



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3421

Introduced 2/4/2026, by Sen. Javier L. Cervantes

SYNOPSIS AS INTRODUCED:

225 ILCS 95/4	from Ch. 111, par. 4604
225 ILCS 95/6	from Ch. 111, par. 4606
225 ILCS 95/7	from Ch. 111, par. 4607
225 ILCS 95/7.5	
225 ILCS 95/7.7	
225 ILCS 95/7.8 new	
225 ILCS 95/7.9 new	
225 ILCS 95/20	from Ch. 111, par. 4620
225 ILCS 95/21	from Ch. 111, par. 4621
720 ILCS 570/102	from Ch. 56 1/2, par. 1102
720 ILCS 570/303.05	

Amends the Physician Assistant Practice Act of 1987. Provides that a physician assistant may prescribe, dispense, order, administer, and procure drugs and medical devices without delegation of authority by a physician. Provides that a physician assistant may practice without a written collaborative agreement. Provides that a physician assistant who files with the Department of Financial and Professional Regulation a notarized attestation of completion of at least 250 hours of AMA PRA Category 1 or equivalent continuing medical education or training and at least 2,000 hours of clinical experience in the specific field in which the physician assistant intends to practice after first attaining national certification shall not require a written collaborative agreement to practice. Makes changes in provisions concerning definitions; physician assistant title; collaboration requirements; written collaborative agreements, prescriptive authority, and physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers; inactive status; limitations; and grounds for disciplinary action. Amends the Illinois Controlled Substances Act to make corresponding changes.

LRB104 16644 AAS 30047 b

1 AN ACT concerning regulation.

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

4 Section 5. The Physician Assistant Practice Act of 1987 is
5 amended by changing Sections 4, 6, 7, 7.5, 7.7, 20, and 21 and
6 by adding Sections 7.8 and 7.9 as follows:

7 (225 ILCS 95/4) (from Ch. 111, par. 4604)

8 (Section scheduled to be repealed on January 1, 2028)

9 Sec. 4. Definitions. In this Act:

10 1. "Department" means the Department of Financial and
11 Professional Regulation.

12 2. "Secretary" means the Secretary of Financial and
13 Professional Regulation.

14 3. "Physician assistant" means any person not holding an
15 active license or permit issued by the Department pursuant to
16 the Medical Practice Act of 1987 who has been certified as a
17 physician assistant by the National Commission on ~~the~~
18 Certification of Physician Assistants or an equivalent
19 successor agency. ~~and performs procedures in collaboration~~
20 ~~with a physician as defined in this Act. A physician assistant~~
21 ~~may perform such procedures within the specialty of the~~
22 ~~collaborating physician, except that such physician shall~~
23 ~~exercise such direction, collaboration, and control over such~~

1 ~~physician assistants as will assure that patients shall~~
2 ~~receive quality medical care. Physician assistants shall be~~
3 ~~capable of performing a variety of tasks within the specialty~~
4 ~~of medical care in collaboration with a physician.~~
5 ~~Collaboration with the physician assistant shall not be~~
6 ~~construed to necessarily require the personal presence of the~~
7 ~~collaborating physician at all times at the place where~~
8 ~~services are rendered, as long as there is communication~~
9 ~~available for consultation by radio, telephone or~~
10 ~~telecommunications within established guidelines as determined~~
11 ~~by the physician/physician assistant team. The collaborating~~
12 ~~physician may delegate tasks and duties to the physician~~
13 ~~assistant. Delegated tasks or duties shall be consistent with~~
14 ~~physician assistant education, training, and experience. The~~
15 ~~delegated tasks or duties shall be specific to the practice~~
16 ~~setting and shall be implemented and reviewed under a written~~
17 ~~collaborative agreement established by the physician or~~
18 ~~physician/physician assistant team. A physician assistant,~~
19 ~~acting as an agent of the physician, shall be permitted to~~
20 ~~transmit the collaborating physician's orders as determined by~~
21 ~~the institution's by laws, policies, procedures, or job~~
22 ~~description within which the physician/physician assistant~~
23 ~~team practices. Physician assistants shall practice only in~~
24 ~~accordance with a written collaborative agreement.~~

25 ~~Any person who holds an active license or permit issued~~
26 ~~pursuant to the Medical Practice Act of 1987 shall have that~~

1 ~~license automatically placed into inactive status upon~~
2 ~~issuance of a physician assistant license. Any person who~~
3 ~~holds an active license as a physician assistant who is issued~~
4 ~~a license or permit pursuant to the Medical Practice Act of~~
5 ~~1987 shall have his or her physician assistant license~~
6 ~~automatically placed into inactive status.~~

7 3.5. "Physician assistant practice" means the performance
8 of any legal medical service for which the physician assistant
9 has been prepared by the physician assistant's education,
10 training, and experience and is competent to perform as
11 determined through an employment agreement or the
12 credentialing and privileging system of a licensed facility.
13 Medical and surgical services provided by physician assistants
14 include, but are not limited to:

15 (A) obtaining and performing comprehensive health
16 histories and physical examinations;

17 (B) evaluating, diagnosing, managing, and providing
18 medical treatment;

19 (C) ordering, performing, and interpreting diagnostic
20 studies and therapeutic procedures;

21 (D) educating patients on health promotion and disease
22 prevention;

23 (E) providing consultation upon request;

24 (F) writing medical orders;

25 (G) prescribing, dispensing, ordering, administering,
26 and procuring drugs and medical devices; and

1 (H) assisting in surgery. ~~procedures within the~~
2 ~~specialty of the collaborating physician. Physician~~
3 ~~assistants shall be capable of performing a variety of~~
4 ~~tasks within the specialty of medical care of the~~
5 ~~collaborating physician. Collaboration with the physician~~
6 ~~assistant shall not be construed to necessarily require~~
7 ~~the personal presence of the collaborating physician at~~
8 ~~all times at the place where services are rendered, as~~
9 ~~long as there is communication available for consultation~~
10 ~~by radio, telephone, telecommunications, or electronic~~
11 ~~communications. The collaborating physician may delegate~~
12 ~~tasks and duties to the physician assistant. Delegated~~
13 ~~tasks or duties shall be consistent with physician~~
14 ~~assistant education, training, and experience. The~~
15 ~~delegated tasks or duties shall be specific to the~~
16 ~~practice setting and shall be implemented and reviewed~~
17 ~~under a written collaborative agreement established by the~~
18 ~~physician or physician/physician assistant team. A~~
19 ~~physician assistant shall be permitted to transmit the~~
20 ~~collaborating physician's orders as determined by the~~
21 ~~institution's bylaws, policies, or procedures or the job~~
22 ~~description within which the physician/physician assistant~~
23 ~~team practices. Physician assistants shall practice only~~
24 ~~in accordance with a written collaborative agreement,~~
25 ~~except as provided in Section 7.5 of this Act.~~

26 4. "Board" means the Illinois State Medical Board ~~Medical~~

1 ~~Licensing Board constituted under the Medical Practice Act of~~
2 ~~1987.~~

3 5. (Blank).

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

7 7. "Collaborating physician" means the physician who,
8 within his or her specialty and expertise, may delegate a
9 variety of tasks and procedures to the physician assistant.
10 Such tasks and procedures shall be delegated in accordance
11 with a written collaborative agreement when the agreement is
12 required under this Act.

13 8. (Blank).

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

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

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

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

10 12. "Federally qualified health center" means a health
11 center funded under Section 330 of the federal Public Health
12 Service Act.

13 (Source: P.A. 102-1117, eff. 1-13-23; 103-65, eff. 1-1-24.)

14 (225 ILCS 95/6) (from Ch. 111, par. 4606)

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

16 Sec. 6. Physician assistant title.

17 (a) No physician assistant shall use the title of doctor,
18 physician, or associate with his or her name or any other term
19 that would indicate to other persons that he or she is
20 qualified to engage in the general practice of medicine.

21 (b) A physician assistant shall verbally identify himself
22 or herself as a physician assistant, including, when
23 applicable, specialty certification, to each patient.

24 (c) Nothing in this Act shall be construed to relieve a
25 physician assistant of the professional or legal

1 responsibility for the care and treatment of persons attended
2 by him or her.

3 (d) (Blank). ~~The collaborating physician shall file with~~
4 ~~the Department notice of employment, discharge, or~~
5 ~~collaboration with a physician assistant within 60 days of~~
6 ~~employment, discharge, or assumption of collaboration with a~~
7 ~~physician assistant. Nothing in this Section shall prevent a~~
8 ~~physician assistant from beginning his or her employment~~
9 ~~before the notice of employment or collaboration has been~~
10 ~~filed.~~

11 (Source: P.A. 102-735, eff. 1-1-23.)

12 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

14 Sec. 7. Collaboration requirements.

15 (a) A written collaborative agreement is required for all
16 physician assistants engaged in clinical practice prior to
17 satisfying the requirements of Section 7.9, except for
18 physician assistants who practice in a hospital, hospital
19 affiliate, federally qualified health center, or ambulatory
20 surgical treatment center as provided in Section 7.7.

21 (b) ~~(a)~~ A collaborating physician shall determine the
22 number of physician assistants to collaborate with, provided
23 the physician is able to provide adequate collaboration as
24 outlined in the written collaborative agreement required under
25 Section 7.5 of this Act and consideration is given to the

1 nature of the physician's practice, complexity of the patient
2 population, and the experience of each physician assistant. A
3 collaborating physician may collaborate with a maximum of 7
4 full-time equivalent physician assistants as described in
5 Section 54.5 of the Medical Practice Act of 1987. As used in
6 this Section, "full-time equivalent" means the equivalent of
7 40 hours per week per individual. Physicians and physician
8 assistants who work in a hospital, hospital affiliate,
9 federally qualified health center, or ambulatory surgical
10 treatment center as defined by Section 7.7 of this Act are
11 exempt from the collaborative ratio restriction requirements
12 of this Section. A physician assistant shall be able to hold
13 more than one professional position. A collaborating physician
14 shall file a notice of collaboration of each physician
15 assistant according to the rules of the Department.

