

104TH GENERAL ASSEMBLY**State of Illinois****2025 and 2026****SB2932**

Introduced 1/27/2026, 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 17376 BAB 30801 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 65-75 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 Sections ~~Section~~ 65-43 and 65-75.

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 (b-10) In the case of home birth services provided by a
19 certified nurse midwife, a written collaborative agreement may
20 permit a certified nurse midwife to provide home birth
21 services within the scope of the certified nurse midwife's
22 training and experience. A written collaborative agreement may
23 not prohibit a certified nurse midwife from providing home
24 birth services within the scope of the certified nurse
25 midwife's training and experience. Where the collaborating
26 physician does not provide home birth services, home birth

1 services may be provided by a certified nurse midwife working
2 under a written collaborative agreement with a collaborating
3 physician when the services are provided in a federal primary
4 care health professional shortage area with a Health
5 Professional Shortage Area score greater than or equal to 12,
6 as determined by the United States Department of Health and
7 Human Services, or a maternity care desert.

8 (c) In the case of anesthesia services provided by a
9 certified registered nurse anesthetist, a certified registered
10 nurse anesthetist shall seek consultation regarding
11 development of an anesthesia plan and treatment of patients as
12 is appropriate to the certified registered nurse anesthetist's
13 level of expertise and scope of practice and as is warranted by
14 the needs of the patient ~~an anesthesiologist, a physician, a~~
15 ~~dentist, or a podiatric physician must participate through~~
16 ~~discussion of and agreement with the anesthesia plan and~~
17 ~~remain physically present and available on the premises during~~
18 ~~the delivery of anesthesia services for diagnosis,~~
19 ~~consultation, and treatment of emergency medical conditions.~~

20 (c-5) A certified registered nurse anesthetist, who
21 provides anesthesia and related services outside of a hospital
22 or ambulatory surgical treatment center shall enter into a
23 written collaborative agreement with an anesthesiologist or
24 the physician licensed to practice medicine in all its
25 branches or the podiatric physician performing the procedure.
26 The collaborative agreement may, but is not required to,

1 include the following terms: (i) that the certified registered
2 nurse anesthetist providing anesthesia services and the
3 anesthesiologist, physician, or podiatric physician
4 participate through discussion of and reach agreement on the
5 anesthesia plan or (ii) that anesthesia services shall only be
6 delivered when the anesthesiologist, physician, or podiatric
7 physician is present and available on the premises for
8 diagnosis, consultation, and treatment of emergency medical
9 conditions. Outside of a hospital or ambulatory surgical
10 treatment center, the certified registered nurse anesthetist
11 may provide only those services that the collaborating
12 podiatric physician is authorized to provide pursuant to the
13 Podiatric Medical Practice Act of 1987 and rules adopted
14 thereunder. A certified registered nurse anesthetist may
15 select, order, and administer medication, including controlled
16 substances, and apply appropriate medical devices for delivery
17 of anesthesia and related services ~~under the anesthesia plan~~
18 ~~agreed with by the anesthesiologist or the operating physician~~
19 ~~or operating podiatric physician.~~

20 (c-10) A certified registered nurse anesthetist who
21 provides anesthesia services in a dental office shall enter
22 into a written collaborative agreement with an
23 anesthesiologist or the physician licensed to practice
24 medicine in all its branches or the operating dentist
25 performing the procedure. The agreement shall describe the
26 working relationship of the certified registered nurse

1 anesthetist and dentist and shall authorize the categories of
2 care, treatment, or procedures to be performed by the
3 certified registered nurse anesthetist. The collaborative
4 agreement may, but is not required to, include the following
5 terms: (i) that the certified registered nurse anesthetist
6 providing anesthesia services and the anesthesiologist,
7 physician, or podiatric physician participate through
8 discussion of and reach agreement on the anesthesia plan or
9 (ii) that anesthesia services shall only be delivered when the
10 anesthesiologist, physician, or podiatric physician is present
11 and available on the premises for diagnosis, consultation, and
12 treatment of emergency medical conditions. In a collaborating
13 dentist's office, the certified registered nurse anesthetist
14 may only provide those services that the operating dentist
15 with the appropriate permit is authorized to provide pursuant
16 to the Illinois Dental Practice Act and rules adopted
17 thereunder. For anesthesia services, a certified registered
18 nurse anesthetist shall seek consultation regarding
19 development of an anesthesia plan and treatment of patients as
20 is appropriate to the certified registered nurse anesthetist's
21 level of expertise and scope of practice and as is warranted by
22 the needs of the patient ~~an anesthesiologist, physician, or~~
23 ~~operating dentist shall participate through discussion of and~~
24 ~~agreement with the anesthesia plan and shall remain physically~~
25 ~~present and be available on the premises during the delivery~~
26 ~~of anesthesia services for diagnosis, consultation, and~~

