



Sen. Celina Villanueva

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10200HB4664sam005

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1 AMENDMENT TO HOUSE BILL 4664

2 AMENDMENT NO. _____. Amend House Bill 4664 by replacing
3 everything after the enacting clause with the following:

4 "Article 1.

5 Section 1-5. The Reproductive Health Act is amended by
6 changing Sections 1-10 and 1-20 as follows:

7 (775 ILCS 55/1-10)

8 Sec. 1-10. Definitions. As used in this Act:

9 "Abortion" means the use of any instrument, medicine,
10 drug, or any other substance or device to terminate the
11 pregnancy of an individual known to be pregnant with an
12 intention other than to increase the probability of a live
13 birth, to preserve the life or health of the child after live
14 birth, or to remove a dead fetus.

15 "Advanced practice registered nurse" has the same meaning

1 as it does in Section 50-10 of the Nurse Practice Act.

2 "Assisted reproduction" means a method of achieving a
3 pregnancy through the handling of human oocytes, sperm,
4 zygotes, or embryos for the purpose of establishing a
5 pregnancy. "Assisted reproduction" includes, but is not
6 limited to, methods of artificial insemination, in vitro
7 fertilization, embryo transfer, zygote transfer, embryo
8 biopsy, preimplantation genetic diagnosis, embryo
9 cryopreservation, oocyte, gamete, zygote, and embryo donation,
10 and gestational surrogacy.

11 "Department" means the Illinois Department of Public
12 Health.

13 "Fetal viability" means that, in the professional judgment
14 of the attending health care professional, based on the
15 particular facts of the case, there is a significant
16 likelihood of a fetus' sustained survival outside the uterus
17 without the application of extraordinary medical measures.

18 "Health care professional" means a person who is licensed
19 as a physician, advanced practice registered nurse, or
20 physician assistant.

21 "Health of the patient" means all factors that are
22 relevant to the patient's health and well-being, including,
23 but not limited to, physical, emotional, psychological, and
24 familial health and age.

25 "Maternity care" means the health care provided in
26 relation to pregnancy, labor and childbirth, and the

1 postpartum period, and includes prenatal care, care during
2 labor and birthing, and postpartum care extending through
3 one-year postpartum. Maternity care shall seek to optimize
4 positive outcomes for the patient, and be provided on the
5 basis of the physical and psychosocial needs of the patient.
6 Notwithstanding any of the above, all care shall be subject to
7 the informed and voluntary consent of the patient, or the
8 patient's legal proxy, when the patient is unable to give
9 consent.

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

12 "Physician assistant" has the same meaning as it does in
13 Section 4 of the Physician Assistant Practice Act of 1987.

14 "Pregnancy" means the human reproductive process,
15 beginning with the implantation of an embryo.

16 "Prevailing party" has the same meaning as in the Illinois
17 Civil Rights Act of 2003.

18 "Reproductive health care" means health care offered,
19 arranged, or furnished for the purpose of preventing
20 pregnancy, terminating a pregnancy, managing pregnancy loss,
21 or improving maternal health and birth outcomes. "Reproductive
22 health care" includes, but is not limited to: contraception;
23 sterilization; preconception care; assisted reproduction;
24 maternity care; abortion care; and counseling regarding
25 reproductive health care.

26 "State" includes any branch, department, agency,

1 instrumentality, and official or other person acting under
2 color of law of this State or a political subdivision of the
3 State, including any unit of local government (including a
4 home rule unit), school district, instrumentality, or public
5 subdivision.

6 (Source: P.A. 101-13, eff. 6-12-19.)

7 (775 ILCS 55/1-20)

8 Sec. 1-20. Prohibited State actions; causes of action.

9 (a) The State shall not:

10 (1) deny, restrict, interfere with, or discriminate
11 against an individual's exercise of the fundamental rights
12 set forth in this Act, including individuals under State
13 custody, control, or supervision; or

14 (2) prosecute, punish, or otherwise deprive any
15 individual of the individual's rights for any act or
16 failure to act during the individual's own pregnancy, if
17 the predominant basis for such prosecution, punishment, or
18 deprivation of rights is the potential, actual, or
19 perceived impact on the pregnancy or its outcomes or on
20 the pregnant individual's own health.

21 (b) Any party aggrieved by conduct or regulation in
22 violation of this Act may bring a civil lawsuit, in a federal
23 district court or State circuit court, against the offending
24 unit of government. Any State claim brought in federal
25 district court shall be a supplemental claim to a federal

1 claim. Any lawsuit brought pursuant to this Act shall be
2 commenced within 2 years after the cause of action was
3 discovered.

4 (c) Upon motion, a court shall award reasonable attorney's
5 fees and costs, including expert witness fees and other
6 litigation expenses, to a plaintiff who is a prevailing party
7 in any action brought pursuant to this Section. In awarding
8 reasonable attorney's fees, the court shall consider the
9 degree to which the relief obtained relates to the relief
10 sought.

11 (Source: P.A. 101-13, eff. 6-12-19.)

12 Article 3.

13 Section 3-5. The Wrongful Death Act is amended by changing
14 Section 2.2 as follows:

15 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

16 Sec. 2.2. The state of gestation or development of a human
17 being when an injury is caused, when an injury takes effect, or
18 at death, shall not foreclose maintenance of any cause of
19 action under the law of this State arising from the death of a
20 human being caused by wrongful act, neglect or default.

21 There shall be no cause of action against a health care
22 professional, a medical institution, or the pregnant person
23 ~~physician or a medical institution~~ for the wrongful death of a

1 fetus caused by an abortion where the abortion was permitted
2 by law and the requisite consent was lawfully given. Provided,
3 however, that a cause of action is not prohibited where the
4 fetus is live-born but subsequently dies.

5 There shall be no cause of action against a physician or a
6 medical institution for the wrongful death of a fetus based on
7 the alleged misconduct of the physician or medical institution
8 where the defendant did not know and, under the applicable
9 standard of good medical care, had no medical reason to know of
10 the pregnancy of the mother of the fetus.

11 (Source: P.A. 81-946.)

12 Article 4.

13 Section 4-5. The Illinois Insurance Code is amended by
14 changing Section 356z.3a as follows:

15 (215 ILCS 5/356z.3a)

16 Sec. 356z.3a. Billing; emergency services;
17 nonparticipating providers.

18 (a) As used in this Section:

19 "Ancillary services" means:

20 (1) items and services related to emergency medicine,
21 anesthesiology, pathology, radiology, and neonatology that
22 are provided by any health care provider;

23 (2) items and services provided by assistant surgeons,

1 hospitalists, and intensivists;

2 (3) diagnostic services, including radiology and
3 laboratory services, except for advanced diagnostic
4 laboratory tests identified on the most current list
5 published by the United States Secretary of Health and
6 Human Services under 42 U.S.C. 300gg-132(b) (3);

7 (4) items and services provided by other specialty
8 practitioners as the United States Secretary of Health and
9 Human Services specifies through rulemaking under 42
10 U.S.C. 300gg-132(b) (3); ~~and~~

11 (5) items and services provided by a nonparticipating
12 provider if there is no participating provider who can
13 furnish the item or service at the facility; ~~and~~

14 (6) items and services provided by a nonparticipating
15 provider if there is no participating provider who will
16 furnish the item or service because a participating
17 provider has asserted the participating provider's rights
18 under the Health Care Right of Conscience Act.

19 "Cost sharing" means the amount an insured, beneficiary,
20 or enrollee is responsible for paying for a covered item or
21 service under the terms of the policy or certificate. "Cost
22 sharing" includes copayments, coinsurance, and amounts paid
23 toward deductibles, but does not include amounts paid towards
24 premiums, balance billing by out-of-network providers, or the
25 cost of items or services that are not covered under the policy
26 or certificate.

1 "Emergency department of a hospital" means any hospital
2 department that provides emergency services, including a
3 hospital outpatient department.

4 "Emergency medical condition" has the meaning ascribed to
5 that term in Section 10 of the Managed Care Reform and Patient
6 Rights Act.

7 "Emergency medical screening examination" has the meaning
8 ascribed to that term in Section 10 of the Managed Care Reform
9 and Patient Rights Act.

10 "Emergency services" means, with respect to an emergency
11 medical condition:

12 (1) in general, an emergency medical screening
13 examination, including ancillary services routinely
14 available to the emergency department to evaluate such
15 emergency medical condition, and such further medical
16 examination and treatment as would be required to
17 stabilize the patient regardless of the department of the
18 hospital or other facility in which such further
19 examination or treatment is furnished; or

20 (2) additional items and services for which benefits
21 are provided or covered under the coverage and that are
22 furnished by a nonparticipating provider or
23 nonparticipating emergency facility regardless of the
24 department of the hospital or other facility in which such
25 items are furnished after the insured, beneficiary, or
26 enrollee is stabilized and as part of outpatient

1 observation or an inpatient or outpatient stay with
2 respect to the visit in which the services described in
3 paragraph (1) are furnished. Services after stabilization
4 cease to be emergency services only when all the
5 conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and
6 regulations thereunder are met.

7 "Freestanding Emergency Center" means a facility licensed
8 under Section 32.5 of the Emergency Medical Services (EMS)
9 Systems Act.

10 "Health care facility" means, in the context of
11 non-emergency services, any of the following:

- 12 (1) a hospital as defined in 42 U.S.C. 1395x(e);
- 13 (2) a hospital outpatient department;
- 14 (3) a critical access hospital certified under 42
15 U.S.C. 1395i-4(e);
- 16 (4) an ambulatory surgical treatment center as defined
17 in the Ambulatory Surgical Treatment Center Act; or
- 18 (5) any recipient of a license under the Hospital
19 Licensing Act that is not otherwise described in this
20 definition.

21 "Health care provider" means a provider as defined in
22 subsection (d) of Section 370g. "Health care provider" does
23 not include a provider of air ambulance or ground ambulance
24 services.

25 "Health care services" has the meaning ascribed to that
26 term in subsection (a) of Section 370g.

1 "Health insurance issuer" has the meaning ascribed to that
2 term in Section 5 of the Illinois Health Insurance Portability
3 and Accountability Act.

4 "Nonparticipating emergency facility" means, with respect
5 to the furnishing of an item or service under a policy of group
6 or individual health insurance coverage, any of the following
7 facilities that does not have a contractual relationship
8 directly or indirectly with a health insurance issuer in
9 relation to the coverage:

10 (1) an emergency department of a hospital;

11 (2) a Freestanding Emergency Center;

12 (3) an ambulatory surgical treatment center as defined
13 in the Ambulatory Surgical Treatment Center Act; or

14 (4) with respect to emergency services described in
15 paragraph (2) of the definition of "emergency services", a
16 hospital.

17 "Nonparticipating provider" means, with respect to the
18 furnishing of an item or service under a policy of group or
19 individual health insurance coverage, any health care provider
20 who does not have a contractual relationship directly or
21 indirectly with a health insurance issuer in relation to the
22 coverage.

23 "Participating emergency facility" means any of the
24 following facilities that has a contractual relationship
25 directly or indirectly with a health insurance issuer offering
26 group or individual health insurance coverage setting forth

1 the terms and conditions on which a relevant health care
2 service is provided to an insured, beneficiary, or enrollee
3 under the coverage:

4 (1) an emergency department of a hospital;

5 (2) a Freestanding Emergency Center;

6 (3) an ambulatory surgical treatment center as defined
7 in the Ambulatory Surgical Treatment Center Act; or

8 (4) with respect to emergency services described in
9 paragraph (2) of the definition of "emergency services", a
10 hospital.

11 For purposes of this definition, a single case agreement
12 between an emergency facility and an issuer that is used to
13 address unique situations in which an insured, beneficiary, or
14 enrollee requires services that typically occur out-of-network
15 constitutes a contractual relationship and is limited to the
16 parties to the agreement.

17 "Participating health care facility" means any health care
18 facility that has a contractual relationship directly or
19 indirectly with a health insurance issuer offering group or
20 individual health insurance coverage setting forth the terms
21 and conditions on which a relevant health care service is
22 provided to an insured, beneficiary, or enrollee under the
23 coverage. A single case agreement between an emergency
24 facility and an issuer that is used to address unique
25 situations in which an insured, beneficiary, or enrollee
26 requires services that typically occur out-of-network

1 constitutes a contractual relationship for purposes of this
2 definition and is limited to the parties to the agreement.

3 "Participating provider" means any health care provider
4 that has a contractual relationship directly or indirectly
5 with a health insurance issuer offering group or individual
6 health insurance coverage setting forth the terms and
7 conditions on which a relevant health care service is provided
8 to an insured, beneficiary, or enrollee under the coverage.

9 "Qualifying payment amount" has the meaning given to that
10 term in 42 U.S.C. 300gg-111(a)(3)(E) and the regulations
11 promulgated thereunder.

12 "Recognized amount" means the lesser of the amount
13 initially billed by the provider or the qualifying payment
14 amount.

15 "Stabilize" means "stabilization" as defined in Section 10
16 of the Managed Care Reform and Patient Rights Act.

17 "Treating provider" means a health care provider who has
18 evaluated the individual.

19 "Visit" means, with respect to health care services
20 furnished to an individual at a health care facility, health
21 care services furnished by a provider at the facility, as well
22 as equipment, devices, telehealth services, imaging services,
23 laboratory services, and preoperative and postoperative
24 services regardless of whether the provider furnishing such
25 services is at the facility.

26 (b) Emergency services. When a beneficiary, insured, or

1 enrollee receives emergency services from a nonparticipating
2 provider or a nonparticipating emergency facility, the health
3 insurance issuer shall ensure that the beneficiary, insured,
4 or enrollee shall incur no greater out-of-pocket costs than
5 the beneficiary, insured, or enrollee would have incurred with
6 a participating provider or a participating emergency
7 facility. Any cost-sharing requirements shall be applied as
8 though the emergency services had been received from a
9 participating provider or a participating facility. Cost
10 sharing shall be calculated based on the recognized amount for
11 the emergency services. If the cost sharing for the same item
12 or service furnished by a participating provider would have
13 been a flat-dollar copayment, that amount shall be the
14 cost-sharing amount unless the provider has billed a lesser
15 total amount. In no event shall the beneficiary, insured,
16 enrollee, or any group policyholder or plan sponsor be liable
17 to or billed by the health insurance issuer, the
18 nonparticipating provider, or the nonparticipating emergency
19 facility for any amount beyond the cost sharing calculated in
20 accordance with this subsection with respect to the emergency
21 services delivered. Administrative requirements or limitations
22 shall be no greater than those applicable to emergency
23 services received from a participating provider or a
24 participating emergency facility.

25 (b-5) Non-emergency services at participating health care
26 facilities.

1 (1) When a beneficiary, insured, or enrollee utilizes
2 a participating health care facility and, due to any
3 reason, covered ancillary services are provided by a
4 nonparticipating provider during or resulting from the
5 visit, the health insurance issuer shall ensure that the
6 beneficiary, insured, or enrollee shall incur no greater
7 out-of-pocket costs than the beneficiary, insured, or
8 enrollee would have incurred with a participating provider
9 for the ancillary services. Any cost-sharing requirements
10 shall be applied as though the ancillary services had been
11 received from a participating provider. Cost sharing shall
12 be calculated based on the recognized amount for the
13 ancillary services. If the cost sharing for the same item
14 or service furnished by a participating provider would
15 have been a flat-dollar copayment, that amount shall be
16 the cost-sharing amount unless the provider has billed a
17 lesser total amount. In no event shall the beneficiary,
18 insured, enrollee, or any group policyholder or plan
19 sponsor be liable to or billed by the health insurance
20 issuer, the nonparticipating provider, or the
21 participating health care facility for any amount beyond
22 the cost sharing calculated in accordance with this
23 subsection with respect to the ancillary services
24 delivered. In addition to ancillary services, the
25 requirements of this paragraph shall also apply with
26 respect to covered items or services furnished as a result

1 of unforeseen, urgent medical needs that arise at the time
2 an item or service is furnished, regardless of whether the
3 nonparticipating provider satisfied the notice and consent
4 criteria under paragraph (2) of this subsection.

5 (2) When a beneficiary, insured, or enrollee utilizes
6 a participating health care facility and receives
7 non-emergency covered health care services other than
8 those described in paragraph (1) of this subsection from a
9 nonparticipating provider during or resulting from the
10 visit, the health insurance issuer shall ensure that the
11 beneficiary, insured, or enrollee incurs no greater
12 out-of-pocket costs than the beneficiary, insured, or
13 enrollee would have incurred with a participating provider
14 unless the nonparticipating provider, or the participating
15 health care facility on behalf of the nonparticipating
16 provider, satisfies the notice and consent criteria
17 provided in 42 U.S.C. 300gg-132 and regulations
18 promulgated thereunder. If the notice and consent criteria
19 are not satisfied, then:

20 (A) any cost-sharing requirements shall be applied
21 as though the health care services had been received
22 from a participating provider;

23 (B) cost sharing shall be calculated based on the
24 recognized amount for the health care services; and

25 (C) in no event shall the beneficiary, insured,
26 enrollee, or any group policyholder or plan sponsor be

1 liable to or billed by the health insurance issuer,
2 the nonparticipating provider, or the participating
3 health care facility for any amount beyond the cost
4 sharing calculated in accordance with this subsection
5 with respect to the health care services delivered.

6 (c) Notwithstanding any other provision of this Code,
7 except when the notice and consent criteria are satisfied for
8 the situation in paragraph (2) of subsection (b-5), any
9 benefits a beneficiary, insured, or enrollee receives for
10 services under the situations in subsection ~~subsections~~ (b) or
11 (b-5) are assigned to the nonparticipating providers or the
12 facility acting on their behalf. Upon receipt of the
13 provider's bill or facility's bill, the health insurance
14 issuer shall provide the nonparticipating provider or the
15 facility with a written explanation of benefits that specifies
16 the proposed reimbursement and the applicable deductible,
17 copayment, or coinsurance amounts owed by the insured,
18 beneficiary, or enrollee. The health insurance issuer shall
19 pay any reimbursement subject to this Section directly to the
20 nonparticipating provider or the facility.

21 (d) For bills assigned under subsection (c), the
22 nonparticipating provider or the facility may bill the health
23 insurance issuer for the services rendered, and the health
24 insurance issuer may pay the billed amount or attempt to
25 negotiate reimbursement with the nonparticipating provider or
26 the facility. Within 30 calendar days after the provider or

1 facility transmits the bill to the health insurance issuer,
2 the issuer shall send an initial payment or notice of denial of
3 payment with the written explanation of benefits to the
4 provider or facility. If attempts to negotiate reimbursement
5 for services provided by a nonparticipating provider do not
6 result in a resolution of the payment dispute within 30 days
7 after receipt of written explanation of benefits by the health
8 insurance issuer, then the health insurance issuer or
9 nonparticipating provider or the facility may initiate binding
10 arbitration to determine payment for services provided on a
11 per-bill ~~per-bill~~ basis. The party requesting arbitration
12 shall notify the other party arbitration has been initiated
13 and state its final offer before arbitration. In response to
14 this notice, the nonrequesting party shall inform the
15 requesting party of its final offer before the arbitration
16 occurs. Arbitration shall be initiated by filing a request
17 with the Department of Insurance.

18 (e) The Department of Insurance shall publish a list of
19 approved arbitrators or entities that shall provide binding
20 arbitration. These arbitrators shall be American Arbitration
21 Association or American Health Lawyers Association trained
22 arbitrators. Both parties must agree on an arbitrator from the
23 Department of Insurance's or its approved entity's list of
24 arbitrators. If no agreement can be reached, then a list of 5
25 arbitrators shall be provided by the Department of Insurance
26 or the approved entity. From the list of 5 arbitrators, the

1 health insurance issuer can veto 2 arbitrators and the
2 provider or facility can veto 2 arbitrators. The remaining
3 arbitrator shall be the chosen arbitrator. This arbitration
4 shall consist of a review of the written submissions by both
5 parties. The arbitrator shall not establish a rebuttable
6 presumption that the qualifying payment amount should be the
7 total amount owed to the provider or facility by the
8 combination of the issuer and the insured, beneficiary, or
9 enrollee. Binding arbitration shall provide for a written
10 decision within 45 days after the request is filed with the
11 Department of Insurance. Both parties shall be bound by the
12 arbitrator's decision. The arbitrator's expenses and fees,
13 together with other expenses, not including attorney's fees,
14 incurred in the conduct of the arbitration, shall be paid as
15 provided in the decision.

16 (f) (Blank).

17 (g) Section 368a of this Act shall not apply during the
18 pendency of a decision under subsection (d). Upon the issuance
19 of the arbitrator's decision, Section 368a applies with
20 respect to the amount, if any, by which the arbitrator's
21 determination exceeds the issuer's initial payment under
22 subsection (c), or the entire amount of the arbitrator's
23 determination if initial payment was denied. Any interest
24 required to be paid to a provider under Section 368a shall not
25 accrue until after 30 days of an arbitrator's decision as
26 provided in subsection (d), but in no circumstances longer

1 than 150 days from the date the nonparticipating
2 facility-based provider billed for services rendered.

3 (h) Nothing in this Section shall be interpreted to change
4 the prudent layperson provisions with respect to emergency
5 services under the Managed Care Reform and Patient Rights Act.

6 (i) Nothing in this Section shall preclude a health care
7 provider from billing a beneficiary, insured, or enrollee for
8 reasonable administrative fees, such as service fees for
9 checks returned for nonsufficient funds and missed
10 appointments.

11 (j) Nothing in this Section shall preclude a beneficiary,
12 insured, or enrollee from assigning benefits to a
13 nonparticipating provider when the notice and consent criteria
14 are satisfied under paragraph (2) of subsection (b-5) or in
15 any other situation not described in subsection ~~subsections~~
16 (b) or (b-5).

17 (k) Except when the notice and consent criteria are
18 satisfied under paragraph (2) of subsection (b-5), if an
19 individual receives health care services under the situations
20 described in subsection ~~subsections~~ (b) or (b-5), no referral
21 requirement or any other provision contained in the policy or
22 certificate of coverage shall deny coverage, reduce benefits,
23 or otherwise defeat the requirements of this Section for
24 services that would have been covered with a participating
25 provider. However, this subsection shall not be construed to
26 preclude a provider contract with a health insurance issuer,

1 or with an administrator or similar entity acting on the
2 issuer's behalf, from imposing requirements on the
3 participating provider, participating emergency facility, or
4 participating health care facility relating to the referral of
5 covered individuals to nonparticipating providers.

6 (l) Except if the notice and consent criteria are
7 satisfied under paragraph (2) of subsection (b-5),
8 cost-sharing amounts calculated in conformity with this
9 Section shall count toward any deductible or out-of-pocket
10 maximum applicable to in-network coverage.

11 (m) The Department has the authority to enforce the
12 requirements of this Section in the situations described in
13 subsections (b) and (b-5), and in any other situation for
14 which 42 U.S.C. Chapter 6A, Subchapter XXV, Parts D or E and
15 regulations promulgated thereunder would prohibit an
16 individual from being billed or liable for emergency services
17 furnished by a nonparticipating provider or nonparticipating
18 emergency facility or for non-emergency health care services
19 furnished by a nonparticipating provider at a participating
20 health care facility.

21 (n) This Section does not apply with respect to air
22 ambulance or ground ambulance services. This Section does not
23 apply to any policy of excepted benefits or to short-term,
24 limited-duration health insurance coverage.

25 (Source: P.A. 102-901, eff. 7-1-22; revised 8-19-22.)

1 Article 5.

2 Section 5-5. The Counties Code is amended by changing
3 Section 5-1069.3 as follows:

4 (55 ILCS 5/5-1069.3)

5 Sec. 5-1069.3. Required health benefits. If a county,
6 including a home rule county, is a self-insurer for purposes
7 of providing health insurance coverage for its employees, the
8 coverage shall include coverage for the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
12 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
13 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
14 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
15 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, and 356z.51, and
16 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
17 the Illinois Insurance Code. The coverage shall comply with
18 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
19 Insurance Code. The Department of Insurance shall enforce the
20 requirements of this Section. The requirement that health
21 benefits be covered as provided in this Section is an
22 exclusive power and function of the State and is a denial and
23 limitation under Article VII, Section 6, subsection (h) of the
24 Illinois Constitution. A home rule county to which this

1 Section applies must comply with every provision of this
2 Section.

3 Rulemaking authority to implement Public Act 95-1045, if
4 any, is conditioned on the rules being adopted in accordance
5 with all provisions of the Illinois Administrative Procedure
6 Act and all rules and procedures of the Joint Committee on
7 Administrative Rules; any purported rule not so adopted, for
8 whatever reason, is unauthorized.

9 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
11 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
12 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
13 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
14 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
16 revised 12-13-22.)

17 Section 5-10. The Illinois Municipal Code is amended by
18 changing Section 10-4-2.3 as follows:

19 (65 ILCS 5/10-4-2.3)

20 Sec. 10-4-2.3. Required health benefits. If a
21 municipality, including a home rule municipality, is a
22 self-insurer for purposes of providing health insurance
23 coverage for its employees, the coverage shall include
24 coverage for the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t and the coverage required under Sections 356g,
3 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
4 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
5 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
6 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
7 356z.45, 356z.46, 356z.47, 356z.48, ~~and~~ 356z.51, ~~and~~ 356z.53,
8 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the
9 Illinois Insurance Code. The coverage shall comply with
10 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
11 Insurance Code. The Department of Insurance shall enforce the
12 requirements of this Section. The requirement that health
13 benefits be covered as provided in this is an exclusive power
14 and function of the State and is a denial and limitation under
15 Article VII, Section 6, subsection (h) of the Illinois
16 Constitution. A home rule municipality to which this Section
17 applies must comply with every provision of this Section.

18 Rulemaking authority to implement Public Act 95-1045, if
19 any, is conditioned on the rules being adopted in accordance
20 with all provisions of the Illinois Administrative Procedure
21 Act and all rules and procedures of the Joint Committee on
22 Administrative Rules; any purported rule not so adopted, for
23 whatever reason, is unauthorized.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
26 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,

1 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
2 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
3 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
4 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
5 revised 12-13-22.)

6 Section 5-15. The School Code is amended by changing
7 Section 10-22.3f as follows:

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,
14 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
15 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
18 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
19 356z.60 of the Illinois Insurance Code. Insurance policies
20 shall comply with Section 356z.19 of the Illinois Insurance
21 Code. The coverage shall comply with Sections 155.22a, 355b,
22 and 370c of the Illinois Insurance Code. The Department of
23 Insurance shall enforce the requirements of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

6 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
7 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
8 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
9 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
10 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
11 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
12 eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

13 Section 5-17. The Network Adequacy and Transparency Act is
14 amended by changing Section 10 as follows:

15 (215 ILCS 124/10)

16 Sec. 10. Network adequacy.

17 (a) An insurer providing a network plan shall file a
18 description of all of the following with the Director:

19 (1) The written policies and procedures for adding
20 providers to meet patient needs based on increases in the
21 number of beneficiaries, changes in the
22 patient-to-provider ratio, changes in medical and health
23 care capabilities, and increased demand for services.

24 (2) The written policies and procedures for making

1 referrals within and outside the network.

2 (3) The written policies and procedures on how the
3 network plan will provide 24-hour, 7-day per week access
4 to network-affiliated primary care, emergency services,
5 and women's ~~woman's~~ principal health care providers.

6 An insurer shall not prohibit a preferred provider from
7 discussing any specific or all treatment options with
8 beneficiaries irrespective of the insurer's position on those
9 treatment options or from advocating on behalf of
10 beneficiaries within the utilization review, grievance, or
11 appeals processes established by the insurer in accordance
12 with any rights or remedies available under applicable State
13 or federal law.

14 (b) Insurers must file for review a description of the
15 services to be offered through a network plan. The description
16 shall include all of the following:

17 (1) A geographic map of the area proposed to be served
18 by the plan by county service area and zip code, including
19 marked locations for preferred providers.

20 (2) As deemed necessary by the Department, the names,
21 addresses, phone numbers, and specialties of the providers
22 who have entered into preferred provider agreements under
23 the network plan.

24 (3) The number of beneficiaries anticipated to be
25 covered by the network plan.

26 (4) An Internet website and toll-free telephone number

1 for beneficiaries and prospective beneficiaries to access
2 current and accurate lists of preferred providers,
3 additional information about the plan, as well as any
4 other information required by Department rule.

5 (5) A description of how health care services to be
6 rendered under the network plan are reasonably accessible
7 and available to beneficiaries. The description shall
8 address all of the following:

9 (A) the type of health care services to be
10 provided by the network plan;

11 (B) the ratio of physicians and other providers to
12 beneficiaries, by specialty and including primary care
13 physicians and facility-based physicians when
14 applicable under the contract, necessary to meet the
15 health care needs and service demands of the currently
16 enrolled population;

17 (C) the travel and distance standards for plan
18 beneficiaries in county service areas; and

19 (D) a description of how the use of telemedicine,
20 telehealth, or mobile care services may be used to
21 partially meet the network adequacy standards, if
22 applicable.

23 (6) A provision ensuring that whenever a beneficiary
24 has made a good faith effort, as evidenced by accessing
25 the provider directory, calling the network plan, and
26 calling the provider, to utilize preferred providers for a

1 covered service and it is determined the insurer does not
2 have the appropriate preferred providers due to
3 insufficient number, type, ~~or~~ unreasonable travel distance
4 or delay, or preferred providers refusing to provide a
5 covered service because it is contrary to the conscience
6 of the preferred providers, as protected by the Health
7 Care Right of Conscience Act, the insurer shall ensure,
8 directly or indirectly, by terms contained in the payer
9 contract, that the beneficiary will be provided the
10 covered service at no greater cost to the beneficiary than
11 if the service had been provided by a preferred provider.
12 This paragraph (6) does not apply to: (A) a beneficiary
13 who willfully chooses to access a non-preferred provider
14 for health care services available through the panel of
15 preferred providers, or (B) a beneficiary enrolled in a
16 health maintenance organization. In these circumstances,
17 the contractual requirements for non-preferred provider
18 reimbursements shall apply unless Section 356z.3a of the
19 Illinois Insurance Code requires otherwise. In no event
20 shall a beneficiary who receives care at a participating
21 health care facility be required to search for
22 participating providers under the circumstances described
23 in subsection ~~subsections~~ (b) or (b-5) of Section 356z.3a
24 of the Illinois Insurance Code except under the
25 circumstances described in paragraph (2) of subsection
26 (b-5).

1 (7) A provision that the beneficiary shall receive
2 emergency care coverage such that payment for this
3 coverage is not dependent upon whether the emergency
4 services are performed by a preferred or non-preferred
5 provider and the coverage shall be at the same benefit
6 level as if the service or treatment had been rendered by a
7 preferred provider. For purposes of this paragraph (7),
8 "the same benefit level" means that the beneficiary is
9 provided the covered service at no greater cost to the
10 beneficiary than if the service had been provided by a
11 preferred provider. This provision shall be consistent
12 with Section 356z.3a of the Illinois Insurance Code.

13 (8) A limitation that, if the plan provides that the
14 beneficiary will incur a penalty for failing to
15 pre-certify inpatient hospital treatment, the penalty may
16 not exceed \$1,000 per occurrence in addition to the plan
17 cost sharing provisions.

18 (c) The network plan shall demonstrate to the Director a
19 minimum ratio of providers to plan beneficiaries as required
20 by the Department.

21 (1) The ratio of physicians or other providers to plan
22 beneficiaries shall be established annually by the
23 Department in consultation with the Department of Public
24 Health based upon the guidance from the federal Centers
25 for Medicare and Medicaid Services. The Department shall
26 not establish ratios for vision or dental providers who

1 provide services under dental-specific or vision-specific
2 benefits. The Department shall consider establishing
3 ratios for the following physicians or other providers:

4 (A) Primary Care;

5 (B) Pediatrics;

6 (C) Cardiology;

7 (D) Gastroenterology;

8 (E) General Surgery;

9 (F) Neurology;

10 (G) OB/GYN;

11 (H) Oncology/Radiation;

12 (I) Ophthalmology;

13 (J) Urology;

14 (K) Behavioral Health;

15 (L) Allergy/Immunology;

16 (M) Chiropractic;

17 (N) Dermatology;

18 (O) Endocrinology;

19 (P) Ears, Nose, and Throat (ENT)/Otolaryngology;

20 (Q) Infectious Disease;

21 (R) Nephrology;

22 (S) Neurosurgery;

23 (T) Orthopedic Surgery;

24 (U) Physiatry/Rehabilitative;

25 (V) Plastic Surgery;

26 (W) Pulmonary;

- 1 (X) Rheumatology;
2 (Y) Anesthesiology;
3 (Z) Pain Medicine;
4 (AA) Pediatric Specialty Services;
5 (BB) Outpatient Dialysis; and
6 (CC) HIV.

