



Rep. Kelly M. Cassidy

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1 AMENDMENT TO SENATE BILL 1534

2 AMENDMENT NO. _____. Amend Senate Bill 1534, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Article 1

6 Section 1-1. Short title; references to Act.

7 (a) This Article may be cited as the Public Higher
8 Education Emergency Health Act. References in this Article to
9 "this Act" mean this Article.

10 (b) This Act, including the new and amendatory provisions,
11 may be referred to as the Patient and Provider Protection Act.

12 Section 1-3. Intent. It is the intent of the General
13 Assembly that the requirements set forth in this Act should
14 apply equally to each public institution of higher education
15 in this State and to the governing board of each public

1 institution of higher education in this State.

2 Section 1-5. Definitions. As used in this Act:

3 "Emergency contraception" means medication approved by the
4 federal Food and Drug Administration that can significantly
5 reduce the risk of pregnancy if taken within 72 hours after
6 unprotected sexual intercourse.

7 "Governing board of each public institution of higher
8 education" means the Board of Trustees of the University of
9 Illinois, the Board of Trustees of Southern Illinois
10 University, the Board of Trustees of Chicago State University,
11 the Board of Trustees of Eastern Illinois University, the
12 Board of Trustees of Governors State University, the Board of
13 Trustees of Illinois State University, the Board of Trustees
14 of Northeastern Illinois University, the Board of Trustees of
15 Northern Illinois University, the Board of Trustees of Western
16 Illinois University, and the board of trustees of each
17 community college district in this State.

18 "Public institution of higher education" means the
19 University of Illinois, Southern Illinois University, Chicago
20 State University, Eastern Illinois University, Governors State
21 University, Illinois State University, Northeastern Illinois
22 University, Northern Illinois University, Western Illinois
23 University, a public community college in this State, or any
24 other public university, college, or community college now or
25 hereafter established or authorized by the General Assembly.

1 Section 1-10. Emergency contraception availability on
2 campus.

3 (a) The governing board of each public institution of
4 higher education shall make emergency contraception available
5 for purchase through at least one vending machine located on
6 each campus under its jurisdiction.

7 (b) A public institution of higher education shall ensure
8 that the emergency contraception made available through each
9 vending machine satisfies, at a minimum, all of the following
10 requirements:

11 (1) The emergency contraception must be sold only in
12 the manufacturer's clearly labeled, original, unbroken,
13 tamper-proof, and expiration-dated packaging.

14 (2) The emergency contraception may not be dispensed
15 after the manufacturer's expiration date.

16 (3) The emergency contraception must be stored in
17 accordance with manufacturer recommendations.

18 (4) The emergency contraception must be made available
19 at a reduced price, which may not exceed \$40.

20 (c) A public institution of higher education shall ensure
21 that each vending machine has, at a minimum:

22 (1) an obvious and legible statement on the machine
23 that identifies the owner of the machine;

24 (2) a toll-free telephone number at which the consumer
25 may contact the owner of the machine; and

1 requirements of this Section with respect to Sections 370c and
2 370c.1 of the Illinois Insurance Code; all other requirements
3 of this Section shall be enforced by the Department of Central
4 Management Services.

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

11 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
12 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
13 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
14 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
15 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
16 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
17 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
18 revised 12-13-22.)

19 (Text of Section after amendment by P.A. 102-768)

20 Sec. 6.11. Required health benefits; Illinois Insurance
21 Code requirements. The program of health benefits shall
22 provide the post-mastectomy care benefits required to be
23 covered by a policy of accident and health insurance under
24 Section 356t of the Illinois Insurance Code. The program of
25 health benefits shall provide the coverage required under

1 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
2 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
5 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
6 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57,
7 356z.59, and 356z.60 of the Illinois Insurance Code. The
8 program of health benefits must comply with Sections 155.22a,
9 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
10 the Illinois Insurance Code. The Department of Insurance shall
11 enforce the requirements of this Section with respect to
12 Sections 370c and 370c.1 of the Illinois Insurance Code; all
13 other requirements of this Section shall be enforced by the
14 Department of Central Management Services.

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

21 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
22 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
23 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
24 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
26 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,

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

3 Section 2-10. The Counties Code is amended by changing
4 Section 5-1069.3 as follows:

5 (55 ILCS 5/5-1069.3)

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

1 Illinois Constitution. A home rule county to which this
2 Section applies must comply with every provision of this
3 Section.

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

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

18 Section 2-15. The Illinois Municipal Code is amended by
19 changing Section 10-4-2.3 as follows:

20 (65 ILCS 5/10-4-2.3)

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

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

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

25 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
26 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.

1 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
2 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
3 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
4 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
5 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
6 revised 12-13-22.)

7 Section 2-20. The School Code is amended by changing
8 Section 10-22.3f as follows:

9 (105 ILCS 5/10-22.3f)

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

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

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

14 Section 2-25. The Illinois Insurance Code is amended by
15 changing Section 356z.4a and by adding Section 356z.60 as
16 follows:

17 (215 ILCS 5/356z.4a)

18 Sec. 356z.4a. Coverage for abortion.

19 (a) Except as otherwise provided in this Section, no
20 individual or group policy of accident and health insurance
21 that provides pregnancy-related benefits may be issued,
22 amended, delivered, or renewed in this State after the
23 effective date of this amendatory Act of the 101st General
24 Assembly unless the policy provides a covered person with

1 coverage for abortion care. Regardless of whether the policy
2 otherwise provides prescription drug benefits, abortion care
3 coverage must include medications that are obtained through a
4 prescription and used to terminate a pregnancy, regardless of
5 whether there is proof of pregnancy.

6 (b) Coverage for abortion care may not impose any
7 deductible, coinsurance, waiting period, or other cost-sharing
8 limitation that is greater than that required for other
9 pregnancy-related benefits covered by the policy.

10 (c) Except as otherwise authorized under this Section, a
11 policy shall not impose any restrictions or delays on the
12 coverage required under this Section.

13 (d) This Section does not, pursuant to 42 U.S.C.
14 18054(a)(6), apply to a multistate plan that does not provide
15 coverage for abortion.

16 (e) If the Department concludes that enforcement of this
17 Section may adversely affect the allocation of federal funds
18 to this State, the Department may grant an exemption to the
19 requirements, but only to the minimum extent necessary to
20 ensure the continued receipt of federal funds.

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

22 (215 ILCS 5/356z.60 new)

23 Sec. 356z.60. Coverage for abortifacients,
24 gender-affirming health care medications, and human
25 immunodeficiency virus pre-exposure prophylaxis and

1 post-exposure prophylaxis.

2 (a) As used in this Section:

3 "Abortifacients" means any medication administered to
4 terminate a pregnancy by a health care professional.

5 "Gender-affirming health care medication" means any
6 medication administered to treat gender dysphoria, including
7 hormonal treatment.

8 "Health care professional" means a physician licensed to
9 practice medicine in all of its branches, licensed advanced
10 practice registered nurse, or physician assistant.

11 "Therapeutic equivalent version" means drugs, devices, or
12 products that can be expected to have the same clinical effect
13 and safety profile when administered to patients under the
14 conditions specified in the labeling and that satisfy the
15 following general criteria:

16 (1) it is approved as safe and effective;

17 (2) it is a pharmaceutical equivalent in that it:

18 (A) contains identical amounts of the same active
19 drug ingredient in the same dosage form and route of
20 administration; and

21 (B) meets compendial or other applicable standards
22 of strength, quality, purity, and identity;

23 (3) it is bioequivalent in that:

24 (A) it does not present a known or potential
25 bioequivalence problem and it meets an acceptable in
26 vitro standard; or

1 (B) if it does present such a known or potential
2 problem, it is shown to meet an appropriate
3 bioequivalence standard;

4 (4) it is adequately labeled; and

5 (5) it is manufactured in compliance with Current Good
6 Manufacturing Practice regulations adopted by the United
7 States Food and Drug Administration.

8 (b) An individual or group policy of accident and health
9 insurance amended, delivered, issued, or renewed in this State
10 after the effective date of this amendatory Act of the 102nd
11 General Assembly shall provide coverage for all
12 abortifacients, gender-affirming health care medication, human
13 immunodeficiency virus pre-exposure prophylaxis and
14 post-exposure prophylaxis drugs approved by the United States
15 Food and Drug Administration, and follow-up services related
16 to that coverage, including, but not limited to, management of
17 side effects, medication self-management or adherence
18 counseling, risk reduction strategies, and mental health
19 counseling.

20 (c) The coverage required under subsection (b) is subject
21 to the following conditions:

22 (1) If the United States Food and Drug Administration
23 has approved one or more therapeutic equivalent versions
24 of an abortifacient drug, a policy is not required to
25 include all such therapeutic equivalent versions in its
26 formulary so long as at least one is included and covered

1 without cost sharing and in accordance with this Section.

2 (2) If an individual's attending provider recommends a
3 particular drug approved by the United States Food and
4 Drug Administration based on a determination of medical
5 necessity with respect to that individual, the plan or
6 issuer must defer to the determination of the attending
7 provider and must cover that service or item without cost
8 sharing.

9 (3) If a drug is not covered, plans and issuers must
10 have an easily accessible, transparent, and sufficiently
11 expedient process that is not unduly burdensome on the
12 individual or a provider or other individual acting as a
13 patient's authorized representative to ensure coverage
14 without cost sharing.

15 (d) Except as otherwise provided in this Section, a policy
16 subject to this Section shall not impose a deductible,
17 coinsurance, copayment, or any other cost-sharing requirement
18 on the coverage provided. The provisions of this subsection do
19 not apply to coverage of procedures to the extent such
20 coverage would disqualify a high-deductible health plan from
21 eligibility for a health savings account pursuant to the
22 federal Internal Revenue Code, 26 U.S.C. 223.

23 (e) Except as otherwise authorized under this Section, a
24 policy shall not impose any restrictions or delays on the
25 coverage required under this Section.

1 Section 2-30. The Health Maintenance Organization Act is
2 amended by changing Section 5-3 as follows:

3 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

4 Sec. 5-3. Insurance Code provisions.

5 (a) Health Maintenance Organizations shall be subject to
6 the provisions of Sections 133, 134, 136, 137, 139, 140,
7 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
8 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
9 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
10 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
11 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
12 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
13 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
14 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
15 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
16 356z.60, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
17 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
18 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
19 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
20 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
21 Illinois Insurance Code.

22 (b) For purposes of the Illinois Insurance Code, except
23 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
24 Health Maintenance Organizations in the following categories
25 are deemed to be "domestic companies":

1 (1) a corporation authorized under the Dental Service
2 Plan Act or the Voluntary Health Services Plans Act;

3 (2) a corporation organized under the laws of this
4 State; or

5 (3) a corporation organized under the laws of another
6 state, 30% or more of the enrollees of which are residents
7 of this State, except a corporation subject to
8 substantially the same requirements in its state of
9 organization as is a "domestic company" under Article VIII
10 1/2 of the Illinois Insurance Code.

11 (c) In considering the merger, consolidation, or other
12 acquisition of control of a Health Maintenance Organization
13 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

14 (1) the Director shall give primary consideration to
15 the continuation of benefits to enrollees and the
16 financial conditions of the acquired Health Maintenance
17 Organization after the merger, consolidation, or other
18 acquisition of control takes effect;

19 (2) (i) the criteria specified in subsection (1) (b) of
20 Section 131.8 of the Illinois Insurance Code shall not
21 apply and (ii) the Director, in making his determination
22 with respect to the merger, consolidation, or other
23 acquisition of control, need not take into account the
24 effect on competition of the merger, consolidation, or
25 other acquisition of control;

26 (3) the Director shall have the power to require the

1 following information:

2 (A) certification by an independent actuary of the
3 adequacy of the reserves of the Health Maintenance
4 Organization sought to be acquired;

5 (B) pro forma financial statements reflecting the
6 combined balance sheets of the acquiring company and
7 the Health Maintenance Organization sought to be
8 acquired as of the end of the preceding year and as of
9 a date 90 days prior to the acquisition, as well as pro
10 forma financial statements reflecting projected
11 combined operation for a period of 2 years;

12 (C) a pro forma business plan detailing an
13 acquiring party's plans with respect to the operation
14 of the Health Maintenance Organization sought to be
15 acquired for a period of not less than 3 years; and

16 (D) such other information as the Director shall
17 require.

18 (d) The provisions of Article VIII 1/2 of the Illinois
19 Insurance Code and this Section 5-3 shall apply to the sale by
20 any health maintenance organization of greater than 10% of its
21 enrollee population (including without limitation the health
22 maintenance organization's right, title, and interest in and
23 to its health care certificates).

24 (e) In considering any management contract or service
25 agreement subject to Section 141.1 of the Illinois Insurance
26 Code, the Director (i) shall, in addition to the criteria

1 specified in Section 141.2 of the Illinois Insurance Code,
2 take into account the effect of the management contract or
3 service agreement on the continuation of benefits to enrollees
4 and the financial condition of the health maintenance
5 organization to be managed or serviced, and (ii) need not take
6 into account the effect of the management contract or service
7 agreement on competition.

8 (f) Except for small employer groups as defined in the
9 Small Employer Rating, Renewability and Portability Health
10 Insurance Act and except for medicare supplement policies as
11 defined in Section 363 of the Illinois Insurance Code, a
12 Health Maintenance Organization may by contract agree with a
13 group or other enrollment unit to effect refunds or charge
14 additional premiums under the following terms and conditions:

15 (i) the amount of, and other terms and conditions with
16 respect to, the refund or additional premium are set forth
17 in the group or enrollment unit contract agreed in advance
18 of the period for which a refund is to be paid or
19 additional premium is to be charged (which period shall
20 not be less than one year); and

21 (ii) the amount of the refund or additional premium
22 shall not exceed 20% of the Health Maintenance
23 Organization's profitable or unprofitable experience with
24 respect to the group or other enrollment unit for the
25 period (and, for purposes of a refund or additional
26 premium, the profitable or unprofitable experience shall

1 be calculated taking into account a pro rata share of the
2 Health Maintenance Organization's administrative and
3 marketing expenses, but shall not include any refund to be
4 made or additional premium to be paid pursuant to this
5 subsection (f)). The Health Maintenance Organization and
6 the group or enrollment unit may agree that the profitable
7 or unprofitable experience may be calculated taking into
8 account the refund period and the immediately preceding 2
9 plan years.

10 The Health Maintenance Organization shall include a
11 statement in the evidence of coverage issued to each enrollee
12 describing the possibility of a refund or additional premium,
13 and upon request of any group or enrollment unit, provide to
14 the group or enrollment unit a description of the method used
15 to calculate (1) the Health Maintenance Organization's
16 profitable experience with respect to the group or enrollment
17 unit and the resulting refund to the group or enrollment unit
18 or (2) the Health Maintenance Organization's unprofitable
19 experience with respect to the group or enrollment unit and
20 the resulting additional premium to be paid by the group or
21 enrollment unit.

22 In no event shall the Illinois Health Maintenance
23 Organization Guaranty Association be liable to pay any
24 contractual obligation of an insolvent organization to pay any
25 refund authorized under this Section.