16 (c) Physician assistants shall collaborate only with
17 physicians as defined in this Act who are engaged in clinical
18 practice, or in clinical practice in public health or other
19 community health facilities.

20 (d) Nothing in this Act shall be construed to limit the
21 delegation of tasks or duties by a physician to a nurse or
22 other appropriately trained personnel.

23 (e) Nothing in this Act shall be construed to prohibit the
24 employment of physician assistants by a hospital, nursing home
25 or other health care facility where such physician assistants
26 function with ~~under~~ a collaborating physician.

1 (f) A physician assistant may be employed by a practice
2 group or other entity employing multiple physicians at one or
3 more locations. In that case, one of the physicians practicing
4 at a location shall be designated the collaborating physician.
5 The other physicians with that practice group or other entity
6 who practice in the same general type of practice or specialty
7 as the collaborating physician may collaborate with the
8 physician assistant with respect to their patients.

9 (g) ~~(b)~~ A physician assistant licensed in this State, or
10 licensed or authorized to practice in any other U.S.
11 jurisdiction or credentialed by his or her federal employer as
12 a physician assistant, who is responding to a need for medical
13 care created by an emergency or by a state or local disaster
14 may render such care that the physician assistant is able to
15 provide without collaboration as it is defined in this Section
16 or with such collaboration as is available.

17 (h) Any physician who collaborates with a physician
18 assistant providing medical care in response to such an
19 emergency or state or local disaster shall not be required to
20 meet the requirements set forth in this Section for a
21 collaborating physician.

22 (Source: P.A. 103-65, eff. 1-1-24.)

23 (225 ILCS 95/7.5)

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

25 Sec. 7.5. Written collaborative agreements, ~~prescriptive~~

1 authority.

2 (a) A written collaborative agreement is required for all
3 physician assistants to practice in the State, except as
4 provided in Sections ~~Section~~ 7.7 and 7.9 of this Act. When a
5 written collaborative agreement is required under this Act,
6 the following shall apply:

7 (1) A written collaborative agreement shall describe
8 the working relationship of the physician assistant with
9 the collaborating physician and shall describe the
10 categories of care, treatment, or procedures to be
11 provided by the physician assistant. ~~The written~~
12 ~~collaborative agreement shall promote the exercise of~~
13 ~~professional judgment by the physician assistant~~
14 ~~commensurate with his or her education and experience. The~~
15 ~~services to be provided by the physician assistant shall~~
16 ~~be services that the collaborating physician is authorized~~
17 ~~to and generally provides to his or her patients in the~~
18 ~~normal course of his or her clinical medical practice. The~~
19 ~~written collaborative agreement need not describe the~~
20 ~~exact steps that a physician assistant must take with~~
21 ~~respect to each specific condition, disease, or symptom~~
22 ~~but must specify which authorized procedures require the~~
23 ~~presence of the collaborating physician as the procedures~~
24 ~~are being performed.~~ The relationship under a written
25 collaborative agreement shall not be construed to require
26 the personal presence of a physician at the place where

1 services are rendered. Methods of communication shall be
2 available for consultation with the collaborating
3 physician in person or by telecommunications or electronic
4 communications as set forth in the written collaborative
5 agreement. ~~For the purposes of this Act, "generally~~
6 ~~provides to his or her patients in the normal course of his~~
7 ~~or her clinical medical practice" means services, not~~
8 ~~specific tasks or duties, the collaborating physician~~
9 ~~routinely provides individually or through delegation to~~
10 ~~other persons so that the physician has the experience and~~
11 ~~ability to collaborate and provide consultation.~~

12 (2) (Blank). ~~The written collaborative agreement shall~~
13 ~~be adequate if a physician does each of the following:~~

14 ~~(A) Participates in the joint formulation and~~
15 ~~joint approval of orders or guidelines with the~~
16 ~~physician assistant and he or she periodically reviews~~
17 ~~such orders and the services provided patients under~~
18 ~~such orders in accordance with accepted standards of~~
19 ~~medical practice and physician assistant practice.~~

20 ~~(B) Provides consultation at least once a month.~~

21 (3) A copy of the signed, written collaborative
22 agreement must be available to the Department upon request
23 ~~from both the physician assistant and the collaborating~~
24 ~~physician.~~

25 (4) A physician assistant shall inform each
26 collaborating physician of all written collaborative

1 agreements he or she has signed and provide a copy of these
2 to any collaborating physician upon request.

3 (b) To prescribe Schedule II, III, IV, or V controlled
4 substances under this Section, a physician assistant must
5 obtain a mid-level practitioner controlled substances license.
6 ~~A collaborating physician may, but is not required to,~~
7 ~~delegate prescriptive authority to a physician assistant as~~
8 ~~part of a written collaborative agreement. This authority may,~~
9 ~~but is not required to, include prescription of, selection of,~~
10 ~~orders for, administration of, storage of, acceptance of~~
11 ~~samples of, and dispensing medical devices, over the counter~~
12 ~~medications, legend drugs, medical gases, and controlled~~
13 ~~substances categorized as Schedule II through V controlled~~
14 ~~substances, as defined in Article II of the Illinois~~
15 ~~Controlled Substances Act, and other preparations, including,~~
16 ~~but not limited to, botanical and herbal remedies. The~~
17 ~~collaborating physician must have a valid, current Illinois~~
18 ~~controlled substance license and federal registration with the~~
19 ~~Drug Enforcement Administration to delegate the authority to~~
20 ~~prescribe controlled substances.~~

21 ~~(1) To prescribe Schedule II, III, IV, or V controlled~~
22 ~~substances under this Section, a physician assistant must~~
23 ~~obtain a mid-level practitioner controlled substances~~
24 ~~license. Medication orders issued by a physician assistant~~
25 ~~shall be reviewed periodically by the collaborating~~
26 ~~physician.~~

1 ~~(2) The collaborating physician shall file with the~~
2 ~~Department notice of delegation of prescriptive authority~~
3 ~~to a physician assistant and termination of delegation,~~
4 ~~specifying the authority delegated or terminated. Upon~~
5 ~~receipt of this notice delegating authority to prescribe~~
6 ~~controlled substances, the physician assistant shall be~~
7 ~~eligible to register for a mid level practitioner~~
8 ~~controlled substances license under Section 303.05 of the~~
9 ~~Illinois Controlled Substances Act. Nothing in this Act~~
10 ~~shall be construed to limit the delegation of tasks or~~
11 ~~duties by the collaborating physician to a nurse or other~~
12 ~~appropriately trained persons in accordance with Section~~
13 ~~54.2 of the Medical Practice Act of 1987.~~

14 ~~(3) In addition to the requirements of this subsection~~
15 ~~(b), a collaborating physician may, but is not required~~
16 ~~to, delegate authority to a physician assistant to~~
17 ~~prescribe Schedule II controlled substances, if all of the~~
18 ~~following conditions apply:~~

19 ~~(A) Specific Schedule II controlled substances by~~
20 ~~oral dosage or topical or transdermal application may~~
21 ~~be delegated, provided that the delegated Schedule II~~
22 ~~controlled substances are routinely prescribed by the~~
23 ~~collaborating physician. This delegation must identify~~
24 ~~the specific Schedule II controlled substances by~~
25 ~~either brand name or generic name. Schedule II~~
26 ~~controlled substances to be delivered by injection or~~

1 ~~other route of administration may not be delegated.~~

2 ~~(B) (Blank).~~

3 ~~(C) Any prescription must be limited to no more~~
4 ~~than a 30-day supply, with any continuation authorized~~
5 ~~only after prior approval of the collaborating~~
6 ~~physician.~~

7 ~~(D) The physician assistant must discuss the~~
8 ~~condition of any patients for whom a controlled~~
9 ~~substance is prescribed monthly with the collaborating~~
10 ~~physician.~~

11 ~~(E) The physician assistant meets the education~~
12 ~~requirements of Section 303.05 of the Illinois~~
13 ~~Controlled Substances Act.~~

14 (c) Nothing in this Act shall be construed to limit the
15 delegation of tasks or duties by a physician to a licensed
16 practical nurse, a registered professional nurse, or other
17 persons. Nothing in this Act shall be construed to limit the
18 method of delegation that may be authorized by any means,
19 including, but not limited to, oral, written, electronic,
20 standing orders, protocols, guidelines, or verbal orders.
21 Nothing in this Act shall be construed to authorize a
22 physician assistant to provide health care services required
23 by law or rule to be performed by a physician. Nothing in this
24 Act shall be construed to authorize the delegation or
25 performance of operative surgery. Nothing in this Section
26 shall be construed to preclude a physician assistant from

1 assisting in surgery.

2 (c-5) Nothing in this Section shall be construed to apply
3 to any medication authority, including Schedule II controlled
4 substances of a licensed physician assistant for care provided
5 in a hospital, hospital affiliate, federally qualified health
6 center, or ambulatory surgical treatment center pursuant to
7 Section 7.7 of this Act, or to a physician assistant
8 satisfying the requirements of Section 7.9 of this Act.

9 (d) (Blank).

10 (e) Nothing in this Section shall be construed to prohibit
11 generic substitution.

12 (f) Delegation of prescriptive authority by a physician is
13 not required under this Section.

14 (Source: P.A. 102-558, eff. 8-20-21; 103-65, eff. 1-1-24;
15 103-605, eff. 7-1-24.)

16 (225 ILCS 95/7.7)

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

18 Sec. 7.7. Physician assistants in hospitals, hospital
19 affiliates, federally qualified health centers, or ambulatory
20 surgical treatment centers.

