

# HB1801



## 102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB1801

Introduced 2/17/2021, by Rep. Terra Costa Howard

### SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides for the licensure of naturopathic physicians. Makes conforming changes in various other Acts. Effective immediately.

LRB102 13812 SPS 19162 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 1. Findings. The General Assembly finds that:

5 (1) naturopathic medicine is not currently regulated  
6 in Illinois, and needs to be on the principles of freedom  
7 of choice in healthcare and consumer protection;

8 (2) naturopathic physicians are trained alongside and  
9 at the same standard as chiropractic physicians in  
10 Illinois;

11 (3) naturopathic medicine has a federally recognized  
12 accreditation agency, the Council on Naturopathic Medical  
13 Education, which makes identification of properly  
14 credentialed individuals simple and straightforward;

15 (4) naturopathic medicine has a common licensing  
16 examination used across North America, the Naturopathic  
17 Physicians Licensing Examinations (NPLEX); and

18 (5) citizens of Illinois are obtaining the credentials  
19 for naturopathic physicians but do not currently have a  
20 legislative framework that allows them to practice in the  
21 State.

22 Section 5. The Geriatric Medicine Assistance Act is  
23 amended by changing Section 2 as follows:

1 (20 ILCS 3945/2) (from Ch. 144, par. 2002)

2 Sec. 2. There is created the Geriatric Medicine Assistance  
3 Commission. The Commission shall receive and approve  
4 applications for grants from schools, recognized by the  
5 Department of Professional Regulation as being authorized to  
6 confer doctor of medicine, doctor of osteopathy, doctor of  
7 chiropractic, doctor of naturopathic medicine, or registered  
8 professional nursing degrees in the State, to help finance the  
9 establishment of geriatric medicine programs within such  
10 schools. In determining eligibility for grants, the Commission  
11 shall give preference to those programs which exhibit the  
12 greatest potential for directly benefiting the largest number  
13 of elderly citizens in the State. The Commission may not  
14 approve the application of any institution which is unable to  
15 demonstrate its current financial stability and reasonable  
16 prospects for future stability. No institution which fails to  
17 possess and maintain an open policy with respect to race,  
18 creed, color and sex as to admission of students, appointment  
19 of faculty and employment of staff shall be eligible for  
20 grants under this Act. The Commission shall establish such  
21 rules and standards as it deems necessary for the  
22 implementation of this Act.

23 The Commission shall be composed of 8 members selected as  
24 follows: 2 physicians licensed to practice under the Medical  
25 Practice Act of 1987 and specializing in geriatric medicine; a

1 registered professional nurse licensed under the Nurse  
2 Practice Act and specializing in geriatric health care; 2  
3 representatives of organizations interested in geriatric  
4 medicine or the care of the elderly; and 3 individuals 60 or  
5 older who are interested in geriatric health care or the care  
6 of the elderly. The members of the Commission shall be  
7 selected by the Governor from a list of recommendations  
8 submitted to him by organizations concerned with geriatric  
9 medicine or the care of the elderly.

10 The terms of the members of the Commission shall be 4  
11 years, except that of the members initially appointed, 2 shall  
12 be designated to serve until January 1, 1986, 3 until January  
13 1, 1988, and 2 until January 1, 1990. Members of the Commission  
14 shall receive no compensation, but shall be reimbursed for  
15 actual expenses incurred in carrying out their duties.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 Section 10. The School Code is amended by changing  
18 Sections 24-6 and 26-1 as follows:

19 (105 ILCS 5/24-6)

20 Sec. 24-6. Sick leave. The school boards of all school  
21 districts, including special charter districts, but not  
22 including school districts in municipalities of 500,000 or  
23 more, shall grant their full-time teachers, and also shall  
24 grant such of their other employees as are eligible to

1 participate in the Illinois Municipal Retirement Fund under  
2 the "600-Hour Standard" established, or under such other  
3 eligibility participation standard as may from time to time be  
4 established, by rules and regulations now or hereafter  
5 promulgated by the Board of that Fund under Section 7-198 of  
6 the Illinois Pension Code, as now or hereafter amended, sick  
7 leave provisions not less in amount than 10 days at full pay in  
8 each school year. If any such teacher or employee does not use  
9 the full amount of annual leave thus allowed, the unused  
10 amount shall be allowed to accumulate to a minimum available  
11 leave of 180 days at full pay, including the leave of the  
12 current year. Sick leave shall be interpreted to mean personal  
13 illness, quarantine at home, serious illness or death in the  
14 immediate family or household, or birth, adoption, or  
15 placement for adoption. The school board may require a  
16 certificate from a physician licensed in Illinois to practice  
17 medicine and surgery in all its branches, a chiropractic  
18 physician or naturopathic physician licensed under the Medical  
19 Practice Act of 1987, a licensed advanced practice registered  
20 nurse, a licensed physician assistant, or, if the treatment is  
21 by prayer or spiritual means, a spiritual adviser or  
22 practitioner of the teacher's or employee's faith as a basis  
23 for pay during leave after an absence of 3 days for personal  
24 illness or 30 days for birth or as the school board may deem  
25 necessary in other cases. If the school board does require a  
26 certificate as a basis for pay during leave of less than 3 days

1 for personal illness, the school board shall pay, from school  
2 funds, the expenses incurred by the teachers or other  
3 employees in obtaining the certificate. For paid leave for  
4 adoption or placement for adoption, the school board may  
5 require that the teacher or other employee provide evidence  
6 that the formal adoption process is underway, and such leave  
7 is limited to 30 days unless a longer leave has been negotiated  
8 with the exclusive bargaining representative.

9 If, by reason of any change in the boundaries of school  
10 districts, or by reason of the creation of a new school  
11 district, the employment of a teacher is transferred to a new  
12 or different board, the accumulated sick leave of such teacher  
13 is not thereby lost, but is transferred to such new or  
14 different district.

15 For purposes of this Section, "immediate family" shall  
16 include parents, spouse, brothers, sisters, children,  
17 grandparents, grandchildren, parents-in-law, brothers-in-law,  
18 sisters-in-law, and legal guardians.

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

20 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

21 Sec. 26-1. Compulsory school age; exemptions. Whoever has  
22 custody or control of any child (i) between the ages of 7 and  
23 17 years (unless the child has already graduated from high  
24 school) for school years before the 2014-2015 school year or  
25 (ii) between the ages of 6 (on or before September 1) and 17

1 years (unless the child has already graduated from high  
2 school) beginning with the 2014-2015 school year shall cause  
3 such child to attend some public school in the district  
4 wherein the child resides the entire time it is in session  
5 during the regular school term, except as provided in Section  
6 10-19.1, and during a required summer school program  
7 established under Section 10-22.33B; provided, that the  
8 following children shall not be required to attend the public  
9 schools:

10 1. Any child attending a private or a parochial school  
11 where children are taught the branches of education taught  
12 to children of corresponding age and grade in the public  
13 schools, and where the instruction of the child in the  
14 branches of education is in the English language;

15 2. Any child who is physically or mentally unable to  
16 attend school, such disability being certified to the  
17 county or district truant officer by a competent physician  
18 licensed in Illinois to practice medicine and surgery in  
19 all its branches, a chiropractic physician or naturopathic  
20 physician licensed under the Medical Practice Act of 1987,  
21 a licensed advanced practice registered nurse, a licensed  
22 physician assistant, or a Christian Science practitioner  
23 residing in this State and listed in the Christian Science  
24 Journal; or who is excused for temporary absence for cause  
25 by the principal or teacher of the school which the child  
26 attends; the exemptions in this paragraph (2) do not apply

1 to any female who is pregnant or the mother of one or more  
2 children, except where a female is unable to attend school  
3 due to a complication arising from her pregnancy and the  
4 existence of such complication is certified to the county  
5 or district truant officer by a competent physician;

6 3. Any child necessarily and lawfully employed  
7 according to the provisions of the law regulating child  
8 labor may be excused from attendance at school by the  
9 county superintendent of schools or the superintendent of  
10 the public school which the child should be attending, on  
11 certification of the facts by and the recommendation of  
12 the school board of the public school district in which  
13 the child resides. In districts having part-time  
14 continuation schools, children so excused shall attend  
15 such schools at least 8 hours each week;

16 4. Any child over 12 and under 14 years of age while in  
17 attendance at confirmation classes;

18 5. Any child absent from a public school on a  
19 particular day or days or at a particular time of day for  
20 the reason that he is unable to attend classes or to  
21 participate in any examination, study or work requirements  
22 on a particular day or days or at a particular time of day,  
23 because the tenets of his religion forbid secular activity  
24 on a particular day or days or at a particular time of day.  
25 Each school board shall prescribe rules and regulations  
26 relative to absences for religious holidays including, but



1 not limited to, a list of religious holidays on which it  
2 shall be mandatory to excuse a child; but nothing in this  
3 paragraph 5 shall be construed to limit the right of any  
4 school board, at its discretion, to excuse an absence on  
5 any other day by reason of the observance of a religious  
6 holiday. A school board may require the parent or guardian  
7 of a child who is to be excused from attending school due  
8 to the observance of a religious holiday to give notice,  
9 not exceeding 5 days, of the child's absence to the school  
10 principal or other school personnel. Any child excused  
11 from attending school under this paragraph 5 shall not be  
12 required to submit a written excuse for such absence after  
13 returning to school;

14 6. Any child 16 years of age or older who (i) submits  
15 to a school district evidence of necessary and lawful  
16 employment pursuant to paragraph 3 of this Section and  
17 (ii) is enrolled in a graduation incentives program  
18 pursuant to Section 26-16 of this Code or an alternative  
19 learning opportunities program established pursuant to  
20 Article 13B of this Code;

21 7. A child in any of grades 6 through 12 absent from a  
22 public school on a particular day or days or at a  
23 particular time of day for the purpose of sounding "Taps"  
24 at a military honors funeral held in this State for a  
25 deceased veteran. In order to be excused under this  
26 paragraph 7, the student shall notify the school's

1 administration at least 2 days prior to the date of the  
2 absence and shall provide the school's administration with  
3 the date, time, and location of the military honors  
4 funeral. The school's administration may waive this 2-day  
5 notification requirement if the student did not receive at  
6 least 2 days advance notice, but the student shall notify  
7 the school's administration as soon as possible of the  
8 absence. A student whose absence is excused under this  
9 paragraph 7 shall be counted as if the student attended  
10 school for purposes of calculating the average daily  
11 attendance of students in the school district. A student  
12 whose absence is excused under this paragraph 7 must be  
13 allowed a reasonable time to make up school work missed  
14 during the absence. If the student satisfactorily  
15 completes the school work, the day of absence shall be  
16 counted as a day of compulsory attendance and he or she may  
17 not be penalized for that absence; and

18 8. Any child absent from a public school on a  
19 particular day or days or at a particular time of day for  
20 the reason that his or her parent or legal guardian is an  
21 active duty member of the uniformed services and has been  
22 called to duty for, is on leave from, or has immediately  
23 returned from deployment to a combat zone or  
24 combat-support postings. Such a student shall be granted 5  
25 days of excused absences in any school year and, at the  
26 discretion of the school board, additional excused

1 absences to visit the student's parent or legal guardian  
2 relative to such leave or deployment of the parent or  
3 legal guardian. In the case of excused absences pursuant  
4 to this paragraph 8, the student and parent or legal  
5 guardian shall be responsible for obtaining assignments  
6 from the student's teacher prior to any period of excused  
7 absence and for ensuring that such assignments are  
8 completed by the student prior to his or her return to  
9 school from such period of excused absence.

10 (Source: P.A. 99-173, eff. 7-29-15; 99-804, eff. 1-1-17;  
11 100-185, eff. 8-18-17; 100-513, eff. 1-1-18; 100-863, eff.  
12 8-14-18.)

13 Section 15. The Illinois Insurance Code is amended by  
14 changing Section 122-1 as follows:

15 (215 ILCS 5/122-1) (from Ch. 73, par. 734-1)

16 Sec. 122-1. The authority and jurisdiction of Insurance  
17 Department. Notwithstanding any other provision of law, and  
18 except as provided herein, any person or other entity which  
19 provides coverage in this State for medical, surgical,  
20 chiropractic, naturopathic, naprapathic, physical therapy,  
21 speech pathology, audiology, professional mental health,  
22 dental, hospital, ophthalmologic, or optometric expenses,  
23 whether such coverage is by direct-payment, reimbursement, or  
24 otherwise, shall be presumed to be subject to the jurisdiction

1 of the Department unless the person or other entity shows that  
2 while providing such coverage it is subject to the  
3 jurisdiction of another agency of this State, any subdivision  
4 of this State, or the federal government, or is a plan of  
5 self-insurance or other employee welfare benefit program of an  
6 individual employer or labor union established or maintained  
7 under or pursuant to a collective bargaining agreement or  
8 other arrangement which provides for health care services  
9 solely for its employees or members and their dependents.

10 (Source: P.A. 90-7, eff. 6-10-97.)