7 (2) The Director shall establish a process for the
8 review of the adequacy of these standards, along with an
9 assessment of additional specialties to be included in the
10 list under this subsection (c).

11 (d) The network plan shall demonstrate to the Director
12 maximum travel and distance standards for plan beneficiaries,
13 which shall be established annually by the Department in
14 consultation with the Department of Public Health based upon
15 the guidance from the federal Centers for Medicare and
16 Medicaid Services. These standards shall consist of the
17 maximum minutes or miles to be traveled by a plan beneficiary
18 for each county type, such as large counties, metro counties,
19 or rural counties as defined by Department rule.

20 The maximum travel time and distance standards must
21 include standards for each physician and other provider
22 category listed for which ratios have been established.

23 The Director shall establish a process for the review of
24 the adequacy of these standards along with an assessment of
25 additional specialties to be included in the list under this
26 subsection (d).

1 (d-5)(1) Every insurer shall ensure that beneficiaries
2 have timely and proximate access to treatment for mental,
3 emotional, nervous, or substance use disorders or conditions
4 in accordance with the provisions of paragraph (4) of
5 subsection (a) of Section 370c of the Illinois Insurance Code.
6 Insurers shall use a comparable process, strategy, evidentiary
7 standard, and other factors in the development and application
8 of the network adequacy standards for timely and proximate
9 access to treatment for mental, emotional, nervous, or
10 substance use disorders or conditions and those for the access
11 to treatment for medical and surgical conditions. As such, the
12 network adequacy standards for timely and proximate access
13 shall equally be applied to treatment facilities and providers
14 for mental, emotional, nervous, or substance use disorders or
15 conditions and specialists providing medical or surgical
16 benefits pursuant to the parity requirements of Section 370c.1
17 of the Illinois Insurance Code and the federal Paul Wellstone
18 and Pete Domenici Mental Health Parity and Addiction Equity
19 Act of 2008. Notwithstanding the foregoing, the network
20 adequacy standards for timely and proximate access to
21 treatment for mental, emotional, nervous, or substance use
22 disorders or conditions shall, at a minimum, satisfy the
23 following requirements:

24 (A) For beneficiaries residing in the metropolitan
25 counties of Cook, DuPage, Kane, Lake, McHenry, and Will,
26 network adequacy standards for timely and proximate access

1 to treatment for mental, emotional, nervous, or substance
2 use disorders or conditions means a beneficiary shall not
3 have to travel longer than 30 minutes or 30 miles from the
4 beneficiary's residence to receive outpatient treatment
5 for mental, emotional, nervous, or substance use disorders
6 or conditions. Beneficiaries shall not be required to wait
7 longer than 10 business days between requesting an initial
8 appointment and being seen by the facility or provider of
9 mental, emotional, nervous, or substance use disorders or
10 conditions for outpatient treatment or to wait longer than
11 20 business days between requesting a repeat or follow-up
12 appointment and being seen by the facility or provider of
13 mental, emotional, nervous, or substance use disorders or
14 conditions for outpatient treatment; however, subject to
15 the protections of paragraph (3) of this subsection, a
16 network plan shall not be held responsible if the
17 beneficiary or provider voluntarily chooses to schedule an
18 appointment outside of these required time frames.

19 (B) For beneficiaries residing in Illinois counties
20 other than those counties listed in subparagraph (A) of
21 this paragraph, network adequacy standards for timely and
22 proximate access to treatment for mental, emotional,
23 nervous, or substance use disorders or conditions means a
24 beneficiary shall not have to travel longer than 60
25 minutes or 60 miles from the beneficiary's residence to
26 receive outpatient treatment for mental, emotional,

1 nervous, or substance use disorders or conditions.
2 Beneficiaries shall not be required to wait longer than 10
3 business days between requesting an initial appointment
4 and being seen by the facility or provider of mental,
5 emotional, nervous, or substance use disorders or
6 conditions for outpatient treatment or to wait longer than
7 20 business days between requesting a repeat or follow-up
8 appointment and being seen by the facility or provider of
9 mental, emotional, nervous, or substance use disorders or
10 conditions for outpatient treatment; however, subject to
11 the protections of paragraph (3) of this subsection, a
12 network plan shall not be held responsible if the
13 beneficiary or provider voluntarily chooses to schedule an
14 appointment outside of these required time frames.

15 (2) For beneficiaries residing in all Illinois counties,
16 network adequacy standards for timely and proximate access to
17 treatment for mental, emotional, nervous, or substance use
18 disorders or conditions means a beneficiary shall not have to
19 travel longer than 60 minutes or 60 miles from the
20 beneficiary's residence to receive inpatient or residential
21 treatment for mental, emotional, nervous, or substance use
22 disorders or conditions.

23 (3) If there is no in-network facility or provider
24 available for a beneficiary to receive timely and proximate
25 access to treatment for mental, emotional, nervous, or
26 substance use disorders or conditions in accordance with the

1 network adequacy standards outlined in this subsection, the
2 insurer shall provide necessary exceptions to its network to
3 ensure admission and treatment with a provider or at a
4 treatment facility in accordance with the network adequacy
5 standards in this subsection.

6 (e) Except for network plans solely offered as a group
7 health plan, these ratio and time and distance standards apply
8 to the lowest cost-sharing tier of any tiered network.

9 (f) The network plan may consider use of other health care
10 service delivery options, such as telemedicine or telehealth,
11 mobile clinics, and centers of excellence, or other ways of
12 delivering care to partially meet the requirements set under
13 this Section.

14 (g) Except for the requirements set forth in subsection
15 (d-5), insurers who are not able to comply with the provider
16 ratios and time and distance standards established by the
17 Department may request an exception to these requirements from
18 the Department. The Department may grant an exception in the
19 following circumstances:

20 (1) if no providers or facilities meet the specific
21 time and distance standard in a specific service area and
22 the insurer (i) discloses information on the distance and
23 travel time points that beneficiaries would have to travel
24 beyond the required criterion to reach the next closest
25 contracted provider outside of the service area and (ii)
26 provides contact information, including names, addresses,

1 and phone numbers for the next closest contracted provider
2 or facility;

3 (2) if patterns of care in the service area do not
4 support the need for the requested number of provider or
5 facility type and the insurer provides data on local
6 patterns of care, such as claims data, referral patterns,
7 or local provider interviews, indicating where the
8 beneficiaries currently seek this type of care or where
9 the physicians currently refer beneficiaries, or both; or

10 (3) other circumstances deemed appropriate by the
11 Department consistent with the requirements of this Act.

12 (h) Insurers are required to report to the Director any
13 material change to an approved network plan within 15 days
14 after the change occurs and any change that would result in
15 failure to meet the requirements of this Act. Upon notice from
16 the insurer, the Director shall reevaluate the network plan's
17 compliance with the network adequacy and transparency
18 standards of this Act.

19 (Source: P.A. 102-144, eff. 1-1-22; 102-901, eff. 7-1-22;
20 revised 9-2-22.)

21 Section 5-20. The Limited Health Service Organization Act
22 is amended by changing Section 4003 as follows:

23 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

24 Sec. 4003. Illinois Insurance Code provisions. Limited

1 health service organizations shall be subject to the
2 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
3 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
4 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
5 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,
6 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
7 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,
8 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
9 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII
10 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance
11 Code. Nothing in this Section shall require a limited health
12 care plan to cover any service that is not a limited health
13 service. For purposes of the Illinois Insurance Code, except
14 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
15 limited health service organizations in the following
16 categories are deemed to be domestic companies:

17 (1) a corporation under the laws of this State; or

18 (2) a corporation organized under the laws of another
19 state, 30% or more of the enrollees of which are residents
20 of this State, except a corporation subject to
21 substantially the same requirements in its state of
22 organization as is a domestic company under Article VIII
23 1/2 of the Illinois Insurance Code.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
26 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,

1 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
2 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
3 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

4 Article 6.

5 Section 6-5. The Criminal Identification Act is amended by
6 changing Section 3.2 as follows:

7 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)
8 Sec. 3.2.

9 (a) It is the duty of any person conducting or operating a
10 medical facility, or any physician or nurse as soon as
11 treatment permits to notify the local law enforcement agency
12 of that jurisdiction upon the application for treatment of a
13 person who is not accompanied by a law enforcement officer,
14 when it reasonably appears that the person requesting
15 treatment has received:

16 (1) any injury resulting from the discharge of a
17 firearm; or

18 (2) any injury sustained in the commission of or as a
19 victim of a criminal offense.

20 Any hospital, physician or nurse shall be forever held
21 harmless from any civil liability for their reasonable
22 compliance with the provisions of this Section.

23 (b) Notwithstanding subsection (a), nothing in this

1 Section shall be construed to require the reporting of lawful
2 health care activity, whether such activity may constitute a
3 violation of another state's law.

4 (c) As used in this Section:

5 "Lawful health care" means:

6 (1) reproductive health care that is not unlawful
7 under the laws of this State, including on any theory of
8 vicarious, joint, several, or conspiracy liability; or

9 (2) the treatment of gender dysphoria or the
10 affirmation of an individual's gender identity or gender
11 expression, including but not limited to, all supplies,
12 care, and services of a medical, behavioral health, mental
13 health, surgical, psychiatric, therapeutic, diagnostic,
14 preventative, rehabilitative, or supportive nature that is
15 not unlawful under the laws of this State, including on
16 any theory of vicarious, joint, several, or conspiracy
17 liability.

18 "Lawful health care activity" means seeking, providing,
19 receiving, assisting in seeking, providing, or receiving,
20 providing material support for, or traveling to obtain lawful
21 health care.

22 (Source: P.A. 86-1475.)

23 Article 7.

24 Section 7-5. The Medical Practice Act of 1987 is amended

1 by changing Sections 22 as follows:

2 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

4 Sec. 22. Disciplinary action.

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

12 (1) (Blank).

13 (2) (Blank).

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

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

21 (5) Engaging in dishonorable, unethical, or
22 unprofessional conduct of a character likely to deceive,
23 defraud, or harm the public.

24 (6) Obtaining any fee by fraud, deceit, or
25 misrepresentation.

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

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

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

10 (10) Making a false or misleading statement regarding
11 their skill or the efficacy or value of the medicine,
12 treatment, or remedy prescribed by them at their direction
13 in the treatment of any disease or other condition of the
14 body or mind.

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

17 (12) Adverse action taken by another state or
18 jurisdiction against a license or other authorization to
19 practice as a medical doctor, doctor of osteopathy, doctor
20 of osteopathic medicine, or doctor of chiropractic, a
21 certified copy of the record of the action taken by the
22 other state or jurisdiction being prima facie evidence
23 thereof. This includes any adverse action taken by a State
24 or federal agency that prohibits a medical doctor, doctor
25 of osteopathy, doctor of osteopathic medicine, or doctor
26 of chiropractic from providing services to the agency's

1 participants.

2 (13) Violation of any provision of this Act or of the
3 Medical Practice Act prior to the repeal of that Act, or
4 violation of the rules, or a final administrative action
5 of the Secretary, after consideration of the
6 recommendation of the Medical Board.

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

9 (15) A finding by the Medical Board that the
10 registrant after having his or her license placed on
11 probationary status or subjected to conditions or
12 restrictions violated the terms of the probation or failed
13 to comply with such terms or conditions.

14 (16) Abandonment of a patient.

15 (17) Prescribing, selling, administering,
16 distributing, giving, or self-administering any drug
17 classified as a controlled substance (designated product)
18 or narcotic for other than medically accepted therapeutic
19 purposes.

20 (18) Promotion of the sale of drugs, devices,
21 appliances, or goods provided for a patient in such manner
22 as to exploit the patient for financial gain of the
23 physician.

24 (19) Offering, undertaking, or agreeing to cure or
25 treat disease by a secret method, procedure, treatment, or
26 medicine, or the treating, operating, or prescribing for

1 any human condition by a method, means, or procedure which
2 the licensee refuses to divulge upon demand of the
3 Department.

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

7 (21) Willfully making or filing false records or
8 reports in his or her practice as a physician, including,
9 but not limited to, false records to support claims
10 against the medical assistance program of the Department
11 of Healthcare and Family Services (formerly Department of
12 Public Aid) under the Illinois Public Aid Code.

13 (22) Willful omission to file or record, or willfully
14 impeding the filing or recording, or inducing another
15 person to omit to file or record, medical reports as
16 required by law, or willfully failing to report an
17 instance of suspected abuse or neglect as required by law.

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

25 (24) Solicitation of professional patronage by any
26 corporation, agents, or persons, or profiting from those

1 representing themselves to be agents of the licensee.

2 (25) Gross and willful and continued overcharging for
3 professional services, including filing false statements
4 for collection of fees for which services are not
5 rendered, including, but not limited to, filing such false
6 statements for collection of monies for services not
7 rendered from the medical assistance program of the
8 Department of Healthcare and Family Services (formerly
9 Department of Public Aid) under the Illinois Public Aid
10 Code.

11 (26) A pattern of practice or other behavior which
12 demonstrates incapacity or incompetence to practice under
13 this Act.

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

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

21 (29) Cheating on or attempting to subvert the
22 licensing examinations administered under this Act.

23 (30) Willfully or negligently violating the
24 confidentiality between physician and patient except as
25 required by law.

26 (31) The use of any false, fraudulent, or deceptive

1 statement in any document connected with practice under
2 this Act.

3 (32) Aiding and abetting an individual not licensed
4 under this Act in the practice of a profession licensed
5 under this Act.

6 (33) Violating State ~~state~~ or federal laws or
7 regulations relating to controlled substances, legend
8 drugs, or ephedra as defined in the Ephedra Prohibition
9 Act.

10 (34) Failure to report to the Department any adverse
11 final action taken against them by another licensing
12 jurisdiction (any other state or any territory of the
13 United States or any foreign state or country), by any
14 peer review body, by any health care institution, by any
15 professional society or association related to practice
16 under this Act, by any governmental agency, by any law
17 enforcement agency, or by any court for acts or conduct
18 similar to acts or conduct which would constitute grounds
19 for action as defined in this Section.

20 (35) Failure to report to the Department surrender of
21 a license or authorization to practice as a medical
22 doctor, a doctor of osteopathy, a doctor of osteopathic
23 medicine, or doctor of chiropractic in another state or
24 jurisdiction, or surrender of membership on any medical
25 staff or in any medical or professional association or
26 society, while under disciplinary investigation by any of

1 those authorities or bodies, for acts or conduct similar
2 to acts or conduct which would constitute grounds for
3 action as defined in this Section.

4 (36) Failure to report to the Department any adverse
5 judgment, settlement, or award arising from a liability
6 claim related to acts or conduct similar to acts or
7 conduct which would constitute grounds for action as
8 defined in this Section.

9 (37) Failure to provide copies of medical records as
10 required by law.

11 (38) Failure to furnish the Department, its
12 investigators or representatives, relevant information,
13 legally requested by the Department after consultation
14 with the Chief Medical Coordinator or the Deputy Medical
15 Coordinator.

16 (39) Violating the Health Care Worker Self-Referral
17 Act.

18 (40) (Blank). ~~Willful failure to provide notice when~~
19 ~~notice is required under the Parental Notice of Abortion~~
20 ~~Act of 1995.~~

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

23 (42) Entering into an excessive number of written
24 collaborative agreements with licensed advanced practice
25 registered nurses resulting in an inability to adequately
26 collaborate.

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

3 (44) Violating the Compassionate Use of Medical
4 Cannabis Program Act.

5 (45) Entering into an excessive number of written
6 collaborative agreements with licensed prescribing
7 psychologists resulting in an inability to adequately
8 collaborate.

9 (46) Repeated failure to adequately collaborate with a
10 licensed prescribing psychologist.

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

15 (48) Being named as an abuser in a verified report by
16 the Department on Aging under the Adult Protective
17 Services Act, and upon proof by clear and convincing
18 evidence that the licensee abused, neglected, or
19 financially exploited an eligible adult as defined in the
20 Adult Protective Services Act.

21 (49) Entering into an excessive number of written
22 collaborative agreements with licensed physician
23 assistants resulting in an inability to adequately
24 collaborate.

25 (50) Repeated failure to adequately collaborate with a
26 physician assistant.

1 Except for actions involving the ground numbered (26), all
2 proceedings to suspend, revoke, place on probationary status,
3 or take any other disciplinary action as the Department may
4 deem proper, with regard to a license on any of the foregoing
5 grounds, must be commenced within 5 years next after receipt
6 by the Department of a complaint alleging the commission of or
7 notice of the conviction order for any of the acts described
8 herein. Except for the grounds numbered (8), (9), (26), and
9 (29), no action shall be commenced more than 10 years after the
10 date of the incident or act alleged to have violated this
11 Section. For actions involving the ground numbered (26), a
12 pattern of practice or other behavior includes all incidents
13 alleged to be part of the pattern of practice or other behavior
14 that occurred, or a report pursuant to Section 23 of this Act
15 received, within the 10-year period preceding the filing of
16 the complaint. In the event of the settlement of any claim or
17 cause of action in favor of the claimant or the reduction to
18 final judgment of any civil action in favor of the plaintiff,
19 such claim, cause of action, or civil action being grounded on
20 the allegation that a person licensed under this Act was
21 negligent in providing care, the Department shall have an
22 additional period of 2 years from the date of notification to
23 the Department under Section 23 of this Act of such settlement
24 or final judgment in which to investigate and commence formal
25 disciplinary proceedings under Section 36 of this Act, except
26 as otherwise provided by law. The time during which the holder

1 of the license was outside the State of Illinois shall not be
2 included within any period of time limiting the commencement
3 of disciplinary action by the Department.

4 The entry of an order or judgment by any circuit court
5 establishing that any person holding a license under this Act
6 is a person in need of mental treatment operates as a
7 suspension of that license. That person may resume his or her
8 practice only upon the entry of a Departmental order based
9 upon a finding by the Medical Board that the person has been
10 determined to be recovered from mental illness by the court
11 and upon the Medical Board's recommendation that the person be
12 permitted to resume his or her practice.

13 The Department may refuse to issue or take disciplinary
14 action concerning the license of any person who fails to file a
15 return, or to pay the tax, penalty, or interest shown in a
16 filed return, or to pay any final assessment of tax, penalty,
17 or interest, as required by any tax Act administered by the
18 Illinois Department of Revenue, until such time as the
19 requirements of any such tax Act are satisfied as determined
20 by the Illinois Department of Revenue.

21 The Department, upon the recommendation of the Medical
22 Board, shall adopt rules which set forth standards to be used
23 in determining:

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

26 (b) what constitutes dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public;

3 (c) what constitutes immoral conduct in the commission
4 of any act, including, but not limited to, commission of
5 an act of sexual misconduct related to the licensee's
6 practice; and

7 (d) what constitutes gross negligence in the practice
8 of medicine.

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

12 In enforcing this Section, the Medical Board, upon a
13 showing of a possible violation, may compel any individual who
14 is licensed to practice under this Act or holds a permit to
15 practice under this Act, or any individual who has applied for
16 licensure or a permit pursuant to this Act, to submit to a
17 mental or physical examination and evaluation, or both, which
18 may include a substance abuse or sexual offender evaluation,
19 as required by the Medical Board and at the expense of the
20 Department. The Medical Board shall specifically designate the
21 examining physician licensed to practice medicine in all of
22 its branches or, if applicable, the multidisciplinary team
23 involved in providing the mental or physical examination and
24 evaluation, or both. The multidisciplinary team shall be led
25 by a physician licensed to practice medicine in all of its
26 branches and may consist of one or more or a combination of

1 physicians licensed to practice medicine in all of its
2 branches, licensed chiropractic physicians, licensed clinical
3 psychologists, licensed clinical social workers, licensed
4 clinical professional counselors, and other professional and
5 administrative staff. Any examining physician or member of the
6 multidisciplinary team may require any person ordered to
7 submit to an examination and evaluation pursuant to this
8 Section to submit to any additional supplemental testing
9 deemed necessary to complete any examination or evaluation
10 process, including, but not limited to, blood testing,
11 urinalysis, psychological testing, or neuropsychological
12 testing. The Medical Board or the Department may order the
13 examining physician or any member of the multidisciplinary
14 team to provide to the Department or the Medical Board any and
15 all records, including business records, that relate to the
16 examination and evaluation, including any supplemental testing
17 performed. The Medical Board or the Department may order the
18 examining physician or any member of the multidisciplinary
19 team to present testimony concerning this examination and
20 evaluation of the licensee, permit holder, or applicant,
21 including testimony concerning any supplemental testing or
22 documents relating to the examination and evaluation. No
23 information, report, record, or other documents in any way
24 related to the examination and evaluation shall be excluded by
25 reason of any common law or statutory privilege relating to
26 communication between the licensee, permit holder, or

1 applicant and the examining physician or any member of the
2 multidisciplinary team. No authorization is necessary from the
3 licensee, permit holder, or applicant ordered to undergo an
4 evaluation and examination for the examining physician or any
5 member of the multidisciplinary team to provide information,
6 reports, records, or other documents or to provide any
7 testimony regarding the examination and evaluation. The
8 individual to be examined may have, at his or her own expense,
9 another physician of his or her choice present during all
10 aspects of the examination. Failure of any individual to
11 submit to mental or physical examination and evaluation, or
12 both, when directed, shall result in an automatic suspension,
13 without hearing, until such time as the individual submits to
14 the examination. If the Medical Board finds a physician unable
15 to practice following an examination and evaluation because of
16 the reasons set forth in this Section, the Medical Board shall
17 require such physician to submit to care, counseling, or
18 treatment by physicians, or other health care professionals,
19 approved or designated by the Medical Board, as a condition
20 for issued, continued, reinstated, or renewed licensure to
21 practice. Any physician, whose license was granted pursuant to
22 Section ~~Sections~~ 9, 17, or 19 of this Act, or, continued,
23 reinstated, renewed, disciplined, or supervised, subject to
24 such terms, conditions, or restrictions who shall fail to
25 comply with such terms, conditions, or restrictions, or to
26 complete a required program of care, counseling, or treatment,

1 as determined by the Chief Medical Coordinator or Deputy
2 Medical Coordinators, shall be referred to the Secretary for a
3 determination as to whether the licensee shall have his or her
4 license suspended immediately, pending a hearing by the
5 Medical Board. In instances in which the Secretary immediately
6 suspends a license under this Section, a hearing upon such
7 person's license must be convened by the Medical Board within
8 15 days after such suspension and completed without
9 appreciable delay. The Medical Board shall have the authority
10 to review the subject physician's record of treatment and
11 counseling regarding the impairment, to the extent permitted
12 by applicable federal statutes and regulations safeguarding
13 the confidentiality of medical records.

14 An individual licensed under this Act, affected under this
15 Section, shall be afforded an opportunity to demonstrate to
16 the Medical Board that he or she can resume practice in
17 compliance with acceptable and prevailing standards under the
18 provisions of his or her license.

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

1 All fines imposed under this Section shall be paid within
2 60 days after the effective date of the order imposing the fine
3 or in accordance with the terms set forth in the order imposing
4 the fine.

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

16 (C) The Department shall not revoke, suspend, place on
17 probation, reprimand, refuse to issue or renew, or take any
18 other disciplinary or non-disciplinary action against the
19 license or permit issued under this Act to practice medicine
20 to a physician:

21 (1) based solely upon the recommendation of the
22 physician to an eligible patient regarding, or
23 prescription for, or treatment with, an investigational
24 drug, biological product, or device; ~~or~~

25 (2) for experimental treatment for Lyme disease or
26 other tick-borne diseases, including, but not limited to,

1 the prescription of or treatment with long-term
2 antibiotics; -

3 (3) based solely upon the physician providing,
4 authorizing, recommending, aiding, assisting, referring
5 for, or otherwise participating in any health care
6 service, so long as the care was not unlawful under the
7 laws of this State, regardless of whether the patient was
8 a resident of this State or another state; or

9 (4) based upon the physician's license being revoked
10 or suspended, or the physician being otherwise disciplined
11 by any other state, if that revocation, suspension, or
12 other form of discipline was based solely on the physician
13 violating another state's laws prohibiting the provision
14 of, authorization of, recommendation of, aiding or
15 assisting in, referring for, or participation in any
16 health care service if that health care service as
17 provided would not have been unlawful under the laws of
18 this State and is consistent with the standards of conduct
19 for the physician if it occurred in Illinois.

20 (D) (Blank). ~~The Medical Board shall recommend to the~~
21 ~~Department civil penalties and any other appropriate~~
22 ~~discipline in disciplinary cases when the Medical Board finds~~
23 ~~that a physician willfully performed an abortion with actual~~
24 ~~knowledge that the person upon whom the abortion has been~~
25 ~~performed is a minor or an incompetent person without notice~~
26 ~~as required under the Parental Notice of Abortion Act of 1995.~~

1 ~~Upon the Medical Board's recommendation, the Department shall~~
2 ~~impose, for the first violation, a civil penalty of \$1,000 and~~
3 ~~for a second or subsequent violation, a civil penalty of~~
4 ~~\$5,000.~~

5 (E) The conduct specified in subsection (C) shall not
6 trigger reporting requirements under Section 23, constitute
7 grounds for suspension under Section 25, or be included on the
8 physician's profile required under Section 10 of the Patients'
9 Right to Know Act.

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

24 (G) The Department may adopt rules to implement the
25 changes made by this amendatory Act of the 102nd General
26 Assembly.

1 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
2 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
3 8-20-21; 102-813, eff. 5-13-22.)

4 Section 7-10. The Nurse Practice Act is amended by
5 changing Sections 65-65 and 70-5 as follows:

6 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

8 Sec. 65-65. Reports relating to APRN professional conduct
9 and capacity.

10 (a) Entities Required to Report.

11 (1) Health Care Institutions. The chief administrator
12 or executive officer of a health care institution licensed
13 by the Department of Public Health, which provides the
14 minimum due process set forth in Section 10.4 of the
15 Hospital Licensing Act, shall report to the Board when an
16 advanced practice registered nurse's organized
17 professional staff clinical privileges are terminated or
18 are restricted based on a final determination, in
19 accordance with that institution's bylaws or rules and
20 regulations, that (i) a person has either committed an act
21 or acts that may directly threaten patient care and that
22 are not of an administrative nature or (ii) that a person
23 may have a mental or physical disability that may endanger
24 patients under that person's care. The chief administrator

1 or officer shall also report if an advanced practice
2 registered nurse accepts voluntary termination or
3 restriction of clinical privileges in lieu of formal
4 action based upon conduct related directly to patient care
5 and not of an administrative nature, or in lieu of formal
6 action seeking to determine whether a person may have a
7 mental or physical disability that may endanger patients
8 under that person's care. The Department shall provide by
9 rule for the reporting to it of all instances in which a
10 person licensed under this Article, who is impaired by
11 reason of age, drug, or alcohol abuse or physical or
12 mental impairment, is under supervision and, where
13 appropriate, is in a program of rehabilitation. Reports
14 submitted under this subsection shall be strictly
15 confidential and may be reviewed and considered only by
16 the members of the Board or authorized staff as provided
17 by rule of the Department. Provisions shall be made for
18 the periodic report of the status of any such reported
19 person not less than twice annually in order that the
20 Board shall have current information upon which to
21 determine the status of that person. Initial and periodic
22 reports of impaired advanced practice registered nurses
23 shall not be considered records within the meaning of the
24 State Records Act and shall be disposed of, following a
25 determination by the Board that such reports are no longer
26 required, in a manner and at an appropriate time as the

1 Board shall determine by rule. The filing of reports
2 submitted under this subsection shall be construed as the
3 filing of a report for purposes of subsection (c) of this
4 Section.

5 (2) Professional Associations. The President or chief
6 executive officer of an association or society of persons
7 licensed under this Article, operating within this State,
8 shall report to the Board when the association or society
9 renders a final determination that a person licensed under
10 this Article has committed unprofessional conduct related
11 directly to patient care or that a person may have a mental
12 or physical disability that may endanger patients under
13 the person's care.

14 (3) Professional Liability Insurers. Every insurance
15 company that offers policies of professional liability
16 insurance to persons licensed under this Article, or any
17 other entity that seeks to indemnify the professional
18 liability of a person licensed under this Article, shall
19 report to the Board the settlement of any claim or cause of
20 action, or final judgment rendered in any cause of action,
21 that alleged negligence in the furnishing of patient care
22 by the licensee when the settlement or final judgment is
23 in favor of the plaintiff. Such insurance company shall
24 not take any adverse action, including, but not limited
25 to, denial or revocation of coverage, or rate increases,
26 against a person licensed under this Act with respect to

1 coverage for services provided in Illinois if based solely
2 on the person providing, authorizing, recommending,
3 aiding, assisting, referring for, or otherwise
4 participating in health care services this State in
5 violation of another state's law, or a revocation or other
6 adverse action against the person's license in another
7 state for violation of such law if that health care
8 service as provided would have been lawful and consistent
9 with the standards of conduct for registered nurses and
10 advanced practice registered nurses if it occurred in
11 Illinois. Notwithstanding this provision, it is against
12 public policy to require coverage for an illegal action.

13 (4) State's Attorneys. The State's Attorney of each
14 county shall report to the Board all instances in which a
15 person licensed under this Article is convicted or
16 otherwise found guilty of the commission of a felony.

17 (5) State Agencies. All agencies, boards, commissions,
18 departments, or other instrumentalities of the government
19 of this State shall report to the Board any instance
20 arising in connection with the operations of the agency,
21 including the administration of any law by the agency, in
22 which a person licensed under this Article has either
23 committed an act or acts that may constitute a violation
24 of this Article, that may constitute unprofessional
25 conduct related directly to patient care, or that
26 indicates that a person licensed under this Article may

1 have a mental or physical disability that may endanger
2 patients under that person's care.

3 (b) Mandatory Reporting. All reports required under items
4 (16) and (17) of subsection (a) of Section 70-5 shall be
5 submitted to the Board in a timely fashion. The reports shall
6 be filed in writing within 60 days after a determination that a
7 report is required under this Article. All reports shall
8 contain the following information:

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

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

13 (3) The name or other means of identification of any
14 patient or patients whose treatment is a subject of the
15 report, except that no medical records may be revealed
16 without the written consent of the patient or patients.

17 (4) A brief description of the facts that gave rise to
18 the issuance of the report, including, but not limited to,
19 the dates of any occurrences deemed to necessitate the
20 filing of the report.

21 (5) If court action is involved, the identity of the
22 court in which the action is filed, the docket number, and
23 date of filing of the action.

24 (6) Any further pertinent information that the
25 reporting party deems to be an aid in the evaluation of the
26 report.

1 Nothing contained in this Section shall be construed to in
2 any way waive or modify the confidentiality of medical reports
3 and committee reports to the extent provided by law. Any
4 information reported or disclosed shall be kept for the
5 confidential use of the Board, the Board's attorneys, the
6 investigative staff, and authorized clerical staff and shall
7 be afforded the same status as is provided information
8 concerning medical studies in Part 21 of Article VIII of the
9 Code of Civil Procedure.

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

18 (d) Indemnification. Members of the Board, the Board's
19 attorneys, the investigative staff, advanced practice
20 registered nurses or physicians retained under contract to
21 assist and advise in the investigation, and authorized
22 clerical staff shall be indemnified by the State for any
23 actions (i) occurring within the scope of services on the
24 Board, (ii) performed in good faith, and (iii) not willful and
25 wanton in nature. The Attorney General shall defend all
26 actions taken against those persons unless he or she

1 determines either that there would be a conflict of interest
2 in the representation or that the actions complained of were
3 not performed in good faith or were willful and wanton in
4 nature. If the Attorney General declines representation, the
5 member shall have the right to employ counsel of his or her
6 choice, whose fees shall be provided by the State, after
7 approval by the Attorney General, unless there is a
8 determination by a court that the member's actions were not
9 performed in good faith or were willful and wanton in nature.
10 The member shall notify the Attorney General within 7 days of
11 receipt of notice of the initiation of an action involving
12 services of the Board. Failure to so notify the Attorney
13 General shall constitute an absolute waiver of the right to a
14 defense and indemnification. The Attorney General shall
15 determine within 7 days after receiving the notice whether he
16 or she will undertake to represent the member.