21 (a) A physician assistant may provide services in a
22 hospital as defined in the Hospital Licensing Act, a hospital
23 affiliate as defined in the University of Illinois Hospital
24 Act, a federally qualified health center, or a licensed
25 ambulatory surgical treatment center as defined in the

1 Ambulatory Surgical Treatment Center Act without a written
2 collaborative agreement pursuant to Section 7.5 of this Act
3 only in accordance with this Section. A physician assistant
4 must possess clinical privileges recommended by (i) the
5 hospital medical staff and granted by the hospital, (ii) the
6 physician committee and federally qualified health center, or
7 (iii) the consulting medical staff committee and ambulatory
8 surgical treatment center in order to provide services. The
9 medical staff, physician committee, or consulting medical
10 staff committee shall periodically review the services of
11 physician assistants granted clinical privileges, including
12 any care provided in a hospital affiliate or federally
13 qualified health center. A physician assistant practicing
14 under this Section may prescribe, select, order, and
15 administer medications, including controlled substances.
16 ~~Authority may also be granted when recommended by the hospital~~
17 ~~medical staff and granted by the hospital, recommended by the~~
18 ~~physician committee and granted by the federally qualified~~
19 ~~health center, or recommended by the consulting medical staff~~
20 ~~committee and ambulatory surgical treatment center to~~
21 ~~individual physician assistants to select, order, and~~
22 ~~administer medications, including controlled substances, to~~
23 ~~provide delineated care.~~ In a hospital, hospital affiliate,
24 federally qualified health center, or ambulatory surgical
25 treatment center, the attending physician shall determine a
26 physician assistant's role in providing care for his or her

1 patients, except as otherwise provided in the medical staff
2 bylaws or consulting committee policies.

3 (a-5) Physician assistants practicing in a hospital
4 affiliate or a federally qualified health center may ~~be, but~~
5 ~~are not required to be, granted authority to~~ prescribe
6 Schedule II through V controlled substances ~~when such~~
7 ~~authority is recommended by the appropriate physician~~
8 ~~committee of the hospital affiliate and granted by the~~
9 ~~hospital affiliate or recommended by the physician committee~~
10 ~~of the federally qualified health center and granted by the~~
11 ~~federally qualified health center.~~ This authority may, ~~but is~~
12 ~~not required to,~~ include prescription of, selection of, orders
13 for, administration of, storage of, acceptance of samples of,
14 and dispensing over-the-counter medications, legend drugs,
15 medical gases, and controlled substances categorized as
16 Schedule II through V controlled substances, as defined in
17 Article II of the Illinois Controlled Substances Act, and
18 other preparations, including, but not limited to, botanical
19 and herbal remedies.

20 To prescribe controlled substances under this subsection
21 (a-5), a physician assistant must obtain a mid-level
22 practitioner controlled substance license. ~~Medication orders~~
23 ~~shall be reviewed periodically by the appropriate hospital~~
24 ~~affiliate physicians committee or its physician designee or by~~
25 ~~the physician committee of a federally qualified health~~
26 ~~center.~~

1 ~~The hospital affiliate or federally qualified health~~
2 ~~center shall file with the Department notice of a grant of~~
3 ~~prescriptive authority consistent with this subsection (a-5)~~
4 ~~and termination of such a grant of authority in accordance~~
5 ~~with rules of the Department. Upon receipt of this notice of~~
6 ~~grant of authority to prescribe any Schedule II through V~~
7 ~~controlled substances, the licensed physician assistant may~~
8 ~~register for a mid level practitioner controlled substance~~
9 ~~license under Section 303.05 of the Illinois Controlled~~
10 ~~Substances Act.~~

11 ~~In addition, a hospital affiliate or a federally qualified~~
12 ~~health center may, but is not required to, grant authority to a~~
13 ~~physician assistant to prescribe any Schedule II controlled~~
14 ~~substances if all of the following conditions apply:~~

15 ~~(1) specific Schedule II controlled substances by oral~~
16 ~~dosage or topical or transdermal application may be~~
17 ~~designated, provided that the designated Schedule II~~
18 ~~controlled substances are routinely prescribed by~~
19 ~~physician assistants in their area of certification; this~~
20 ~~grant of authority must identify the specific Schedule II~~
21 ~~controlled substances by either brand name or generic~~
22 ~~name; authority to prescribe or dispense Schedule II~~
23 ~~controlled substances to be delivered by injection or~~
24 ~~other route of administration may not be granted;~~

25 ~~(2) any grant of authority must be controlled~~
26 ~~substances limited to the practice of the physician~~

1 ~~assistant;~~

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

4 ~~(4) the physician assistant must discuss the condition~~
5 ~~of any patients for whom a controlled substance is~~
6 ~~prescribed monthly with the appropriate physician~~
7 ~~committee of the hospital affiliate or its physician~~
8 ~~designee, or the physician committee of a federally~~
9 ~~qualified health center; and~~

10 ~~(5) the physician assistant must meet the education~~
11 ~~requirements of Section 303.05 of the Illinois Controlled~~
12 ~~Substances Act.~~

13 (b) A physician assistant ~~granted authority to order~~
14 ~~medications including controlled substances~~ may complete
15 discharge prescriptions provided the prescription is in the
16 name of the physician assistant ~~and the attending or~~
17 ~~discharging physician.~~

18 (c) Physician assistants practicing in a hospital,
19 hospital affiliate, federally qualified health center, or an
20 ambulatory surgical treatment center are not required to
21 obtain a mid-level controlled substance license to order
22 controlled substances under Section 303.05 of the Illinois
23 Controlled Substances Act.

24 (d) Delegation of prescriptive authority by a physician is
25 not required under this Section.

26 (Source: P.A. 103-65, eff. 1-1-24.)

1 (225 ILCS 95/7.8 new)

2 Sec. 7.8. Prescriptive authority. A physician assistant
3 may prescribe, dispense, order, administer, and procure drugs
4 and medical devices without delegation of authority by a
5 physician. The prescriptive authority may include prescribing
6 Schedule II, III, IV, and V controlled substances. To
7 prescribe Schedule II, III, IV, or V controlled substances
8 under this Act, a physician assistant must obtain a mid-level
9 practitioner controlled substances license. When a written
10 collaborative agreement is required under this Act, delegation
11 of prescriptive authority by a physician is not required.

12 (225 ILCS 95/7.9 new)

13 Sec. 7.9. Optimal practice.

14 (a) A physician assistant may practice without a written
15 collaborative agreement as described in this Section.

16 (b) A physician assistant who files with the Department a
17 notarized attestation of completion of at least 250 hours of
18 AMA PRA Category 1 or equivalent continuing medical education
19 or training and at least 2,000 hours of clinical experience in
20 the specific field in which the physician assistant intends to
21 practice after first attaining national certification shall
22 not require a written collaborative agreement to practice.
23 Documentation of successful completion shall be provided to
24 the Department upon request.

1 (c) The scope of practice of a physician assistant with
2 optimal practice includes:

3 (1) all matters defined as physician assistant
4 practice;

5 (2) practicing without a written collaborative
6 agreement in all practice settings consistent with this
7 Act;

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

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

21 The scope of practice of a physician assistant does not
22 include operative surgery. Nothing in this Section shall be
23 construed to preclude a physician assistant from assisting in
24 surgery or performing other procedures as privileged by the
25 physician assistant's employer.

26 (d) The Department may adopt rules necessary to administer

1 this Section, including, but not limited to, requiring the
2 completion of forms and the payment of fees.

3 (e) Nothing in this Section shall be construed to prohibit
4 a physician assistant's employer from requiring a physician
5 assistant who satisfies the qualifications of subsection (b)
6 to practice with a written collaborative agreement.

7 (f) Nothing in this Act shall be construed to authorize a
8 physician assistant with optimal practice authority to provide
9 health care services required by law or rule to be performed by
10 a physician.

11 (225 ILCS 95/20) (from Ch. 111, par. 4620)

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

13 Sec. 20. Limitations.

14 (a) No corporation, which stated purpose includes, or
15 which practices, or which holds itself out as available to
16 practice as a physician assistant or to practice any of the
17 functions described in Section 4 of this Act, shall be issued a
18 license by the Department, nor shall the Secretary of State
19 approve or accept articles of incorporation for such a
20 corporation.

21 (b) Pursuant to subparagraph (a) of paragraph (2) of
22 Section 3.6 of the Professional Service Corporation Act and
23 Section 2 of the Medical Corporation Act, a person licensed
24 under this Act may not own a corporation for the purposes of
25 practicing medicine.

1 (c) Pursuant to paragraph (2) of subsection (a) of Section
2 13 of the Professional Limited Liability Company Act, a person
3 licensed under this Act may not own a professional limited
4 liability company for the purposes of practicing medicine.

5 (Source: P.A. 85-981.)

6 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

8 Sec. 21. Grounds for disciplinary action.

9 (a) The Department may refuse to issue or to renew, or may
10 revoke, suspend, place on probation, reprimand, or take other
11 disciplinary or non-disciplinary action with regard to any
12 license issued under this Act as the Department may deem
13 proper, including the issuance of fines not to exceed \$10,000
14 for each violation, for any one or combination of the
15 following causes:

16 (1) Material misstatement in furnishing information to
17 the Department.

18 (2) Violations of this Act, or the rules adopted under
19 this Act.

20 (3) Conviction by plea of guilty or nolo contendere,
21 finding of guilt, jury verdict, or entry of judgment or
22 sentencing, including, but not limited to, convictions,
23 preceding sentences of supervision, conditional discharge,
24 or first offender probation, under the laws of any
25 jurisdiction of the United States that is: (i) a felony;

1 or (ii) a misdemeanor, an essential element of which is
2 dishonesty, or that is directly related to the practice of
3 the profession.

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

6 (5) Professional incompetence.

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

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

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

14 (9) Habitual or excessive use or addiction to alcohol,
15 narcotics, stimulants, or any other chemical agent or drug
16 that results in a physician assistant's inability to
17 practice with reasonable judgment, skill, or safety.

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

22 (11) Directly or indirectly giving to or receiving
23 from any person, firm, corporation, partnership, or
24 association any fee, commission, rebate, or other form of
25 compensation for any professional services not actually or
26 personally rendered. Nothing in this paragraph (11)

1 affects any bona fide independent contractor or employment
2 arrangements, which may include provisions for
3 compensation, health insurance, pension, or other
4 employment benefits, with persons or entities authorized
5 under this Act for the provision of services within the
6 scope of the licensee's practice under this Act.

