



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3139

Introduced 2/19/2021, by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Creates the Illinois State Medical Board to carry out the duties of the Medical Disciplinary Board and the Medical Licensing Board under the Act (and makes conforming changes). Provides for membership of the Illinois State Medical Board. Provides that all members of the Medical Licensing Board and the Medical Disciplinary Board shall serve as members of the Medical Board. Requires that a majority of the Illinois State Medical Board members shall be appointed within 260 days after the effective date of the amendatory Act. Repeals provisions concerning the Medical Licensing Board and Medical Disciplinary Board one year after the effective date of the amendatory Act. Provides that the Department of Financial and Professional Regulation may close a complaint, after investigation and approval of the Chief Medical Coordinator, if certain standards are not met. Makes changes to provisions concerning definitions; withdrawal of applications; the Complaint Committee; findings and recommendations; and administrative review. Makes other changes.

LRB102 16537 SPS 21932 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 5. The Medical Practice Act of 1987 is amended by
5 changing Sections 2, 7, 7.5, 8, 8.1, 9, 9.3, 17, 18, 19, 21,
6 22, 23, 24, 25, 35, 36, 37, 38, 39, 40, 41, 42, 44, and 47 and
7 by adding Sections 7.1 and 7.2 as follows:

8 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

9 (Section scheduled to be repealed on January 1, 2022)

10 Sec. 2. Definitions. For purposes of this Act, the
11 following definitions shall have the following meanings,
12 except where the context requires otherwise:

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

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

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

1 chiropractic physician to prescribe drugs.

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

4 "Disciplinary action" means revocation, suspension,
5 probation, supervision, practice modification, reprimand,
6 required education, fines or any other action taken by the
7 Department against a person holding a license.

8 ~~"Disciplinary Board" means the Medical Disciplinary Board.~~

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

13 "Final determination" means the governing body's final
14 action taken under the procedure followed by a health care
15 institution, or professional association or society, against
16 any person licensed under the Act in accordance with the
17 bylaws or rules and regulations of such health care
18 institution, or professional association or society.

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

20 "Impaired" means the inability to practice medicine with
21 reasonable skill and safety due to physical or mental
22 disabilities as evidenced by a written determination or
23 written consent based on clinical evidence including
24 deterioration through the aging process or loss of motor
25 skill, or abuse of drugs or alcohol, of sufficient degree to
26 diminish a person's ability to deliver competent patient care.

1 ~~"Licensing Board" means the Medical Licensing Board.~~

2 "Medical Board" means the Illinois State Medical Board.

3 "Physician" means a person licensed under the Medical
4 Practice Act to practice medicine in all of its branches or a
5 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, and chiropractic
10 organizations, but this term shall not be deemed to include
11 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 Medical
15 ~~Disciplinary~~ Board, designed for the purpose of restoring an
16 impaired person to a condition whereby the impaired person can
17 practice medicine with reasonable skill and safety of a
18 sufficient 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 11
6 members, to be appointed by the Governor by and with the advice
7 and consent of the Senate. All members shall be residents of
8 the State, not more than 6 of whom shall be members of the same
9 political party. All members shall be voting members. Five
10 members shall be physicians licensed to practice medicine in
11 all of its branches in Illinois possessing the degree of
12 doctor of medicine. One member shall be a physician licensed
13 to practice medicine in all its branches in Illinois
14 possessing the degree of doctor of osteopathy or osteopathic
15 medicine. One member shall be a chiropractic physician
16 licensed to practice in Illinois and possessing the degree of
17 doctor of chiropractic. Four members shall be members of the
18 public, who shall not be engaged in any way, directly or
19 indirectly, as providers of health care.

20 (B) Members of the Disciplinary Board shall be appointed
21 for terms of 4 years. Upon the expiration of the term of any
22 member, their successor shall be appointed for a term of 4
23 years by the Governor by and with the advice and consent of the
24 Senate. The Governor shall fill any vacancy for the remainder
25 of the unexpired term with the advice and consent of the
26 Senate. Upon recommendation of the Board, any member of the

1 Disciplinary Board may be removed by the Governor for
2 misfeasance, malfeasance, or wilful neglect of duty, after
3 notice, and a public hearing, unless such notice and hearing
4 shall be expressly waived in writing. Each member shall serve
5 on the Disciplinary Board until their successor is appointed
6 and qualified. No member of the Disciplinary Board shall serve
7 more than 2 consecutive 4 year terms.

8 In making appointments the Governor shall attempt to
9 insure that the various social and geographic regions of the
10 State of Illinois are properly represented.

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

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

21 (D) (Blank).

22 (E) Six voting members of the Disciplinary Board, at least
23 4 of whom are physicians, shall constitute a quorum. A vacancy
24 in the membership of the Disciplinary Board shall not impair
25 the right of a quorum to exercise all the rights and perform
26 all the duties of the Disciplinary Board. Any action taken by

1 the Disciplinary Board under this Act may be authorized by
2 resolution at any regular or special meeting and each such
3 resolution shall take effect immediately. The Disciplinary
4 Board shall meet at least quarterly.

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

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

1 shall be exercised by the Department except upon review of the
2 Disciplinary Board.

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

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

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

25 (J) The Disciplinary Board may compile and establish a
26 statewide roster of physicians and other medical

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

13 (K) This Section is inoperative when a majority of the
14 Medical Board is appointed. This Section is repealed one year
15 after the effective date of this amendatory Act of the 102nd
16 General Assembly.

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

18 (225 ILCS 60/7.1 new)

19 Sec. 7.1. Medical Board.

20 (A) There is hereby created the Illinois State Medical
21 Board. The Medical Board shall consist of 17 members, to be
22 appointed by the Governor by and with the advice and consent of
23 the Senate. All members shall be residents of the State, not
24 more than 8 of whom shall be members of the same political
25 party. All members shall be voting members. Eight members

1 shall be physicians licensed to practice medicine in all of
2 its branches in Illinois possessing the degree of doctor of
3 medicine. Two members shall be physicians licensed to practice
4 medicine in all its branches in Illinois possessing the degree
5 of doctor of osteopathy or osteopathic medicine. Two of the
6 physician members shall be physicians who collaborate with
7 physician assistants. Two members shall be chiropractic
8 physicians licensed to practice in Illinois and possessing the
9 degree of doctor of chiropractic. Two members shall be
10 physician assistants licensed to practice in Illinois. Three
11 members shall be members of the public, who shall not be
12 engaged in any way, directly or indirectly, as providers of
13 health care.

14 (B) Members of the Medical Board shall be appointed for
15 terms of 4 years. Upon the expiration of the term of any
16 member, their successor shall be appointed for a term of 4
17 years by the Governor by and with the advice and consent of the
18 Senate. The Governor shall fill any vacancy for the remainder
19 of the unexpired term with the advice and consent of the
20 Senate. Upon recommendation of the Medical Board, any member
21 of the Medical Board may be removed by the Governor for
22 misfeasance, malfeasance, or willful neglect of duty, after
23 notice, and a public hearing, unless such notice and hearing
24 shall be expressly waived in writing. Each member shall serve
25 on the Medical Board until their successor is appointed and
26 qualified. No member of the Medical Board shall serve more

1 than 2 consecutive 4-year terms.

2 In making appointments the Governor shall attempt to
3 ensure that the various social and geographic regions of the
4 State of Illinois are properly represented.

5 In making the designation of persons to act for the
6 several professions represented on the Medical Board, the
7 Governor shall give due consideration to recommendations by
8 members of the respective professions and by organizations
9 therein.

10 (C) The Medical Board shall annually elect one of its
11 voting members as chairperson and one as vice chairperson. No
12 officer shall be elected more than twice in succession to the
13 same office. Each officer shall serve until their successor
14 has been elected and qualified.

15 (D) A majority of the Medical Board members currently
16 appointed shall constitute a quorum. A vacancy in the
17 membership of the Medical Board shall not impair the right of a
18 quorum to exercise all the rights and perform all the duties of
19 the Medical Board. Any action taken by the Medical Board under
20 this Act may be authorized by resolution at any regular or
21 special meeting and each such resolution shall take effect
22 immediately. The Medical Board shall meet at least quarterly.

23 (E) Each member shall be paid their necessary expenses
24 while engaged in the performance of their duties.

25 (F) The Secretary shall select a Chief Medical Coordinator
26 and not less than 2 Deputy Medical Coordinators who shall not

1 be members of the Medical Board. Each medical coordinator
2 shall be a physician licensed to practice medicine in all of
3 its branches, and the Secretary shall set their rates of
4 compensation. The Secretary shall assign at least one medical
5 coordinator to a region composed of Cook County and such other
6 counties as the Secretary may deem appropriate, and such
7 medical coordinator or coordinators shall locate their office
8 in Chicago. The Secretary shall assign at least one medical
9 coordinator to a region composed of the balance of counties in
10 the State, and such medical coordinator or coordinators shall
11 locate their office in Springfield. The Chief Medical
12 Coordinator shall be the chief enforcement officer of this
13 Act. None of the functions, powers, or duties of the
14 Department with respect to policies regarding enforcement or
15 discipline under this Act, including the adoption of such
16 rules as may be necessary for the administration of this Act,
17 shall be exercised by the Department except upon review of the
18 Medical Board.