1 ~~treatment of emergency medical conditions.~~ A certified
2 registered nurse anesthetist may select, order, and administer
3 medication, including controlled substances, and apply
4 appropriate medical devices for delivery of anesthesia and
5 related services ~~under the anesthesia plan agreed with by the~~
6 ~~operating dentist.~~

7 (c-15) An advanced practice registered nurse who had a
8 written collaborative agreement with a podiatric physician
9 immediately before the effective date of Public Act 100-513
10 may continue in that collaborative relationship or enter into
11 a new written collaborative relationship with a podiatric
12 physician under the requirements of this Section and Section
13 65-40, as those Sections existed immediately before the
14 amendment of those Sections by Public Act 100-513 with regard
15 to a written collaborative agreement between an advanced
16 practice registered nurse and a podiatric physician.

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

21 (e) Nothing in this Act shall be construed to limit the
22 delegation of tasks or duties by a physician to a licensed
23 practical nurse, a registered professional nurse, or other
24 persons in accordance with Section 54.2 of the Medical
25 Practice Act of 1987. Nothing in this Act shall be construed to
26 limit the method of delegation that may be authorized by any

1 means, including, but not limited to, oral, written,
2 electronic, standing orders, protocols, guidelines, or verbal
3 orders.

4 (e-5) Nothing in this Act shall be construed to authorize
5 an advanced practice registered nurse to provide health care
6 services required by law or rule to be performed by a
7 physician. The scope of practice of an advanced practice
8 registered nurse does not include operative surgery. Nothing
9 in this Section shall be construed to preclude an advanced
10 practice registered nurse from assisting in surgery.

11 (f) An advanced practice registered nurse shall inform
12 each collaborating physician, dentist, or podiatric physician
13 of all collaborative agreements he or she has signed and
14 provide a copy of these to any collaborating physician,
15 dentist, or podiatric physician upon request.

16 (g) (Blank).

17 (Source: P.A. 104-244, eff. 1-1-26.)

18 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

20 Sec. 65-45. Advanced practice registered nursing in
21 hospitals, hospital affiliates, or ambulatory surgical
22 treatment centers.

23 (a) An advanced practice registered nurse may provide
24 services in a hospital or a hospital affiliate as those terms
25 are defined in the Hospital Licensing Act or the University of

1 Illinois Hospital Act or a licensed ambulatory surgical
2 treatment center without a written collaborative agreement
3 pursuant to Section 65-35 of this Act. An advanced practice
4 registered nurse must possess clinical privileges recommended
5 by the hospital medical staff and granted by the hospital or
6 the consulting medical staff committee and ambulatory surgical
7 treatment center in order to provide services. The medical
8 staff or consulting medical staff committee shall periodically
9 review the services of all advanced practice registered nurses
10 granted clinical privileges, including any care provided in a
11 hospital affiliate. Authority may also be granted when
12 recommended by the hospital medical staff and granted by the
13 hospital or recommended by the consulting medical staff
14 committee and ambulatory surgical treatment center to
15 individual advanced practice registered nurses to select,
16 order, and administer medications, including controlled
17 substances, to provide delineated care. In a hospital,
18 hospital affiliate, or ambulatory surgical treatment center,
19 the attending physician shall determine an advanced practice
20 registered nurse's role in providing care for his or her
21 patients, except as otherwise provided in the medical staff
22 bylaws or consulting committee policies.

23 (a-2) An advanced practice registered nurse privileged to
24 order medications, including controlled substances, may
25 complete discharge prescriptions provided the prescription is
26 in the name of the advanced practice registered nurse and the

1 attending or discharging physician.