26 (g) Rulemaking authority to implement Public Act 95-1045,

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

6 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
7 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
8 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
9 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
10 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
11 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
12 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
13 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
14 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
15 eff. 1-1-23; revised 12-13-22.)

16 Section 2-35. The Limited Health Service Organization Act
17 is amended by changing Section 4003 as follows:

18 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

19 Sec. 4003. Illinois Insurance Code provisions. Limited
20 health service organizations shall be subject to the
21 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
22 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
23 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
24 355b, 356q, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,

1 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.46,
2 356z.47, 356z.51, 356z.53 (as added by Public Act 102-804),
3 356z.53 (as added by Public Act 102-930), 364.3, 368a, 401,
4 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
5 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
6 XXVI of the Illinois Insurance Code. For purposes of the
7 Illinois Insurance Code, except for Sections 444 and 444.1 and
8 Articles XIII and XIII 1/2, limited health service
9 organizations in the following categories are deemed to be
10 domestic companies:

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

12 (2) a corporation organized under the laws of another
13 state, 30% or more of the enrollees of which are residents
14 of this State, except a corporation subject to
15 substantially the same requirements in its state of
16 organization as is a domestic company under Article VIII
17 1/2 of the Illinois Insurance Code.

18 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
19 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
20 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
21 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
22 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
23 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

24 Section 2-40. The Voluntary Health Services Plans Act is
25 amended by changing Section 10 as follows:

1 (215 ILCS 165/10) (from Ch. 32, par. 604)

2 Sec. 10. Application of Insurance Code provisions. Health
3 services plan corporations and all persons interested therein
4 or dealing therewith shall be subject to the provisions of
5 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
6 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
7 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
8 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
9 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
10 356z.14, 356z.15, 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.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
13 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3, 367.2,
14 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
15 paragraphs (7) and (15) of Section 367 of the Illinois
16 Insurance Code.

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

23 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
24 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
25 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,

1 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
2 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
3 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
4 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
5 revised 12-13-22.)

6 Section 2-45. The Illinois Public Aid Code is amended by
7 changing Section 5-16.8 as follows:

8 (305 ILCS 5/5-16.8)

9 Sec. 5-16.8. Required health benefits. The medical
10 assistance program shall (i) provide the post-mastectomy care
11 benefits required to be covered by a policy of accident and
12 health insurance under Section 356t and the coverage required
13 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
14 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
15 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.56, 356z.59, and
16 356z.60 of the Illinois Insurance Code, (ii) be subject to the
17 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
18 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
19 subject to the provisions of subsection (d-5) of Section 10 of
20 the Network Adequacy and Transparency Act.

21 The Department, by rule, shall adopt a model similar to
22 the requirements of Section 356z.39 of the Illinois Insurance
23 Code.

24 On and after July 1, 2012, the Department shall reduce any

1 rate of reimbursement for services or other payments or alter
2 any methodologies authorized by this Code to reduce any rate
3 of reimbursement for services or other payments in accordance
4 with Section 5-5e.

5 To ensure full access to the benefits set forth in this
6 Section, on and after January 1, 2016, the Department shall
7 ensure that provider and hospital reimbursement for
8 post-mastectomy care benefits required under this Section are
9 no lower than the Medicare reimbursement rate.

10 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
11 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
12 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
13 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
14 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
15 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
16 eff. 1-1-23; revised 12-14-22.)

17 Article 3

18 Section 3-5. The Birth Center Licensing Act is amended by
19 changing Section 5 as follows:

20 (210 ILCS 170/5)

21 Sec. 5. Definitions.

22 (a) In this Act:

23 "Birth center" means a designated site, other than a

1 hospital:

2 (1) in which births are planned to occur following a
3 normal, uncomplicated, and low-risk pregnancy;

4 (2) that is not the pregnant person's usual place of
5 residence;

6 (3) that is ~~exclusively~~ dedicated to serving the
7 childbirth-related needs of pregnant persons and their
8 newborns, and has no more than 10 beds;

9 (4) that offers prenatal care and community education
10 services and coordinates these services with other health
11 care services available in the community; and

12 (5) that does not provide general anesthesia or
13 surgery.

14 "Certified nurse midwife" means an advanced practice
15 registered nurse licensed in Illinois under the Nurse Practice
16 Act with full practice authority or who is delegated such
17 authority as part of a written collaborative agreement with a
18 physician who is associated with the birthing center or who
19 has privileges at a nearby birthing hospital.

20 "Department" means the Illinois Department of Public
21 Health.

22 "Hospital" does not include places where pregnant females
23 are received, cared for, or treated during delivery if it is in
24 a licensed birth center, nor include any facility required to
25 be licensed as a birth center.

26 "Licensed certified professional midwife" means a person

1 who has successfully met the requirements under Section 45 of
2 the Licensed Certified Professional Midwife Practice Act and
3 holds an active license to practice as a licensed certified
4 professional midwife in Illinois.

5 "Physician" means a physician licensed to practice
6 medicine in all its branches in Illinois.

7 "Reproductive health care" means health care offered,
8 arranged, or furnished for the purpose of preventing
9 pregnancy, terminating a pregnancy, managing pregnancy loss,
10 or improving maternal health and birth outcomes. "Reproductive
11 health care" includes but is not limited to: contraception;
12 sterilization; preconception care; maternity care; assisted
13 reproduction; abortion care; and counseling regarding
14 reproductive health care.

15 (b) Nothing in this Section shall be construed to prohibit
16 a facility licensed as a birth center from offering other
17 sexual health care or reproductive health care subject to any
18 applicable laws, rules, regulations, or licensing requirements
19 for those services.

20 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

21 Article 5

22 Section 5-5. The Pharmacy Practice Act is amended by
23 changing Section 43 as follows:

1 (225 ILCS 85/43)

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

3 Sec. 43. Dispensation of hormonal contraceptives.

4 (a) The dispensing of hormonal contraceptives to a patient
5 shall be pursuant to a valid prescription or standing order by
6 a physician licensed to practice medicine in all its branches,
7 a standing order by ~~or~~ the medical director of a local health
8 department, or a standing order by the Department of Public
9 Health pursuant to the following:

10 (1) a pharmacist may dispense no more than a 12-month
11 supply of hormonal contraceptives to a patient;

12 (2) a pharmacist must complete an educational training
13 program accredited by the Accreditation Council for
14 Pharmacy Education and approved by the Department that is
15 related to the patient self-screening risk assessment,
16 patient assessment contraceptive counseling and education,
17 and dispensation of hormonal contraceptives;

18 (3) a pharmacist shall have the patient complete the
19 self-screening risk assessment tool; the self-screening
20 risk assessment tool is to be based on the most current
21 version of the United States Medical Eligibility Criteria
22 for Contraceptive Use published by the federal Centers for
23 Disease Control and Prevention;

24 (4) based upon the results of the self-screening risk
25 assessment and the patient assessment, the pharmacist
26 shall use his or her professional and clinical judgment as

1 to when a patient should be referred to the patient's
2 physician or another health care provider;

3 (5) a pharmacist shall provide, during the patient
4 assessment and consultation, counseling and education
5 about all methods of contraception, including methods not
6 covered under the standing order, and their proper use and
7 effectiveness;

8 (6) the patient consultation shall take place in a
9 private manner; and

10 (7) a pharmacist and pharmacy must maintain
11 appropriate records.

12 (b) The Department may adopt rules to implement this
13 Section.

14 (c) Nothing in this Section shall be interpreted to
15 require a pharmacist to dispense hormonal contraception under
16 a standing order issued by a physician licensed to practice
17 medicine in all its branches or the medical director of a local
18 health department.

19 (d) Notwithstanding any other provision of law to the
20 contrary, a pharmacist may dispense hormonal contraceptives in
21 conformance with standing orders issued pursuant to this
22 Section without prior establishment of a relationship between
23 the pharmacist and the person receiving hormonal
24 contraception.

25 (e) No employee of the Department of Public Health issuing
26 a standing order pursuant to this Section shall, as a result of

1 the employee's acts or omissions in issuing the standing order
2 pursuant to this Section, be subject to (i) any disciplinary
3 or other adverse action under the Medical Practice Act of
4 1987, (ii) any civil liability, or (iii) any criminal
5 liability.

6 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

7 Article 6

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

10 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

11 Sec. 3.2. (a) It is the duty of any person conducting or
12 operating a medical facility, or any physician or nurse as
13 soon as treatment permits to notify the local law enforcement
14 agency of that jurisdiction upon the application for treatment
15 of a person who is not accompanied by a law enforcement
16 officer, when it reasonably appears that the person requesting
17 treatment has received:

18 (1) any injury resulting from the discharge of a
19 firearm; or

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

22 Any hospital, physician or nurse shall be forever held
23 harmless from any civil liability for their reasonable

1 compliance with the provisions of this Section.

2 (b) Notwithstanding subsection (a), nothing in this
3 Section shall be construed to require the reporting of lawful
4 health care activity, whether such activity may constitute a
5 violation of another state's law.

6 (c) As used in this Section:

7 "Gender-affirming health care" includes, but is not
8 limited to, all supplies, care, and services of a medical,
9 behavioral health, mental health, surgical, psychiatric,
10 therapeutic, diagnostic, preventative, rehabilitative, or
11 supportive nature relating to the treatment of gender
12 dysphoria or the affirmation of an individual's gender
13 identity or gender expression.

14 "Lawful health care" means "reproductive health care" as
15 defined in Section 1-10 of the Reproductive Health Act, or
16 gender-affirming health care that is not unlawful under the
17 laws of this State, including on any theory of vicarious,
18 joint, several, or conspiracy liability."

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

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

24 Section 6-10. The Wrongful Death Act is amended by
25 changing Section 2.2 as follows:

1 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

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

7 There shall be no cause of action against any person ~~a~~
8 ~~physician or a medical institution~~ for the wrongful death of a
9 fetus caused by an abortion where the abortion was permitted
10 by law and the requisite consent was lawfully given. Provided,
11 however, that a cause of action is not prohibited where the
12 fetus is live-born but subsequently dies.

13 There shall be no cause of action against a physician or a
14 medical institution for the wrongful death of a fetus based on
15 the alleged misconduct of the physician or medical institution
16 where the defendant did not know and, under the applicable
17 standard of good medical care, had no medical reason to know of
18 the pregnancy of the mother of the fetus.

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

20 Article 7

21 Section 7-5. The Illinois Parentage Act of 2015 is amended
22 by changing Sections 704 and 709 as follows:

1 (750 ILCS 46/704)

2 Sec. 704. Withdrawal of consent of intended parent or
3 donor. An intended parent or donor may withdraw consent to use
4 his or her gametes in a writing or legal pleading with notice
5 to the other participants. An intended parent who withdraws
6 consent under this Section prior to the insemination or embryo
7 transfer is not a parent of any resulting child. If a donor
8 withdraws consent to his or her donation prior to the
9 insemination or the combination of gametes, the intended
10 parent is not the parent of any resulting child. If the
11 intended parent or parents no longer wish to use any remaining
12 cryopreserved fertilized ovum for medical purposes, the terms
13 of the most recent informed consent of the intended parent or
14 parents executed at the fertility center or a marital
15 settlement agreement under a judgment of dissolution of
16 marriage, judgment of legal separation, or judgment of
17 dissolution of civil union governs the disposition of the
18 fertilized ovum.

19 (Source: P.A. 99-763, eff. 1-1-17.)

20 (750 ILCS 46/709)

21 Sec. 709. Establishment of parentage; requirements of
22 Gestational Surrogacy Act.

23 (a) In the event of gestational surrogacy, in addition to
24 the requirements of the Gestational Surrogacy Act, a
25 parent-child relationship is established between a person and

1 a child if all of the following conditions are met prior to the
2 birth of the child:

3 (1) The gestational surrogate certifies that she did
4 not provide a gamete for the child, and that she is
5 carrying the child for the intended parents.

6 (2) The spouse, if any, of the gestational surrogate
7 certifies that he or she did not provide a gamete for the
8 child.

9 (3) Each intended parent, or the parent's legally
10 authorized designee if an intended parent dies, certifies
11 that the child being carried by the gestational surrogate
12 was conceived using at least one of the intended parents'
13 gametes.

14 (4) A physician licensed in the state in which the
15 fertilized ovum was inseminated or transferred to the
16 gestational surrogate certifies that the child being
17 carried by the gestational surrogate was conceived using
18 the gamete or gametes of at least one of the intended
19 parents, and that neither the gestational surrogate nor
20 the gestational surrogate's spouse, if any, provided
21 gametes for the child being carried by the gestational
22 surrogate.

23 (5) The attorneys for the intended parents and the
24 gestational surrogate each certify that the parties
25 entered into a gestational surrogacy agreement intended to
26 satisfy the requirements of the Gestational Surrogacy Act.

1 (b) All certifications under this Section shall be in
2 writing and witnessed by 2 competent adults who are not the
3 gestational surrogate, gestational surrogate's spouse, if any,
4 or an intended parent. Certifications shall be on forms
5 prescribed by the Illinois Department of Public Health and
6 shall be executed prior to the birth of the child. All
7 certifications shall be provided, prior to the birth of the
8 child, to both the hospital where the gestational surrogate
9 anticipates the delivery will occur and to the Illinois
10 Department of Public Health.

11 (c) Parentage established in accordance with this Section
12 has the full force and effect of a judgment entered under this
13 Act.

14 (d) The Illinois Department of Public Health shall adopt
15 rules to implement this Section.

16 (Source: P.A. 99-763, eff. 1-1-17.)

17 Article 8

18 Section 8-5. The Reproductive Health Act is amended by
19 changing Sections 1-10, 1-20, and 1-25 as follows:

20 (775 ILCS 55/1-10)

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

22 "Abortion" means the use of any instrument, medicine,
23 drug, or any other substance or device to terminate the

1 pregnancy of an individual known to be pregnant with an
2 intention other than to increase the probability of a live
3 birth, to preserve the life or health of the child after live
4 birth, or to remove a dead fetus.

5 "Advanced practice registered nurse" has the same meaning
6 as it does in Section 50-10 of the Nurse Practice Act.

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

16 "Department" means the Illinois Department of Public
17 Health.

18 "Fetal viability" means that, in the professional judgment
19 of the attending health care professional, based on the
20 particular facts of the case, there is a significant
21 likelihood of a fetus' sustained survival outside the uterus
22 without the application of extraordinary medical measures.

23 "Health care professional" means a person who is licensed
24 as a physician, advanced practice registered nurse, or
25 physician assistant.

26 "Health of the patient" means all factors that are

1 relevant to the patient's health and well-being, including,
2 but not limited to, physical, emotional, psychological, and
3 familial health and age.

4 "Maternity care" means the health care provided in
5 relation to pregnancy, labor and childbirth, and the
6 postpartum period, and includes prenatal care, care during
7 labor and birthing, and postpartum care extending through
8 one-year postpartum. Maternity care shall, seek to optimize
9 positive outcomes for the patient, and be provided on the
10 basis of the physical and psychosocial needs of the patient.
11 Notwithstanding any of the above, all care shall be subject to
12 the informed and voluntary consent of the patient, or the
13 patient's legal proxy, when the patient is unable to give
14 consent.