19 (G) The Secretary shall employ, in conformity with the
20 Personnel Code, investigators who are college graduates with
21 at least 2 years of investigative experience or one year of
22 advanced medical education. Upon the written request of the
23 Medical Board, the Secretary shall employ, in conformity with
24 the Personnel Code, such other professional, technical,
25 investigative, and clerical help, either on a full or
26 part-time basis as the Medical Board deems necessary for the

1 proper performance of its duties.

2 (H) Upon the specific request of the Medical Board, signed
3 by either the chairperson, vice chairperson, or a medical
4 coordinator of the Medical Board, the Department of Human
5 Services, the Department of Healthcare and Family Services,
6 the Department of State Police, or any other law enforcement
7 agency located in this State shall make available any and all
8 information that they have in their possession regarding a
9 particular case then under investigation by the Medical Board.

10 (I) Members of the Medical Board shall be immune from suit
11 in any action based upon any disciplinary proceedings or other
12 acts performed in good faith as members of the Medical Board.

13 (J) The Medical Board may compile and establish a
14 statewide roster of physicians and other medical
15 professionals, including the several medical specialties, of
16 such physicians and medical professionals, who have agreed to
17 serve from time to time as advisors to the medical
18 coordinators. Such advisors shall assist the medical
19 coordinators or the Medical Board in their investigations and
20 participation in complaints against physicians. Such advisors
21 shall serve under contract and shall be reimbursed at a
22 reasonable rate for the services provided, plus reasonable
23 expenses incurred. While serving in this capacity, the
24 advisor, for any act undertaken in good faith and in the
25 conduct of his or her duties under this Section, shall be
26 immune from civil suit.

1 (225 ILCS 60/7.2 new)

2 Sec. 7.2. Medical Board appointment. All members of the
3 Medical Licensing Board and the Medical Disciplinary Board
4 shall serve as members of the Medical Board. A majority of the
5 Medical Board members shall be appointed within 260 days after
6 the effective date of this amendatory Act of the 102nd General
7 Assembly. The Medical Licensing Board and Medical Disciplinary
8 Board shall exercise all functions, powers, and duties
9 enumerated in this Act to the Medical Board. All functions,
10 powers, and duties enumerated in this Act to the Medical
11 Licensing Board and Medical Disciplinary Board shall dissolve
12 at such time when a majority of the Medical Board is appointed.
13 This Section is repealed one year after the effective date of
14 this amendatory Act of the 102nd General Assembly.

15 (225 ILCS 60/7.5)

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

17 Sec. 7.5. Complaint Committee.

18 (a) There shall be a Complaint Committee of the Medical
19 ~~Disciplinary~~ Board composed of at least one of the medical
20 coordinators established by subsection (G) of Section 7 of
21 this Act, the Chief of Medical Investigations (person employed
22 by the Department who is in charge of investigating complaints
23 against physicians and physician assistants), the Chief of
24 Medical Prosecutions (the person employed by the Department

1 who is in charge of prosecuting formal complaints against
2 physicians and physician assistants), and at least 3 members
3 of the Medical ~~Disciplinary~~ Board (at least 2 of whom shall be
4 physicians) designated by the Chairperson of the Medical
5 ~~Disciplinary~~ Board with the approval of the Medical
6 ~~Disciplinary~~ Board.

7 (b) The Complaint Committee shall meet at least twice a
8 month to exercise its functions and duties set forth in
9 subsection (c) below. At least 2 members of the Medical
10 ~~Disciplinary~~ Board shall be in attendance in order for any
11 business to be transacted by the Complaint Committee. The
12 Complaint Committee shall make every effort to consider
13 expeditiously and take prompt action on each item on its
14 agenda.

15 (c) The Complaint Committee shall have the following
16 duties and functions:

17 (1) To recommend to the Medical ~~Disciplinary~~ Board
18 that a complaint file be closed.

19 (2) To refer a complaint file to the office of the
20 Chief of Medical Prosecutions for review.

21 (3) To make a decision in conjunction with the Chief
22 of Medical Prosecutions regarding action to be taken on a
23 complaint file.

24 (d) In determining what action to take or whether to
25 proceed with prosecution of a complaint, the Complaint
26 Committee shall consider, but not be limited to, the following

1 factors: sufficiency of the evidence presented, prosecutorial
2 merit under Section 22 of this Act, any recommendation made by
3 the Department, and insufficient cooperation from complaining
4 parties.

5 (e) Notwithstanding any provision of this Act, the
6 Department may close a complaint, after investigation and
7 approval of the Chief Medical Coordinator without review of
8 the Complaint Committee, in which the allegations of the
9 complaint if proven would not constitute a violation of the
10 Act, there is insufficient evidence to prove a violation of
11 the Act, or there is insufficient cooperation from complaining
12 parties, as determined by the Department.

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

14 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

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

16 Sec. 8. Medical Licensing Board.

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

1 shall be a reputable chiropractic physician licensed to
2 practice in Illinois and possessing the degree of doctor of
3 chiropractic. Of the 5 members holding the degree of doctor of
4 medicine, one shall be a full-time or part-time teacher of
5 professorial rank in the clinical department of an Illinois
6 school of medicine.

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

16 (C) Members of the Licensing Board shall be immune from
17 suit in any action based upon any licensing proceedings or
18 other acts performed in good faith as members of the Licensing
19 Board.

20 (D) (Blank).

21 (E) The Licensing Board shall annually elect one of its
22 members as chairperson and one as vice chairperson. No member
23 shall be elected more than twice in succession to the same
24 office. Each officer shall serve until his or her successor
25 has been elected and qualified.

26 (F) None of the functions, powers or duties of the

1 Department with respect to policies regarding licensure and
2 examination under this Act, including the promulgation 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 Licensing Board.

6 (G) The Licensing Board shall receive the same
7 compensation as the members of the Disciplinary Board, which
8 compensation shall be paid out of the Illinois State Medical
9 Disciplinary Fund.

10 (H) This Section is inoperative when a majority of the
11 Medical Board is appointed. This Section is repealed one year
12 after the effective date of this amendatory Act of the 102nd
13 General Assembly.

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

15 (225 ILCS 60/8.1)

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

17 Sec. 8.1. Matters concerning advanced practice registered
18 nurses. Any proposed rules, amendments, second notice
19 materials and adopted rule or amendment materials, and policy
20 statements concerning advanced practice registered nurses
21 shall be presented to the Medical ~~Licensing~~ Board for review
22 and comment. The recommendations of both the Board of Nursing
23 and the Medical ~~Licensing~~ Board shall be presented to the
24 Secretary for consideration in making final decisions.
25 Whenever the Board of Nursing and the Medical ~~Licensing~~ Board

1 disagree on a proposed rule or policy, the Secretary shall
2 convene a joint meeting of the officers of each Board to
3 discuss the resolution of any such disagreements.

4 (Source: P.A. 100-513, eff. 1-1-18.)

5 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

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

7 Sec. 9. Application for license. Each applicant for a
8 license shall:

9 (A) Make application on blank forms prepared and
10 furnished by the Department.

11 (B) Submit evidence satisfactory to the Department
12 that the applicant:

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

22 (2) has the preliminary and professional education
23 required by this Act;

24 (3) (blank); and

25 (4) is physically, mentally, and professionally

1 capable of practicing medicine with reasonable
2 judgment, skill, and safety. In determining physical
3 and mental capacity under this Section, the Medical
4 ~~Licensing~~ Board may, upon a showing of a possible
5 incapacity or conduct or activities that would
6 constitute grounds for discipline under this Act,
7 compel any applicant to submit to a mental or physical
8 examination and evaluation, or both, as provided for
9 in Section 22 of this Act. The Medical ~~Licensing~~ Board
10 may condition or restrict any license, subject to the
11 same terms and conditions as are provided for the
12 Medical ~~Disciplinary~~ Board under Section 22 of this
13 Act. Any such condition of a restricted license shall
14 provide that the Chief Medical Coordinator or Deputy
15 Medical Coordinator shall have the authority to review
16 the subject physician's compliance with such
17 conditions or restrictions, including, where
18 appropriate, the physician's record of treatment and
19 counseling regarding the impairment, to the extent
20 permitted by applicable federal statutes and
21 regulations safeguarding the confidentiality of
22 medical records of patients.

23 In determining professional capacity under this
24 Section, an individual may be required to complete such
25 additional testing, training, or remedial education as the
26 Medical ~~Licensing~~ Board may deem necessary in order to

1 establish the applicant's present capacity to practice
2 medicine with reasonable judgment, skill, and safety. The
3 Medical Licensing Board may consider the following
4 criteria, as they relate to an applicant, as part of its
5 determination of professional capacity:

6 (1) Medical research in an established research
7 facility, hospital, college or university, or private
8 corporation.