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

7 (a-4) An advanced practice registered nurse meeting the
8 requirements of Section 65-43 or 65-75 may be privileged to
9 complete discharge orders and prescriptions under the advanced
10 practice registered nurse's name.

11 (a-5) For anesthesia services provided by a certified
12 registered nurse anesthetist, certified registered nurse
13 anesthetist shall seek consultation regarding development of
14 an anesthesia plan and treatment of patients as is appropriate
15 to the certified registered nurse anesthetist's level of
16 expertise and scope of practice and as is warranted by the
17 needs of the patient ~~an anesthesiologist, physician, dentist,~~
18 ~~or podiatric physician shall participate through discussion of~~
19 ~~and agreement with the anesthesia plan and shall remain~~
20 ~~physically present and be available on the premises during the~~
21 ~~delivery of anesthesia services for diagnosis, consultation,~~
22 ~~and treatment of emergency medical conditions, unless hospital~~
23 ~~policy adopted pursuant to clause (B) of subdivision (3) of~~
24 ~~Section 10.7 of the Hospital Licensing Act or ambulatory~~
25 ~~surgical treatment center policy adopted pursuant to clause~~
26 ~~(B) of subdivision (3) of Section 6.5 of the Ambulatory~~

1 ~~Surgical Treatment Center Act provides otherwise.~~ A certified
2 registered nurse anesthetist may select, order, and administer
3 medication for anesthesia and related services ~~under the~~
4 ~~anesthesia plan agreed to by the anesthesiologist or the~~
5 ~~physician,~~ in accordance with hospital ~~alternative~~ policy or
6 the medical staff consulting committee policies of a licensed
7 ambulatory surgical treatment center.

8 (b) An advanced practice registered nurse who provides
9 services in a hospital shall do so in accordance with Section
10 10.7 of the Hospital Licensing Act and, in an ambulatory
11 surgical treatment center, in accordance with Section 6.5 of
12 the Ambulatory Surgical Treatment Center Act. Nothing in this
13 Act shall be construed to require an advanced practice
14 registered nurse to have a collaborative agreement to practice
15 in a hospital, hospital affiliate, or ambulatory surgical
16 treatment center.

17 (c) Advanced practice registered nurses certified as nurse
18 practitioners, nurse midwives, or clinical nurse specialists
19 practicing in a hospital affiliate may be, but are not
20 required to be, privileged to prescribe Schedule II through V
21 controlled substances when such authority is recommended by
22 the appropriate physician committee of the hospital affiliate
23 and granted by the hospital affiliate. This authority may, but
24 is not required to, include prescription of, selection of,
25 orders for, administration of, storage of, acceptance of
26 samples of, and dispensing over-the-counter medications,

1 legend drugs, medical gases, and controlled substances
2 categorized as Schedule II through V controlled substances, as
3 defined in Article II of the Illinois Controlled Substances
4 Act, and other preparations, including, but not limited to,
5 botanical and herbal remedies.

6 To prescribe controlled substances under this subsection
7 (c), an advanced practice registered nurse certified as a
8 nurse practitioner, nurse midwife, or clinical nurse
9 specialist must obtain a controlled substance license.
10 Medication orders shall be reviewed periodically by the
11 appropriate hospital affiliate physicians committee or its
12 physician designee.

13 The hospital affiliate shall file with the Department
14 notice of a grant of prescriptive authority consistent with
15 this subsection (c) and termination of such a grant of
16 authority, in accordance with rules of the Department. Upon
17 receipt of this notice of grant of authority to prescribe any
18 Schedule II through V controlled substances, the licensed
19 advanced practice registered nurse certified as a nurse
20 practitioner, nurse midwife, or clinical nurse specialist may
21 register for a mid-level practitioner controlled substance
22 license under Section 303.05 of the Illinois Controlled
23 Substances Act.