7 (12) A finding by the Board that the licensee, after
8 having his or her license placed on probationary status,
9 has violated the terms of probation.

10 (13) Abandonment of a patient.

11 (14) Willfully making or filing false records or
12 reports in his or her practice, including, but not limited
13 to, false records filed with State agencies or
14 departments.

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

18 (16) Physical illness, or mental illness or impairment
19 that results in the inability to practice the profession
20 with reasonable judgment, skill, or safety, including, but
21 not limited to, deterioration through the aging process or
22 loss of motor skill.

23 (17) Being named as a perpetrator in an indicated
24 report by the Department of Children and Family Services
25 under the Abused and Neglected Child Reporting Act, and
26 upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or
2 neglected child as defined in the Abused and Neglected
3 Child Reporting Act.

4 (18) (Blank).

5 (19) Gross negligence resulting in permanent injury or
6 death of a patient.

7 (20) Employment of fraud, deception or any unlawful
8 means in applying for or securing a license as a physician
9 assistant.

10 (21) Exceeding the authority delegated to him or her
11 by his or her collaborating physician in a written
12 collaborative agreement, when the agreement is required
13 under this Act.

14 (22) Immoral conduct in the commission of any act,
15 such as sexual abuse, sexual misconduct, or sexual
16 exploitation related to the licensee's practice.

17 (23) Violation of the Health Care Worker Self-Referral
18 Act.

19 (24) Practicing under a false or assumed name, except
20 as provided by law.

21 (25) Making a false or misleading statement regarding
22 his or her skill or the efficacy or value of the medicine,
23 treatment, or remedy prescribed by him or her in the
24 course of treatment.

25 (26) Allowing another person to use his or her license
26 to practice.

1 (27) Prescribing, selling, administering,
2 distributing, giving, or self-administering a drug
3 classified as a controlled substance for other than
4 medically accepted therapeutic purposes.

5 (28) Promotion of the sale of drugs, devices,
6 appliances, or goods provided for a patient in a manner to
7 exploit the patient for financial gain.

8 (29) A pattern of practice or other behavior that
9 demonstrates incapacity or incompetence to practice under
10 this Act.

11 (30) Violating State or federal laws or regulations
12 relating to controlled substances or other legend drugs or
13 ephedra as defined in the Ephedra Prohibition Act.

14 (31) (Blank). ~~Exceeding the prescriptive authority~~
15 ~~delegated by the collaborating physician or violating the~~
16 ~~written collaborative agreement delegating that authority.~~

17 (32) (Blank). ~~Practicing without providing to the~~
18 ~~Department a notice of collaboration or delegation of~~
19 ~~prescriptive authority.~~

20 (33) Failure to establish and maintain records of
21 patient care and treatment as required by law.

22 (34) Attempting to subvert or cheat on the examination
23 of the National Commission on Certification of Physician
24 Assistants or its successor agency.

25 (35) Willfully or negligently violating the
26 confidentiality between physician assistant and patient,

1 except as required by law.

2 (36) Willfully failing to report an instance of
3 suspected abuse, neglect, financial exploitation, or
4 self-neglect of an eligible adult as defined in and
5 required by the Adult Protective Services Act.

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

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

20 (39) Failure to provide copies of records of patient
21 care or treatment, except as required by law.

22 (40) (Blank). ~~Entering into an excessive number of~~
23 ~~written collaborative agreements with licensed physicians~~
24 ~~resulting in an inability to adequately collaborate.~~

25 (41) (Blank). ~~Repeated failure to adequately~~
26 ~~collaborate with a collaborating physician.~~

1 (42) Violating the Compassionate Use of Medical
2 Cannabis Program Act.

3 (b) The Department may, without a hearing, refuse to issue
4 or renew or may suspend the license of any person who fails to
5 file a return, or to pay the tax, penalty, or interest shown in
6 a filed return, or to pay any final assessment of the tax,
7 penalty, or interest as required by any tax Act administered
8 by the Illinois Department of Revenue, until such time as the
9 requirements of any such tax Act are satisfied.

10 (b-5) The Department shall not revoke, suspend, summarily
11 suspend, place on prohibition, reprimand, refuse to issue or
12 renew, or take any other disciplinary or non-disciplinary
13 action against a person's authorization to practice under this
14 Act based solely upon the person providing, authorizing,
15 recommending, aiding, assisting, referring for, or otherwise
16 participating in any health care service, so long as the care
17 was not unlawful under the laws of this State, regardless of
18 whether the patient was a resident of this State or another
19 state.

20 (b-10) The Department shall not revoke, suspend, summarily
21 suspend, place on prohibition, reprimand, refuse to issue or
22 renew, or take any other disciplinary or non-disciplinary
23 action against a person's authorization to practice under this
24 Act based upon the person's license, registration, or permit
25 being revoked or suspended, or the person being otherwise
26 disciplined, by any other state if that revocation,

1 suspension, or other form of discipline was based solely on
2 the person violating another state's laws prohibiting the
3 provision of, authorization of, recommendation of, aiding or
4 assisting in, referring for, or participation in any health
5 care service if that health care service as provided would not
6 have been unlawful under the laws of this State and is
7 consistent with the applicable standard of conduct for a
8 person practicing in Illinois under this Act.

9 (b-15) The conduct specified in subsections (b-5) and
10 (b-10) shall not constitute grounds for suspension under
11 Section 22.13.

12 (b-20) An applicant seeking licensure, certification, or
13 authorization pursuant to this Act who has been subject to
14 disciplinary action by a duly authorized professional
15 disciplinary agency of another jurisdiction solely on the
16 basis of having provided, authorized, recommended, aided,
17 assisted, referred for, or otherwise participated in health
18 care shall not be denied such licensure, certification, or
19 authorization, unless the Department determines that such
20 action would have constituted professional misconduct in this
21 State; however, nothing in this Section shall be construed as
22 prohibiting the Department from evaluating the conduct of such
23 applicant and making a determination regarding the licensure,
24 certification, or authorization to practice a profession under
25 this Act.

26 (c) The determination by a circuit court that a licensee

1 is subject to involuntary admission or judicial admission as
2 provided in the Mental Health and Developmental Disabilities
3 Code operates as an automatic suspension. The suspension will
4 end only upon a finding by a court that the patient is no
5 longer subject to involuntary admission or judicial admission
6 and issues an order so finding and discharging the patient,
7 and upon the recommendation of the Board to the Secretary that
8 the licensee be allowed to resume his or her practice.

9 (d) In enforcing this Section, the Department upon a
10 showing of a possible violation may compel an individual
11 licensed to practice under this Act, or who has applied for
12 licensure under this Act, to submit to a mental or physical
13 examination, or both, which may include a substance abuse or
14 sexual offender evaluation, as required by and at the expense
15 of the Department.

16 The Department shall specifically designate the examining
17 physician licensed to practice medicine in all of its branches
18 or, if applicable, the multidisciplinary team involved in
19 providing the mental or physical examination or both. The
20 multidisciplinary team shall be led by a physician licensed to
21 practice medicine in all of its branches and may consist of one
22 or more or a combination of physicians licensed to practice
23 medicine in all of its branches, licensed clinical
24 psychologists, licensed clinical social workers, licensed
25 clinical professional counselors, and other professional and
26 administrative staff. Any examining physician or member of the

1 multidisciplinary team may require any person ordered to
2 submit to an examination pursuant to this Section to submit to
3 any additional supplemental testing deemed necessary to
4 complete any examination or evaluation process, including, but
5 not limited to, blood testing, urinalysis, psychological
6 testing, or neuropsychological testing.

7 The Department may order the examining physician or any
8 member of the multidisciplinary team to provide to the
9 Department any and all records, including business records,
10 that relate to the examination and evaluation, including any
11 supplemental testing performed.

12 The Department may order the examining physician or any
13 member of the multidisciplinary team to present testimony
14 concerning the mental or physical examination of the licensee
15 or applicant. No information, report, record, or other
16 documents in any way related to the examination shall be
17 excluded by reason of any common law or statutory privilege
18 relating to communications between the licensee or applicant
19 and the examining physician or any member of the
20 multidisciplinary team. No authorization is necessary from the
21 licensee or applicant ordered to undergo an examination for
22 the examining physician or any member of the multidisciplinary
23 team to provide information, reports, records, or other
24 documents or to provide any testimony regarding the
25 examination and evaluation.

26 The individual to be examined may have, at his or her own

1 expense, another physician of his or her choice present during
2 all aspects of this examination. However, that physician shall
3 be present only to observe and may not interfere in any way
4 with the examination.

5 Failure of an individual to submit to a mental or physical
6 examination, when ordered, shall result in an automatic
7 suspension of his or her license until the individual submits
8 to the examination.

9 If the Department finds an individual unable to practice
10 because of the reasons set forth in this Section, the
11 Department may require that individual to submit to care,
12 counseling, or treatment by physicians approved or designated
13 by the Department, as a condition, term, or restriction for
14 continued, reinstated, or renewed licensure to practice; or,
15 in lieu of care, counseling, or treatment, the Department may
16 file a complaint to immediately suspend, revoke, or otherwise
17 discipline the license of the individual. An individual whose
18 license was granted, continued, reinstated, renewed,
19 disciplined, or supervised subject to such terms, conditions,
20 or restrictions, and who fails to comply with such terms,
21 conditions, or restrictions, shall be referred to the
22 Secretary for a determination as to whether the individual
23 shall have his or her license suspended immediately, pending a
24 hearing by the Department.

25 In instances in which the Secretary immediately suspends a
26 person's license under this Section, a hearing on that

1 person's license must be convened by the Department within 30
2 days after the suspension and completed without appreciable
3 delay. The Department shall have the authority to review the
4 subject individual's record of treatment and counseling
5 regarding the impairment to the extent permitted by applicable
6 federal statutes and regulations safeguarding the
7 confidentiality of medical records.

