Sen. Javier L. Cervantes

Filed: 5/15/2026

AMENDMENT TO SENATE BILL 3421

AMENDMENT NO. _____. Amend Senate Bill 3421, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The Physician Assistant Practice Act of 1987 is amended by changing Sections 4, 6, 7, 7.5, 7.7, 20, and 21 and by adding Sections 7.8, 7.9, and 7.10 as follows:

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

(Section scheduled to be repealed on January 1, 2028)

Sec. 4. Definitions. In this Act:

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

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

3. "Physician assistant" means any person not holding an active license or permit issued by the Department pursuant to

the Medical Practice Act of 1987 who has been certified as a physician assistant by the National Commission on ~~the~~ Certification of Physician Assistants or an equivalent successor agency. ~~and performs procedures in collaboration with a physician as defined in this Act. A physician assistant may perform such procedures within the specialty of the collaborating physician, except that such physician shall exercise such direction, collaboration, and control over such physician assistants as will assure that patients shall receive quality medical care. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care in collaboration with a physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone or telecommunications within established guidelines as determined by the physician/physician assistant team. The collaborating physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written collaborative agreement established by the physician or physician/physician assistant team. A physician assistant,~~

~~acting as an agent of the physician, shall be permitted to transmit the collaborating physician's orders as determined by the institution's by-laws, policies, procedures, or job description within which the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement.~~

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

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

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

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

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

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

(E) providing consultation upon request;

(F) writing medical orders;

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

(H) assisting in surgery. ~~procedures within the specialty of the collaborating physician. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care of the collaborating physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone, telecommunications, or electronic communications. The collaborating physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written collaborative agreement established by the physician or physician/physician assistant team. A~~

~~physician assistant shall be permitted to transmit the collaborating physician's orders as determined by the institution's bylaws, policies, or procedures or the job description within which the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement, except as provided in Section 7.5 of this Act.~~

4. "Board" means the Illinois State Medical Board ~~Medical Licensing Board constituted under the Medical Practice Act of 1987~~.

5. (Blank).

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

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

8. (Blank).

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

10. "Hospital affiliate" means a corporation, partnership,

joint venture, limited liability company, or similar organization, other than a hospital, that is devoted primarily to the provision, management, or support of health care services and that directly or indirectly controls, is controlled by, or is under common control of the hospital. For the purposes of this definition, "control" means having at least an equal or a majority ownership or membership interest. A hospital affiliate shall be 100% owned or controlled by any combination of hospitals, their parent corporations, or physicians licensed to practice medicine in all its branches in Illinois. "Hospital affiliate" does not include a health maintenance organization regulated under the Health Maintenance Organization Act.

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

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

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

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

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

Sec. 6. Physician assistant title.

(a) No physician assistant shall use the title of doctor,

physician, or associate with his or her name or any other term that would indicate to other persons that he or she is qualified to engage in the general practice of medicine.

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

(c) Nothing in this Act shall be construed to relieve a physician assistant of the professional or legal responsibility for the care and treatment of persons attended by him or her.

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

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

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

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

Sec. 7. Collaboration requirements.

(a) Except as otherwise authorized under this Act, a written collaborative agreement is required for physician assistants engaged in clinical practice who have not satisfied

the requirements of Section 7.9.

(b) ~~(a)~~ A collaborating physician shall determine the number of physician assistants to collaborate with, provided the physician is able to provide adequate collaboration as outlined in the written collaborative agreement required under Section 7.5 of this Act and consideration is given to the nature of the physician's practice, complexity of the patient population, and the experience of each physician assistant. A collaborating physician may collaborate with a maximum of 7 full-time equivalent physician assistants as described in Section 54.5 of the Medical Practice Act of 1987. As used in this Section, "full-time equivalent" means the equivalent of 40 hours per week per individual. Physicians and physician assistants who work in a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center as defined by Section 7.7 of this Act are exempt from the collaborative ratio restriction requirements of this Section. A physician assistant shall be able to hold more than one professional position. A collaborating physician shall file a notice of collaboration of each physician assistant according to the rules of the Department.

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

(d) Nothing in this Act shall be construed to limit the

delegation of tasks or duties by a physician to a nurse or other appropriately trained personnel.

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

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

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

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

collaborating physician.

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

(225 ILCS 95/7.5)

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

Sec. 7.5. Written collaborative agreements~~; prescriptive authority~~.