17 (e) Deliberations of Board. Upon the receipt of a report
18 called for by this Section, other than those reports of
19 impaired persons licensed under this Article required pursuant
20 to the rules of the Board, the Board shall notify in writing by
21 certified or registered mail or by email to the email address
22 of record the person who is the subject of the report. The
23 notification shall be made within 30 days of receipt by the
24 Board of the report. The notification shall include a written
25 notice setting forth the person's right to examine the report.
26 Included in the notification shall be the address at which the

1 file is maintained, the name of the custodian of the reports,
2 and the telephone number at which the custodian may be
3 reached. The person who is the subject of the report shall
4 submit a written statement responding to, clarifying, adding
5 to, or proposing to amend the report previously filed. The
6 statement shall become a permanent part of the file and shall
7 be received by the Board no more than 30 days after the date on
8 which the person was notified of the existence of the original
9 report. The Board shall review all reports received by it and
10 any supporting information and responding statements submitted
11 by persons who are the subject of reports. The review by the
12 Board shall be in a timely manner but in no event shall the
13 Board's initial review of the material contained in each
14 disciplinary file be less than 61 days nor more than 180 days
15 after the receipt of the initial report by the Board. When the
16 Board makes its initial review of the materials contained
17 within its disciplinary files, the Board shall, in writing,
18 make a determination as to whether there are sufficient facts
19 to warrant further investigation or action. Failure to make
20 that determination within the time provided shall be deemed to
21 be a determination that there are not sufficient facts to
22 warrant further investigation or action. Should the Board find
23 that there are not sufficient facts to warrant further
24 investigation or action, the report shall be accepted for
25 filing and the matter shall be deemed closed and so reported.
26 The individual or entity filing the original report or

1 complaint and the person who is the subject of the report or
2 complaint shall be notified in writing by the Board of any
3 final action on their report or complaint.

4 (f) (Blank).

5 (g) Any violation of this Section shall constitute a Class
6 A misdemeanor.

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

20 (i) The Department may adopt rules to implement the
21 changes made by this amendatory Act of the 102nd General
22 Assembly.

23 (Source: P.A. 99-143, eff. 7-27-15; 100-513, eff. 1-1-18.)

24 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

1 Sec. 70-5. Grounds for disciplinary action.

2 (a) The Department may refuse to issue or to renew, or may
3 revoke, suspend, place on probation, reprimand, or take other
4 disciplinary or non-disciplinary action as the Department may
5 deem appropriate, including fines not to exceed \$10,000 per
6 violation, with regard to a license for any one or combination
7 of the causes set forth in subsection (b) below. All fines
8 collected under this Section shall be deposited in the Nursing
9 Dedicated and Professional Fund.

10 (b) Grounds for disciplinary action include the following:

11 (1) Material deception in furnishing information to
12 the Department.

13 (2) Material violations of any provision of this Act
14 or violation of the rules of or final administrative
15 action of the Secretary, after consideration of the
16 recommendation of the Board.

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

26 (4) A pattern of practice or other behavior which

1 demonstrates incapacity or incompetency to practice under
2 this Act.

3 (5) Knowingly aiding or assisting another person in
4 violating any provision of this Act or rules.

5 (6) Failing, within 90 days, to provide a response to
6 a request for information in response to a written request
7 made by the Department by certified or registered mail or
8 by email to the email address of record.

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

12 (8) Unlawful taking, theft, selling, distributing, or
13 manufacturing of any drug, narcotic, or prescription
14 device.

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

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

23 (11) A finding that the licensee, after having her or
24 his license placed on probationary status or subject to
25 conditions or restrictions, has violated the terms of
26 probation or failed to comply with such terms or

1 conditions.

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

9 (13) Willful omission to file or record, or willfully
10 impeding the filing or recording or inducing another
11 person to omit to file or record medical reports as
12 required by law.

13 (13.5) Willfully failing to report an instance of
14 suspected child abuse or neglect as required by the Abused
15 and Neglected Child Reporting Act.

16 (14) Gross negligence in the practice of practical,
17 professional, or advanced practice registered nursing.

18 (15) Holding oneself out to be practicing nursing
19 under any name other than one's own.

20 (16) Failure of a licensee to report to the Department
21 any adverse final action taken against him or her by
22 another licensing jurisdiction of the United States or any
23 foreign state or country, any peer review body, any health
24 care institution, any professional or nursing society or
25 association, any governmental agency, any law enforcement
26 agency, or any court or a nursing liability claim related

1 to acts or conduct similar to acts or conduct that would
2 constitute grounds for action as defined in this Section.

3 (17) Failure of a licensee to report to the Department
4 surrender by the licensee of a license or authorization to
5 practice nursing or advanced practice registered nursing
6 in another state or jurisdiction or current surrender by
7 the licensee of membership on any nursing staff or in any
8 nursing or advanced practice registered nursing or
9 professional association or society while under
10 disciplinary investigation by any of those authorities or
11 bodies for acts or conduct similar to acts or conduct that
12 would constitute grounds for action as defined by this
13 Section.

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

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

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

21 (21) Allowing another person or organization to use
22 the licensee's license to deceive the public.

23 (22) Willfully making or filing false records or
24 reports in the licensee's practice, including, but not
25 limited to, false records to support claims against the
26 medical assistance program of the Department of Healthcare

1 and Family Services (formerly Department of Public Aid)
2 under the Illinois Public Aid Code.

3 (23) Attempting to subvert or cheat on a licensing
4 examination administered under this Act.

5 (24) Immoral conduct in the commission of an act,
6 including, but not limited to, sexual abuse, sexual
7 misconduct, or sexual exploitation, related to the
8 licensee's practice.

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

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

14 (27) The use of any false, fraudulent, or deceptive
15 statement in any document connected with the licensee's
16 practice.

17 (28) Directly or indirectly giving to or receiving
18 from a person, firm, corporation, partnership, or
19 association a fee, commission, rebate, or other form of
20 compensation for professional services not actually or
21 personally rendered. Nothing in this paragraph (28)
22 affects any bona fide independent contractor or employment
23 arrangements among health care professionals, health
24 facilities, health care providers, or other entities,
25 except as otherwise prohibited by law. Any employment
26 arrangements may include provisions for compensation,

1 health insurance, pension, or other employment benefits
2 for the provision of services within the scope of the
3 licensee's practice under this Act. Nothing in this
4 paragraph (28) shall be construed to require an employment
5 arrangement to receive professional fees for services
6 rendered.

7 (29) A violation of the Health Care Worker
8 Self-Referral Act.

9 (30) Physical illness, mental illness, or disability
10 that results in the inability to practice the profession
11 with reasonable judgment, skill, or safety.

12 (31) Exceeding the terms of a collaborative agreement
13 or the prescriptive authority delegated to a licensee by
14 his or her collaborating physician or podiatric physician
15 in guidelines established under a written collaborative
16 agreement.

17 (32) Making a false or misleading statement regarding
18 a licensee's skill or the efficacy or value of the
19 medicine, treatment, or remedy prescribed by him or her in
20 the course of treatment.

21 (33) Prescribing, selling, administering,
22 distributing, giving, or self-administering a drug
23 classified as a controlled substance (designated product)
24 or narcotic for other than medically accepted therapeutic
25 purposes.

26 (34) Promotion of the sale of drugs, devices,

1 appliances, or goods provided for a patient in a manner to
2 exploit the patient for financial gain.

3 (35) Violating State or federal laws, rules, or
4 regulations relating to controlled substances.

5 (36) Willfully or negligently violating the
6 confidentiality between an advanced practice registered
7 nurse, collaborating physician, dentist, or podiatric
8 physician and a patient, except as required by law.

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

13 (38) Being named as an abuser in a verified report by
14 the Department on Aging and under the Adult Protective
15 Services Act, and upon proof by clear and convincing
16 evidence that the licensee abused, neglected, or
17 financially exploited an eligible adult as defined in the
18 Adult Protective Services Act.

19 (39) A violation of any provision of this Act or any
20 rules adopted under this Act.

21 (40) Violating the Compassionate Use of Medical
22 Cannabis Program Act.

23 (b-5) The Department shall not revoke, suspend, summarily
24 suspend, place on probation, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a registered nurse or an advanced practice
2 registered nurse based solely upon the registered nurse or
3 advanced practice registered nurse providing, authorizing,
4 recommending, aiding, assisting, referring for, or otherwise
5 participating in any health care service, so long as the care
6 was not unlawful under the laws of this State, regardless of
7 whether the patient was a resident of this State or another
8 state.

9 (b-10) The Department shall not revoke, suspend, summarily
10 suspend, place on prohibition, reprimand, refuse to issue or
11 renew, or take any other disciplinary or non-disciplinary
12 action against the license or permit issued under this Act to
13 practice as a registered nurse or an advanced practice
14 registered nurse based upon the registered nurse's or advanced
15 practice registered nurse's license being revoked or
16 suspended, or the registered nurse or advanced practice
17 registered nurse being otherwise disciplined by any other
18 state, if that revocation, suspension, or other form of
19 discipline was based solely on the registered nurse or
20 advanced practice registered nurse violating another state's
21 laws prohibiting the provision of, authorization of,
22 recommendation of, aiding or assisting in, referring for, or
23 participation in any health care service if that health care
24 service as provided would not have been unlawful under the
25 laws of this State and is consistent with the standards of
26 conduct for the registered nurse or advanced practice

1 registered nurse practicing in Illinois.

2 (b-15) The conduct specified in subsections (b-5) and
3 (b-10) shall not trigger reporting requirements under Section
4 65-65 or constitute grounds for suspension under Section
5 70-60.

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

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

1 discharging the patient; and upon the recommendation of the
2 Board to the Secretary that the licensee be allowed to resume
3 his or her practice.

4 (d) The Department may refuse to issue or may suspend or
5 otherwise discipline the license of any person who fails to
6 file a return, or to pay the tax, penalty or interest shown in
7 a filed return, or to pay any final assessment of the tax,
8 penalty, or interest as required by any tax Act administered
9 by the Department of Revenue, until such time as the
10 requirements of any such tax Act are satisfied.

11 (e) In enforcing this Act, the Department, upon a showing
12 of a possible violation, may compel an individual licensed to
13 practice under this Act or who has applied for licensure under
14 this Act, to submit to a mental or physical examination, or
15 both, as required by and at the expense of the Department. The
16 Department may order the examining physician to present
17 testimony concerning the mental or physical examination of the
18 licensee or applicant. No information shall be excluded by
19 reason of any common law or statutory privilege relating to
20 communications between the licensee or applicant and the
21 examining physician. The examining physicians shall be
22 specifically designated by the Department. The individual to
23 be examined may have, at his or her own expense, another
24 physician of his or her choice present during all aspects of
25 this examination. Failure of an individual to submit to a
26 mental or physical examination, when directed, shall result in

1 an automatic suspension without hearing.

2 All substance-related violations shall mandate an
3 automatic substance abuse assessment. Failure to submit to an
4 assessment by a licensed physician who is certified as an
5 addictionist or an advanced practice registered nurse with
6 specialty certification in addictions may be grounds for an
7 automatic suspension, as defined by rule.

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

26 In instances in which the Secretary immediately suspends a

1 person's license under this subsection (e), a hearing on that
2 person's license must be convened by the Department within 15
3 days after the suspension and completed without appreciable
4 delay. The Department and Board shall have the authority to
5 review the subject individual's record of treatment and
6 counseling regarding the impairment to the extent permitted by
7 applicable federal statutes and regulations safeguarding the
8 confidentiality of medical records.

9 An individual licensed under this Act and affected under
10 this subsection (e) shall be afforded an opportunity to
11 demonstrate to the Department that he or she can resume
12 practice in compliance with nursing standards under the
13 provisions of his or her license.

14 (f) The Department may adopt rules to implement the
15 changes made by this amendatory Act of the 102nd General
16 Assembly.

17 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

18 Section 7-15. The Pharmacy Practice Act is amended by
19 changing Sections 30 and 30.1 as follows:

20 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

22 Sec. 30. Refusal, revocation, suspension, or other
23 discipline.

24 (a) The Department may refuse to issue or renew, or may

1 revoke a license, or may suspend, place on probation, fine, or
2 take any disciplinary or non-disciplinary action as the
3 Department may deem proper, including fines not to exceed
4 \$10,000 for each violation, with regard to any licensee for
5 any one or combination of the following causes:

6 1. Material misstatement in furnishing information to
7 the Department.

8 2. Violations of this Act, or the rules promulgated
9 hereunder.

10 3. Making any misrepresentation for the purpose of
11 obtaining licenses.

12 4. A pattern of conduct which demonstrates
13 incompetence or unfitness to practice.

14 5. Aiding or assisting another person in violating any
15 provision of this Act or rules.

16 6. Failing, within 60 days, to respond to a written
17 request made by the Department for information.

18 7. Engaging in unprofessional, dishonorable, or
19 unethical conduct of a character likely to deceive,
20 defraud or harm the public as defined by rule.

21 8. Adverse action taken by another state or
22 jurisdiction against a license or other authorization to
23 practice as a pharmacy, pharmacist, registered certified
24 pharmacy technician, or registered pharmacy technician
25 that is the same or substantially equivalent to those set
26 forth in this Section, a certified copy of the record of

1 the action taken by the other state or jurisdiction being
2 prima facie evidence thereof.

3 9. Directly or indirectly giving to or receiving from
4 any person, firm, corporation, partnership, or association
5 any fee, commission, rebate or other form of compensation
6 for any professional services not actually or personally
7 rendered. Nothing in this item 9 affects any bona fide
8 independent contractor or employment arrangements among
9 health care professionals, health facilities, health care
10 providers, or other entities, except as otherwise
11 prohibited by law. Any employment arrangements may include
12 provisions for compensation, health insurance, pension, or
13 other employment benefits for the provision of services
14 within the scope of the licensee's practice under this
15 Act. Nothing in this item 9 shall be construed to require
16 an employment arrangement to receive professional fees for
17 services rendered.

18 10. A finding by the Department that the licensee,
19 after having his license placed on probationary status,
20 has violated the terms of probation.

21 11. Selling or engaging in the sale of drug samples
22 provided at no cost by drug manufacturers.

23 12. Physical illness, including, but not limited to,
24 deterioration through the aging process, or loss of motor
25 skill which results in the inability to practice the
26 profession with reasonable judgment, skill or safety.

1 13. A finding that licensure or registration has been
2 applied for or obtained by fraudulent means.

3 14. Conviction by plea of guilty or nolo contendere,
4 finding of guilt, jury verdict, or entry of judgment or
5 sentencing, including, but not limited to, convictions,
6 preceding sentences of supervision, conditional discharge,
7 or first offender probation, under the laws of any
8 jurisdiction of the United States that is (i) a felony or
9 (ii) a misdemeanor, an essential element of which is
10 dishonesty, or that is directly related to the practice of
11 pharmacy or involves controlled substances.

12 15. Habitual or excessive use or addiction to alcohol,
13 narcotics, stimulants or any other chemical agent or drug
14 which results in the inability to practice with reasonable
15 judgment, skill or safety.

16 16. Willfully making or filing false records or
17 reports in the practice of pharmacy, including, but not
18 limited to, false records to support claims against the
19 medical assistance program of the Department of Healthcare
20 and Family Services (formerly Department of Public Aid)
21 under the Public Aid Code.

22 17. Gross and willful overcharging for professional
23 services including filing false statements for collection
24 of fees for which services are not rendered, including,
25 but not limited to, filing false statements for collection
26 of monies for services not rendered from the medical

1 assistance program of the Department of Healthcare and
2 Family Services (formerly Department of Public Aid) under
3 the Public Aid Code.

4 18. Dispensing prescription drugs without receiving a
5 written or oral prescription in violation of law.

6 19. Upon a finding of a substantial discrepancy in a
7 Department audit of a prescription drug, including
8 controlled substances, as that term is defined in this Act
9 or in the Illinois Controlled Substances Act.

10 20. Physical or mental illness or any other impairment
11 or disability, including, without limitation: (A)
12 deterioration through the aging process or loss of motor
13 skills that results in the inability to practice with
14 reasonable judgment, skill or safety; or (B) mental
15 incompetence, as declared by a court of competent
16 jurisdiction.

17 21. Violation of the Health Care Worker Self-Referral
18 Act.

19 22. Failing to sell or dispense any drug, medicine, or
20 poison in good faith. "Good faith", for the purposes of
21 this Section, has the meaning ascribed to it in subsection
22 (u) of Section 102 of the Illinois Controlled Substances
23 Act. "Good faith", as used in this item (22), shall not be
24 limited to the sale or dispensing of controlled
25 substances, but shall apply to all prescription drugs.

26 23. Interfering with the professional judgment of a

1 pharmacist by any licensee under this Act, or the
2 licensee's agents or employees.

3 24. Failing to report within 60 days to the Department
4 any adverse final action taken against a pharmacy,
5 pharmacist, registered pharmacy technician, or registered
6 certified pharmacy technician by another licensing
7 jurisdiction in any other state or any territory of the
8 United States or any foreign jurisdiction, any
9 governmental agency, any law enforcement agency, or any
10 court for acts or conduct similar to acts or conduct that
11 would constitute grounds for discipline as defined in this
12 Section.

13 25. Failing to comply with a subpoena issued in
14 accordance with Section 35.5 of this Act.

15 26. Disclosing protected health information in
16 violation of any State or federal law.

17 27. Willfully failing to report an instance of
18 suspected abuse, neglect, financial exploitation, or
19 self-neglect of an eligible adult as defined in and
20 required by the Adult Protective Services Act.

21 28. Being named as an abuser in a verified report by
22 the Department on Aging under the Adult Protective
23 Services Act, and upon proof by clear and convincing
24 evidence that the licensee abused, neglected, or
25 financially exploited an eligible adult as defined in the
26 Adult Protective Services Act.

1 29. Using advertisements or making solicitations that
2 may jeopardize the health, safety, or welfare of patients,
3 including, but not ~~be~~ limited to, the use of
4 advertisements or solicitations that:

5 (A) are false, fraudulent, deceptive, or
6 misleading; or

7 (B) include any claim regarding a professional
8 service or product or the cost or price thereof that
9 cannot be substantiated by the licensee.

10 30. Requiring a pharmacist to participate in the use
11 or distribution of advertisements or in making
12 solicitations that may jeopardize the health, safety, or
13 welfare of patients.

14 31. Failing to provide a working environment for all
15 pharmacy personnel that protects the health, safety, and
16 welfare of a patient, which includes, but is not limited
17 to, failing to:

18 (A) employ sufficient personnel to prevent
19 fatigue, distraction, or other conditions that
20 interfere with a pharmacist's ability to practice with
21 competency and safety or creates an environment that
22 jeopardizes patient care;

23 (B) provide appropriate opportunities for
24 uninterrupted rest periods and meal breaks;

25 (C) provide adequate time for a pharmacist to
26 complete professional duties and responsibilities,

1 including, but not limited to:

2 (i) drug utilization review;

3 (ii) immunization;

4 (iii) counseling;

5 (iv) verification of the accuracy of a
6 prescription; and

7 (v) all other duties and responsibilities of a
8 pharmacist as listed in the rules of the
9 Department.

10 32. Introducing or enforcing external factors, such as
11 productivity or production quotas or other programs
12 against pharmacists, student pharmacists or pharmacy
13 technicians, to the extent that they interfere with the
14 ability of those individuals to provide appropriate
15 professional services to the public.

16 33. Providing an incentive for or inducing the
17 transfer of a prescription for a patient absent a
18 professional rationale.

19 (b) The Department may refuse to issue or may suspend the
20 license of any person who fails to file a return, or to pay the
21 tax, penalty or interest shown in a filed return, or to pay any
22 final assessment of tax, penalty or interest, as required by
23 any tax Act administered by the Illinois Department of
24 Revenue, until such time as the requirements of any such tax
25 Act are satisfied.

26 (c) The Department shall revoke any license issued under

1 the provisions of this Act or any prior Act of this State of
2 any person who has been convicted a second time of committing
3 any felony under the Illinois Controlled Substances Act, or
4 who has been convicted a second time of committing a Class 1
5 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid
6 Code. A person whose license issued under the provisions of
7 this Act or any prior Act of this State is revoked under this
8 subsection (c) shall be prohibited from engaging in the
9 practice of pharmacy in this State.

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

23 (c-10) The Department shall not revoke, suspend, summarily
24 suspend, place on prohibition, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a pharmacist, registered pharmacy technician, or
2 registered certified pharmacy technician based upon the
3 pharmacist's, registered pharmacy technician's, or registered
4 certified pharmacy technician's license being revoked or
5 suspended, or the pharmacist being otherwise disciplined by
6 any other state, if that revocation, suspension, or other form
7 of discipline was based solely on the pharmacist, registered
8 pharmacy technician, or registered certified pharmacy
9 technician violating another state's laws prohibiting the
10 provision of, authorization of, recommendation of, aiding or
11 assisting in, referring for, or participation in any health
12 care service if that health care service as provided would not
13 have been unlawful under the laws of this State and is
14 consistent with the standards of conduct for a pharmacist,
15 registered pharmacy technician, or registered certified
16 pharmacy technician practicing in Illinois.

17 (c-15) The conduct specified in subsections (c-5) and
18 (c-10) shall not constitute grounds for suspension under
19 Section 35.16.

20 (c-20) An applicant seeking licensure, certification, or
21 authorization pursuant to this Act who has been subject to
22 disciplinary action by a duly authorized professional
23 disciplinary agency of another jurisdiction solely on the
24 basis of having provided, authorized, recommended, aided,
25 assisted, referred for, or otherwise participated in health
26 care shall not be denied such licensure, certification, or

1 authorization, unless the Department determines that such
2 action would have constituted professional misconduct in this
3 State; however, nothing in this Section shall be construed as
4 prohibiting the Department from evaluating the conduct of such
5 applicant and making a determination regarding the licensure,
6 certification, or authorization to practice a profession under
7 this Act.

8 (d) Fines may be imposed in conjunction with other forms
9 of disciplinary action, but shall not be the exclusive
10 disposition of any disciplinary action arising out of conduct
11 resulting in death or injury to a patient. Fines shall be paid
12 within 60 days or as otherwise agreed to by the Department. Any
13 funds collected from such fines shall be deposited in the
14 Illinois State Pharmacy Disciplinary Fund.

15 (e) The entry of an order or judgment by any circuit court
16 establishing that any person holding a license or certificate
17 under this Act is a person in need of mental treatment operates
18 as a suspension of that license. A licensee may resume his or
19 her practice only upon the entry of an order of the Department
20 based upon a finding by the Board that he or she has been
21 determined to be recovered from mental illness by the court
22 and upon the Board's recommendation that the licensee be
23 permitted to resume his or her practice.

24 (f) The Department shall issue quarterly to the Board a
25 status of all complaints related to the profession received by
26 the Department.

1 (g) In enforcing this Section, the Board or the
2 Department, upon a showing of a possible violation, may compel
3 any licensee or applicant for licensure under this Act to
4 submit to a mental or physical examination or both, as
5 required by and at the expense of the Department. The
6 examining physician, or multidisciplinary team involved in
7 providing physical and mental examinations led by a physician
8 consisting of one or a combination of licensed physicians,
9 licensed clinical psychologists, licensed clinical social
10 workers, licensed clinical professional counselors, and other
11 professional and administrative staff, shall be those
12 specifically designated by the Department. The Board or the
13 Department may order the examining physician or any member of
14 the multidisciplinary team to present testimony concerning
15 this mental or physical examination of the licensee or
16 applicant. No information, report, or other documents in any
17 way related to the examination shall be excluded by reason of
18 any common law or statutory privilege relating to
19 communication between the licensee or applicant and the
20 examining physician or any member of the multidisciplinary
21 team. The individual to be examined may have, at his or her own
22 expense, another physician of his or her choice present during
23 all aspects of the examination. Failure of any individual to
24 submit to a mental or physical examination when directed shall
25 result in the automatic suspension of his or her license until
26 such time as the individual submits to the examination. If the

1 Board or Department finds a pharmacist, registered certified
2 pharmacy technician, or registered pharmacy technician unable
3 to practice because of the reasons set forth in this Section,
4 the Board or Department shall require such pharmacist,
5 registered certified pharmacy technician, or registered
6 pharmacy technician to submit to care, counseling, or
7 treatment by physicians or other appropriate health care
8 providers approved or designated by the Department as a
9 condition for continued, restored, or renewed licensure to
10 practice. Any pharmacist, registered certified pharmacy
11 technician, or registered pharmacy technician whose license
12 was granted, continued, restored, renewed, disciplined, or
13 supervised, subject to such terms, conditions, or
14 restrictions, and who fails to comply with such terms,
15 conditions, or restrictions or to complete a required program
16 of care, counseling, or treatment, as determined by the chief
17 pharmacy coordinator, shall be referred to the Secretary for a
18 determination as to whether the licensee shall have his or her
19 license suspended immediately, pending a hearing by the Board.
20 In instances in which the Secretary immediately suspends a
21 license under this subsection (g), a hearing upon such
22 person's license must be convened by the Board within 15 days
23 after such suspension and completed without appreciable delay.
24 The Department and Board shall have the authority to review
25 the subject pharmacist's, registered certified pharmacy
26 technician's, or registered pharmacy technician's record of

1 treatment and counseling regarding the impairment.

2 (h) An individual or organization acting in good faith,
3 and not in a willful and wanton manner, in complying with this
4 Section by providing a report or other information to the
5 Board, by assisting in the investigation or preparation of a
6 report or information, by participating in proceedings of the
7 Board, or by serving as a member of the Board shall not, as a
8 result of such actions, be subject to criminal prosecution or
9 civil damages. Any person who reports a violation of this
10 Section to the Department is protected under subsection (b) of
11 Section 15 of the Whistleblower Act.

12 (i) Members of the Board shall have no liability in any
13 action based upon any disciplinary proceedings or other
14 activity performed in good faith as a member of the Board. The
15 Attorney General shall defend all such actions unless he or
16 she determines either that there would be a conflict of
17 interest in such representation or that the actions complained
18 of were not in good faith or were willful and wanton.

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

25 The member must notify the Attorney General within 7 days
26 of receipt of notice of the initiation of any action involving

1 services of the Board. Failure to so notify the Attorney
2 General shall constitute an absolute waiver of the right to a
3 defense and indemnification.

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

7 (j) The Department may adopt rules to implement the
8 changes made by this amendatory Act of the 102nd General
9 Assembly.

10 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;
11 revised 12-9-22.)

12 (225 ILCS 85/30.1)

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

14 Sec. 30.1. Reporting.

15 (a) When a pharmacist, registered certified pharmacy
16 technician, or a registered pharmacy technician licensed by
17 the Department is terminated for actions which may have
18 threatened patient safety, the pharmacy or
19 pharmacist-in-charge, pursuant to the policies and procedures
20 of the pharmacy at which he or she is employed, shall report
21 the termination to the chief pharmacy coordinator. Such
22 reports shall be strictly confidential and may be reviewed and
23 considered only by the members of the Board or by authorized
24 Department staff. Such reports, and any records associated
25 with such reports, are exempt from public disclosure and the

1 Freedom of Information Act. Although the reports are exempt
2 from disclosure, any formal complaint filed against a licensee
3 or registrant by the Department or any order issued by the
4 Department against a licensee, registrant, or applicant shall
5 be a public record, except as otherwise prohibited by law. A
6 pharmacy shall not take any adverse action, including, but not
7 limited to, disciplining or terminating a pharmacist,
8 registered certified pharmacy technician, or registered
9 pharmacy technician, as a result of an adverse action against
10 the person's license or clinical privileges or other
11 disciplinary action by another state or health care
12 institution that resulted from the pharmacist's, registered
13 certified pharmacy technician's, or registered pharmacy
14 technician's provision of, authorization of, recommendation
15 of, aiding or assistance with, referral for, or participation
16 in any health care service, if the adverse action was based
17 solely on a violation of the other state's law prohibiting the
18 provision such health care and related services in the state
19 or for a resident of the state.

20 (b) The report shall be submitted to the chief pharmacy
21 coordinator in a timely fashion. Unless otherwise provided in
22 this Section, the reports shall be filed in writing, on forms
23 provided by the Department, within 60 days after a pharmacy's
24 determination that a report is required under this Act. All
25 reports shall contain only the following information:

26 (1) The name, address, and telephone number of the

1 person making the report.

2 (2) The name, license number, and last known address
3 and telephone number of the person who is the subject of
4 the report.

5 (3) A brief description of the facts which gave rise
6 to the issuance of the report, including dates of
7 occurrence.

8 (c) The contents of any report and any records associated
9 with such report shall be strictly confidential and may only
10 be reviewed by:

11 (1) members of the Board of Pharmacy;

12 (2) the Board of Pharmacy's designated attorney;

13 (3) administrative personnel assigned to open mail
14 containing reports, to process and distribute reports to
15 authorized persons, and to communicate with senders of
16 reports;

17 (4) Department investigators and Department
18 prosecutors; or

19 (5) attorneys from the Office of the Illinois Attorney
20 General representing the Department in litigation in
21 response to specific disciplinary action the Department
22 has taken or initiated against a specific individual
23 pursuant to this Section.

24 (d) Whenever a pharmacy or pharmacist-in-charge makes a
25 report and provides any records associated with that report to
26 the Department, acts in good faith, and not in a willful and

1 wanton manner, the person or entity making the report and the
2 pharmacy or health care institution employing him or her shall
3 not, as a result of such actions, be subject to criminal
4 prosecution or civil damages.

5 (e) The Department may adopt rules to implement the
6 changes made by this amendatory Act of the 102nd General
7 Assembly.

8 (Source: P.A. 99-863, eff. 8-19-16.)

9 Article 8.

10 Section 8-1. The Illinois Administrative Procedure Act is
11 amended by adding Section 5-45.35 as follows:

12 (5 ILCS 100/5-45.35 new)

13 Sec. 5-45.35. Emergency rulemaking; temporary licenses for
14 health care. To provide for the expeditious and timely
15 implementation of Section 66 of the Medical Practice Act of
16 1987, Section 65-11.5 of the Nurse Practice Act, and Section
17 9.7 of the Physician Assistant Practice Act of 1987, emergency
18 rules implementing the issuance of temporary permits to
19 applicants who are licensed to practice as a physician,
20 advanced practice registered nurse, or physician assistant in
21 another state may be adopted in accordance with Section 5-45
22 by the Department of Financial and Professional Regulation.
23 The adoption of emergency rules authorized by Section 5-45 and

1 this Section is deemed to be necessary for the public
2 interest, safety, and welfare.

3 This Section is repealed one year after the effective date
4 of this amendatory Act of the 102nd General Assembly.

5 Section 8-5. The Physician Assistant Practice Act of 1987
6 is amended by changing Sections 4, 21, 22.2, 22.3, 22.5, 22.6,
7 22.7, 22.8, 22.9, and 22.10 and by adding Section 9.7 as
8 follows:

9 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

11 Sec. 4. Definitions. In this Act:

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

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

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

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

26 Any person who holds an active license or permit issued

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

8 3.5. "Physician assistant practice" means the performance
9 of procedures within the specialty of the collaborating
10 physician. Physician assistants shall be capable of performing
11 a variety of tasks within the specialty of medical care of the
12 collaborating physician. Collaboration with the physician
13 assistant shall not be construed to necessarily require the
14 personal presence of the collaborating physician at all times
15 at the place where services are rendered, as long as there is
16 communication available for consultation by radio, telephone,
17 telecommunications, or electronic communications. The
18 collaborating physician may delegate tasks and duties to the
19 physician assistant. Delegated tasks or duties shall be
20 consistent with physician assistant education, training, and
21 experience. The delegated tasks or duties shall be specific to
22 the practice setting and shall be implemented and reviewed
23 under a written collaborative agreement established by the
24 physician or physician/physician assistant team. A physician
25 assistant shall be permitted to transmit the collaborating
26 physician's orders as determined by the institution's bylaws,

1 policies, or procedures or the job description within which
2 the physician/physician assistant team practices. Physician
3 assistants shall practice only in accordance with a written
4 collaborative agreement, except as provided in Section 7.5 of
5 this Act.

6 4. "Board" means the Medical Licensing Board constituted
7 under the Medical Practice Act of 1987.

8 5. (Blank). ~~"Disciplinary Board" means the Medical~~
9 ~~Disciplinary Board constituted under the Medical Practice Act~~
10 ~~of 1987.~~

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

14 7. "Collaborating physician" means the physician who,
15 within his or her specialty and expertise, may delegate a
16 variety of tasks and procedures to the physician assistant.
17 Such tasks and procedures shall be delegated in accordance
18 with a written collaborative agreement.

19 8. (Blank).

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

24 10. "Hospital affiliate" means a corporation, partnership,
25 joint venture, limited liability company, or similar
26 organization, other than a hospital, that is devoted primarily

1 to the provision, management, or support of health care
2 services and that directly or indirectly controls, is
3 controlled by, or is under common control of the hospital. For
4 the purposes of this definition, "control" means having at
5 least an equal or a majority ownership or membership interest.
6 A hospital affiliate shall be 100% owned or controlled by any
7 combination of hospitals, their parent corporations, or
8 physicians licensed to practice medicine in all its branches
9 in Illinois. "Hospital affiliate" does not include a health
10 maintenance organization regulated under the Health
11 Maintenance Organization Act.