9 (2) Specialized training or education.

10 (3) Publication of original work in learned,
11 medical, or scientific journals.

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

14 (5) Professional service in a federal veterans or
15 military institution.

16 (6) Any other professional activities deemed to
17 maintain and enhance the clinical capabilities of the
18 applicant.

19 Any applicant applying for a license to practice
20 medicine in all of its branches or for a license as a
21 chiropractic physician who has not been engaged in the
22 active practice of medicine or has not been enrolled in a
23 medical program for 2 years prior to application must
24 submit proof of professional capacity to the Medical
25 ~~Licensing~~ Board.

26 Any applicant applying for a temporary license that

1 has not been engaged in the active practice of medicine or
2 has not been enrolled in a medical program for longer than
3 5 years prior to application must submit proof of
4 professional capacity to the Medical Licensing Board.

5 (C) Designate specifically the name, location, and
6 kind of professional school, college, or institution of
7 which the applicant is a graduate and the category under
8 which the applicant seeks, and will undertake, to
9 practice.

10 (D) Pay to the Department at the time of application
11 the required fees.

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

15 (F) Complete the application process within 3 years
16 from the date of application. If the process has not been
17 completed within 3 years, the application shall expire,
18 application fees shall be forfeited, and the applicant
19 must reapply and meet the requirements in effect at the
20 time of reapplication.

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

22 (225 ILCS 60/9.3)

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

24 Sec. 9.3. Withdrawal of application. Any applicant
25 applying for a license or permit under this Act may withdraw

1 his or her application at any time. If an applicant withdraws
2 his or her application after receipt of a written Notice of
3 Intent to Deny License or Permit, then the withdrawal shall be
4 reported to the Federation of State Medical Boards ~~and the~~
5 ~~National Practitioner Data Bank.~~

6 (Source: P.A. 98-601, eff. 12-30-13; 98-1140, eff. 12-30-14.)

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

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

1 the applicant to submit, and may consider as evidence of
2 moral character, endorsements from 2 or 3 individuals
3 licensed under this Act;

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

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

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

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

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

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

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

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

6 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

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

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

10 (A) Visiting professor permit.

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

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

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

25 (c) the Department may prescribe the information

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

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

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

24 (4) The applicant may be required to appear before the
25 Medical Licensing Board for an interview prior to, and as
26 a requirement for, the issuance of the original permit and

1 the renewal.

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

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

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

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

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

25 (B) Visiting physician permit.

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

4 (a) (blank);

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

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

24 (d) that the temporary visiting physician permit
25 shall only permit the holder to practice medicine in
26 all of its branches or practice the treatment of human

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

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

17 (3) A temporary visiting physician permit shall be
18 valid for no longer than (i) 180 days from the date of
19 issuance or (ii) until the time the medical, osteopathic,
20 chiropractic, or clinical studies are completed, or the
21 state or national medical, osteopathic, or chiropractic
22 professional association or society conference or meeting
23 has concluded, whichever occurs first. The temporary
24 visiting physician permit may be issued multiple times to
25 a visiting physician under this paragraph (3) as long as
26 the total number of days it is active do not exceed 180

1 days within a 365-day period.

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

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

12 (C) Visiting resident permit.

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

16 (a) (blank);

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

24 (c) that the applicant is enrolled in a
25 postgraduate clinical training program outside the

1 State of Illinois that is approved by the Department;

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

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

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

23 (3) A temporary visiting resident permit shall be
24 valid for 180 days from the date of issuance or until the
25 time the medical, osteopathic, chiropractic, or clinical
26 studies are completed, whichever occurs first.

1 (4) The applicant for a temporary visiting resident
2 permit may be required to appear before the Medical
3 ~~Licensing~~ Board for an interview prior to, and as a
4 requirement for, the issuance of a temporary visiting
5 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, or a chiropractic physician, in any other state,
13 territory, country or province, upon the following conditions
14 and submitting evidence satisfactory to the Department of the
15 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 Medical Licensing Board may, upon a showing of
5 a 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 Medical
10 ~~Disciplinary~~ 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 school or college approved by the Department at the
9 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 (F) That the Department may, in its discretion, issue
17 a license by endorsement to any graduate of a medical or
18 osteopathic college, reputable and in good standing in the
19 judgment of the Department, who has passed an examination
20 for admission to the United States Public Health Service,
21 or who has passed any other examination deemed by the
22 Department to have been at least equal in all substantial
23 respects to the examination required for admission to any
24 such medical corps;

25 (G) That applications for licenses by endorsement
26 shall be filed with the Department, under oath, on forms

1 prepared and furnished by the Department, and shall set
2 forth, and applicants therefor shall supply such
3 information respecting the life, education, professional
4 practice, and moral character of applicants as the
5 Department may require to be filed for its use;

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

8 In the exercise of its discretion under this Section, the
9 Department is empowered to consider and evaluate each
10 applicant on an individual basis. It may take into account,
11 among other things: the extent to which the applicant will
12 bring unique experience and skills to the State of Illinois or
13 the extent to which there is or is not available to the
14 Department authentic and definitive information concerning the
15 quality of medical education and clinical training which the
16 applicant has had. Under no circumstances shall a license be
17 issued under the provisions of this Section to any person who
18 has previously taken and failed the written examination
19 conducted by the Department for such license. In the exercise
20 of its discretion under this Section, the Department may
21 require an applicant to successfully complete an examination
22 as recommended by the Medical Licensing Board. The Department
23 may also request the applicant to submit, and may consider as
24 evidence of moral character, evidence from 2 or 3 individuals
25 licensed under this Act. Applicants have 3 years from the date
26 of application to complete the application process. If the

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

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

6 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

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

8 Sec. 21. License renewal; reinstatement; inactive status;
9 disposition and collection of fees.

10 (A) Renewal. The expiration date and renewal period for
11 each license issued under this Act shall be set by rule. The
12 holder of a license may renew the license by paying the
13 required fee. The holder of a license may also renew the
14 license within 90 days after its expiration by complying with
15 the requirements for renewal and payment of an additional fee.
16 A license renewal within 90 days after expiration shall be
17 effective retroactively to the expiration date.

18 The Department shall attempt to provide through electronic
19 means to each licensee under this Act, at least 60 days in
20 advance of the expiration date of his or her license, a renewal
21 notice. No such license shall be deemed to have lapsed until 90
22 days after the expiration date and after the Department has
23 attempted to provide such notice as herein provided.

24 (B) Reinstatement. Any licensee who has permitted his or
25 her license to lapse or who has had his or her license on

1 inactive status may have his or her license reinstated by
2 making application to the Department and filing proof
3 acceptable to the Department of his or her fitness to have the
4 license reinstated, including evidence certifying to active
5 practice in another jurisdiction satisfactory to the
6 Department, proof of meeting the continuing education
7 requirements for one renewal period, and by paying the
8 required reinstatement fee.

9 If the licensee has not maintained an active practice in
10 another jurisdiction satisfactory to the Department, the
11 Medical Licensing Board shall determine, by an evaluation
12 program established by rule, the applicant's fitness to resume
13 active status and may require the licensee to complete a
14 period of evaluated clinical experience and may require
15 successful completion of a practical examination specified by
16 the Medical Licensing Board.

17 However, any registrant whose license has expired while he
18 or she has been engaged (a) in Federal Service on active duty
19 with the Army of the United States, the United States Navy, the
20 Marine Corps, the Air Force, the Coast Guard, the Public
21 Health Service or the State Militia called into the service or
22 training of the United States of America, or (b) in training or
23 education under the supervision of the United States
24 preliminary to induction into the military service, may have
25 his or her license reinstated without paying any lapsed
26 renewal fees, if within 2 years after honorable termination of

1 such service, training, or education, he or she furnishes to
2 the Department with satisfactory evidence to the effect that
3 he or she has been so engaged and that his or her service,
4 training, or education has been so terminated.

5 (C) Inactive licenses. Any licensee who notifies the
6 Department, in writing on forms prescribed by the Department,
7 may elect to place his or her license on an inactive status and
8 shall, subject to rules of the Department, be excused from
9 payment of renewal fees until he or she notifies the
10 Department in writing of his or her desire to resume active
11 status.

12 Any licensee requesting reinstatement from inactive status
13 shall be required to pay the current renewal fee, provide
14 proof of meeting the continuing education requirements for the
15 period of time the license is inactive not to exceed one
16 renewal period, and shall be required to reinstate his or her
17 license as provided in subsection (B).

18 Any licensee whose license is in an inactive status shall
19 not practice in the State of Illinois.

20 (D) Disposition of monies collected. All monies collected
21 under this Act by the Department shall be deposited in the
22 Illinois State Medical Disciplinary Fund in the State
23 Treasury, and used only for the following purposes: (a) by the
24 Medical Disciplinary Board and Licensing Board in the exercise
25 of its powers and performance of its duties, as such use is
26 made by the Department with full consideration of all

1 recommendations of the Medical ~~Disciplinary Board~~ and
2 ~~Licensing~~ Board, (b) for costs directly related to persons
3 licensed under this Act, and (c) for direct and allocable
4 indirect costs related to the public purposes of the
5 Department.

