

SB3021



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3021

Introduced 1/28/2026, by Sen. Adriane Johnson

SYNOPSIS AS INTRODUCED:

210 ILCS 5/6.5

210 ILCS 85/10.7

225 ILCS 60/54.5

225 ILCS 65/65-45

was 225 ILCS 65/15-25

Amends the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act. Removes the requirement that an anesthesiologist must remain physically present during the delivery of anesthesia services. Amends the Medical Practice Act of 1987. In provisions concerning delegation of authority, removes the requirement that an anesthesiologist or physician must remain physically present during the delivery of anesthesia services by a certified registered nurse anesthetist. Amends the Nurse Practice Act. Removes the requirement that an anesthesiologist, physician, dentist, or podiatric physician must remain physically present during the delivery of anesthesia services by a certified registered nurse anesthetist.

LRB104 17373 BAB 30798 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) 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, an anesthesiologist
12 shall participate through discussion of and agreement
13 with the anesthesia plan and shall ~~remain physically~~
14 ~~present and~~ be available ~~on the premises~~ during the
15 delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical
17 conditions. In the absence of 24-hour availability of
18 anesthesiologists with clinical privileges, an
19 alternate policy (requiring participation, ~~presence,~~
20 and availability of a physician licensed to practice
21 medicine in all its branches) shall be developed by
22 the medical staff consulting committee in consultation
23 with the anesthesia service and included in the
24 medical staff consulting committee policies.

25 (C) A certified registered nurse anesthetist is
26 not required to possess prescriptive authority or a

1 written collaborative agreement meeting the
2 requirements of Section 65-35 of the Nurse Practice
3 Act to provide anesthesia services ordered by a
4 licensed physician, dentist, or podiatric physician.
5 Licensed certified registered nurse anesthetists are
6 authorized to select, order, and administer drugs and
7 apply the appropriate medical devices in the provision
8 of anesthesia services under the anesthesia plan
9 agreed with by the anesthesiologist or, in the absence
10 of an available anesthesiologist with clinical
11 privileges, agreed with by the operating physician,
12 operating dentist, or operating podiatric physician in
13 accordance with the medical staff consulting committee
14 policies of a licensed ambulatory surgical treatment
15 center.

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

17 Section 10. The Hospital Licensing Act is amended by
18 changing Section 10.7 as follows:

19 (210 ILCS 85/10.7)

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

23 (1) No hospital policy, rule, regulation, or practice
24 shall be inconsistent with the provision of adequate

1 collaboration and consultation in accordance with Section
2 54.5 of the Medical Practice Act of 1987.

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

23 (2.5) A registered nurse licensed under the Nurse
24 Practice Act and qualified by training and experience in
25 operating room nursing shall be present in the operating
26 room and function as the circulating nurse during all

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

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

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

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

13 (i) an anesthesiologist; or

14 (ii) a physician licensed to practice medicine
15 in all its branches; or

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

19 (iv) a licensed certified registered nurse
20 anesthetist; or

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

23 (B) For anesthesia services, an anesthesiologist
24 shall participate through discussion of and agreement
25 with the anesthesia plan and shall ~~remain physically~~
26 ~~present and be available on the premises~~ during the

1 delivery of anesthesia services for diagnosis,
2 consultation, and treatment of emergency medical
3 conditions. In the absence of 24-hour availability of
4 anesthesiologists with medical staff privileges, an
5 alternate policy (requiring participation, ~~presence,~~
6 and availability of a physician licensed to practice
7 medicine in all its branches) shall be developed by
8 the medical staff and licensed hospital in
9 consultation with the anesthesia service.

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

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

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

3 (225 ILCS 60/54.5)

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

5 Sec. 54.5. Physician delegation of authority to physician
6 assistants, advanced practice registered nurses without full
7 practice authority, and prescribing psychologists.

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

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

24 The collaborating physician must keep appropriate
25 documentation of meeting this exemption and make it available

1 to the Department upon request.

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

15 (1) The agreement is written to promote the exercise
16 of professional judgment by the advanced practice
17 registered nurse commensurate with his or her education
18 and experience.

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

26 (3) Methods of communication are available with the

1 collaborating physician in person or through
2 telecommunications for consultation, collaboration, and
3 referral as needed to address patient care needs.

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

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

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

1 Act.

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

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

10 (d) (Blank).

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

23 (f) A collaborating physician may, but is not required to,
24 delegate prescriptive authority to an advanced practice
25 registered nurse as part of a written collaborative agreement,
26 and the delegation of prescriptive authority shall conform to

1 the requirements of Section 65-40 of the Nurse Practice Act.

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

7 (h) (Blank).

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

13 (j) As set forth in Section 22.2 of this Act, a licensee
14 under this Act may not directly or indirectly divide, share,
15 or split any professional fee or other form of compensation
16 for professional services with anyone in exchange for a
17 referral or otherwise, other than as provided in Section 22.2.
18 (Source: P.A. 103-228, eff. 1-1-24.)

19 Section 20. The Nurse Practice Act is amended by changing
20 Section 65-45 as follows:

21 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

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

23 Sec. 65-45. Advanced practice registered nursing in
24 hospitals, hospital affiliates, or ambulatory surgical

1 treatment centers.

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

1 (a-2) An advanced practice registered nurse privileged to
2 order medications, including controlled substances, may
3 complete discharge prescriptions provided the prescription is
4 in the name of the advanced practice registered nurse and the
5 attending or discharging physician.

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

11 (a-4) An advanced practice registered nurse meeting the
12 requirements of Section 65-43 may be privileged to complete
13 discharge orders and prescriptions under the advanced practice
14 registered nurse's name.

15 (a-5) For anesthesia services provided by a certified
16 registered nurse anesthetist, an anesthesiologist, physician,
17 dentist, or podiatric physician shall participate through
18 discussion of and agreement with the anesthesia plan and shall
19 remain ~~physically present and be available on the premises~~
20 during the delivery of anesthesia services for diagnosis,
21 consultation, and treatment of emergency medical conditions,
22 unless hospital policy adopted pursuant to clause (B) of
23 subdivision (3) of Section 10.7 of the Hospital Licensing Act
24 or ambulatory surgical treatment center policy adopted
25 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
26 Ambulatory Surgical Treatment Center Act provides otherwise. A

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

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

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

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

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

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

23 In addition, a hospital affiliate may, but is not required
24 to, privilege an advanced practice registered nurse certified
25 as a nurse practitioner, nurse midwife, or clinical nurse
26 specialist to prescribe any Schedule II controlled substances,

1 if all of the following conditions apply:

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

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

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

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

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

25 (d) An advanced practice registered nurse meeting the
26 requirements of Section 65-43 may be privileged to prescribe

1 controlled substances categorized as Schedule II through V in
2 accordance with Section 65-43.

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