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

16 (Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

17 (225 ILCS 95/9.7 new)

18 Sec. 9.7. Temporary permit for health care.

19 (a) The Department may issue a temporary permit to an
20 applicant who is licensed to practice as a physician assistant
21 in another state. The temporary permit will authorize the
22 practice of providing health care to patients in this State,
23 with a collaborating physician in this State, if all of the
24 following apply:

25 (1) The Department determines that the applicant's

1 services will improve the welfare of Illinois residents
2 and non-residents requiring health care services.

3 (2) The applicant has obtained certification by the
4 National Commission on Certification of Physician
5 Assistants or its successor agency; the applicant has
6 submitted verification of licensure status in good
7 standing in the applicant's current state or territory of
8 licensure; and the applicant can furnish the Department
9 with a certified letter upon request from that
10 jurisdiction attesting to the fact that the applicant has
11 no pending action or violations against the applicant's
12 license.

13 The Department will not consider a physician
14 assistant's license being revoked or otherwise disciplined
15 by any state or territory based solely on the physician
16 providing, authorizing, recommending, aiding, assisting,
17 referring for, or otherwise participating in any health
18 care service that is unlawful or prohibited in that state
19 or territory, if the provision of, authorization of, or
20 participation in that health care service, medical
21 service, or procedure related to any health care service
22 is not unlawful or prohibited in this State.

23 (3) The applicant has sufficient training and
24 possesses the appropriate core competencies to provide
25 health care services, and is physically, mentally, and
26 professionally capable of practicing as a physician

1 assistant with reasonable judgment, skill, and safety and
2 in accordance with applicable standards of care.

3 (4) The applicant has met the written collaborative
4 agreement requirements under subsection (a) of Section
5 7.5.

6 (5) The applicant will be working pursuant to an
7 agreement with a sponsoring licensed hospital, medical
8 office, clinic, or other medical facility providing health
9 care services. Such agreement shall be executed by an
10 authorized representative of the licensed hospital,
11 medical office, clinic, or other medical facility,
12 certifying that the physician assistant holds an active
13 license and is in good standing in the state in which they
14 are licensed. If an applicant for a temporary permit has
15 been previously disciplined by another jurisdiction,
16 except as described in paragraph (2) of subsection (a),
17 further review may be conducted pursuant to the Civil
18 Administrative Code of Illinois and this Act. The
19 application shall include the physician assistant's name,
20 contact information, state of licensure, and license
21 number.

22 (6) Payment of a \$75 fee.

23 The sponsoring licensed hospital, medical office, clinic,
24 or other medical facility engaged in the agreement with the
25 applicant shall notify the Department should the applicant at
26 any point leave or become separate from the sponsor.

1 The Department may adopt rules to carry out this Section.

2 (b) A temporary permit under this Section shall expire 2
3 years after the date of issuance. The temporary permit may be
4 renewed for a \$45 fee for an additional 2 years. A holder of a
5 temporary permit may only renew one time.

6 (c) The temporary permit shall only permit the holder to
7 practice as a physician assistant with a collaborating
8 physician who provides health care services with the sponsor
9 specified on the permit.

10 (d) An application for the temporary permit shall be made
11 to the Department, in writing, on forms prescribed by the
12 Department, and shall be accompanied by a non-refundable fee
13 of \$75. The Department shall grant or deny an applicant a
14 temporary permit within 60 days of receipt of a completed
15 application. The Department shall notify the applicant of any
16 deficiencies in the applicant's application materials
17 requiring corrections in a timely manner.

18 (e) An applicant for a temporary permit may be requested
19 to appear before the Board to respond to questions concerning
20 the applicant's qualifications to receive the permit. An
21 applicant's refusal to appear before the Board may be grounds
22 for denial of the application by the Department.

23 (f) The Secretary may summarily cancel any temporary
24 permit issued pursuant to this Section, without a hearing, if
25 the Secretary finds that evidence in his or her possession
26 indicates that a permit holder's continuation in practice

1 would constitute an imminent danger to the public or violate
2 any provision of this Act or its rules. If the Secretary
3 summarily cancels a temporary permit issued pursuant to this
4 Section or Act, the permit holder may petition the Department
5 for a hearing in accordance with the provisions of Section
6 22.11 to restore his or her permit, unless the permit holder
7 has exceeded his or her renewal limit.

8 (g) In addition to terminating any temporary permit issued
9 pursuant to this Section or Act, the Department may issue a
10 monetary penalty not to exceed \$10,000 upon the temporary
11 permit holder and may notify any state in which the temporary
12 permit holder has been issued a permit that his or her Illinois
13 permit has been terminated and the reasons for that
14 termination. The monetary penalty shall be paid within 60 days
15 after the effective date of the order imposing the penalty.
16 The order shall constitute a judgment and may be filed, and
17 execution had thereon in the same manner as any judgment from
18 any court of record. It is the intent of the General Assembly
19 that a permit issued pursuant to this Section shall be
20 considered a privilege and not a property right.

21 (h) While working in Illinois, all temporary permit
22 holders are subject to all statutory and regulatory
23 requirements of this Act in the same manner as a licensee.
24 Failure to adhere to all statutory and regulatory requirements
25 may result in revocation or other discipline of the temporary
26 permit.

1 (i) If the Department becomes aware of a violation
2 occurring at the licensed hospital, medical office, clinic, or
3 other medical facility, or occurring via telehealth services,
4 the Department shall notify the Department of Public Health.

5 (j) The Department may adopt emergency rules pursuant to
6 this Section. The General Assembly finds that the adoption of
7 rules to implement a temporary permit for health care services
8 is deemed an emergency and necessary for the public interest,
9 safety, and welfare.

10 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

12 Sec. 21. Grounds for disciplinary action.

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

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

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

24 (3) Conviction by plea of guilty or nolo contendere,
25 finding of guilt, jury verdict, or entry of judgment or

1 sentencing, including, but not limited to, convictions,
2 preceding sentences of supervision, conditional discharge,
3 or first offender probation, under the laws of any
4 jurisdiction of the United States that is: (i) a felony;
5 or (ii) a misdemeanor, an essential element of which is
6 dishonesty, or that is directly related to the practice of
7 the profession.

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

10 (5) Professional incompetence.

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

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

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

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

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

26 (11) Directly or indirectly giving to or receiving

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

11 (12) A finding by the ~~Disciplinary~~ Board that the
12 licensee, after having his or her license placed on
13 probationary status, has violated the terms of probation.

14 (13) Abandonment of a patient.

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

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

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

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

8 (18) (Blank).

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

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

14 (21) Exceeding the authority delegated to him or her
15 by his or her collaborating physician in a written
16 collaborative agreement.

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

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

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

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

1 course of treatment.

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

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

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

11 (29) A pattern of practice or other behavior that
12 demonstrates incapacity or incompetence to practice under
13 this Act.

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

17 (31) Exceeding the prescriptive authority delegated by
18 the collaborating physician or violating the written
19 collaborative agreement delegating that authority.

20 (32) Practicing without providing to the Department a
21 notice of collaboration or delegation of prescriptive
22 authority.

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

25 (34) Attempting to subvert or cheat on the examination
26 of the National Commission on Certification of Physician

1 Assistants or its successor agency.

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

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

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

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

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

25 (40) Entering into an excessive number of written
26 collaborative agreements with licensed physicians

1 resulting in an inability to adequately collaborate.

2 (41) Repeated failure to adequately collaborate with a
3 collaborating physician.

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

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

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

23 (b-10) The Department shall not revoke, suspend, summarily
24 suspend, place on prohibition, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a physician assistant based upon the physician
2 assistant's license being revoked or suspended, or the
3 physician assistant being otherwise disciplined by any other
4 state, if that revocation, suspension, or other form of
5 discipline was based solely on the physician assistant
6 violating another state's laws prohibiting the provision of,
7 authorization of, recommendation of, aiding or assisting in,
8 referring for, or participation in any health care service if
9 that health care service as provided would not have been
10 unlawful under the laws of this State and is consistent with
11 the standards of conduct for a physician assistant practicing
12 in Illinois.

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

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

1 applicant and making a determination regarding the licensure,
2 certification, or authorization to practice a profession under
3 this Act.

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

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

21 The Department shall specifically designate the examining
22 physician licensed to practice medicine in all of its branches
23 or, if applicable, the multidisciplinary team involved in
24 providing the mental or physical examination or both. The
25 multidisciplinary team shall be led by a physician licensed to
26 practice medicine in all of its branches and may consist of one

1 or more or a combination of physicians licensed to practice
2 medicine in all of its branches, licensed clinical
3 psychologists, licensed clinical social workers, licensed
4 clinical professional counselors, and other professional and
5 administrative staff. Any examining physician or member of the
6 multidisciplinary team may require any person ordered to
7 submit to an examination pursuant to this Section to submit to
8 any additional supplemental testing deemed necessary to
9 complete any examination or evaluation process, including, but
10 not limited to, blood testing, urinalysis, psychological
11 testing, or neuropsychological testing.

12 The Department may order the examining physician or any
13 member of the multidisciplinary team to provide to the
14 Department any and all records, including business records,
15 that relate to the examination and evaluation, including any
16 supplemental testing performed.

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

1 the examining physician or any member of the multidisciplinary
2 team to provide information, reports, records, or other
3 documents or to provide any testimony regarding the
4 examination and evaluation.

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

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

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

1 Secretary for a determination as to whether the individual
2 shall have his or her license suspended immediately, pending a
3 hearing by the Department.

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

13 An individual licensed under this Act and affected under
14 this Section shall be afforded an opportunity to demonstrate
15 to the Department that he or she can resume practice in
16 compliance with acceptable and prevailing standards under the
17 provisions of his or her license.

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

26 (f) Members of the Board ~~and the Disciplinary Board~~ shall

1 be indemnified by the State for any actions occurring within
2 the scope of services on the ~~Disciplinary Board or~~ Board, done
3 in good faith and not willful and wanton in nature. The
4 Attorney General shall defend all such actions unless he or
5 she determines either that there would be a conflict of
6 interest in such representation or that the actions complained
7 of were not in good faith or were willful and wanton.

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

14 The member must notify the Attorney General within 7 days
15 after receipt of notice of the initiation of any action
16 involving services of the ~~Disciplinary~~ Board. Failure to so
17 notify the Attorney General constitutes an absolute waiver of
18 the right to a defense and indemnification.

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

22 (g) The Department may adopt rules to implement the
23 changes made by this amendatory Act of the 102nd General
24 Assembly.

25 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

1 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

3 Sec. 22.2. Investigation; notice; hearing. The Department
4 may investigate the actions of any applicant or of any person
5 or persons holding or claiming to hold a license. The
6 Department shall, before suspending, revoking, placing on
7 probationary status, or taking any other disciplinary action
8 as the Department may deem proper with regard to any license,
9 at least 30 days prior to the date set for the hearing, notify
10 the applicant or licensee in writing of any charges made and
11 the time and place for a hearing of the charges before the
12 ~~Disciplinary~~ Board, direct him or her to file his or her
13 written answer thereto to the ~~Disciplinary~~ Board under oath
14 within 20 days after the service on him or her of such notice
15 and inform him or her that if he or she fails to file such
16 answer default will be taken against him or her and his or her
17 license may be suspended, revoked, placed on probationary
18 status, or have other disciplinary action, including limiting
19 the scope, nature or extent of his or her practice, as the
20 Department may deem proper taken with regard thereto. Written
21 or electronic notice may be served by personal delivery,
22 email, or mail to the applicant or licensee at his or her
23 address of record or email address of record. At the time and
24 place fixed in the notice, the Department shall proceed to
25 hear the charges and the parties or their counsel shall be
26 accorded ample opportunity to present such statements,

1 testimony, evidence, and argument as may be pertinent to the
2 charges or to the defense thereto. The Department may continue
3 such hearing from time to time. In case the applicant or
4 licensee, after receiving notice, fails to file an answer, his
5 or her license may in the discretion of the Secretary, having
6 received first the recommendation of the ~~Disciplinary~~ Board,
7 be suspended, revoked, placed on probationary status, or the
8 Secretary may take whatever disciplinary action as he or she
9 may deem proper, including limiting the scope, nature, or
10 extent of such person's practice, without a hearing, if the
11 act or acts charged constitute sufficient grounds for such
12 action under this Act.

13 (Source: P.A. 100-453, eff. 8-25-17.)

14 (225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

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

16 Sec. 22.3. The Department, at its expense, shall preserve
17 a record of all proceedings at the formal hearing of any case
18 involving the refusal to issue, renew or discipline of a
19 license. The notice of hearing, complaint and all other
20 documents in the nature of pleadings and written motions filed
21 in the proceedings, the transcript of testimony, the report of
22 the ~~Disciplinary~~ Board or hearing officer and orders of the
23 Department shall be the record of such proceeding.

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

1 (225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

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

3 Sec. 22.5. Subpoena power; oaths. The Department shall
4 have power to subpoena and bring before it any person and to
5 take testimony either orally or by deposition or both, with
6 the same fees and mileage and in the same manner as prescribed
7 by law in judicial proceedings in civil cases in circuit
8 courts of this State.

9 The Secretary, the designated hearing officer, and any
10 member of the ~~Disciplinary~~ Board designated by the Secretary
11 shall each have power to administer oaths to witnesses at any
12 hearing which the Department is authorized to conduct under
13 this Act and any other oaths required or authorized to be
14 administered by the Department under this Act.

15 (Source: P.A. 95-703, eff. 12-31-07.)

16 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

18 Sec. 22.6. At the conclusion of the hearing, the
19 ~~Disciplinary~~ Board shall present to the Secretary a written
20 report of its findings of fact, conclusions of law, and
21 recommendations. The report shall contain a finding whether or
22 not the accused person violated this Act or failed to comply
23 with the conditions required in this Act. The ~~Disciplinary~~
24 Board shall specify the nature of the violation or failure to
25 comply, and shall make its recommendations to the Secretary.

1 The report of findings of fact, conclusions of law, and
2 recommendation of the ~~Disciplinary~~ Board shall be the basis
3 for the Department's order or refusal or for the granting of a
4 license or permit. If the Secretary disagrees in any regard
5 with the report of the ~~Disciplinary~~ Board, the Secretary may
6 issue an order in contravention thereof. The finding is not
7 admissible in evidence against the person in a criminal
8 prosecution brought for the violation of this Act, but the
9 hearing and finding are not a bar to a criminal prosecution
10 brought for the violation of this Act.

11 (Source: P.A. 100-453, eff. 8-25-17.)

12 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

14 Sec. 22.7. Hearing officer. Notwithstanding the provisions
15 of Section 22.2 of this Act, the Secretary shall have the
16 authority to appoint any attorney duly licensed to practice
17 law in the State of Illinois to serve as the hearing officer in
18 any action for refusal to issue or renew, or for discipline of,
19 a license. The hearing officer shall have full authority to
20 conduct the hearing. The hearing officer shall report his or
21 her findings of fact, conclusions of law, and recommendations
22 to the ~~Disciplinary~~ Board and the Secretary. The ~~Disciplinary~~
23 Board shall have 60 days from receipt of the report to review
24 the report of the hearing officer and present their findings
25 of fact, conclusions of law, and recommendations to the

1 Secretary. If the ~~Disciplinary~~ Board fails to present its
2 report within the 60-day period, the respondent may request in
3 writing a direct appeal to the Secretary, in which case the
4 Secretary may issue an order based upon the report of the
5 hearing officer and the record of the proceedings or issue an
6 order remanding the matter back to the hearing officer for
7 additional proceedings in accordance with the order.
8 Notwithstanding any other provision of this Section, if the
9 Secretary, upon review, determines that substantial justice
10 has not been done in the revocation, suspension, or refusal to
11 issue or renew a license or other disciplinary action taken as
12 the result of the entry of the hearing officer's report, the
13 Secretary may order a rehearing by the same or other
14 examiners. If the Secretary disagrees in any regard with the
15 report of the ~~Disciplinary~~ Board or hearing officer, he or she
16 may issue an order in contravention thereof.

17 (Source: P.A. 100-453, eff. 8-25-17.)

18 (225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

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

20 Sec. 22.8. In any case involving the refusal to issue,
21 renew or discipline of a license, a copy of the ~~Disciplinary~~
22 Board's report shall be served upon the respondent by the
23 Department, either personally or as provided in this Act for
24 the service of the notice of hearing. Within 20 days after such
25 service, the respondent may present to the Department a motion

1 in writing for a rehearing, which motion shall specify the
2 particular grounds therefor. If no motion for rehearing is
3 filed, then upon the expiration of the time specified for
4 filing such a motion, or if a motion for rehearing is denied,
5 then upon such denial the Secretary may enter an order in
6 accordance with recommendations of the ~~Disciplinary~~ Board
7 except as provided in Section 22.6 or 22.7 of this Act. If the
8 respondent shall order from the reporting service, and pay for
9 a transcript of the record within the time for filing a motion
10 for rehearing, the 20 day period within which such a motion may
11 be filed shall commence upon the delivery of the transcript to
12 the respondent.

13 (Source: P.A. 95-703, eff. 12-31-07.)

14 (225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

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

16 Sec. 22.9. Whenever the Secretary is satisfied that
17 substantial justice has not been done in the revocation,
18 suspension or refusal to issue or renew a license, the
19 Secretary may order a rehearing by the same or another hearing
20 officer or ~~Disciplinary~~ Board.

21 (Source: P.A. 95-703, eff. 12-31-07.)

22 (225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

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

24 Sec. 22.10. Order or certified copy; prima facie proof. An

1 order or a certified copy thereof, over the seal of the
2 Department and purporting to be signed by the Secretary, shall
3 be prima facie proof that:

4 (a) the signature is the genuine signature of the
5 Secretary;

6 (b) the Secretary is duly appointed and qualified; and

7 (c) the ~~Disciplinary~~ Board and the members thereof are
8 qualified to act.

9 (Source: P.A. 95-703, eff. 12-31-07.)

10 Section 8-10. The Medical Practice Act of 1987 is amended
11 by changing Section 2 and by adding Section 66 as follows:

12 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

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

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

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

22 "Chiropractic physician" means a person licensed to treat
23 human ailments without the use of drugs and without operative
24 surgery. Nothing in this Act shall be construed to prohibit a

1 chiropractic physician from providing advice regarding the use
2 of non-prescription products or from administering atmospheric
3 oxygen. Nothing in this Act shall be construed to authorize a
4 chiropractic physician to prescribe drugs.

5 "Department" means the Department of Financial and
6 Professional Regulation.

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

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

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

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

22 "Impaired" means the inability to practice medicine with
23 reasonable skill and safety due to physical or mental
24 disabilities as evidenced by a written determination or
25 written consent based on clinical evidence including
26 deterioration through the aging process or loss of motor

1 skill, or abuse of drugs or alcohol, of sufficient degree to
2 diminish a person's ability to deliver competent patient care.

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

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

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

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

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

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

24 "Secretary" means the Secretary of Financial and
25 Professional Regulation.

26 (Source: P.A. 102-20, eff. 1-1-22.)

1 (225 ILCS 60/66 new)

2 Sec. 66. Temporary permit for health care.

3 (a) The Department may issue a temporary permit to an
4 applicant who is licensed to practice as a physician in
5 another state. The temporary permit will authorize the
6 practice of providing health care to patients in this State if
7 all of the following apply:

8 (1) The Department determines that the applicant's
9 services will improve the welfare of Illinois residents
10 and non-residents requiring health care services.

11 (2) The applicant has graduated from a medical program
12 officially recognized by the jurisdiction in which it is
13 located for the purpose of receiving a license to practice
14 medicine in all of its branches, and maintains an
15 equivalent authorization to practice medicine in good
16 standing in the applicant's current state or territory of
17 licensure; and the applicant can furnish the Department
18 with a certified letter upon request from that
19 jurisdiction attesting to the fact that the applicant has
20 no pending action or violations against the applicant's
21 license.

22 The Department will not consider a physician's license
23 being revoked or otherwise disciplined by any state or
24 territory based solely on the physician providing,
25 authorizing, recommending, aiding, assisting, referring

1 for, or otherwise participating in any health care service
2 that is unlawful or prohibited in that state or territory,
3 if the provision of, authorization of, or participation in
4 that health care, medical service, or procedure related to
5 any health care service is not unlawful or prohibited in
6 this State.

7 (3) The applicant has sufficient training and
8 possesses the appropriate core competencies to provide
9 health care services, and is physically, mentally, and
10 professionally capable of practicing medicine with
11 reasonable judgment, skill, and safety and in accordance
12 with applicable standards of care.

13 (4) The applicant will be working pursuant to an
14 agreement with a sponsoring licensed hospital, medical
15 office, clinic, or other medical facility providing
16 abortion or other health care services. Such agreement
17 shall be executed by an authorized representative of the
18 licensed hospital, medical office, clinic, or other
19 medical facility, certifying that the physician holds an
20 active license and is in good standing in the state in
21 which they are licensed. If an applicant for a temporary
22 permit has been previously disciplined by another
23 jurisdiction, except as described in paragraph (2) of
24 subsection (a), further review may be conducted pursuant
25 to the Civil Administrative Code of Illinois and this Act.
26 The application shall include the physician's name,

1 contact information, state of licensure, and license
2 number.

3 (5) Payment of a \$75 fee.

4 The sponsoring licensed hospital, medical office, clinic,
5 or other medical facility engaged in the agreement with the
6 applicant shall notify the Department should the applicant at
7 any point leave or become separate from the sponsor.

8 The Department may adopt rules pursuant to this Section.

9 (b) A temporary permit under this Section shall expire 2
10 years after the date of issuance. The temporary permit may be
11 renewed for a \$45 fee for an additional 2 years. A holder of a
12 temporary permit may only renew one time.

13 (c) The temporary permit shall only permit the holder to
14 practice medicine within the scope of providing health care
15 services at the location or locations specified on the permit.

16 (d) An application for the temporary permit shall be made
17 to the Department, in writing, on forms prescribed by the
18 Department, and shall be accompanied by a non-refundable fee
19 of \$75. The Department shall grant or deny an applicant a
20 temporary permit within 60 days of receipt of a completed
21 application. The Department shall notify the applicant of any
22 deficiencies in the applicant's application materials
23 requiring corrections in a timely manner.

24 (e) An applicant for temporary permit may be requested to
25 appear before the Board to respond to questions concerning the
26 applicant's qualifications to receive the permit. An

1 applicant's refusal to appear before the Illinois State
2 Medical Board may be grounds for denial of the application by
3 the Department.

4 (f) The Secretary may summarily cancel any temporary
5 permit issued pursuant to this Section, without a hearing, if
6 the Secretary finds that evidence in his or her possession
7 indicates that a permit holder's continuation in practice
8 would constitute an imminent danger to the public or violate
9 any provision of this Act or its rules. If the Secretary
10 summarily cancels a temporary permit issued pursuant to this
11 Section or Act, the permit holder may petition the Department
12 for a hearing in accordance with the provisions of Section 43
13 of this Act to restore his or her permit, unless the permit
14 holder has exceeded his or her renewal limit.

15 (g) In addition to terminating any temporary permit issued
16 pursuant to this Section or Act, the Department may issue a
17 monetary penalty not to exceed \$10,000 upon the temporary
18 permit holder and may notify any state in which the temporary
19 permit holder has been issued a permit that his or her Illinois
20 permit has been terminated and the reasons for the
21 termination. The monetary penalty shall be paid within 60 days
22 after the effective date of the order imposing the penalty.
23 The order shall constitute a judgment and may be filed and
24 execution had thereon in the same manner as any judgment from
25 any court of record. It is the intent of the General Assembly
26 that a permit issued pursuant to this Section shall be

1 considered a privilege and not a property right.

2 (h) While working in Illinois, all temporary permit
3 holders are subject to all statutory and regulatory
4 requirements of this Act in the same manner as a licensee.
5 Failure to adhere to all statutory and regulatory requirements
6 may result in revocation or other discipline of the temporary
7 permit.

8 (i) If the Department becomes aware of a violation
9 occurring at the licensed hospital, medical office, clinic, or
10 other medical facility or via telehealth practice, the
11 Department shall notify the Department of Public Health.

12 (j) The Department may adopt emergency rules pursuant to
13 this Section. The General Assembly finds that the adoption of
14 rules to implement a temporary permit for health care services
15 is deemed an emergency and necessary for the public interest,
16 safety, and welfare.

17 Section 8-15. The Nurse Practice Act is amended by adding
18 Sections 65-11 and 65-11.5 as follows:

19 (225 ILCS 65/65-11 new)

20 Sec. 65-11. Temporary permit for advanced practice
21 registered nurses for health care.

22 (a) The Department may issue a temporary permit to an
23 applicant who is licensed to practice as an advanced practice
24 registered nurse in another state. The temporary permit will

1 authorize the practice of providing health care to patients in
2 this State, with a collaborating physician in this State, if
3 all of the following apply:

4 (1) The Department determines that the applicant's
5 services will improve the welfare of Illinois residents
6 and non-residents requiring health care services.

7 (2) The applicant has obtained a graduate degree
8 appropriate for national certification in a clinical
9 advanced practice registered nursing specialty or a
10 graduate degree or post-master's certificate from a
11 graduate level program in a clinical advanced practice
12 registered nursing specialty; the applicant has submitted
13 verification of licensure status in good standing in the
14 applicant's current state or territory of licensure; and
15 the applicant can furnish the Department with a certified
16 letter upon request from that jurisdiction attesting to
17 the fact that the applicant has no pending action or
18 violations against the applicant's license.

19 The Department will not consider an advanced practice
20 registered nurse's license being revoked or otherwise
21 disciplined by any state or territory based solely on the
22 advanced practice registered nurse providing, authorizing,
23 recommending, aiding, assisting, referring for, or
24 otherwise participating in any health care service that is
25 unlawful or prohibited in that state or territory, if the
26 provision of, authorization of, or participation in that

1 health care, medical service, or procedure related to any
2 health care service is not unlawful or prohibited in this
3 State.

4 (3) The applicant has sufficient training and
5 possesses the appropriate core competencies to provide
6 health care services, and is physically, mentally, and
7 professionally capable of practicing as an advanced
8 practice registered nurse with reasonable judgment, skill,
9 and safety and in accordance with applicable standards of
10 care.

11 (4) The applicant has met the written collaborative
12 agreement requirements under Section 65-35.

13 (5) The applicant will be working pursuant to an
14 agreement with a sponsoring licensed hospital, medical
15 office, clinic, or other medical facility providing health
16 care services. Such agreement shall be executed by an
17 authorized representative of the licensed hospital,
18 medical office, clinic, or other medical facility,
19 certifying that the advanced practice registered nurse
20 holds an active license and is in good standing in the
21 state in which they are licensed. If an applicant for a
22 temporary permit has been previously disciplined by
23 another jurisdiction, except as described in paragraph (2)
24 of subsection (a), further review may be conducted
25 pursuant to the Civil Administrative Code of Illinois and
26 this Act. The application shall include the advanced

1 practice registered nurse's name, contact information,
2 state of licensure, and license number.

3 (6) Payment of a \$75 fee.

4 The sponsoring licensed hospital, medical office, clinic,
5 or other medical facility engaged in the agreement with the
6 applicant shall notify the Department should the applicant at
7 any point leave or become separate from the sponsor.

8 The Department may adopt rules to carry out this Section.

9 (b) A temporary permit under this Section shall expire 2
10 years after the date of issuance. The temporary permit may be
11 renewed for a \$45 fee for an additional 2 years. A holder of a
12 temporary permit may only renew one time.

13 (c) The temporary permit shall only permit the holder to
14 practice as an advanced practice registered nurse with a
15 collaborating physician who provides health care services at
16 the location or locations specified on the permit or via
17 telehealth.

18 (d) An application for the temporary permit shall be made
19 to the Department, in writing, on forms prescribed by the
20 Department, and shall be accompanied by a non-refundable fee
21 of \$75. The Department shall grant or deny an applicant a
22 temporary permit within 60 days of receipt of a completed
23 application. The Department shall notify the applicant of any
24 deficiencies in the applicant's application materials
25 requiring corrections in a timely manner.

26 (e) An applicant for temporary permit may be requested to

1 appear before the Board to respond to questions concerning the
2 applicant's qualifications to receive the permit. An
3 applicant's refusal to appear before the Board of Nursing may
4 be grounds for denial of the application by the Department.

5 (f) The Secretary may summarily cancel any temporary
6 permit issued pursuant to this Section, without a hearing, if
7 the Secretary finds that evidence in his or her possession
8 indicates that a permit holder's continuation in practice
9 would constitute an imminent danger to the public or violate
10 any provision of this Act or its rules.

11 If the Secretary summarily cancels a temporary permit
12 issued pursuant to this Section or Act, the permit holder may
13 petition the Department for a hearing in accordance with the
14 provisions of Section 70-125 to restore his or her permit,
15 unless the permit holder has exceeded his or her renewal
16 limit.

17 (g) In addition to terminating any temporary permit issued
18 pursuant to this Section or Act, the Department may issue a
19 monetary penalty not to exceed \$10,000 upon the temporary
20 permit holder and may notify any state in which the temporary
21 permit holder has been issued a permit that his or her Illinois
22 permit has been terminated and the reasons for the
23 termination. The monetary penalty shall be paid within 60 days
24 after the effective date of the order imposing the penalty.
25 The order shall constitute a judgment and may be filed, and
26 execution had thereon in the same manner as any judgment from

1 any court of record. It is the intent of the General Assembly
2 that a permit issued pursuant to this Section shall be
3 considered a privilege and not a property right.

4 (h) While working in Illinois, all temporary permit
5 holders are subject to all statutory and regulatory
6 requirements of this Act in the same manner as a licensee.
7 Failure to adhere to all statutory and regulatory requirements
8 may result in revocation or other discipline of the temporary
9 permit.

10 (i) If the Department becomes aware of a violation
11 occurring at the licensed hospital, medical office, clinic, or
12 other medical facility, or via telehealth service, the
13 Department shall notify the Department of Public Health.

14 (j) The Department may adopt emergency rules pursuant to
15 this Section. The General Assembly finds that the adoption of
16 rules to implement a temporary permit for health care services
17 is deemed an emergency and necessary for the public interest,
18 safety, and welfare.

19 (225 ILCS 65/65-11.5 new)

20 Sec. 65-11.5. Temporary permit for full practice advanced
21 practice registered nurses for health care.

22 (a) The Department may issue a full practice advanced
23 practice registered nurse temporary permit to an applicant who
24 is licensed to practice as an advanced practice registered
25 nurse in another state. The temporary permit will authorize

1 the practice of providing health care to patients in this
2 State if all of the following apply:

3 (1) The Department determines that the applicant's
4 services will improve the welfare of Illinois residents
5 and non-residents requiring health care services.

6 (2) The applicant has obtained a graduate degree
7 appropriate for national certification in a clinical
8 advanced practice registered nursing specialty or a
9 graduate degree or post-master's certificate from a
10 graduate level program in a clinical advanced practice
11 registered nursing specialty; the applicant is certified
12 as a nurse practitioner, nurse midwife, or clinical nurse
13 specialist; the applicant has submitted verification of
14 licensure status in good standing in the applicant's
15 current state or territory of licensure; and the applicant
16 can furnish the Department with a certified letter upon
17 request from that jurisdiction attesting to the fact that
18 the applicant has no pending action or violations against
19 the applicant's license.

20 The Department shall not consider an advanced practice
21 registered nurse's license being revoked or otherwise
22 disciplined by any state or territory for the provision
23 of, authorization of, or participation in any health care,
24 medical service, or procedure related to an abortion on
25 the basis that such health care, medical service, or
26 procedure related to an abortion is unlawful or prohibited

1 in that state or territory, if the provision of,
2 authorization of, or participation in that health care,
3 medical service, or procedure related to an abortion is
4 not unlawful or prohibited in this State.

5 (3) The applicant has sufficient training and
6 possesses the appropriate core competencies to provide
7 health care services, and is physically, mentally, and
8 professionally capable of practicing as an advanced
9 practice registered nurse with reasonable judgment, skill,
10 and safety and in accordance with applicable standards of
11 care.

12 (4) The applicant will be working pursuant to an
13 agreement with a sponsoring licensed hospital, medical
14 office, clinic, or other medical facility providing health
15 care services. Such agreement shall be executed by an
16 authorized representative of the licensed hospital,
17 medical office, clinic, or other medical facility,
18 certifying that the advanced practice registered nurse
19 holds an active license and is in good standing in the
20 state in which they are licensed. If an applicant for a
21 temporary permit has been previously disciplined by
22 another jurisdiction, except as described in paragraph (2)
23 of subsection (a), further review may be conducted
24 pursuant to the Civil Administrative Code of Illinois and
25 this Act. The application shall include the advanced
26 practice registered nurse's name, contact information,

1 state of licensure, and license number.