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

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

19 "Pregnancy" means the human reproductive process,
20 beginning with the implantation of an embryo.

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

23 "Reproductive health care" means health care offered,
24 arranged, or furnished for the purpose of preventing
25 pregnancy, terminating a pregnancy, managing pregnancy loss,
26 or improving maternal health and birth outcomes. "Reproductive

1 health care" includes, but is not limited to: contraception;
2 sterilization; preconception care; assisted reproduction;
3 maternity care; abortion care; and counseling regarding
4 reproductive health care.

5 "State" includes any branch, department, agency,
6 instrumentality, and official or other person acting under
7 color of law of this State or a political subdivision of the
8 State, including any unit of local government (including a
9 home rule unit), school district, instrumentality, or public
10 subdivision.

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

12 (775 ILCS 55/1-20)

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

14 (a) The State shall not:

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

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

1 (b) Any party aggrieved by conduct or regulation in
2 violation of this Act may bring a civil lawsuit, in a federal
3 district court or State circuit court, against the offending
4 unit of government. Any State claim brought in federal
5 district court shall be a supplemental claim to a federal
6 claim. Any lawsuit brought pursuant to this Act shall be
7 commenced within 2 years after the cause of action was
8 discovered.

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

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

17 (775 ILCS 55/1-25)

18 Sec. 1-25. Reporting of abortions performed by health care
19 professionals.

20 (a) A health care professional may provide abortion care
21 in accordance with the health care professional's professional
22 judgment and training and based on accepted standards of
23 clinical practice consistent with the scope of his or her
24 practice under the Medical Practice Act of 1987, the Nurse
25 Practice Act, or the Physician Assistant Practice Act of 1987.

1 An advanced practice registered nurse or physician assistant
2 as defined in this Act may perform aspiration abortion
3 procedures that do not require general anesthesia, consistent
4 with the advanced practice registered nurse's or physician
5 assistant's training and standards of clinical practice and,
6 if applicable, consistent with any collaborative agreement. If
7 the health care professional determines that there is fetal
8 viability, the health care professional may provide abortion
9 care only if, in the professional judgment of the health care
10 professional, the abortion is necessary to protect the life or
11 health of the patient.

12 (b) A report of each abortion performed by a health care
13 professional shall be made to the Department on forms
14 prescribed by it. Such reports shall be transmitted to the
15 Department not later than 10 days following the end of the
16 month in which the abortion is performed.

17 (c) The abortion reporting forms prescribed by the
18 Department shall not request or require information that
19 identifies a patient by name or any other identifying
20 information, and the Department shall secure anonymity of all
21 patients and health care professionals.

22 (d) All reports received by the Department pursuant to
23 this Section shall be treated as confidential and exempt from
24 the Freedom of Information Act. Access to such reports shall
25 be limited to authorized Department staff who shall use the
26 reports for statistical purposes only. Such reports must be

1 destroyed within 2 years after date of receipt.

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

3 Article 9

4 Section 9-5. The Medical Practice Act of 1987 is amended
5 by changing Sections 22 and 23 as follows:

6 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

8 Sec. 22. Disciplinary action.

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

16 (1) (Blank).

17 (2) (Blank).

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

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

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

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

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

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

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

16 (10) Making a false or misleading statement regarding
17 their skill or the efficacy or value of the medicine,
18 treatment, or remedy prescribed by them at their direction
19 in the treatment of any disease or other condition of the
20 body or mind.

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

23 (12) Adverse action taken by another state or
24 jurisdiction against a license or other authorization to
25 practice as a medical doctor, doctor of osteopathy, doctor
26 of osteopathic medicine or doctor of chiropractic, a

1 certified copy of the record of the action taken by the
2 other state or jurisdiction being prima facie evidence
3 thereof. This includes any adverse action taken by a State
4 or federal agency that prohibits a medical doctor, doctor
5 of osteopathy, doctor of osteopathic medicine, or doctor
6 of chiropractic from providing services to the agency's
7 participants.

8 (13) Violation of any provision of this Act or of the
9 Medical Practice Act prior to the repeal of that Act, or
10 violation of the rules, or a final administrative action
11 of the Secretary, after consideration of the
12 recommendation of the Medical Board.

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

15 (15) A finding by the Medical Board that the
16 registrant after having his or her license placed on
17 probationary status or subjected to conditions or
18 restrictions violated the terms of the probation or failed
19 to comply with such terms or conditions.

20 (16) Abandonment of a patient.

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

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

1 appliances, or goods provided for a patient in such manner
2 as to exploit the patient for financial gain of the
3 physician.

4 (19) Offering, undertaking, or agreeing to cure or
5 treat disease by a secret method, procedure, treatment, or
6 medicine, or the treating, operating, or prescribing for
7 any human condition by a method, means, or procedure which
8 the licensee refuses to divulge upon demand of the
9 Department.

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

13 (21) Willfully making or filing false records or
14 reports in his or her practice as a physician, including,
15 but not limited to, false records to support claims
16 against the medical assistance program of the Department
17 of Healthcare and Family Services (formerly Department of
18 Public Aid) under the Illinois Public Aid Code.

19 (22) Willful omission to file or record, or willfully
20 impeding the filing or recording, or inducing another
21 person to omit to file or record, medical reports as
22 required by law, or willfully failing to report an
23 instance of suspected abuse or neglect as required by law.

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

1 upon proof by clear and convincing evidence that the
2 licensee has caused a child to be an abused child or
3 neglected child as defined in the Abused and Neglected
4 Child Reporting Act.

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

8 (25) Gross and willful and continued overcharging for
9 professional services, including filing false statements
10 for collection of fees for which services are not
11 rendered, including, but not limited to, filing such false
12 statements for collection of monies for services not
13 rendered from the medical assistance program of the
14 Department of Healthcare and Family Services (formerly
15 Department of Public Aid) under the Illinois Public Aid
16 Code.

17 (26) A pattern of practice or other behavior which
18 demonstrates incapacity or incompetence to practice under
19 this Act.

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

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

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

3 (30) Willfully or negligently violating the
4 confidentiality between physician and patient except as
5 required by law.

6 (31) The use of any false, fraudulent, or deceptive
7 statement in any document connected with practice under
8 this Act.

9 (32) Aiding and abetting an individual not licensed
10 under this Act in the practice of a profession licensed
11 under this Act.

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

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

25 (35) Failure to report to the Department surrender of
26 a license or authorization to practice as a medical

1 doctor, a doctor of osteopathy, a doctor of osteopathic
2 medicine, or doctor of chiropractic in another state or
3 jurisdiction, or surrender of membership on any medical
4 staff or in any medical or professional association or
5 society, while under disciplinary investigation by any of
6 those authorities or bodies, for acts or conduct similar
7 to acts or conduct which would constitute grounds for
8 action as defined in this Section.

9 (36) Failure to report to the Department any adverse
10 judgment, settlement, or award arising from a liability
11 claim related to acts or conduct similar to acts or
12 conduct which would constitute grounds for action as
13 defined in this Section.

14 (37) Failure to provide copies of medical records as
15 required by law.

16 (38) Failure to furnish the Department, its
17 investigators or representatives, relevant information,
18 legally requested by the Department after consultation
19 with the Chief Medical Coordinator or the Deputy Medical
20 Coordinator.

21 (39) Violating the Health Care Worker Self-Referral
22 Act.

23 (40) (Blank). ~~Willful failure to provide notice when~~
24 ~~notice is required under the Parental Notice of Abortion~~
25 ~~Act of 1995.~~

26 (41) Failure to establish and maintain records of

1 patient care and treatment as required by this law.

2 (42) Entering into an excessive number of written
3 collaborative agreements with licensed advanced practice
4 registered nurses resulting in an inability to adequately
5 collaborate.

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

8 (44) Violating the Compassionate Use of Medical
9 Cannabis Program Act.

10 (45) Entering into an excessive number of written
11 collaborative agreements with licensed prescribing
12 psychologists resulting in an inability to adequately
13 collaborate.

14 (46) Repeated failure to adequately collaborate with a
15 licensed prescribing psychologist.

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

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

26 (49) Entering into an excessive number of written

1 collaborative agreements with licensed physician
2 assistants resulting in an inability to adequately
3 collaborate.

4 (50) Repeated failure to adequately collaborate with a
5 physician assistant.

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

1 additional period of 2 years from the date of notification to
2 the Department under Section 23 of this Act of such settlement
3 or final judgment in which to investigate and commence formal
4 disciplinary proceedings under Section 36 of this Act, except
5 as otherwise provided by law. The time during which the holder
6 of the license was outside the State of Illinois shall not be
7 included within any period of time limiting the commencement
8 of disciplinary action by the Department.

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

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

26 The Department, upon the recommendation of the Medical

1 Board, shall adopt rules which set forth standards to be used
2 in determining:

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

5 (b) what constitutes dishonorable, unethical, or
6 unprofessional conduct of a character likely to deceive,
7 defraud, or harm the public;

8 (c) what constitutes immoral conduct in the commission
9 of any act, including, but not limited to, commission of
10 an act of sexual misconduct related to the licensee's
11 practice; and

12 (d) what constitutes gross negligence in the practice
13 of medicine.

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

17 In enforcing this Section, the Medical Board, upon a
18 showing of a possible violation, may compel any individual who
19 is licensed to practice under this Act or holds a permit to
20 practice under this Act, or any individual who has applied for
21 licensure or a permit pursuant to this Act, to submit to a
22 mental or physical examination and evaluation, or both, which
23 may include a substance abuse or sexual offender evaluation,
24 as required by the Medical Board and at the expense of the
25 Department. The Medical Board shall specifically designate the
26 examining physician licensed to practice medicine in all of

1 its branches or, if applicable, the multidisciplinary team
2 involved in providing the mental or physical examination and
3 evaluation, or both. The multidisciplinary team shall be led
4 by a physician licensed to practice medicine in all of its
5 branches and may consist of one or more or a combination of
6 physicians licensed to practice medicine in all of its
7 branches, licensed chiropractic physicians, licensed clinical
8 psychologists, licensed clinical social workers, licensed
9 clinical professional counselors, and other professional and
10 administrative staff. Any examining physician or member of the
11 multidisciplinary team may require any person ordered to
12 submit to an examination and evaluation pursuant to this
13 Section to submit to any additional supplemental testing
14 deemed necessary to complete any examination or evaluation
15 process, including, but not limited to, blood testing,
16 urinalysis, psychological testing, or neuropsychological
17 testing. The Medical Board or the Department may order the
18 examining physician or any member of the multidisciplinary
19 team to provide to the Department or the Medical Board any and
20 all records, including business records, that relate to the
21 examination and evaluation, including any supplemental testing
22 performed. The Medical Board or the Department may order the
23 examining physician or any member of the multidisciplinary
24 team to present testimony concerning this examination and
25 evaluation of the licensee, permit holder, or applicant,
26 including testimony concerning any supplemental testing or

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

1 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
2 renewed, disciplined or supervised, subject to such terms,
3 conditions, or restrictions who shall fail to comply with such
4 terms, conditions, or restrictions, or to complete a required
5 program of care, counseling, or treatment, as determined by
6 the Chief Medical Coordinator or Deputy Medical Coordinators,
7 shall be referred to the Secretary for a determination as to
8 whether the licensee shall have his or her license suspended
9 immediately, pending a hearing by the Medical Board. In
10 instances in which the Secretary immediately suspends a
11 license under this Section, a hearing upon such person's
12 license must be convened by the Medical Board within 15 days
13 after such suspension and completed without appreciable delay.
14 The Medical Board shall have the authority to review the
15 subject physician's record of treatment and counseling
16 regarding the impairment, to the extent permitted by
17 applicable federal statutes and regulations safeguarding the
18 confidentiality of medical records.

19 An individual licensed under this Act, affected under this
20 Section, shall be afforded an opportunity to demonstrate to
21 the Medical Board that he or she can resume practice in
22 compliance with acceptable and prevailing standards under the
23 provisions of his or her license.

24 The Department may promulgate rules for the imposition of
25 fines in disciplinary cases, not to exceed \$10,000 for each
26 violation of this Act. Fines may be imposed in conjunction

1 with other forms of disciplinary action, but shall not be the
2 exclusive disposition of any disciplinary action arising out
3 of conduct resulting in death or injury to a patient. Any funds
4 collected from such fines shall be deposited in the Illinois
5 State Medical Disciplinary Fund.

6 All fines imposed under this Section shall be paid within
7 60 days after the effective date of the order imposing the fine
8 or in accordance with the terms set forth in the order imposing
9 the fine.

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

21 (C) The Department shall not revoke, suspend, place on
22 probation, reprimand, refuse to issue or renew, or take any
23 other disciplinary or non-disciplinary action against the
24 license or permit issued under this Act to practice medicine
25 to a physician:

26 (1) based solely upon the recommendation of the

1 physician to an eligible patient regarding, or
2 prescription for, or treatment with, an investigational
3 drug, biological product, or device; ~~or~~

4 (2) for experimental treatment for Lyme disease or
5 other tick-borne diseases, including, but not limited to,
6 the prescription of or treatment with long-term
7 antibiotics;

8 (3) based solely upon the physician providing,
9 authorizing, recommending, aiding, assisting, referring
10 for, or otherwise participating in any health care
11 service, so long as the care was otherwise performed in
12 accordance with the laws of this State, regardless of
13 whether the patient was a resident of this State or
14 another state; or

15 (4) based upon the physician's license being revoked
16 or suspended, or the physician being otherwise disciplined
17 by any other state, if that revocation, suspension, or
18 other form of discipline was based solely on the physician
19 violating another state's laws prohibiting the provision
20 of, authorization of, recommendation of, aiding or
21 assisting in, referring for, or participation in any
22 health care service if that health care service as
23 provided would have been lawful and consistent with the
24 standards of conduct for the physician if it occurred in
25 Illinois.

26 (D) (Blank). ~~The Medical Board shall recommend to the~~

1 ~~Department civil penalties and any other appropriate~~
2 ~~discipline in disciplinary cases when the Medical Board finds~~
3 ~~that a physician willfully performed an abortion with actual~~
4 ~~knowledge that the person upon whom the abortion has been~~
5 ~~performed is a minor or an incompetent person without notice~~
6 ~~as required under the Parental Notice of Abortion Act of 1995.~~
7 ~~Upon the Medical Board's recommendation, the Department shall~~
8 ~~impose, for the first violation, a civil penalty of \$1,000 and~~
9 ~~for a second or subsequent violation, a civil penalty of~~
10 ~~\$5,000.~~

11 (D) The conduct specified in subsection (C) shall not
12 trigger reporting requirements under Section 23, constitute
13 grounds for suspension under Section 25, or be included on the
14 physician's profile required under Section 10 of the Patients'
15 Right to Know Act.

16 (E) 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; provided however, that nothing in this Section shall be
26 construed as prohibiting the Department from evaluating the

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

4 (F) 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. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
8 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
9 8-20-21; 102-813, eff. 5-13-22.)