8 An individual licensed under this Act and affected under
9 this Section shall be afforded an opportunity to demonstrate
10 to the Department that he or she can resume practice in
11 compliance with acceptable and prevailing standards under the
12 provisions of his or her license.

13 (e) An individual or organization acting in good faith,
14 and not in a willful and wanton manner, in complying with this
15 Section by providing a report or other information to the
16 Board, by assisting in the investigation or preparation of a
17 report or information, by participating in proceedings of the
18 Board, or by serving as a member of the Board, shall not be
19 subject to criminal prosecution or civil damages as a result
20 of such actions.

21 (f) Members of the Board shall be indemnified by the State
22 for any actions occurring within the scope of services on the
23 Board, done in good faith and not willful and wanton in nature.
24 The Attorney General shall defend all such actions unless he
25 or she determines either that there would be a conflict of
26 interest in such representation or that the actions complained

1 of were not in good faith or were willful and wanton.

2 If the Attorney General declines representation, the
3 member has the right to employ counsel of his or her choice,
4 whose fees shall be provided by the State, after approval by
5 the Attorney General, unless there is a determination by a
6 court that the member's actions were not in good faith or were
7 willful and wanton.

8 The member must notify the Attorney General within 7 days
9 after receipt of notice of the initiation of any action
10 involving services of the Board. Failure to so notify the
11 Attorney General constitutes an absolute waiver of the right
12 to a defense and indemnification.

13 The Attorney General shall determine, within 7 days after
14 receiving such notice, whether he or she will undertake to
15 represent the member.

16 (g) The Department may adopt rules to implement,
17 administer, and enforce this Section.

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

19 Section 10. The Illinois Controlled Substances Act is
20 amended by changing Sections 102 and 303.05 as follows:

21 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

22 Sec. 102. Definitions. As used in this Act, unless the
23 context otherwise requires:

24 (a) "Person with a substance use disorder" means any

1 person who has a substance use disorder diagnosis defined as a
2 spectrum of persistent and recurring problematic behavior that
3 encompasses 10 separate classes of drugs: alcohol; caffeine;
4 cannabis; hallucinogens; inhalants; opioids; sedatives,
5 hypnotics and anxiolytics; stimulants; and tobacco; and other
6 unknown substances leading to clinically significant
7 impairment or distress.

8 (b) "Administer" means the direct application of a
9 controlled substance, whether by injection, inhalation,
10 ingestion, or any other means, to the body of a patient,
11 research subject, or animal (as defined by the Humane
12 Euthanasia in Animal Shelters Act) by:

13 (1) a practitioner (or, in his or her presence, by his
14 or her authorized agent),

15 (2) the patient or research subject pursuant to an
16 order, or

17 (3) a euthanasia technician as defined by the Humane
18 Euthanasia in Animal Shelters Act.

19 (c) "Agent" means an authorized person who acts on behalf
20 of or at the direction of a manufacturer, distributor,
21 dispenser, prescriber, or practitioner. It does not include a
22 common or contract carrier, public warehouseman or employee of
23 the carrier or warehouseman.

24 (c-1) "Anabolic Steroids" means any drug or hormonal
25 substance, chemically and pharmacologically related to
26 testosterone (other than estrogens, progestins,

1 corticosteroids, and dehydroepiandrosterone), and includes:

2 (i) 3[beta],17-dihydroxy-5a-androstane,

3 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

4 (iii) 5[alpha]-androstan-3,17-dione,

5 (iv) 1-androstenediol (3[beta],

6 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

7 (v) 1-androstenediol (3[alpha],

8 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

9 (vi) 4-androstenediol

10 (3[beta],17[beta]-dihydroxy-androst-4-ene),

11 (vii) 5-androstenediol

12 (3[beta],17[beta]-dihydroxy-androst-5-ene),

13 (viii) 1-androstenedione

14 ([5alpha]-androst-1-en-3,17-dione),

15 (ix) 4-androstenedione

16 (androst-4-en-3,17-dione),

17 (x) 5-androstenedione

18 (androst-5-en-3,17-dione),

19 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-

20 hydroxyandrost-4-en-3-one),

21 (xii) boldenone (17[beta]-hydroxyandrost-

22 1,4,-diene-3-one),

23 (xiii) boldione (androsta-1,4-

24 diene-3,17-dione),

25 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17

26 [beta]-hydroxyandrost-4-en-3-one),

- 1 (xv) clostebol (4-chloro-17[beta]-
2 hydroxyandrost-4-en-3-one),
3 (xvi) dehydrochloromethyltestosterone (4-chloro-
4 17[beta]-hydroxy-17[alpha]-methyl-
5 androst-1,4-dien-3-one),
6 (xvii) desoxymethyltestosterone
7 (17[alpha]-methyl-5[alpha]
8 -androst-2-en-17[beta]-ol) (a.k.a., madol),
9 (xviii) [delta]1-dihydrotestosterone (a.k.a.
10 '1-testosterone') (17[beta]-hydroxy-
11 5[alpha]-androst-1-en-3-one),
12 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-
13 androstan-3-one),
14 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-
15 5[alpha]-androstan-3-one),
16 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-
17 hydroxyestr-4-ene),
18 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-
19 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),
20 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],
21 17[beta]-dihydroxyandrost-1,4-dien-3-one),
22 (xxiv) furazabol (17[alpha]-methyl-17[beta]-
23 hydroxyandrostan[2,3-c]-furazan),
24 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one,
25 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-
26 androst-4-en-3-one),

- 1 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-
2 dihydroxy-estr-4-en-3-one),
3 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-
4 hydroxy-5-androstan-3-one),
5 (xxix) mesterolone (17[alpha]-methyl-17[beta]-hydroxy-
6 [5a]-androstan-3-one),
7 (xxx) methandienone (17[alpha]-methyl-17[beta]-
8 hydroxyandrost-1,4-dien-3-one),
9 (xxxii) methandriol (17[alpha]-methyl-3[beta],17[beta]-
10 dihydroxyandrost-5-ene),
11 (xxxiii) methenolone (1-methyl-17[beta]-hydroxy-
12 5[alpha]-androst-1-en-3-one),
13 (xxxiiii) 17[alpha]-methyl-3[beta], 17[beta]-
14 dihydroxy-5a-androstane,
15 (xxxv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy
16 -5a-androstane,
17 (xxxvi) 17[alpha]-methyl-3[beta],17[beta]-
18 dihydroxyandrost-4-ene),
19 (xxxvii) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-
20 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),
21 (xxxviii) methyldienolone (17[alpha]-methyl-17[beta]-
22 hydroxyestra-4,9(10)-dien-3-one),
23 (xxxix) methyltrienolone (17[alpha]-methyl-17[beta]-
24 hydroxyestra-4,9-11-trien-3-one),
25 (xl) methyltestosterone (17[alpha]-methyl-17[beta]-
26 hydroxyandrost-4-en-3-one),

- 1 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-
2 hydroxyestr-4-en-3-one),
3 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone
4 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-
5 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-
6 1-testosterone'),
7 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),
8 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-
9 dihydroxyestr-4-ene),
10 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-
11 dihydroxyestr-4-ene),
12 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-
13 dihydroxyestr-5-ene),
14 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-
15 dihydroxyestr-5-ene),
16 (xlvii) 19-nor-4,9(10)-androstadienedione
17 (estra-4,9(10)-diene-3,17-dione),
18 (xlviii) 19-nor-4-androstenedione (estr-4-
19 en-3,17-dione),
20 (xlix) 19-nor-5-androstenedione (estr-5-
21 en-3,17-dione),
22 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-
23 hydroxygon-4-en-3-one),
24 (li) norclostebol (4-chloro-17[beta]-
25 hydroxyestr-4-en-3-one),
26 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-

- 1 hydroxyestr-4-en-3-one),
2 (liii) normethandrolone (17[alpha]-methyl-17[beta]-
3 hydroxyestr-4-en-3-one),
4 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-
5 2-oxa-5[alpha]-androstan-3-one),
6 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-
7 dihydroxyandrost-4-en-3-one),
8 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-
9 17[beta]-hydroxy-(5[alpha]-androstan-3-one),
10 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-
11 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),
12 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-
13 (5[alpha]-androst-1-en-3-one),
14 (lix) testolactone (13-hydroxy-3-oxo-13,17-
15 secoandrosta-1,4-dien-17-oic
16 acid lactone),
17 (lx) testosterone (17[beta]-hydroxyandrost-
18 4-en-3-one),
19 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-
20 diethyl-17[beta]-hydroxygon-
21 4,9,11-trien-3-one),
22 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
23 11-trien-3-one).

24 Any person who is otherwise lawfully in possession of an
25 anabolic steroid, or who otherwise lawfully manufactures,
26 distributes, dispenses, delivers, or possesses with intent to

1 deliver an anabolic steroid, which anabolic steroid is
2 expressly intended for and lawfully allowed to be administered
3 through implants to livestock or other nonhuman species, and
4 which is approved by the Secretary of Health and Human
5 Services for such administration, and which the person intends
6 to administer or have administered through such implants,
7 shall not be considered to be in unauthorized possession or to
8 unlawfully manufacture, distribute, dispense, deliver, or
9 possess with intent to deliver such anabolic steroid for
10 purposes of this Act.

11 (d) "Administration" means the Drug Enforcement
12 Administration, United States Department of Justice, or its
13 successor agency.

14 (d-5) "Clinical Director, Prescription Monitoring Program"
15 means a Department of Human Services administrative employee
16 licensed to either prescribe or dispense controlled substances
17 who shall run the clinical aspects of the Department of Human
18 Services Prescription Monitoring Program and its Prescription
19 Information Library.