11 Section 20. The Medical Practice Act of 1987 is amended by  
12 changing Sections 2, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19,  
13 22, 24, 33, and 34 as follows:

14 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

15 (Section scheduled to be repealed on January 1, 2022)

16 Sec. 2. Definitions. For purposes of this Act, the  
17 following definitions shall have the following meanings,  
18 except where the context requires otherwise:

19 "Act" means the Medical Practice Act of 1987.

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

24 "Approved naturopathic medical program" means a

1 naturopathic medical education program accredited or granted  
2 candidacy status by the United States Council on Naturopathic  
3 Medical Education, or an equivalent federally recognized  
4 accrediting body for the naturopathic medical profession  
5 recognized by the Board, that offers graduate-level,  
6 full-time, didactic, and supervised clinical training of at  
7 least 4,200 hours in length leading to the degree of Doctor of  
8 Naturopathy or Doctor of Naturopathic Medicine and is part of  
9 an institution of higher education that is either accredited  
10 or is a candidate for accreditation by a regional  
11 institutional accrediting agency recognized by the United  
12 States Secretary of Education or eligible for student loans in  
13 Canada.

14 "Chiropractic physician" means a person licensed to treat  
15 human ailments without the use of drugs and without operative  
16 surgery. Nothing in this Act shall be construed to prohibit a  
17 chiropractic physician from providing advice regarding the use  
18 of non-prescription products or from administering atmospheric  
19 oxygen. Nothing in this Act shall be construed to authorize a  
20 chiropractic physician to prescribe drugs.

21 "Department" means the Department of Financial and  
22 Professional Regulation.

23 "Disciplinary action" means revocation, suspension,  
24 probation, supervision, practice modification, reprimand,  
25 required education, fines or any other action taken by the  
26 Department against a person holding a license.

1 "Disciplinary Board" means the Medical Disciplinary Board.

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

6 "Final determination" means the governing body's final  
7 action taken under the procedure followed by a health care  
8 institution, or professional association or society, against  
9 any person licensed under the Act in accordance with the  
10 bylaws or rules and regulations of such health care  
11 institution, or professional association or society.

12 "Fund" means the Illinois State Medical Disciplinary Fund.

13 "Impaired" means the inability to practice medicine with  
14 reasonable skill and safety due to physical or mental  
15 disabilities as evidenced by a written determination or  
16 written consent based on clinical evidence including  
17 deterioration through the aging process or loss of motor  
18 skill, or abuse of drugs or alcohol, of sufficient degree to  
19 diminish a person's ability to deliver competent patient care.

20 "Licensing Board" means the Medical Licensing Board.

21 "Naturopathic physician" means a practitioner of  
22 naturopathic medicine who has been properly licensed for that  
23 purpose by the Department under this Act. "Naturopathic  
24 physician" includes all titles and designations associated  
25 with the practice of naturopathic medicine, including, "doctor  
26 of naturopathic medicine", "doctor of naturopathy",

1 "naturopathic doctor", "naturopath", "naturopathic medical  
2 doctor", "N.D.", "ND", "N.M.D.", and "NMD".

3 "Physician" means a person licensed under the Medical  
4 Practice Act to practice medicine in all of its branches, a  
5 naturopathic physician, or a chiropractic physician.

6 "Professional association" means an association or society  
7 of persons licensed under this Act, and operating within the  
8 State of Illinois, including but not limited to, medical  
9 societies, osteopathic organizations, naturopathic  
10 organizations, and chiropractic organizations, but this term  
11 shall not be deemed to include hospital medical staffs.

12 "Program of care, counseling, or treatment" means a  
13 written schedule of organized treatment, care, counseling,  
14 activities, or education, satisfactory to the Disciplinary  
15 Board, designed for the purpose of restoring an impaired  
16 person to a condition whereby the impaired person can practice  
17 medicine with reasonable skill and safety of a sufficient  
18 degree to deliver competent patient care.

19 "Reinstate" means to change the status of a license from  
20 inactive or nonrenewed status to active status.

21 "Restore" means to remove an encumbrance from a license  
22 due to probation, suspension, or revocation.

23 "Secretary" means the Secretary of the Department of  
24 Financial and Professional Regulation.

25 (Source: P.A. 99-933, eff. 1-27-17; 100-429, eff. 8-25-17.)

1 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

2 (Section scheduled to be repealed on January 1, 2022)

3 Sec. 7. Medical Disciplinary Board.

4 (A) There is hereby created the Illinois State Medical  
5 Disciplinary Board. The Disciplinary Board shall consist of 12  
6 ~~11~~ members, to be appointed by the Governor by and with the  
7 advice and consent of the Senate. All members shall be  
8 residents of the State, not more than 7 ~~6~~ of whom shall be  
9 members of the same political party. All members shall be  
10 voting members. Five members shall be physicians licensed to  
11 practice medicine in all of its branches in Illinois  
12 possessing the degree of doctor of medicine. One member shall  
13 be a physician licensed to practice medicine in all its  
14 branches in Illinois possessing the degree of doctor of  
15 osteopathy or osteopathic medicine. One member shall be a  
16 chiropractic physician licensed to practice in Illinois and  
17 possessing the degree of doctor of chiropractic. One member  
18 shall be a naturopathic physician licensed to practice in  
19 Illinois and possessing the degree of naturopathic medicine.  
20 Four members shall be members of the public, who shall not be  
21 engaged in any way, directly or indirectly, as providers of  
22 health care.

23 (B) Members of the Disciplinary Board shall be appointed  
24 for terms of 4 years. Upon the expiration of the term of any  
25 member, their successor shall be appointed for a term of 4  
26 years by the Governor by and with the advice and consent of the



1 Senate. The Governor shall fill any vacancy for the remainder  
2 of the unexpired term with the advice and consent of the  
3 Senate. Upon recommendation of the Board, any member of the  
4 Disciplinary Board may be removed by the Governor for  
5 misfeasance, malfeasance, or wilful neglect of duty, after  
6 notice, and a public hearing, unless such notice and hearing  
7 shall be expressly waived in writing. Each member shall serve  
8 on the Disciplinary Board until their successor is appointed  
9 and qualified. No member of the Disciplinary Board shall serve  
10 more than 2 consecutive 4 year terms.

11 In making appointments the Governor shall attempt to  
12 insure that the various social and geographic regions of the  
13 State of Illinois are properly represented.

14 In making the designation of persons to act for the  
15 several professions represented on the Disciplinary Board, the  
16 Governor shall give due consideration to recommendations by  
17 members of the respective professions and by organizations  
18 therein.

19 (C) The Disciplinary Board shall annually elect one of its  
20 voting members as chairperson and one as vice chairperson. No  
21 officer shall be elected more than twice in succession to the  
22 same office. Each officer shall serve until their successor  
23 has been elected and qualified.

24 (D) (Blank).

25 (E) Six voting members of the Disciplinary Board, at least  
26 4 of whom are physicians, shall constitute a quorum. A vacancy

1 in the membership of the Disciplinary Board shall not impair  
2 the right of a quorum to exercise all the rights and perform  
3 all the duties of the Disciplinary Board. Any action taken by  
4 the Disciplinary Board under this Act may be authorized by  
5 resolution at any regular or special meeting and each such  
6 resolution shall take effect immediately. The Disciplinary  
7 Board shall meet at least quarterly.

8 (F) Each member, and member-officer, of the Disciplinary  
9 Board shall receive a per diem stipend as the Secretary shall  
10 determine. Each member shall be paid their necessary expenses  
11 while engaged in the performance of their duties.

12 (G) The Secretary shall select a Chief Medical Coordinator  
13 and not less than 2 Deputy Medical Coordinators who shall not  
14 be members of the Disciplinary Board. Each medical coordinator  
15 shall be a physician licensed to practice medicine in all of  
16 its branches, and the Secretary shall set their rates of  
17 compensation. The Secretary shall assign at least one medical  
18 coordinator to a region composed of Cook County and such other  
19 counties as the Secretary may deem appropriate, and such  
20 medical coordinator or coordinators shall locate their office  
21 in Chicago. The Secretary shall assign at least one medical  
22 coordinator to a region composed of the balance of counties in  
23 the State, and such medical coordinator or coordinators shall  
24 locate their office in Springfield. The Chief Medical  
25 Coordinator shall be the chief enforcement officer of this  
26 Act. None of the functions, powers, or duties of the

1 Department with respect to policies regarding enforcement or  
2 discipline under this Act, including the adoption of such  
3 rules as may be necessary for the administration of this Act,  
4 shall be exercised by the Department except upon review of the  
5 Disciplinary Board.

6 The Secretary shall employ, in conformity with the  
7 Personnel Code, investigators who are college graduates with  
8 at least 2 years of investigative experience or one year of  
9 advanced medical education. Upon the written request of the  
10 Disciplinary Board, the Secretary shall employ, in conformity  
11 with the Personnel Code, such other professional, technical,  
12 investigative, and clerical help, either on a full or  
13 part-time basis as the Disciplinary Board deems necessary for  
14 the proper performance of its duties.

15 (H) Upon the specific request of the Disciplinary Board,  
16 signed by either the chairperson, vice chairperson, or a  
17 medical coordinator of the Disciplinary Board, the Department  
18 of Human Services, the Department of Healthcare and Family  
19 Services, the Department of State Police, or any other law  
20 enforcement agency located in this State shall make available  
21 any and all information that they have in their possession  
22 regarding a particular case then under investigation by the  
23 Disciplinary Board.

24 (I) Members of the Disciplinary Board shall be immune from  
25 suit in any action based upon any disciplinary proceedings or  
26 other acts performed in good faith as members of the

1 Disciplinary Board.

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

16 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

17 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

18 (Section scheduled to be repealed on January 1, 2022)

19 Sec. 8. Medical Licensing Board.

20 (A) There is hereby created a Medical Licensing Board. The  
21 Licensing Board shall be composed of 8 ~~7~~ members, to be  
22 appointed by the Governor by and with the advice and consent of  
23 the Senate; 5 of whom shall be reputable physicians licensed  
24 to practice medicine in all of its branches in Illinois,  
25 possessing the degree of doctor of medicine; one member shall

1 be a reputable physician licensed in Illinois to practice  
2 medicine in all of its branches, possessing the degree of  
3 doctor of osteopathy or osteopathic medicine; one member shall  
4 be a reputable naturopathic physician licensed to practice in  
5 Illinois and possessing the degree of doctor of naturopathic  
6 medicine; and one member shall be a reputable chiropractic  
7 physician licensed to practice in Illinois and possessing the  
8 degree of doctor of chiropractic. Of the 5 members holding the  
9 degree of doctor of medicine, one shall be a full-time or  
10 part-time teacher of professorial rank in the clinical  
11 department of an Illinois school of medicine.

12 (B) Members of the Licensing Board shall be appointed for  
13 terms of 4 years, and until their successors are appointed and  
14 qualified. Appointments to fill vacancies shall be made in the  
15 same manner as original appointments, for the unexpired  
16 portion of the vacated term. No more than 4 members of the  
17 Licensing Board shall be members of the same political party  
18 and all members shall be residents of this State. No member of  
19 the Licensing Board may be appointed to more than 2 successive  
20 4 year terms.

21 (C) Members of the Licensing Board shall be immune from  
22 suit in any action based upon any licensing proceedings or  
23 other acts performed in good faith as members of the Licensing  
24 Board.

25 (D) (Blank).

26 (E) The Licensing Board shall annually elect one of its

1 members as chairperson and one as vice chairperson. No member  
2 shall be elected more than twice in succession to the same  
3 office. Each officer shall serve until his or her successor  
4 has been elected and qualified.

5 (F) None of the functions, powers or duties of the  
6 Department with respect to policies regarding licensure and  
7 examination under this Act, including the promulgation of such  
8 rules as may be necessary for the administration of this Act,  
9 shall be exercised by the Department except upon review of the  
10 Licensing Board.

11 (G) The Licensing Board shall receive the same  
12 compensation as the members of the Disciplinary Board, which  
13 compensation shall be paid out of the Illinois State Medical  
14 Disciplinary Fund.

15 (Source: P.A. 97-622, eff. 11-23-11.)

16 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 9. Application for license. Each applicant for a  
19 license shall:

20 (A) Make application on blank forms prepared and  
21 furnished by the Department.

22 (B) Submit evidence satisfactory to the Department  
23 that the applicant:

24 (1) is of good moral character. In determining  
25 moral character under this Section, the Department may

1 take into consideration whether the applicant has  
2 engaged in conduct or activities which would  
3 constitute grounds for discipline under this Act. The  
4 Department may also request the applicant to submit,  
5 and may consider as evidence of moral character,  
6 endorsements from 2 or 3 individuals licensed under  
7 this Act;

8 (2) has the preliminary and professional education  
9 required by this Act;

10 (3) (blank); and

11 (4) is physically, mentally, and professionally  
12 capable of practicing medicine with reasonable  
13 judgment, skill, and safety. In determining physical  
14 and mental capacity under this Section, the Licensing  
15 Board may, upon a showing of a possible incapacity or  
16 conduct or activities that would constitute grounds  
17 for discipline under this Act, compel any applicant to  
18 submit to a mental or physical examination and  
19 evaluation, or both, as provided for in Section 22 of  
20 this Act. The Licensing Board may condition or  
21 restrict any license, subject to the same terms and  
22 conditions as are provided for the Disciplinary Board  
23 under Section 22 of this Act. Any such condition of a  
24 restricted license shall provide that the Chief  
25 Medical Coordinator or Deputy Medical Coordinator  
26 shall have the authority to review the subject

1 physician's compliance with such conditions or  
2 restrictions, including, where appropriate, the  
3 physician's record of treatment and counseling  
4 regarding the impairment, to the extent permitted by  
5 applicable federal statutes and regulations  
6 safeguarding the confidentiality of medical records of  
7 patients.

