative review.

2 (a) All final administrative decisions of the Secretary
3 are subject to judicial review pursuant to the Administrative
4 Review Law and all rules adopted pursuant thereto. The term
5 "administrative decision" is defined as in Section 3-101 of
6 the Code of Civil Procedure.

7 (b) Proceedings for judicial review shall be commenced in
8 the circuit court of the county in which the party applying for
9 review resides, but if the party is not a resident of Illinois,
10 the venue shall be in Sangamon County.

11 Section 170. Certification of record; costs. The
12 Department shall not be required to certify any record to the
13 court, to file an answer in court, or to otherwise appear in
14 any court in a judicial review proceeding, unless and until
15 the Department has received from the plaintiff payment of the
16 cost of furnishing and certifying the record, which costs
17 shall be determined by the Department. Failure on the part of
18 the plaintiff to file a receipt in court shall be grounds for
19 dismissal of the action.

20 Section 175. Confidentiality. All information collected by
21 the Department in the course of an examination or
22 investigation of a licensee or applicant, including, but not
23 limited to, any complaint against a licensee filed with the

1 Department and information collected to investigate any such
2 complaint, shall be maintained for the confidential use of the
3 Department and shall not be disclosed. The Department may not
4 disclose the information to anyone other than law enforcement
5 officials, other regulatory agencies that have an appropriate
6 regulatory interest as determined by the Secretary, or a party
7 presenting a lawful subpoena to the Department. Information
8 and documents disclosed to a federal, State, county, or local
9 law enforcement agency shall not be disclosed by the agency
10 for any purpose to any other agency or person. A formal
11 complaint filed against a licensee by the Department or any
12 order issued by the Department against a licensee or applicant
13 shall be a public record, except as otherwise prohibited by
14 law.

15 Section 180. Illinois Administrative Procedure Act. The
16 Illinois Administrative Procedure Act is hereby expressly
17 adopted and incorporated herein as if all of the provisions of
18 that Act were included in this Act, except that the provision
19 of subsection (d) of Section 10-65 of the Illinois
20 Administrative Procedure Act that provides that at hearings
21 the licensee has the right to show compliance with all lawful
22 requirements for retention, continuation, or renewal of the
23 license is specifically excluded.

24 Section 185. Home rule. It is declared to be the public

1 policy of this State, pursuant to paragraph (h) of Section 6 of
2 Article VII of the Illinois Constitution of 1970, that any
3 power or function set forth in this Act to be exercised by the
4 State is an exclusive State power or function. Such power or
5 function shall not be exercised concurrently, either directly
6 or indirectly, by any unit of local government, including home
7 rule units, except as otherwise provided in this Act.

8 Section 900. The Regulatory Sunset Act is amended by
9 changing Section 4.40 as follows:

10 (5 ILCS 80/4.40)

11 Sec. 4.40. Acts repealed on January 1, 2030. The following
12 Acts are repealed on January 1, 2030:

13 The Auction License Act.

14 The Certified Anesthesiologist Assistant Practice Act.

15 The Genetic Counselor Licensing Act.

16 The Illinois Architecture Practice Act of 1989.

17 The Illinois Certified Shorthand Reporters Act of 1984.

18 The Illinois Professional Land Surveyor Act of 1989.

19 The Orthotics, Prosthetics, and Pedorthics Practice Act.

20 The Perfusionist Practice Act.

21 The Professional Engineering Practice Act of 1989.

22 The Real Estate License Act of 2000.

23 The Structural Engineering Practice Act of 1989.

24 (Source: P.A. 102-558, eff. 8-20-21; 103-763, eff. 1-1-25;

1 103-816, eff. 8-9-24; revised 11-26-24.)

2 Section 905. The Ambulatory Surgical Treatment Center Act
3 is amended by changing Section 6.5 as follows:

4 (210 ILCS 5/6.5)

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

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

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

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

11 (2.5) A registered nurse licensed under the Nurse
12 Practice Act and qualified by training and experience in
13 operating room nursing shall be present in the operating
14 room and function as the circulating nurse during all
15 invasive or operative procedures. For purposes of this
16 paragraph (2.5), "circulating nurse" means a registered
17 nurse who is responsible for coordinating all nursing
18 care, patient safety needs, and the needs of the surgical
19 team in the operating room during an invasive or operative
20 procedure.