(a) Except as otherwise authorized under this Act, a written collaborative agreement is required for physician assistants engaged in clinical practice who have not satisfied the requirements of Section 7.9. When a written collaborative agreement is required under this Act, the following shall apply: ~~A written collaborative agreement is required for all physician assistants to practice in the State, except as provided in Section 7.7 of this Act.~~

(1) A written collaborative agreement shall describe the working relationship of the physician assistant with the collaborating physician and shall describe the categories of care, treatment, or procedures to be provided by the physician assistant. ~~The written collaborative agreement shall promote the exercise of professional judgment by the physician assistant commensurate with his or her education and experience. The services to be provided by the physician assistant shall be services that the collaborating physician is authorized to and generally provides to his or her patients in the~~

~~normal course of his or her clinical medical practice. The written collaborative agreement need not describe the exact steps that a physician assistant must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the presence of the collaborating physician as the procedures are being performed.~~ The relationship under a written collaborative agreement shall not be construed to require the personal presence of a physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician in person or by telecommunications or electronic communications as set forth in the written collaborative agreement. ~~For the purposes of this Act, "generally provides to his or her patients in the normal course of his or her clinical medical practice" means services, not specific tasks or duties, the collaborating physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to collaborate and provide consultation.~~

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

~~(A) Participates in the joint formulation and joint approval of orders or guidelines with the physician assistant and he or she periodically reviews such orders and the services provided patients under~~

~~such orders in accordance with accepted standards of medical practice and physician assistant practice.~~

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

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

(4) A physician assistant shall inform each collaborating physician of all written collaborative agreements he or she has signed and provide a copy of these to any collaborating physician upon request.

(b) When a physician assistant who has not satisfied the requirements of Section 7.9 practices pursuant to a written collaborative agreement, the collaborating physician may delegate prescriptive authority to the physician assistant as part of the written collaborative agreement or in another written delegation of prescriptive authority consistent with this Act. This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing medical devices, over-the-counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. ~~A collaborating physician may, but is not required to,~~

~~delegate prescriptive authority to a physician assistant as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing medical devices, over the counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician must have a valid, current Illinois controlled substance license and federal registration with the Drug Enforcement Administration to delegate the authority to prescribe controlled substances.~~

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

~~(2) The collaborating physician shall file with the Department notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated. Upon receipt of this notice delegating authority to prescribe controlled substances, the physician assistant shall be~~

~~eligible to register for a mid-level practitioner controlled substances license under Section 303.05 of the Illinois Controlled Substances Act. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the collaborating physician to a nurse or other appropriately trained persons in accordance with Section 54.2 of the Medical Practice Act of 1987.~~

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

~~(A) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated.~~

~~(B) (Blank).~~

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

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

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

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

(c-5) (Blank). ~~Nothing in this Section shall be construed to apply to any medication authority, including Schedule II controlled substances of a licensed physician assistant for care provided in a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment~~

~~center pursuant to Section 7.7 of this Act.~~

(d) (Blank).

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

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

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

(225 ILCS 95/7.7)

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

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

(a) A physician assistant may provide services in a hospital as defined in the Hospital Licensing Act, a hospital affiliate as defined in the University of Illinois Hospital Act, a federally qualified health center, or a licensed ambulatory surgical treatment center as defined in the Ambulatory Surgical Treatment Center Act without a written collaborative agreement pursuant to Section 7.5 of this Act only in accordance with this Section. A physician assistant must possess clinical privileges recommended by (i) the hospital medical staff and granted by the hospital, (ii) the physician committee and federally qualified health center, or (iii) the consulting medical staff committee and ambulatory

surgical treatment center in order to provide services. The medical staff, physician committee, or consulting medical staff committee shall periodically review the services of physician assistants granted clinical privileges, including any care provided in a hospital affiliate or federally qualified health center. A physician assistant practicing under this Section may prescribe, select, order, and administer medications, including controlled substances, only in accordance with Section 7.8 of this Act and applicable clinical privileges, credentialing, bylaws, policies, or consulting committee policies of the hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center. ~~Authority may also be granted when recommended by the hospital medical staff and granted by the hospital, recommended by the physician committee and granted by the federally qualified health center, or recommended by the consulting medical staff committee and ambulatory surgical treatment center to individual physician assistants to select, order, and administer medications, including controlled substances, to provide delineated care.~~ In a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center, the attending physician shall determine a physician assistant's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