20 (d-10) "Compounding" means the preparation and mixing of
21 components, excluding flavorings, (1) as the result of a
22 prescriber's prescription drug order or initiative based on
23 the prescriber-patient-pharmacist relationship in the course
24 of professional practice or (2) for the purpose of, or
25 incident to, research, teaching, or chemical analysis and not
26 for sale or dispensing. "Compounding" includes the preparation

1 of drugs or devices in anticipation of receiving prescription
2 drug orders based on routine, regularly observed dispensing
3 patterns. Commercially available products may be compounded
4 for dispensing to individual patients only if both of the
5 following conditions are met: (i) the commercial product is
6 not reasonably available from normal distribution channels in
7 a timely manner to meet the patient's needs and (ii) the
8 prescribing practitioner has requested that the drug be
9 compounded.

10 (e) "Control" means to add a drug or other substance, or
11 immediate precursor, to a Schedule whether by transfer from
12 another Schedule or otherwise.

13 (f) "Controlled Substance" means (i) a drug, substance,
14 immediate precursor, or synthetic drug in the Schedules of
15 Article II of this Act or (ii) a drug or other substance, or
16 immediate precursor, designated as a controlled substance by
17 the Department through administrative rule. The term does not
18 include distilled spirits, wine, malt beverages, or tobacco,
19 as those terms are defined or used in the Liquor Control Act of
20 1934 and the Tobacco Products Tax Act of 1995.

21 (f-5) "Controlled substance analog" means a substance:

22 (1) the chemical structure of which is substantially
23 similar to the chemical structure of a controlled
24 substance in Schedule I or II;

25 (2) which has a stimulant, depressant, or
26 hallucinogenic effect on the central nervous system that

1 is substantially similar to or greater than the stimulant,
2 depressant, or hallucinogenic effect on the central
3 nervous system of a controlled substance in Schedule I or
4 II; or

5 (3) with respect to a particular person, which such
6 person represents or intends to have a stimulant,
7 depressant, or hallucinogenic effect on the central
8 nervous system that is substantially similar to or greater
9 than the stimulant, depressant, or hallucinogenic effect
10 on the central nervous system of a controlled substance in
11 Schedule I or II.

12 (g) "Counterfeit substance" means a controlled substance,
13 which, or the container or labeling of which, without
14 authorization bears the trademark, trade name, or other
15 identifying mark, imprint, number or device, or any likeness
16 thereof, of a manufacturer, distributor, or dispenser other
17 than the person who in fact manufactured, distributed, or
18 dispensed the substance.

19 (h) "Deliver" or "delivery" means the actual, constructive
20 or attempted transfer of possession of a controlled substance,
21 with or without consideration, whether or not there is an
22 agency relationship. "Deliver" or "delivery" does not include
23 the donation of drugs to the extent permitted under the
24 Illinois Drug Reuse Opportunity Program Act.

25 (i) "Department" means the Illinois Department of Human
26 Services (as successor to the Department of Alcoholism and

1 Substance Abuse) or its successor agency.

2 (j) (Blank).

3 (k) "Department of Corrections" means the Department of
4 Corrections of the State of Illinois or its successor agency.

5 (l) "Department of Financial and Professional Regulation"
6 means the Department of Financial and Professional Regulation
7 of the State of Illinois or its successor agency.

8 (m) "Depressant" means any drug that (i) causes an overall
9 depression of central nervous system functions, (ii) causes
10 impaired consciousness and awareness, and (iii) can be
11 habit-forming or lead to a substance misuse or substance use
12 disorder, including, but not limited to, alcohol, cannabis and
13 its active principles and their analogs, benzodiazepines and
14 their analogs, barbiturates and their analogs, opioids
15 (natural and synthetic) and their analogs, and chloral hydrate
16 and similar sedative hypnotics.

17 (n) (Blank).

18 (o) "Director" means the Director of the Illinois State
19 Police or his or her designated agents.

20 (p) "Dispense" means to deliver a controlled substance to
21 an ultimate user or research subject by or pursuant to the
22 lawful order of a prescriber, including the prescribing,
23 administering, packaging, labeling, or compounding necessary
24 to prepare the substance for that delivery.

25 (q) "Dispenser" means a practitioner who dispenses.

26 (r) "Distribute" means to deliver, other than by

1 administering or dispensing, a controlled substance.

2 (s) "Distributor" means a person who distributes.

3 (t) "Drug" means (1) substances recognized as drugs in the
4 official United States Pharmacopoeia, Official Homeopathic
5 Pharmacopoeia of the United States, or official National
6 Formulary, or any supplement to any of them; (2) substances
7 intended for use in diagnosis, cure, mitigation, treatment, or
8 prevention of disease in man or animals; (3) substances (other
9 than food) intended to affect the structure of any function of
10 the body of man or animals and (4) substances intended for use
11 as a component of any article specified in clause (1), (2), or
12 (3) of this subsection. It does not include devices or their
13 components, parts, or accessories.

14 (t-3) "Electronic health record" or "EHR" means an
15 electronic record of health-related information on an
16 individual that is created, gathered, managed, and consulted
17 by authorized health care clinicians and staff.

18 (t-3.5) "Electronic health record system" or "EHR system"
19 means any computer-based system or combination of federally
20 certified Health IT Modules (defined at 42 CFR 170.102 or its
21 successor) used as a repository for electronic health records
22 and accessed or updated by a prescriber or authorized
23 surrogate in the ordinary course of his or her medical
24 practice. For purposes of connecting to the Prescription
25 Information Library maintained by the Bureau of Pharmacy and
26 Clinical Support Systems or its successor, an EHR system may

1 connect to the Prescription Information Library directly or
2 through all or part of a computer program or system that is a
3 federally certified Health IT Module maintained by a third
4 party and used by the EHR system to secure access to the
5 database.

6 (t-4) "Emergency medical services personnel" has the
7 meaning ascribed to it in the Emergency Medical Services (EMS)
8 Systems Act.

9 (t-5) "Euthanasia agency" means an entity certified by the
10 Department of Financial and Professional Regulation for the
11 purpose of animal euthanasia that holds an animal control
12 facility license or animal shelter license under the Animal
13 Welfare Act. A euthanasia agency is authorized to purchase,
14 store, possess, and utilize Schedule II nonnarcotic and
15 Schedule III nonnarcotic drugs for the sole purpose of animal
16 euthanasia.

17 (t-10) "Euthanasia drugs" means Schedule II or Schedule
18 III substances (nonnarcotic controlled substances) that are
19 used by a euthanasia agency for the purpose of animal
20 euthanasia.

21 (u) "Good faith" means the prescribing or dispensing of a
22 controlled substance by a practitioner in the regular course
23 of professional treatment to or for any person who is under his
24 or her treatment for a pathology or condition other than that
25 individual's physical or psychological dependence upon a
26 controlled substance, except as provided herein: and

1 application of the term to a pharmacist shall mean the
2 dispensing of a controlled substance pursuant to the
3 prescriber's order which in the professional judgment of the
4 pharmacist is lawful. The pharmacist shall be guided by
5 accepted professional standards, including, but not limited
6 to, the following, in making the judgment:

7 (1) lack of consistency of prescriber-patient
8 relationship,

9 (2) frequency of prescriptions for same drug by one
10 prescriber for large numbers of patients,

11 (3) quantities beyond those normally prescribed,

12 (4) unusual dosages (recognizing that there may be
13 clinical circumstances where more or less than the usual
14 dose may be used legitimately),

15 (5) unusual geographic distances between patient,
16 pharmacist and prescriber,

17 (6) consistent prescribing of habit-forming drugs.

18 (u-0.5) "Hallucinogen" means a drug that causes markedly
19 altered sensory perception leading to hallucinations of any
20 type.

21 (u-1) "Home infusion services" means services provided by
22 a pharmacy in compounding solutions for direct administration
23 to a patient in a private residence, long-term care facility,
24 or hospice setting by means of parenteral, intravenous,
25 intramuscular, subcutaneous, or intraspinal infusion.

26 (u-5) "Illinois State Police" means the Illinois State

1 Police or its successor agency.

2 (v) "Immediate precursor" means a substance:

3 (1) which the Department has found to be and by rule
4 designated as being a principal compound used, or produced
5 primarily for use, in the manufacture of a controlled
6 substance;

7 (2) which is an immediate chemical intermediary used
8 or likely to be used in the manufacture of such controlled
9 substance; and

10 (3) the control of which is necessary to prevent,
11 curtail or limit the manufacture of such controlled
12 substance.

13 (w) "Instructional activities" means the acts of teaching,
14 educating or instructing by practitioners using controlled
15 substances within educational facilities approved by the State
16 Board of Education or its successor agency.

17 (x) "Local authorities" means a duly organized State,
18 County or Municipal peace unit or police force.

19 (y) "Look-alike substance" means a substance, other than a
20 controlled substance which (1) by overall dosage unit
21 appearance, including shape, color, size, markings or lack
22 thereof, taste, consistency, or any other identifying physical
23 characteristic of the substance, would lead a reasonable
24 person to believe that the substance is a controlled
25 substance, or (2) is expressly or impliedly represented to be
26 a controlled substance or is distributed under circumstances

1 which would lead a reasonable person to believe that the
2 substance is a controlled substance. For the purpose of
3 determining whether the representations made or the
4 circumstances of the distribution would lead a reasonable
5 person to believe the substance to be a controlled substance
6 under this clause (2) of subsection (y), the court or other
7 authority may consider the following factors in addition to
8 any other factor that may be relevant:

9 (a) statements made by the owner or person in control
10 of the substance concerning its nature, use or effect;

11 (b) statements made to the buyer or recipient that the
12 substance may be resold for profit;

13 (c) whether the substance is packaged in a manner
14 normally used for the illegal distribution of controlled
15 substances;

16 (d) whether the distribution or attempted distribution
17 included an exchange of or demand for money or other
18 property as consideration, and whether the amount of the
19 consideration was substantially greater than the
20 reasonable retail market value of the substance.

21 Clause (1) of this subsection (y) shall not apply to a
22 noncontrolled substance in its finished dosage form that was
23 initially introduced into commerce prior to the initial
24 introduction into commerce of a controlled substance in its
25 finished dosage form which it may substantially resemble.