10 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

12 Sec. 23. Reports relating to professional conduct and
13 capacity.

14 (A) Entities required to report.

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

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

1 subsection (C) of this Section. Such health care
2 institution shall not take any adverse action, including,
3 but not limited to, restricting or terminating of any
4 person's clinical privileges, as a result of an adverse
5 action against the person's license or clinical privileges
6 or other disciplinary action by another state or health
7 care institution that resulted from the person's provision
8 of, authorization of, recommendation of, aiding or
9 assistance with, referral for, or participation in any
10 health care service if the adverse action was based solely
11 on a violation of the other state's law prohibiting the
12 provision of such health care and related services in the
13 state or for a resident of the state if that health care
14 service as provided would have been lawful and consistent
15 with the standards of conduct for physicians if it
16 occurred in Illinois.

17 (1.5) Clinical training programs. The program director
18 of any post-graduate clinical training program shall
19 report to the Medical Board if a person engaged in a
20 post-graduate clinical training program at the
21 institution, including, but not limited to, a residency or
22 fellowship, separates from the program for any reason
23 prior to its conclusion. The program director shall
24 provide all documentation relating to the separation if,
25 after review of the report, the Medical Board determines
26 that a review of those documents is necessary to determine

1 whether a violation of this Act occurred.

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

11 (3) Professional liability insurers. Every insurance
12 company which offers policies of professional liability
13 insurance to persons licensed under this Act, or any other
14 entity which seeks to indemnify the professional liability
15 of a person licensed under this Act, shall report to the
16 Medical Board the settlement of any claim or cause of
17 action, or final judgment rendered in any cause of action,
18 which alleged negligence in the furnishing of medical care
19 by such licensed person when such settlement or final
20 judgment is in favor of the plaintiff. Such insurance
21 company shall not take any adverse action, including, but
22 not limited to, denial or revocation of coverage, or rate
23 increases, against a person licensed under this Act with
24 respect to coverage for services provided in Illinois if
25 based solely on the person providing, authorizing,
26 recommending, aiding, assisting, referring for, or

1 otherwise participating in health care services this State
2 in violation of another state's law, or a revocation or
3 other adverse action against the person's license in
4 another state for violation of such law if that health
5 care service as provided would have been lawful and
6 consistent with the standards of conduct for physicians if
7 it occurred in Illinois. Notwithstanding this provision,
8 it is against public policy to require coverage for an
9 illegal action.

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

19 (5) State agencies. All agencies, boards, commissions,
20 departments, or other instrumentalities of the government
21 of the State of Illinois shall report to the Medical Board
22 any instance arising in connection with the operations of
23 such agency, including the administration of any law by
24 such agency, in which a person licensed under this Act has
25 either committed an act or acts which may be a violation of
26 this Act or which may constitute unprofessional conduct

1 related directly to patient care or which indicates that a
2 person licensed under this Act may have a mental or
3 physical disability that may endanger patients under that
4 person's care.

5 (B) Mandatory reporting. All reports required by items
6 (34), (35), and (36) of subsection (A) of Section 22 and by
7 Section 23 shall be submitted to the Medical Board in a timely
8 fashion. Unless otherwise provided in this Section, the
9 reports shall be filed in writing within 60 days after a
10 determination that a report is required under this Act. All
11 reports shall contain the following information:

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

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

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

23 (4) A brief description of the facts which gave rise
24 to the issuance of the report, including the dates of any
25 occurrences deemed to necessitate the filing of the
26 report.

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

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

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

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

18 Nothing contained in this Section shall act to, in any
19 way, waive or modify the confidentiality of medical reports
20 and committee reports to the extent provided by law. Any
21 information reported or disclosed shall be kept for the
22 confidential use of the Medical Board, the Medical
23 Coordinators, the Medical Board's attorneys, the medical
24 investigative staff, and authorized clerical staff, as
25 provided in this Act, and shall be afforded the same status as
26 is provided information concerning medical studies in Part 21

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

19 (C) Immunity from prosecution. Any individual or
20 organization acting in good faith, and not in a wilful and
21 wanton manner, in complying with this Act by providing any
22 report or other information to the Medical Board or a peer
23 review committee, or assisting in the investigation or
24 preparation of such information, or by voluntarily reporting
25 to the Medical Board or a peer review committee information
26 regarding alleged errors or negligence by a person licensed

1 under this Act, or by participating in proceedings of the
2 Medical Board or a peer review committee, or by serving as a
3 member of the Medical Board or a peer review committee, shall
4 not, as a result of such actions, be subject to criminal
5 prosecution or civil damages.

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

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

24 The member must notify the Attorney General within 7 days
25 of receipt of notice of the initiation of any action involving
26 services of the Medical Board. Failure to so notify the

1 Attorney General shall constitute an absolute waiver of the
2 right to a defense and indemnification.

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

6 (E) Deliberations of Medical Board. Upon the receipt of
7 any report called for by this Act, other than those reports of
8 impaired persons licensed under this Act required pursuant to
9 the rules of the Medical Board, the Medical Board shall notify
10 in writing, by mail or email, the person who is the subject of
11 the report. Such notification shall be made within 30 days of
12 receipt by the Medical Board of the report.

13 The notification shall include a written notice setting
14 forth the person's right to examine the report. Included in
15 such notification shall be the address at which the file is
16 maintained, the name of the custodian of the reports, and the
17 telephone number at which the custodian may be reached. The
18 person who is the subject of the report shall submit a written
19 statement responding, clarifying, adding to, or proposing the
20 amending of the report previously filed. The person who is the
21 subject of the report shall also submit with the written
22 statement any medical records related to the report. The
23 statement and accompanying medical records shall become a
24 permanent part of the file and must be received by the Medical
25 Board no more than 30 days after the date on which the person
26 was notified by the Medical Board of the existence of the

1 original report.

2 The Medical Board shall review all reports received by it,
3 together with any supporting information and responding
4 statements submitted by persons who are the subject of
5 reports. The review by the Medical Board shall be in a timely
6 manner but in no event, shall the Medical Board's initial
7 review of the material contained in each disciplinary file be
8 less than 61 days nor more than 180 days after the receipt of
9 the initial report by the Medical Board.

10 When the Medical Board makes its initial review of the
11 materials contained within its disciplinary files, the Medical
12 Board shall, in writing, make a determination as to whether
13 there are sufficient facts to warrant further investigation or
14 action. Failure to make such determination within the time
15 provided shall be deemed to be a determination that there are
16 not sufficient facts to warrant further investigation or
17 action.

18 Should the Medical Board find that there are not
19 sufficient facts to warrant further investigation, or action,
20 the report shall be accepted for filing and the matter shall be
21 deemed closed and so reported to the Secretary. The Secretary
22 shall then have 30 days to accept the Medical Board's decision
23 or request further investigation. The Secretary shall inform
24 the Medical Board of the decision to request further
25 investigation, including the specific reasons for the
26 decision. The individual or entity filing the original report

1 or complaint and the person who is the subject of the report or
2 complaint shall be notified in writing by the Secretary of any
3 final action on their report or complaint. The Department
4 shall disclose to the individual or entity who filed the
5 original report or complaint, on request, the status of the
6 Medical Board's review of a specific report or complaint. Such
7 request may be made at any time, including prior to the Medical
8 Board's determination as to whether there are sufficient facts
9 to warrant further investigation or action.

10 (F) Summary reports. The Medical Board shall prepare, on a
11 timely basis, but in no event less than once every other month,
12 a summary report of final disciplinary actions taken upon
13 disciplinary files maintained by the Medical Board. The
14 summary reports shall be made available to the public upon
15 request and payment of the fees set by the Department. This
16 publication may be made available to the public on the
17 Department's website. Information or documentation relating to
18 any disciplinary file that is closed without disciplinary
19 action taken shall not be disclosed and shall be afforded the
20 same status as is provided by Part 21 of Article VIII of the
21 Code of Civil Procedure.

22 (G) Any violation of this Section shall be a Class A
23 misdemeanor.

24 (H) If any such person violates the provisions of this
25 Section an action may be brought in the name of the People of
26 the State of Illinois, through the Attorney General of the

1 State of Illinois, for an order enjoining such violation or
2 for an order enforcing compliance with this Section. Upon
3 filing of a verified petition in such court, the court may
4 issue a temporary restraining order without notice or bond and
5 may preliminarily or permanently enjoin such violation, and if
6 it is established that such person has violated or is
7 violating the injunction, the court may punish the offender
8 for contempt of court. Proceedings under this paragraph shall
9 be in addition to, and not in lieu of, all other remedies and
10 penalties provided for by this Section.

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

14 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

15 Section 9-10. The Nurse Practice Act is amended by
16 changing Sections 65-65 and 70-5 as follows:

17 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

19 Sec. 65-65. Reports relating to APRN professional conduct
20 and capacity.

21 (a) Entities Required to Report.

22 (1) Health Care Institutions. The chief administrator
23 or executive officer of a health care institution licensed
24 by the Department of Public Health, which provides the

1 minimum due process set forth in Section 10.4 of the
2 Hospital Licensing Act, shall report to the Board when an
3 advanced practice registered nurse's organized
4 professional staff clinical privileges are terminated or
5 are restricted based on a final determination, in
6 accordance with that institution's bylaws or rules and
7 regulations, that (i) a person has either committed an act
8 or acts that may directly threaten patient care and that
9 are not of an administrative nature or (ii) that a person
10 may have a mental or physical disability that may endanger
11 patients under that person's care. The chief administrator
12 or officer shall also report if an advanced practice
13 registered nurse accepts voluntary termination or
14 restriction of clinical privileges in lieu of formal
15 action based upon conduct related directly to patient care
16 and not of an administrative nature, or in lieu of formal
17 action seeking to determine whether a person may have a
18 mental or physical disability that may endanger patients
19 under that person's care. The Department shall provide by
20 rule for the reporting to it of all instances in which a
21 person licensed under this Article, who is impaired by
22 reason of age, drug, or alcohol abuse or physical or
23 mental impairment, is under supervision and, where
24 appropriate, is in a program of rehabilitation. Reports
25 submitted under this subsection shall be strictly
26 confidential and may be reviewed and considered only by

1 the members of the Board or authorized staff as provided
2 by rule of the Department. Provisions shall be made for
3 the periodic report of the status of any such reported
4 person not less than twice annually in order that the
5 Board shall have current information upon which to
6 determine the status of that person. Initial and periodic
7 reports of impaired advanced practice registered nurses
8 shall not be considered records within the meaning of the
9 State Records Act and shall be disposed of, following a
10 determination by the Board that such reports are no longer
11 required, in a manner and at an appropriate time as the
12 Board shall determine by rule. The filing of reports
13 submitted under this subsection shall be construed as the
14 filing of a report for purposes of subsection (c) of this
15 Section.

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

25 (3) Professional Liability Insurers. Every insurance
26 company that offers policies of professional liability

1 insurance to persons licensed under this Article, or any
2 other entity that seeks to indemnify the professional
3 liability of a person licensed under this Article, shall
4 report to the Board the settlement of any claim or cause of
5 action, or final judgment rendered in any cause of action,
6 that alleged negligence in the furnishing of patient care
7 by the licensee when the settlement or final judgment is
8 in favor of the plaintiff. Such insurance company shall
9 not take any adverse action, including, but not limited
10 to, denial or revocation of coverage, or rate increases,
11 against a person licensed under this Act with respect to
12 coverage for services provided in Illinois if based solely
13 on the person providing, authorizing, recommending,
14 aiding, assisting, referring for, or otherwise
15 participating in health care services this State in
16 violation of another state's law, or a revocation or other
17 adverse action against the person's license in another
18 state for violation of such law if that health care
19 service as provided would have been lawful and consistent
20 with the standards of conduct for physicians if it
21 occurred in Illinois. Notwithstanding this provision, it
22 is against public policy to require coverage for an
23 illegal action.

24 (4) State's Attorneys. The State's Attorney of each
25 county shall report to the Board all instances in which a
26 person licensed under this Article is convicted or

1 otherwise found guilty of the commission of a felony.

2 (5) State Agencies. All agencies, boards, commissions,
3 departments, or other instrumentalities of the government
4 of this State shall report to the Board any instance
5 arising in connection with the operations of the agency,
6 including the administration of any law by the agency, in
7 which a person licensed under this Article has either
8 committed an act or acts that may constitute a violation
9 of this Article, that may constitute unprofessional
10 conduct related directly to patient care, or that
11 indicates that a person licensed under this Article may
12 have a mental or physical disability that may endanger
13 patients under that person's care.

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

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

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

24 (3) The name or other means of identification of any
25 patient or patients whose treatment is a subject of the
26 report, except that no medical records may be revealed

1 without the written consent of the patient or patients.

2 (4) A brief description of the facts that gave rise to
3 the issuance of the report, including, but not limited to,
4 the dates of any occurrences deemed to necessitate the
5 filing of the report.

6 (5) If court action is involved, the identity of the
7 court in which the action is filed, the docket number, and
8 date of filing of the action.

9 (6) Any further pertinent information that the
10 reporting party deems to be an aid in the evaluation of the
11 report.

12 Nothing contained in this Section shall be construed to in
13 any way waive or modify the confidentiality of medical reports
14 and committee reports to the extent provided by law. Any
15 information reported or disclosed shall be kept for the
16 confidential use of the Board, the Board's attorneys, the
17 investigative staff, and authorized clerical staff and shall
18 be afforded the same status as is provided information
19 concerning medical studies in Part 21 of Article VIII of the
20 Code of Civil Procedure.

21 (c) Immunity from Prosecution. An individual or
22 organization acting in good faith, and not in a willful and
23 wanton manner, in complying with this Section by providing a
24 report or other information to the Board, by assisting in the
25 investigation or preparation of a report or information, by
26 participating in proceedings of the Board, or by serving as a

1 member of the Board shall not, as a result of such actions, be
2 subject to criminal prosecution or civil damages.

3 (d) Indemnification. Members of the Board, the Board's
4 attorneys, the investigative staff, advanced practice
5 registered nurses or physicians retained under contract to
6 assist and advise in the investigation, and authorized
7 clerical staff shall be indemnified by the State for any
8 actions (i) occurring within the scope of services on the
9 Board, (ii) performed in good faith, and (iii) not willful and
10 wanton in nature. The Attorney General shall defend all
11 actions taken against those persons unless he or she
12 determines either that there would be a conflict of interest
13 in the representation or that the actions complained of were
14 not performed in good faith or were willful and wanton in
15 nature. If the Attorney General declines representation, the
16 member shall have the right to employ counsel of his or her
17 choice, whose fees shall be provided by the State, after
18 approval by the Attorney General, unless there is a
19 determination by a court that the member's actions were not
20 performed in good faith or were willful and wanton in nature.
21 The member shall notify the Attorney General within 7 days of
22 receipt of notice of the initiation of an action involving
23 services of the Board. Failure to so notify the Attorney
24 General shall constitute an absolute waiver of the right to a
25 defense and indemnification. The Attorney General shall
26 determine within 7 days after receiving the notice whether he

1 or she will undertake to represent the member.