8 In determining professional capacity under this  
9 Section, an individual may be required to complete such  
10 additional testing, training, or remedial education as the  
11 Licensing Board may deem necessary in order to establish  
12 the applicant's present capacity to practice medicine with  
13 reasonable judgment, skill, and safety. The Licensing  
14 Board may consider the following criteria, as they relate  
15 to an applicant, as part of its determination of  
16 professional capacity:

17 (1) Medical research in an established research  
18 facility, hospital, college or university, or private  
19 corporation.

20 (2) Specialized training or education.

21 (3) Publication of original work in learned,  
22 medical, or scientific journals.

23 (4) Participation in federal, State, local, or  
24 international public health programs or organizations.

25 (5) Professional service in a federal veterans or  
26 military institution.



1           (6) Any other professional activities deemed to  
2           maintain and enhance the clinical capabilities of the  
3           applicant.

4           Any applicant applying for a license to practice  
5           medicine in all of its branches, for a license as a  
6           naturopathic physician, or for a license as a chiropractic  
7           physician who has not been engaged in the active practice  
8           of medicine or has not been enrolled in a medical program  
9           for 2 years prior to application must submit proof of  
10          professional capacity to the Licensing Board.

11          Any applicant applying for a temporary license that  
12          has not been engaged in the active practice of medicine or  
13          has not been enrolled in a medical program for longer than  
14          5 years prior to application must submit proof of  
15          professional capacity to the Licensing Board.

16          (C) Designate specifically the name, location, and  
17          kind of professional school, college, or institution of  
18          which the applicant is a graduate and the category under  
19          which the applicant seeks, and will undertake, to  
20          practice.

21          (D) Pay to the Department at the time of application  
22          the required fees.

23          (E) Pursuant to Department rules, as required, pass an  
24          examination authorized by the Department to determine the  
25          applicant's fitness to receive a license.

26          (F) Complete the application process within 3 years

1 from the date of application. If the process has not been  
2 completed within 3 years, the application shall expire,  
3 application fees shall be forfeited, and the applicant  
4 must reapply and meet the requirements in effect at the  
5 time of reapplication.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/10) (from Ch. 111, par. 4400-10)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 10. The Department shall:

10 (A) make rules for establishing reasonable minimum  
11 standards of educational requirements to be observed by  
12 medical, osteopathic, naturopathic, and chiropractic  
13 colleges;

14 (B) effectuate the policy of the State of Illinois  
15 that the quality of medical training is an appropriate  
16 concern in the recruiting, licensing, credentialing and  
17 participation in residency programs of physicians.  
18 However, it is inappropriate to discriminate against any  
19 physician because of national origin or geographic  
20 location of medical education;

21 (C) formulate rules and regulations required for the  
22 administration of this Act.

23 (Source: P.A. 86-573.)

24 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

1 (Section scheduled to be repealed on January 1, 2022)

2 Sec. 11. Minimum education standards. The minimum  
3 standards of professional education to be enforced by the  
4 Department in conducting examinations and issuing licenses  
5 shall be as follows:

6 (A) Practice of medicine. For the practice of medicine  
7 in all of its branches:

8 (1) For applications for licensure under  
9 subsection (D) of Section 19 of this Act:

10 (a) that the applicant is a graduate of a  
11 medical or osteopathic college in the United  
12 States, its territories or Canada, that the  
13 applicant has completed a 2 year course of  
14 instruction in a college of liberal arts, or its  
15 equivalent, and a course of instruction in a  
16 medical or osteopathic college approved by the  
17 Department or by a private, not for profit  
18 accrediting body approved by the Department, and  
19 in addition thereto, a course of postgraduate  
20 clinical training of not less than 12 months as  
21 approved by the Department; or

22 (b) that the applicant is a graduate of a  
23 medical or osteopathic college located outside the  
24 United States, its territories or Canada, and that  
25 the degree conferred is officially recognized by  
26 the country for the purposes of licensure, that

1 the applicant has completed a 2 year course of  
2 instruction in a college of liberal arts or its  
3 equivalent, and a course of instruction in a  
4 medical or osteopathic college approved by the  
5 Department, which course shall have been not less  
6 than 132 weeks in duration and shall have been  
7 completed within a period of not less than 35  
8 months, and, in addition thereto, has completed a  
9 course of postgraduate clinical training of not  
10 less than 12 months, as approved by the  
11 Department, and has complied with any other  
12 standards established by rule.

13 For the purposes of this subparagraph (b) an  
14 applicant is considered to be a graduate of a  
15 medical college if the degree which is conferred  
16 is officially recognized by that country for the  
17 purposes of receiving a license to practice  
18 medicine in all of its branches or a document is  
19 granted by the medical college which certifies the  
20 completion of all formal training requirements  
21 including any internship and social service; or

22 (c) that the applicant has studied medicine at  
23 a medical or osteopathic college located outside  
24 the United States, its territories, or Canada,  
25 that the applicant has completed a 2 year course  
26 of instruction in a college of liberal arts or its

1 equivalent and all of the formal requirements of a  
2 foreign medical school except internship and  
3 social service, which course shall have been not  
4 less than 132 weeks in duration and shall have  
5 been completed within a period of not less than 35  
6 months; that the applicant has submitted an  
7 application to a medical college accredited by the  
8 Liaison Committee on Medical Education and  
9 submitted to such evaluation procedures, including  
10 use of nationally recognized medical student tests  
11 or tests devised by the individual medical  
12 college, and that the applicant has satisfactorily  
13 completed one academic year of supervised clinical  
14 training under the direction of such medical  
15 college; and, in addition thereto has completed a  
16 course of postgraduate clinical training of not  
17 less than 12 months, as approved by the  
18 Department, and has complied with any other  
19 standards established by rule.

20 (d) Any clinical clerkships must have been  
21 completed in compliance with Section 10.3 of the  
22 Hospital Licensing Act, as amended.

23 (2) Effective January 1, 1988, for applications  
24 for licensure made subsequent to January 1, 1988,  
25 under Sections 9 or 17 of this Act by individuals not  
26 described in paragraph (3) of subsection (A) of

1 Section 11 who graduated after December 31, 1984:

2 (a) that the applicant: (i) graduated from a  
3 medical or osteopathic college officially  
4 recognized by the jurisdiction in which it is  
5 located for the purpose of receiving a license to  
6 practice medicine in all of its branches, and the  
7 applicant has completed, as defined by the  
8 Department, a 6 year postsecondary course of study  
9 comprising at least 2 academic years of study in  
10 the basic medical sciences; and 2 academic years  
11 of study in the clinical sciences, while enrolled  
12 in the medical college which conferred the degree,  
13 the core rotations of which must have been  
14 completed in clinical teaching facilities owned,  
15 operated or formally affiliated with the medical  
16 college which conferred the degree, or under  
17 contract in teaching facilities owned, operated or  
18 affiliated with another medical college which is  
19 officially recognized by the jurisdiction in which  
20 the medical school which conferred the degree is  
21 located; or (ii) graduated from a medical or  
22 osteopathic college accredited by the Liaison  
23 Committee on Medical Education, the Committee on  
24 Accreditation of Canadian Medical Schools in  
25 conjunction with the Liaison Committee on Medical  
26 Education, or the Bureau of Professional Education

1 of the American Osteopathic Association; and,  
2 (iii) in addition thereto, has completed 24 months  
3 of postgraduate clinical training, as approved by  
4 the Department; or

5 (b) that the applicant has studied medicine at  
6 a medical or osteopathic college located outside  
7 the United States, its territories, or Canada,  
8 that the applicant, in addition to satisfying the  
9 requirements of subparagraph (a), except for the  
10 awarding of a degree, has completed all of the  
11 formal requirements of a foreign medical school  
12 except internship and social service and has  
13 submitted an application to a medical college  
14 accredited by the Liaison Committee on Medical  
15 Education and submitted to such evaluation  
16 procedures, including use of nationally recognized  
17 medical student tests or tests devised by the  
18 individual medical college, and that the applicant  
19 has satisfactorily completed one academic year of  
20 supervised clinical training under the direction  
21 of such medical college; and, in addition thereto,  
22 has completed 24 months of postgraduate clinical  
23 training, as approved by the Department, and has  
24 complied with any other standards established by  
25 rule.

26 (3) (Blank).

1           (4) Any person granted a temporary license  
2 pursuant to Section 17 of this Act who shall  
3 satisfactorily complete a course of postgraduate  
4 clinical training and meet all of the requirements for  
5 licensure shall be granted a permanent license  
6 pursuant to Section 9.

7           (5) Notwithstanding any other provision of this  
8 Section an individual holding a temporary license  
9 under Section 17 of this Act shall be required to  
10 satisfy the undergraduate medical and post-graduate  
11 clinical training educational requirements in effect  
12 on the date of their application for a temporary  
13 license, provided they apply for a license under  
14 Section 9 of this Act and satisfy all other  
15 requirements of this Section while their temporary  
16 license is in effect.

17           (B) Treating human ailments without drugs and without  
18 operative surgery. For the practice of treating human  
19 ailments without the use of drugs and without operative  
20 surgery:

21           (1) For an applicant who was a resident student  
22 and who is a graduate after July 1, 1926, of a  
23 chiropractic college or institution, that such school,  
24 college or institution, at the time of the applicant's  
25 graduation required as a prerequisite to admission  
26 thereto a 4 year course of instruction in a high



1 school, and, as a prerequisite to graduation  
2 therefrom, a course of instruction in the treatment of  
3 human ailments, of not less than 132 weeks in duration  
4 and which shall have been completed within a period of  
5 not less than 35 months except that as to students  
6 matriculating or entering upon a course of  
7 chiropractic study during the years 1940, 1941, 1942,  
8 1943, 1944, 1945, 1946, and 1947, such elapsed time  
9 shall be not less than 32 months, such high school and  
10 such school, college or institution having been  
11 reputable and in good standing in the judgment of the  
12 Department.

13 (2) For an applicant who is a matriculant in a  
14 chiropractic college after September 1, 1969, that  
15 such applicant shall be required to complete a 2 year  
16 course of instruction in a liberal arts college or its  
17 equivalent and a course of instruction in a  
18 chiropractic college in the treatment of human  
19 ailments, such course, as a prerequisite to graduation  
20 therefrom, having been not less than 132 weeks in  
21 duration and shall have been completed within a period  
22 of not less than 35 months, such college of liberal  
23 arts and chiropractic college having been reputable  
24 and in good standing in the judgment of the  
25 Department.

26 (3) For an applicant who is a graduate of a United

1 States chiropractic college after August 19, 1981, the  
2 college of the applicant must be fully accredited by  
3 the Commission on Accreditation of the Council on  
4 Chiropractic Education or its successor at the time of  
5 graduation. Such graduates shall be considered to have  
6 met the minimum requirements which shall be in  
7 addition to those requirements set forth in the rules  
8 and regulations promulgated by the Department.

9 (4) For an applicant who is a graduate of a  
10 chiropractic college in another country; that such  
11 chiropractic college be equivalent to the standards of  
12 education as set forth for chiropractic colleges  
13 located in the United States.

14 (C) Practice of naturopathic medicine. For the  
15 practice of naturopathic medicine:

16 (1) For an applicant who is a graduate of an  
17 approved naturopathic medical program, in accordance  
18 with this Act, that he or she has successfully  
19 completed a competency-based national naturopathic  
20 licensing examination administered by the North  
21 American Board of Naturopathic Examiners or an  
22 equivalent agency, as recognized by the Department.

23 (2) For an applicant who is a graduate of a  
24 degree-granting approved naturopathic medical program  
25 prior to 1986, evidence of successful passage of a  
26 State competency examination in a licensed state or a

1           Canadian provincial examination in a licensed or  
2           regulated province approved by the Department in lieu  
3           of passage of a national licensing examination.

4           (Source: P.A. 97-622, eff. 11-23-11.)

5           (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

6           (Section scheduled to be repealed on January 1, 2022)

7           Sec. 14. Chiropractic students and naturopathic medicine  
8           students.

9           (a) Candidates for the degree of doctor of chiropractic  
10          enrolled in a chiropractic college, accredited by the Council  
11          on Chiropractic Education, may practice under the direct,  
12          on-premises supervision of a chiropractic physician who is a  
13          member of the faculty of an accredited chiropractic college.