6 Moneys in the Fund may be transferred to the Professions
7 Indirect Cost Fund as authorized under Section 2105-300 of the
8 Department of Professional Regulation Law of the Civil
9 Administrative Code of Illinois.

10 All earnings received from investment of monies in the
11 Illinois State Medical Disciplinary Fund shall be deposited in
12 the Illinois State Medical Disciplinary Fund and shall be used
13 for the same purposes as fees deposited in such Fund.

14 (E) Fees. The following fees are nonrefundable.

15 (1) Applicants for any examination shall be required
16 to pay, either to the Department or to the designated
17 testing service, a fee covering the cost of determining
18 the applicant's eligibility and providing the examination.
19 Failure to appear for the examination on the scheduled
20 date, at the time and place specified, after the
21 applicant's application for examination has been received
22 and acknowledged by the Department or the designated
23 testing service, shall result in the forfeiture of the
24 examination fee.

25 (2) Before July 1, 2018, the fee for a license under
26 Section 9 of this Act is \$700. Beginning on July 1, 2018,

1 the fee for a license under Section 9 of this Act is \$500.

2 (3) Before July 1, 2018, the fee for a license under
3 Section 19 of this Act is \$700. Beginning on July 1, 2018,
4 the fee for a license under Section 19 of this Act is \$500.

5 (4) Before July 1, 2018, the fee for the renewal of a
6 license for a resident of Illinois shall be calculated at
7 the rate of \$230 per year, and beginning on July 1, 2018
8 and until January 1, 2020, the fee for the renewal of a
9 license shall be \$167, except for licensees who were
10 issued a license within 12 months of the expiration date
11 of the license, before July 1, 2018, the fee for the
12 renewal shall be \$230, and beginning on July 1, 2018 and
13 until January 1, 2020 that fee will be \$167. Before July 1,
14 2018, the fee for the renewal of a license for a
15 nonresident shall be calculated at the rate of \$460 per
16 year, and beginning on July 1, 2018 and until January 1,
17 2020, the fee for the renewal of a license for a
18 nonresident shall be \$250, except for licensees who were
19 issued a license within 12 months of the expiration date
20 of the license, before July 1, 2018, the fee for the
21 renewal shall be \$460, and beginning on July 1, 2018 and
22 until January 1, 2020 that fee will be \$250. Beginning on
23 January 1, 2020, the fee for renewal of a license for a
24 resident or nonresident is \$181 per year.

25 (5) The fee for the reinstatement of a license other
26 than from inactive status, is \$230. In addition, payment

1 of all lapsed renewal fees not to exceed \$1,400 is
2 required.

3 (6) The fee for a 3-year temporary license under
4 Section 17 is \$230.

5 (7) The fee for the issuance of a license with a change
6 of name or address other than during the renewal period is
7 \$20. No fee is required for name and address changes on
8 Department records when no updated license is issued.

9 (8) The fee to be paid for a license record for any
10 purpose is \$20.

11 (9) The fee to be paid to have the scoring of an
12 examination, administered by the Department, reviewed and
13 verified, is \$20 plus any fees charged by the applicable
14 testing service.

15 (F) Any person who delivers a check or other payment to the
16 Department that is returned to the Department unpaid by the
17 financial institution upon which it is drawn shall pay to the
18 Department, in addition to the amount already owed to the
19 Department, a fine of \$50. The fines imposed by this Section
20 are in addition to any other discipline provided under this
21 Act for unlicensed practice or practice on a nonrenewed
22 license. The Department shall notify the person that payment
23 of fees and fines shall be paid to the Department by certified
24 check or money order within 30 calendar days of the
25 notification. If, after the expiration of 30 days from the
26 date of the notification, the person has failed to submit the

1 necessary remittance, the Department shall automatically
2 terminate the license or permit or deny the application,
3 without hearing. If, after termination or denial, the person
4 seeks a license or permit, he or she shall apply to the
5 Department for reinstatement or issuance of the license or
6 permit and pay all fees and fines due to the Department. The
7 Department may establish a fee for the processing of an
8 application for reinstatement of a license or permit to pay
9 all expenses of processing this application. The Secretary may
10 waive the fines due under this Section in individual cases
11 where the Secretary finds that the fines would be unreasonable
12 or unnecessarily burdensome.

13 (Source: P.A. 101-316, eff. 8-9-19; 101-603, eff. 1-1-20.)

14 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

16 Sec. 22. Disciplinary action.

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

24 (1) (Blank).

25 (2) (Blank).

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

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

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

11 (6) Obtaining any fee by fraud, deceit, or
12 misrepresentation.

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

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

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

22 (10) Making a false or misleading statement regarding
23 their skill or the efficacy or value of the medicine,
24 treatment, or remedy prescribed by them at their direction
25 in the treatment of any disease or other condition of the
26 body or mind.

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

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

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

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

21 (15) A finding by the Medical ~~Disciplinary~~ Board that
22 the registrant after having his or her license placed on
23 probationary status or subjected to conditions or
24 restrictions violated the terms of the probation or failed
25 to comply with such terms or conditions.

26 (16) Abandonment of a patient.

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

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

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

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

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

25 (22) Willful omission to file or record, or willfully
26 impeding the filing or recording, or inducing another

1 person to omit to file or record, medical reports as
2 required by law, or willfully failing to report an
3 instance of suspected abuse or neglect as required by law.

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

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

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

23 (26) A pattern of practice or other behavior which
24 demonstrates incapacity or incompetence to practice under
25 this Act.

26 (27) Mental illness or disability which results in the

1 inability to practice under this Act with reasonable
2 judgment, skill, or safety.

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

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

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

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

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

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

21 (34) Failure to report to the Department any adverse
22 final action taken against them by another licensing
23 jurisdiction (any other state or any territory of the
24 United States or any foreign state or country), by any
25 peer review body, by any health care institution, by any
26 professional society or association related to practice

1 under this Act, by any governmental agency, by any law
2 enforcement agency, or by any court for acts or conduct
3 similar to acts or conduct which would constitute grounds
4 for action as defined in this Section.

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

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

20 (37) Failure to provide copies of medical records as
21 required by law.

22 (38) Failure to furnish the Department, its
23 investigators or representatives, relevant information,
24 legally requested by the Department after consultation
25 with the Chief Medical Coordinator or the Deputy Medical
26 Coordinator.

1 (39) Violating the Health Care Worker Self-Referral
2 Act.

3 (40) Willful failure to provide notice when notice is
4 required under the Parental Notice of Abortion Act of
5 1995.

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

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

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

14 (44) Violating the Compassionate Use of Medical
15 Cannabis Program Act.

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

20 (46) Repeated failure to adequately collaborate with a
21 licensed prescribing psychologist.

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

26 (48) Being named as an abuser in a verified report by

1 the Department on Aging under the Adult Protective
2 Services Act, and upon proof by clear and convincing
3 evidence that the licensee abused, neglected, or
4 financially exploited an eligible adult as defined in the
5 Adult Protective Services Act.

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

10 (50) Repeated failure to adequately collaborate with a
11 physician assistant.

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

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

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

25 The Department may refuse to issue or take disciplinary
26 action concerning the license of any person who fails to file a

1 return, or to pay the tax, penalty, or interest shown in a
2 filed return, or to pay any final assessment of tax, penalty,
3 or interest, as required by any tax Act administered by the
4 Illinois Department of Revenue, until such time as the
5 requirements of any such tax Act are satisfied as determined
6 by the Illinois Department of Revenue.

7 The Department, upon the recommendation of the Medical
8 ~~Disciplinary~~ Board, shall adopt rules which set forth
9 standards to be used in determining:

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

12 (b) what constitutes dishonorable, unethical, or
13 unprofessional conduct of a character likely to deceive,
14 defraud, or harm the public;

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

19 (d) what constitutes gross negligence in the practice
20 of medicine.