21 (3) An advanced practice registered nurse is not
22 required to possess prescriptive authority or a written
23 collaborative agreement meeting the requirements of the
24 Nurse Practice Act to provide advanced practice registered
25 nursing services in an ambulatory surgical treatment
26 center. An advanced practice registered nurse must possess

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

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

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

25 (i) an anesthesiologist; or

26 (ii) a physician licensed to practice medicine

1 in all its branches; or

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

5 (iv) a licensed certified registered nurse
6 anesthetist; or

7 (v) a podiatric physician licensed under the
8 Podiatric Medical Practice Act of 1987; ~~or-~~

9 (vi) a licensed certified anesthesiologist
10 assistant under the supervision of an
11 anesthesiologist.

12 (B) For anesthesia services, an anesthesiologist
13 shall participate through discussion of and agreement
14 with the anesthesia plan and shall remain physically
15 present and be available on the premises during the
16 delivery of anesthesia services for diagnosis,
17 consultation, and treatment of emergency medical
18 conditions. In the absence of 24-hour availability of
19 anesthesiologists with clinical privileges, an
20 alternate policy (requiring participation, presence,
21 and availability of a physician licensed to practice
22 medicine in all its branches) shall be developed by
23 the medical staff consulting committee in consultation
24 with the anesthesia service and included in the
25 medical staff consulting committee policies.

26 (C) A certified registered nurse anesthetist is

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

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

18 Section 910. The Hospital Licensing Act is amended by
19 changing Section 10.7 as follows:

20 (210 ILCS 85/10.7)

21 Sec. 10.7. Clinical privileges; advanced practice
22 registered nurses. All hospitals licensed under this Act
23 shall comply with the following requirements:

24 (1) No hospital policy, rule, regulation, or practice

1 shall be inconsistent with the provision of adequate
2 collaboration and consultation in accordance with Section
3 54.5 of the Medical Practice Act of 1987.

4 (2) Operative surgical procedures shall be performed
5 only by a physician licensed to practice medicine in all
6 its branches under the Medical Practice Act of 1987, a
7 dentist licensed under the Illinois Dental Practice Act,
8 or a podiatric physician licensed under the Podiatric
9 Medical Practice Act of 1987, with medical staff
10 membership and surgical clinical privileges granted at the
11 hospital. A licensed physician, dentist, or podiatric
12 physician may be assisted by a physician licensed to
13 practice medicine in all its branches, dentist, dental
14 assistant, podiatric physician, licensed advanced practice
15 registered nurse, licensed physician assistant, licensed
16 registered nurse, licensed practical nurse, surgical
17 assistant, surgical technician, licensed certified
18 anesthesiologist assistant, or other individuals granted
19 clinical privileges to assist in surgery at the hospital.
20 Payment for services rendered by an assistant in surgery
21 who is not a hospital employee shall be paid at the
22 appropriate non-physician modifier rate if the payor would
23 have made payment had the same services been provided by a
24 physician.

25 (2.5) A registered nurse licensed under the Nurse
26 Practice Act and qualified by training and experience in

1 operating room nursing shall be present in the operating
2 room and function as the circulating nurse during all
3 invasive or operative procedures. For purposes of this
4 paragraph (2.5), "circulating nurse" means a registered
5 nurse who is responsible for coordinating all nursing
6 care, patient safety needs, and the needs of the surgical
7 team in the operating room during an invasive or operative
8 procedure.

9 (3) An advanced practice registered nurse is not
10 required to possess prescriptive authority or a written
11 collaborative agreement meeting the requirements of the
12 Nurse Practice Act to provide advanced practice registered
13 nursing services in a hospital. An advanced practice
14 registered nurse must possess clinical privileges
15 recommended by the medical staff and granted by the
16 hospital in order to provide services. Individual advanced
17 practice registered nurses may also be granted clinical
18 privileges to order, select, and administer medications,
19 including controlled substances, to provide delineated
20 care. The attending physician must determine the advanced
21 practice registered nurse's role in providing care for his
22 or her patients, except as otherwise provided in medical
23 staff bylaws. The medical staff shall periodically review
24 the services of advanced practice registered nurses
25 granted privileges. This review shall be conducted in
26 accordance with item (2) of subsection (a) of Section 10.8

1 of this Act for advanced practice registered nurses
2 employed by the hospital.