26 Nothing in this subsection (y) prohibits the dispensing or

1 distributing of noncontrolled substances by persons authorized
2 to dispense and distribute controlled substances under this
3 Act, provided that such action would be deemed to be carried
4 out in good faith under subsection (u) if the substances
5 involved were controlled substances.

6 Nothing in this subsection (y) or in this Act prohibits
7 the manufacture, preparation, propagation, compounding,
8 processing, packaging, advertising or distribution of a drug
9 or drugs by any person registered pursuant to Section 510 of
10 the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

11 (y-1) "Mail-order pharmacy" means a pharmacy that is
12 located in a state of the United States that delivers,
13 dispenses or distributes, through the United States Postal
14 Service or other common carrier, to Illinois residents, any
15 substance which requires a prescription.

16 (z) "Manufacture" means the production, preparation,
17 propagation, compounding, conversion or processing of a
18 controlled substance other than methamphetamine, either
19 directly or indirectly, by extraction from substances of
20 natural origin, or independently by means of chemical
21 synthesis, or by a combination of extraction and chemical
22 synthesis, and includes any packaging or repackaging of the
23 substance or labeling of its container, except that this term
24 does not include:

25 (1) by an ultimate user, the preparation or
26 compounding of a controlled substance for his or her own

1 use;

2 (2) by a practitioner, or his or her authorized agent
3 under his or her supervision, the preparation,
4 compounding, packaging, or labeling of a controlled
5 substance:

6 (a) as an incident to his or her administering or
7 dispensing of a controlled substance in the course of
8 his or her professional practice; or

9 (b) as an incident to lawful research, teaching or
10 chemical analysis and not for sale; or

11 (3) the packaging, repackaging, or labeling of drugs
12 only to the extent permitted under the Illinois Drug Reuse
13 Opportunity Program Act.

14 (z-1) (Blank).

15 (z-5) "Medication shopping" means the conduct prohibited
16 under subsection (a) of Section 314.5 of this Act.

17 (z-10) "Mid-level practitioner" means (i) a physician
18 assistant ~~who has been delegated authority to prescribe~~
19 ~~through a written delegation of authority by a physician~~
20 ~~licensed to practice medicine in all of its branches, in~~
21 ~~accordance with Section 7.5 of the Physician Assistant~~
22 ~~Practice Act of 1987,~~ (ii) an advanced practice registered
23 nurse who has been delegated authority to prescribe through a
24 written delegation of authority by a physician licensed to
25 practice medicine in all of its branches or by a podiatric
26 physician, in accordance with Section 65-40 of the Nurse

1 Practice Act, (iii) an advanced practice registered nurse
2 certified as a nurse practitioner, nurse midwife, or clinical
3 nurse specialist who has been granted authority to prescribe
4 by a hospital affiliate in accordance with Section 65-45 of
5 the Nurse Practice Act, (iv) an animal euthanasia agency, or
6 (v) a prescribing psychologist.

7 (aa) "Narcotic drug" means any of the following, whether
8 produced directly or indirectly by extraction from substances
9 of vegetable origin, or independently by means of chemical
10 synthesis, or by a combination of extraction and chemical
11 synthesis:

12 (1) opium, opiates, derivatives of opium and opiates,
13 including their isomers, esters, ethers, salts, and salts
14 of isomers, esters, and ethers, whenever the existence of
15 such isomers, esters, ethers, and salts is possible within
16 the specific chemical designation; however the term
17 "narcotic drug" does not include the isoquinoline
18 alkaloids of opium;

19 (2) (blank);

20 (3) opium poppy and poppy straw;

21 (4) coca leaves, except coca leaves and extracts of
22 coca leaves from which substantially all of the cocaine
23 and ecgonine, and their isomers, derivatives and salts,
24 have been removed;

25 (5) cocaine, its salts, optical and geometric isomers,
26 and salts of isomers;

1 (6) ecgonine, its derivatives, their salts, isomers,
2 and salts of isomers;

3 (7) any compound, mixture, or preparation which
4 contains any quantity of any of the substances referred to
5 in subparagraphs (1) through (6).

6 (bb) "Nurse" means a registered nurse licensed under the
7 Nurse Practice Act.

8 (cc) (Blank).

9 (dd) "Opiate" means a drug derived from or related to
10 opium.

11 (ee) "Opium poppy" means the plant of the species *Papaver*
12 *somniferum* L., except its seeds.

13 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
14 solution or other liquid form of medication intended for
15 administration by mouth, but the term does not include a form
16 of medication intended for buccal, sublingual, or transmucosal
17 administration.

18 (ff) "Parole and Pardon Board" means the Parole and Pardon
19 Board of the State of Illinois or its successor agency.

20 (gg) "Person" means any individual, corporation,
21 mail-order pharmacy, government or governmental subdivision or
22 agency, business trust, estate, trust, partnership or
23 association, or any other entity.

24 (hh) "Pharmacist" means any person who holds a license or
25 certificate of registration as a registered pharmacist, a
26 local registered pharmacist or a registered assistant

1 pharmacist under the Pharmacy Practice Act.

2 (ii) "Pharmacy" means any store, ship or other place in
3 which pharmacy is authorized to be practiced under the
4 Pharmacy Practice Act.

5 (ii-5) "Pharmacy shopping" means the conduct prohibited
6 under subsection (b) of Section 314.5 of this Act.

7 (ii-10) "Physician" (except when the context otherwise
8 requires) means a person licensed to practice medicine in all
9 of its branches.

10 (jj) "Poppy straw" means all parts, except the seeds, of
11 the opium poppy, after mowing.

12 (kk) "Practitioner" means a physician licensed to practice
13 medicine in all its branches, dentist, optometrist, podiatric
14 physician, veterinarian, scientific investigator, pharmacist,
15 physician assistant, advanced practice registered nurse,
16 licensed practical nurse, registered nurse, emergency medical
17 services personnel, hospital, laboratory, or pharmacy, or
18 other person licensed, registered, or otherwise lawfully
19 permitted by the United States or this State to distribute,
20 dispense, conduct research with respect to, administer or use
21 in teaching or chemical analysis, a controlled substance in
22 the course of professional practice or research.

23 (ll) "Pre-printed prescription" means a written
24 prescription upon which the designated drug has been indicated
25 prior to the time of issuance; the term does not mean a written
26 prescription that is individually generated by machine or

1 computer in the prescriber's office.

2 (mm) "Prescriber" means a physician licensed to practice
3 medicine in all its branches, dentist, optometrist,
4 prescribing psychologist licensed under Section 4.2 of the
5 Clinical Psychologist Licensing Act with prescriptive
6 authority delegated under Section 4.3 of the Clinical
7 Psychologist Licensing Act, podiatric physician, or
8 veterinarian who issues a prescription, a physician assistant
9 who issues a prescription for a controlled substance in
10 accordance with Section 303.05, ~~a written delegation, and a~~
11 ~~written collaborative agreement required under Section 7.5 of~~
12 ~~the Physician Assistant Practice Act of 1987,~~ an advanced
13 practice registered nurse with prescriptive authority
14 delegated under Section 65-40 of the Nurse Practice Act and in
15 accordance with Section 303.05, a written delegation, and a
16 written collaborative agreement under Section 65-35 of the
17 Nurse Practice Act, an advanced practice registered nurse
18 certified as a nurse practitioner, nurse midwife, or clinical
19 nurse specialist who has been granted authority to prescribe
20 by a hospital affiliate in accordance with Section 65-45 of
21 the Nurse Practice Act and in accordance with Section 303.05,
22 or an advanced practice registered nurse certified as a nurse
23 practitioner, nurse midwife, or clinical nurse specialist who
24 has full practice authority pursuant to Section 65-43 of the
25 Nurse Practice Act.

26 (nn) "Prescription" means a written, facsimile, or oral

1 order, or an electronic order that complies with applicable
2 federal requirements, of a physician licensed to practice
3 medicine in all its branches, dentist, podiatric physician or
4 veterinarian for any controlled substance, of an optometrist
5 in accordance with Section 15.1 of the Illinois Optometric
6 Practice Act of 1987, of a prescribing psychologist licensed
7 under Section 4.2 of the Clinical Psychologist Licensing Act
8 with prescriptive authority delegated under Section 4.3 of the
9 Clinical Psychologist Licensing Act, of a physician assistant
10 for a controlled substance in accordance with Section 303.05,
11 a written delegation, and a written collaborative agreement
12 required under Section 7.5 of the Physician Assistant Practice
13 Act of 1987, of an advanced practice registered nurse with
14 prescriptive authority delegated under Section 65-40 of the
15 Nurse Practice Act who issues a prescription for a controlled
16 substance in accordance with Section 303.05, a written
17 delegation, and a written collaborative agreement under
18 Section 65-35 of the Nurse Practice Act, of an advanced
19 practice registered nurse certified as a nurse practitioner,
20 nurse midwife, or clinical nurse specialist who has been
21 granted authority to prescribe by a hospital affiliate in
22 accordance with Section 65-45 of the Nurse Practice Act and in
23 accordance with Section 303.05 when required by law, or of an
24 advanced practice registered nurse certified as a nurse
25 practitioner, nurse midwife, or clinical nurse specialist who
26 has full practice authority pursuant to Section 65-43 of the

1 Nurse Practice Act.

2 (nn-5) "Prescription Information Library" (PIL) means an
3 electronic library that contains reported controlled substance
4 data.

5 (nn-10) "Prescription Monitoring Program" (PMP) means the
6 entity that collects, tracks, and stores reported data on
7 controlled substances and select drugs pursuant to Section
8 316.

9 (oo) "Production" or "produce" means manufacture,
10 planting, cultivating, growing, or harvesting of a controlled
11 substance other than methamphetamine.

12 (pp) "Registrant" means every person who is required to
13 register under Section 302 of this Act.

14 (qq) "Registry number" means the number assigned to each
15 person authorized to handle controlled substances under the
16 laws of the United States and of this State.

17 (qq-5) "Secretary" means, as the context requires, either
18 the Secretary of the Department or the Secretary of the
19 Department of Financial and Professional Regulation, and the
20 Secretary's designated agents.