2 (e) Deliberations of Board. Upon the receipt of a report
3 called for by this Section, other than those reports of
4 impaired persons licensed under this Article required pursuant
5 to the rules of the Board, the Board shall notify in writing by
6 certified or registered mail or by email to the email address
7 of record the person who is the subject of the report. The
8 notification shall be made within 30 days of receipt by the
9 Board of the report. The notification shall include a written
10 notice setting forth the person's right to examine the report.
11 Included in the notification shall be the address at which the
12 file is maintained, the name of the custodian of the reports,
13 and the telephone number at which the custodian may be
14 reached. The person who is the subject of the report shall
15 submit a written statement responding to, clarifying, adding
16 to, or proposing to amend the report previously filed. The
17 statement shall become a permanent part of the file and shall
18 be received by the Board no more than 30 days after the date on
19 which the person was notified of the existence of the original
20 report. The Board shall review all reports received by it and
21 any supporting information and responding statements submitted
22 by persons who are the subject of reports. The review by the
23 Board shall be in a timely manner but in no event shall the
24 Board's initial review of the material contained in each
25 disciplinary file be less than 61 days nor more than 180 days
26 after the receipt of the initial report by the Board. When the

1 Board makes its initial review of the materials contained
2 within its disciplinary files, the Board shall, in writing,
3 make a determination as to whether there are sufficient facts
4 to warrant further investigation or action. Failure to make
5 that determination within the time provided shall be deemed to
6 be a determination that there are not sufficient facts to
7 warrant further investigation or action. Should the Board find
8 that there are not sufficient facts to warrant further
9 investigation or action, the report shall be accepted for
10 filing and the matter shall be deemed closed and so reported.
11 The individual or entity filing the original report or
12 complaint and the person who is the subject of the report or
13 complaint shall be notified in writing by the Board of any
14 final action on their report or complaint.

15 (f) (Blank).

16 (g) Any violation of this Section shall constitute a Class
17 A misdemeanor.

18 (h) If a person violates the provisions of this Section,
19 an action may be brought in the name of the People of the State
20 of Illinois, through the Attorney General of the State of
21 Illinois, for an order enjoining the violation or for an order
22 enforcing compliance with this Section. Upon filing of a
23 petition in court, the court may issue a temporary restraining
24 order without notice or bond and may preliminarily or
25 permanently enjoin the violation, and if it is established
26 that the person has violated or is violating the injunction,

1 the court may punish the offender for contempt of court.
2 Proceedings under this subsection shall be in addition to, and
3 not in lieu of, all other remedies and penalties provided for
4 by this Section.

5 (i) 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. 99-143, eff. 7-27-15; 100-513, eff. 1-1-18.)

9 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

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

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

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

21 (1) Material deception in furnishing information to
22 the Department.

23 (2) Material violations of any provision of this Act
24 or violation of the rules of or final administrative
25 action of the Secretary, after consideration of the

1 recommendation of the Board.

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: (i)
8 that is a felony; or (ii) that is a misdemeanor, an
9 essential element of which is dishonesty, or that is
10 directly related to the practice of the profession.

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

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

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

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

23 (8) Unlawful taking, theft, selling, distributing, or
24 manufacturing of any drug, narcotic, or prescription
25 device.

26 (9) Habitual or excessive use or addiction to alcohol,

1 narcotics, stimulants, or any other chemical agent or drug
2 that could result in a licensee's inability to practice
3 with reasonable judgment, skill or safety.

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

8 (11) A finding that the licensee, after having her or
9 his license placed on probationary status or subject to
10 conditions or restrictions, has violated the terms of
11 probation or failed to comply with such terms or
12 conditions.

13 (12) Being named as a perpetrator in an indicated
14 report by the Department of Children and Family Services
15 and under 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 (13) Willful omission to file or record, or willfully
21 impeding the filing or recording or inducing another
22 person to omit to file or record medical reports as
23 required by law.

24 (13.5) Willfully failing to report an instance of
25 suspected child abuse or neglect as required by the Abused
26 and Neglected Child Reporting Act.

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

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

5 (16) Failure of a licensee to report to the Department
6 any adverse final action taken against him or her by
7 another licensing jurisdiction of the United States or any
8 foreign state or country, any peer review body, any health
9 care institution, any professional or nursing society or
10 association, any governmental agency, any law enforcement
11 agency, or any court or a nursing liability claim related
12 to acts or conduct similar to acts or conduct that would
13 constitute grounds for action as defined in this Section.

14 (17) Failure of a licensee to report to the Department
15 surrender by the licensee of a license or authorization to
16 practice nursing or advanced practice registered nursing
17 in another state or jurisdiction or current surrender by
18 the licensee of membership on any nursing staff or in any
19 nursing or advanced practice registered nursing or
20 professional association or society while under
21 disciplinary investigation by any of those authorities or
22 bodies for acts or conduct similar to acts or conduct that
23 would constitute grounds for action as defined by this
24 Section.

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

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

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

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

8 (22) Willfully making or filing false records or
9 reports in the licensee's practice, including but not
10 limited to false records to support claims against the
11 medical assistance program of the Department of Healthcare
12 and Family Services (formerly Department of Public Aid)
13 under the Illinois Public Aid Code.

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

16 (24) Immoral conduct in the commission of an act,
17 including, but not limited to, sexual abuse, sexual
18 misconduct, or sexual exploitation, related to the
19 licensee's practice.

20 (25) Willfully or negligently violating the
21 confidentiality between nurse and patient except as
22 required by law.

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

25 (27) The use of any false, fraudulent, or deceptive
26 statement in any document connected with the licensee's

1 practice.

2 (28) Directly or indirectly giving to or receiving
3 from a person, firm, corporation, partnership, or
4 association a fee, commission, rebate, or other form of
5 compensation for professional services not actually or
6 personally rendered. Nothing in this paragraph (28)
7 affects any bona fide independent contractor or employment
8 arrangements among health care professionals, health
9 facilities, health care providers, or other entities,
10 except as otherwise prohibited by law. Any employment
11 arrangements may include provisions for compensation,
12 health insurance, pension, or other employment benefits
13 for the provision of services within the scope of the
14 licensee's practice under this Act. Nothing in this
15 paragraph (28) shall be construed to require an employment
16 arrangement to receive professional fees for services
17 rendered.

18 (29) A violation of the Health Care Worker
19 Self-Referral Act.

20 (30) Physical illness, mental illness, or disability
21 that results in the inability to practice the profession
22 with reasonable judgment, skill, or safety.

23 (31) Exceeding the terms of a collaborative agreement
24 or the prescriptive authority delegated to a licensee by
25 his or her collaborating physician or podiatric physician
26 in guidelines established under a written collaborative

1 agreement.

2 (32) Making a false or misleading statement regarding
3 a licensee's skill or the efficacy or value of the
4 medicine, treatment, or remedy prescribed by him or her in
5 the course of treatment.

6 (33) Prescribing, selling, administering,
7 distributing, giving, or self-administering a drug
8 classified as a controlled substance (designated product)
9 or narcotic for other than medically accepted therapeutic
10 purposes.

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

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

16 (36) Willfully or negligently violating the
17 confidentiality between an advanced practice registered
18 nurse, collaborating physician, dentist, or podiatric
19 physician and a patient, except as required by law.

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

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

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

4 (39) A violation of any provision of this Act or any
5 rules adopted under this Act.

6 (40) Violating the Compassionate Use of Medical
7 Cannabis Program Act.

8 (b-1) The Department shall not revoke, suspend, summarily
9 suspend, place on prohibition, reprimand, refuse to issue or
10 renew, or take any other disciplinary or non-disciplinary
11 action against the license or permit issued under this Act to
12 practice as a registered nurse or an advanced practice
13 registered nurse based solely upon the registered nurse or
14 advanced practice registered nurse providing, authorizing,
15 recommending, aiding, assisting, referring for, or otherwise
16 participating in any health care service, so long as the care
17 was otherwise performed in accordance with the laws of this
18 State, regardless of whether the patient was a resident of
19 this State or another state.

20 (b-2) 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 registered nurse or an advanced practice
25 registered nurse based upon the registered nurse's or advanced
26 practice registered nurse's license being revoked or

1 suspended, or the registered nurse or advanced practice
2 registered nurse being otherwise disciplined by any other
3 state, if that revocation, suspension, or other form of
4 discipline was based solely on the registered nurse or
5 advanced practice registered nurse violating another state's
6 laws prohibiting the provision of, authorization of,
7 recommendation of, aiding or assisting in, referring for, or
8 participation in any health care service if that health care
9 service as provided would have been lawful and consistent with
10 the standards of conduct for the registered nurse or advanced
11 practice registered nurse if it occurred in Illinois.

12 (b-3) The conduct specified in subsection (b-1) or (b-2)
13 shall not trigger reporting requirements under Section 65-65
14 or constitute grounds for suspension under Section 70-60.

15 (b-4) An applicant seeking licensure, certification, or
16 authorization pursuant to this Act who has been subject to
17 disciplinary action by a duly authorized professional
18 disciplinary agency of another jurisdiction solely on the
19 basis of having provided, authorized, recommended, aided,
20 assisted, referred for, or otherwise participated in health
21 care shall not be denied such licensure, certification, or
22 authorization, unless the Department determines that such
23 action would have constituted professional misconduct in this
24 State; provided however, that nothing in this Section shall be
25 construed as prohibiting the Department from evaluating the
26 conduct of such applicant and making a determination regarding

1 the licensure, certification, or authorization to practice a
2 profession under this Act.

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

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

20 (e) In enforcing this Act, the Department, upon a showing
21 of a possible violation, may compel an individual licensed to
22 practice under this Act or who has applied for licensure under
23 this Act, to submit to a mental or physical examination, or
24 both, as required by and at the expense of the Department. The
25 Department may order the examining physician to present
26 testimony concerning the mental or physical examination of the

1 licensee or applicant. No information shall be excluded by
2 reason of any common law or statutory privilege relating to
3 communications between the licensee or applicant and the
4 examining physician. The examining physicians shall be
5 specifically designated by the Department. The individual to
6 be examined may have, at his or her own expense, another
7 physician of his or her choice present during all aspects of
8 this examination. Failure of an individual to submit to a
9 mental or physical examination, when directed, shall result in
10 an automatic suspension without hearing.

11 All substance-related violations shall mandate an
12 automatic substance abuse assessment. Failure to submit to an
13 assessment by a licensed physician who is certified as an
14 addictionist or an advanced practice registered nurse with
15 specialty certification in addictions may be grounds for an
16 automatic suspension, as defined by rule.

17 If the Department finds an individual unable to practice
18 or unfit for duty because of the reasons set forth in this
19 subsection (e), the Department may require that individual to
20 submit to a substance abuse evaluation or treatment by
21 individuals or programs approved or designated by the
22 Department, as a condition, term, or restriction for
23 continued, restored, or renewed licensure to practice; or, in
24 lieu of evaluation or treatment, the Department may file, or
25 the Board may recommend to the Department to file, a complaint
26 to immediately suspend, revoke, or otherwise discipline the

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

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

18 An individual licensed under this Act and affected under
19 this subsection (e) shall be afforded an opportunity to
20 demonstrate to the Department that he or she can resume
21 practice in compliance with nursing standards under the
22 provisions of his or her license.

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

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

1 Section 9-15. The Physician Assistant Practice Act of 1987
2 is amended by changing Section 21 as follows:

3 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

5 Sec. 21. Grounds for disciplinary action.

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

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

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

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

1 the profession.

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

4 (5) Professional incompetence.

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

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

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

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

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

20 (11) Directly or indirectly giving to or receiving
21 from any person, firm, corporation, partnership, or
22 association any fee, commission, rebate or other form of
23 compensation for any professional services not actually or
24 personally rendered. Nothing in this paragraph (11)
25 affects any bona fide independent contractor or employment
26 arrangements, which may include provisions for

1 compensation, health insurance, pension, or other
2 employment benefits, with persons or entities authorized
3 under this Act for the provision of services within the
4 scope of the licensee's practice under this Act.

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

8 (13) Abandonment of a patient.

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

13 (15) 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 (16) Physical illness, or mental illness or impairment
17 that results in the inability to practice the profession
18 with reasonable judgment, skill, or safety, including, but
19 not limited to, deterioration through the aging process or
20 loss of motor skill.

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

1 Child Reporting Act.

2 (18) (Blank).

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

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

8 (21) Exceeding the authority delegated to him or her
9 by his or her collaborating physician in a written
10 collaborative agreement.

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

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

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

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

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

24 (27) Prescribing, selling, administering,
25 distributing, giving, or self-administering a drug
26 classified as a controlled substance for other than

1 medically accepted therapeutic purposes.

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

5 (29) A pattern of practice or other behavior that
6 demonstrates incapacity or incompetence to practice under
7 this Act.

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

11 (31) Exceeding the prescriptive authority delegated by
12 the collaborating physician or violating the written
13 collaborative agreement delegating that authority.

14 (32) Practicing without providing to the Department a
15 notice of collaboration or delegation of prescriptive
16 authority.

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

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

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

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

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

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

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

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

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

22 (41) Repeated failure to adequately collaborate with a
23 collaborating physician.

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

26 (b) The Department may, without a hearing, refuse to issue

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

7 (b-1) The Department shall not revoke, suspend, summarily
8 suspend, place on prohibition, reprimand, refuse to issue or
9 renew, or take any other disciplinary or non-disciplinary
10 action against the license or permit issued under this Act to
11 practice as a physician assistant based solely upon the
12 physician assistant providing, authorizing, recommending,
13 aiding, assisting, referring for, or otherwise participating
14 in any health care service, so long as the care was otherwise
15 performed in accordance with the laws of this State,
16 regardless of whether the patient was a resident of this State
17 or another state.

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

1 violating another state's laws prohibiting the provision of,
2 authorization of, recommendation of, aiding or assisting in,
3 referring for, or participation in any health care service if
4 that health care service as provided would have been lawful
5 and consistent with the standards of conduct for the physician
6 assistant if it occurred in Illinois.

7 (b-3) The conduct specified in subsection (b-1) or (b-2)
8 shall not constitute grounds for suspension under Section
9 22.13.

10 (b-4) An applicant seeking licensure, certification, or
11 authorization pursuant to this Act 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 such
18 action would have constituted professional misconduct in this
19 State; provided however, that nothing in this Section shall be
20 construed as prohibiting the Department from evaluating the
21 conduct of such applicant and making a determination regarding
22 the licensure, certification, or authorization to practice a
23 profession under this Act.

24 (c) The determination by a circuit court that a licensee
25 is subject to involuntary admission or judicial admission as
26 provided in the Mental Health and Developmental Disabilities

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

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

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

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

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

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

25 The individual to be examined may have, at his or her own
26 expense, another physician of his or her choice present during

1 all aspects of this examination. However, that physician shall
2 be present only to observe and may not interfere in any way
3 with the examination.

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

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

24 In instances in which the Secretary immediately suspends a
25 person's license under this Section, a hearing on that
26 person's license must be convened by the Department within 30

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

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

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

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

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

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

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

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

16 (g) The Department may adopt rules to implement the
17 changes made by this amendatory Act of the 102nd General
18 Assembly.