3 (4) The anesthesia service shall be under the
4 direction of a physician licensed to practice medicine in
5 all its branches who has had specialized preparation or
6 experience in the area or who has completed a residency in
7 anesthesiology. An anesthesiologist, Board certified or
8 Board eligible, is recommended. Anesthesia services may
9 only be administered pursuant to the order of a physician
10 licensed to practice medicine in all its branches,
11 licensed dentist, or licensed podiatric physician.

12 (A) The individuals who, with clinical privileges
13 granted at the hospital, may administer anesthesia
14 services are limited to the following:

15 (i) an anesthesiologist; or

16 (ii) a physician licensed to practice medicine
17 in all its branches; or

18 (iii) a dentist with authority to administer
19 anesthesia under Section 8.1 of the Illinois
20 Dental Practice Act; or

21 (iv) a licensed certified registered nurse
22 anesthetist; or

23 (v) a podiatric physician licensed under the
24 Podiatric Medical Practice Act of 1987; ~~or-~~

25 (vi) a licensed certified anesthesiologist
26 assistant under the supervision of an

1 anesthesiologist.

2 (B) For anesthesia services, an anesthesiologist
3 shall participate through discussion of and agreement
4 with the anesthesia plan and shall remain physically
5 present and be available on the premises during the
6 delivery of anesthesia services for diagnosis,
7 consultation, and treatment of emergency medical
8 conditions. In the absence of 24-hour availability of
9 anesthesiologists with medical staff privileges, an
10 alternate policy (requiring participation, presence,
11 and availability of a physician licensed to practice
12 medicine in all its branches) shall be developed by
13 the medical staff and licensed hospital in
14 consultation with the anesthesia service.

15 (C) A certified registered nurse anesthetist is
16 not required to possess prescriptive authority or a
17 written collaborative agreement meeting the
18 requirements of Section 65-35 of the Nurse Practice
19 Act to provide anesthesia services ordered by a
20 licensed physician, dentist, or podiatric physician.
21 Licensed certified registered nurse anesthetists are
22 authorized to select, order, and administer drugs and
23 apply the appropriate medical devices in the provision
24 of anesthesia services under the anesthesia plan
25 agreed with by the anesthesiologist or, in the absence
26 of an available anesthesiologist with clinical

1 privileges, agreed with by the operating physician,
2 operating dentist, or operating podiatric physician in
3 accordance with the hospital's alternative policy.
4 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

5 Section 915. The Medical Practice Act of 1987 is amended
6 by changing Sections 7.1 and 54.5 and by adding Section 54.7 as
7 follows:

8 (225 ILCS 60/7.1)

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

10 Sec. 7.1. Medical Board.

11 (A) There is hereby created the Illinois State Medical
12 Board. The Medical Board shall consist of 18 ~~17~~ members, to be
13 appointed by the Governor by and with the advice and consent of
14 the Senate. All members shall be residents of the State, not
15 more than 9 ~~8~~ of whom shall be members of the same political
16 party. All members shall be voting members. Eight members
17 shall be physicians licensed to practice medicine in all of
18 its branches in Illinois possessing the degree of doctor of
19 medicine. Two members shall be physicians licensed to practice
20 medicine in all its branches in Illinois possessing the degree
21 of doctor of osteopathy or osteopathic medicine. Two of the
22 physician members shall be physicians who collaborate with
23 physician assistants. Two members shall be chiropractic
24 physicians licensed to practice in Illinois and possessing the

1 degree of doctor of chiropractic. Two members shall be
2 physician assistants licensed to practice in Illinois. One
3 member shall be a certified anesthesiologist assistant
4 licensed to practice in Illinois. Three members shall be
5 members of the public, who shall not be engaged in any way,
6 directly or indirectly, as providers of health care.