24 In addition, a hospital affiliate may, but is not required
25 to, privilege an advanced practice registered nurse certified
26 as a nurse practitioner, nurse midwife, or clinical nurse

1 specialist to prescribe any Schedule II controlled substances,
2 if all of the following conditions apply:

3 (1) specific Schedule II controlled substances by oral
4 dosage or topical or transdermal application may be
5 designated, provided that the designated Schedule II
6 controlled substances are routinely prescribed by advanced
7 practice registered nurses in their area of certification;
8 the privileging documents must identify the specific
9 Schedule II controlled substances by either brand name or
10 generic name; privileges to prescribe or dispense Schedule
11 II controlled substances to be delivered by injection or
12 other route of administration may not be granted;

13 (2) any privileges must be controlled substances
14 limited to the practice of the advanced practice
15 registered nurse;

16 (3) any prescription must be limited to no more than a
17 30-day supply;

18 (4) the advanced practice registered nurse must
19 discuss the condition of any patients for whom a
20 controlled substance is prescribed monthly with the
21 appropriate physician committee of the hospital affiliate
22 or its physician designee; and

23 (5) the advanced practice registered nurse must meet
24 the education requirements of Section 303.05 of the
25 Illinois Controlled Substances Act.

26 (d) An advanced practice registered nurse meeting the

1 requirements of Section 65-43 may be privileged to prescribe
2 controlled substances categorized as Schedule II through V in
3 accordance with Section 65-43.

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

5 (225 ILCS 65/65-75 new)

6 Sec. 65-75. Conditions under which a written collaborative
7 agreement is not required.

8 (a) An Illinois-licensed advanced practice registered
9 nurse certified as a certified registered nurse anesthetist
10 shall be deemed by law to possess the ability to practice
11 without a written collaborative agreement as set forth in this
12 Act.

13 (b) An advanced practice registered nurse certified as a
14 certified registered nurse anesthetist who (i) has attained
15 national certification and completed a professional practice
16 doctorate or (ii) files with the Department a notarized
17 attestation of completion of at least 250 hours of continuing
18 education or training and at least 4,000 hours of clinical
19 experience after first attaining national certification, shall
20 not require a written collaborative agreement. Documentation
21 of successful completion shall be provided to the Department
22 upon request. Continuing education or training hours required
23 by this subsection shall be in the certified registered nurse
24 anesthetist's area of certification as set forth by Department
25 rule.

1 The clinical experience must be in the certified
2 registered nurse anesthetist's area of certification. The
3 clinical experience shall be in collaboration with a physician
4 or physicians or a certified registered nurse anesthetist with
5 full practice authority. Completion of the clinical experience
6 must be attested to by the collaborating physician or
7 physicians or employer, collaborating certified registered
8 nurse anesthetist and the certified registered nurse
9 anesthetist. If the collaborating physician or physicians
10 collaborating certified nurse anesthetist, or employer is
11 unable to attest to the completion of the clinical experience,
12 the Department may accept other evidence of clinical
13 experience as established by rule.

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

16 (1) all matters included in subsection (c) of Section
17 65-30 of this Act;

18 (2) practicing without a written collaborative
19 agreement in all practice settings consistent with
20 national certification;

21 (3) authority to prescribe both legend drugs and
22 Schedule II through V controlled substances; this
23 authority includes prescription of, selection of, orders
24 for, administration of, storage of, acceptance of samples
25 of, and dispensing over the counter medications, legend
26 drugs, and controlled substances categorized as any

1 Schedule II through V controlled substances, as defined in
2 Article II of the Illinois Controlled Substances Act, and
3 other preparations, including, but not limited to,
4 botanical and herbal remedies;

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

7 (5) authority to obtain an Illinois controlled
8 substance license and a federal Drug Enforcement
9 Administration number.

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

13 (e) Nothing in this Act shall be construed to authorize a
14 certified registered nurse anesthetist with full practice
15 authority to provide health care services required by law or
16 rule to be performed by a physician.

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

19 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

20 (Section scheduled to be repealed on January 1, 2031)

21 Sec. 8.1. Permit for the administration of anesthesia and
22 sedation.

23 (a) No licensed dentist shall administer general
24 anesthesia, deep sedation, or moderate sedation without first

1 applying for and obtaining a permit for such purpose from the
2 Department. The Department shall issue such permit only after
3 ascertaining that the applicant possesses the minimum
4 qualifications necessary to protect public safety. A person
5 with a dental degree who administers anesthesia, deep
6 sedation, or moderate sedation in an approved hospital
7 training program under the supervision of either a licensed
8 dentist holding such permit or a physician licensed to
9 practice medicine in all its branches shall not be required to
10 obtain such permit.