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

20 Section 9-20. The Clinical Social Work and Social Work
21 Practice Act is amended by changing Section 19 as follows:

22 (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

24 Sec. 19. Grounds for disciplinary action.

1 (1) The Department may refuse to issue or renew a license,
2 or may suspend, revoke, place on probation, reprimand, or take
3 any other disciplinary or non-disciplinary action deemed
4 appropriate by the Department, including the imposition of
5 fines not to exceed \$10,000 for each violation, with regard to
6 any license issued under the provisions of this Act for any one
7 or a combination of the following grounds:

8 (a) material misstatements in furnishing information
9 to the Department or to any other State agency or in
10 furnishing information to any insurance company with
11 respect to a claim on behalf of a licensee or a patient;

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

14 (c) conviction of or entry of a plea of guilty or nolo
15 contendere, finding of guilt, jury verdict, or entry of
16 judgment or sentencing, 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 that is
20 (i) a felony or (ii) a misdemeanor, an essential element
21 of which is dishonesty, or that is directly related to the
22 practice of the clinical social work or social work
23 professions;

24 (d) fraud or misrepresentation in applying for or
25 procuring a license under this Act or in connection with
26 applying for renewal or restoration of a license under

1 this Act;

2 (e) professional incompetence;

3 (f) gross negligence in practice under this Act;

4 (g) aiding or assisting another person in violating
5 any provision of this Act or its rules;

6 (h) failing to provide information within 60 days in
7 response to a written request made by the Department;

8 (i) engaging in dishonorable, unethical or
9 unprofessional conduct of a character likely to deceive,
10 defraud or harm the public as defined by the rules of the
11 Department, or violating the rules of professional conduct
12 adopted by the Department;

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

17 (k) adverse action taken by another state or
18 jurisdiction, if at least one of the grounds for the
19 discipline is the same or substantially equivalent to
20 those set forth in this Section;

21 (l) directly or indirectly giving to or receiving from
22 any person, firm, corporation, partnership, or association
23 any fee, commission, rebate or other form of compensation
24 for any professional service not actually rendered.
25 Nothing in this paragraph (l) affects any bona fide
26 independent contractor or employment arrangements among

1 health care professionals, health facilities, health care
2 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 (l) shall be construed to
8 require an employment arrangement to receive professional
9 fees for services rendered;

10 (m) a finding by the Department that the licensee,
11 after having the license placed on probationary status,
12 has violated the terms of probation or failed to comply
13 with such terms;

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

15 (o) willfully making or filing false records or
16 reports relating to a licensee's practice, including, but
17 not limited to, false records filed with Federal or State
18 agencies or departments;

19 (p) 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 (q) being named as a perpetrator in an indicated
23 report by the Department of Children and Family Services
24 under the Abused and Neglected Child Reporting Act, and
25 upon proof by clear and convincing evidence that the
26 licensee has caused a child to be an abused child or

1 neglected child as defined in the Abused and Neglected
2 Child Reporting Act;

3 (r) physical illness, mental illness, or any other
4 impairment or disability, including, but not limited to,
5 deterioration through the aging process, or loss of motor
6 skills that results in the inability to practice the
7 profession with reasonable judgment, skill or safety;

8 (s) solicitation of professional services by using
9 false or misleading advertising;

10 (t) violation of the Health Care Worker Self-Referral
11 Act;

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

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

22 (2) (Blank).

23 (2.1) 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 a license or permit issued under this Act based

1 solely upon the licensed clinical social worker authorizing,
2 recommending, aiding, assisting, referring for, or otherwise
3 participating in any health care service, so long as the care
4 was otherwise performed in accordance with the laws of this
5 State, regardless of whether the patient was a resident of
6 this State or another state.

7 (2.2) The Department shall not revoke, suspend, summarily
8 suspend, place on prohibition, reprimand, refuse to issue or
9 renew, or take any other disciplinary or non-disciplinary
10 action against the license or permit issued under this Act to
11 practice as a licensed clinical social worker based upon the
12 licensed clinical social worker's license being revoked or
13 suspended, or the licensed clinical social worker being
14 otherwise disciplined by any other state, if that revocation,
15 suspension, or other form of discipline was based solely on
16 the licensed clinical social worker violating another state's
17 laws prohibiting the provision of, authorization of,
18 recommendation of, aiding or assisting in, referring for, or
19 participation in any health care service if that health care
20 service as provided would have been lawful and consistent with
21 the standards of conduct for the licensed clinical social
22 worker if it occurred in Illinois.

23 (2.3) The conduct specified in subsection (2.1) or (2.2)
24 shall not constitute grounds for suspension under Section 32.

25 (2.4) An applicant seeking licensure, certification, or
26 authorization pursuant to this Act who has been subject to

1 disciplinary action by a duly authorized professional
2 disciplinary agency of another jurisdiction solely on the
3 basis of having authorized, recommended, aided, assisted,
4 referred for, or otherwise participated in health care shall
5 not be denied such licensure, certification, or authorization,
6 unless the Department determines that such action would have
7 constituted professional misconduct in this State; provided
8 however, that nothing in this Section shall be construed as
9 prohibiting the Department from evaluating the conduct of such
10 applicant and making a determination regarding the licensure,
11 certification, or authorization to practice a profession under
12 this Act.

13 (3) The determination by a court that a licensee is
14 subject to involuntary admission or judicial admission as
15 provided in the Mental Health and Developmental Disabilities
16 Code, will result in an automatic suspension of his license.
17 Such suspension will end upon a finding by a court that the
18 licensee is no longer subject to involuntary admission or
19 judicial admission and issues an order so finding and
20 discharging the patient, and upon the recommendation of the
21 Board to the Secretary that the licensee be allowed to resume
22 professional practice.

23 (4) The Department shall refuse to issue or renew or may
24 suspend the license of a person who (i) fails to file a return,
25 pay the tax, penalty, or interest shown in a filed return, or
26 pay any final assessment of tax, penalty, or interest, as

1 required by any tax Act administered by the Department of
2 Revenue, until the requirements of the tax Act are satisfied
3 or (ii) has failed to pay any court-ordered child support as
4 determined by a court order or by referral from the Department
5 of Healthcare and Family Services.

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

13 (b) The Department shall specifically designate the
14 examining physician licensed to practice medicine in all of
15 its branches or, if applicable, the multidisciplinary team
16 involved in providing the mental or physical examination or
17 both. The multidisciplinary team shall be led by a physician
18 licensed to practice medicine in all of its branches and may
19 consist of one or more or a combination of physicians licensed
20 to practice medicine in all of its branches, licensed clinical
21 psychologists, licensed clinical social workers, licensed
22 clinical professional counselors, and other professional and
23 administrative staff. Any examining physician or member of the
24 multidisciplinary team may require any person ordered to
25 submit to an examination pursuant to this Section to submit to
26 any additional supplemental testing deemed necessary to

1 complete any examination or evaluation process, including, but
2 not limited to, blood testing, urinalysis, psychological
3 testing, or neuropsychological testing.

4 (c) The Board or the Department may order the examining
5 physician or any member of the multidisciplinary team to
6 present testimony concerning this mental or physical
7 examination of the licensee or applicant. No information,
8 report, record, or other documents in any way related to the
9 examination shall be excluded by reason of any common law or
10 statutory privilege relating to communications between the
11 licensee or applicant and the examining physician or any
12 member of the multidisciplinary team. No authorization is
13 necessary from the licensee or applicant ordered to undergo an
14 examination for the examining physician or any member of the
15 multidisciplinary team to provide information, reports,
16 records, or other documents or to provide any testimony
17 regarding the examination and evaluation.

18 (d) The person to be examined may have, at his or her own
19 expense, another physician of his or her choice present during
20 all aspects of the examination. However, that physician shall
21 be present only to observe and may not interfere in any way
22 with the examination.

23 (e) Failure of any person to submit to a mental or physical
24 examination without reasonable cause, when ordered, shall
25 result in an automatic suspension of his or her license until
26 the person submits to the examination.

1 (f) If the Department or Board finds a person unable to
2 practice because of the reasons set forth in this Section, the
3 Department or Board may require that person to submit to care,
4 counseling, or treatment by physicians approved or designated
5 by the Department or Board, as a condition, term, or
6 restriction for continued, reinstated, or renewed licensure to
7 practice; or, in lieu of care, counseling or treatment, the
8 Department may file, or the Board may recommend to the
9 Department to file, a complaint to immediately suspend,
10 revoke, or otherwise discipline the license of the person. Any
11 person whose license was granted, continued, reinstated,
12 renewed, disciplined or supervised subject to such terms,
13 conditions or restrictions, and who fails to comply with such
14 terms, conditions, or restrictions, shall be referred to the
15 Secretary for a determination as to whether the person shall
16 have his or her license suspended immediately, pending a
17 hearing by the Department.

18 (g) All fines imposed shall be paid within 60 days after
19 the effective date of the order imposing the fine or in
20 accordance with the terms set forth in the order imposing the
21 fine.

22 In instances in which the Secretary immediately suspends a
23 person's license under this Section, a hearing on that
24 person's license must be convened by the Department within 30
25 days after the suspension and completed without appreciable
26 delay. The Department and Board shall have the authority to

1 review the subject person's record of treatment and counseling
2 regarding the impairment, to the extent permitted by
3 applicable federal statutes and regulations safeguarding the
4 confidentiality of medical records.

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

10 (6) 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. 100-414, eff. 8-25-17.)

14 Section 9-25. The Pharmacy Practice Act is amended by
15 changing Sections 30 and 30.1 as follows:

16 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

18 Sec. 30. Refusal, revocation, suspension, or other
19 discipline.

20 (a) The Department may refuse to issue or renew, or may
21 revoke a license, or may suspend, place on probation, fine, or
22 take any disciplinary or non-disciplinary action as the
23 Department may deem proper, including fines not to exceed
24 \$10,000 for each violation, with regard to any licensee for

1 any one or combination of the following causes:

2 1. Material misstatement in furnishing information to
3 the Department.

4 2. Violations of this Act, or the rules promulgated
5 hereunder.

6 3. Making any misrepresentation for the purpose of
7 obtaining licenses.

8 4. A pattern of conduct which demonstrates
9 incompetence or unfitness to practice.

10 5. Aiding or assisting another person in violating any
11 provision of this Act or rules.

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

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

17 8. Adverse action taken by another state or
18 jurisdiction against a license or other authorization to
19 practice as a pharmacy, pharmacist, registered certified
20 pharmacy technician, or registered pharmacy technician
21 that is the same or substantially equivalent to those set
22 forth in this Section, a certified copy of the record of
23 the action taken by the other state or jurisdiction being
24 prima facie evidence thereof.

25 9. Directly or indirectly giving to or receiving from
26 any person, firm, corporation, partnership, or association

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

14 10. A finding by the Department that the licensee,
15 after having his license placed on probationary status,
16 has violated the terms of probation.

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

19 12. Physical illness, including, but not limited to,
20 deterioration through the aging process, or loss of motor
21 skill which results in the inability to practice the
22 profession with reasonable judgment, skill or safety.

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

25 14. Conviction by plea of guilty or nolo contendere,
26 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 or
5 (ii) a misdemeanor, an essential element of which is
6 dishonesty, or that is directly related to the practice of
7 pharmacy~~r~~ or involves controlled substances.

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

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

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

26 18. Dispensing prescription drugs without receiving a

1 written or oral prescription in violation of law.

2 19. Upon a finding of a substantial discrepancy in a
3 Department audit of a prescription drug, including
4 controlled substances, as that term is defined in this Act
5 or in the Illinois Controlled Substances Act.

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

13 21. Violation of the Health Care Worker Self-Referral
14 Act.

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

22 23. Interfering with the professional judgment of a
23 pharmacist by any licensee under this Act, or the
24 licensee's agents or employees.

25 24. Failing to report within 60 days to the Department
26 any adverse final action taken against a pharmacy,

1 pharmacist, registered pharmacy technician, or registered
2 certified pharmacy technician by another licensing
3 jurisdiction in any other state or any territory of the
4 United States or any foreign jurisdiction, any
5 governmental agency, any law enforcement agency, or any
6 court for acts or conduct similar to acts or conduct that
7 would constitute grounds for discipline as defined in this
8 Section.

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

11 26. Disclosing protected health information in
12 violation of any State or federal law.

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

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

23 29. Using advertisements or making solicitations that
24 may jeopardize the health, safety, or welfare of patients,
25 including, but not ~~be~~ limited to, the use of
26 advertisements or solicitations that:

1 (A) are false, fraudulent, deceptive, or
2 misleading; or

3 (B) include any claim regarding a professional
4 service or product or the cost or price thereof that
5 cannot be substantiated by the licensee.

6 30. Requiring a pharmacist to participate in the use
7 or distribution of advertisements or in making
8 solicitations that may jeopardize the health, safety, or
9 welfare of patients.

10 31. Failing to provide a working environment for all
11 pharmacy personnel that protects the health, safety, and
12 welfare of a patient, which includes, but is not limited
13 to, failing to:

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

19 (B) provide appropriate opportunities for
20 uninterrupted rest periods and meal breaks;

21 (C) provide adequate time for a pharmacist to
22 complete professional duties and responsibilities,
23 including, but not limited to:

24 (i) drug utilization review;

25 (ii) immunization;

26 (iii) counseling;

1 (iv) verification of the accuracy of a
2 prescription; and

3 (v) all other duties and responsibilities of a
4 pharmacist as listed in the rules of the
5 Department.

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

12 33. Providing an incentive for or inducing the
13 transfer of a prescription for a patient absent a
14 professional rationale.

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

22 (c) The Department shall revoke any license issued under
23 the provisions of this Act or any prior Act of this State of
24 any person who has been convicted a second time of committing
25 any felony under the Illinois Controlled Substances Act, or
26 who has been convicted a second time of committing a Class 1

1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid
2 Code. A person whose license issued under the provisions of
3 this Act or any prior Act of this State is revoked under this
4 subsection (c) shall be prohibited from engaging in the
5 practice of pharmacy in this State.

6 (c-1) The Department shall not revoke, suspend, summarily
7 suspend, place on prohibition, reprimand, refuse to issue or
8 renew, or take any other disciplinary or non-disciplinary
9 action against the license or permit issued under this Act to
10 practice as a pharmacist, registered pharmacy technician, or
11 registered certified pharmacy technician based solely upon the
12 pharmacist, registered pharmacy technician, or registered
13 certified pharmacy technician providing, authorizing,
14 recommending, aiding, assisting, referring for, or otherwise
15 participating in any health care service, so long as the care
16 was otherwise performed in accordance with the laws of this
17 State, regardless of whether the patient was a resident of
18 this State or another state.