7 (B) Members of the Medical Board shall be appointed for
8 terms of 4 years. Upon the expiration of the term of any
9 member, their successor shall be appointed for a term of 4
10 years by the Governor by and with the advice and consent of the
11 Senate. The Governor shall fill any vacancy for the remainder
12 of the unexpired term with the advice and consent of the
13 Senate. Upon recommendation of the Medical Board, any member
14 of the Medical Board may be removed by the Governor for
15 misfeasance, malfeasance, or willful neglect of duty, after
16 notice, and a public hearing, unless such notice and hearing
17 shall be expressly waived in writing. Each member shall serve
18 on the Medical Board until their successor is appointed and
19 qualified. No member of the Medical Board shall serve more
20 than 2 consecutive 4-year terms.

21 In making appointments the Governor shall attempt to
22 ensure that the various social and geographic regions of the
23 State of Illinois are properly represented.

24 In making the designation of persons to act for the
25 several professions represented on the Medical Board, the
26 Governor shall give due consideration to recommendations by

1 members of the respective professions and by organizations
2 therein.

3 (C) The Medical Board shall annually elect one of its
4 voting members as chairperson and one as vice chairperson. No
5 officer shall be elected more than twice in succession to the
6 same office. Each officer shall serve until their successor
7 has been elected and qualified.

8 (D) A majority of the Medical Board members currently
9 appointed shall constitute a quorum. A vacancy in the
10 membership of the Medical Board shall not impair the right of a
11 quorum to exercise all the rights and perform all the duties of
12 the Medical Board. Any action taken by the Medical Board under
13 this Act may be authorized by resolution at any regular or
14 special meeting and each such resolution shall take effect
15 immediately. The Medical Board shall meet at least quarterly.

16 (E) Each member shall be paid their necessary expenses
17 while engaged in the performance of their duties.

18 (F) The Secretary shall select a Chief Medical Coordinator
19 and not less than 2 Deputy Medical Coordinators who shall not
20 be members of the Medical Board. Each medical coordinator
21 shall be a physician licensed to practice medicine in all of
22 its branches, and the Secretary shall set their rates of
23 compensation. The Secretary shall assign at least one medical
24 coordinator to a region composed of Cook County and such other
25 counties as the Secretary may deem appropriate, and such
26 medical coordinator or coordinators shall locate their office

1 in Chicago. The Secretary shall assign at least one medical
2 coordinator to a region composed of the balance of counties in
3 the State, and such medical coordinator or coordinators shall
4 locate their office in Springfield. The Chief Medical
5 Coordinator shall be the chief enforcement officer of this
6 Act. None of the functions, powers, or duties of the
7 Department with respect to policies regarding enforcement or
8 discipline under this Act, including the adoption of such
9 rules as may be necessary for the administration of this Act,
10 shall be exercised by the Department except upon review of the
11 Medical Board.

12 (G) The Secretary shall employ, in conformity with the
13 Personnel Code, investigators who are college graduates with
14 at least 2 years of investigative experience or one year of
15 advanced medical education. Upon the written request of the
16 Medical Board, the Secretary shall employ, in conformity with
17 the Personnel Code, such other professional, technical,
18 investigative, and clerical help, either on a full or
19 part-time basis as the Medical Board deems necessary for the
20 proper performance of its duties.

21 (H) Upon the specific request of the Medical Board, signed
22 by either the chairperson, vice chairperson, or a medical
23 coordinator of the Medical Board, the Department of Human
24 Services, the Department of Healthcare and Family Services,
25 the Department of State Police, or any other law enforcement
26 agency located in this State shall make available any and all

1 information that they have in their possession regarding a
2 particular case then under investigation by the Medical Board.

3 (I) Members of the Medical Board shall be immune from suit
4 in any action based upon any disciplinary proceedings or other
5 acts performed in good faith as members of the Medical Board.