2 (5) Payment of a \$75 fee.

3 The sponsoring licensed hospital, medical office, clinic,
4 or other medical facility engaged in the agreement with the
5 applicant shall notify the Department should the applicant at
6 any point leave or become separate from the sponsor.

7 The Department may adopt rules to carry out this Section.

8 (b) A temporary permit under this Section shall expire 2
9 years after the date of issuance. The temporary permit may be
10 renewed for a \$45 fee for an additional 2 years. A holder of a
11 temporary permit may only renew one time.

12 (c) The temporary permit shall only permit the holder to
13 practice as a full practice advanced practice registered nurse
14 within the scope of providing health care services at the
15 location or locations specified on the permit or via
16 telehealth service.

17 (d) An application for the temporary permit shall be made
18 to the Department, in writing, on forms prescribed by the
19 Department, and shall be accompanied by a non-refundable fee
20 of \$75.

21 (e) An applicant for temporary permit may be requested to
22 appear before the Board to respond to questions concerning the
23 applicant's qualifications to receive the permit. An
24 applicant's refusal to appear before the Board of Nursing may
25 be grounds for denial of the application by the Department.

26 (f) The Secretary may summarily cancel any temporary

1 permit issued pursuant to this Section, without a hearing, if
2 the Secretary finds that evidence in his or her possession
3 indicates that a permit holder's continuation in practice
4 would constitute an imminent danger to the public or violate
5 any provision of this Act or its rules.

6 If the Secretary summarily cancels a temporary permit
7 issued pursuant to this Section or Act, the permit holder may
8 petition the Department for a hearing in accordance with the
9 provisions of Section 70-125 of this Act to restore his or her
10 permit, unless the permit holder has exceeded his or her
11 renewal limit.

12 (g) In addition to terminating any temporary permit issued
13 pursuant to this Section or Act, the Department may issue a
14 monetary penalty not to exceed \$10,000 upon the temporary
15 permit holder and may notify any state in which the temporary
16 permit holder has been issued a permit that his or her Illinois
17 permit has been terminated and the reasons for the
18 termination. The monetary penalty shall be paid within 60 days
19 after the effective date of the order imposing the penalty.
20 The order shall constitute a judgment and may be filed, and
21 execution had thereon in the same manner as any judgment from
22 any court of record. It is the intent of the General Assembly
23 that a permit issued pursuant to this Section shall be
24 considered a privilege and not a property right.

25 (h) While working in Illinois, all temporary permit
26 holders are subject to all statutory and regulatory

1 requirements of this Act in the same manner as a licensee.
2 Failure to adhere to all statutory and regulatory requirements
3 may result in revocation or other discipline of the temporary
4 permit.

5 (i) If the Department becomes aware of a violation
6 occurring at the licensed hospital, medical office, clinic, or
7 other medical facility, or via telehealth service, the
8 Department shall notify the Department of Public Health.

9 (j) The Department may adopt emergency rules pursuant to
10 this Section. The General Assembly finds that the adoption of
11 rules to implement a temporary permit for health care services
12 is deemed an emergency and necessary for the public interest,
13 safety, and welfare.

14 Article 9.

15 Section 9-5. The Behavior Analyst Licensing Act is amended
16 by changing Section 60 as follows:

17 (225 ILCS 6/60)

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

19 Sec. 60. Grounds for disciplinary action.

20 (a) The Department may refuse to issue or renew a license,
21 or may suspend, revoke, place on probation, reprimand, or take
22 any other disciplinary or nondisciplinary action deemed
23 appropriate by the Department, including the imposition of

1 fines not to exceed \$10,000 for each violation, with regard to
2 any license issued under the provisions of this Act for any one
3 or a combination of the following grounds:

4 (1) material misstatements in furnishing information
5 to the Department or to any other State agency or in
6 furnishing information to any insurance company with
7 respect to a claim on behalf of a licensee or a patient;

8 (2) violations or negligent or intentional disregard
9 of this Act or its rules;

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

19 (4) fraud or misrepresentation in applying for or
20 procuring a license under this Act or in connection with
21 applying for renewal or restoration of a license under
22 this Act;

23 (5) professional incompetence;

24 (6) gross negligence in practice under this Act;

25 (7) aiding or assisting another person in violating
26 any provision of this Act or its rules;

1 (8) failing to provide information within 60 days in
2 response to a written request made by the Department;

3 (9) engaging in dishonorable, unethical, or
4 unprofessional conduct of a character likely to deceive,
5 defraud, or harm the public as defined by the rules of the
6 Department or violating the rules of professional conduct
7 adopted by the Department;

8 (10) habitual or excessive use or abuse of drugs
9 defined in law as controlled substances, of alcohol, or of
10 any other substances that results in the inability to
11 practice with reasonable judgment, skill, or safety;

12 (11) adverse action taken by another state or
13 jurisdiction if at least one of the grounds for the
14 discipline is the same or substantially equivalent to
15 those set forth in this Section;

16 (12) directly or indirectly giving to or receiving
17 from any person, firm, corporation, partnership, or
18 association any fee, commission, rebate, or other form of
19 compensation for any professional service not actually
20 rendered; nothing in this paragraph affects any bona fide
21 independent contractor or employment arrangements among
22 health care professionals, health facilities, health care
23 providers, or other entities, except as otherwise
24 prohibited by law; any employment arrangements may include
25 provisions for compensation, health insurance, pension, or
26 other employment benefits for the provision of services

1 within the scope of the licensee's practice under this
2 Act; nothing in this paragraph shall be construed to
3 require an employment arrangement to receive professional
4 fees for services rendered;

5 (13) a finding by the Department that the licensee,
6 after having the license placed on probationary status,
7 has violated the terms of probation or failed to comply
8 with those terms;

9 (14) abandonment, without cause, of a client;

10 (15) willfully making or filing false records or
11 reports relating to a licensee's practice, including, but
12 not limited to, false records filed with federal or State
13 agencies or departments;

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

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

24 (18) physical illness, mental illness, or any other
25 impairment or disability, including, but not limited to,
26 deterioration through the aging process, or loss of motor

1 skills that results in the inability to practice the
2 profession with reasonable judgment, skill, or safety;

3 (19) solicitation of professional services by using
4 false or misleading advertising;

5 (20) violation of the Health Care Worker Self-Referral
6 Act;

7 (21) willfully failing to report an instance of
8 suspected abuse, neglect, financial exploitation, or
9 self-neglect of an eligible adult as defined in and
10 required by the Adult Protective Services Act; or

11 (22) being named as an abuser in a verified report by
12 the Department on Aging under the Adult Protective
13 Services Act, and upon proof by clear and convincing
14 evidence that the licensee abused, neglected, or
15 financially exploited an eligible adult as defined in the
16 Adult Protective Services Act.

17 (b) The determination by a court that a licensee is
18 subject to involuntary admission or judicial admission as
19 provided in the Mental Health and Developmental Disabilities
20 Code shall result in an automatic suspension of the licensee's
21 license. The suspension shall end upon a finding by a court
22 that the licensee is no longer subject to involuntary
23 admission or judicial admission and issues an order so finding
24 and discharging the patient, and upon the recommendation of
25 the Board to the Secretary that the licensee be allowed to
26 resume professional practice.

1 (c) The Department shall refuse to issue or renew or may
2 suspend the license of a person who (i) fails to file a tax
3 return, pay the tax, penalty, or interest shown in a filed tax
4 return, or pay any final assessment of tax, penalty, or
5 interest, as required by any tax Act administered by the
6 Department of Revenue, until the requirements of the tax Act
7 are satisfied or (ii) has failed to pay any court-ordered
8 child support as determined by a court order or by referral
9 from the Department of Healthcare and Family Services.

10 (c-1) 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 based solely upon the
14 licensed behavior analyst recommending, aiding, assisting,
15 referring for, or participating in any health care service, so
16 long as the care was not unlawful under the laws of this State,
17 regardless of whether the patient was a resident of this State
18 or another state.

19 (c-2) The Department shall not revoke, suspend, place on
20 prohibition, reprimand, refuse to issue or renew, or take any
21 other disciplinary or non-disciplinary action against the
22 license or permit issued under this Act to practice as a
23 licensed behavior analyst based upon the licensed behavior
24 analyst's license being revoked or suspended, or the licensed
25 behavior analyst being otherwise disciplined by any other
26 state, if that revocation, suspension, or other form of

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

9 (c-3) The conduct specified in subsections (c-1) and (c-2)
10 shall not constitute grounds for suspension under Section 125.

11 (c-4) The Department shall not revoke, suspend, summarily
12 suspend, place on prohibition, reprimand, refuse to issue or
13 renew, or take any other disciplinary or non-disciplinary
14 action against the license or permit issued under this Act to
15 practice as a licensed behavior analyst based solely upon the
16 license of a licensed behavior analyst being revoked or the
17 licensed behavior analyst being otherwise disciplined by any
18 other state or territory other than Illinois for the referral
19 for or having otherwise participated in any health care
20 service, if the revocation or disciplinary action was based
21 solely on a violation of the other state's law prohibiting
22 such health care services in the state, for a resident of the
23 state, or in any other state.

24 (d) In enforcing this Section, the Department, upon a
25 showing of a possible violation, may compel a person licensed
26 to practice under this Act, or who has applied for licensure

1 under this Act, to submit to a mental or physical examination,
2 or both, which may include a substance abuse or sexual
3 offender evaluation, as required by and at the expense of the
4 Department.

5 (1) The Department shall specifically designate the
6 examining physician licensed to practice medicine in all
7 of its branches or, if applicable, the multidisciplinary
8 team involved in providing the mental or physical
9 examination or both. The multidisciplinary team shall be
10 led by a physician licensed to practice medicine in all of
11 its branches and may consist of one or more or a
12 combination of physicians licensed to practice medicine in
13 all of its branches, licensed clinical psychologists,
14 licensed clinical professional counselors, and other
15 professional and administrative staff. Any examining
16 physician or member of the multidisciplinary team may
17 require any person ordered to submit to an examination
18 pursuant to this Section to submit to any additional
19 supplemental testing deemed necessary to complete any
20 examination or evaluation process, including, but not
21 limited to, blood testing, urinalysis, psychological
22 testing, or neuropsychological testing.

23 (2) The Department may order the examining physician
24 or any member of the multidisciplinary team to present
25 testimony concerning this mental or physical examination
26 of the licensee or applicant. No information, report,

1 record, or other documents in any way related to the
2 examination shall be excluded by reason of any common law
3 or statutory privilege relating to communications between
4 the licensee or applicant and the examining physician or
5 any member of the multidisciplinary team. No authorization
6 is necessary from the licensee or applicant ordered to
7 undergo an examination for the examining physician or any
8 member of the multidisciplinary team to provide
9 information, reports, records, or other documents or to
10 provide any testimony regarding the examination and
11 evaluation.

12 (3) The person to be examined may have, at the
13 person's own expense, another physician of the person's
14 choice present during all aspects of the examination.
15 However, that physician shall be present only to observe
16 and may not interfere in any way with the examination.

17 (4) The failure of any person to submit to a mental or
18 physical examination without reasonable cause, when
19 ordered, shall result in an automatic suspension of the
20 person's license until the person submits to the
21 examination.

22 (e) If the Department finds a person unable to practice
23 because of the reasons set forth in this Section, the
24 Department or Board may require that person to submit to care,
25 counseling, or treatment by physicians approved or designated
26 by the Department or Board, as a condition, term, or

1 restriction for continued, reinstated, or renewed licensure to
2 practice; or, in lieu of care, counseling, or treatment, the
3 Department may file, or the Board may recommend to the
4 Department to file, a complaint to immediately suspend,
5 revoke, or otherwise discipline the license of the person. Any
6 person whose license was granted, continued, reinstated,
7 renewed, disciplined, or supervised subject to the terms,
8 conditions, or restrictions, and who fails to comply with the
9 terms, conditions, or restrictions, shall be referred to the
10 Secretary for a determination as to whether the person shall
11 have the person's license suspended immediately, pending a
12 hearing by the Department.

13 (f) All fines imposed shall be paid within 60 days after
14 the effective date of the order imposing the fine or in
15 accordance with the terms set forth in the order imposing the
16 fine.

17 If the Secretary immediately suspends a person's license
18 under this subsection, a hearing on that person's license must
19 be convened by the Department within 30 days after the
20 suspension and completed without appreciable delay. The
21 Department and Board shall have the authority to review the
22 subject person's record of treatment and counseling regarding
23 the impairment, to the extent permitted by applicable federal
24 statutes and regulations safeguarding the confidentiality of
25 medical records.

26 A person licensed under this Act and affected under this

1 Section shall be afforded an opportunity to demonstrate to the
2 Department or Board that the person can resume practice in
3 compliance with acceptable and prevailing standards under the
4 provisions of the person's license.

5 (g) The Department may adopt rules to implement the
6 changes made by this amendatory Act of the 102nd General
7 Assembly.

8 (Source: P.A. 102-953, eff. 5-27-22.)

9 Section 9-10. The Clinical Psychologist Licensing Act is
10 amended by changing Section 15 as follows:

11 (225 ILCS 15/15) (from Ch. 111, par. 5365)

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

13 Sec. 15. Disciplinary action; grounds.

14 (a) The Department may refuse to issue, refuse to renew,
15 suspend, or revoke any license, or may place on probation,
16 reprimand, or take other disciplinary or non-disciplinary
17 action deemed appropriate by the Department, including the
18 imposition of fines not to exceed \$10,000 for each violation,
19 with regard to any license issued under the provisions of this
20 Act for any one or a combination of the following reasons:

21 (1) Conviction of, or entry of a plea of guilty or nolo
22 contendere to, any crime that is a felony under the laws of
23 the United States or any state or territory thereof or
24 that is a misdemeanor of which an essential element is

1 dishonesty, or any crime that is directly related to the
2 practice of the profession.

3 (2) Gross negligence in the rendering of clinical
4 psychological services.

5 (3) Using fraud or making any misrepresentation in
6 applying for a license or in passing the examination
7 provided for in this Act.

8 (4) Aiding or abetting or conspiring to aid or abet a
9 person, not a clinical psychologist licensed under this
10 Act, in representing himself or herself as so licensed or
11 in applying for a license under this Act.

12 (5) Violation of any provision of this Act or the
13 rules promulgated thereunder.

14 (6) Professional connection or association with any
15 person, firm, association, partnership or corporation
16 holding himself, herself, themselves, or itself out in any
17 manner contrary to this Act.

18 (7) Unethical, unauthorized or unprofessional conduct
19 as defined by rule. In establishing those rules, the
20 Department shall consider, though is not bound by, the
21 ethical standards for psychologists promulgated by
22 recognized national psychology associations.

23 (8) Aiding or assisting another person in violating
24 any provisions of this Act or the rules promulgated
25 thereunder.

26 (9) Failing to provide, within 60 days, information in

1 response to a written request made by the Department.

2 (10) Habitual or excessive use or addiction to
3 alcohol, narcotics, stimulants, or any other chemical
4 agent or drug that results in a clinical psychologist's
5 inability to practice with reasonable judgment, skill or
6 safety.

7 (11) Discipline by another state, territory, the
8 District of Columbia or foreign country, if at least one
9 of the grounds for the discipline is the same or
10 substantially equivalent to those set forth herein.

11 (12) Directly or indirectly giving or receiving from
12 any person, firm, corporation, association or partnership
13 any fee, commission, rebate, or other form of compensation
14 for any professional service not actually or personally
15 rendered. Nothing in this paragraph (12) affects any bona
16 fide independent contractor or employment arrangements
17 among health care professionals, health facilities, health
18 care providers, or other entities, except as otherwise
19 prohibited by law. Any employment arrangements may include
20 provisions for compensation, health insurance, pension, or
21 other employment benefits for the provision of services
22 within the scope of the licensee's practice under this
23 Act. Nothing in this paragraph (12) shall be construed to
24 require an employment arrangement to receive professional
25 fees for services rendered.

26 (13) A finding that the licensee, after having his or

1 her license placed on probationary status, has violated
2 the terms of probation.

3 (14) Willfully making or filing false records or
4 reports, including but not limited to, false records or
5 reports filed with State agencies or departments.

6 (15) Physical illness, including but not limited to,
7 deterioration through the aging process, mental illness or
8 disability that results in the inability to practice the
9 profession with reasonable judgment, skill and safety.

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

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

20 (18) Violation of the Health Care Worker Self-Referral
21 Act.

22 (19) Making a material misstatement in furnishing
23 information to the Department, any other State or federal
24 agency, or any other entity.

25 (20) Failing to report to the Department any adverse
26 judgment, settlement, or award arising from a liability

1 claim related to an act or conduct similar to an act or
2 conduct that would constitute grounds for action as set
3 forth in this Section.

4 (21) Failing to report to the Department any adverse
5 final action taken against a licensee or applicant by
6 another licensing jurisdiction, including any other state
7 or territory of the United States or any foreign state or
8 country, or any peer review body, health care institution,
9 professional society or association related to the
10 profession, governmental agency, law enforcement agency,
11 or court for an act or conduct similar to an act or conduct
12 that would constitute grounds for disciplinary action as
13 set forth in this Section.

14 (22) Prescribing, selling, administering,
15 distributing, giving, or self-administering (A) any drug
16 classified as a controlled substance (designated product)
17 for other than medically accepted therapeutic purposes or
18 (B) any narcotic drug.

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

22 (24) Exceeding the terms of a collaborative agreement
23 or the prescriptive authority delegated to a licensee by
24 his or her collaborating physician or established under a
25 written collaborative agreement.

26 The entry of an order by any circuit court establishing

1 that any person holding a license under this Act is subject to
2 involuntary admission or judicial admission as provided for in
3 the Mental Health and Developmental Disabilities Code,
4 operates as an automatic suspension of that license. That
5 person may have his or her license restored only upon the
6 determination by a circuit court that the patient is no longer
7 subject to involuntary admission or judicial admission and the
8 issuance of an order so finding and discharging the patient
9 and upon the Board's recommendation to the Department that the
10 license be restored. Where the circumstances so indicate, the
11 Board may recommend to the Department that it require an
12 examination prior to restoring any license so automatically
13 suspended.

14 The Department shall refuse to issue or suspend the
15 license of any person who fails to file a return, or to pay the
16 tax, penalty or interest shown in a filed return, or to pay any
17 final assessment of the tax penalty or interest, as required
18 by any tax Act administered by the Illinois Department of
19 Revenue, until such time as the requirements of any such tax
20 Act are satisfied.

21 In enforcing this Section, the Department or Board upon a
22 showing of a possible violation may compel any person licensed
23 to practice under this Act, or who has applied for licensure or
24 certification pursuant to this Act, to submit to a mental or
25 physical examination, or both, as required by and at the
26 expense of the Department. The examining physicians or

1 clinical psychologists shall be those specifically designated
2 by the Department. The Board or the Department may order the
3 examining physician or clinical psychologist to present
4 testimony concerning this mental or physical examination of
5 the licensee or applicant. No information shall be excluded by
6 reason of any common law or statutory privilege relating to
7 communications between the licensee or applicant and the
8 examining physician or clinical psychologist. The person to be
9 examined may have, at his or her own expense, another
10 physician or clinical psychologist of his or her choice
11 present during all aspects of the examination. Failure of any
12 person to submit to a mental or physical examination, when
13 directed, shall be grounds for suspension of a license until
14 the person submits to the examination if the Department or
15 Board finds, after notice and hearing, that the refusal to
16 submit to the examination was without reasonable cause.

17 If the Department or Board finds a person unable to
18 practice because of the reasons set forth in this Section, the
19 Department or Board may require that person to submit to care,
20 counseling or treatment by physicians or clinical
21 psychologists approved or designated by the Department, as a
22 condition, term, or restriction for continued, reinstated, or
23 renewed licensure to practice; or, in lieu of care, counseling
24 or treatment, the Board may recommend to the Department to
25 file or the Department may file a complaint to immediately
26 suspend, revoke or otherwise discipline the license of the

1 person. Any person whose license was granted, continued,
2 reinstated, renewed, disciplined or supervised subject to such
3 terms, conditions or restrictions, and who fails to comply
4 with such terms, conditions or restrictions, shall be referred
5 to the Secretary for a determination as to whether the person
6 shall have his or her license suspended immediately, pending a
7 hearing by the Board.

8 In instances in which the Secretary immediately suspends a
9 person's license under this Section, a hearing on that
10 person's license must be convened by the Board within 15 days
11 after the suspension and completed without appreciable delay.
12 The Board shall have the authority to review the subject
13 person's record of treatment and counseling regarding the
14 impairment, to the extent permitted by applicable federal
15 statutes and regulations safeguarding the confidentiality of
16 medical records.

17 A person licensed under this Act and affected under this
18 Section shall be afforded an opportunity to demonstrate to the
19 Board that he or she can resume practice in compliance with
20 acceptable and prevailing standards under the provisions of
21 his or her license.

22 (b) The Department shall not revoke, suspend, place on
23 probation, reprimand, refuse to issue or renew, or take any
24 other disciplinary or non-disciplinary action against the
25 license or permit issued under this Act based solely upon the
26 licensed clinical psychologist recommending, aiding,

1 assisting, referring for, or participating in any health care
2 service, so long as the care was not unlawful under the laws of
3 this State, regardless of whether the patient was a resident
4 of this State or another state.

5 (c) The Department shall not revoke, suspend, place on
6 prohibition, reprimand, refuse to issue or renew, or take any
7 other disciplinary or non-disciplinary action against the
8 license or permit issued under this Act to practice as a
9 licensed clinical psychologist based upon the licensed
10 clinical psychologist's license being revoked or suspended, or
11 the licensed clinical psychologist being otherwise disciplined
12 by any other state, if that revocation, suspension, or other
13 form of discipline was based solely on the licensed clinical
14 psychologist violating another state's laws prohibiting the
15 provision of, authorization of, recommendation of, aiding or
16 assisting in, referring for, or participation in any health
17 care service if that health care service as provided would not
18 have been unlawful under the laws of this State and is
19 consistent with the standards of conduct for a licensed
20 clinical psychologist practicing in Illinois.

21 (d) The conduct specified in subsections (b) and (c) shall
22 not constitute grounds for suspension under Section 21.6.

23 (e) The Department shall not revoke, suspend, summarily
24 suspend, place on prohibition, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a licensed clinical psychologist based solely upon
2 the license of a licensed clinical psychologist being revoked
3 or the licensed clinical psychologist being otherwise
4 disciplined by any other state or territory other than
5 Illinois for the referral for or having otherwise participated
6 in any health care service, if the revocation or disciplinary
7 action was based solely on a violation of the other state's law
8 prohibiting such health care services in the state, for a
9 resident of the state, or in any other state.

10 (f) The Department may adopt rules to implement the
11 changes made by this amendatory Act of the 102nd General
12 Assembly.

13 (Source: P.A. 98-668, eff. 6-25-14; 99-572, eff. 7-15-16.)

14 Section 9-15. The Clinical Social Work and Social Work
15 Practice Act is amended by changing Section 19 as follows:

16 (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

18 Sec. 19. Grounds for disciplinary action.

19 (1) The Department may refuse to issue or renew a license,
20 or may suspend, revoke, place on probation, reprimand, or take
21 any other disciplinary or non-disciplinary action deemed
22 appropriate by the Department, including the imposition of
23 fines not to exceed \$10,000 for each violation, with regard to
24 any license issued under the provisions of this Act for any one

1 or a combination of the following grounds:

2 (a) material misstatements in furnishing information
3 to the Department or to any other State agency or in
4 furnishing information to any insurance company with
5 respect to a claim on behalf of a licensee or a patient;

6 (b) violations or negligent or intentional disregard
7 of this Act, or any of the rules promulgated hereunder;

8 (c) conviction of or entry of a plea of guilty or nolo
9 contendere, finding of guilt, jury verdict, or entry of
10 judgment or sentencing, including, but not limited to,
11 convictions, preceding sentences of supervision,
12 conditional discharge, or first offender probation, under
13 the laws of any jurisdiction of the United States that is
14 (i) a felony or (ii) a misdemeanor, an essential element
15 of which is dishonesty, or that is directly related to the
16 practice of the clinical social work or social work
17 professions;

18 (d) fraud or misrepresentation in applying for or
19 procuring a license under this Act or in connection with
20 applying for renewal or restoration of a license under
21 this Act;

22 (e) professional incompetence;

23 (f) gross negligence in practice under this Act;

24 (g) aiding or assisting another person in violating
25 any provision of this Act or its rules;

26 (h) failing to provide information within 60 days in

1 response to a written request made by the Department;

2 (i) engaging in dishonorable, unethical or
3 unprofessional conduct of a character likely to deceive,
4 defraud or harm the public as defined by the rules of the
5 Department, or violating the rules of professional conduct
6 adopted by the Department;

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

11 (k) adverse action taken by another state or
12 jurisdiction, if at least one of the grounds for the
13 discipline is the same or substantially equivalent to
14 those set forth in this Section;

15 (l) directly or indirectly giving to or receiving from
16 any person, firm, corporation, partnership, or association
17 any fee, commission, rebate or other form of compensation
18 for any professional service not actually rendered.
19 Nothing in this paragraph (l) affects any bona fide
20 independent contractor or employment arrangements among
21 health care professionals, health facilities, health care
22 providers, or other entities, except as otherwise
23 prohibited by law. Any employment arrangements may include
24 provisions for compensation, health insurance, pension, or
25 other employment benefits for the provision of services
26 within the scope of the licensee's practice under this

1 Act. Nothing in this paragraph (l) shall be construed to
2 require an employment arrangement to receive professional
3 fees for services rendered;

4 (m) a finding by the Department that the licensee,
5 after having the license placed on probationary status,
6 has violated the terms of probation or failed to comply
7 with such terms;

8 (n) abandonment, without cause, of a client;

9 (o) willfully making or filing false records or
10 reports relating to a licensee's practice, including, but
11 not limited to, false records filed with Federal or State
12 agencies or departments;

13 (p) willfully failing to report an instance of
14 suspected child abuse or neglect as required by the Abused
15 and Neglected Child Reporting Act;

16 (q) being named as a perpetrator in an indicated
17 report by the Department of Children and Family Services
18 under the Abused and Neglected Child Reporting Act, and
19 upon proof by clear and convincing evidence that the
20 licensee has caused a child to be an abused child or
21 neglected child as defined in the Abused and Neglected
22 Child Reporting Act;

23 (r) physical illness, mental illness, or any other
24 impairment or disability, including, but not limited to,
25 deterioration through the aging process, or loss of motor
26 skills that results in the inability to practice the

1 profession with reasonable judgment, skill or safety;

2 (s) solicitation of professional services by using
3 false or misleading advertising;

4 (t) violation of the Health Care Worker Self-Referral
5 Act;

6 (u) willfully failing to report an instance of
7 suspected abuse, neglect, financial exploitation, or
8 self-neglect of an eligible adult as defined in and
9 required by the Adult Protective Services Act; or

10 (v) being named as an abuser in a verified report by
11 the Department on Aging under the Adult Protective
12 Services Act, and upon proof by clear and convincing
13 evidence that the licensee abused, neglected, or
14 financially exploited an eligible adult as defined in the
15 Adult Protective Services Act.

16 (2) (Blank).

17 (3) The determination by a court that a licensee is
18 subject to involuntary admission or judicial admission as
19 provided in the Mental Health and Developmental Disabilities
20 Code, will result in an automatic suspension of his license.
21 Such suspension will end upon a finding by a court that the
22 licensee is no longer subject to involuntary admission or
23 judicial admission and issues an order so finding and
24 discharging the patient, and upon the recommendation of the
25 Board to the Secretary that the licensee be allowed to resume
26 professional practice.

1 (4) The Department shall refuse to issue or renew or may
2 suspend the license of a person who (i) fails to file a return,
3 pay the tax, penalty, or interest shown in a filed return, or
4 pay any final assessment of tax, penalty, or interest, as
5 required by any tax Act administered by the Department of
6 Revenue, until the requirements of the tax Act are satisfied
7 or (ii) has failed to pay any court-ordered child support as
8 determined by a court order or by referral from the Department
9 of Healthcare and Family Services.

10 (4.5) The Department shall not revoke, suspend, summarily
11 suspend, place on prohibition, reprimand, refuse to issue or
12 renew, or take any other disciplinary or non-disciplinary
13 action against a license or permit issued under this Act based
14 solely upon the licensed clinical social worker authorizing,
15 recommending, aiding, assisting, referring for, or otherwise
16 participating in any health care service, so long as the care
17 was not unlawful under the laws of this State, regardless of
18 whether the patient was a resident of this State or another
19 state.

20 (4.10) The Department shall not revoke, suspend, summarily
21 suspend, place on prohibition, reprimand, refuse to issue or
22 renew, or take any other disciplinary or non-disciplinary
23 action against the license or permit issued under this Act to
24 practice as a licensed clinical social worker based upon the
25 licensed clinical social worker's license being revoked or
26 suspended, or the licensed clinical social worker being

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

11 (4.15) The conduct specified in subsections (4.5) and
12 (4.10) shall not constitute grounds for suspension under
13 Section 32.

14 (4.20) An applicant seeking licensure, certification, or
15 authorization pursuant to this Act who has been subject to
16 disciplinary action by a duly authorized professional
17 disciplinary agency of another jurisdiction solely on the
18 basis of having authorized, recommended, aided, assisted,
19 referred for, or otherwise participated in health care shall
20 not be denied such licensure, certification, or authorization,
21 unless the Department determines that such action would have
22 constituted professional misconduct in this State; however,
23 nothing in this Section shall be construed as prohibiting the
24 Department from evaluating the conduct of such applicant and
25 making a determination regarding the licensure, certification,
26 or authorization to practice a profession under this Act.

1 (5) (a) In enforcing this Section, the Department or Board,
2 upon a showing of a possible violation, may compel a person
3 licensed to practice under this Act, or who has applied for
4 licensure under this Act, to submit to a mental or physical
5 examination, or both, which may include a substance abuse or
6 sexual offender evaluation, as required by and at the expense
7 of the Department.

8 (b) The Department shall specifically designate the
9 examining physician licensed to practice medicine in all of
10 its branches or, if applicable, the multidisciplinary team
11 involved in providing the mental or physical examination or
12 both. The multidisciplinary team shall be led by a physician
13 licensed to practice medicine in all of its branches and may
14 consist of one or more or a combination of physicians licensed
15 to practice medicine in all of its branches, licensed clinical
16 psychologists, licensed clinical social workers, licensed
17 clinical professional counselors, and other professional and
18 administrative staff. Any examining physician or member of the
19 multidisciplinary team may require any person ordered to
20 submit to an examination pursuant to this Section to submit to
21 any additional supplemental testing deemed necessary to
22 complete any examination or evaluation process, including, but
23 not limited to, blood testing, urinalysis, psychological
24 testing, or neuropsychological testing.

25 (c) The Board or the Department may order the examining
26 physician or any member of the multidisciplinary team to

1 present testimony concerning this mental or physical
2 examination of the licensee or applicant. No information,
3 report, record, or other documents in any way related to the
4 examination shall be excluded by reason of any common law or
5 statutory privilege relating to communications between the
6 licensee or applicant and the examining physician or any
7 member of the multidisciplinary team. No authorization is
8 necessary from the licensee or applicant ordered to undergo an
9 examination for the examining physician or any member of the
10 multidisciplinary team to provide information, reports,
11 records, or other documents or to provide any testimony
12 regarding the examination and evaluation.

13 (d) The person to be examined may have, at his or her own
14 expense, another physician of his or her choice present during
15 all aspects of the examination. However, that physician shall
16 be present only to observe and may not interfere in any way
17 with the examination.

18 (e) Failure of any person to submit to a mental or physical
19 examination without reasonable cause, when ordered, shall
20 result in an automatic suspension of his or her license until
21 the person submits to the examination.

22 (f) If the Department or Board finds a person unable to
23 practice because of the reasons set forth in this Section, the
24 Department or Board may require that person to submit to care,
25 counseling, or treatment by physicians approved or designated
26 by the Department or Board, as a condition, term, or

1 restriction for continued, reinstated, or renewed licensure to
2 practice; or, in lieu of care, counseling or treatment, the
3 Department may file, or the Board may recommend to the
4 Department to file, a complaint to immediately suspend,
5 revoke, or otherwise discipline the license of the person. Any
6 person whose license was granted, continued, reinstated,
7 renewed, disciplined or supervised subject to such terms,
8 conditions or restrictions, and who fails to comply with such
9 terms, conditions, or restrictions, shall be referred to the
10 Secretary for a determination as to whether the person shall
11 have his or her license suspended immediately, pending a
12 hearing by the Department.