(a-5) A physician assistant practicing in a hospital

affiliate or a federally qualified health center may prescribe Schedule II, III, IV, or V controlled substances only in accordance with Section 7.8 of this Act and applicable clinical privileges, credentialing, bylaws, policies, or consulting committee policies of the hospital affiliate or federally qualified health center. To prescribe Schedule II, III, IV, or V controlled substances under this Act, a physician assistant must obtain a mid-level practitioner controlled substances license. Nothing in this subsection shall be construed to limit the authority of a hospital affiliate or federally qualified health center to establish credentialing, privileging, or other practice-site requirements applicable to physician assistants practicing within that facility or setting. ~~Physician assistants practicing in a hospital affiliate or a federally qualified health center may be, but are not required to be, granted authority to prescribe Schedule II through V controlled substances when such authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate or recommended by the physician committee of the federally qualified health center and granted by the federally qualified health center. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled~~

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

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

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

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

~~(1) specific Schedule II controlled substances by oral~~

~~dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by physician assistants in their area of certification; this grant of authority must identify the specific Schedule II controlled substances by either brand name or generic name; authority to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;~~

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

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

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

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

(b) A physician assistant authorized under this Act and applicable clinical privileges, credentialing, bylaws, policies, or consulting committee policies to order

medications, including controlled substances, may complete discharge prescriptions in the name of the physician assistant. Nothing in this subsection shall be construed to limit the authority of a hospital, hospital affiliate, federally qualified health center, or ambulatory surgical treatment center to require additional review, approval, documentation, or involvement of the attending or discharging physician pursuant to its bylaws, policies, clinical privileges, credentialing, or consulting committee policies. ~~A physician assistant granted authority to order medications including controlled substances may complete discharge prescriptions provided the prescription is in the name of the physician assistant and the attending or discharging physician.~~

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

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

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

(225 ILCS 95/7.8 new)

Sec. 7.8. Prescriptive authority.

(a) A physician assistant licensed under this Act may prescribe, dispense, order, administer, and procure drugs and medical devices only in accordance with this Act, applicable State and federal law, and any applicable employment agreement, written collaborative agreement when required under this Act, delegation of prescriptive authority when required under this Act, clinical privileges, credentialing, bylaws, policies, or consulting committee policies of the practice site. Prescriptive authority may include prescribing Schedule II, III, IV, and V controlled substances. To prescribe Schedule II, III, IV, or V controlled substances under this Act, a physician assistant must obtain a mid-level practitioner controlled substances license.

(b) A physician assistant prescribing Schedule II controlled substances shall do so only in a consultation relationship with a physician. This consultation relationship shall be recorded on the Prescription Monitoring Program website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and physician assistant and is not required to be filed with the Department.

The specific Schedule II controlled substance must be identified by either brand name or generic name.

At least monthly, the physician assistant and the physician must discuss the condition of any patients for whom a Schedule II controlled substance is prescribed.

Nothing in this subsection shall be construed to require a

prescription by a physician assistant to include a physician name.

The consultation relationship shall provide for physician availability for consultation on complex clinical cases and prescribing decisions, but shall not require the physical presence of the physician or constitute a supervisory or collaborative agreement, except when a written collaborative agreement is otherwise required under this Act. Documentation of the consultation relationship shall be maintained and made available to the Department upon request.

(c) Except as provided in subsection (d) of this Section or as otherwise authorized under this Act, a physician assistant who has not satisfied the requirements of Section 7.9 and who practices pursuant to a written collaborative agreement shall exercise prescriptive authority only if such authority has been delegated by the collaborating physician in the written collaborative agreement or in another written delegation of prescriptive authority consistent with this Act.

(d) A physician assistant who has satisfied the requirements of Section 7.9 may exercise prescriptive authority within the physician assistant's scope of practice without delegation of prescriptive authority by a physician, except that a physician assistant prescribing Schedule II controlled substances shall comply with subsection (b) of this Section.

(e) Nothing in this Section shall be construed to require

a hospital, hospital affiliate, federally qualified health center, ambulatory surgical treatment center, employer, or other practice site to authorize a physician assistant to prescribe, dispense, order, administer, or procure any drug, medical device, or controlled substance unless such authority is consistent with the physician assistant's employment agreement, written collaborative agreement when required under this Act, delegation of prescriptive authority when required under this Act, clinical privileges, credentialing, bylaws, policies, or consulting committee policies of the practice site.

(225 ILCS 95/7.9 new)

Sec. 7.9. Full practice authority.

(a) In this Section:

"Scope of practice" means the specific clinical field, specialty, subspecialty, practice setting, patient population, procedures, and categories of medical conditions in which a physician assistant seeks to practice without a written collaborative agreement and for which the physician assistant has completed the education, training, clinical experience, and continuing education necessary to practice competently.