14          (b) Candidates for the degree of doctor of naturopathic  
15          medicine enrolled in a naturopathic college, accredited by the  
16          United States Council on Naturopathic Medical Education, may  
17          practice under the direct, on-premises supervision of a  
18          naturopathic physician who is a member of the faculty of an  
19          accredited naturopathic college.

20          (Source: P.A. 97-622, eff. 11-23-11.)

21          (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

22          (Section scheduled to be repealed on January 1, 2022)

23          Sec. 15. Chiropractic and naturopathic physician; license  
24          for general practice.     Any chiropractic or naturopathic

1 physician licensed under this Act shall be permitted to take  
2 the examination for licensure as a physician to practice  
3 medicine in all its branches and shall receive a license to  
4 practice medicine in all of its branches if he or she shall  
5 successfully pass such examination, upon proof of having  
6 successfully completed in a medical college, osteopathic  
7 college, naturopathic college, or chiropractic college  
8 reputable and in good standing in the judgment of the  
9 Department, courses of instruction in materia medica,  
10 therapeutics, surgery, obstetrics, and theory and practice  
11 deemed by the Department to be equal to the courses of  
12 instruction required in those subjects for admission to the  
13 examination for a license to practice medicine in all of its  
14 branches, together with proof of having completed (a) the 2  
15 year course of instruction in a college of liberal arts, or its  
16 equivalent, required under this Act, and (b) a course of  
17 postgraduate clinical training of not less than 24 months as  
18 approved by the Department.

19 (Source: P.A. 97-622, eff. 11-23-11.)

20 (225 ILCS 60/16) (from Ch. 111, par. 4400-16)

21 (Section scheduled to be repealed on January 1, 2022)

22 Sec. 16. Ineligibility for examination. Any person who  
23 shall fail any examination for licensure as a medical doctor,  
24 doctor of osteopathy or osteopathic medicine, doctor of  
25 naturopathic medicine, or doctor of chiropractic in this or

1 any other jurisdiction a total of 5 times shall thereafter be  
2 ineligible for further examinations until such time as such  
3 person shall submit to the Department evidence of further  
4 formal professional study, as required by rule of the  
5 Department, in an accredited institution.

6 (Source: P.A. 89-702, eff. 7-1-97.)

7 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 17. Temporary license. Persons holding the degree of  
10 Doctor of Medicine, persons holding the degree of Doctor of  
11 Osteopathy or Doctor of Osteopathic Medicine, persons holding  
12 the degree of Doctor of Naturopathic Medicine, and persons  
13 holding the degree of Doctor of Chiropractic or persons who  
14 have satisfied the requirements therefor and are eligible to  
15 receive such degree from a medical, osteopathic, naturopathic,  
16 or chiropractic school, who wish to pursue programs of  
17 graduate or specialty training in this State, may receive  
18 without examination, in the discretion of the Department, a  
19 3-year temporary license. In order to receive a 3-year  
20 temporary license hereunder, an applicant shall submit  
21 evidence satisfactory to the Department that the applicant:

22 (A) Is of good moral character. In determining moral  
23 character under this Section, the Department may take into  
24 consideration whether the applicant has engaged in conduct  
25 or activities which would constitute grounds for

1 discipline under this Act. The Department may also request  
2 the applicant to submit, and may consider as evidence of  
3 moral character, endorsements from 2 or 3 individuals  
4 licensed under this Act;

5 (B) Has been accepted or appointed for specialty or  
6 residency training by a hospital situated in this State or  
7 a training program in hospitals or facilities maintained  
8 by the State of Illinois or affiliated training facilities  
9 which is approved by the Department for the purpose of  
10 such training under this Act. The applicant shall indicate  
11 the beginning and ending dates of the period for which the  
12 applicant has been accepted or appointed;

13 (C) Has or will satisfy the professional education  
14 requirements of Section 11 of this Act which are effective  
15 at the date of application except for postgraduate  
16 clinical training;

17 (D) Is physically, mentally, and professionally  
18 capable of practicing medicine or treating human ailments  
19 without the use of drugs and without operative surgery  
20 with reasonable judgment, skill, and safety. In  
21 determining physical, mental and professional capacity  
22 under this Section, the Licensing Board may, upon a  
23 showing of a possible incapacity, compel an applicant to  
24 submit to a mental or physical examination and evaluation,  
25 or both, and may condition or restrict any temporary  
26 license, subject to the same terms and conditions as are

1 provided for the Disciplinary Board under Section 22 of  
2 this Act. Any such condition of restricted temporary  
3 license shall provide that the Chief Medical Coordinator  
4 or Deputy Medical Coordinator shall have the authority to  
5 review the subject physician's compliance with such  
6 conditions or restrictions, including, where appropriate,  
7 the physician's record of treatment and counseling  
8 regarding the impairment, to the extent permitted by  
9 applicable federal statutes and regulations safeguarding  
10 the confidentiality of medical records of patients.

11 Three-year temporary licenses issued pursuant to this  
12 Section shall be valid only for the period of time designated  
13 therein, and may be extended or renewed pursuant to the rules  
14 of the Department, and if a temporary license is thereafter  
15 extended, it shall not extend beyond completion of the  
16 residency program. The holder of a valid 3-year temporary  
17 license shall be entitled thereby to perform only such acts as  
18 may be prescribed by and incidental to his or her program of  
19 residency training; he or she shall not be entitled to  
20 otherwise engage in the practice of medicine in this State  
21 unless fully licensed in this State.

22 A 3-year temporary license may be revoked or suspended by  
23 the Department upon proof that the holder thereof has engaged  
24 in the practice of medicine in this State outside of the  
25 program of his or her residency or specialty training, or if  
26 the holder shall fail to supply the Department, within 10 days

1 of its request, with information as to his or her current  
2 status and activities in his or her specialty training  
3 program. Such a revocation or suspension shall comply with the  
4 procedures set forth in subsection (d) of Section 37 of this  
5 Act.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 18. Visiting professor, physician, or resident  
10 permits.

11 (A) Visiting professor permit.

12 (1) A visiting professor permit shall entitle a person  
13 to practice medicine in all of its branches or to practice  
14 the treatment of human ailments without the use of drugs  
15 and without operative surgery provided:

16 (a) the person maintains an equivalent  
17 authorization to practice medicine in all of its  
18 branches or to practice the treatment of human  
19 ailments without the use of drugs and without  
20 operative surgery in good standing in his or her  
21 native licensing jurisdiction during the period of the  
22 visiting professor permit;

23 (b) the person has received a faculty appointment  
24 to teach in a medical, osteopathic, naturopathic, or  
25 chiropractic school in Illinois; and



1 (c) the Department may prescribe the information  
2 necessary to establish an applicant's eligibility for  
3 a permit. This information shall include without  
4 limitation (i) a statement from the dean of the  
5 medical school at which the applicant will be employed  
6 describing the applicant's qualifications and (ii) a  
7 statement from the dean of the medical school listing  
8 every affiliated institution in which the applicant  
9 will be providing instruction as part of the medical  
10 school's education program and justifying any clinical  
11 activities at each of the institutions listed by the  
12 dean.

13 (2) Application for visiting professor permits shall  
14 be made to the Department, in writing, on forms prescribed  
15 by the Department and shall be accompanied by the required  
16 fee established by rule, which shall not be refundable.  
17 Any application shall require the information as, in the  
18 judgment of the Department, will enable the Department to  
19 pass on the qualifications of the applicant.

20 (3) A visiting professor permit shall be valid for no  
21 longer than 2 years from the date of issuance or until the  
22 time the faculty appointment is terminated, whichever  
23 occurs first, and may be renewed only in accordance with  
24 subdivision (A) (6) of this Section.

25 (4) The applicant may be required to appear before the  
26 Licensing Board for an interview prior to, and as a

1 requirement for, the issuance of the original permit and  
2 the renewal.

3 (5) Persons holding a permit under this Section shall  
4 only practice medicine in all of its branches or practice  
5 the treatment of human ailments without the use of drugs  
6 and without operative surgery in the State of Illinois in  
7 their official capacity under their contract within the  
8 medical school itself and any affiliated institution in  
9 which the permit holder is providing instruction as part  
10 of the medical school's educational program and for which  
11 the medical school has assumed direct responsibility.

12 (6) After the initial renewal of a visiting professor  
13 permit, a visiting professor permit shall be valid until  
14 the last day of the next physician license renewal period,  
15 as set by rule, and may only be renewed for applicants who  
16 meet the following requirements:

17 (i) have obtained the required continuing  
18 education hours as set by rule; and

19 (ii) have paid the fee prescribed for a license  
20 under Section 21 of this Act.

21 For initial renewal, the visiting professor must  
22 successfully pass a general competency examination authorized  
23 by the Department by rule, unless he or she was issued an  
24 initial visiting professor permit on or after January 1, 2007,  
25 but prior to July 1, 2007.

1 (B) Visiting physician permit.

2 (1) The Department may, in its discretion, issue a  
3 temporary visiting physician permit, without examination,  
4 provided:

5 (a) (blank);

6 (b) that the person maintains an equivalent  
7 authorization to practice medicine in all of its  
8 branches or to practice the treatment of human  
9 ailments without the use of drugs and without  
10 operative surgery in good standing in his or her  
11 native licensing jurisdiction during the period of the  
12 temporary visiting physician permit;

13 (c) that the person has received an invitation or  
14 appointment to study, demonstrate, or perform a  
15 specific medical, osteopathic, naturopathic,  
16 chiropractic, or clinical subject or technique in a  
17 medical, osteopathic, naturopathic, or chiropractic  
18 school, a state or national medical, osteopathic,  
19 naturopathic, or chiropractic professional association  
20 or society conference or meeting, a hospital licensed  
21 under the Hospital Licensing Act, a hospital organized  
22 under the University of Illinois Hospital Act, or a  
23 facility operated pursuant to the Ambulatory Surgical  
24 Treatment Center Act; and

25 (d) that the temporary visiting physician permit  
26 shall only permit the holder to practice medicine in

1 all of its branches or practice the treatment of human  
2 ailments without the use of drugs and without  
3 operative surgery within the scope of the medical,  
4 osteopathic, naturopathic, chiropractic, or clinical  
5 studies, or in conjunction with the state or national  
6 medical, osteopathic, naturopathic, or chiropractic  
7 professional association or society conference or  
8 meeting, for which the holder was invited or  
9 appointed.

10 (2) The application for the temporary visiting  
11 physician permit shall be made to the Department, in  
12 writing, on forms prescribed by the Department, and shall  
13 be accompanied by the required fee established by rule,  
14 which shall not be refundable. The application shall  
15 require information that, in the judgment of the  
16 Department, will enable the Department to pass on the  
17 qualification of the applicant, and the necessity for the  
18 granting of a temporary visiting physician permit.

19 (3) A temporary visiting physician permit shall be  
20 valid for no longer than (i) 180 days from the date of  
21 issuance or (ii) until the time the medical, osteopathic,  
22 chiropractic, naturopathic, or clinical studies are  
23 completed, or the state or national medical, osteopathic,  
24 naturopathic, or chiropractic professional association or  
25 society conference or meeting has concluded, whichever  
26 occurs first. The temporary visiting physician permit may

1 be issued multiple times to a visiting physician under  
2 this paragraph (3) as long as the total number of days it  
3 is active do not exceed 180 days within a 365-day period.

4 (4) The applicant for a temporary visiting physician  
5 permit may be required to appear before the Licensing  
6 Board for an interview prior to, and as a requirement for,  
7 the issuance of a temporary visiting physician permit.

8 (5) A limited temporary visiting physician permit  
9 shall be issued to a physician licensed in another state  
10 who has been requested to perform emergency procedures in  
11 Illinois if he or she meets the requirements as  
12 established by rule.

13 (C) Visiting resident permit.

14 (1) The Department may, in its discretion, issue a  
15 temporary visiting resident permit, without examination,  
16 provided:

17 (a) (blank);

18 (b) that the person maintains an equivalent  
19 authorization to practice medicine in all of its  
20 branches or to practice the treatment of human  
21 ailments without the use of drugs and without  
22 operative surgery in good standing in his or her  
23 native licensing jurisdiction during the period of the  
24 temporary visiting resident permit;

25 (c) that the applicant is enrolled in a

1 postgraduate clinical training program outside the  
2 State of Illinois that is approved by the Department;

3 (d) that the individual has been invited or  
4 appointed for a specific period of time to perform a  
5 portion of that post graduate clinical training  
6 program under the supervision of an Illinois licensed  
7 physician in an Illinois patient care clinic or  
8 facility that is affiliated with the out-of-State post  
9 graduate training program; and

10 (e) that the temporary visiting resident permit  
11 shall only permit the holder to practice medicine in  
12 all of its branches or practice the treatment of human  
13 ailments without the use of drugs and without  
14 operative surgery within the scope of the medical,  
15 osteopathic, naturopathic, chiropractic, or clinical  
16 studies for which the holder was invited or appointed.