13 (g) All fines imposed shall be paid within 60 days after
14 the effective date of the order imposing the fine or in
15 accordance with the terms set forth in the order imposing the
16 fine.

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

26 A person licensed under this Act and affected under this

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

5 (h) The Department may adopt rules to implement the
6 changes made by this amendatory Act of the 102nd General
7 Assembly.

8 (Source: P.A. 100-414, eff. 8-25-17.)

9 Section 9-20. The Marriage and Family Therapy Licensing
10 Act is amended by changing Section 85 as follows:

11 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

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

13 Sec. 85. Refusal, revocation, or suspension.

14 (a) The Department may refuse to issue or renew a license,
15 or may revoke, suspend, reprimand, place on probation, or take
16 any other disciplinary or non-disciplinary action as the
17 Department may deem proper, including the imposition of fines
18 not to exceed \$10,000 for each violation, with regard to any
19 license issued under the provisions of this Act for any one or
20 combination of the following grounds:

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

23 (2) Violation of any provision of this Act or its
24 rules.

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

10 (4) Fraud or misrepresentation in applying for or
11 procuring a license under this Act or in connection with
12 applying for renewal or restoration of a license under
13 this Act or its rules.

14 (5) Professional incompetence.

15 (6) Gross negligence in practice under this Act.

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

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

20 (9) Engaging in dishonorable, unethical, or
21 unprofessional conduct of a character likely to deceive,
22 defraud or harm the public as defined by the rules of the
23 Department, or violating the rules of professional conduct
24 adopted by the Department.

25 (10) Habitual or excessive use or abuse of drugs
26 defined in law as controlled substances, of alcohol, or

1 any other substance that results in the inability to
2 practice with reasonable judgment, skill, or safety.

3 (11) Discipline by another jurisdiction if at least
4 one of the grounds for the discipline is the same or
5 substantially equivalent to those set forth in this Act.

6 (12) Directly or indirectly giving to or receiving
7 from any person, firm, corporation, partnership, or
8 association any fee, commission, rebate, or other form of
9 compensation for any professional services not actually or
10 personally rendered. Nothing in this paragraph (12)
11 affects any bona fide independent contractor or employment
12 arrangements among health care professionals, health
13 facilities, health care providers, or other entities,
14 except as otherwise prohibited by law. Any employment
15 arrangements may include provisions for compensation,
16 health insurance, pension, or other employment benefits
17 for the provision of services within the scope of the
18 licensee's practice under this Act. Nothing in this
19 paragraph (12) shall be construed to require an employment
20 arrangement to receive professional fees for services
21 rendered.

22 (13) A finding by the Department that the licensee,
23 after having his or her license placed on probationary
24 status, has violated the terms of probation or failed to
25 comply with the terms.

26 (14) Abandonment of a patient without cause.

1 (15) Willfully making or filing false records or
2 reports relating to a licensee's practice, including but
3 not limited to false records filed with State agencies or
4 departments.

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

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

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

20 (19) Solicitation of professional services by using
21 false or misleading advertising.

22 (20) A pattern of practice or other behavior that
23 demonstrates incapacity or incompetence to practice under
24 this Act.

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

1 (22) Gross, willful, and continued overcharging for
2 professional services, including filing false statements
3 for collection of fees or moneys for which services are
4 not rendered.

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

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

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

13 (26) Being named as an abuser in a verified report by
14 the Department on Aging and under the Adult Protective
15 Services Act and upon proof by clear and convincing
16 evidence that the licensee abused, neglected, or
17 financially exploited an eligible adult as defined in the
18 Adult Protective Services Act.

19 (b) (Blank).

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

1 patient, and upon the recommendation of the Board to the
2 Secretary that the licensee be allowed to resume his or her
3 practice as a licensed marriage and family therapist or an
4 associate licensed marriage and family therapist.

5 (d) The Department shall refuse to issue or may suspend
6 the license of any person who fails to file a return, pay the
7 tax, penalty, or interest shown in a filed return or pay any
8 final assessment of tax, penalty, or interest, as required by
9 any tax Act administered by the Illinois Department of
10 Revenue, until the time the requirements of the tax Act are
11 satisfied.

12 (d-5) The Department shall not revoke, suspend, summarily
13 suspend, place on prohibition, reprimand, refuse to issue or
14 renew, or take any other disciplinary or non-disciplinary
15 action against the license or permit issued under this Act to
16 practice as a marriage and family therapist or associate
17 licensed marriage and family therapist based solely upon the
18 marriage and family therapist or associate licensed marriage
19 and family therapist authorizing, recommending, aiding,
20 assisting, referring for, or otherwise participating in any
21 health care service, so long as the care was not Unlawful under
22 the laws of this State, regardless of whether the patient was a
23 resident of this State or another state.

24 (d-10) The Department shall not revoke, suspend, summarily
25 suspend, place on prohibition, reprimand, refuse to issue or
26 renew, or take any other disciplinary or non-disciplinary

1 action against the license or permit issued under this Act to
2 practice as a marriage and family therapist or associate
3 licensed marriage and family therapist based upon the marriage
4 and family therapist's or associate licensed marriage and
5 family therapist's license being revoked or suspended, or the
6 marriage and family therapist or associate licensed marriage
7 and family therapist being otherwise disciplined by any other
8 state, if that revocation, suspension, or other form of
9 discipline was based solely on the marriage and family
10 therapist or associate licensed marriage and family therapist
11 violating another state's laws prohibiting the provision of,
12 authorization of, recommendation of, aiding or assisting in,
13 referring for, or participation in any health care service if
14 that health care service as provided would not have been
15 unlawful under the laws of this State and is consistent with
16 the standards of conduct for a marriage and family therapist
17 or an associate licensed marriage and family therapist
18 practicing in Illinois.

19 (d-15) The conduct specified in subsections (d-5) or
20 (d-10) shall not constitute grounds for suspension under
21 Section 145.

22 (d-20) An applicant seeking licensure, certification, or
23 authorization pursuant to this Act who has been subject to
24 disciplinary action by a duly authorized professional
25 disciplinary agency of another jurisdiction solely on the
26 basis of having authorized, recommended, aided, assisted,

1 referred for, or otherwise participated in health care shall
2 not be denied such licensure, certification, or authorization,
3 unless the Department determines that such action would have
4 constituted professional misconduct in this State; however,
5 nothing in this Section shall be construed as prohibiting the
6 Department from evaluating the conduct of such applicant and
7 making a determination regarding the licensure, certification,
8 or authorization to practice a profession under this Act.

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

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

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

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

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

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

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

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

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

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

15 (f) A fine shall be paid within 60 days after the effective
16 date of the order imposing the fine or in accordance with the
17 terms set forth in the order imposing the fine.

18 (g) The Department may adopt rules to implement the
19 changes made by this amendatory Act of the 102nd General
20 Assembly.

21 (Source: P.A. 100-372, eff. 8-25-17; 100-872, eff. 8-14-18.)

22 Section 9-25. The Professional Counselor and Clinical
23 Professional Counselor Licensing and Practice Act is amended
24 by changing Section 80 as follows:

1 (225 ILCS 107/80)

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

3 Sec. 80. Grounds for discipline.

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

10 (1) Material misstatement in furnishing information to
11 the Department or to any other State agency.

12 (2) Violations or negligent or intentional disregard
13 of this Act or rules adopted under this Act.

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

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

26 (5) Professional incompetence or gross negligence in

1 the rendering of professional counseling or clinical
2 professional counseling services.

3 (6) Malpractice.

4 (7) Aiding or assisting another person in violating
5 any provision of this Act or any rules.

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

8 (9) Engaging in dishonorable, unethical, or
9 unprofessional conduct of a character likely to deceive,
10 defraud, or harm the public and violating the rules of
11 professional conduct adopted by the Department.

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

16 (11) Discipline by another jurisdiction, the District
17 of Columbia, territory, county, or governmental agency, if
18 at least one of the grounds for the discipline is the same
19 or substantially equivalent to those set forth in this
20 Section.

21 (12) Directly or indirectly giving to or receiving
22 from any person, firm, corporation, partnership, or
23 association any fee, commission, rebate or other form of
24 compensation for any professional service not actually
25 rendered. Nothing in this paragraph (12) affects any bona
26 fide independent contractor or employment arrangements

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

10 (13) A finding by the Board that the licensee, after
11 having the license placed on probationary status, has
12 violated the terms of probation.

13 (14) Abandonment of a client.

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

18 (16) Willfully failing to report an instance of
19 suspected child abuse or neglect as required by the Abused
20 and Neglected Child Reporting Act and in matters
21 pertaining to suspected abuse, neglect, financial
22 exploitation, or self-neglect of adults with disabilities
23 and older adults as set forth in the Adult Protective
24 Services Act.

25 (17) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 pursuant to the Abused and Neglected Child Reporting Act,
2 and upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

6 (18) Physical or mental illness or disability,
7 including, but not limited to, deterioration through the
8 aging process or loss of abilities and skills which
9 results in the inability to practice the profession with
10 reasonable judgment, skill, or safety.

11 (19) Solicitation of professional services by using
12 false or misleading advertising.

13 (20) Allowing one's license under this Act to be used
14 by an unlicensed person in violation of this Act.

15 (21) A finding that licensure has been applied for or
16 obtained by fraudulent means.

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

19 (23) Gross and willful overcharging for professional
20 services including filing statements for collection of
21 fees or monies for which services are not rendered.

22 (24) Rendering professional counseling or clinical
23 professional counseling services without a license or
24 practicing outside the scope of a license.

25 (25) Clinical supervisors failing to adequately and
26 responsibly monitor supervisees.

1 All fines imposed under this Section shall be paid within
2 60 days after the effective date of the order imposing the
3 fine.

4 (b) (Blank).

5 (b-5) The Department may refuse to issue or may suspend
6 without hearing, as provided for in the Code of Civil
7 Procedure, the license of any person who fails to file a
8 return, pay the tax, penalty, or interest shown in a filed
9 return, or pay any final assessment of the tax, penalty, or
10 interest as required by any tax Act administered by the
11 Illinois Department of Revenue, until such time as the
12 requirements of any such tax Act are satisfied in accordance
13 with subsection (g) of Section 2105-15 of the Department of
14 Professional Regulation Law of the Civil Administrative Code
15 of Illinois.

16 (b-10) In cases where the Department of Healthcare and
17 Family Services has previously determined a licensee or a
18 potential licensee is more than 30 days delinquent in the
19 payment of child support and has subsequently certified the
20 delinquency to the Department, the Department may refuse to
21 issue or renew or may revoke or suspend that person's license
22 or may take other disciplinary action against that person
23 based solely upon the certification of delinquency made by the
24 Department of Healthcare and Family Services in accordance
25 with item (5) of subsection (a) of Section 2105-15 of the
26 Department of Professional Regulation Law of the Civil

1 Administrative Code of Illinois.

2 (c) The determination by a court that a licensee is
3 subject to involuntary admission or judicial admission as
4 provided in the Mental Health and Developmental Disabilities
5 Code will result in an automatic suspension of his or her
6 license. The suspension will end upon a finding by a court that
7 the licensee is no longer subject to involuntary admission or
8 judicial admission, the issuance of an order so finding and
9 discharging the patient, and the recommendation of the Board
10 to the Secretary that the licensee be allowed to resume
11 professional practice.

12 (c-1) The Department shall not revoke, suspend, summarily
13 suspend, place on prohibition, reprimand, refuse to issue or
14 renew, or take any other disciplinary or non-disciplinary
15 action against the license or permit issued under this Act to
16 practice as a professional counselor or clinical professional
17 counselor based solely upon the professional counselor or
18 clinical professional counselor authorizing, recommending,
19 aiding, assisting, referring for, or otherwise participating
20 in any health care service, so long as the care was not
21 unlawful under the laws of this State, regardless of whether
22 the patient was a resident of this State or another state.

23 (c-2) The Department shall not revoke, suspend, summarily
24 suspend, place on prohibition, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a professional counselor or clinical professional
2 counselor based upon the professional counselor's or clinical
3 professional counselor's license being revoked or suspended,
4 or the professional counselor or clinical professional
5 counselor being otherwise disciplined by any other state, if
6 that revocation, suspension, or other form of discipline was
7 based solely on the professional counselor or clinical
8 professional counselor violating another state's laws
9 prohibiting the provision of, authorization of, recommendation
10 of, aiding or assisting in, referring for, or participation in
11 any health care service if that health care service as
12 provided would not have been unlawful under the laws of this
13 State and is consistent with the standards of conduct for a
14 professional counselor or clinical professional counselor
15 practicing in Illinois.

16 (c-3) The conduct specified in subsections (c-1) and (c-2)
17 shall not constitute grounds for suspension under Section 145.

18 (c-4) An applicant seeking licensure, certification, or
19 authorization pursuant to this Act who has been subject to
20 disciplinary action by a duly authorized professional
21 disciplinary agency of another jurisdiction solely on the
22 basis of having authorized, recommended, aided, assisted,
23 referred for, or otherwise participated in health care shall
24 not be denied such licensure, certification, or authorization,
25 unless the Department determines that such action would have
26 constituted professional misconduct in this State; however,

1 nothing in this Section shall be construed as prohibiting the
2 Department from evaluating the conduct of such applicant and
3 making a determination regarding the licensure, certification,
4 or authorization to practice a profession under this Act.

5 (c-5) In enforcing this Act, the Department, upon a
6 showing of a possible violation, may compel an individual
7 licensed to practice under this Act, or who has applied for
8 licensure under this Act, to submit to a mental or physical
9 examination, or both, as required by and at the expense of the
10 Department. The Department may order the examining physician
11 to present testimony concerning the mental or physical
12 examination of the licensee or applicant. No information shall
13 be excluded by reason of any common law or statutory privilege
14 relating to communications between the licensee or applicant
15 and the examining physician. The examining physicians shall be
16 specifically designated by the Department. The individual to
17 be examined may have, at his or her own expense, another
18 physician of his or her choice present during all aspects of
19 this examination. The examination shall be performed by a
20 physician licensed to practice medicine in all its branches.
21 Failure of an individual to submit to a mental or physical
22 examination, when directed, shall result in an automatic
23 suspension without hearing.

24 All substance-related violations shall mandate an
25 automatic substance abuse assessment. Failure to submit to an
26 assessment by a licensed physician who is certified as an

1 addictionist or an advanced practice registered nurse with
2 specialty certification in addictions may be grounds for an
3 automatic suspension.

4 If the Department finds an individual unable to practice
5 or unfit for duty because of the reasons set forth in this
6 subsection (c-5), the Department may require that individual
7 to submit to a substance abuse evaluation or treatment by
8 individuals or programs approved or designated by the
9 Department, as a condition, term, or restriction for
10 continued, restored, or renewed licensure to practice; or, in
11 lieu of evaluation or treatment, the Department may file, or
12 the Board may recommend to the Department to file, a complaint
13 to immediately suspend, revoke, or otherwise discipline the
14 license of the individual. An individual whose license was
15 granted, continued, restored, renewed, disciplined, or
16 supervised subject to such terms, conditions, or restrictions,
17 and who fails to comply with such terms, conditions, or
18 restrictions, shall be referred to the Secretary for a
19 determination as to whether the individual shall have his or
20 her license suspended immediately, pending a hearing by the
21 Department.

22 A person holding a license under this Act or who has
23 applied for a license under this Act who, because of a physical
24 or mental illness or disability, including, but not limited
25 to, deterioration through the aging process or loss of motor
26 skill, is unable to practice the profession with reasonable

1 judgment, skill, or safety, may be required by the Department
2 to submit to care, counseling, or treatment by physicians
3 approved or designated by the Department as a condition, term,
4 or restriction for continued, reinstated, or renewed licensure
5 to practice. Submission to care, counseling, or treatment as
6 required by the Department shall not be considered discipline
7 of a license. If the licensee refuses to enter into a care,
8 counseling, or treatment agreement or fails to abide by the
9 terms of the agreement, the Department may file a complaint to
10 revoke, suspend, or otherwise discipline the license of the
11 individual. The Secretary may order the license suspended
12 immediately, pending a hearing by the Department. Fines shall
13 not be assessed in disciplinary actions involving physical or
14 mental illness or impairment.

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

24 An individual licensed under this Act and affected under
25 this Section shall be afforded an opportunity to demonstrate
26 to the Department that he or she can resume practice in

1 compliance with acceptable and prevailing standards under the
2 provisions of his or her license.

3 (d) (Blank).

4 (e) The Department may adopt rules to implement the
5 changes made by this amendatory Act of the 102nd General
6 Assembly.

7 (Source: P.A. 102-878, eff. 1-1-23.)

8 Section 9-30. The Registered Surgical Assistant and
9 Registered Surgical Technologist Title Protection Act is
10 amended by changing Section 75 as follows:

11 (225 ILCS 130/75)

12 (Section scheduled to be repealed on January 1, 2024)

13 Sec. 75. Grounds for disciplinary action.

14 (a) The Department may refuse to issue, renew, or restore
15 a registration, may revoke or suspend a registration, or may
16 place on probation, reprimand, or take other disciplinary or
17 non-disciplinary action with regard to a person registered
18 under this Act, including but not limited to the imposition of
19 fines not to exceed \$10,000 for each violation and the
20 assessment of costs as provided for in Section 90, for any one
21 or combination of the following causes:

22 (1) Making a material misstatement in furnishing
23 information to the Department.

24 (2) Violating a provision of this Act or rules adopted

1 under this Act.

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

11 (4) Fraud or misrepresentation in applying for,
12 renewing, restoring, reinstating, or procuring a
13 registration under this Act.

14 (5) Aiding or assisting another person in violating a
15 provision of this Act or its rules.

16 (6) Failing to provide information within 60 days in
17 response to a written request made by the Department.

18 (7) Engaging in dishonorable, unethical, or
19 unprofessional conduct of a character likely to deceive,
20 defraud, or harm the public, as defined by rule of the
21 Department.

22 (8) Discipline by another United States jurisdiction,
23 governmental agency, unit of government, or foreign
24 nation, if at least one of the grounds for discipline is
25 the same or substantially equivalent to those set forth in
26 this Section.

1 (9) Directly or indirectly giving to or receiving from
2 a person, firm, corporation, partnership, or association a
3 fee, commission, rebate, or other form of compensation for
4 professional services not actually or personally rendered.
5 Nothing in this paragraph (9) affects any bona fide
6 independent contractor or employment arrangements among
7 health care professionals, health facilities, health care
8 providers, or other entities, except as otherwise
9 prohibited by law. Any employment arrangements may include
10 provisions for compensation, health insurance, pension, or
11 other employment benefits for the provision of services
12 within the scope of the registrant's practice under this
13 Act. Nothing in this paragraph (9) shall be construed to
14 require an employment arrangement to receive professional
15 fees for services rendered.

16 (10) A finding by the Department that the registrant,
17 after having his or her registration placed on
18 probationary status, has violated the terms of probation.

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

22 (12) Willfully making or signing a false statement,
23 certificate, or affidavit to induce payment.

24 (13) Willfully failing to report an instance of
25 suspected child abuse or neglect as required under the
26 Abused and Neglected Child Reporting Act.

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

8 (15) (Blank).

9 (16) Failure to report to the Department (A) any
10 adverse final action taken against the registrant by
11 another registering or licensing jurisdiction, government
12 agency, law enforcement agency, or any court or (B)
13 liability for conduct that would constitute grounds for
14 action as set forth in this Section.

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

19 (18) Physical or mental illness, including but not
20 limited to deterioration through the aging process or loss
21 of motor skills, which results in the inability to
22 practice the profession for which he or she is registered
23 with reasonable judgment, skill, or safety.

24 (19) Gross malpractice.

25 (20) Immoral conduct in the commission of an act
26 related to the registrant's practice, including but not

1 limited to sexual abuse, sexual misconduct, or sexual
2 exploitation.

3 (21) Violation of the Health Care Worker Self-Referral
4 Act.

5 (b) The Department may refuse to issue or may suspend
6 without hearing the registration of a person who fails to file
7 a return, to pay the tax, penalty, or interest shown in a filed
8 return, or to pay a final assessment of the tax, penalty, or
9 interest as required by a tax Act administered by the
10 Department of Revenue, until the requirements of the tax Act
11 are satisfied in accordance with subsection (g) of Section
12 2105-15 of the Department of Regulation Law of the Civil
13 Administrative Code of Illinois.

14 (b-1) The Department shall not revoke, suspend, summarily
15 suspend, place on probation, reprimand, refuse to issue or
16 renew, or take any other disciplinary or non-disciplinary
17 action against the license issued under this Act to practice
18 as a registered surgical assistant or registered surgical
19 technologist based solely upon the registered surgical
20 assistant or registered surgical technologist providing,
21 authorizing, recommending, aiding, assisting, referring for,
22 or otherwise participating in any health care service, so long
23 as the care was not unlawful under the laws of this State,
24 regardless of whether the patient was a resident of this State
25 or another state.

26 (b-2) The Department shall not revoke, suspend, summarily

1 suspend, place on prohibition, reprimand, refuse to issue or
2 renew, or take any other disciplinary or non-disciplinary
3 action against the license issued under this Act to practice
4 as a registered surgical assistant or registered surgical
5 technologist based upon the registered surgical assistant's or
6 registered surgical technologist's license being revoked or
7 suspended, or the registered surgical assistant's or
8 registered surgical technologist's being otherwise disciplined
9 by any other state, if that revocation, suspension, or other
10 form of discipline was based solely on the registered surgical
11 assistant or registered surgical technologist violating
12 another state's laws prohibiting the provision of,
13 authorization of, recommendation of, aiding or assisting in,
14 referring for, or participation in any health care service if
15 that health care service as provided would not have been
16 unlawful under the laws of this State and is consistent with
17 the standards of conduct for the registered surgical assistant
18 or registered surgical technologist practicing in this State.

19 (b-3) The conduct specified in subsection (b-1) or (b-2)
20 shall not constitute grounds for suspension under Section 145.

21 (b-4) An applicant seeking licensure, certification, or
22 authorization pursuant to this Act who has been subject to
23 disciplinary action by a duly authorized professional
24 disciplinary agency of another jurisdiction solely on the
25 basis of having provided, authorized, recommended, aided,
26 assisted, referred for, or otherwise participated in health

1 care shall not be denied such licensure, certification, or
2 authorization, unless the Department determines that such
3 action would have constituted professional misconduct in this
4 State. Nothing in this Section shall be construed as
5 prohibiting the Department from evaluating the conduct of such
6 applicant and making a determination regarding the licensure,
7 certification, or authorization to practice a profession under
8 this Act.

9 (c) The determination by a circuit court that a registrant
10 is subject to involuntary admission or judicial admission as
11 provided in the Mental Health and Developmental Disabilities
12 Code operates as an automatic suspension. The suspension will
13 end only upon (1) a finding by a court that the patient is no
14 longer subject to involuntary admission or judicial admission,
15 (2) issuance of an order so finding and discharging the
16 patient, and (3) filing of a petition for restoration
17 demonstrating fitness to practice.

18 (d) (Blank).

19 (e) In cases where the Department of Healthcare and Family
20 Services has previously determined a registrant or a potential
21 registrant is more than 30 days delinquent in the payment of
22 child support and has subsequently certified the delinquency
23 to the Department, the Department may refuse to issue or renew
24 or may revoke or suspend that person's registration or may
25 take other disciplinary action against that person based
26 solely upon the certification of delinquency made by the

1 Department of Healthcare and Family Services in accordance
2 with paragraph (5) of subsection (a) of Section 2105-15 of the
3 Department of Professional Regulation Law of the Civil
4 Administrative Code of Illinois.

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

1 process, including, but not limited to, blood testing,
2 urinalysis, psychological testing, or neuropsychological
3 testing.

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

1 Failure of any individual to submit to mental or physical
2 examination and evaluation, or both, when directed, shall
3 result in an automatic suspension without a hearing until such
4 time as the individual submits to the examination. If the
5 Department finds a registrant unable to practice because of
6 the reasons set forth in this Section, the Department shall
7 require such registrant to submit to care, counseling, or
8 treatment by physicians approved or designated by the
9 Department as a condition for continued, reinstated, or
10 renewed registration.

11 When the Secretary immediately suspends a registration
12 under this Section, a hearing upon such person's registration
13 must be convened by the Department within 15 days after such
14 suspension and completed without appreciable delay. The
15 Department shall have the authority to review the registrant's
16 record of treatment and counseling regarding the impairment to
17 the extent permitted by applicable federal statutes and
18 regulations safeguarding the confidentiality of medical
19 records.

20 Individuals registered under this Act and affected under
21 this Section shall be afforded an opportunity to demonstrate
22 to the Department that they can resume practice in compliance
23 with acceptable and prevailing standards under the provisions
24 of their registration.

25 (g) All fines imposed under this Section shall be paid
26 within 60 days after the effective date of the order imposing

1 the fine or in accordance with the terms set forth in the order
2 imposing the fine.

3 (f) The Department may adopt rules to implement the
4 changes made by this amendatory Act of the 102nd General
5 Assembly.

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

7 Section 9-35. The Genetic Counselor Licensing Act is
8 amended by changing Section 95 as follows:

9 (225 ILCS 135/95)

10 (Section scheduled to be repealed on January 1, 2025)

11 Sec. 95. Grounds for discipline.

12 (a) The Department may refuse to issue, renew, or may
13 revoke, suspend, place on probation, reprimand, or take other
14 disciplinary or non-disciplinary action as the Department
15 deems appropriate, including the issuance of fines not to
16 exceed \$10,000 for each violation, with regard to any license
17 for any one or more of the following:

18 (1) Material misstatement in furnishing information to
19 the Department or to any other State agency.

20 (2) Violations or negligent or intentional disregard
21 of this Act, or any of its rules.

22 (3) Conviction by plea of guilty or nolo contendere,
23 finding of guilt, jury verdict, or entry of judgment or
24 sentencing, including, but not limited to, convictions,

1 preceding sentences of supervision, conditional discharge,
2 or first offender probation, under the laws of any
3 jurisdiction of the United States: (i) that is a felony or
4 (ii) that is a misdemeanor, an essential element of which
5 is dishonesty, or that is directly related to the practice
6 of genetic counseling.

7 (4) Making any misrepresentation for the purpose of
8 obtaining a license, or violating any provision of this
9 Act or its rules.

10 (5) Negligence in the rendering of genetic counseling
11 services.

12 (6) Failure to provide genetic testing results and any
13 requested information to a referring physician licensed to
14 practice medicine in all its branches, advanced practice
15 registered nurse, or physician assistant.

16 (7) Aiding or assisting another person in violating
17 any provision of this Act or any rules.

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

20 (9) Engaging in dishonorable, unethical, or
21 unprofessional conduct of a character likely to deceive,
22 defraud, or harm the public and violating the rules of
23 professional conduct adopted by the Department.

24 (10) Failing to maintain the confidentiality of any
25 information received from a client, unless otherwise
26 authorized or required by law.

1 (10.5) Failure to maintain client records of services
2 provided and provide copies to clients upon request.

3 (11) Exploiting a client for personal advantage,
4 profit, or interest.

5 (12) Habitual or excessive use or addiction to
6 alcohol, narcotics, stimulants, or any other chemical
7 agent or drug which results in inability to practice with
8 reasonable skill, judgment, or safety.

9 (13) Discipline by another governmental agency or unit
10 of government, by any jurisdiction of the United States,
11 or by a foreign nation, if at least one of the grounds for
12 the discipline is the same or substantially equivalent to
13 those set forth in this Section.

14 (14) Directly or indirectly giving to or receiving
15 from any person, firm, corporation, partnership, or
16 association any fee, commission, rebate, or other form of
17 compensation for any professional service not actually
18 rendered. Nothing in this paragraph (14) affects any bona
19 fide independent contractor or employment arrangements
20 among health care professionals, health facilities, health
21 care providers, or other entities, except as otherwise
22 prohibited by law. Any employment arrangements may include
23 provisions for compensation, health insurance, pension, or
24 other employment benefits for the provision of services
25 within the scope of the licensee's practice under this
26 Act. Nothing in this paragraph (14) shall be construed to

1 require an employment arrangement to receive professional
2 fees for services rendered.

3 (15) A finding by the Department that the licensee,
4 after having the license placed on probationary status,
5 has violated the terms of probation.

6 (16) Failing to refer a client to other health care
7 professionals when the licensee is unable or unwilling to
8 adequately support or serve the client.

9 (17) Willfully filing false reports relating to a
10 licensee's practice, including but not limited to false
11 records filed with federal or State agencies or
12 departments.

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

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

23 (20) Physical or mental disability, including
24 deterioration through the aging process or loss of
25 abilities and skills which results in the inability to
26 practice the profession with reasonable judgment, skill,

1 or safety.

2 (21) Solicitation of professional services by using
3 false or misleading advertising.

4 (22) Failure to file a return, or to pay the tax,
5 penalty of interest shown in a filed return, or to pay any
6 final assessment of tax, penalty or interest, as required
7 by any tax Act administered by the Illinois Department of
8 Revenue or any successor agency or the Internal Revenue
9 Service or any successor agency.

10 (23) Fraud or making any misrepresentation in applying
11 for or procuring a license under this Act or in connection
12 with applying for renewal of a license under this Act.

13 (24) Practicing or attempting to practice under a name
14 other than the full name as shown on the license or any
15 other legally authorized name.

16 (25) Gross overcharging for professional services,
17 including filing statements for collection of fees or
18 monies for which services are not rendered.

19 (26) (Blank).

20 (27) Charging for professional services not rendered,
21 including filing false statements for the collection of
22 fees for which services are not rendered.

23 (28) Allowing one's license under this Act to be used
24 by an unlicensed person in violation of this Act.

25 (b) (Blank).

26 (b-5) The Department shall not revoke, suspend, summarily

1 suspend, place on prohibition, reprimand, refuse to issue or
2 renew, or take any other disciplinary or non-disciplinary
3 action against the license or permit issued under this Act to
4 practice as a genetic counselor based solely upon the genetic
5 counselor authorizing, recommending, aiding, assisting,
6 referring for, or otherwise participating in any health care
7 service, so long as the care was not unlawful under the laws of
8 this State, regardless of whether the patient was a resident
9 of this State or another state.

10 (b-10) The Department shall not revoke, suspend, summarily
11 suspend, place on prohibition, reprimand, refuse to issue or
12 renew, or take any other disciplinary or non-disciplinary
13 action against the license or permit issued under this Act to
14 practice as a genetic counselor based upon the genetic
15 counselor's license being revoked or suspended, or the genetic
16 counselor being otherwise disciplined by any other state, if
17 that revocation, suspension, or other form of discipline was
18 based solely on the genetic counselor violating another
19 state's laws prohibiting the provision of, authorization of,
20 recommendation of, aiding or assisting in, referring for, or
21 participation in any health care service if that health care
22 service as provided would not have been unlawful under the
23 laws of this State and is consistent with the standards of
24 conduct for the genetic counselor if it occurred in Illinois.

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

1 Section 160.

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

15 (c) The determination by a court that a licensee is
16 subject to involuntary admission or judicial admission as
17 provided in the Mental Health and Developmental Disabilities
18 Code will result in an automatic suspension of his or her
19 license. The suspension will end upon a finding by a court that
20 the licensee is no longer subject to involuntary admission or
21 judicial admission, the issuance of an order so finding and
22 discharging the patient, and the determination of the
23 Secretary that the licensee be allowed to resume professional
24 practice.

25 (d) The Department may refuse to issue or renew or may
26 suspend without hearing the license of any person who fails to

1 file a return, to pay the tax penalty or interest shown in a
2 filed return, or to pay any final assessment of the tax,
3 penalty, or interest as required by any Act regarding the
4 payment of taxes administered by the Illinois Department of
5 Revenue until the requirements of the Act are satisfied in
6 accordance with subsection (g) of Section 2105-15 of the Civil
7 Administrative Code of Illinois.

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

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

24 (g) The Department may adopt rules to implement the
25 changes made by this amendatory Act of the 102nd General
26 Assembly.

1 (Source: P.A. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17;
2 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff.
3 8-14-18.)

4 Article 11.

5 Section 11-5. The Reproductive Health Act is amended by
6 changing Section 1-25 as follows:

7 (775 ILCS 55/1-25)

8 Sec. 1-25. Reporting of abortions performed by health care
9 professionals.

10 (a) A health care professional may provide abortion care
11 in accordance with the health care professional's professional
12 judgment and training and based on accepted standards of
13 clinical practice consistent with the scope of his or her
14 practice under the Medical Practice Act of 1987, the Nurse
15 Practice Act, or the Physician Assistant Practice Act of 1987.
16 An advanced practice registered nurse or physician assistant
17 as defined in this Act may perform aspiration abortion
18 procedures that do not require general anesthesia, consistent
19 with their training and standards of clinical practice and, if
20 applicable, consistent with any collaborative agreement. If
21 the health care professional determines that there is fetal
22 viability, the health care professional may provide abortion
23 care only if, in the professional judgment of the health care

1 professional, the abortion is necessary to protect the life or
2 health of the patient.