For purposes of satisfying the clinical practice requirements of this Section, the physician assistant's scope of practice shall be based on clinical practice completed pursuant to a written collaborative agreement with a

collaborating physician and shall be within the scope of practice of that collaborating physician, or shall be based on clinical practice otherwise authorized under this Act or under the laws of another jurisdiction.

"Scope of practice" does not mean the full range of medical services that may generally be performed by physician assistants under this Act.

"Substantially related area of practice" means a clinical field, specialty, subspecialty, practice setting, or patient population that relies on substantially similar medical knowledge, clinical judgment, procedures, patient care responsibilities, and risk profile. General physician assistant education, training, or licensure alone is not sufficient to establish that 2 areas of practice are substantially related.

(b) A physician assistant licensed under this Act shall be deemed by law to possess the ability to practice without a written collaborative agreement upon meeting the requirements of this Section.

(c) A physician assistant licensed under this Act who files with the Department an attestation of completion of not less than 6,000 hours of postgraduate clinical practice, including at least 2,000 hours in the specific scope of practice, as defined in subsection (a), in which the physician assistant seeks to practice without a written collaborative agreement, completed pursuant to a written collaborative

agreement with a collaborating physician whose scope of practice includes such clinical practice or as otherwise authorized under this Act or under the laws of another jurisdiction, and at least 250 hours of continuing education or training, shall not require a written collaborative agreement. Documentation of successful completion shall be provided to the Department upon request. Completion of the clinical practice shall be attested to by a collaborating physician or employer or by submission of other evidence as established by Department rule.

(d) A physician assistant practicing without a written collaborative agreement shall practice within the physician assistant's scope of practice. The physician assistant shall consult with, collaborate with, or refer to another appropriate health care professional when the needs of the patient exceed the physician assistant's clinical experience.

(e) A physician assistant who has not satisfied the requirements of subsection (c) shall practice pursuant to a written collaborative agreement or as otherwise authorized under this Act. When a physician assistant practices pursuant to a written collaborative agreement, the physician assistant shall practice with a collaborating physician, as described in the written collaborative agreement and determined at the practice site, and within the scope of practice of the collaborating physician.

(f) If, after satisfying the requirements of subsection

(c), a physician assistant begins practice in a new scope of practice that is not substantially related to the specific scope of practice for which the physician assistant satisfied the requirements of subsection (c), the first 2,000 hours of postgraduate clinical practice in the new scope of practice shall be completed pursuant to a written collaborative agreement with a collaborating physician whose scope of practice includes such clinical practice or as otherwise authorized under this Act. When a physician assistant practices pursuant to a written collaborative agreement, the physician assistant shall practice with a collaborating physician, as described in the written collaborative agreement and determined at the practice site, and within the scope of practice of the collaborating physician.

(g) A physician assistant with full practice authority shall complete 80 hours of continuing education for every 2-year license renewal cycle. The 80 hours of continuing education required under this subsection shall be completed as follows:

(1) A minimum of 50 hours of continuing education shall be obtained in continuing education programs as determined by Department rule and shall include no less than 20 hours of pharmacotherapeutics, including at least 10 hours related to opioid prescribing, substance use disorders, and safe prescribing. Continuing education programs shall be in the physician assistant's area of

practice and may be conducted or endorsed by educational institutions, hospitals, professional associations, or other organizations approved to offer continuing education under this Act or rules.

(2) A maximum of 30 hours of credit may be obtained through presentations in the physician assistant's clinical specialty, evidence-based practice, quality improvement projects, publications, research projects, or preceptor hours, as determined by Department rule.

The rules adopted regarding continuing education shall be consistent, to the extent possible, with requirements of relevant national certifying bodies or State or national professional associations.

The rules shall provide for variances in part or in whole for good cause, including, but not limited to, illness or hardship.

Each physician assistant is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(h) The Department may adopt any rules necessary to administer this Section.

(225 ILCS 95/7.10 new)

Sec. 7.10. National certification requirement. A physician assistant with full practice authority shall maintain current

national certification from a nationally recognized certifying body as a condition of licensure and practice.

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

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

Sec. 20. Limitations.

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

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

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

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

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

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

Sec. 21. Grounds for disciplinary action.

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

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

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

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

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

(5) Professional incompetence.

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

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

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

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

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

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

(12) A finding by the Board that the licensee, after having his or her license placed on probationary status,

has violated the terms of probation.

(13) Abandonment of a patient.