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

24 In enforcing this Section, the Medical ~~Disciplinary Board~~
25 ~~or the Licensing~~ Board, upon a showing of a possible
26 violation, may compel, ~~in the case of the Disciplinary Board,~~

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

1 neuropsychological testing. The Medical ~~Disciplinary Board,~~
2 ~~the Licensing Board,~~ or the Department may order the examining
3 physician or any member of the multidisciplinary team to
4 provide to the Department, ~~the Disciplinary Board,~~ or the
5 Medical ~~Licensing~~ Board any and all records, including
6 business records, that relate to the examination and
7 evaluation, including any supplemental testing performed. The
8 Medical ~~Disciplinary Board,~~ ~~the Licensing~~ Board, or the
9 Department may order the examining physician or any member of
10 the multidisciplinary team to present testimony concerning
11 this examination and evaluation of the licensee, permit
12 holder, or applicant, including testimony concerning any
13 supplemental testing or documents relating to the examination
14 and evaluation. No information, report, record, or other
15 documents in any way related to the examination and evaluation
16 shall be excluded by reason of any common law or statutory
17 privilege relating to communication between the licensee,
18 permit holder, or applicant and the examining physician or any
19 member of the multidisciplinary team. No authorization is
20 necessary from the licensee, permit holder, or applicant
21 ordered to undergo an evaluation and examination for the
22 examining physician or any member of the multidisciplinary
23 team to provide information, reports, records, or other
24 documents or to provide any testimony regarding the
25 examination and evaluation. The individual to be examined may
26 have, at his or her own expense, another physician of his or

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

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

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

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

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

25 (B) The Department shall revoke the license or permit
26 issued under this Act to practice medicine or a chiropractic

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

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

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

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

23 (D) The Medical ~~Disciplinary~~ Board shall recommend to the
24 Department civil penalties and any other appropriate
25 discipline in disciplinary cases when the Medical Board finds
26 that a physician willfully performed an abortion with actual

1 knowledge that the person upon whom the abortion has been
2 performed is a minor or an incompetent person without notice
3 as required under the Parental Notice of Abortion Act of 1995.
4 Upon the Medical Board's recommendation, the Department shall
5 impose, for the first violation, a civil penalty of \$1,000 and
6 for a second or subsequent violation, a civil penalty of
7 \$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 60/23) (from Ch. 111, par. 4400-23)

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

14 Sec. 23. Reports relating to professional conduct and
15 capacity.

16 (A) Entities required to report.

17 (1) Health care institutions. The chief administrator
18 or executive officer of any health care institution
19 licensed by the Illinois Department of Public Health shall
20 report to the Medical ~~Disciplinary~~ Board when any person's
21 clinical privileges are terminated or are restricted based
22 on a final determination made in accordance with that
23 institution's by-laws or rules and regulations that a
24 person has either committed an act or acts which may
25 directly threaten patient care or that a person may have a

1 mental or physical disability that may endanger patients
2 under that person's care. Such officer also shall report
3 if a person accepts voluntary termination or restriction
4 of clinical privileges in lieu of formal action based upon
5 conduct related directly to patient care or in lieu of
6 formal action seeking to determine whether a person may
7 have a mental or physical disability that may endanger
8 patients under that person's care. The Medical
9 ~~Disciplinary~~ Board shall, by rule, provide for the
10 reporting to it by health care institutions of all
11 instances in which a person, licensed under this Act, who
12 is impaired by reason of age, drug or alcohol abuse or
13 physical or mental impairment, is under supervision and,
14 where appropriate, is in a program of rehabilitation. Such
15 reports shall be strictly confidential and may be reviewed
16 and considered only by the members of the Medical
17 ~~Disciplinary~~ Board, or by authorized staff as provided by
18 rules of the Medical ~~Disciplinary~~ Board. Provisions shall
19 be made for the periodic report of the status of any such
20 person not less than twice annually in order that the
21 Medical ~~Disciplinary~~ Board shall have current information
22 upon which to determine the status of any such person.
23 Such initial and periodic reports of impaired physicians
24 shall not be considered records within the meaning of The
25 State Records Act and shall be disposed of, following a
26 determination by the Medical ~~Disciplinary~~ Board that such

1 reports are no longer required, in a manner and at such
2 time as the Medical ~~Disciplinary~~ Board shall determine by
3 rule. The filing of such reports shall be construed as the
4 filing of a report for purposes of subsection (C) of this
5 Section.

6 (1.5) Clinical training programs. The program director
7 of any post-graduate clinical training program shall
8 report to the Medical ~~Disciplinary~~ Board if a person
9 engaged in a post-graduate clinical training program at
10 the institution, including, but not limited to, a
11 residency or fellowship, separates from the program for
12 any reason prior to its conclusion. The program director
13 shall provide all documentation relating to the separation
14 if, after review of the report, the Medical ~~Disciplinary~~
15 Board determines that a review of those documents is
16 necessary to determine whether a violation of this Act
17 occurred.

18 (2) Professional associations. The President or chief
19 executive officer of any association or society, of
20 persons licensed under this Act, operating within this
21 State shall report to the Medical ~~Disciplinary~~ Board when
22 the association or society renders a final determination
23 that a person has committed unprofessional conduct related
24 directly to patient care or that a person may have a mental
25 or physical disability that may endanger patients under
26 that person's care.

1 (3) Professional liability insurers. Every insurance
2 company which offers policies of professional liability
3 insurance to persons licensed under this Act, or any other
4 entity which seeks to indemnify the professional liability
5 of a person licensed under this Act, shall report to the
6 Medical ~~Disciplinary~~ Board the settlement of any claim or
7 cause of action, or final judgment rendered in any cause
8 of action, which alleged negligence in the furnishing of
9 medical care by such licensed person when such settlement
10 or final judgment is in favor of the plaintiff.

11 (4) State's Attorneys. The State's Attorney of each
12 county shall report to the Medical ~~Disciplinary~~ Board,
13 within 5 days, any instances in which a person licensed
14 under this Act is convicted of any felony or Class A
15 misdemeanor. The State's Attorney of each county may
16 report to the Medical ~~Disciplinary~~ Board through a
17 verified complaint any instance in which the State's
18 Attorney believes that a physician has willfully violated
19 the notice requirements of the Parental Notice of Abortion
20 Act of 1995.

21 (5) State agencies. All agencies, boards, commissions,
22 departments, or other instrumentalities of the government
23 of the State of Illinois shall report to the Medical
24 ~~Disciplinary~~ Board any instance arising in connection with
25 the operations of such agency, including the
26 administration of any law by such agency, in which a

1 person licensed under this Act has either committed an act
2 or acts which may be a violation of this Act or which may
3 constitute unprofessional conduct related directly to
4 patient care or which indicates that a person licensed
5 under this Act may have a mental or physical disability
6 that may endanger patients under that person's care.

7 (B) Mandatory reporting. All reports required by items
8 (34), (35), and (36) of subsection (A) of Section 22 and by
9 Section 23 shall be submitted to the Medical Disciplinary
10 Board in a timely fashion. Unless otherwise provided in this
11 Section, the reports shall be filed in writing within 60 days
12 after a determination that a report is required under this
13 Act. All reports shall contain the following information:

14 (1) The name, address and telephone number of the
15 person making the report.

16 (2) The name, address and telephone number of the
17 person who is the subject of the report.

18 (3) The name and date of birth of any patient or
19 patients whose treatment is a subject of the report, if
20 available, or other means of identification if such
21 information is not available, identification of the
22 hospital or other healthcare facility where the care at
23 issue in the report was rendered, provided, however, no
24 medical records may be revealed.

25 (4) A brief description of the facts which gave rise
26 to the issuance of the report, including the dates of any

1 occurrences deemed to necessitate the filing of the
2 report.

3 (5) If court action is involved, the identity of the
4 court in which the action is filed, along with the docket
5 number and date of filing of the action.

6 (6) Any further pertinent information which the
7 reporting party deems to be an aid in the evaluation of the
8 report.

9 The Medical ~~Disciplinary~~ Board or Department may also
10 exercise the power under Section 38 of this Act to subpoena
11 copies of hospital or medical records in mandatory report
12 cases alleging death or permanent bodily injury. Appropriate
13 rules shall be adopted by the Department with the approval of
14 the Medical ~~Disciplinary~~ Board.

15 When the Department has received written reports
16 concerning incidents required to be reported in items (34),
17 (35), and (36) of subsection (A) of Section 22, the licensee's
18 failure to report the incident to the Department under those
19 items shall not be the sole grounds for disciplinary action.

20 Nothing contained in this Section shall act to in any way,
21 waive or modify the confidentiality of medical reports and
22 committee reports to the extent provided by law. Any
23 information reported or disclosed shall be kept for the
24 confidential use of the Medical ~~Disciplinary~~ Board, the
25 Medical Coordinators, the Medical ~~Disciplinary~~ Board's
26 attorneys, the medical investigative staff, and authorized

1 clerical staff, as provided in this Act, and shall be afforded
2 the same status as is provided information concerning medical
3 studies in Part 21 of Article VIII of the Code of Civil
4 Procedure, except that the Department may disclose information
5 and documents to a federal, State, or local law enforcement
6 agency pursuant to a subpoena in an ongoing criminal
7 investigation or to a health care licensing body or medical
8 licensing authority of this State or another state or
9 jurisdiction pursuant to an official request made by that
10 licensing body or medical licensing authority. Furthermore,
11 information and documents disclosed to a federal, State, or
12 local law enforcement agency may be used by that agency only
13 for the investigation and prosecution of a criminal offense,
14 or, in the case of disclosure to a health care licensing body
15 or medical licensing authority, only for investigations and
16 disciplinary action proceedings with regard to a license.
17 Information and documents disclosed to the Department of
18 Public Health may be used by that Department only for
19 investigation and disciplinary action regarding the license of
20 a health care institution licensed by the Department of Public
21 Health.