6 (J) The Medical Board may compile and establish a
7 statewide roster of physicians and other medical
8 professionals, including the several medical specialties, of
9 such physicians and medical professionals, who have agreed to
10 serve from time to time as advisors to the medical
11 coordinators. Such advisors shall assist the medical
12 coordinators or the Medical Board in their investigations and
13 participation in complaints against physicians. Such advisors
14 shall serve under contract and shall be reimbursed at a
15 reasonable rate for the services provided, plus reasonable
16 expenses incurred. While serving in this capacity, the
17 advisor, for any act undertaken in good faith and in the
18 conduct of his or her duties under this Section, shall be
19 immune from civil suit.

20 (Source: P.A. 102-20, eff. 1-1-22.)

21 (225 ILCS 60/54.5)

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

23 Sec. 54.5. Physician delegation of authority to physician
24 assistants, certified anesthesiologist assistants, advanced
25 practice registered nurses without full practice authority,

1 and prescribing psychologists.

2 (a) Physicians licensed to practice medicine in all its
3 branches may delegate care and treatment responsibilities to a
4 physician assistant under guidelines in accordance with the
5 requirements of the Physician Assistant Practice Act of 1987.
6 A physician licensed to practice medicine in all its branches
7 may enter into collaborative agreements with no more than 7
8 full-time equivalent physician assistants, except in a
9 hospital, hospital affiliate, or ambulatory surgical treatment
10 center as set forth by Section 7.7 of the Physician Assistant
11 Practice Act of 1987 and as provided in subsection (a-5).

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

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

21 (b) A physician licensed to practice medicine in all its
22 branches in active clinical practice may collaborate with an
23 advanced practice registered nurse in accordance with the
24 requirements of the Nurse Practice Act. Collaboration is for
25 the purpose of providing medical consultation, and no
26 employment relationship is required. A written collaborative

1 agreement shall conform to the requirements of Section 65-35
2 of the Nurse Practice Act. The written collaborative agreement
3 shall be for services for which the collaborating physician
4 can provide adequate collaboration. A written collaborative
5 agreement shall be adequate with respect to collaboration with
6 advanced practice registered nurses if all of the following
7 apply:

8 (1) The agreement is written to promote the exercise
9 of professional judgment by the advanced practice
10 registered nurse commensurate with his or her education
11 and experience.

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

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

23 (b-5) An anesthesiologist or physician licensed to
24 practice medicine in all its branches may collaborate with a
25 certified registered nurse anesthetist in accordance with
26 Section 65-35 of the Nurse Practice Act for the provision of

1 anesthesia services. With respect to the provision of
2 anesthesia services, the collaborating anesthesiologist or
3 physician shall have training and experience in the delivery
4 of anesthesia services consistent with Department rules.
5 Collaboration shall be adequate if:

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

10 (2) for anesthesia services, the anesthesiologist or
11 physician participates through discussion of and agreement
12 with the anesthesia plan and is physically present and
13 available on the premises during the delivery of
14 anesthesia services for diagnosis, consultation, and
15 treatment of emergency medical conditions. Anesthesia
16 services in a hospital shall be conducted in accordance
17 with Section 10.7 of the Hospital Licensing Act and in an
18 ambulatory surgical treatment center in accordance with
19 Section 6.5 of the Ambulatory Surgical Treatment Center
20 Act.

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

24 (b-15) Under delegation from a supervising
25 anesthesiologist, a certified anesthesiologist assistant
26 licensed under the Certified Anesthesiologist Assistant

1 Practice Act is authorized to select, order, and administer
2 drugs, performing skill sets within the scope of the certified
3 anesthesiologist assistant's education and training, and apply
4 the appropriate medical devices in the provision of anesthesia
5 services under the anesthesia plan agreed to by the
6 supervising anesthesiologist.

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 (225 ILCS 60/54.7 new)

22 Sec. 54.7. Certified anesthesiologist assistants;
23 administration of anesthesia. Nothing in this Act precludes a
24 certified anesthesiologist assistant licensed under the
25 Certified Anesthesiologist Assistant Practice Act from

1 selecting, ordering, and administering drugs, perform skill
2 sets within the scope of the certified anesthesiologist
3 assistant's education and training, and applying the
4 appropriate medical devices in the provision of anesthesia
5 services under the anesthesia plan agreed to by the
6 supervising anesthesiologist licensed to practice medicine in
7 this State.