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

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

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

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

(18) (Blank).

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

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

assistant.

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

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

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

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

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

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

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

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

(29) A pattern of practice or other behavior that

demonstrates incapacity or incompetence to practice under this Act.

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

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

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

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

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

(35) Willfully or negligently violating the confidentiality between physician assistant and patient, except as required by law.

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

(37) Being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act and upon proof by clear and convincing

evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act.

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

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

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

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

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

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

requirements of any such tax Act are satisfied.

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

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

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

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

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

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

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

The Department may order the examining physician or any member of the multidisciplinary team to provide to the

Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed.

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

The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

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

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

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

An individual licensed under this Act and affected under

this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

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

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

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

The member must notify the Attorney General within 7 days

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

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

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

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

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

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

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

(a) "Person with a substance use disorder" means any person who has a substance use disorder diagnosis defined as a spectrum of persistent and recurring problematic behavior that encompasses 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; and tobacco; and other unknown substances leading to clinically significant impairment or distress.

(b) "Administer" means the direct application of a

controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient, research subject, or animal (as defined by the Humane Euthanasia in Animal Shelters Act) by:

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

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

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

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

(c-1) "Anabolic Steroids" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone), and includes:

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

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

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

(iv) 1-androstenediol (3[beta], 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

(v) 1-androstenediol (3[alpha], 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

(vi) 4-androstenediol
(3[beta],17[beta]-dihydroxy-androst-4-ene),
(vii) 5-androstenediol
(3[beta],17[beta]-dihydroxy-androst-5-ene),
(viii) 1-androstenedione
([5alpha]-androst-1-en-3,17-dione),
(ix) 4-androstenedione
(androst-4-en-3,17-dione),
(x) 5-androstenedione
(androst-5-en-3,17-dione),
(xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-
hydroxyandrost-4-en-3-one),
(xii) boldenone (17[beta]-hydroxyandrost-
1,4,-diene-3-one),
(xiii) boldione (androsta-1,4-
diene-3,17-dione),
(xiv) calusterone (7[beta],17[alpha]-dimethyl-17
[beta]-hydroxyandrost-4-en-3-one),
(xv) clostebol (4-chloro-17[beta]-
hydroxyandrost-4-en-3-one),
(xvi) dehydrochloromethyltestosterone (4-chloro-
17[beta]-hydroxy-17[alpha]-methyl-
androst-1,4-dien-3-one),
(xvii) desoxymethyltestosterone
(17[alpha]-methyl-5[alpha]
-androst-2-en-17[beta]-ol)(a.k.a., madol),

(xviii) [delta]1-dihydrotestosterone (a.k.a. '1-testosterone') (17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),

(xix) 4-dihydrotestosterone (17[beta]-hydroxy-androstan-3-one),

(xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-5[alpha]-androstan-3-one),

(xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-hydroxyestr-4-ene),

(xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-1[beta],17[beta]-dihydroxyandrost-4-en-3-one),

(xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha], 17[beta]-dihydroxyandrost-1,4-dien-3-one),

(xxiv) furazabol (17[alpha]-methyl-17[beta]-hydroxyandrostano[2,3-c]-furazan),

(xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one,

(xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-androst-4-en-3-one),

(xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-dihydroxy-estr-4-en-3-one),

(xxviii) mestanolone (17[alpha]-methyl-17[beta]-hydroxy-5-androstan-3-one),

(xxix) mesterolone (1amethyl-17[beta]-hydroxy-[5a]-androstan-3-one),

(xxx) methandienone (17[alpha]-methyl-17[beta]-hydroxyandrost-1,4-dien-3-one),

(xxxi) methandriol (17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-5-ene),

(xxxii) methenolone (1-methyl-17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),

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

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

(xxxv) 17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-4-ene),

(xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),

(xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9(10)-dien-3-one),

(xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9-11-trien-3-one),

(xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-hydroxyandrost-4-en-3-one),

(xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-hydroxyestr-4-en-3-one),

(xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-androst-1-en-3-one)(a.k.a. '17-[alpha]-methyl-1-testosterone'),

(xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),

(xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-

dihydroxyestr-4-ene),

(xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-dihydroxyestr-4-ene),

(xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-dihydroxyestr-5-ene),

(xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-dihydroxyestr-5-ene),

(xlvii) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione),

(xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione),

(xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione),

(l) norbolethone (13[beta], 17a-diethyl-17[beta]-hydroxygon-4-en-3-one),

(li) norclostebol (4-chloro-17[beta]-hydroxyestr-4-en-3-one),

(lii) norethandrolone (17[alpha]-ethyl-17[beta]-hydroxyestr-4-en-3-one),

(liii) normethandrolone (17[alpha]-methyl-17[beta]-hydroxyestr-4-en-3-one),

(liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-2-oxa-5[alpha]-androstan-3-one),