3 (b) A report of each abortion performed by a health care
4 professional shall be made to the Department on forms
5 prescribed by it. Such reports shall be transmitted to the
6 Department on a quarterly basis ~~not later than 10 days~~
7 ~~following the end of the month in which the abortion is~~
8 ~~performed.~~

9 (c) The abortion reporting forms prescribed by the
10 Department shall not request or require information that
11 identifies a patient or health care professional by name or
12 any other identifying information, and the Department shall
13 secure anonymity of all patients and health care
14 professionals.

15 (d) All reports received by the Department pursuant to
16 this Section shall be treated as confidential and exempt from
17 the Freedom of Information Act. Such reports shall not be
18 admissible as evidence or discoverable in any action of any
19 kind, in any court, or before any tribunal, board, agency or
20 person. Access to such reports shall be limited to authorized
21 Department staff who shall use the reports for statistical
22 purposes only. Such reports must be destroyed within 2 years
23 after date of receipt. The Department may make aggregate data
24 derived from the reports publicly available so long as such
25 disclosure does not reveal any identifying information about a
26 patient or health care professional.

1 (Source: P.A. 101-13, eff. 6-12-19.)

2 Article 12.

3 Section 12-5. The Telehealth Act is amended by changing
4 Sections 10 and 15 as follows:

5 (225 ILCS 150/10)

6 Sec. 10. Practice authority. A health care professional
7 treating a patient located in this State through telehealth
8 services must be licensed or authorized to practice in
9 Illinois. A health care professional with a temporary permit
10 for full practice advanced practice registered nurse for
11 health care, a temporary permit for advanced practice
12 registered nurse for health care, or a temporary permit for
13 health care may treat a patient located in this State through
14 telehealth services in a manner consistent with the health
15 care professional's scope of practice and agreement with a
16 sponsoring entity.

17 (Source: P.A. 102-104, eff. 7-22-21.)

18 (225 ILCS 150/15)

19 Sec. 15. Use of telehealth services.

20 (a) A health care professional may engage in the practice
21 of telehealth services in Illinois to the extent of his or her
22 scope of practice as established in his or her respective

1 licensing Act consistent with the standards of care for
2 in-person services. This Act shall not be construed to alter
3 the scope of practice of any health care professional or
4 authorize the delivery of health care services in a setting or
5 in a manner not otherwise authorized by the laws of this State.

6 (b) Telehealth services provided pursuant to this Section
7 shall be consistent with all federal and State privacy,
8 security, and confidentiality laws, rules, or regulations.

9 (c) A health care professional with a temporary permit for
10 full practice advanced practice registered nurse for health
11 care, a temporary permit for advanced practice registered
12 nurse for health care, or a temporary permit for health care
13 may treat a patient located in this State through telehealth
14 services in a manner consistent with the health care
15 professional's scope of practice and agreement with a
16 sponsoring entity.

17 (Source: P.A. 102-104, eff. 7-22-21.)

18 Article 14.

19 Section 14-5. The Medical Practice Act of 1987 is amended
20 by changing Section 49.5 as follows:

21 (225 ILCS 60/49.5)

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

23 Sec. 49.5. Telemedicine.

1 (a) The General Assembly finds and declares that because
2 of technological advances and changing practice patterns the
3 practice of medicine is occurring with increasing frequency
4 across state lines and across increasing geographical
5 distances within the State of Illinois and that certain
6 technological advances in the practice of medicine are in the
7 public interest. The General Assembly further finds and
8 declares that the practice of medicine is a privilege and that
9 the licensure by this State of practitioners outside this
10 State engaging in medical practice within this State and the
11 ability to discipline those practitioners is necessary for the
12 protection of the public health, welfare, and safety.

13 (b) A person who engages in the practice of telemedicine
14 without a license or permit issued under this Act shall be
15 subject to penalties provided in Section 59. A person with a
16 temporary permit for health care may treat a patient located
17 in this State through telehealth services in a manner
18 consistent with the person's scope of practice and agreement
19 with a sponsoring entity.

20 (c) For purposes of this Act, "telemedicine" means the
21 performance of any of the activities listed in Section 49,
22 including, but not limited to, rendering written or oral
23 opinions concerning diagnosis or treatment of a patient in
24 Illinois by a person in a different location than the patient
25 as a result of transmission of individual patient data by
26 telephonic, electronic, or other means of communication.

1 "Telemedicine" does not include the following:

2 (1) periodic consultations between a person licensed
3 under this Act and a person outside the State of Illinois;

4 (2) a second opinion provided to a person licensed
5 under this Act;

6 (3) diagnosis or treatment services provided to a
7 patient in Illinois following care or treatment originally
8 provided to the patient in the state in which the provider
9 is licensed to practice medicine; and

10 (4) health care services provided to an existing
11 patient while the person licensed under this Act or
12 patient is traveling.

13 (d) Whenever the Department has reason to believe that a
14 person has violated this Section, the Department may issue a
15 rule to show cause why an order to cease and desist should not
16 be entered against that person. The rule shall clearly set
17 forth the grounds relied upon by the Department and shall
18 provide a period of 7 days from the date of the rule to file an
19 answer to the satisfaction of the Department. Failure to
20 answer to the satisfaction of the Department shall cause an
21 order to cease and desist to be issued immediately.

22 (e) An out-of-state person providing a service listed in
23 Section 49 to a patient residing in Illinois through the
24 practice of telemedicine submits himself or herself to the
25 jurisdiction of the courts of this State.

26 (Source: P.A. 100-317, eff. 1-1-18.)

1 Article 16.

2 Section 16-1. Short title. This Article may be cited as
3 the Abortion Care Clinical Training Program Act. References in
4 this Article to "this Act" mean this Article.

5 Section 16-5. Intent. The Program established under this
6 Act is intended to protect access to abortion care in Illinois
7 by ensuring there are a sufficient number of health care
8 professionals appropriately trained to provide abortion care
9 and other reproductive health care services.

10 Section 16-10. Definitions. As used in this Act:

11 "Abortion" has the meaning given to that term in Section
12 1-10 of the Reproductive Health Act.

13 "Coordinating organization" means a nonprofit entity in
14 good standing in any state or jurisdiction in which the
15 organization is registered or incorporated that has
16 demonstrated experience in coordinating or providing abortion
17 care training programs at community-based and hospital-based
18 provider sites.

19 "Department" means the Department of Public Health.

20 "Fund" means the Abortion Care Clinical Training Program
21 Fund.

22 "Health care professional" has the meaning given to that

1 term in Section 1-10 of the Reproductive Health Act.

2 "Program" means the Abortion Care Clinical Training
3 Program.

4 "Reproductive health care" has the meaning given to that
5 term in Section 1-10 of the Reproductive Health Act.

6 "Transportation hub" means an area easily accessible by
7 interstate or interregional transportation, including
8 roadways, railways, buses, air travel, and public
9 transportation.

10 "Underserved community" means a community that lacks a
11 sufficient number of health care providers or facilities to
12 meet the demand for abortion care without waiting periods more
13 than 3 days.

14 Section 16-15. Program administration and reporting.

15 (a) Subject to appropriation to the Fund, the Department
16 shall contract with at least one coordinating organization to
17 administer the Program. The Department shall use the Fund to
18 contract with the coordinating organization.

19 (b) A coordinating organization contracted by the
20 Department to administer the Program shall:

21 (1) submit an annual report to the Department
22 regarding Program performance, including the number of
23 participants enrolled, the demographics of Program
24 participants, the number of participants who successfully
25 complete the Program, the outcome of successful Program

1 participants, and the level of involvement of the
2 participants in providing abortion and other forms of
3 reproductive health care in Illinois; and

4 (2) meet any other requirements established by the
5 Department that are not inconsistent with this Act.

6 (c) The Department shall release the name of any
7 coordinating organization it coordinates with and any entity
8 receiving funds to assist in the implementation of this
9 Program through the coordinating organization. The Department
10 shall not release the name of any individual person or health
11 care professional administering services through or
12 participating in the Program. The Department shall, by rule,
13 establish procedures to ensure that sensitive Program
14 information, including any personal information and
15 information that, if released, could endanger the life or
16 physical safety of program participants, remains confidential.

17 (d) Any coordinating organization or other entity
18 receiving funds to implement this Program is subject to the
19 requirements of the Grant Accountability and Transparency Act.

20 Section 16-20. Coordinating organization duties. A
21 coordinating organization contracted by the Department to
22 administer the Program shall assume the following duties:

23 (1) Administer grants to develop and sustain abortion care
24 training programs at a minimum of 2 community-based provider
25 sites. When selecting community-based provider sites, the

1 coordinating organization shall prioritize sites near
2 transportation hubs and underserved communities.

3 (2) If funding is available, administer grants to:

4 (A) other community-based sites;

5 (B) hospital-based provider sites; and

6 (C) continuing education programs for reproductive
7 health care, including through professional associations
8 and other clinical education programs.

9 (3) Establish training Program requirements that:

10 (A) are consistent with evidence-based training
11 standards;

12 (B) comply with any applicable State or federal law
13 and regulations; and

14 (C) focus on providing culturally congruent care and
15 include implicit bias training.

16 (4) Support abortion care clinical training to health care
17 professionals or individuals seeking to become health care
18 professionals, consistent with the appropriate scope of
19 clinical practice, intended to:

20 (A) expand the number of health care professionals
21 with abortion care training; and

22 (B) increase diversity among health care professionals
23 with abortion care training.

24 (5) Support the identification, recruitment, screening,
25 and placement of qualified reproductive health care
26 professionals at training sites.

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

2 Sec. 43. Dispensation of hormonal contraceptives.

3 (a) The dispensing of hormonal contraceptives to a patient
4 shall be pursuant to a valid prescription, or pursuant to a
5 standing order by a physician licensed to practice medicine in
6 all its branches, a standing order by ~~or~~ the medical director
7 of a local health department, or a standing order by the
8 Department of Public Health pursuant to the following:

9 (1) a pharmacist may dispense no more than a 12-month
10 supply of hormonal contraceptives to a patient;

11 (2) a pharmacist must complete an educational training
12 program accredited by the Accreditation Council for
13 Pharmacy Education and approved by the Department that is
14 related to the patient self-screening risk assessment,
15 patient assessment contraceptive counseling and education,
16 and dispensation of hormonal contraceptives;

17 (3) a pharmacist shall have the patient complete the
18 self-screening risk assessment tool; the self-screening
19 risk assessment tool is to be based on the most current
20 version of the United States Medical Eligibility Criteria
21 for Contraceptive Use published by the federal Centers for
22 Disease Control and Prevention;

23 (4) based upon the results of the self-screening risk
24 assessment and the patient assessment, the pharmacist
25 shall use his or her professional and clinical judgment as
26 to when a patient should be referred to the patient's

1 physician or another health care provider;

2 (5) a pharmacist shall provide, during the patient
3 assessment and consultation, counseling and education
4 about all methods of contraception, including methods not
5 covered under the standing order, and their proper use and
6 effectiveness;

7 (6) the patient consultation shall take place in a
8 private manner; and

9 (7) a pharmacist and pharmacy must maintain
10 appropriate records.

11 (b) The Department may adopt rules to implement this
12 Section.

13 (c) Nothing in this Section shall be interpreted to
14 require a pharmacist to dispense hormonal contraception under
15 a standing order issued by a physician licensed to practice
16 medicine in all its branches or the medical director of a local
17 health department.

18 (d) Notwithstanding any other provision of the law to the
19 contrary, a pharmacist may dispense hormonal contraceptives in
20 conformance with standing orders issued pursuant to this
21 Section without prior establishment of a relationship between
22 the pharmacist and the person receiving hormonal
23 contraception.

24 (e) No employee of the Department of Public Health issuing
25 a standing order pursuant to this Section shall, as a result of
26 the employee's acts or omissions in issuing the standing order

1 pursuant to this Section, be subject to (i) any disciplinary
2 or other adverse action under the Medical Practice Act of
3 1987, (ii) any civil liability, or (iii) any criminal
4 liability.

5 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

6 Article 22.

7 Section 22-5. The Birth Center Licensing Act is amended by
8 changing Sections 5 and 30 as follows:

9 (210 ILCS 170/5)

10 Sec. 5. Definitions. In this Act:

11 "Birth center" means a designated site, other than a
12 hospital:

13 (1) in which births are planned to occur following a
14 normal, uncomplicated, and low-risk pregnancy;

15 (2) that is not the pregnant person's usual place of
16 residence;

17 (3) that is ~~exclusively~~ dedicated to serving the
18 childbirth-related needs of pregnant persons and their
19 newborns, and has no more than 10 beds;

20 (4) that offers prenatal care and community education
21 services and coordinates these services with other health
22 care services available in the community; and

23 (5) that does not provide general anesthesia or

1 surgery.

2 "Certified nurse midwife" means an advanced practice
3 registered nurse licensed in Illinois under the Nurse Practice
4 Act with full practice authority or who is delegated such
5 authority as part of a written collaborative agreement with a
6 physician who is associated with the birthing center or who
7 has privileges at a nearby birthing hospital.

8 "Department" means the Illinois Department of Public
9 Health.

10 "Hospital" does not include places where pregnant females
11 are received, cared for, or treated during delivery if it is in
12 a licensed birth center, nor include any facility required to
13 be licensed as a birth center.

14 "Licensed certified professional midwife" means a person
15 who has successfully met the requirements under Section 45 of
16 the Licensed Certified Professional Midwife Practice Act and
17 holds an active license to practice as a licensed certified
18 professional midwife in Illinois.

19 "Physician" means a physician licensed to practice
20 medicine in all its branches in Illinois.

21 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

22 (210 ILCS 170/30)

23 Sec. 30. Minimum standards.

24 (a) The Department's rules adopted pursuant to Section 60
25 of this Act shall contain minimum standards to protect the

1 health and safety of a patient of a birth center. In adopting
2 rules for birth centers, the Department shall consider:

3 (1) the Commission for the Accreditation of Birth
4 Centers' Standards for Freestanding Birth Centers;

5 (2) the American Academy of Pediatrics and American
6 College of Obstetricians and Gynecologists Guidelines for
7 Perinatal Care; and

8 (3) the Regionalized Perinatal Health Care Code.

9 (b) Nothing in this Section shall be construed to prohibit
10 a facility licensed as a birth center from offering other
11 reproductive health care subject to any applicable laws,
12 rules, regulations, or licensing requirements for those
13 services. In this subsection, "reproductive health care" has
14 the same meaning as used in Section 1-10 of the Reproductive
15 Health Act.

16 (Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22.)

17 Article 24.

18 Section 24-5. The Counties Code is amended by changing
19 Section 3-4006 as follows:

20 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

21 Sec. 3-4006. Duties of public defender. The Public
22 Defender, as directed by the court, shall act as attorney,
23 without fee, before any court within any county for all

1 persons who are held in custody or who are charged with the
2 commission of any criminal offense, and who the court finds
3 are unable to employ counsel.

4 The Public Defender shall be the attorney, without fee,
5 when so appointed by the court under ~~Section 1-20 of the~~
6 ~~Juvenile Court Act or~~ Section 1-5 of the Juvenile Court Act of
7 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
8 ~~of Abortion Act of 1983 for any party who the court finds is~~
9 ~~financially unable to employ counsel.~~

10 In cases subject to Section 5-170 of the Juvenile Court
11 Act of 1987 involving a minor who was under 15 years of age at
12 the time of the commission of the offense, that occurs in a
13 county with a full-time public defender office, a public
14 defender, without fee or appointment, may represent and have
15 access to a minor during a custodial interrogation. In cases
16 subject to Section 5-170 of the Juvenile Court Act of 1987
17 involving a minor who was under 15 years of age at the time of
18 the commission of the offense, that occurs in a county without
19 a full-time public defender, the law enforcement agency
20 conducting the custodial interrogation shall ensure that the
21 minor is able to consult with an attorney who is under contract
22 with the county to provide public defender services.
23 Representation by the public defender shall terminate at the
24 first court appearance if the court determines that the minor
25 is not indigent.

26 Every court shall, with the consent of the defendant and

1 where the court finds that the rights of the defendant would be
2 prejudiced by the appointment of the public defender, appoint
3 counsel other than the public defender, except as otherwise
4 provided in Section 113-3 of the "Code of Criminal Procedure
5 of 1963". That counsel shall be compensated as is provided by
6 law. He shall also, in the case of the conviction of any such
7 person, prosecute any proceeding in review which in his
8 judgment the interests of justice require.

9 In counties with a population over 3,000,000, the public
10 defender, without fee or appointment and with the concurrence
11 of the county board, may act as attorney to noncitizens in
12 immigration cases. Representation by the public defender in
13 immigration cases shall be limited to those arising in
14 immigration courts located within the geographical boundaries
15 of the county where the public defender has been appointed to
16 office unless the board authorizes the public defender to
17 provide representation outside the county.

18 (Source: P.A. 102-410, eff. 1-1-22.)

19 Section 24-10. The Consent by Minors to Health Care
20 Services Act is amended by changing Section 1.5 as follows:

21 (410 ILCS 210/1.5)

22 Sec. 1.5. Consent by minor seeking care for limited
23 primary care services.

24 (a) The consent to the performance of primary care

1 services by a physician licensed to practice medicine in all
2 its branches, a licensed advanced practice registered nurse, a
3 licensed physician assistant, a chiropractic physician, or a
4 licensed optometrist executed by a minor seeking care is not
5 voidable because of such minority, and for such purpose, a
6 minor seeking care is deemed to have the same legal capacity to
7 act and has the same powers and obligations as has a person of
8 legal age under the following circumstances:

9 (1) the health care professional reasonably believes
10 that the minor seeking care understands the benefits and
11 risks of any proposed primary care or services; and

12 (2) the minor seeking care is identified in writing as
13 a minor seeking care by:

14 (A) an adult relative;

15 (B) a representative of a homeless service agency
16 that receives federal, State, county, or municipal
17 funding to provide those services or that is otherwise
18 sanctioned by a local continuum of care;

19 (C) an attorney licensed to practice law in this
20 State;

21 (D) a public school homeless liaison or school
22 social worker;

23 (E) a social service agency providing services to
24 at risk, homeless, or runaway youth; or

25 (F) a representative of a religious organization.

26 (b) A health care professional rendering primary care

1 services under this Section shall not incur civil or criminal
2 liability for failure to obtain valid consent or professional
3 discipline for failure to obtain valid consent if he or she
4 relied in good faith on the representations made by the minor
5 or the information provided under paragraph (2) of subsection
6 (a) of this Section. Under such circumstances, good faith
7 shall be presumed.

8 (c) The confidential nature of any communication between a
9 health care professional described in Section 1 of this Act
10 and a minor seeking care is not waived (1) by the presence, at
11 the time of communication, of any additional persons present
12 at the request of the minor seeking care, (2) by the health
13 care professional's disclosure of confidential information to
14 the additional person with the consent of the minor seeking
15 care, when reasonably necessary to accomplish the purpose for
16 which the additional person is consulted, or (3) by the health
17 care professional billing a health benefit insurance or plan
18 under which the minor seeking care is insured, is enrolled, or
19 has coverage for the services provided.

20 (d) Nothing in this Section shall be construed to limit or
21 expand a minor's existing powers and obligations under any
22 federal, State, or local law. ~~Nothing in this Section shall be~~
23 ~~construed to affect the Parental Notice of Abortion Act of~~
24 ~~1995.~~ Nothing in this Section affects the right or authority
25 of a parent or legal guardian to verbally, in writing, or
26 otherwise authorize health care services to be provided for a

1 minor in their absence.

2 (e) For the purposes of this Section:

3 "Minor seeking care" means a person at least 14 years of
4 age but less than 18 years of age who is living separate and
5 apart from his or her parents or legal guardian, whether with
6 or without the consent of a parent or legal guardian who is
7 unable or unwilling to return to the residence of a parent, and
8 managing his or her own personal affairs. "Minor seeking care"
9 does not include minors who are under the protective custody,
10 temporary custody, or guardianship of the Department of
11 Children and Family Services.

12 "Primary care services" means health care services that
13 include screening, counseling, immunizations, medication, and
14 treatment of illness and conditions customarily provided by
15 licensed health care professionals in an out-patient setting,
16 eye care services, excluding advanced optometric procedures,
17 provided by optometrists, and services provided by
18 chiropractic physicians according to the scope of practice of
19 chiropractic physicians under the Medical Practice Act of
20 1987. "Primary care services" does not include invasive care,
21 beyond standard injections, laceration care, or non-surgical
22 fracture care.

23 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
24 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

25 Section 24-15. The Medical Practice Act of 1987 is amended

1 by changing Section 23 as follows:

2 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

4 Sec. 23. Reports relating to professional conduct and
5 capacity.

6 (A) Entities required to report.

7 (1) Health care institutions. The chief administrator
8 or executive officer of any health care institution
9 licensed by the Illinois Department of Public Health shall
10 report to the Medical Board when any person's clinical
11 privileges are terminated or are restricted based on a
12 final determination made in accordance with that
13 institution's by-laws or rules and regulations that a
14 person has either committed an act or acts which may
15 directly threaten patient care or that a person may have a
16 mental or physical disability that may endanger patients
17 under that person's care. Such officer also shall report
18 if a person accepts voluntary termination or restriction
19 of clinical privileges in lieu of formal action based upon
20 conduct related directly to patient care or in lieu of
21 formal action seeking to determine whether a person may
22 have a mental or physical disability that may endanger
23 patients under that person's care. The Medical Board
24 shall, by rule, provide for the reporting to it by health
25 care institutions of all instances in which a person,

1 licensed under this Act, who is impaired by reason of age,
2 drug or alcohol abuse or physical or mental impairment, is
3 under supervision and, where appropriate, is in a program
4 of rehabilitation. Such reports shall be strictly
5 confidential and may be reviewed and considered only by
6 the members of the Medical Board, or by authorized staff
7 as provided by rules of the Medical Board. Provisions
8 shall be made for the periodic report of the status of any
9 such person not less than twice annually in order that the
10 Medical Board shall have current information upon which to
11 determine the status of any such person. Such initial and
12 periodic reports of impaired physicians shall not be
13 considered records within the meaning of the State Records
14 Act and shall be disposed of, following a determination by
15 the Medical Board that such reports are no longer
16 required, in a manner and at such time as the Medical Board
17 shall determine by rule. The filing of such reports shall
18 be construed as the filing of a report for purposes of
19 subsection (C) of this Section. Such health care
20 institution shall not take any adverse action, including,
21 but not limited to, restricting or terminating any
22 person's clinical privileges, as a result of an adverse
23 action against a person's license or clinical privileges
24 or other disciplinary action by another state or health
25 care institution that resulted from the person's provision
26 of, authorization of, recommendation of, aiding or

1 assistance with, referral for, or participation in any
2 health care service if the adverse action was based solely
3 on a violation of the other state's law prohibiting the
4 provision of such health care and related services in the
5 state or for a resident of the state if that health care
6 service would not have been unlawful under the laws of
7 this State and is consistent with the standards of conduct
8 for physicians practicing in Illinois.

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

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

1 or physical disability that may endanger patients under
2 that person's care.

3 (3) Professional liability insurers. Every insurance
4 company which offers policies of professional liability
5 insurance to persons licensed under this Act, or any other
6 entity which seeks to indemnify the professional liability
7 of a person licensed under this Act, shall report to the
8 Medical Board the settlement of any claim or cause of
9 action, or final judgment rendered in any cause of action,
10 which alleged negligence in the furnishing of medical care
11 by such licensed person when such settlement or final
12 judgment is in favor of the plaintiff. Such insurance
13 company shall not take any adverse action, including, but
14 not limited to, denial or revocation of coverage, or rate
15 increases, against a person licensed under this Act with
16 respect to coverage for services provided in the State if
17 based solely on the person providing, authorizing,
18 recommending, aiding, assisting, referring for, or
19 otherwise participating in health care services in this
20 State in violation of another state's law, or a revocation
21 or other adverse action against the person's license in
22 another state for violation of such law if that health
23 care service as provided would have been lawful and
24 consistent with the standards of conduct for physicians if
25 it occurred in the State. Notwithstanding this provision,
26 it is against public policy to require coverage for an

1 illegal action.

2 (4) State's Attorneys. The State's Attorney of each
3 county shall report to the Medical Board, within 5 days,
4 any instances in which a person licensed under this Act is
5 convicted of any felony or Class A misdemeanor. ~~The~~
6 ~~State's Attorney of each county may report to the Medical~~
7 ~~Board through a verified complaint any instance in which~~
8 ~~the State's Attorney believes that a physician has~~
9 ~~willfully violated the notice requirements of the Parental~~
10 ~~Notice of Abortion Act of 1995.~~

11 (5) State agencies. All agencies, boards, commissions,
12 departments, or other instrumentalities of the government
13 of the State of Illinois shall report to the Medical Board
14 any instance arising in connection with the operations of
15 such agency, including the administration of any law by
16 such agency, in which a person licensed under this Act has
17 either committed an act or acts which may be a violation of
18 this Act or which may constitute unprofessional conduct
19 related directly to patient care or which indicates that a
20 person licensed under this Act may have a mental or
21 physical disability that may endanger patients under that
22 person's care.

23 (B) Mandatory reporting. All reports required by items
24 (34), (35), and (36) of subsection (A) of Section 22 and by
25 Section 23 shall be submitted to the Medical Board in a timely
26 fashion. Unless otherwise provided in this Section, the

1 reports shall be filed in writing within 60 days after a
2 determination that a report is required under this Act. All
3 reports shall contain the following information:

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

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

8 (3) The name and date of birth of any patient or
9 patients whose treatment is a subject of the report, if
10 available, or other means of identification if such
11 information is not available, identification of the
12 hospital or other healthcare facility where the care at
13 issue in the report was rendered, provided, however, no
14 medical records may be revealed.

15 (4) A brief description of the facts which gave rise
16 to the issuance of the report, including the dates of any
17 occurrences deemed to necessitate the filing of the
18 report.

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

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

25 The Medical Board or Department may also exercise the
26 power under Section 38 of this Act to subpoena copies of

1 hospital or medical records in mandatory report cases alleging
2 death or permanent bodily injury. Appropriate rules shall be
3 adopted by the Department with the approval of the Medical
4 Board.

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

10 Nothing contained in this Section shall act to, in any
11 way, waive or modify the confidentiality of medical reports
12 and committee reports to the extent provided by law. Any
13 information reported or disclosed shall be kept for the
14 confidential use of the Medical Board, the Medical
15 Coordinators, the Medical Board's attorneys, the medical
16 investigative staff, and authorized clerical staff, as
17 provided in this Act, and shall be afforded the same status as
18 is provided information concerning medical studies in Part 21
19 of Article VIII of the Code of Civil Procedure, except that the
20 Department may disclose information and documents to a
21 federal, State, or local law enforcement agency pursuant to a
22 subpoena in an ongoing criminal investigation or to a health
23 care licensing body or medical licensing authority of this
24 State or another state or jurisdiction pursuant to an official
25 request made by that licensing body or medical licensing
26 authority. Furthermore, information and documents disclosed to

1 a federal, State, or local law enforcement agency may be used
2 by that agency only for the investigation and prosecution of a
3 criminal offense, or, in the case of disclosure to a health
4 care licensing body or medical licensing authority, only for
5 investigations and disciplinary action proceedings with regard
6 to a license. Information and documents disclosed to the
7 Department of Public Health may be used by that Department
8 only for investigation and disciplinary action regarding the
9 license of a health care institution licensed by the
10 Department of Public Health.

11 (C) Immunity from prosecution. Any individual or
12 organization acting in good faith, and not in a wilful and
13 wanton manner, in complying with this Act by providing any
14 report or other information to the Medical Board or a peer
15 review committee, or assisting in the investigation or
16 preparation of such information, or by voluntarily reporting
17 to the Medical Board or a peer review committee information
18 regarding alleged errors or negligence by a person licensed
19 under this Act, or by participating in proceedings of the
20 Medical Board or a peer review committee, or by serving as a
21 member of the Medical Board or a peer review committee, shall
22 not, as a result of such actions, be subject to criminal
23 prosecution or civil damages.

24 (D) Indemnification. Members of the Medical Board, the
25 Medical Coordinators, the Medical Board's attorneys, the
26 medical investigative staff, physicians retained under

1 contract to assist and advise the medical coordinators in the
2 investigation, and authorized clerical staff shall be
3 indemnified by the State for any actions occurring within the
4 scope of services on the Medical Board, done in good faith and
5 not wilful and wanton in nature. The Attorney General shall
6 defend all such actions unless he or she determines either
7 that there would be a conflict of interest in such
8 representation or that the actions complained of were not in
9 good faith or were wilful and wanton.

10 Should the Attorney General decline representation, the
11 member shall have the right to employ counsel of his or her
12 choice, whose fees shall be provided by the State, after
13 approval by the Attorney General, unless there is a
14 determination by a court that the member's actions were not in
15 good faith or were wilful and wanton.

16 The member must notify the Attorney General within 7 days
17 of receipt of notice of the initiation of any action involving
18 services of the Medical Board. Failure to so notify the
19 Attorney General shall constitute an absolute waiver of the
20 right to a defense and indemnification.

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

24 (E) Deliberations of Medical Board. Upon the receipt of
25 any report called for by this Act, other than those reports of
26 impaired persons licensed under this Act required pursuant to

1 the rules of the Medical Board, the Medical Board shall notify
2 in writing, by mail or email, the person who is the subject of
3 the report. Such notification shall be made within 30 days of
4 receipt by the Medical Board of the report.

5 The notification shall include a written notice setting
6 forth the person's right to examine the report. Included in
7 such notification shall be the address at which the file is
8 maintained, the name of the custodian of the reports, and the
9 telephone number at which the custodian may be reached. The
10 person who is the subject of the report shall submit a written
11 statement responding, clarifying, adding to, or proposing the
12 amending of the report previously filed. The person who is the
13 subject of the report shall also submit with the written
14 statement any medical records related to the report. The
15 statement and accompanying medical records shall become a
16 permanent part of the file and must be received by the Medical
17 Board no more than 30 days after the date on which the person
18 was notified by the Medical Board of the existence of the
19 original report.

20 The Medical Board shall review all reports received by it,
21 together with any supporting information and responding
22 statements submitted by persons who are the subject of
23 reports. The review by the Medical Board shall be in a timely
24 manner but in no event, shall the Medical Board's initial
25 review of the material contained in each disciplinary file be
26 less than 61 days nor more than 180 days after the receipt of

1 the initial report by the Medical Board.

2 When the Medical Board makes its initial review of the
3 materials contained within its disciplinary files, the Medical
4 Board shall, in writing, make a determination as to whether
5 there are sufficient facts to warrant further investigation or
6 action. Failure to make such determination within the time
7 provided shall be deemed to be a determination that there are
8 not sufficient facts to warrant further investigation or
9 action.

10 Should the Medical Board find that there are not
11 sufficient facts to warrant further investigation, or action,
12 the report shall be accepted for filing and the matter shall be
13 deemed closed and so reported to the Secretary. The Secretary
14 shall then have 30 days to accept the Medical Board's decision
15 or request further investigation. The Secretary shall inform
16 the Medical Board of the decision to request further
17 investigation, including the specific reasons for the
18 decision. The individual or entity filing the original report
19 or complaint and the person who is the subject of the report or
20 complaint shall be notified in writing by the Secretary of any
21 final action on their report or complaint. The Department
22 shall disclose to the individual or entity who filed the
23 original report or complaint, on request, the status of the
24 Medical Board's review of a specific report or complaint. Such
25 request may be made at any time, including prior to the Medical
26 Board's determination as to whether there are sufficient facts

1 to warrant further investigation or action.

2 (F) Summary reports. The Medical Board shall prepare, on a
3 timely basis, but in no event less than once every other month,
4 a summary report of final disciplinary actions taken upon
5 disciplinary files maintained by the Medical Board. The
6 summary reports shall be made available to the public upon
7 request and payment of the fees set by the Department. This
8 publication may be made available to the public on the
9 Department's website. Information or documentation relating to
10 any disciplinary file that is closed without disciplinary
11 action taken shall not be disclosed and shall be afforded the
12 same status as is provided by Part 21 of Article VIII of the
13 Code of Civil Procedure.

14 (G) Any violation of this Section shall be a Class A
15 misdemeanor.