17 (2) The application for the temporary visiting  
18 resident permit shall be made to the Department, in  
19 writing, on forms prescribed by the Department, and shall  
20 be accompanied by the required fee established by rule.  
21 The application shall require information that, in the  
22 judgment of the Department, will enable the Department to  
23 pass on the qualifications of the applicant.

24 (3) A temporary visiting resident permit shall be  
25 valid for 180 days from the date of issuance or until the  
26 time the medical, osteopathic, naturopathic, chiropractic,

1 or clinical studies are completed, whichever occurs first.

2 (4) The applicant for a temporary visiting resident  
3 permit may be required to appear before the Licensing  
4 Board for an interview prior to, and as a requirement for,  
5 the issuance of a temporary visiting resident permit.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 19. Licensure by endorsement. The Department may, in  
10 its discretion, issue a license by endorsement to any person  
11 who is currently licensed to practice medicine in all of its  
12 branches, a naturopathic physician, or a chiropractic  
13 physician, in any other state, territory, country or province,  
14 upon the following conditions and submitting evidence  
15 satisfactory to the Department of the following:

16 (A) (Blank);

17 (B) That the applicant is of good moral character. In  
18 determining moral character under this Section, the  
19 Department may take into consideration whether the  
20 applicant has engaged in conduct or activities which would  
21 constitute grounds for discipline under this Act. The  
22 Department may also request the applicant to submit, and  
23 may consider as evidence of moral character, endorsements  
24 from 2 or 3 individuals licensed under this Act;

25 (C) That the applicant is physically, mentally and

1 professionally capable of practicing medicine with  
2 reasonable judgment, skill and safety. In determining  
3 physical, mental and professional capacity under this  
4 Section the Licensing Board may, upon a showing of a  
5 possible incapacity, compel an applicant to submit to a  
6 mental or physical examination and evaluation, or both, in  
7 the same manner as provided in Section 22 and may  
8 condition or restrict any license, subject to the same  
9 terms and conditions as are provided for the Disciplinary  
10 Board under Section 22 of this Act.

11 (D) That if the applicant seeks to practice medicine  
12 in all of its branches:

13 (1) if the applicant was licensed in another  
14 jurisdiction prior to January 1, 1988, that the  
15 applicant has satisfied the educational requirements  
16 of paragraph (1) of subsection (A) or paragraph (2) of  
17 subsection (A) of Section 11 of this Act; or

18 (2) if the applicant was licensed in another  
19 jurisdiction after December 31, 1987, that the  
20 applicant has satisfied the educational requirements  
21 of paragraph (A) (2) of Section 11 of this Act; and

22 (3) the requirements for a license to practice  
23 medicine in all of its branches in the particular  
24 state, territory, country or province in which the  
25 applicant is licensed are deemed by the Department to  
26 have been substantially equivalent to the requirements



1 for a license to practice medicine in all of its  
2 branches in force in this State at the date of the  
3 applicant's license;

4 (E) That if the applicant seeks to treat human  
5 ailments without the use of drugs and without operative  
6 surgery:

7 (1) the applicant is a graduate of a chiropractic  
8 or naturopathic school or college approved by the  
9 Department at the time of their graduation;

10 (2) the requirements for the applicant's license  
11 to practice the treatment of human ailments without  
12 the use of drugs are deemed by the Department to have  
13 been substantially equivalent to the requirements for  
14 a license to practice in this State at the date of the  
15 applicant's license;

16 (E-5) That if the applicant seeks to practice  
17 naturopathic medicine:

18 (1) the applicant is a graduate of a naturopathic  
19 school or college approved by the Department at the  
20 time of their graduation; and

21 (2) the requirements for the applicant's license  
22 to practice naturopathic medicine are deemed by the  
23 Department to have been substantially equivalent to  
24 the requirements for a license to practice in this  
25 State at the date of the applicant's license;

26 (F) That the Department may, in its discretion, issue

1 a license by endorsement to any graduate of a medical or  
2 osteopathic college, reputable and in good standing in the  
3 judgment of the Department, who has passed an examination  
4 for admission to the United States Public Health Service,  
5 or who has passed any other examination deemed by the  
6 Department to have been at least equal in all substantial  
7 respects to the examination required for admission to any  
8 such medical corps;

9 (G) That applications for licenses by endorsement  
10 shall be filed with the Department, under oath, on forms  
11 prepared and furnished by the Department, and shall set  
12 forth, and applicants therefor shall supply such  
13 information respecting the life, education, professional  
14 practice, and moral character of applicants as the  
15 Department may require to be filed for its use;

16 (H) That the applicant undergo the criminal background  
17 check established under Section 9.7 of this Act.

18 In the exercise of its discretion under this Section, the  
19 Department is empowered to consider and evaluate each  
20 applicant on an individual basis. It may take into account,  
21 among other things: the extent to which the applicant will  
22 bring unique experience and skills to the State of Illinois or  
23 the extent to which there is or is not available to the  
24 Department authentic and definitive information concerning the  
25 quality of medical education and clinical training which the  
26 applicant has had. Under no circumstances shall a license be

1 issued under the provisions of this Section to any person who  
2 has previously taken and failed the written examination  
3 conducted by the Department for such license. In the exercise  
4 of its discretion under this Section, the Department may  
5 require an applicant to successfully complete an examination  
6 as recommended by the Licensing Board. The Department may also  
7 request the applicant to submit, and may consider as evidence  
8 of moral character, evidence from 2 or 3 individuals licensed  
9 under this Act. Applicants have 3 years from the date of  
10 application to complete the application process. If the  
11 process has not been completed within 3 years, the application  
12 shall be denied, the fees shall be forfeited, and the  
13 applicant must reapply and meet the requirements in effect at  
14 the time of reapplication.

15 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

16 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 22. Disciplinary action.

19 (A) The Department may revoke, suspend, place on  
20 probation, reprimand, refuse to issue or renew, or take any  
21 other disciplinary or non-disciplinary action as the  
22 Department may deem proper with regard to the license or  
23 permit of any person issued under this Act, including imposing  
24 fines not to exceed \$10,000 for each violation, upon any of the  
25 following grounds:

1 (1) (Blank).

2 (2) (Blank).

3 (3) A plea of guilty or nolo contendere, finding of  
4 guilt, jury verdict, or entry of judgment or sentencing,  
5 including, but not limited to, convictions, preceding  
6 sentences of supervision, conditional discharge, or first  
7 offender probation, under the laws of any jurisdiction of  
8 the United States of any crime that is a felony.

9 (4) Gross negligence in practice under this Act.

10 (5) Engaging in dishonorable, unethical, or  
11 unprofessional conduct of a character likely to deceive,  
12 defraud or harm the public.

13 (6) Obtaining any fee by fraud, deceit, or  
14 misrepresentation.

15 (7) Habitual or excessive use or abuse of drugs  
16 defined in law as controlled substances, of alcohol, or of  
17 any other substances which results in the inability to  
18 practice with reasonable judgment, skill, or safety.

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

21 (9) Fraud or misrepresentation in applying for, or  
22 procuring, a license under this Act or in connection with  
23 applying for renewal of a license under this Act.

24 (10) Making a false or misleading statement regarding  
25 their skill or the efficacy or value of the medicine,  
26 treatment, or remedy prescribed by them at their direction

1 in the treatment of any disease or other condition of the  
2 body or mind.

3 (11) Allowing another person or organization to use  
4 their license, procured under this Act, to practice.

5 (12) Adverse action taken by another state or  
6 jurisdiction against a license or other authorization to  
7 practice as a medical doctor, doctor of osteopathy, doctor  
8 of osteopathic medicine, doctor of naturopathic medicine,  
9 or doctor of chiropractic, a certified copy of the record  
10 of the action taken by the other state or jurisdiction  
11 being prima facie evidence thereof. This includes any  
12 adverse action taken by a State or federal agency that  
13 prohibits a medical doctor, doctor of osteopathy, doctor  
14 of osteopathic medicine, or doctor of chiropractic from  
15 providing services to the agency's participants.

16 (13) Violation of any provision of this Act or of the  
17 Medical Practice Act prior to the repeal of that Act, or  
18 violation of the rules, or a final administrative action  
19 of the Secretary, after consideration of the  
20 recommendation of the Disciplinary Board.

21 (14) Violation of the prohibition against fee  
22 splitting in Section 22.2 of this Act.

23 (15) A finding by the Disciplinary Board that the  
24 registrant after having his or her license placed on  
25 probationary status or subjected to conditions or  
26 restrictions violated the terms of the probation or failed

1 to comply with such terms or conditions.

2 (16) Abandonment of a patient.

3 (17) Prescribing, selling, administering,  
4 distributing, giving, or self-administering any drug  
5 classified as a controlled substance (designated product)  
6 or narcotic for other than medically accepted therapeutic  
7 purposes.

8 (18) Promotion of the sale of drugs, devices,  
9 appliances, or goods provided for a patient in such manner  
10 as to exploit the patient for financial gain of the  
11 physician.

12 (19) Offering, undertaking, or agreeing to cure or  
13 treat disease by a secret method, procedure, treatment, or  
14 medicine, or the treating, operating, or prescribing for  
15 any human condition by a method, means, or procedure which  
16 the licensee refuses to divulge upon demand of the  
17 Department.

18 (20) Immoral conduct in the commission of any act  
19 including, but not limited to, commission of an act of  
20 sexual misconduct related to the licensee's practice.

21 (21) Willfully making or filing false records or  
22 reports in his or her practice as a physician, including,  
23 but not limited to, false records to support claims  
24 against the medical assistance program of the Department  
25 of Healthcare and Family Services (formerly Department of  
26 Public Aid) under the Illinois Public Aid Code.

1           (22) Willful omission to file or record, or willfully  
2           impeding the filing or recording, or inducing another  
3           person to omit to file or record, medical reports as  
4           required by law, or willfully failing to report an  
5           instance of suspected abuse or neglect as required by law.

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

13          (24) Solicitation of professional patronage by any  
14          corporation, agents or persons, or profiting from those  
15          representing themselves to be agents of the licensee.

16          (25) Gross and willful and continued overcharging for  
17          professional services, including filing false statements  
18          for collection of fees for which services are not  
19          rendered, including, but not limited to, filing such false  
20          statements for collection of monies for services not  
21          rendered from the medical assistance program of the  
22          Department of Healthcare and Family Services (formerly  
23          Department of Public Aid) under the Illinois Public Aid  
24          Code.

25          (26) A pattern of practice or other behavior which  
26          demonstrates incapacity or incompetence to practice under

1           this Act.

2           (27) Mental illness or disability which results in the  
3           inability to practice under this Act with reasonable  
4           judgment, skill, or safety.

5           (28) Physical illness, including, but not limited to,  
6           deterioration through the aging process, or loss of motor  
7           skill which results in a physician's inability to practice  
8           under this Act with reasonable judgment, skill, or safety.

9           (29) Cheating on or attempt to subvert the licensing  
10          examinations administered under this Act.

11          (30) Willfully or negligently violating the  
12          confidentiality between physician and patient except as  
13          required by law.

14          (31) The use of any false, fraudulent, or deceptive  
15          statement in any document connected with practice under  
16          this Act.

17          (32) Aiding and abetting an individual not licensed  
18          under this Act in the practice of a profession licensed  
19          under this Act.

20          (33) Violating state or federal laws or regulations  
21          relating to controlled substances, legend drugs, or  
22          ephedra as defined in the Ephedra Prohibition Act.

23          (34) Failure to report to the Department any adverse  
24          final action taken against them by another licensing  
25          jurisdiction (any other state or any territory of the  
26          United States or any foreign state or country), by any



1 peer review body, by any health care institution, by any  
2 professional society or association related to practice  
3 under this Act, by any governmental agency, by any law  
4 enforcement agency, or by any court for acts or conduct  
5 similar to acts or conduct which would constitute grounds  
6 for action as defined in this Section.

7 (35) Failure to report to the Department surrender of  
8 a license or authorization to practice as a medical  
9 doctor, a doctor of osteopathy, a doctor of osteopathic  
10 medicine, a doctor of naturopathic medicine, or doctor of  
11 chiropractic in another state or jurisdiction, or  
12 surrender of membership on any medical staff or in any  
13 medical or professional association or society, while  
14 under disciplinary investigation by any of those  
15 authorities or bodies, for acts or conduct similar to acts  
16 or conduct which would constitute grounds for action as  
17 defined in this Section.

18 (36) Failure to report to the Department any adverse  
19 judgment, settlement, or award arising from a liability  
20 claim related to acts or conduct similar to acts or  
21 conduct which would constitute grounds for action as  
22 defined in this Section.

23 (37) Failure to provide copies of medical records as  
24 required by law.

25 (38) Failure to furnish the Department, its  
26 investigators or representatives, relevant information,

1           legally requested by the Department after consultation  
2           with the Chief Medical Coordinator or the Deputy Medical  
3           Coordinator.

4           (39) Violating the Health Care Worker Self-Referral  
5           Act.

6           (40) Willful failure to provide notice when notice is  
7           required under the Parental Notice of Abortion Act of  
8           1995.