11 (b) The minimum requirements for a permit to administer
12 moderate sedation issued after the effective date of this
13 amendatory Act of the 103rd General Assembly shall include the
14 completion of a minimum of 75 hours of didactic and supervised
15 clinical study in either:

16 (1) an American Dental Association Commission on
17 Dental Accreditation accredited dental specialty program,
18 general practice residency, or advanced education in
19 general dentistry residency that includes training and
20 documentation in moderate sedation techniques appropriate
21 for each specialty or an American Dental Association
22 Commission on Dental Accreditation accredited dental
23 anesthesiology residency program and proof of completion
24 of 20 individually managed patients utilizing appropriate
25 routes of administration, in which the applicant is the
26 sole provider, which can include, but are not limited to,

1 intravenous, oral, intranasal, or intramuscular or
2 combinations thereof; or

3 (2) a structured course of study provided by an
4 approved continuing education provider that includes
5 training and documentation in moderate sedation, physical
6 evaluation, venipuncture, advanced airway management,
7 technical administration, recognition and management of
8 complications and emergencies and monitoring with
9 additional supervised experience and documentation
10 demonstrating competence in providing moderate sedation
11 utilizing enteral and parenteral routes of administration
12 of medications to competency to 20 individual patient
13 experiences on a 1 to 1 ratio with an instructor, in which
14 the applicant is the sole provider of sedation over a
15 continuous time frame as set by the Department and as
16 provided in the American Dental Association's Guidelines
17 for Teaching Pain Control and Sedation to Dentists and
18 Dental Students.

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

23 (1) the completion of a minimum of 2 years of advanced
24 training in anesthesiology beyond the pre-doctoral level
25 in a training program approved by the American Dental
26 Association's Council on Dental Education and Licensure,

1 as outlined in Guidelines for Teaching Pain Control and
2 Sedation to Dentists and Dental Students, as published by
3 the American Dental Association's Council on Dental
4 Education and Licensure;

5 (2) a specialty license in oral and maxillofacial
6 surgery;

7 (3) completion of an accredited oral or maxillofacial
8 surgery residency program; or

9 (4) the completion of an American Dental Association
10 Commission on Dental Accreditation accredited dental
11 anesthesiology residency program.

12 (b-10) The Department may establish, by rule, additional
13 training programs and training requirements consistent with
14 this Section to ensure patient safety in dental offices
15 administering anesthesia, which shall include, but not be
16 limited to the following:

17 (1) (blank);

18 (2) establish the standards for properly equipped
19 dental facilities (other than licensed hospitals and
20 ambulatory surgical treatment centers) in which general
21 anesthesia, deep sedation, or moderate sedation is
22 administered, as necessary to protect public safety;

23 (3) establish minimum requirements for all persons who
24 assist the dentist in the administration of general
25 anesthesia, deep sedation, or moderate sedation, including
26 minimum training requirements for each member of the

1 dental team, monitoring requirements, recordkeeping
2 requirements, and emergency procedures;

3 (4) ensure that the dentist has completed and
4 maintains current certification in advanced cardiac life
5 support or pediatric advanced life support and all persons
6 assisting the dentist or monitoring the administration of
7 general anesthesia, deep sedation, or moderate sedation
8 maintain current certification in Basic Life Support
9 (BLS); and

10 (5) establish continuing education requirements in
11 sedation techniques and airway management for dentists who
12 possess a permit under this Section.

13 The Department shall adopt rules that ensure that a
14 continuing education course designed to meet the permit
15 requirements for moderate sedation training is reviewed and
16 certified by the Department if the course is not accredited by
17 the American Dental Association Commission on Dental
18 Accreditation.