16 (H) If any such person violates the provisions of this
17 Section an action may be brought in the name of the People of
18 the State of Illinois, through the Attorney General of the
19 State of Illinois, for an order enjoining such violation or
20 for an order enforcing compliance with this Section. Upon
21 filing of a verified petition in such court, the court may
22 issue a temporary restraining order without notice or bond and
23 may preliminarily or permanently enjoin such violation, and if
24 it is established that such person has violated or is
25 violating the injunction, the court may punish the offender
26 for contempt of court. Proceedings under this paragraph shall

1 be in addition to, and not in lieu of, all other remedies and
2 penalties provided for by this Section.

3 (I) The Department may adopt rules to implement the
4 changes made by this amendatory Act of the 102nd General
5 Assembly.

6 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

7 Article 26.

8 Section 26-5. The Illinois Parentage Act of 2015 is
9 amended by changing Sections 704 and 709 as follows:

10 (750 ILCS 46/704)

11 Sec. 704. Withdrawal of consent of intended parent or
12 donor. An intended parent or donor may withdraw consent to use
13 his or her gametes in a writing or legal pleading with notice
14 to the other participants. An intended parent who withdraws
15 consent under this Section prior to the insemination or embryo
16 transfer is not a parent of any resulting child. If a donor
17 withdraws consent to his or her donation prior to the
18 insemination or the combination of gametes, the intended
19 parent is not the parent of any resulting child. If the
20 intended parent or parents no longer wish to use any remaining
21 cryopreserved fertilized ovum for medical purposes, the terms
22 of the most recent informed consent of the intended parent or
23 parents executed at the fertility center or a marital

1 settlement agreement under a judgment of dissolution of
2 marriage, judgment of legal separation, or judgment of
3 dissolution of civil union governs the disposition of the
4 fertilized ovum.

5 (Source: P.A. 99-763, eff. 1-1-17.)

6 (750 ILCS 46/709)

7 Sec. 709. Establishment of parentage; requirements of
8 Gestational Surrogacy Act.

9 (a) In the event of gestational surrogacy, in addition to
10 the requirements of the Gestational Surrogacy Act, a
11 parent-child relationship is established between a person and
12 a child if all of the following conditions are met prior to the
13 birth of the child:

14 (1) The gestational surrogate certifies that she did
15 not provide a gamete for the child, and that she is
16 carrying the child for the intended parents.

17 (2) The spouse, if any, of the gestational surrogate
18 certifies that he or she did not provide a gamete for the
19 child.

20 (3) Each intended parent, or the parent's legally
21 authorized designee if an intended parent dies, certifies
22 that the child being carried by the gestational surrogate
23 was conceived using at least one of the intended parents'
24 gametes.

25 (4) A physician licensed in the state in which the

1 fertilized ovum was inseminated or transferred to the
2 gestational surrogate certifies that the child being
3 carried by the gestational surrogate was conceived using
4 the gamete or gametes of at least one of the intended
5 parents, and that neither the gestational surrogate nor
6 the gestational surrogate's spouse, if any, provided
7 gametes for the child being carried by the gestational
8 surrogate.

9 (5) The attorneys for the intended parents and the
10 gestational surrogate each certify that the parties
11 entered into a gestational surrogacy agreement intended to
12 satisfy the requirements of the Gestational Surrogacy Act.

13 (b) All certifications under this Section shall be in
14 writing and witnessed by 2 competent adults who are not the
15 gestational surrogate, gestational surrogate's spouse, if any,
16 or an intended parent. Certifications shall be on forms
17 prescribed by the Illinois Department of Public Health and
18 shall be executed prior to the birth of the child. All
19 certifications shall be provided, prior to the birth of the
20 child, to both the hospital where the gestational surrogate
21 anticipates the delivery will occur and to the Illinois
22 Department of Public Health.

23 (c) Parentage established in accordance with this Section
24 has the full force and effect of a judgment entered under this
25 Act.

26 (d) The Illinois Department of Public Health shall adopt

1 rules to implement this Section.

2 (Source: P.A. 99-763, eff. 1-1-17.)

3 Article 27.

4 Section 27-5. The Illinois Insurance Code is amended by
5 changing Section 356z.4a as follows:

6 (215 ILCS 5/356z.4a)

7 Sec. 356z.4a. Coverage for abortion.

8 (a) Except as otherwise provided in this Section, no
9 individual or group policy of accident and health insurance
10 that provides pregnancy-related benefits may be issued,
11 amended, delivered, or renewed in this State after the
12 effective date of this amendatory Act of the 101st General
13 Assembly unless the policy provides a covered person with
14 coverage for abortion care. Regardless of whether the policy
15 otherwise provides prescription drug benefits, abortion care
16 coverage must include medications that are obtained through a
17 prescription and used to terminate a pregnancy, regardless of
18 whether there is proof of a pregnancy.

19 (b) Coverage for abortion care may not impose any
20 deductible, coinsurance, waiting period, or other cost-sharing
21 limitation that is greater than that required for other
22 pregnancy-related benefits covered by the policy.

23 (c) Except as otherwise authorized under this Section, a

1 policy shall not impose any restrictions or delays on the
2 coverage required under this Section.

3 (d) This Section does not, pursuant to 42 U.S.C.
4 18054(a)(6), apply to a multistate plan that does not provide
5 coverage for abortion.

6 (e) If the Department concludes that enforcement of this
7 Section may adversely affect the allocation of federal funds
8 to this State, the Department may grant an exemption to the
9 requirements, but only to the minimum extent necessary to
10 ensure the continued receipt of federal funds.

11 (Source: P.A. 101-13, eff. 6-12-19.)

12 Article 28.

13 Section 28-5. Short title. This Article may be cited as
14 the Lawful Health Care Activity Act. References in this
15 Article to "this Act" mean this Article.

16 Section 28-10. Definitions. As used in this Act:

17 "Lawful health care" means:

18 (1) reproductive health care that is not unlawful
19 under the laws of this State, including on any theory of
20 vicarious, joint, several, or conspiracy liability; or

21 (2) the treatment of gender dysphoria or the
22 affirmation of an individual's gender identity or gender
23 expression, including, but not limited to, all supplies,

1 care, and services of a medical, behavioral health, mental
2 health, surgical, psychiatric, therapeutic, diagnostic,
3 preventative, rehabilitative, or supportive nature that is
4 not unlawful under the laws of this State, including on
5 any theory of vicarious, joint, several, or conspiracy
6 liability.

7 "Lawful health care activity" means seeking, providing,
8 receiving, assisting in seeking, providing, or receiving,
9 providing material support for, or traveling to obtain lawful
10 health care.

11 "Reproductive health care" shall have the same meaning as
12 Section 1-10 of the Reproductive Health Act.

13 Section 28-15. Conflict of law. Notwithstanding any
14 general or special law or common law conflict of law rule to
15 the contrary, the laws of this State shall govern in any case
16 or controversy heard in this State related to lawful health
17 care activity.

18 Section 28-20. Limits on execution of foreign judgments.
19 In any action filed to enforce the judgment of a foreign state,
20 issued in connection with any litigation concerning lawful
21 health care, the court hearing the action shall not give any
22 force or effect to any judgment issued without jurisdiction.

23 Section 28-25. Severability. The provisions of this Act

1 are severable under Section 1.31 of the Statute on Statutes.

2 Section 28-30. The Uniform Interstate Depositions and
3 Discovery Act is amended by changing Section 3 and by adding
4 Section 3.5 as follows:

5 (735 ILCS 35/3)

6 Sec. 3. Issuance of subpoena.

7 (a) To request issuance of a subpoena under this Section,
8 a party must submit a foreign subpoena to a clerk of court in
9 the county in which discovery is sought to be conducted in this
10 State. A request for the issuance of a subpoena under this Act
11 does not constitute an appearance in the courts of this State.

12 (b) When a party submits a foreign subpoena to a clerk of
13 court in this State, the clerk, in accordance with that
14 court's procedure, shall promptly issue a subpoena for service
15 upon the person to which the foreign subpoena is directed
16 unless issuance is prohibited by Section 3.5.

17 (c) A subpoena under subsection (b) must:

18 (A) incorporate the terms used in the foreign
19 subpoena; and

20 (B) contain or be accompanied by the names, addresses,
21 and telephone numbers of all counsel of record in the
22 proceeding to which the subpoena relates and of any party
23 not represented by counsel.

24 (Source: P.A. 99-79, eff. 1-1-16.)

1 (735 ILCS 35/3.5 new)

2 Sec. 3.5. Unenforceable foreign subpoenas.

3 (a) If a request for issuance of a subpoena pursuant to
4 this Act seeks documents or information related to lawful
5 health care activity, as defined in the Lawful Health Care
6 Activity Act, or seeks documents in support of any claim that
7 interferes with rights under the Reproductive Health Act, then
8 the person or entity requesting the subpoena shall include an
9 attestation, signed under penalty of perjury, confirming and
10 identifying that an exemption in subsection (c) applies. Any
11 false attestation submitted under this Section or the failure
12 to submit an attestation required by this Section shall be
13 subject to a statutory penalty of \$10,000 per violation.
14 Submission of such attestation shall subject the attestor to
15 the jurisdiction of the courts of this State for any suit,
16 penalty, or damages arising out of a false attestation under
17 this Section.

18 (b) No clerk of court shall issue a subpoena based on a
19 foreign subpoena that:

20 (1) requests information or documents related to
21 lawful health care activity, as defined in the Lawful
22 Health Care Activity Act; or

23 (2) is related to the enforcement of another state's
24 law that would interfere with an individual's rights under
25 the Reproductive Health Act.

1 (c) A clerk of court may issue the subpoena if the subpoena
2 includes the attestation as described in subsection (a) and
3 the subpoena relates to:

4 (1) an out-of-state action founded in tort, contract,
5 or statute brought by the patient who sought or received
6 the lawful health care or the patient's authorized legal
7 representative, for damages suffered by the patient or
8 damages derived from an individual's loss of consortium of
9 the patient, and for which a similar claim would exist
10 under the laws of this State; or

11 (2) an out-of-state action founded in contract brought
12 or sought to be enforced by a party with a contractual
13 relationship with the individual whose documents or
14 information are the subject of the subpoena and for which
15 a similar claim would exist under the laws of this State.

16 (d) Any person or entity served with a subpoena reasonably
17 believed to be issued in violation of this Section shall not
18 comply with the subpoena.

19 (e) Any person or entity who is the recipient of, or whose
20 lawful health care is the subject of, a subpoena reasonably
21 believed to be issued in violation of this Section may, but is
22 not required to, move to modify or quash the subpoena.

23 (f) No court shall issue an order compelling a person or
24 entity to comply with a subpoena found to be in violation of
25 this Section.

26 (g) As used in this Section, "lawful health care" and

1 "lawful health care activity" have the meanings given to those
2 terms in Section 28-10 of the Lawful Health Care Activity Act.

3 (h) The Supreme Court shall have jurisdiction to adopt
4 rules for the implementation of this Section.

5 Section 28-35. The Uniform Act to Secure the Attendance of
6 Witnesses from Within or Without a State in Criminal
7 Proceedings is amended by changing Section 2 as follows:

8 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

9 Sec. 2. Summoning witness in this state to testify in
10 another state.

11 If a judge of a court of record in any state which by its
12 laws has made provision for commanding persons within that
13 state to attend and testify in this state certifies under the
14 seal of such court that there is a criminal prosecution
15 pending in such court, or that a grand jury investigation has
16 commenced or is about to commence, that a person being within
17 this state is a material witness in such prosecution, or grand
18 jury investigation, and his presence will be required for a
19 specified number of days, upon presentation of such
20 certificate to any judge of a court in the county in which such
21 person is, such judge shall fix a time and place for a hearing,
22 and shall make an order directing the witness to appear at a
23 time and place certain for the hearing.

24 If at a hearing the judge determines that the witness is

1 material and necessary, that it will not cause undue hardship
2 to the witness to be compelled to attend and testify in the
3 prosecution or a grand jury investigation in the other state,
4 and that the laws of the state in which the prosecution is
5 pending, or grand jury investigation has commenced or is about
6 to commence (and of any other state through which the witness
7 may be required to pass by ordinary course of travel), will
8 give to him protection from arrest and the service of civil and
9 criminal process, he shall issue a summons, with a copy of the
10 certificate attached, directing the witness to attend and
11 testify in the court where the prosecution is pending, or
12 where a grand jury investigation has commenced or is about to
13 commence at a time and place specified in the summons. In any
14 such hearing the certificate shall be prima facie evidence of
15 all the facts stated therein.

16 If said certificate recommends that the witness be taken
17 into immediate custody and delivered to an officer of the
18 requesting state to assure his attendance in the requesting
19 state, such judge may, in lieu of notification of the hearing,
20 direct that such witness be forthwith brought before him for
21 said hearing; and the judge at the hearing being satisfied of
22 the desirability of such custody and delivery, for which
23 determination the certificate shall be prima facie proof of
24 such desirability may, in lieu of issuing subpoena or summons,
25 order that said witness be forthwith taken into custody and
26 delivered to an officer of the requesting state.

1 No subpoena, summons, or order shall be issued for a
2 witness to provide information or testimony in relation to any
3 proceeding if the charge is based on conduct that involves
4 lawful health care activity, as defined by the Lawful Health
5 Care Activity Act, that is not unlawful under the laws of this
6 State. This limitation does not apply for the purpose of
7 complying with obligations under Brady v. Maryland (373 U.S.
8 83) or Giglio v. United States (405 U.S. 150).

9 If the witness, who is summoned as above provided, after
10 being paid or tendered by some properly authorized person the
11 sum of 10 cents a mile for each mile by the ordinary travel
12 route to and from the court where the prosecution is pending
13 and five dollars for each day that he is required to travel and
14 attend as a witness, fails without good cause to attend and
15 testify as directed in the summons, he shall be punished in the
16 manner provided for the punishment of any witness who disobeys
17 a summons issued from a court in this state.

18 (Source: Laws 1967, p. 3804.)

19 Section 28-40. The Uniform Criminal Extradition Act is
20 amended by changing Section 6 as follows:

21 (725 ILCS 225/6) (from Ch. 60, par. 23)

22 Sec. 6. Extradition of persons not present in demanding
23 state at time of commission of crime.

24 The Governor of this State may also surrender, on demand

1 of the Executive Authority of any other state, any person in
2 this State charged in such other state in the manner provided
3 in Section 3 with committing an act in this State, or in a
4 third state, intentionally resulting in a crime in the state
5 whose Executive Authority is making the demand. However, the
6 Governor of this State shall not surrender such a person if the
7 charge is based on conduct that involves seeking, providing,
8 receiving, assisting in seeking, providing, or receiving,
9 providing material support for, or traveling to obtain lawful
10 health care, as defined by Section 28-10 of the Lawful Health
11 Care Activity Act, that is not unlawful under the laws of this
12 State, including a charge based on any theory of vicarious,
13 joint, several, or conspiracy liability.

14 (Source: Laws 1955, p. 1982.)

15 Article 29.

16 Section 29-5. Short title. This Article may be cited as
17 the Protecting Reproductive Health Care Services Act.
18 References in this Article to "this Act" mean this Article.

19 Section 29-10. Definitions. As used in this Act:

20 "Advanced practice registered nurse" has the same meaning
21 as it does in Section 50-10 of the Nurse Practice Act.

22 "Health care professional" means a person who is licensed
23 as a physician, advanced practice registered nurse, or

1 physician assistant.

2 "Person" includes an individual, a partnership, an
3 association, a limited liability company, or a corporation.

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

6 "Physician assistant" has the same meaning as it does in
7 Section 4 of the Physician Assistant Practice Act of 1987.

8 "Reproductive health care services" means health care
9 offered, arranged, or furnished for the purpose of preventing
10 pregnancy, terminating a pregnancy, managing pregnancy loss,
11 or improving maternal health and birth outcomes. "Reproductive
12 health care services" includes, but is not limited to:
13 contraception; sterilization; preconception care; maternity
14 care; abortion care; and counseling regarding reproductive
15 health care.

16 Section 29-15. Right of action.

17 (a) When any person has had a judgment entered against
18 such person, in any state, where liability, in whole or in
19 part, is based on the alleged provision, receipt, assistance
20 in receipt or provision, material support for, or any theory
21 of vicarious, joint, several, or conspiracy liability derived
22 therefrom, for reproductive health care services that are
23 permitted under the laws of this State, such person may
24 recover damages from any party that brought the action leading
25 to that judgment or has sought to enforce that judgment.

1 (b) Any person aggrieved by conduct in subsection (a)
2 shall have a right of action in a State circuit court or as a
3 supplemental claim in federal district court against any party
4 that brought the action leading to that judgment or has sought
5 to enforce that judgment. This lawsuit must be brought not
6 later than 2 years after the violation of subsection (a).

7 (c) If the court finds that a violation of subsection (a)
8 has occurred, the court may award to the plaintiff:

9 (1) actual damages created by the action that led to
10 that judgment, including, but not limited to, money
11 damages in the amount of the judgment in that other state
12 and costs, expenses, and reasonable attorney's fees spent
13 in defending the action that resulted in the entry of a
14 judgment in another state; and

15 (2) costs, expenses, and reasonable attorney's fees,
16 including expert witness fees and other litigation
17 expenses, incurred in bringing an action under this Act as
18 may be allowed by the court.

19 (d) The provisions of this Act shall not apply to a
20 judgment entered in another state that is based on:

21 (1) an action founded in tort, contract, or statute,
22 and for which a similar claim would exist under the laws of
23 this State, brought by the patient who received the
24 reproductive health care services upon which the original
25 lawsuit was based or the patient's authorized legal
26 representative, for damages suffered by the patient or

1 damages derived from an individual's loss of consortium of
2 the patient;

3 (2) an action founded in contract, and for which a
4 similar claim would exist under the laws of this State,
5 brought or sought to be enforced by a party with a
6 contractual relationship with the person that is the
7 subject of the judgment entered in another state; or

8 (3) an action where no part of the acts that formed the
9 basis for liability occurred in this State.

10 Article 30.

11 Section 30-5. The Illinois Insurance Code is amended by
12 adding Section 356z.60 as follows:

13 (215 ILCS 5/356z.60 new)

14 Sec. 356z.60. Coverage for abortifacients, hormonal
15 therapy, and human immunodeficiency virus pre-exposure
16 prophylaxis and post-exposure prophylaxis.

17 (a) As used in this Section:

18 "Abortifacients" means any medication administered to
19 terminate a pregnancy by a health care professional.

20 "Health care professional" means a physician licensed to
21 practice medicine in all of its branches, licensed advanced
22 practice registered nurse, or physician assistant.

23 "Hormonal therapy medication" means hormonal treatment

1 administered to treat gender dysphoria.

2 "Therapeutic equivalent version" means drugs, devices, or
3 products that can be expected to have the same clinical effect
4 and safety profile when administered to patients under the
5 conditions specified in the labeling and that satisfy the
6 following general criteria:

7 (1) it is approved as safe and effective;

8 (2) it is a pharmaceutical equivalent in that it:

9 (A) contains identical amounts of the same active
10 drug ingredient in the same dosage form and route of
11 administration; and

12 (B) meets compendial or other applicable standards
13 of strength, quality, purity, and identity;

14 (3) it is bioequivalent in that:

15 (A) it does not present a known or potential
16 bioequivalence problem and it meets an acceptable in
17 vitro standard; or

18 (B) if it does present such a known or potential
19 problem, it is shown to meet an appropriate
20 bioequivalence standard;

21 (4) it is adequately labeled; and

22 (5) it is manufactured in compliance with Current Good
23 Manufacturing Practice regulations adopted by the United
24 States Food and Drug Administration.

25 (b) An individual or group policy of accident and health
26 insurance amended, delivered, issued, or renewed in this State

1 after January 1, 2024 shall provide coverage for all
2 abortifacients, hormonal therapy medication, human
3 immunodeficiency virus pre-exposure prophylaxis and
4 post-exposure prophylaxis drugs approved by the United States
5 Food and Drug Administration, and follow-up services related
6 to that coverage, including, but not limited to, management of
7 side effects, medication self-management or adherence
8 counseling, risk reduction strategies, and mental health
9 counseling.

10 (c) The coverage required under subsection (b) is subject
11 to the following conditions:

12 (1) If the United States Food and Drug Administration
13 has approved one or more therapeutic equivalent versions
14 of an abortifacient drug, a policy is not required to
15 include all such therapeutic equivalent versions in its
16 formulary so long as at least one is included and covered
17 without cost sharing and in accordance with this Section.

18 (2) If an individual's attending provider recommends a
19 particular drug approved by the United States Food and
20 Drug Administration based on a determination of medical
21 necessity with respect to that individual, the plan or
22 issuer must defer to the determination of the attending
23 provider and must cover that service or item without cost
24 sharing.

25 (3) If a drug is not covered, plans and issuers must
26 have an easily accessible, transparent, and sufficiently

1 expedient process that is not unduly burdensome on the
2 individual or a provider or other individual acting as a
3 patient's authorized representative to ensure coverage
4 without cost sharing.

5 (d) Except as otherwise provided in this Section, a policy
6 subject to this Section shall not impose a deductible,
7 coinsurance, copayment, or any other cost-sharing requirement
8 on the coverage provided. The provisions of this subsection do
9 not apply to coverage of procedures to the extent such
10 coverage would disqualify a high-deductible health plan from
11 eligibility for a health savings account pursuant to the
12 federal Internal Revenue Code, 26 U.S.C. 223.

13 (e) Except as otherwise authorized under this Section, a
14 policy shall not impose any restrictions or delays on the
15 coverage required under this Section.

16 (f) The coverage requirements in this Section for
17 abortifacients do not, pursuant to 42 U.S.C. 18054(a)(6),
18 apply to a multistate plan that does not provide coverage for
19 abortion.

20 (g) If the Department concludes that enforcement of any
21 coverage requirement of this Section for abortifacients may
22 adversely affect the allocation of federal funds to this
23 State, the Department may grant an exemption to that
24 requirement, but only to the minimum extent necessary to
25 ensure the continued receipt of federal funds.

1 Section 30-10. The State Employees Group Insurance Act of
2 1971 is amended by changing Section 6.11 as follows:

3 (5 ILCS 375/6.11)

4 (Text of Section before amendment by P.A. 102-768)

5 Sec. 6.11. Required health benefits; Illinois Insurance
6 Code requirements. The program of health benefits shall
7 provide the post-mastectomy care benefits required to be
8 covered by a policy of accident and health insurance under
9 Section 356t of the Illinois Insurance Code. The program of
10 health benefits shall provide the coverage required under
11 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
12 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
13 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
14 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
15 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
16 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
17 356z.60 of the Illinois Insurance Code. The program of health
18 benefits must comply with Sections 155.22a, 155.37, 355b,
19 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
20 Insurance Code. The Department of Insurance shall enforce the
21 requirements of this Section with respect to Sections 370c and
22 370c.1 of the Illinois Insurance Code; all other requirements
23 of this Section shall be enforced by the Department of Central
24 Management Services.

25 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

6 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
7 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
8 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
9 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
10 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
11 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
12 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
13 revised 12-13-22.)

14 (Text of Section after amendment by P.A. 102-768)

15 Sec. 6.11. Required health benefits; Illinois Insurance
16 Code requirements. The program of health benefits shall
17 provide the post-mastectomy care benefits required to be
18 covered by a policy of accident and health insurance under
19 Section 356t of the Illinois Insurance Code. The program of
20 health benefits shall provide the coverage required under
21 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
22 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
23 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
24 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
25 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~

1 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57,
2 356z.59, and 356z.60 of the Illinois Insurance Code. The
3 program of health benefits must comply with Sections 155.22a,
4 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
5 the Illinois Insurance Code. The Department of Insurance shall
6 enforce the requirements of this Section with respect to
7 Sections 370c and 370c.1 of the Illinois Insurance Code; all
8 other requirements of this Section shall be enforced by the
9 Department of Central Management Services.

10 Rulemaking authority to implement Public Act 95-1045, if
11 any, is conditioned on the rules being adopted in accordance
12 with all provisions of the Illinois Administrative Procedure
13 Act and all rules and procedures of the Joint Committee on
14 Administrative Rules; any purported rule not so adopted, for
15 whatever reason, is unauthorized.

16 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
17 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
18 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
19 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
20 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
21 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
22 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
23 102-1093, eff. 1-1-23; revised 12-13-22.)

24 Section 30-15. The Health Maintenance Organization Act is
25 amended by changing Section 5-3 as follows:

1 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

2 Sec. 5-3. Insurance Code provisions.

3 (a) Health Maintenance Organizations shall be subject to
4 the provisions of Sections 133, 134, 136, 137, 139, 140,
5 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
6 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
7 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
8 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
9 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
10 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
11 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
12 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
13 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
14 356z.60, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
15 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
16 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
17 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
18 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
19 Illinois Insurance Code.

20 (b) For purposes of the Illinois Insurance Code, except
21 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
22 Health Maintenance Organizations in the following categories
23 are deemed to be "domestic companies":

24 (1) a corporation authorized under the Dental Service
25 Plan Act or the Voluntary Health Services Plans Act;

1 (2) a corporation organized under the laws of this
2 State; or

3 (3) a corporation organized under the laws of another
4 state, 30% or more of the enrollees of which are residents
5 of this State, except a corporation subject to
6 substantially the same requirements in its state of
7 organization as is a "domestic company" under Article VIII
8 1/2 of the Illinois Insurance Code.

9 (c) In considering the merger, consolidation, or other
10 acquisition of control of a Health Maintenance Organization
11 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

12 (1) the Director shall give primary consideration to
13 the continuation of benefits to enrollees and the
14 financial conditions of the acquired Health Maintenance
15 Organization after the merger, consolidation, or other
16 acquisition of control takes effect;

17 (2) (i) the criteria specified in subsection (1) (b) of
18 Section 131.8 of the Illinois Insurance Code shall not
19 apply and (ii) the Director, in making his determination
20 with respect to the merger, consolidation, or other
21 acquisition of control, need not take into account the
22 effect on competition of the merger, consolidation, or
23 other acquisition of control;

24 (3) the Director shall have the power to require the
25 following information:

26 (A) certification by an independent actuary of the

1 adequacy of the reserves of the Health Maintenance
2 Organization sought to be acquired;

3 (B) pro forma financial statements reflecting the
4 combined balance sheets of the acquiring company and
5 the Health Maintenance Organization sought to be
6 acquired as of the end of the preceding year and as of
7 a date 90 days prior to the acquisition, as well as pro
8 forma financial statements reflecting projected
9 combined operation for a period of 2 years;

10 (C) a pro forma business plan detailing an
11 acquiring party's plans with respect to the operation
12 of the Health Maintenance Organization sought to be
13 acquired for a period of not less than 3 years; and

14 (D) such other information as the Director shall
15 require.

16 (d) The provisions of Article VIII 1/2 of the Illinois
17 Insurance Code and this Section 5-3 shall apply to the sale by
18 any health maintenance organization of greater than 10% of its
19 enrollee population (including without limitation the health
20 maintenance organization's right, title, and interest in and
21 to its health care certificates).

22 (e) In considering any management contract or service
23 agreement subject to Section 141.1 of the Illinois Insurance
24 Code, the Director (i) shall, in addition to the criteria
25 specified in Section 141.2 of the Illinois Insurance Code,
26 take into account the effect of the management contract or

1 service agreement on the continuation of benefits to enrollees
2 and the financial condition of the health maintenance
3 organization to be managed or serviced, and (ii) need not take
4 into account the effect of the management contract or service
5 agreement on competition.

6 (f) Except for small employer groups as defined in the
7 Small Employer Rating, Renewability and Portability Health
8 Insurance Act and except for medicare supplement policies as
9 defined in Section 363 of the Illinois Insurance Code, a
10 Health Maintenance Organization may by contract agree with a
11 group or other enrollment unit to effect refunds or charge
12 additional premiums under the following terms and conditions:

13 (i) the amount of, and other terms and conditions with
14 respect to, the refund or additional premium are set forth
15 in the group or enrollment unit contract agreed in advance
16 of the period for which a refund is to be paid or
17 additional premium is to be charged (which period shall
18 not be less than one year); and

19 (ii) the amount of the refund or additional premium
20 shall not exceed 20% of the Health Maintenance
21 Organization's profitable or unprofitable experience with
22 respect to the group or other enrollment unit for the
23 period (and, for purposes of a refund or additional
24 premium, the profitable or unprofitable experience shall
25 be calculated taking into account a pro rata share of the
26 Health Maintenance Organization's administrative and

1 marketing expenses, but shall not include any refund to be
2 made or additional premium to be paid pursuant to this
3 subsection (f)). The Health Maintenance Organization and
4 the group or enrollment unit may agree that the profitable
5 or unprofitable experience may be calculated taking into
6 account the refund period and the immediately preceding 2
7 plan years.

8 The Health Maintenance Organization shall include a
9 statement in the evidence of coverage issued to each enrollee
10 describing the possibility of a refund or additional premium,
11 and upon request of any group or enrollment unit, provide to
12 the group or enrollment unit a description of the method used
13 to calculate (1) the Health Maintenance Organization's
14 profitable experience with respect to the group or enrollment
15 unit and the resulting refund to the group or enrollment unit
16 or (2) the Health Maintenance Organization's unprofitable
17 experience with respect to the group or enrollment unit and
18 the resulting additional premium to be paid by the group or
19 enrollment unit.

20 In no event shall the Illinois Health Maintenance
21 Organization Guaranty Association be liable to pay any
22 contractual obligation of an insolvent organization to pay any
23 refund authorized under this Section.

24 (g) Rulemaking authority to implement Public Act 95-1045,
25 if any, is conditioned on the rules being adopted in
26 accordance with all provisions of the Illinois Administrative

1 Procedure Act and all rules and procedures of the Joint
2 Committee on Administrative Rules; any purported rule not so
3 adopted, for whatever reason, is unauthorized.

4 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
5 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
6 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
7 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
9 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
10 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
11 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
12 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
13 eff. 1-1-23; revised 12-13-22.)

14 Section 30-20. The Voluntary Health Services Plans Act is
15 amended by changing Section 10 as follows:

16 (215 ILCS 165/10) (from Ch. 32, par. 604)

17 Sec. 10. Application of Insurance Code provisions. Health
18 services plan corporations and all persons interested therein
19 or dealing therewith shall be subject to the provisions of
20 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
21 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
22 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
23 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
24 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,

1 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
2 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
3 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
4 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3, 367.2,
5 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
6 paragraphs (7) and (15) of Section 367 of the Illinois
7 Insurance Code.

8 Rulemaking authority to implement Public Act 95-1045, if
9 any, is conditioned on the rules being adopted in accordance
10 with all provisions of the Illinois Administrative Procedure
11 Act and all rules and procedures of the Joint Committee on
12 Administrative Rules; any purported rule not so adopted, for
13 whatever reason, is unauthorized.

14 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
15 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
16 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
17 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
18 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
19 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
20 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
21 revised 12-13-22.)

22 Section 30-25. The Illinois Public Aid Code is amended by
23 changing Section 5-16.8 as follows:

24 (305 ILCS 5/5-16.8)

1 Sec. 5-16.8. Required health benefits. The medical
2 assistance program shall (i) provide the post-mastectomy care
3 benefits required to be covered by a policy of accident and
4 health insurance under Section 356t and the coverage required
5 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
6 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
7 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.56, 356z.59, and
8 356z.60 of the Illinois Insurance Code, (ii) be subject to the
9 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
10 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
11 subject to the provisions of subsection (d-5) of Section 10 of
12 the Network Adequacy and Transparency Act.

13 The Department, by rule, shall adopt a model similar to
14 the requirements of Section 356z.39 of the Illinois Insurance
15 Code.

16 On and after July 1, 2012, the Department shall reduce any
17 rate of reimbursement for services or other payments or alter
18 any methodologies authorized by this Code to reduce any rate
19 of reimbursement for services or other payments in accordance
20 with Section 5-5e.

21 To ensure full access to the benefits set forth in this
22 Section, on and after January 1, 2016, the Department shall
23 ensure that provider and hospital reimbursement for
24 post-mastectomy care benefits required under this Section are
25 no lower than the Medicare reimbursement rate.

26 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;

1 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
2 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
3 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
4 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
5 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
6 eff. 1-1-23; revised 12-14-22.)

7 Article 99.

8 Section 99-95. No acceleration or delay. Where this Act
9 makes changes in a statute that is represented in this Act by
10 text that is not yet or no longer in effect (for example, a
11 Section represented by multiple versions), the use of that
12 text does not accelerate or delay the taking effect of (i) the
13 changes made by this Act or (ii) provisions derived from any
14 other Public Act.

15 Section 99-97. Severability. The provisions of this Act
16 are severable under Section 1.31 of the Statute on Statutes.

17 Section 99-99. Effective date. This Act takes effect upon
18 becoming law."