9           (41) Failure to establish and maintain records of  
10          patient care and treatment as required by this law.

11          (42) Entering into an excessive number of written  
12          collaborative agreements with licensed advanced practice  
13          registered nurses resulting in an inability to adequately  
14          collaborate.

15          (43) Repeated failure to adequately collaborate with a  
16          licensed advanced practice registered nurse.

17          (44) Violating the Compassionate Use of Medical  
18          Cannabis Program Act.

19          (45) Entering into an excessive number of written  
20          collaborative agreements with licensed prescribing  
21          psychologists resulting in an inability to adequately  
22          collaborate.

23          (46) Repeated failure to adequately collaborate with a  
24          licensed prescribing psychologist.

25          (47) Willfully failing to report an instance of  
26          suspected abuse, neglect, financial exploitation, or

1 self-neglect of an eligible adult as defined in and  
2 required by the Adult Protective Services Act.

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

9 (49) Entering into an excessive number of written  
10 collaborative agreements with licensed physician  
11 assistants resulting in an inability to adequately  
12 collaborate.

13 (50) Repeated failure to adequately collaborate with a  
14 physician assistant.

15 Except for actions involving the ground numbered (26), all  
16 proceedings to suspend, revoke, place on probationary status,  
17 or take any other disciplinary action as the Department may  
18 deem proper, with regard to a license on any of the foregoing  
19 grounds, must be commenced within 5 years next after receipt  
20 by the Department of a complaint alleging the commission of or  
21 notice of the conviction order for any of the acts described  
22 herein. Except for the grounds numbered (8), (9), (26), and  
23 (29), no action shall be commenced more than 10 years after the  
24 date of the incident or act alleged to have violated this  
25 Section. For actions involving the ground numbered (26), a  
26 pattern of practice or other behavior includes all incidents

1 alleged to be part of the pattern of practice or other behavior  
2 that occurred, or a report pursuant to Section 23 of this Act  
3 received, within the 10-year period preceding the filing of  
4 the complaint. In the event of the settlement of any claim or  
5 cause of action in favor of the claimant or the reduction to  
6 final judgment of any civil action in favor of the plaintiff,  
7 such claim, cause of action, or civil action being grounded on  
8 the allegation that a person licensed under this Act was  
9 negligent in providing care, the Department shall have an  
10 additional period of 2 years from the date of notification to  
11 the Department under Section 23 of this Act of such settlement  
12 or final judgment in which to investigate and commence formal  
13 disciplinary proceedings under Section 36 of this Act, except  
14 as otherwise provided by law. The time during which the holder  
15 of the license was outside the State of Illinois shall not be  
16 included within any period of time limiting the commencement  
17 of disciplinary action by the Department.

18 The entry of an order or judgment by any circuit court  
19 establishing that any person holding a license under this Act  
20 is a person in need of mental treatment operates as a  
21 suspension of that license. That person may resume his or her  
22 ~~their~~ practice only upon the entry of a Departmental order  
23 based upon a finding by the Disciplinary Board that the person  
24 has ~~they have~~ been determined to be recovered from mental  
25 illness by the court and upon the Disciplinary Board's  
26 recommendation that the person ~~they~~ be permitted to resume his

1 or her ~~their~~ practice.

2 The Department may refuse to issue or take disciplinary  
3 action concerning the license of any person who fails to file a  
4 return, or to pay the tax, penalty, or interest shown in a  
5 filed return, or to pay any final assessment of tax, penalty,  
6 or interest, as required by any tax Act administered by the  
7 Illinois Department of Revenue, until such time as the  
8 requirements of any such tax Act are satisfied as determined  
9 by the Illinois Department of Revenue.

10 The Department, upon the recommendation of the  
11 Disciplinary Board, shall adopt rules which set forth  
12 standards to be used in determining:

13 (a) when a person will be deemed sufficiently  
14 rehabilitated to warrant the public trust;

15 (b) what constitutes dishonorable, unethical, or  
16 unprofessional conduct of a character likely to deceive,  
17 defraud, or harm the public;

18 (c) what constitutes immoral conduct in the commission  
19 of any act, including, but not limited to, commission of  
20 an act of sexual misconduct related to the licensee's  
21 practice; and

22 (d) what constitutes gross negligence in the practice  
23 of medicine.

24 However, no such rule shall be admissible into evidence in  
25 any civil action except for review of a licensing or other  
26 disciplinary action under this Act.

1           In enforcing this Section, the Disciplinary Board or the  
2   Licensing Board, upon a showing of a possible violation, may  
3   compel, in the case of the Disciplinary Board, any individual  
4   who is licensed to practice under this Act or holds a permit to  
5   practice under this Act, or, in the case of the Licensing  
6   Board, any individual who has applied for licensure or a  
7   permit pursuant to this Act, to submit to a mental or physical  
8   examination and evaluation, or both, which may include a  
9   substance abuse or sexual offender evaluation, as required by  
10  the Licensing Board or Disciplinary Board and at the expense  
11  of the Department. The Disciplinary Board or Licensing Board  
12  shall specifically designate the examining physician licensed  
13  to practice medicine in all of its branches or, if applicable,  
14  the multidisciplinary team involved in providing the mental or  
15  physical examination and evaluation, or both. The  
16  multidisciplinary team shall be led by a physician licensed to  
17  practice medicine in all of its branches and may consist of one  
18  or more or a combination of physicians licensed to practice  
19  medicine in all of its branches, licensed chiropractic  
20  physicians, licensed naturopathic physicians, licensed  
21  clinical psychologists, licensed clinical social workers,  
22  licensed clinical professional counselors, and other  
23  professional and administrative staff. Any examining physician  
24  or member of the multidisciplinary team may require any person  
25  ordered to submit to an examination and evaluation pursuant to  
26  this Section to submit to any additional supplemental testing

1 deemed necessary to complete any examination or evaluation  
2 process, including, but not limited to, blood testing,  
3 urinalysis, psychological testing, or neuropsychological  
4 testing. The Disciplinary Board, the Licensing Board, or the  
5 Department may order the examining physician or any member of  
6 the multidisciplinary team to provide to the Department, the  
7 Disciplinary Board, or the Licensing Board any and all  
8 records, including business records, that relate to the  
9 examination and evaluation, including any supplemental testing  
10 performed. The Disciplinary Board, the Licensing Board, or the  
11 Department may order the examining physician or any member of  
12 the multidisciplinary team to present testimony concerning  
13 this examination and evaluation of the licensee, permit  
14 holder, or applicant, including testimony concerning any  
15 supplemental testing or documents relating to the examination  
16 and evaluation. No information, report, record, or other  
17 documents in any way related to the examination and evaluation  
18 shall be excluded by reason of any common law or statutory  
19 privilege relating to communication between the licensee,  
20 permit holder, or applicant and the examining physician or any  
21 member of the multidisciplinary team. No authorization is  
22 necessary from the licensee, permit holder, or applicant  
23 ordered to undergo an evaluation and examination for the  
24 examining physician or any member of the multidisciplinary  
25 team to provide information, reports, records, or other  
26 documents or to provide any testimony regarding the

1 examination and evaluation. The individual to be examined may  
2 have, at his or her own expense, another physician of his or  
3 her choice present during all aspects of the examination.  
4 Failure of any individual to submit to mental or physical  
5 examination and evaluation, or both, when directed, shall  
6 result in an automatic suspension, without hearing, until such  
7 time as the individual submits to the examination. If the  
8 Disciplinary Board or Licensing Board finds a physician unable  
9 to practice following an examination and evaluation because of  
10 the reasons set forth in this Section, the Disciplinary Board  
11 or Licensing Board shall require such physician to submit to  
12 care, counseling, or treatment by physicians, or other health  
13 care professionals, approved or designated by the Disciplinary  
14 Board, as a condition for issued, continued, reinstated, or  
15 renewed licensure to practice. Any physician, whose license  
16 was granted pursuant to Sections 9, 17, or 19 of this Act, or,  
17 continued, reinstated, renewed, disciplined or supervised,  
18 subject to such terms, conditions, or restrictions who shall  
19 fail to comply with such terms, conditions, or restrictions,  
20 or to complete a required program of care, counseling, or  
21 treatment, as determined by the Chief Medical Coordinator or  
22 Deputy Medical Coordinators, shall be referred to the  
23 Secretary for a determination as to whether the licensee shall  
24 have his or her ~~their~~ license suspended immediately, pending a  
25 hearing by the Disciplinary Board. In instances in which the  
26 Secretary immediately suspends a license under this Section, a



1 hearing upon such person's license must be convened by the  
2 Disciplinary Board within 15 days after such suspension and  
3 completed without appreciable delay. The Disciplinary Board  
4 shall have the authority to review the subject physician's  
5 record of treatment and counseling regarding the impairment,  
6 to the extent permitted by applicable federal statutes and  
7 regulations safeguarding the confidentiality of medical  
8 records.

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

14 The Department may promulgate rules for the imposition of  
15 fines in disciplinary cases, not to exceed \$10,000 for each  
16 violation of this Act. Fines may be imposed in conjunction  
17 with other forms of disciplinary action, but shall not be the  
18 exclusive disposition of any disciplinary action arising out  
19 of conduct resulting in death or injury to a patient. Any funds  
20 collected from such fines shall be deposited in the Illinois  
21 State Medical Disciplinary Fund.

22 All fines imposed under this Section shall be paid within  
23 60 days after the effective date of the order imposing the fine  
24 or in accordance with the terms set forth in the order imposing  
25 the fine.

26 (B) The Department shall revoke the license or permit

1 issued under this Act to practice medicine, a naturopathic  
2 physician, or a chiropractic physician who has been convicted  
3 a second time of committing any felony under the Illinois  
4 Controlled Substances Act or the Methamphetamine Control and  
5 Community Protection Act, or who has been convicted a second  
6 time of committing a Class 1 felony under Sections 8A-3 and  
7 8A-6 of the Illinois Public Aid Code. A person whose license or  
8 permit is revoked under this subsection B shall be prohibited  
9 from practicing medicine or treating human ailments without  
10 the use of drugs and without operative surgery.

11 (C) The Department shall not revoke, suspend, place on  
12 probation, reprimand, refuse to issue or renew, or take any  
13 other disciplinary or non-disciplinary action against the  
14 license or permit issued under this Act to practice medicine  
15 to a physician:

16 (1) based solely upon the recommendation of the  
17 physician to an eligible patient regarding, or  
18 prescription for, or treatment with, an investigational  
19 drug, biological product, or device; or

20 (2) for experimental treatment for Lyme disease or  
21 other tick-borne diseases, including, but not limited to,  
22 the prescription of or treatment with long-term  
23 antibiotics.

24 (D) The Disciplinary Board shall recommend to the  
25 Department civil penalties and any other appropriate  
26 discipline in disciplinary cases when the Board finds that a

1 physician willfully performed an abortion with actual  
2 knowledge that the person upon whom the abortion has been  
3 performed is a minor or an incompetent person without notice  
4 as required under the Parental Notice of Abortion Act of 1995.  
5 Upon the Board's recommendation, the Department shall impose,  
6 for the first violation, a civil penalty of \$1,000 and for a  
7 second or subsequent violation, a civil penalty of \$5,000.

8 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;  
9 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.  
10 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,  
11 eff. 8-9-19; revised 9-20-19.)

12 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

13 (Section scheduled to be repealed on January 1, 2022)

14 Sec. 24. Report of violations; medical associations.

15 (a) Any physician licensed under this Act, the Illinois  
16 State Medical Society, the Illinois Association of Osteopathic  
17 Physicians and Surgeons, the Illinois Chiropractic Society,  
18 the Illinois Prairie State Chiropractic Association, the  
19 Illinois Association of Naturopathic Physicians, or any  
20 component societies of any of these 4 groups, and any other  
21 person, may report to the Disciplinary Board any information  
22 the physician, association, society, or person may have that  
23 appears to show that a physician is or may be in violation of  
24 any of the provisions of Section 22 of this Act.

25 (b) The Department may enter into agreements with the

1 Illinois State Medical Society, the Illinois Association of  
2 Osteopathic Physicians and Surgeons, the Illinois Prairie  
3 State Chiropractic Association, ~~or~~ the Illinois Chiropractic  
4 Society, or the Illinois Association of Naturopathic  
5 Physicians to allow these organizations to assist the  
6 Disciplinary Board in the review of alleged violations of this  
7 Act. Subject to the approval of the Department, any  
8 organization party to such an agreement may subcontract with  
9 other individuals or organizations to assist in review.

10 (c) Any physician, association, society, or person  
11 participating in good faith in the making of a report under  
12 this Act or participating in or assisting with an  
13 investigation or review under this Act shall have immunity  
14 from any civil, criminal, or other liability that might result  
15 by reason of those actions.

16 (d) The medical information in the custody of an entity  
17 under contract with the Department participating in an  
18 investigation or review shall be privileged and confidential  
19 to the same extent as are information and reports under the  
20 provisions of Part 21 of Article VIII of the Code of Civil  
21 Procedure.