(lv) oxymesterone (17[alpha]-methyl-4,17[beta]-dihydroxyandrost-4-en-3-one),

(lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-

17[beta]-hydroxy-(5[alpha]-androstan-3-one),

(lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-(5[alpha]-androst-2-eno[3,2-c]-pyrazole),

(lviii) stenbolone (17[beta]-hydroxy-2-methyl-(5[alpha]-androst-1-en-3-one),

(lix) testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone),

(lx) testosterone (17[beta]-hydroxyandrost-4-en-3-one),

(lxi) tetrahydrogestrinone (13[beta], 17[alpha]-diethyl-17[beta]-hydroxygon-4,9,11-trien-3-one),

(lxii) trenbolone (17[beta]-hydroxyestr-4,9,11-trien-3-one).

Any person who is otherwise lawfully in possession of an anabolic steroid, or who otherwise lawfully manufactures, distributes, dispenses, delivers, or possesses with intent to deliver an anabolic steroid, which anabolic steroid is expressly intended for and lawfully allowed to be administered through implants to livestock or other nonhuman species, and which is approved by the Secretary of Health and Human Services for such administration, and which the person intends to administer or have administered through such implants, shall not be considered to be in unauthorized possession or to unlawfully manufacture, distribute, dispense, deliver, or

possess with intent to deliver such anabolic steroid for purposes of this Act.

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

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

(d-10) "Compounding" means the preparation and mixing of components, excluding flavorings, (1) as the result of a prescriber's prescription drug order or initiative based on the prescriber-patient-pharmacist relationship in the course of professional practice or (2) for the purpose of, or incident to, research, teaching, or chemical analysis and not for sale or dispensing. "Compounding" includes the preparation of drugs or devices in anticipation of receiving prescription drug orders based on routine, regularly observed dispensing patterns. Commercially available products may be compounded for dispensing to individual patients only if both of the following conditions are met: (i) the commercial product is not reasonably available from normal distribution channels in a timely manner to meet the patient's needs and (ii) the prescribing practitioner has requested that the drug be

compounded.

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

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

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

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

(2) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II; or

(3) with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater

than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

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

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

(i) "Department" means the Illinois Department of Human Services (as successor to the Department of Alcoholism and Substance Abuse) or its successor agency.

(j) (Blank).

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

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

(m) "Depressant" means any drug that (i) causes an overall

depression of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance misuse or substance use disorder, including, but not limited to, alcohol, cannabis and its active principles and their analogs, benzodiazepines and their analogs, barbiturates and their analogs, opioids (natural and synthetic) and their analogs, and chloral hydrate and similar sedative hypnotics.

(n) (Blank).

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

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

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

(r) "Distribute" means to deliver, other than by administering or dispensing, a controlled substance.

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

(t) "Drug" means (1) substances recognized as drugs in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (2) substances intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (3) substances (other

than food) intended to affect the structure of any function of the body of man or animals and (4) substances intended for use as a component of any article specified in clause (1), (2), or (3) of this subsection. It does not include devices or their components, parts, or accessories.

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

(t-3.5) "Electronic health record system" or "EHR system" means any computer-based system or combination of federally certified Health IT Modules (defined at 42 CFR 170.102 or its successor) used as a repository for electronic health records and accessed or updated by a prescriber or authorized surrogate in the ordinary course of his or her medical practice. For purposes of connecting to the Prescription Information Library maintained by the Bureau of Pharmacy and Clinical Support Systems or its successor, an EHR system may connect to the Prescription Information Library directly or through all or part of a computer program or system that is a federally certified Health IT Module maintained by a third party and used by the EHR system to secure access to the database.

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

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

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

(u) "Good faith" means the prescribing or dispensing of a controlled substance by a practitioner in the regular course of professional treatment to or for any person who is under his or her treatment for a pathology or condition other than that individual's physical or psychological dependence upon a controlled substance, except as provided herein: and application of the term to a pharmacist shall mean the dispensing of a controlled substance pursuant to the prescriber's order which in the professional judgment of the pharmacist is lawful. The pharmacist shall be guided by accepted professional standards, including, but not limited to, the following, in making the judgment:

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

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

(3) quantities beyond those normally prescribed,

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

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

(6) consistent prescribing of habit-forming drugs.