22 (C) Immunity from prosecution. Any individual or
23 organization acting in good faith, and not in a wilful and
24 wanton manner, in complying with this Act by providing any
25 report or other information to the Medical ~~Disciplinary~~ Board
26 or a peer review committee, or assisting in the investigation

1 or preparation of such information, or by voluntarily
2 reporting to the Medical ~~Disciplinary~~ Board or a peer review
3 committee information regarding alleged errors or negligence
4 by a person licensed under this Act, or by participating in
5 proceedings of the Medical ~~Disciplinary~~ Board or a peer review
6 committee, or by serving as a member of the Medical
7 ~~Disciplinary~~ Board or a peer review committee, shall not, as a
8 result of such actions, be subject to criminal prosecution or
9 civil damages.

10 (D) Indemnification. Members of the Medical ~~Disciplinary~~
11 Board, ~~the Licensing Board,~~ the Medical Coordinators, the
12 Medical ~~Disciplinary~~ Board's attorneys, the medical
13 investigative staff, physicians retained under contract to
14 assist and advise the medical coordinators in the
15 investigation, and authorized clerical staff shall be
16 indemnified by the State for any actions occurring within the
17 scope of services on the Medical ~~Disciplinary Board or~~
18 ~~Licensing~~ Board, done in good faith and not wilful and wanton
19 in nature. The Attorney General shall defend all such actions
20 unless he or she determines either that there would be a
21 conflict of interest in such representation or that the
22 actions complained of were not in good faith or were wilful and
23 wanton.

24 Should the Attorney General decline representation, the
25 member shall have the right to employ counsel of his or her
26 choice, whose fees shall be provided by the State, after

1 approval by the Attorney General, unless there is a
2 determination by a court that the member's actions were not in
3 good faith or were wilful and wanton.

4 The member must notify the Attorney General within 7 days
5 of receipt of notice of the initiation of any action involving
6 services of the Medical ~~Disciplinary~~ Board. Failure to so
7 notify the Attorney General shall constitute an absolute
8 waiver of the right to a defense and indemnification.

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

12 (E) Deliberations of Medical ~~Disciplinary~~ Board. Upon the
13 receipt of any report called for by this Act, other than those
14 reports of impaired persons licensed under this Act required
15 pursuant to the rules of the Medical ~~Disciplinary~~ Board, the
16 Medical ~~Disciplinary~~ Board shall notify in writing, by
17 ~~certified~~ mail or email, the person who is the subject of the
18 report. Such notification shall be made within 30 days of
19 receipt by the Medical ~~Disciplinary~~ Board of the report.

20 The notification shall include a written notice setting
21 forth the person's right to examine the report. Included in
22 such notification shall be the address at which the file is
23 maintained, the name of the custodian of the reports, and the
24 telephone number at which the custodian may be reached. The
25 person who is the subject of the report shall submit a written
26 statement responding, clarifying, adding to, or proposing the

1 amending of the report previously filed. The person who is the
2 subject of the report shall also submit with the written
3 statement any medical records related to the report. The
4 statement and accompanying medical records shall become a
5 permanent part of the file and must be received by the Medical
6 ~~Disciplinary~~ Board no more than 30 days after the date on which
7 the person was notified by the Medical ~~Disciplinary~~ Board of
8 the existence of the original report.

9 The Medical ~~Disciplinary~~ Board shall review all reports
10 received by it, together with any supporting information and
11 responding statements submitted by persons who are the subject
12 of reports. The review by the Medical ~~Disciplinary~~ Board shall
13 be in a timely manner but in no event, shall the Medical
14 ~~Disciplinary~~ Board's initial review of the material contained
15 in each disciplinary file be less than 61 days nor more than
16 180 days after the receipt of the initial report by the Medical
17 ~~Disciplinary~~ Board.

18 When the Medical ~~Disciplinary~~ Board makes its initial
19 review of the materials contained within its disciplinary
20 files, the Medical ~~Disciplinary~~ Board shall, in writing, make
21 a determination as to whether there are sufficient facts to
22 warrant further investigation or action. Failure to make such
23 determination within the time provided shall be deemed to be a
24 determination that there are not sufficient facts to warrant
25 further investigation or action.

26 Should the Medical ~~Disciplinary~~ Board find that there are

1 not sufficient facts to warrant further investigation, or
2 action, the report shall be accepted for filing and the matter
3 shall be deemed closed and so reported to the Secretary. The
4 Secretary shall then have 30 days to accept the Medical
5 ~~Disciplinary~~ Board's decision or request further
6 investigation. The Secretary shall inform the Medical Board of
7 the decision to request further investigation, including the
8 specific reasons for the decision. The individual or entity
9 filing the original report or complaint and the person who is
10 the subject of the report or complaint shall be notified in
11 writing by the Secretary of any final action on their report or
12 complaint. The Department shall disclose to the individual or
13 entity who filed the original report or complaint, on request,
14 the status of the Medical ~~Disciplinary~~ Board's review of a
15 specific report or complaint. Such request may be made at any
16 time, including prior to the Medical ~~Disciplinary~~ Board's
17 determination as to whether there are sufficient facts to
18 warrant further investigation or action.

19 (F) Summary reports. The Medical ~~Disciplinary~~ Board shall
20 prepare, on a timely basis, but in no event less than once
21 every other month, a summary report of final disciplinary
22 actions taken upon disciplinary files maintained by the
23 Medical ~~Disciplinary~~ Board. The summary reports shall be made
24 available to the public upon request and payment of the fees
25 set by the Department. This publication may be made available
26 to the public on the Department's website. Information or

1 documentation relating to any disciplinary file that is closed
2 without disciplinary action taken shall not be disclosed and
3 shall be afforded the same status as is provided by Part 21 of
4 Article VIII of the Code of Civil Procedure.

5 (G) Any violation of this Section shall be a Class A
6 misdemeanor.

7 (H) If any such person violates the provisions of this
8 Section an action may be brought in the name of the People of
9 the State of Illinois, through the Attorney General of the
10 State of Illinois, for an order enjoining such violation or
11 for an order enforcing compliance with this Section. Upon
12 filing of a verified petition in such court, the court may
13 issue a temporary restraining order without notice or bond and
14 may preliminarily or permanently enjoin such violation, and if
15 it is established that such person has violated or is
16 violating the injunction, the court may punish the offender
17 for contempt of court. Proceedings under this paragraph shall
18 be in addition to, and not in lieu of, all other remedies and
19 penalties provided for by this Section.

20 (Source: P.A. 98-601, eff. 12-30-13; 99-143, eff. 7-27-15.)

21 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

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

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

24 (a) Any physician licensed under this Act, the Illinois
25 State Medical Society, the Illinois Association of Osteopathic

1 Physicians and Surgeons, the Illinois Chiropractic Society,
2 the Illinois Prairie State Chiropractic Association, or any
3 component societies of any of these 4 groups, and any other
4 person, may report to the Medical ~~Disciplinary~~ Board any
5 information the physician, association, society, or person may
6 have that appears to show that a physician is or may be in
7 violation of any of the provisions of Section 22 of this Act.

8 (b) The Department may enter into agreements with the
9 Illinois State Medical Society, the Illinois Association of
10 Osteopathic Physicians and Surgeons, the Illinois Prairie
11 State Chiropractic Association, or the Illinois Chiropractic
12 Society to allow these organizations to assist the Medical
13 ~~Disciplinary~~ Board in the review of alleged violations of this
14 Act. Subject to the approval of the Department, any
15 organization party to such an agreement may subcontract with
16 other individuals or organizations to assist in review.

17 (c) Any physician, association, society, or person
18 participating in good faith in the making of a report under
19 this Act or participating in or assisting with an
20 investigation or review under this Act shall have immunity
21 from any civil, criminal, or other liability that might result
22 by reason of those actions.

23 (d) The medical information in the custody of an entity
24 under contract with the Department participating in an
25 investigation or review shall be privileged and confidential
26 to the same extent as are information and reports under the

1 provisions of Part 21 of Article VIII of the Code of Civil
2 Procedure.

3 (e) Upon request by the Department after a mandatory
4 report has been filed with the Department, an attorney for any
5 party seeking to recover damages for injuries or death by
6 reason of medical, hospital, or other healing art malpractice
7 shall provide patient records related to the physician
8 involved in the disciplinary proceeding to the Department
9 within 30 days of the Department's request for use by the
10 Department in any disciplinary matter under this Act. An
11 attorney who provides patient records to the Department in
12 accordance with this requirement shall not be deemed to have
13 violated any attorney-client privilege. Notwithstanding any
14 other provision of law, consent by a patient shall not be
15 required for the provision of patient records in accordance
16 with this requirement.

17 (f) For the purpose of any civil or criminal proceedings,
18 the good faith of any physician, association, society or
19 person shall be presumed.