19 When establishing requirements under this Section, the
20 Department shall consider the current American Dental
21 Association guidelines on sedation and general anesthesia, the
22 current "Guidelines for Monitoring and Management of Pediatric
23 Patients During and After Sedation for Diagnostic and
24 Therapeutic Procedures" established by the American Academy of
25 Pediatrics and the American Academy of Pediatric Dentistry,
26 and the current parameters of care and Office Anesthesia

1 Evaluation (OAE) Manual established by the American
2 Association of Oral and Maxillofacial Surgeons.

3 (c) A licensed dentist must hold an appropriate permit
4 issued under this Section in order to perform dentistry while
5 a nurse anesthetist administers moderate sedation, and a valid
6 written collaborative agreement must exist between the dentist
7 and the nurse anesthetist, in accordance with the Nurse
8 Practice Act, unless the nurse anesthetist has full practice
9 authority under the requirements of Section 65-75.

10 A licensed dentist must hold an appropriate permit issued
11 under this Section in order to perform dentistry while a nurse
12 anesthetist administers deep sedation or general anesthesia,
13 and a valid written collaborative agreement must exist between
14 the dentist and the nurse anesthetist, in accordance with the
15 Nurse Practice Act, unless the nurse anesthetist has full
16 practice authority under the requirements of Section 65-75.

17 For the purposes of this subsection (c), "nurse
18 anesthetist" means a licensed certified registered nurse
19 anesthetist who holds a license as an advanced practice
20 registered nurse.

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

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

24 (225 ILCS 100/20.5)

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

2 Sec. 20.5. Delegation of authority to advanced practice
3 registered nurses.

4 (a) A podiatric physician in active clinical practice may
5 collaborate with an advanced practice registered nurse in
6 accordance with the requirements of the Nurse Practice Act.
7 Collaboration shall be for the purpose of providing podiatric
8 care and no employment relationship shall be required. A
9 written collaborative agreement shall conform to the
10 requirements of Section 65-35 of the Nurse Practice Act. A
11 written collaborative agreement and podiatric physician
12 collaboration and consultation shall be adequate with respect
13 to advanced practice registered nurses if all of the following
14 apply:

15 (1) With respect to the provision of anesthesia
16 services by a certified registered nurse anesthetist, the
17 collaborating podiatric physician must have training and
18 experience in the delivery of anesthesia consistent with
19 Department rules unless the certified registered nurse
20 anesthetist has full practice authority under the
21 requirements of Section 65-75.

22 (2) Methods of communication are available with the
23 collaborating podiatric physician in person or through
24 telecommunications or electronic communications for
25 consultation, collaboration, and referral as needed to
26 address patient care needs.

1 (3) With respect to the provision of anesthesia
2 services by a certified registered nurse anesthetist,
3 certified registered nurse anesthetist shall seek
4 consultation regarding development of an anesthesia plan
5 and treatment of patients as is appropriate to the
6 certified registered nurse anesthetist's level of
7 expertise and scope of practice and as is warranted by the
8 needs of the patient ~~an anesthesiologist, physician, or~~
9 ~~podiatric physician shall participate through discussion~~
10 ~~of and agreement with the anesthesia plan and shall remain~~
11 ~~physically present and be available on the premises during~~
12 ~~the delivery of anesthesia services for diagnosis,~~
13 ~~consultation, and treatment of emergency medical~~
14 ~~conditions. The anesthesiologist or operating podiatric~~
15 ~~physician must agree with the anesthesia plan prior to the~~
16 ~~delivery of services.~~

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

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

24 (d) A podiatric physician shall not be liable for the acts
25 or omissions of an advanced practice registered nurse solely
26 on the basis of having signed guidelines or a collaborative

1 agreement, an order, a standing order, a standing delegation
2 order, or other order or guideline authorizing an advanced
3 practice registered nurse to perform acts, unless the
4 podiatric physician has reason to believe the advanced
5 practice registered nurse lacked the competency to perform the
6 act or acts or commits willful or wanton misconduct.

7 (e) A podiatric physician, may, but is not required to
8 delegate prescriptive authority to an advanced practice
9 registered nurse as part of a written collaborative agreement
10 and the delegation of prescriptive authority shall conform to
11 the requirements of Section 65-40 of the Nurse Practice Act.
12 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

13 Section 99. Effective date. This Act takes effect upon
14 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 65/65-75 new

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

10 225 ILCS 100/20.5