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

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

(u-5) "Illinois State Police" means the Illinois State Police or its successor agency.

(v) "Immediate precursor" means a substance:

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

(2) which is an immediate chemical intermediary used or likely to be used in the manufacture of such controlled

substance; and

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

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

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

(y) "Look-alike substance" means a substance, other than a controlled substance which (1) by overall dosage unit appearance, including shape, color, size, markings or lack thereof, taste, consistency, or any other identifying physical characteristic of the substance, would lead a reasonable person to believe that the substance is a controlled substance, or (2) is expressly or impliedly represented to be a controlled substance or is distributed under circumstances which would lead a reasonable person to believe that the substance is a controlled substance. For the purpose of determining whether the representations made or the circumstances of the distribution would lead a reasonable person to believe the substance to be a controlled substance under this clause (2) of subsection (y), the court or other authority may consider the following factors in addition to any other factor that may be relevant:

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

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

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

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

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

Nothing in this subsection (y) prohibits the dispensing or distributing of noncontrolled substances by persons authorized to dispense and distribute controlled substances under this Act, provided that such action would be deemed to be carried out in good faith under subsection (u) if the substances involved were controlled substances.

Nothing in this subsection (y) or in this Act prohibits the manufacture, preparation, propagation, compounding, processing, packaging, advertising or distribution of a drug

or drugs by any person registered pursuant to Section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

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

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

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

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

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

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

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

(z-1) (Blank).

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

(z-10) "Mid-level practitioner" means (i) a physician assistant ~~who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches, in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987~~, (ii) an advanced practice registered nurse who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches or by a podiatric physician, in accordance with Section 65-40 of the Nurse Practice Act, (iii) an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act, (iv) an animal euthanasia agency, or (v) a prescribing psychologist.

(aa) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances

of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

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

(2) (blank);

(3) opium poppy and poppy straw;

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

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

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

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

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

(cc) (Blank).

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

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

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

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

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

(hh) "Pharmacist" means any person who holds a license or certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act.

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

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

(ii-10) "Physician" (except when the context otherwise requires) means a person licensed to practice medicine in all

of its branches.

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

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

(ll) "Pre-printed prescription" means a written prescription upon which the designated drug has been indicated prior to the time of issuance; the term does not mean a written prescription that is individually generated by machine or computer in the prescriber's office.

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, optometrist, prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, podiatric physician, or veterinarian who issues a prescription, <u>a physician assistant</u>

who issues a prescription for a controlled substance in accordance with Section 303.05 of this Act and Section 7.8 of the Physician Assistant Practice Act of 1987, including a written delegation and written collaborative agreement when required under the Physician Assistant Practice Act of 1987, ~~a physician assistant who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987,~~ an advanced practice registered nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05, or an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has full practice authority pursuant to Section 65-43 of the Nurse Practice Act.

(nn) "Prescription" means a written, facsimile, or oral order, or an electronic order that complies with applicable federal requirements, of a physician licensed to practice medicine in all its branches, dentist, podiatric physician or

veterinarian for any controlled substance, of an optometrist in accordance with Section 15.1 of the Illinois Optometric Practice Act of 1987, of a prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, of a physician assistant for a controlled substance in accordance with Section 303.05 of this Act and Section 7.8 of the Physician Assistant Practice Act of 1987, including a written delegation and written collaborative agreement when required under the Physician Assistant Practice Act of 1987, ~~of a physician assistant for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987,~~ of an advanced practice registered nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, of an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05 when required by law, or of an advanced practice registered

nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has full practice authority pursuant to Section 65-43 of the Nurse Practice Act.

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

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

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

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

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

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

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

(rr-5) "Stimulant" means any drug that (i) causes an overall excitation of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance use disorder, including, but not limited to, amphetamines and their analogs, methylphenidate and its analogs, cocaine, and phencyclidine and its analogs.

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

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

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

(720 ILCS 570/303.05)

Sec. 303.05. Mid-level practitioner registration.