21 (rr) "State" includes the State of Illinois and any state,
22 district, commonwealth, territory, insular possession thereof,
23 and any area subject to the legal authority of the United
24 States of America.

25 (rr-5) "Stimulant" means any drug that (i) causes an
26 overall excitation of central nervous system functions, (ii)

1 causes impaired consciousness and awareness, and (iii) can be
2 habit-forming or lead to a substance use disorder, including,
3 but not limited to, amphetamines and their analogs,
4 methylphenidate and its analogs, cocaine, and phencyclidine
5 and its analogs.

6 (rr-10) "Synthetic drug" includes, but is not limited to,
7 any synthetic cannabinoids or piperazines or any synthetic
8 cathinones as provided for in Schedule I.

9 (ss) "Ultimate user" means a person who lawfully possesses
10 a controlled substance for his or her own use or for the use of
11 a member of his or her household or for administering to an
12 animal owned by him or her or by a member of his or her
13 household.

14 (Source: P.A. 102-389, eff. 1-1-22; 102-538, eff. 8-20-21;
15 102-813, eff. 5-13-22; 103-881, eff. 1-1-25.)

16 (720 ILCS 570/303.05)

17 Sec. 303.05. Mid-level practitioner registration.

18 (a) The Department of Financial and Professional
19 Regulation shall register licensed physician assistants,
20 licensed advanced practice registered nurses, and prescribing
21 psychologists licensed under Section 4.2 of the Clinical
22 Psychologist Licensing Act to prescribe and dispense
23 controlled substances under Section 303 and euthanasia
24 agencies to purchase, store, or administer animal euthanasia
25 drugs under the following circumstances:

1 (1) with respect to physician assistants,

2 ~~(A) the physician assistant has been delegated~~
3 ~~written authority to prescribe any Schedule III~~
4 ~~through V controlled substances by a physician~~
5 ~~licensed to practice medicine in all its branches in~~
6 ~~accordance with Section 7.5 of the Physician Assistant~~
7 ~~Practice Act of 1987; and the physician assistant has~~
8 ~~completed the appropriate application forms and has~~
9 ~~paid the required fees as set by rule; or~~

10 ~~(B) the physician assistant has been delegated~~
11 ~~authority by a collaborating physician licensed to~~
12 ~~practice medicine in all its branches to prescribe or~~
13 ~~dispense Schedule II controlled substances through a~~
14 ~~written delegation of authority and under the~~
15 ~~following conditions:~~

16 ~~(i) Specific Schedule II controlled substances~~
17 ~~by oral dosage or topical or transdermal~~
18 ~~application may be delegated, provided that the~~
19 ~~delegated Schedule II controlled substances are~~
20 ~~routinely prescribed by the collaborating~~
21 ~~physician. This delegation must identify the~~
22 ~~specific Schedule II controlled substances by~~
23 ~~either brand name or generic name. Schedule II~~
24 ~~controlled substances to be delivered by injection~~
25 ~~or other route of administration may not be~~
26 ~~delegated;~~

1 ~~(ii) any delegation must be of controlled~~
2 ~~substances prescribed by the collaborating~~
3 ~~physician;~~

4 ~~(iii) all prescriptions must be limited to no~~
5 ~~more than a 30 day supply, with any continuation~~
6 ~~authorized only after prior approval of the~~
7 ~~collaborating physician;~~

8 ~~(iv) the physician assistant must discuss the~~
9 ~~condition of any patients for whom a controlled~~
10 ~~substance is prescribed monthly with the~~
11 ~~delegating physician;~~

12 (A) ~~(v)~~ the physician assistant must have
13 completed the appropriate application forms and paid
14 the required fees as set by rule;

15 (B) ~~(vi)~~ the physician assistant must provide
16 evidence of satisfactory completion of 45 contact
17 hours in pharmacology from any physician assistant
18 program accredited by the Accreditation Review
19 Commission on Education for the Physician Assistant
20 (ARC-PA), or its predecessor agency, for any new
21 license issued with Schedule II authority after the
22 effective date of this amendatory Act of the 97th
23 General Assembly; and

24 (C) ~~(vii)~~ the physician assistant must annually
25 complete at least 5 hours of continuing education in
26 pharmacology;

1 (2) with respect to advanced practice registered
2 nurses who do not meet the requirements of Section 65-43
3 of the Nurse Practice Act,

4 (A) the advanced practice registered nurse has
5 been delegated authority to prescribe any Schedule III
6 through V controlled substances by a collaborating
7 physician licensed to practice medicine in all its
8 branches or a collaborating podiatric physician in
9 accordance with Section 65-40 of the Nurse Practice
10 Act. The advanced practice registered nurse has
11 completed the appropriate application forms and has
12 paid the required fees as set by rule; or

13 (B) the advanced practice registered nurse has
14 been delegated authority by a collaborating physician
15 licensed to practice medicine in all its branches to
16 prescribe or dispense Schedule II controlled
17 substances through a written delegation of authority
18 and under the following conditions:

19 (i) specific Schedule II controlled substances
20 by oral dosage or topical or transdermal
21 application may be delegated, provided that the
22 delegated Schedule II controlled substances are
23 routinely prescribed by the collaborating
24 physician. This delegation must identify the
25 specific Schedule II controlled substances by
26 either brand name or generic name. Schedule II

1 controlled substances to be delivered by injection
2 or other route of administration may not be
3 delegated;

4 (ii) any delegation must be of controlled
5 substances prescribed by the collaborating
6 physician;

7 (iii) all prescriptions must be limited to no
8 more than a 30-day supply, with any continuation
9 authorized only after prior approval of the
10 collaborating physician;

11 (iv) the advanced practice registered nurse
12 must discuss the condition of any patients for
13 whom a controlled substance is prescribed monthly
14 with the delegating physician or in the course of
15 review as required by Section 65-40 of the Nurse
16 Practice Act;

17 (v) the advanced practice registered nurse
18 must have completed the appropriate application
19 forms and paid the required fees as set by rule;

20 (vi) the advanced practice registered nurse
21 must provide evidence of satisfactory completion
22 of at least 45 graduate contact hours in
23 pharmacology for any new license issued with
24 Schedule II authority after the effective date of
25 this amendatory Act of the 97th General Assembly;
26 and

1 (vii) the advanced practice registered nurse
2 must annually complete 5 hours of continuing
3 education in pharmacology;

4 (2.5) with respect to advanced practice registered
5 nurses certified as nurse practitioners, nurse midwives,
6 or clinical nurse specialists who do not meet the
7 requirements of Section 65-43 of the Nurse Practice Act
8 practicing in a hospital affiliate,

9 (A) the advanced practice registered nurse
10 certified as a nurse practitioner, nurse midwife, or
11 clinical nurse specialist has been privileged to
12 prescribe any Schedule II through V controlled
13 substances by the hospital affiliate upon the
14 recommendation of the appropriate physician committee
15 of the hospital affiliate in accordance with Section
16 65-45 of the Nurse Practice Act, has completed the
17 appropriate application forms, and has paid the
18 required fees as set by rule; and

19 (B) an advanced practice registered nurse
20 certified as a nurse practitioner, nurse midwife, or
21 clinical nurse specialist has been privileged to
22 prescribe any Schedule II controlled substances by the
23 hospital affiliate upon the recommendation of the
24 appropriate physician committee of the hospital
25 affiliate, then the following conditions must be met:

26 (i) specific Schedule II controlled substances

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

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

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

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

22 (v) the advanced practice registered nurse
23 must meet the education requirements of this
24 Section;

25 (3) with respect to animal euthanasia agencies, the
26 euthanasia agency has obtained a license from the

1 Department of Financial and Professional Regulation and
2 obtained a registration number from the Department; or

3 (4) with respect to prescribing psychologists, the
4 prescribing psychologist has been delegated authority to
5 prescribe any nonnarcotic Schedule III through V
6 controlled substances by a collaborating physician
7 licensed to practice medicine in all its branches in
8 accordance with Section 4.3 of the Clinical Psychologist
9 Licensing Act, and the prescribing psychologist has
10 completed the appropriate application forms and has paid
11 the required fees as set by rule.

12 (b) The mid-level practitioner shall only be licensed to
13 prescribe those schedules of controlled substances for which a
14 licensed physician has delegated prescriptive authority,
15 except that an animal euthanasia agency does not have any
16 prescriptive authority and a physician assistant shall have
17 prescriptive authority in accordance with the Physician
18 Assistant Practice Act of 1987 without delegation by a
19 physician. An ~~A physician assistant and an~~ advanced practice
20 registered nurse is ~~are~~ prohibited from prescribing
21 medications and controlled substances not set forth in the
22 required written delegation of authority or as authorized by
23 their practice Act.

24 (c) Upon completion of all registration requirements,
25 physician assistants, advanced practice registered nurses, and
26 animal euthanasia agencies may be issued a mid-level

1 practitioner controlled substances license for Illinois.

2 (d) A collaborating physician may, but is not required to,
3 delegate prescriptive authority to an advanced practice
4 registered nurse as part of a written collaborative agreement,
5 and the delegation of prescriptive authority shall conform to
6 the requirements of Section 65-40 of the Nurse Practice Act.

7 (e) (Blank). ~~A collaborating physician may, but is not~~
8 ~~required to, delegate prescriptive authority to a physician~~
9 ~~assistant as part of a written collaborative agreement, and~~
10 ~~the delegation of prescriptive authority shall conform to the~~
11 ~~requirements of Section 7.5 of the Physician Assistant~~
12 ~~Practice Act of 1987.~~

13 (f) Nothing in this Section shall be construed to prohibit
14 generic substitution.

15 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
16 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

17 Section 95. No acceleration or delay. Where this Act makes
18 changes in a statute that is represented in this Act by text
19 that is not yet or no longer in effect (for example, a Section
20 represented by multiple versions), the use of that text does
21 not accelerate or delay the taking effect of (i) the changes
22 made by this Act or (ii) provisions derived from any other
23 Public Act.