19 (c-2) The Department shall not revoke, suspend, summarily
20 suspend, place on prohibition, reprimand, refuse to issue or
21 renew, or take any other disciplinary or non-disciplinary
22 action against the license or permit issued under this Act to
23 practice as a pharmacist, registered pharmacy technician, or
24 registered certified pharmacy technician based upon the
25 pharmacist's, registered pharmacy technician's, or registered
26 certified pharmacy technician's license being revoked or

1 suspended, or the pharmacist being otherwise disciplined by
2 any other state, if that revocation, suspension, or other form
3 of discipline was based solely on the pharmacist, registered
4 pharmacy technician, or registered certified pharmacy
5 technician violating another state's laws prohibiting the
6 provision of, authorization of, recommendation of, aiding or
7 assisting in, referring for, or participation in any health
8 care service if that health care service as provided would
9 have been lawful and consistent with the standards of conduct
10 for the pharmacist, registered pharmacy technician, or
11 registered certified pharmacy technician if it occurred in
12 Illinois.

13 (c-3) The conduct specified in subsection (c-1) or (c-2)
14 shall not constitute grounds for suspension under Section
15 35.16.

16 (c-4) 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; provided however, that nothing in this Section shall be
26 construed as prohibiting the Department from evaluating the

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

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

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

20 (f) The Department shall issue quarterly to the Board a
21 status of all complaints related to the profession received by
22 the Department.

23 (g) In enforcing this Section, the Board or the
24 Department, upon a showing of a possible violation, may compel
25 any licensee or applicant for licensure under this Act to
26 submit to a mental or physical examination or both, as

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

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

24 (h) An individual or organization acting in good faith,
25 and not in a willful and wanton manner, in complying with this
26 Section by providing a report or other information to the

1 Board, by assisting in the investigation or preparation of a
2 report or information, by participating in proceedings of the
3 Board, or by serving as a member of the Board shall not, as a
4 result of such actions, be subject to criminal prosecution or
5 civil damages. Any person who reports a violation of this
6 Section to the Department is protected under subsection (b) of
7 Section 15 of the Whistleblower Act.

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

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

21 The member must notify the Attorney General within 7 days
22 of receipt of notice of the initiation of any action involving
23 services of the Board. Failure to so notify the Attorney
24 General shall constitute an absolute waiver of the right to a
25 defense and indemnification.

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 (j) 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. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;
7 revised 12-9-22.)

8 (225 ILCS 85/30.1)

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

10 Sec. 30.1. Reporting.

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

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

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

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

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

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

4 (c) The contents of any report and any records associated
5 with such report shall be strictly confidential and may only
6 be reviewed by:

7 (1) members of the Board of Pharmacy;

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

9 (3) administrative personnel assigned to open mail
10 containing reports, to process and distribute reports to
11 authorized persons, and to communicate with senders of
12 reports;

13 (4) Department investigators and Department
14 prosecutors; or

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

20 (d) Whenever a pharmacy or pharmacist-in-charge makes a
21 report and provides any records associated with that report to
22 the Department, acts in good faith, and not in a willful and
23 wanton manner, the person or entity making the report and the
24 pharmacy or health care institution employing him or her shall
25 not, as a result of such actions, be subject to criminal
26 prosecution or civil damages.

1 (e) The Department may adopt rules to implement the
2 changes made by this amendatory Act of the 102nd General
3 Assembly.

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

5 Section 9-30. The Genetic Counselor Licensing Act is
6 amended by changing Section 95 as follows:

7 (225 ILCS 135/95)

8 (Section scheduled to be repealed on January 1, 2025)

9 Sec. 95. Grounds for discipline.

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

16 (1) Material misstatement in furnishing information to
17 the Department or to any other State agency.

18 (2) Violations or negligent or intentional disregard
19 of this Act, or any of its rules.

20 (3) Conviction by plea of guilty or nolo contendere,
21 finding of guilt, jury verdict, or entry of judgment or
22 sentencing, including, but not limited to, convictions,
23 preceding sentences of supervision, conditional discharge,
24 or first offender probation, under the laws of any

1 jurisdiction of the United States: (i) that is a felony or
2 (ii) that is a misdemeanor, an essential element of which
3 is dishonesty, or that is directly related to the practice
4 of genetic counseling.

5 (4) Making any misrepresentation for the purpose of
6 obtaining a license, or violating any provision of this
7 Act or its rules.

8 (5) Negligence in the rendering of genetic counseling
9 services.

10 (6) Failure to provide genetic testing results and any
11 requested information to a referring physician licensed to
12 practice medicine in all its branches, advanced practice
13 registered nurse, or physician assistant.

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

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

18 (9) Engaging in dishonorable, unethical, or
19 unprofessional conduct of a character likely to deceive,
20 defraud, or harm the public and violating the rules of
21 professional conduct adopted by the Department.

22 (10) Failing to maintain the confidentiality of any
23 information received from a client, unless otherwise
24 authorized or required by law.

25 (10.5) Failure to maintain client records of services
26 provided and provide copies to clients upon request.

1 (11) Exploiting a client for personal advantage,
2 profit, or interest.

3 (12) Habitual or excessive use or addiction to
4 alcohol, narcotics, stimulants, or any other chemical
5 agent or drug which results in inability to practice with
6 reasonable skill, judgment, or safety.

7 (13) Discipline by another governmental agency or unit
8 of government, by any jurisdiction of the United States,
9 or by a foreign nation, if at least one of the grounds for
10 the discipline is the same or substantially equivalent to
11 those set forth in this Section.

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

1 (15) A finding by the Department that the licensee,
2 after having the license placed on probationary status,
3 has violated the terms of probation.

4 (16) Failing to refer a client to other health care
5 professionals when the licensee is unable or unwilling to
6 adequately support or serve the client.

7 (17) Willfully filing false reports relating to a
8 licensee's practice, including but not limited to false
9 records filed with federal or State agencies or
10 departments.

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

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

21 (20) Physical or mental disability, including
22 deterioration through the aging process or loss of
23 abilities and skills which results in the inability to
24 practice the profession with reasonable judgment, skill,
25 or safety.

26 (21) Solicitation of professional services by using

1 false or misleading advertising.

2 (22) Failure to file a return, or to pay the tax,
3 penalty of interest shown in a filed return, or to pay any
4 final assessment of tax, penalty or interest, as required
5 by any tax Act administered by the Illinois Department of
6 Revenue or any successor agency or the Internal Revenue
7 Service or any successor agency.

8 (23) Fraud or making any misrepresentation in applying
9 for or procuring a license under this Act or in connection
10 with applying for renewal of a license under this Act.

11 (24) Practicing or attempting to practice under a name
12 other than the full name as shown on the license or any
13 other legally authorized name.

14 (25) Gross overcharging for professional services,
15 including filing statements for collection of fees or
16 monies for which services are not rendered.

17 (26) (Blank).

18 (27) Charging for professional services not rendered,
19 including filing false statements for the collection of
20 fees for which services are not rendered.

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

23 (b) (Blank).

24 (b-1) 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 genetic counselor based solely upon the genetic
3 counselor authorizing, recommending, aiding, assisting,
4 referring for, or otherwise participating in any health care
5 service, so long as the care was otherwise performed in
6 accordance with the laws of this State, regardless of whether
7 the patient was a resident of this State or another state.

8 (b-2) The Department shall not revoke, suspend, summarily
9 suspend, place on prohibition, reprimand, refuse to issue or
10 renew, or take any other disciplinary or non-disciplinary
11 action against the license or permit issued under this Act to
12 practice as a genetic counselor based upon the genetic
13 counselor's license being revoked or suspended, or the genetic
14 counselor being otherwise disciplined by any other state, if
15 that revocation, suspension, or other form of discipline was
16 based solely on the genetic counselor violating another
17 state's laws prohibiting the provision of, authorization of,
18 recommendation of, aiding or assisting in, referring for, or
19 participation in any health care service if that health care
20 service as provided would have been lawful and consistent with
21 the standards of conduct for the genetic counselor if it
22 occurred in Illinois.

23 (b-3) The conduct specified in subsection (b-1) or (b-2)
24 shall not constitute grounds for suspension under Section 160.

25 (b-4) An applicant seeking licensure, certification, or
26 authorization pursuant to this Act who has been subject to

1 disciplinary action by a duly authorized professional
2 disciplinary agency of another jurisdiction solely on the
3 basis of having authorized, recommended, aided, assisted,
4 referred for, or otherwise participated in health care shall
5 not be denied such licensure, certification, or authorization,
6 unless the Department determines that such action would have
7 constituted professional misconduct in this State; provided
8 however, that nothing in this Section shall be construed as
9 prohibiting the Department from evaluating the conduct of such
10 applicant and making a determination regarding the licensure,
11 certification, or authorization to practice a profession under
12 this Act.

13 (c) The determination by a court that a licensee is
14 subject to involuntary admission or judicial admission as
15 provided in the Mental Health and Developmental Disabilities
16 Code will result in an automatic suspension of his or her
17 license. The suspension will end upon a finding by a court that
18 the licensee is no longer subject to involuntary admission or
19 judicial admission, the issuance of an order so finding and
20 discharging the patient, and the determination of the
21 Secretary that the licensee be allowed to resume professional
22 practice.

23 (d) The Department may refuse to issue or renew or may
24 suspend without hearing the license of any person who fails to
25 file a return, to pay the tax penalty or interest shown in a
26 filed return, or to pay any final assessment of the tax,

1 penalty, or interest as required by any Act regarding the
2 payment of taxes administered by the Illinois Department of
3 Revenue until the requirements of the Act are satisfied in
4 accordance with subsection (g) of Section 2105-15 of the Civil
5 Administrative Code of Illinois.

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

18 (f) All fines or costs imposed under this Section shall be
19 paid within 60 days after the effective date of the order
20 imposing the fine or costs or in accordance with the terms set
21 forth in the order imposing the fine.

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. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17;
26 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff.

1 8-14-18.)

2 Section 9-35. The Clinical Psychologist Licensing Act is
3 amended by changing Section 15 as follows:

4 (225 ILCS 15/15) (from Ch. 111, par. 5365)

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

6 Sec. 15. Disciplinary action; grounds.

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

14 (1) Conviction of, or entry of a plea of guilty or nolo
15 contendere to, any crime that is a felony under the laws of
16 the United States or any state or territory thereof or
17 that is a misdemeanor of which an essential element is
18 dishonesty, or any crime that is directly related to the
19 practice of the profession.

20 (2) Gross negligence in the rendering of clinical
21 psychological services.

22 (3) Using fraud or making any misrepresentation in
23 applying for a license or in passing the examination
24 provided for in this Act.

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

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

7 (6) Professional connection or association with any
8 person, firm, association, partnership or corporation
9 holding himself, herself, themselves, or itself out in any
10 manner contrary to this Act.

11 (7) Unethical, unauthorized or unprofessional conduct
12 as defined by rule. In establishing those rules, the
13 Department shall consider, though is not bound by, the
14 ethical standards for psychologists promulgated by
15 recognized national psychology associations.

16 (8) Aiding or assisting another person in violating
17 any provisions of this Act or the rules promulgated
18 thereunder.

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

21 (10) Habitual or excessive use or addiction to
22 alcohol, narcotics, stimulants, or any other chemical
23 agent or drug that results in a clinical psychologist's
24 inability to practice with reasonable judgment, skill or
25 safety.

26 (11) Discipline by another state, territory, the

1 District of Columbia or foreign country, if at least one
2 of the grounds for the discipline is the same or
3 substantially equivalent to those set forth herein.

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

19 (13) A finding that the licensee, after having his or
20 her license placed on probationary status, l has violated
21 the terms of probation.

22 (14) Willfully making or filing false records or
23 reports, including but not limited to, false records or
24 reports filed with State agencies or departments.

25 (15) Physical illness, including but not limited to,
26 deterioration through the aging process, mental illness or

1 disability that results in the inability to practice the
2 profession with reasonable judgment, skill and safety.

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

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

13 (18) Violation of the Health Care Worker Self-Referral
14 Act.

15 (19) Making a material misstatement in furnishing
16 information to the Department, any other State or federal
17 agency, or any other entity.

18 (20) Failing to report to the Department any adverse
19 judgment, settlement, or award arising from a liability
20 claim related to an act or conduct similar to an act or
21 conduct that would constitute grounds for action as set
22 forth in this Section.

23 (21) Failing to report to the Department any adverse
24 final action taken against a licensee or applicant by
25 another licensing jurisdiction, including any other state
26 or territory of the United States or any foreign state or

1 country, or any peer review body, health care institution,
2 professional society or association related to the
3 profession, governmental agency, law enforcement agency,
4 or court for an act or conduct similar to an act or conduct
5 that would constitute grounds for disciplinary action as
6 set forth in this Section.

7 (22) Prescribing, selling, administering,
8 distributing, giving, or self-administering (A) any drug
9 classified as a controlled substance (designated product)
10 for other than medically accepted therapeutic purposes or
11 (B) any narcotic drug.

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

15 (24) Exceeding the terms of a collaborative agreement
16 or the prescriptive authority delegated to a licensee by
17 his or her collaborating physician or established under a
18 written collaborative agreement.

19 The entry of an order by any circuit court establishing
20 that any person holding a license under this Act is subject to
21 involuntary admission or judicial admission as provided for in
22 the Mental Health and Developmental Disabilities Code,
23 operates as an automatic suspension of that license. That
24 person may have his or her license restored only upon the
25 determination by a circuit court that the patient is no longer
26 subject to involuntary admission or judicial admission and the

1 issuance of an order so finding and discharging the patient
2 and upon the Board's recommendation to the Department that the
3 license be restored. Where the circumstances so indicate, the
4 Board may recommend to the Department that it require an
5 examination prior to restoring any license so automatically
6 suspended.

7 The Department shall refuse to issue or suspend the
8 license of any person who fails to file a return, or to pay the
9 tax, penalty or interest shown in a filed return, or to pay any
10 final assessment of the tax penalty or interest, as required
11 by any tax Act administered by the Illinois Department of
12 Revenue, until such time as the requirements of any such tax
13 Act are satisfied.

14 In enforcing this Section, the Department or Board upon a
15 showing of a possible violation may compel any person licensed
16 to practice under this Act, or who has applied for licensure or
17 certification pursuant to this Act, to submit to a mental or
18 physical examination, or both, as required by and at the
19 expense of the Department. The examining physicians or
20 clinical psychologists shall be those specifically designated
21 by the Department. The Board or the Department may order the
22 examining physician or clinical psychologist to present
23 testimony concerning this mental or physical examination of
24 the licensee or applicant. No information shall be excluded by
25 reason of any common law or statutory privilege relating to
26 communications between the licensee or applicant and the

1 examining physician or clinical psychologist. The person to be
2 examined may have, at his or her own expense, another
3 physician or clinical psychologist of his or her choice
4 present during all aspects of the examination. Failure of any
5 person to submit to a mental or physical examination, when
6 directed, shall be grounds for suspension of a license until
7 the person submits to the examination if the Department or
8 Board finds, after notice and hearing, that the refusal to
9 submit to the examination was without reasonable cause.

10 If the Department or Board finds a person unable to
11 practice because of the reasons set forth in this Section, the
12 Department or Board may require that person to submit to care,
13 counseling or treatment by physicians or clinical
14 psychologists approved or designated by the Department, as a
15 condition, term, or restriction for continued, reinstated, or
16 renewed licensure to practice; or, in lieu of care, counseling
17 or treatment, the Board may recommend to the Department to
18 file or the Department may file a complaint to immediately
19 suspend, revoke or otherwise discipline the license of the
20 person. Any person 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 referred
24 to the Secretary for a determination as to whether the person
25 shall have his or her license suspended immediately, pending a
26 hearing by the Board.