(a) The Department of Financial and Professional Regulation shall register licensed physician assistants, licensed advanced practice registered nurses, and prescribing psychologists licensed under Section 4.2 of the Clinical Psychologist Licensing Act to prescribe and dispense controlled substances under Section 303 and euthanasia

agencies to purchase, store, or administer animal euthanasia drugs under the following circumstances:

(1) with respect to physician assistants, the physician assistant is authorized to prescribe controlled substances under Section 7.8 of the Physician Assistant Practice Act of 1987, has completed the appropriate application forms, and has paid the required fees as set by rule. When a physician assistant is required under the Physician Assistant Practice Act of 1987 to prescribe pursuant to delegated prescriptive authority, the physician assistant's registration shall be consistent with the written delegation of authority and written collaborative agreement required under that Act. When a physician assistant prescribes Schedule II controlled substances pursuant to Section 7.8 of the Physician Assistant Practice Act of 1987, the physician assistant shall comply with the consultation relationship requirements of that Section.

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

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

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

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

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

~~(iv) the physician assistant must discuss the condition of any patients for whom a controlled~~

~~substance is prescribed monthly with the delegating physician;~~

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

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

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

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

(A) the advanced practice registered nurse has been delegated authority to prescribe any Schedule III through V controlled substances by a collaborating physician licensed to practice medicine in all its branches or a collaborating podiatric physician in accordance with Section 65-40 of the Nurse Practice Act. The advanced practice registered nurse has

completed the appropriate application forms and has paid the required fees as set by rule; or

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

(i) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated;

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

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

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

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

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

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

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

(A) the advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or

clinical nurse specialist has been privileged to prescribe any Schedule II through V controlled substances by the hospital affiliate upon the recommendation of the appropriate physician committee of the hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act, has completed the appropriate application forms, and has paid the required fees as set by rule; and

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

(i) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by advanced practice registered nurses in their area of certification; the privileging documents must identify the specific Schedule II controlled substances by either brand name or generic name; privileges to prescribe or dispense Schedule II controlled substances to be delivered by injection or other

route of administration may not be granted;

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

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

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

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

(3) with respect to animal euthanasia agencies, the euthanasia agency has obtained a license from the Department of Financial and Professional Regulation and obtained a registration number from the Department; or

(4) with respect to prescribing psychologists, the prescribing psychologist has been delegated authority to prescribe any nonnarcotic Schedule III through V controlled substances by a collaborating physician licensed to practice medicine in all its branches in accordance with Section 4.3 of the Clinical Psychologist Licensing Act, and the prescribing psychologist has completed the appropriate application forms and has paid

the required fees as set by rule.

(b) Except as otherwise authorized under the applicable practice Act, a mid-level practitioner shall only be licensed to prescribe those schedules of controlled substances for which the mid-level practitioner has been granted prescriptive authority under the applicable practice Act. A physician assistant shall prescribe controlled substances only in accordance with the Physician Assistant Practice Act of 1987, including delegated prescriptive authority and a written collaborative agreement when required under that Act. A physician assistant who has satisfied the requirements of Section 7.9 of the Physician Assistant Practice Act of 1987 may prescribe controlled substances in accordance with Section 7.8 of that Act without delegation by a physician, except that a physician assistant prescribing Schedule II controlled substances shall comply with the consultation relationship requirements of Section 7.8 of that Act. A physician assistant and an advanced practice registered nurse are prohibited from prescribing medications and controlled substances not set forth in the required written delegation of authority or as otherwise authorized by their respective practice Acts. ~~The mid-level practitioner shall only be licensed to prescribe those schedules of controlled substances for which a licensed physician has delegated prescriptive authority, except that an animal euthanasia agency does not have any prescriptive authority. A physician assistant and an advanced practice~~

~~registered nurse are prohibited from prescribing medications and controlled substances not set forth in the required written delegation of authority or as authorized by their practice Act.~~

(c) Upon completion of all registration requirements, physician assistants, advanced practice registered nurses, and animal euthanasia agencies may be issued a mid-level practitioner controlled substances license for Illinois.

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

(e) When delegated prescriptive authority is required under the Physician Assistant Practice Act of 1987, a collaborating physician may delegate prescriptive authority to a physician assistant as part of a written collaborative agreement or in another written delegation of prescriptive authority, and the delegation of prescriptive authority shall conform to the requirements of Section 7.5 and Section 7.8 of the Physician Assistant Practice Act of 1987. Nothing in this subsection shall be construed to require delegated prescriptive authority for a physician assistant who has satisfied the requirements of Section 7.9 of the Physician Assistant Practice Act of 1987, except as otherwise provided in Section 7.8 of that Act for Schedule II controlled

substances. ~~A collaborating physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 7.5 of the Physician Assistant Practice Act of 1987.~~

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

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

Section 99. Effective date. This Act takes effect upon becoming law, except that Section 7.9 of the Physician Assistant Practice Act of 1987 takes effect January 1, 2028.".