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

21 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

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

23 Sec. 25. The Secretary of the Department may, upon receipt
24 of a written communication from the Secretary of Human
25 Services, the Director of Healthcare and Family Services

1 (formerly Director of Public Aid), or the Director of Public
2 Health that continuation of practice of a person licensed
3 under this Act constitutes an immediate danger to the public,
4 and after consultation with the Chief Medical Coordinator or
5 Deputy Medical Coordinator, immediately suspend the license of
6 such person without a hearing. In instances in which the
7 Secretary immediately suspends a license under this Section, a
8 hearing upon such person's license must be convened by the
9 Medical Disciplinary Board within 15 days after such
10 suspension and completed without appreciable delay. Such
11 hearing is to be held to determine whether to recommend to the
12 Secretary that the person's license be revoked, suspended,
13 placed on probationary status or reinstated, or whether such
14 person should be subject to other disciplinary action. In the
15 hearing, the written communication and any other evidence
16 submitted therewith may be introduced as evidence against such
17 person; provided however, the person, or their counsel, shall
18 have the opportunity to discredit, impeach and submit evidence
19 rebutting such evidence.

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

21 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

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

23 Sec. 35. The Secretary shall have the authority to appoint
24 an attorney duly licensed to practice law in the State of
25 Illinois to serve as the hearing officer in any action to

1 suspend, revoke, place on probationary status, or take any
2 other disciplinary action with regard to a license. The
3 hearing officer shall have full authority to conduct the
4 hearing. The hearing officer shall report his findings and
5 recommendations to the Medical ~~Disciplinary Board or Licensing~~
6 Board within 30 days of the receipt of the record. The Medical
7 ~~Disciplinary Board or Licensing~~ Board shall have 60 days from
8 receipt of the report to review the report of the hearing
9 officer and present their findings of fact, conclusions of law
10 and recommendations to the Secretary.

11 (Source: P.A. 100-429, eff. 8-25-17.)

12 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

14 Sec. 36. Investigation; notice.

15 (a) Upon the motion of either the Department or the
16 Medical ~~Disciplinary~~ Board or upon the verified complaint in
17 writing of any person setting forth facts which, if proven,
18 would constitute grounds for suspension or revocation under
19 Section 22 of this Act, the Department shall investigate the
20 actions of any person, so accused, who holds or represents
21 that he or she holds a license. Such person is hereinafter
22 called the accused.

23 (b) The Department shall, before suspending, revoking,
24 placing on probationary status, or taking any other
25 disciplinary action as the Department may deem proper with

1 regard to any license at least 30 days prior to the date set
2 for the hearing, notify the accused in writing of any charges
3 made and the time and place for a hearing of the charges before
4 the Medical ~~Disciplinary~~ Board, direct him or her to file his
5 or her written answer thereto to the Medical ~~Disciplinary~~
6 Board under oath within 20 days after the service on him or her
7 of such notice and inform him or her that if he or she fails to
8 file such answer default will be taken against him or her and
9 his or her license may be suspended, revoked, placed on
10 probationary status, or have other disciplinary action,
11 including limiting the scope, nature or extent of his or her
12 practice, as the Department may deem proper taken with regard
13 thereto. The Department shall, at least 14 days prior to the
14 date set for the hearing, notify in writing any person who
15 filed a complaint against the accused of the time and place for
16 the hearing of the charges against the accused before the
17 Medical ~~Disciplinary~~ Board and inform such person whether he
18 or she may provide testimony at the hearing.

19 (c) (Blank).

20 (d) Such written notice and any notice in such proceedings
21 thereafter may be served by personal delivery, email to the
22 respondent's email address of record, or mail to the
23 respondent's address of record.

24 (e) All information gathered by the Department during its
25 investigation including information subpoenaed under Section
26 23 or 38 of this Act and the investigative file shall be kept

1 for the confidential use of the Secretary, the Medical
2 ~~Disciplinary~~ Board, the Medical Coordinators, persons employed
3 by contract to advise the Medical Coordinator or the
4 Department, the Medical ~~Disciplinary~~ Board's attorneys, the
5 medical investigative staff, and authorized clerical staff, as
6 provided in this Act and shall be afforded the same status as
7 is provided information concerning medical studies in Part 21
8 of Article VIII of the Code of Civil Procedure, except that the
9 Department may disclose information and documents to a
10 federal, State, or local law enforcement agency pursuant to a
11 subpoena in an ongoing criminal investigation to a health care
12 licensing body of this State or another state or jurisdiction
13 pursuant to an official request made by that licensing body.
14 Furthermore, information and documents disclosed to a federal,
15 State, or local law enforcement agency may be used by that
16 agency only for the investigation and prosecution of a
17 criminal offense or, in the case of disclosure to a health care
18 licensing body, only for investigations and disciplinary
19 action proceedings with regard to a license issued by that
20 licensing body.

21 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
22 revised 9-20-19.)

23 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

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

25 Sec. 37. Disciplinary actions.

1 (a) At the time and place fixed in the notice, the Medical
2 ~~Disciplinary~~ Board provided for in this Act shall proceed to
3 hear the charges, and the accused person shall be accorded
4 ample opportunity to present in person, or by counsel, such
5 statements, testimony, evidence and argument as may be
6 pertinent to the charges or to any defense thereto. The
7 Medical ~~Disciplinary~~ Board may continue such hearing from time
8 to time. If the Medical ~~Disciplinary~~ Board is not sitting at
9 the time and place fixed in the notice or at the time and place
10 to which the hearing has been continued, the Department shall
11 continue such hearing for a period not to exceed 30 days.

12 (b) In case the accused person, after receiving notice,
13 fails to file an answer, their license may, in the discretion
14 of the Secretary, having received first the recommendation of
15 the Medical ~~Disciplinary~~ Board, be suspended, revoked or
16 placed on probationary status, or the Secretary may take
17 whatever disciplinary action as he or she may deem proper,
18 including limiting the scope, nature, or extent of said
19 person's practice, without a hearing, if the act or acts
20 charged constitute sufficient grounds for such action under
21 this Act.

22 (c) The Medical ~~Disciplinary~~ Board has the authority to
23 recommend to the Secretary that probation be granted or that
24 other disciplinary or non-disciplinary action, including the
25 limitation of the scope, nature or extent of a person's
26 practice, be taken as it deems proper. If disciplinary or

1 non-disciplinary action, other than suspension or revocation,
2 is taken the Medical ~~Disciplinary~~ Board may recommend that the
3 Secretary impose reasonable limitations and requirements upon
4 the accused registrant to ensure ~~insure~~ compliance with the
5 terms of the probation or other disciplinary action including,
6 but not limited to, regular reporting by the accused to the
7 Department of their actions, placing themselves under the care
8 of a qualified physician for treatment, or limiting their
9 practice in such manner as the Secretary may require.

10 (d) The Secretary, after consultation with the Chief
11 Medical Coordinator or Deputy Medical Coordinator, may
12 temporarily suspend the license of a physician without a
13 hearing, simultaneously with the institution of proceedings
14 for a hearing provided under this Section if the Secretary
15 finds that evidence in his or her possession indicates that a
16 physician's continuation in practice would constitute an
17 immediate danger to the public. In the event that the
18 Secretary suspends, temporarily, the license of a physician
19 without a hearing, a hearing by the Medical ~~Disciplinary~~ Board
20 shall be held within 15 days after such suspension has
21 occurred and shall be concluded without appreciable delay.

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

23 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

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

25 Sec. 38. Subpoena; oaths.

1 (a) The Medical ~~Disciplinary~~ Board or Department has power
2 to subpoena and bring before it any person in this State and to
3 take testimony either orally or by deposition, or both, with
4 the same fees and mileage and in the same manner as is
5 prescribed by law for judicial procedure in civil cases.

6 (b) The Medical ~~Disciplinary~~ Board or Department, upon a
7 determination that probable cause exists that a violation of
8 one or more of the grounds for discipline listed in Section 22
9 has occurred or is occurring, may subpoena the medical and
10 hospital records of individual patients of physicians licensed
11 under this Act, provided, that prior to the submission of such
12 records to the Medical ~~Disciplinary~~ Board, all information
13 indicating the identity of the patient shall be removed and
14 deleted. Notwithstanding the foregoing, the Medical
15 ~~Disciplinary~~ Board and Department shall possess the power to
16 subpoena copies of hospital or medical records in mandatory
17 report cases under Section 23 alleging death or permanent
18 bodily injury when consent to obtain records is not provided
19 by a patient or legal representative. Prior to submission of
20 the records to the Medical ~~Disciplinary~~ Board, all information
21 indicating the identity of the patient shall be removed and
22 deleted. All medical records and other information received
23 pursuant to subpoena shall be confidential and shall be
24 afforded the same status as is proved information concerning
25 medical studies in Part 21 of Article VIII of the Code of Civil
26 Procedure. The use of such records shall be restricted to

1 members of the Medical ~~Disciplinary~~ Board, the medical
2 coordinators, and appropriate staff of the Department
3 designated by the Medical ~~Disciplinary~~ Board for the purpose
4 of determining the existence of one or more grounds for
5 discipline of the physician as provided for by Section 22 of
6 this Act. Any such review of individual patients' records
7 shall be conducted by the Medical ~~Disciplinary~~ Board in strict
8 confidentiality, provided that such patient records shall be
9 admissible in a disciplinary hearing, before the Medical
10 ~~Disciplinary~~ Board, when necessary to substantiate the grounds
11 for discipline alleged against the physician licensed under
12 this Act, and provided further, that nothing herein shall be
13 deemed to supersede the provisions of Part 21 of Article VIII
14 of the "~~Code of Civil Procedure~~", ~~as now or hereafter amended~~,
15 to the extent applicable.