22 (e) Upon request by the Department after a mandatory  
23 report has been filed with the Department, an attorney for any  
24 party seeking to recover damages for injuries or death by  
25 reason of medical, hospital, or other healing art malpractice  
26 shall provide patient records related to the physician

1 involved in the disciplinary proceeding to the Department  
2 within 30 days of the Department's request for use by the  
3 Department in any disciplinary matter under this Act. An  
4 attorney who provides patient records to the Department in  
5 accordance with this requirement shall not be deemed to have  
6 violated any attorney-client privilege. Notwithstanding any  
7 other provision of law, consent by a patient shall not be  
8 required for the provision of patient records in accordance  
9 with this requirement.

10 (f) For the purpose of any civil or criminal proceedings,  
11 the good faith of any physician, association, society or  
12 person shall be presumed.

13 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

14 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

15 (Section scheduled to be repealed on January 1, 2022)

16 Sec. 33. Legend drugs.

17 (a) Any person licensed under this Act to practice  
18 medicine in all of its branches shall be authorized to  
19 purchase legend drugs requiring an order of a person  
20 authorized to prescribe drugs, and to dispense such legend  
21 drugs in the regular course of practicing medicine. The  
22 dispensing of such legend drugs shall be the personal act of  
23 the person licensed under this Act and may not be delegated to  
24 any other person not licensed under this Act or the Pharmacy  
25 Practice Act unless such delegated dispensing functions are

1 under the direct supervision of the physician authorized to  
2 dispense legend drugs. Except when dispensing manufacturers'  
3 samples or other legend drugs in a maximum 72 hour supply,  
4 persons licensed under this Act shall maintain a book or file  
5 of prescriptions as required in the Pharmacy Practice Act. Any  
6 person licensed under this Act who dispenses any drug or  
7 medicine shall dispense such drug or medicine in good faith  
8 and shall affix to the box, bottle, vessel or package  
9 containing the same a label indicating (1) the date on which  
10 such drug or medicine is dispensed; (2) the name of the  
11 patient; (3) the last name of the person dispensing such drug  
12 or medicine; (4) the directions for use thereof; and (5) the  
13 proprietary name or names or, if there are none, the  
14 established name or names of the drug or medicine, the dosage  
15 and quantity, except as otherwise authorized by regulation of  
16 the Department.

17 (b) The labeling requirements set forth in subsection (a)  
18 shall not apply to drugs or medicines in a package which bears  
19 a label of the manufacturer containing information describing  
20 its contents which is in compliance with requirements of the  
21 Federal Food, Drug, and Cosmetic Act and the Illinois Food,  
22 Drug, and Cosmetic Act. "Drug" and "medicine" have the  
23 meanings ascribed to them in the Pharmacy Practice Act, as now  
24 or hereafter amended; "good faith" has the meaning ascribed to  
25 it in subsection (u) of Section 102 of the Illinois Controlled  
26 Substances Act.

1 (c) Prior to dispensing a prescription to a patient, the  
2 physician shall offer a written prescription to the patient  
3 which the patient may elect to have filled by the physician or  
4 any licensed pharmacy.

5 (d) A violation of any provision of this Section shall  
6 constitute a violation of this Act and shall be grounds for  
7 disciplinary action provided for in this Act.

8 (e) Nothing in this Section shall be construed to  
9 authorize a chiropractic physician or naturopathic physician  
10 to prescribe drugs.

11 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

12 (225 ILCS 60/34) (from Ch. 111, par. 4400-34)

13 (Section scheduled to be repealed on January 1, 2022)

14 Sec. 34. The provisions of this Act shall not be so  
15 construed nor shall they be so administered as to discriminate  
16 against any type or category of physician or against any  
17 medical, osteopathic, naturopathic, or chiropractic college.

18 (Source: P.A. 85-4.)

19 Section 25. The Patients' Right to Know Act is amended by  
20 changing Section 5 as follows:

21 (225 ILCS 61/5)

22 Sec. 5. Definitions. For purposes of this Act, the  
23 following definitions shall have the following meanings,

1 except where the context requires otherwise:

2 "Department" means the Department of Financial and  
3 Professional Regulation.

4 "Disciplinary Board" means the Medical Disciplinary Board.

5 "Physician" means a person licensed under the Medical  
6 Practice Act of 1987 to practice medicine in all of its  
7 branches, a naturopathic physician, or a chiropractic  
8 physician licensed to treat human ailments without the use of  
9 drugs and without operative surgery.

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

12 (Source: P.A. 99-642, eff. 7-28-16.)

13 Section 30. The Naprapathic Practice Act is amended by  
14 changing Sections 25 and 110 as follows:

15 (225 ILCS 63/25)

16 (Section scheduled to be repealed on January 1, 2023)

17 Sec. 25. Title and designation of licensed naprapaths.  
18 Every person to whom a valid existing license as a naprapath  
19 has been issued under this Act shall be designated  
20 professionally a "naprapath", and not otherwise, and any  
21 licensed naprapath may, in connection with the practice of his  
22 profession, use the title or designation of "naprapath", and,  
23 if entitled by degree from a college or university recognized  
24 by the Department, may use the title of "Doctor of Naprapathy"



1 or the abbreviation "D.N.". When the name of the licensed  
2 naprapath is used professionally in oral, written, or printed  
3 announcements, professional cards, or publications for the  
4 information of the public and is preceded by the title  
5 "Doctor" or the abbreviation "Dr.", the explanatory  
6 designation of "naprapath", "naprapathy", "Doctor of  
7 Naprapathy", or the designation "D.N." shall be added  
8 immediately following title and name. When the announcement,  
9 professional cards, or publication is in writing or in print,  
10 the explanatory addition shall be in writing, type, or print  
11 not less than 1/2 the size of that used in the name and title.  
12 No person other than the holder of a valid existing license  
13 under this Act shall use the title and designation of "Doctor  
14 of Naprapathy", "D.N.", or "naprapath", either directly or  
15 indirectly, in connection with his or her profession or  
16 business.

17 A naprapath licensed under this Act shall not hold himself  
18 or herself out as a Doctor of Chiropractic or a Doctor of  
19 Naturopathic Medicine unless he or she is licensed as a Doctor  
20 of Chiropractic or Doctor of Naturopathic Medicine under the  
21 Medical Practice Act of 1987 or any successor Act.

22 (Source: P.A. 97-778, eff. 7-13-12.)

23 (225 ILCS 63/110)

24 (Section scheduled to be repealed on January 1, 2023)

25 Sec. 110. Grounds for disciplinary action; refusal,

1 revocation, suspension.

2 (a) The Department may refuse to issue or to renew, or may  
3 revoke, suspend, place on probation, reprimand or take other  
4 disciplinary or non-disciplinary action as the Department may  
5 deem appropriate, including imposing fines not to exceed  
6 \$10,000 for each violation, with regard to any licensee or  
7 license for any one or combination of the following causes:

8 (1) Violations of this Act or of rules adopted under  
9 this Act.

10 (2) Material misstatement in furnishing information to  
11 the Department.

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

21 (4) Fraud or any misrepresentation in applying for or  
22 procuring a license under this Act or in connection with  
23 applying for renewal of a license under this Act.

24 (5) Professional incompetence or gross negligence.

25 (6) Malpractice.

26 (7) Aiding or assisting another person in violating

1 any provision of this Act or its rules.

2 (8) Failing to provide information within 60 days in  
3 response to a written request made by the Department.

4 (9) Engaging in dishonorable, unethical, or  
5 unprofessional conduct of a character likely to deceive,  
6 defraud, or harm the public.

7 (10) Habitual or excessive use or abuse of drugs  
8 defined in law as controlled substances, alcohol, or any  
9 other substance which results in the inability to practice  
10 with reasonable judgment, skill, or safety.

11 (11) Discipline by another U.S. jurisdiction or  
12 foreign nation if at least one of the grounds for the  
13 discipline is the same or substantially equivalent to  
14 those set forth in this Act.

15 (12) Directly or indirectly giving to or receiving  
16 from any person, firm, corporation, partnership, or  
17 association any fee, commission, rebate, or other form of  
18 compensation for any professional services not actually or  
19 personally rendered. This shall not be deemed to include  
20 rent or other remunerations paid to an individual,  
21 partnership, or corporation by a naprapath for the lease,  
22 rental, or use of space, owned or controlled by the  
23 individual, partnership, corporation, or association.  
24 Nothing in this paragraph (12) affects any bona fide  
25 independent contractor or employment arrangements among  
26 health care professionals, health facilities, health care

1 providers, or other entities, except as otherwise  
2 prohibited by law. Any employment arrangements may include  
3 provisions for compensation, health insurance, pension, or  
4 other employment benefits for the provision of services  
5 within the scope of the licensee's practice under this  
6 Act. Nothing in this paragraph (12) shall be construed to  
7 require an employment arrangement to receive professional  
8 fees for services rendered.

9 (13) Using the title "Doctor" or its abbreviation  
10 without further clarifying that title or abbreviation with  
11 the word "naprapath" or "naprapathy" or the designation  
12 "D.N.".

13 (14) A finding by the Department that the licensee,  
14 after having his or her license placed on probationary  
15 status, has violated the terms of probation.

16 (15) Abandonment of a patient without cause.

17 (16) Willfully making or filing false records or  
18 reports relating to a licensee's practice, including but  
19 not limited to, false records filed with State agencies or  
20 departments.

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

24 (18) Physical or mental illness or disability,  
25 including, but not limited to, deterioration through the  
26 aging process or loss of motor skill that results in the

1 inability to practice the profession with reasonable  
2 judgment, skill, or safety.

3 (19) Solicitation of professional services by means  
4 other than permitted advertising.

5 (20) Failure to provide a patient with a copy of his or  
6 her record upon the written request of the patient.

7 (21) Cheating on or attempting to subvert the  
8 licensing examination administered under this Act.

9 (22) Allowing one's license under this Act to be used  
10 by an unlicensed person in violation of this Act.

11 (23) (Blank).

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

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

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

24 (27) Maintaining a professional relationship with any  
25 person, firm, or corporation when the naprapath knows, or  
26 should know, that the person, firm, or corporation is

1           violating this Act.

2           (28) Promotion of the sale of food supplements,  
3           devices, appliances, or goods provided for a client or  
4           patient in such manner as to exploit the patient or client  
5           for financial gain of the licensee.

6           (29) Having treated ailments of human beings other  
7           than by the practice of naprapathy as defined in this Act,  
8           or having treated ailments of human beings as a licensed  
9           naprapath independent of a documented referral or  
10          documented current and relevant diagnosis from a  
11          physician, dentist, or podiatric physician, or having  
12          failed to notify the physician, dentist, or podiatric  
13          physician who established a documented current and  
14          relevant diagnosis that the patient is receiving  
15          naprapathic treatment pursuant to that diagnosis.

16          (30) Use by a registered naprapath of the word  
17          "infirmary", "hospital", "school", "university", in  
18          English or any other language, in connection with the  
19          place where naprapathy may be practiced or demonstrated.

20          (31) Continuance of a naprapath in the employ of any  
21          person, firm, or corporation, or as an assistant to any  
22          naprapath or naprapaths, directly or indirectly, after his  
23          or her employer or superior has been found guilty of  
24          violating or has been enjoined from violating the laws of  
25          the State of Illinois relating to the practice of  
26          naprapathy when the employer or superior persists in that

1 violation.

2 (32) The performance of naprapathic service in  
3 conjunction with a scheme or plan with another person,  
4 firm, or corporation known to be advertising in a manner  
5 contrary to this Act or otherwise violating the laws of  
6 the State of Illinois concerning the practice of  
7 naprapathy.

8 (33) Failure to provide satisfactory proof of having  
9 participated in approved continuing education programs as  
10 determined by and approved by the Secretary. Exceptions  
11 for extreme hardships are to be defined by the rules of the  
12 Department.

13 (34) (Blank).

14 (35) Gross or willful overcharging for professional  
15 services.

16 (36) (Blank).

17 All fines imposed under this Section shall be paid within  
18 60 days after the effective date of the order imposing the  
19 fine.

20 (b) The Department may refuse to issue or may suspend  
21 without hearing, as provided for in the Department of  
22 Professional Regulation Law of the Civil Administrative Code,  
23 the license of any person who fails to file a return, or pay  
24 the tax, penalty, or interest shown in a filed return, or pay  
25 any final assessment of the tax, penalty, or interest as  
26 required by any tax Act administered by the Illinois

1 Department of Revenue, until such time as the requirements of  
2 any such tax Act are satisfied in accordance with subsection  
3 (g) of Section 2105-15 of the Department of Professional  
4 Regulation Law of the Civil Administrative Code of Illinois.

5 (c) (Blank).