16 (c) The Secretary, hearing officer, and any member of the
17 Medical ~~Disciplinary~~ Board each have power to administer oaths
18 at any hearing which the Medical ~~Disciplinary~~ Board or
19 Department is authorized by law to conduct.

20 (d) The Medical ~~Disciplinary~~ Board, upon a determination
21 that probable cause exists that a violation of one or more of
22 the grounds for discipline listed in Section 22 has occurred
23 or is occurring on the business premises of a physician
24 licensed under this Act, may issue an order authorizing an
25 appropriately qualified investigator employed by the
26 Department to enter upon the business premises with due

1 consideration for patient care of the subject of the
2 investigation so as to inspect the physical premises and
3 equipment and furnishings therein. No such order shall include
4 the right of inspection of business, medical, or personnel
5 records located on the premises. For purposes of this Section,
6 "business premises" is defined as the office or offices where
7 the physician conducts the practice of medicine. Any such
8 order shall expire and become void five business days after
9 its issuance by the Medical Disciplinary Board. The execution
10 of any such order shall be valid only during the normal
11 business hours of the facility or office to be inspected.

12 (Source: P.A. 101-316, eff. 8-9-19.)

13 (225 ILCS 60/39) (from Ch. 111, par. 4400-39)

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

15 Sec. 39. Certified shorthand reporter; record. The
16 Department, at its expense, shall provide a certified
17 shorthand reporter to take down the testimony and preserve a
18 record of all proceedings at the hearing of any case wherein a
19 license may be revoked, suspended, placed on probationary
20 status, or other disciplinary action taken with regard thereto
21 in accordance with Section 2105-115 of the Department of
22 Professional Regulation Law of the Civil Administrative Code
23 of Illinois. The notice of hearing, complaint and all other
24 documents in the nature of pleadings and written motions filed
25 in the proceedings, the transcript of testimony, the report of

1 the hearing officer, exhibits, the report of the Medical
2 Board, and the orders of the Department constitute the record
3 of the proceedings.

4 (Source: P.A. 100-429, eff. 8-25-17; 101-316, eff. 8-9-19.)

5 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

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

7 Sec. 40. Findings and recommendations; rehearing.

8 (a) The Medical ~~Disciplinary~~ Board shall present to the
9 Secretary a written report of its findings and
10 recommendations. A copy of such report shall be served upon
11 the accused person, either personally or by mail or email.
12 Within 20 days after such service, the accused person may
13 present to the Department his or her motion, in writing, for a
14 rehearing, which written motion shall specify the particular
15 ground therefor. If the accused person orders and pays for a
16 transcript of the record as provided in Section 39, the time
17 elapsing thereafter and before such transcript is ready for
18 delivery to them shall not be counted as part of such 20 days.

19 (b) At the expiration of the time allowed for filing a
20 motion for rehearing, the Secretary may take the action
21 recommended by the Medical ~~Disciplinary~~ Board. Upon the
22 suspension, revocation, placement on probationary status, or
23 the taking of any other disciplinary action, including the
24 limiting of the scope, nature, or extent of one's practice,
25 deemed proper by the Department, with regard to the license or

1 permit, the accused shall surrender his or her license or
2 permit to the Department, if ordered to do so by the
3 Department, and upon his or her failure or refusal so to do,
4 the Department may seize the same.

5 (c) (Blank). ~~Each order of revocation, suspension, or~~
6 ~~other disciplinary action shall contain a brief, concise~~
7 ~~statement of the ground or grounds upon which the Department's~~
8 ~~action is based, as well as the specific terms and conditions~~
9 ~~of such action. This document shall be retained as a permanent~~
10 ~~record by the Disciplinary Board and the Secretary.~~

11 (d) (Blank). ~~The Department shall at least annually~~
12 ~~publish a list of the names of all persons disciplined under~~
13 ~~this Act in the preceding 12 months. Such lists shall be~~
14 ~~available by the Department on its website.~~

15 (e) In those instances where an order of revocation,
16 suspension, or other disciplinary action has been rendered by
17 virtue of a physician's physical illness, including, but not
18 limited to, deterioration through the aging process, or loss
19 of motor skill which results in a physician's inability to
20 practice medicine with reasonable judgment, skill, or safety,
21 the Department shall only permit this document, and the record
22 of the hearing incident thereto, to be observed, inspected,
23 viewed, or copied pursuant to court order.

24 (Source: P.A. 101-316, eff. 8-9-19.)

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

2 Sec. 41. Administrative review; certification of record.

3 (a) All final administrative decisions of the Department
4 are subject to judicial review pursuant to the Administrative
5 Review Law and its rules. The term "administrative decision"
6 is defined as in Section 3-101 of the Code of Civil Procedure.

7 (b) Proceedings for judicial review shall be commenced in
8 the circuit court of the county in which the party applying for
9 review resides; but if the party is not a resident of this
10 State, the venue shall be in Sangamon County.

11 (c) The Department shall not be required to certify any
12 record to the court, to file an answer in court, or to
13 otherwise appear in any court in a judicial review proceeding
14 unless and until the Department has received from the
15 plaintiff payment of the costs of furnishing and certifying
16 the record, which costs shall be determined by the Department.
17 ~~Exhibits shall be certified without cost.~~ Failure on the part
18 of the plaintiff to file a receipt in court shall be grounds
19 for dismissal of the action. During the pendency and hearing
20 of any and all judicial proceedings incident to the
21 disciplinary action the sanctions imposed upon the accused by
22 the Department because of acts or omissions related to the
23 delivery of direct patient care as specified in the
24 Department's final administrative decision, shall as a matter
25 of public policy remain in full force and effect in order to
26 protect the public pending final resolution of any of the

1 proceedings.

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

3 (225 ILCS 60/42) (from Ch. 111, par. 4400-42)

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

5 Sec. 42. An order of revocation, suspension, placing the
6 license on probationary status, or other formal disciplinary
7 action as the Department may deem proper, or a certified copy
8 thereof, over the seal of the Department and purporting to be
9 signed by the Secretary, is prima facie proof that:

10 (a) Such signature is the genuine signature of the
11 Secretary;

12 (b) The Secretary is duly appointed and qualified; and

13 (c) The Medical ~~Disciplinary~~ Board and the members
14 thereof are qualified.

15 Such proof may be rebutted.

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

17 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

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

19 Sec. 44. None of the disciplinary functions, powers and
20 duties enumerated in this Act shall be exercised by the
21 Department except upon the action and report in writing of the
22 Medical ~~Disciplinary~~ Board.

23 In all instances, under this Act, in which the Medical
24 ~~Disciplinary~~ Board has rendered a recommendation to the

1 Secretary with respect to a particular physician, the
2 Secretary may take action contrary to the recommendation of
3 the Medical Board. In ~~shall, in~~ the event that the Secretary ~~he~~
4 ~~or she~~ disagrees with or takes action contrary to the
5 recommendation of the Medical ~~Disciplinary~~ Board, file with
6 the Medical ~~Disciplinary~~ Board his or her specific written
7 reasons of disagreement with the Medical ~~Disciplinary~~ Board.
8 Such reasons shall be filed within 30 days of the occurrence of
9 the Secretary's contrary position having been taken.

10 The action and report in writing of a majority of the
11 Medical ~~Disciplinary~~ Board designated is sufficient authority
12 upon which the Secretary may act.

13 Whenever the Secretary is satisfied that substantial
14 justice has not been done ~~either in an examination, or~~ in a
15 formal disciplinary action, or refusal to restore a license,
16 he or she may order a ~~reevaluation or rehearing by the same or~~
17 ~~other examiners.~~

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

19 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

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

21 Sec. 47. Administrative Procedure Act. The Illinois
22 Administrative Procedure Act is hereby expressly adopted and
23 incorporated herein as if all of the provisions of that Act
24 were included in this Act, except that the provision of
25 subsection (d) of Section 10-65 of the Illinois Administrative

1 Procedure Act that provides that at hearings the licensee has
2 the right to show compliance with all lawful requirements for
3 retention, continuation or renewal of the license is
4 specifically excluded. For the purposes of this Act the notice
5 required under Section 10-25 of the Illinois Administrative
6 Procedure Act is deemed sufficient when mailed or emailed to
7 the address of record of a party.

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

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