6 (d) In cases where the Department of Healthcare and Family  
7 Services has previously determined a licensee or a potential  
8 licensee is more than 30 days delinquent in the payment of  
9 child support and has subsequently certified the delinquency  
10 to the Department, the Department may refuse to issue or renew  
11 or may revoke or suspend that person's license or may take  
12 other disciplinary action against that person based solely  
13 upon the certification of delinquency made by the Department  
14 of Healthcare and Family Services in accordance with item (5)  
15 of subsection (a) of Section 2105-15 of the Department of  
16 Professional Regulation Law of the Civil Administrative Code  
17 of Illinois.

18 (e) The determination by a circuit court that a licensee  
19 is subject to involuntary admission or judicial admission, as  
20 provided in the Mental Health and Developmental Disabilities  
21 Code, operates as an automatic suspension. The suspension  
22 shall end only upon a finding by a court that the patient is no  
23 longer subject to involuntary admission or judicial admission  
24 and the issuance of an order so finding and discharging the  
25 patient.

26 (f) In enforcing this Act, the Department, upon a showing



1 of a possible violation, may compel an individual licensed to  
2 practice under this Act, or who has applied for licensure  
3 under this Act, to submit to a mental or physical examination  
4 and evaluation, or both, which may include a substance abuse  
5 or sexual offender evaluation, as required by and at the  
6 expense of the Department. The Department shall specifically  
7 designate the examining physician licensed to practice  
8 medicine in all of its branches or, if applicable, the  
9 multidisciplinary team involved in providing the mental or  
10 physical examination and evaluation, or both. The  
11 multidisciplinary team shall be led by a physician licensed to  
12 practice medicine in all of its branches and may consist of one  
13 or more or a combination of physicians licensed to practice  
14 medicine in all of its branches, licensed chiropractic  
15 physicians, licensed naturopathic physicians, licensed  
16 clinical psychologists, licensed clinical social workers,  
17 licensed clinical professional counselors, and other  
18 professional and administrative staff. Any examining physician  
19 or member of the multidisciplinary team may require any person  
20 ordered to submit to an examination and evaluation pursuant to  
21 this Section to submit to any additional supplemental testing  
22 deemed necessary to complete any examination or evaluation  
23 process, including, but not limited to, blood testing,  
24 urinalysis, psychological testing, or neuropsychological  
25 testing.

26 The Department may order the examining physician or any

1 member of the multidisciplinary team to provide to the  
2 Department any and all records including business records that  
3 relate to the examination and evaluation, including any  
4 supplemental testing performed. The Department may order the  
5 examining physician or any member of the multidisciplinary  
6 team to present testimony concerning the examination and  
7 evaluation of the licensee or applicant, including testimony  
8 concerning any supplemental testing or documents in any way  
9 related to the examination and evaluation. No information,  
10 report, record, or other documents in any way related to the  
11 examination and evaluation shall be excluded by reason of any  
12 common law or statutory privilege relating to communications  
13 between the licensee or applicant and the examining physician  
14 or any member of the multidisciplinary team. No authorization  
15 is necessary from the licensee or applicant ordered to undergo  
16 an evaluation and examination for the examining physician or  
17 any member of the multidisciplinary team to provide  
18 information, reports, records, or other documents or to  
19 provide any testimony regarding the examination and  
20 evaluation. The individual to be examined may have, at his or  
21 her own expense, another physician of his or her choice  
22 present during all aspects of this examination. Failure of an  
23 individual to submit to a mental or physical examination and  
24 evaluation, or both, when directed, shall result in an  
25 automatic suspension without hearing, until such time as the  
26 individual submits to the examination.

1           A person holding a license under this Act or who has  
2 applied for a license under this Act who, because of a physical  
3 or mental illness or disability, including, but not limited  
4 to, deterioration through the aging process or loss of motor  
5 skill, is unable to practice the profession with reasonable  
6 judgment, skill, or safety, may be required by the Department  
7 to submit to care, counseling, or treatment by physicians  
8 approved or designated by the Department as a condition, term,  
9 or restriction for continued, reinstated, or renewed licensure  
10 to practice. Submission to care, counseling, or treatment as  
11 required by the Department shall not be considered discipline  
12 of a license. If the licensee refuses to enter into a care,  
13 counseling, or treatment agreement or fails to abide by the  
14 terms of the agreement, the Department may file a complaint to  
15 revoke, suspend, or otherwise discipline the license of the  
16 individual. The Secretary may order the license suspended  
17 immediately, pending a hearing by the Department. Fines shall  
18 not be assessed in disciplinary actions involving physical or  
19 mental illness or impairment.

20           In instances in which the Secretary immediately suspends a  
21 person's license under this Section, a hearing on that  
22 person's license must be convened by the Department within 15  
23 days after the suspension and completed without appreciable  
24 delay. The Department shall have the authority to review the  
25 subject individual's record of treatment and counseling  
26 regarding the impairment to the extent permitted by applicable

1 federal statutes and regulations safeguarding the  
2 confidentiality of medical records.

3 An individual licensed under this Act and affected under  
4 this Section shall be afforded an opportunity to demonstrate  
5 to the Department that he or she can resume practice in  
6 compliance with acceptable and prevailing standards under the  
7 provisions of his or her license.

8 (Source: P.A. 100-872, eff. 8-14-18.)

9 Section 35. The Illinois Physical Therapy Act is amended  
10 by changing Section 1 as follows:

11 (225 ILCS 90/1) (from Ch. 111, par. 4251)

12 (Section scheduled to be repealed on January 1, 2026)

13 Sec. 1. Definitions. As used in this Act:

14 (1) "Physical therapy" means all of the following:

15 (A) Examining, evaluating, and testing individuals who  
16 may have mechanical, physiological, or developmental  
17 impairments, functional limitations, disabilities, or  
18 other health and movement-related conditions, classifying  
19 these disorders, determining a rehabilitation prognosis  
20 and plan of therapeutic intervention, and assessing the  
21 ongoing effects of the interventions.

22 (B) Alleviating impairments, functional limitations,  
23 or disabilities by designing, implementing, and modifying  
24 therapeutic interventions that may include, but are not

1 limited to, the evaluation or treatment of a person  
2 through the use of the effective properties of physical  
3 measures and heat, cold, light, water, radiant energy,  
4 electricity, sound, and air and use of therapeutic  
5 massage, therapeutic exercise, mobilization, and  
6 rehabilitative procedures, with or without assistive  
7 devices, for the purposes of preventing, correcting, or  
8 alleviating a physical or mental impairment, functional  
9 limitation, or disability.

10 (C) Reducing the risk of injury, impairment,  
11 functional limitation, or disability, including the  
12 promotion and maintenance of fitness, health, and  
13 wellness.

14 (D) Engaging in administration, consultation,  
15 education, and research.

16 "Physical therapy" includes, but is not limited to: (a)  
17 performance of specialized tests and measurements, (b)  
18 administration of specialized treatment procedures, (c)  
19 interpretation of referrals from physicians, dentists,  
20 advanced practice registered nurses, physician assistants, and  
21 podiatric physicians, (d) establishment, and modification of  
22 physical therapy treatment programs, (e) administration of  
23 topical medication used in generally accepted physical therapy  
24 procedures when such medication is either prescribed by the  
25 patient's physician, licensed to practice medicine in all its  
26 branches, the patient's physician licensed to practice

1 podiatric medicine, the patient's advanced practice registered  
2 nurse, the patient's physician assistant, or the patient's  
3 dentist or used following the physician's orders or written  
4 instructions, (f) supervision or teaching of physical therapy,  
5 and (g) dry needling in accordance with Section 1.5. "Physical  
6 therapy" does not include radiology, electrosurgery,  
7 chiropractic technique, naturopathic technique, or  
8 determination of a differential diagnosis; provided, however,  
9 the limitation on determining a differential diagnosis shall  
10 not in any manner limit a physical therapist licensed under  
11 this Act from performing an evaluation and establishing a  
12 physical therapy treatment plan pursuant to such license.  
13 Nothing in this Section shall limit a physical therapist from  
14 employing appropriate physical therapy techniques that he or  
15 she is educated and licensed to perform.

16 (2) "Physical therapist" means a person who practices  
17 physical therapy and who has met all requirements as provided  
18 in this Act.

19 (3) "Department" means the Department of Professional  
20 Regulation.

21 (4) "Director" means the Director of Professional  
22 Regulation.

23 (5) "Board" means the Physical Therapy Licensing and  
24 Disciplinary Board approved by the Director.

25 (6) "Referral" means a written or oral authorization for  
26 physical therapy services for a patient by a physician,

1 dentist, advanced practice registered nurse, physician  
2 assistant, or podiatric physician who maintains medical  
3 supervision of the patient and makes a diagnosis or verifies  
4 that the patient's condition is such that it may be treated by  
5 a physical therapist.

6 (7) (Blank).

7 (8) "State" includes:

8 (a) the states of the United States of America;

9 (b) the District of Columbia; and

10 (c) the Commonwealth of Puerto Rico.

11 (9) "Physical therapist assistant" means a person licensed  
12 to assist a physical therapist and who has met all  
13 requirements as provided in this Act and who works under the  
14 supervision of a licensed physical therapist to assist in  
15 implementing the physical therapy treatment program as  
16 established by the licensed physical therapist. The patient  
17 care activities provided by the physical therapist assistant  
18 shall not include the interpretation of referrals, evaluation  
19 procedures, or the planning or major modification of patient  
20 programs.

21 (10) "Physical therapy aide" means a person who has  
22 received on the job training, specific to the facility in  
23 which he is employed.

24 (11) "Advanced practice registered nurse" means a person  
25 licensed as an advanced practice registered nurse under the  
26 Nurse Practice Act.

1           (12) "Physician assistant" means a person licensed under  
2 the Physician Assistant Practice Act of 1987.

3           (13) "Health care professional" means a physician,  
4 dentist, podiatric physician, advanced practice registered  
5 nurse, or physician assistant.

6 (Source: P.A. 99-173, eff. 7-29-15; 99-229, eff. 8-3-15;  
7 99-642, eff. 7-28-16; 100-201, eff. 8-18-17; 100-418, eff.  
8 8-25-17; 100-513, eff. 1-1-18; 100-863, eff. 8-14-18; 100-897,  
9 eff. 8-16-18.)

10           Section 40. The Health Care Arbitration Act is amended by  
11 changing Section 2 as follows:

12           (710 ILCS 15/2) (from Ch. 10, par. 202)

13           Sec. 2. Definitions. As used in this Act:

14           (a) "Health care provider" means a person, partnership,  
15 corporation, or other entity lawfully engaged in the practice  
16 of medicine, surgery, chiropractic, naturopathy, dentistry,  
17 podiatry, optometry, physical therapy or nursing.

18           (b) "Hospital" means a person, partnership, corporation or  
19 other entity lawfully engaged in the operation or  
20 administration of a hospital, clinic, nursing home or  
21 sanitarium.

22           (c) "Supplier" means a person, corporation, partnership or  
23 other entity that has manufactured, designed, distributed,  
24 sold, or otherwise provided any medication, device, equipment,



1 service, or other product used in the diagnosis or treatment  
2 of a patient.

3 (d) "Health care arbitration agreement" or "agreement"  
4 means a written agreement between a patient and a hospital or  
5 health care provider to submit to binding arbitration a claim  
6 for damages arising out of (1) injuries alleged to have been  
7 received by a patient or (2) death of a patient, due to  
8 hospital or health care provider negligence or other wrongful  
9 act, but not including intentional torts.

10 (Source: P.A. 90-655, eff. 7-30-98.)

11 Section 99. Effective date. This Act takes effect upon  
12 becoming law.

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## INDEX

2

## Statutes amended in order of appearance

3	20 ILCS 3945/2	from Ch. 144, par. 2002
4	105 ILCS 5/24-6	
5	105 ILCS 5/26-1	from Ch. 122, par. 26-1
6	215 ILCS 5/122-1	from Ch. 73, par. 734-1
7	225 ILCS 60/2	from Ch. 111, par. 4400-2
8	225 ILCS 60/7	from Ch. 111, par. 4400-7
9	225 ILCS 60/8	from Ch. 111, par. 4400-8
10	225 ILCS 60/9	from Ch. 111, par. 4400-9
11	225 ILCS 60/10	from Ch. 111, par. 4400-10
12	225 ILCS 60/11	from Ch. 111, par. 4400-11
13	225 ILCS 60/14	from Ch. 111, par. 4400-14
14	225 ILCS 60/15	from Ch. 111, par. 4400-15
15	225 ILCS 60/16	from Ch. 111, par. 4400-16
16	225 ILCS 60/17	from Ch. 111, par. 4400-17
17	225 ILCS 60/18	from Ch. 111, par. 4400-18
18	225 ILCS 60/19	from Ch. 111, par. 4400-19
19	225 ILCS 60/22	from Ch. 111, par. 4400-22
20	225 ILCS 60/24	from Ch. 111, par. 4400-24
21	225 ILCS 60/33	from Ch. 111, par. 4400-33
22	225 ILCS 60/34	from Ch. 111, par. 4400-34
23	225 ILCS 61/5	
24	225 ILCS 63/25	
25	225 ILCS 63/110	

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1 225 ILCS 90/1

from Ch. 111, par. 4251

2 710 ILCS 15/2

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