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

10 A person licensed under this Act and affected under this
11 Section shall be afforded an opportunity to demonstrate to the
12 Board that he or she can resume practice in compliance with
13 acceptable and prevailing standards under the provisions of
14 his or her license.

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

25 (c) The Department shall not revoke, suspend, place on
26 prohibition, reprimand, refuse to issue or renew, or take any

1 other disciplinary or non-disciplinary action against the
2 license or permit issued under this Act to practice as a
3 licensed clinical psychologist based upon the licensed
4 clinical psychologist's license being revoked or suspended, or
5 the licensed clinical psychologist being otherwise disciplined
6 by any other state, if that revocation, suspension, or other
7 form of discipline was based solely on the licensed clinical
8 psychologist violating another state's laws prohibiting the
9 provision of, authorization of, recommendation of, aiding or
10 assisting in, referring for, or participation in any health
11 care service if that health care service as provided would
12 have been lawful and consistent with the standards of conduct
13 for the licensed clinical psychologist if it occurred in
14 Illinois.

15 (d) The conduct specified in subsection (b) or (c) shall
16 not constitute grounds for suspension under Section 21.6.

17 (e) The Department shall not revoke, suspend, summarily
18 suspend, place on prohibition, reprimand, refuse to issue or
19 renew, or take any other disciplinary or non-disciplinary
20 action against the license or permit issued under this Act to
21 practice as a licensed clinical psychologist based solely upon
22 the license of a licensed clinical psychologist being revoked
23 or the licensed clinical psychologist being otherwise
24 disciplined by any other state or territory other than
25 Illinois for the referral for or having otherwise participated
26 in any health care service, if the revocation or disciplinary

1 action was based solely on a violation of the other state's law
2 prohibiting related sexual or reproductive healthcare or
3 gender-affirming care services in the state, for a resident of
4 the state, or in any other state. Illinois retains the ability
5 to discipline a licensed clinical psychologist for care
6 provided that would otherwise constitute dishonorable,
7 unethical, or unprofessional conduct or gross negligence under
8 this Act and correlating rules.

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

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

13 Section 9-40. The Marriage and Family Therapy Licensing
14 Act is amended by changing Section 85 as follows:

15 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

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

17 Sec. 85. Refusal, revocation, or suspension.

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

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

3 (2) Violation of any provision of this Act or its
4 rules.

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

14 (4) Fraud or misrepresentation in applying for or
15 procuring a license under this Act or in connection with
16 applying for renewal or restoration of a license under
17 this Act or its rules.

18 (5) Professional incompetence.

19 (6) Gross negligence in practice under this Act.

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

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

24 (9) Engaging in dishonorable, unethical, or
25 unprofessional conduct of a character likely to deceive,
26 defraud or harm the public as defined by the rules of the

1 Department, or violating the rules of professional conduct
2 adopted by the Department.

3 (10) Habitual or excessive use or abuse of drugs
4 defined in law as controlled substances, of alcohol, or
5 any other substance that results in the inability to
6 practice with reasonable judgment, skill, or safety.

7 (11) Discipline by another jurisdiction if at least
8 one of the grounds for the discipline is the same or
9 substantially equivalent to those set forth in this Act.

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

26 (13) A finding by the Department that the licensee,

1 after having his or her license placed on probationary
2 status, has violated the terms of probation or failed to
3 comply with the terms.

4 (14) Abandonment of a patient without cause.

5 (15) Willfully making or filing false records or
6 reports relating to a licensee's practice, including but
7 not limited to false records filed with State agencies or
8 departments.

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

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

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

24 (19) Solicitation of professional services by using
25 false or misleading advertising.

26 (20) A pattern of practice or other behavior that

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

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

5 (22) Gross, willful, and continued overcharging for
6 professional services, including filing false statements
7 for collection of fees or moneys for which services are
8 not rendered.

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

11 (24) Cheating on or attempting to subvert the
12 licensing examinations administered under this Act.

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

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

23 (b) (Blank).

24 (b-1) 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 solely upon the
4 marriage and family therapist or associate licensed marriage
5 and family therapist authorizing, recommending, aiding,
6 assisting, referring for, or otherwise participating in any
7 health care service, so long as the care was otherwise
8 performed in accordance with the laws of this State,
9 regardless of whether the patient was a resident of this State
10 or another state.

11 (b-2) 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 marriage and family therapist or associate
16 licensed marriage and family therapist based upon the marriage
17 and family therapist's or associate licensed marriage and
18 family therapist's license being revoked or suspended, or the
19 marriage and family therapist or associate licensed marriage
20 and family therapist being otherwise disciplined by any other
21 state, if that revocation, suspension, or other form of
22 discipline was based solely on the marriage and family
23 therapist or associate licensed marriage and family therapist
24 violating another state's laws prohibiting the provision of,
25 authorization of, recommendation of, aiding or assisting in,
26 referring for, or participation in any health care service if

1 that health care service as provided would have been lawful
2 and consistent with the standards of conduct for the marriage
3 and family therapist or associate licensed marriage and family
4 therapist if it occurred in Illinois.

5 (b-3) The conduct specified in subsection (b-1) or (b-2)
6 shall not constitute grounds for suspension under Section 145.

7 (b-4) An applicant seeking licensure, certification, or
8 authorization pursuant to this Act who has been subject to
9 disciplinary action by a duly authorized professional
10 disciplinary agency of another jurisdiction solely on the
11 basis of having authorized, recommended, aided, assisted,
12 referred for, or otherwise participated in health care shall
13 not be denied such licensure, certification, or authorization,
14 unless the Department determines that such action would have
15 constituted professional misconduct in this State; provided
16 however, that nothing in this Section shall be construed as
17 prohibiting the Department from evaluating the conduct of such
18 applicant and making a determination regarding the licensure,
19 certification, or authorization to practice a profession under
20 this Act.

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

1 and the issuance of an order so finding and discharging the
2 patient, and upon the recommendation of the Board to the
3 Secretary that the licensee be allowed to resume his or her
4 practice as a licensed marriage and family therapist or an
5 associate licensed marriage and family therapist.

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

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

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

1 medicine in all of its branches, licensed clinical
2 psychologists, licensed clinical social workers, licensed
3 clinical professional counselors, licensed marriage and family
4 therapists, and other professional and administrative staff.
5 Any examining physician or member of the multidisciplinary
6 team may require any person ordered to submit to an
7 examination and evaluation pursuant to this Section to submit
8 to 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 or Board may order the examining physician
18 or any member of the multidisciplinary team to present
19 testimony concerning the mental or physical examination of the
20 licensee or applicant. No information, report, record, or
21 other 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 or Board finds an individual unable to
15 practice because of the reasons set forth in this Section, the
16 Department or Board may require that individual to submit to
17 care, counseling, or treatment by physicians approved or
18 designated by the Department or Board, as a condition, term,
19 or restriction for continued, reinstated, or renewed licensure
20 to practice; or, in lieu of care, counseling, or treatment,
21 the Department may file, or the Board may recommend to the
22 Department to file, a complaint to immediately suspend,
23 revoke, or otherwise discipline the license of the individual.
24 An individual whose license was granted, continued,
25 reinstated, renewed, disciplined or supervised subject to such
26 terms, conditions, or restrictions, and who fails to comply

1 with such terms, conditions, or restrictions, shall be
2 referred to the Secretary for a determination as to whether
3 the individual shall have his or her license suspended
4 immediately, pending a hearing by the Department.

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

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

19 (f) A fine shall be paid within 60 days after the effective
20 date of the order imposing the fine or in accordance with the
21 terms set forth in the order imposing the fine.

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. 100-372, eff. 8-25-17; 100-872, eff. 8-14-18.)

1 Section 9-45. The Licensed Certified Professional Midwife
2 Practice Act is amended by changing Section 100 as follows:

3 (225 ILCS 64/100)

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

5 Sec. 100. Grounds for disciplinary action.

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

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

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

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

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

3 (5) Professional incompetence.

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

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

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

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

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

19 (11) Directly or indirectly giving to or receiving
20 from any person, firm, corporation, partnership, or
21 association any fee, commission, rebate or other form of
22 compensation for any professional services not actually or
23 personally rendered. Nothing in this paragraph affects any
24 bona fide independent contractor or employment
25 arrangements, including provisions for compensation,
26 health insurance, pension, or other employment benefits,

1 with persons or entities authorized under this Act for the
2 provision of services within the scope of the licensee's
3 practice under this Act.

4 (12) A finding by the Department that the licensee,
5 after having his or her license placed on probationary
6 status, has violated the terms of probation.

7 (13) Abandonment of a patient.

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

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

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

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

1 (18) Gross negligence resulting in permanent injury or
2 death of a patient.

3 (19) Employment of fraud, deception, or any unlawful
4 means in applying for or securing a license as a licensed
5 certified profession midwife.

6 (21) Immoral conduct in the commission of any act,
7 including sexual abuse, sexual misconduct, or sexual
8 exploitation related to the licensee's practice.

9 (22) Violation of the Health Care Worker Self-Referral
10 Act.

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

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

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

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

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

26 (28) A pattern of practice or other behavior that

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

3 (29) Violating State or federal laws, rules, or
4 regulations relating to controlled substances or other
5 legend drugs or ephedra as defined in the Ephedra
6 Prohibition Act.

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

9 (31) Attempting to subvert or cheat on the examination
10 of the North American Registry of Midwives or its
11 successor agency.

12 (32) Willfully or negligently violating the
13 confidentiality between licensed certified professional
14 ~~profession~~ midwives and patient, except as required by
15 law.

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

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

26 (35) Failure to report to the Department an adverse

1 final action taken against him or her by another licensing
2 jurisdiction of the United States or a foreign state or
3 country, a peer review body, a health care institution, a
4 professional society or association, a governmental
5 agency, a law enforcement agency, or a court.

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

8 (37) Failure of a licensee to report to the Department
9 surrender by the licensee of a license or authorization to
10 practice in another state or jurisdiction or current
11 surrender by the licensee of membership professional
12 association or society while under disciplinary
13 investigation by any of those authorities or bodies for
14 acts or conduct similar to acts or conduct that would
15 constitute grounds for action under this Section.

16 (38) Failing, within 90 days, to provide a response to
17 a request for information in response to a written request
18 made by the Department by certified or registered mail or
19 by email to the email address of record.

20 (39) Failure to supervise a midwife assistant or
21 student midwife including, but not limited to, allowing a
22 midwife assistant or student midwife to exceed their
23 scope.

24 (40) Failure to adequately inform a patient about
25 their malpractice liability insurance coverage and the
26 policy limits of the coverage.

1 (41) Failure to submit an annual report to the
2 Department of Public Health.

3 (42) Failure to disclose active cardiopulmonary
4 resuscitation certification or neonatal resuscitation
5 provider status to clients.

6 (43) Engaging in one of the prohibited practices
7 provided for in Section 85 of this Act.

8 (a-1) The Department shall not revoke, suspend, summarily
9 suspend, place on prohibition, reprimand, refuse to issue or
10 renew, or take any other disciplinary or non-disciplinary
11 action against the license or permit issued under this Act to
12 practice as a certified professional midwife based solely upon
13 the certified professional midwife authorizing, recommending,
14 aiding, assisting, referring for, or otherwise participating
15 in any health care service, so long as the care was otherwise
16 performed in accordance with the laws of this State,
17 regardless of whether the patient was a resident of this State
18 or another state.

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

1 suspension, or other form of discipline was based solely on
2 the certified professional midwife violating another state's
3 laws prohibiting the provision of, authorization of,
4 recommendation of, aiding or assisting in, referring for, or
5 participation in any health care service if that health care
6 service as provided would have been lawful and consistent with
7 the standards of conduct for the certified professional
8 midwife if it occurred in Illinois.

9 (a-3) The conduct specified in subsection (b-1) or (b-2)
10 shall not constitute grounds for suspension under Section 120.

11 (a-4) An applicant seeking licensure, certification, or
12 authorization pursuant to this Act who has been subject to
13 disciplinary action by a duly authorized professional
14 disciplinary agency of another jurisdiction solely on the
15 basis of having authorized, recommended, aided, assisted,
16 referred for, or otherwise participated in health care shall
17 not be denied such licensure, certification, or authorization,
18 unless the Department determines that such action would have
19 constituted professional misconduct in this State; provided
20 however, that nothing in this Section shall be construed as
21 prohibiting the Department from evaluating the conduct of such
22 applicant and making a determination regarding the licensure,
23 certification, or authorization to practice a profession under
24 this Act.

25 (b) The Department may, without a hearing, refuse to issue
26 or renew or may suspend the license of any person who fails to

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

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

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

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

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

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

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

1 licensee or applicant ordered to undergo an examination for
2 the examining physician or any member of the multidisciplinary
3 team to provide information, reports, records, or other
4 documents or to provide any testimony regarding the
5 examination and evaluation.

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

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

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

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

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

14 An individual licensed under this Act and affected under
15 this Section shall be afforded an opportunity to demonstrate
16 to the Department 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 (e) The Department may adopt rules to implement the
20 changes made by this amendatory Act of the 102nd General
21 Assembly.

22 (Source: P.A. 102-683, eff. 10-1-22.)

23 Section 9-50. The Professional Counselor and Clinical
24 Professional Counselor Licensing and Practice Act is amended
25 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.

1 (5) Professional incompetence or gross negligence in
2 the rendering of professional counseling or clinical
3 professional counseling services.

4 (6) Malpractice.

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

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

9 (9) Engaging in dishonorable, unethical, or
10 unprofessional conduct of a character likely to deceive,
11 defraud, or harm the public and violating the rules of
12 professional conduct adopted by the Department.

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

17 (11) Discipline by another jurisdiction, the District
18 of Columbia, territory, county, or governmental agency, if
19 at least one of the grounds for the discipline is the same
20 or substantially equivalent to those set forth in this
21 Section.

22 (12) Directly or indirectly giving to or receiving
23 from any person, firm, corporation, partnership, or
24 association any fee, commission, rebate or other form of
25 compensation for any professional service not actually
26 rendered. Nothing in this paragraph (12) affects any bona

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

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

14 (14) Abandonment of a client.

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

19 (16) Willfully failing to report an instance of
20 suspected child abuse or neglect as required by the Abused
21 and Neglected Child Reporting Act and in matters
22 pertaining to suspected abuse, neglect, financial
23 exploitation, or self-neglect of adults with disabilities
24 and older adults as set forth in the Adult Protective
25 Services Act.

26 (17) Being named as a perpetrator in an indicated

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

7 (18) Physical or mental illness or disability,
8 including, but not limited to, deterioration through the
9 aging process or loss of abilities and skills which
10 results in the inability to practice the profession with
11 reasonable judgment, skill, or safety.

12 (19) Solicitation of professional services by using
13 false or misleading advertising.

14 (20) Allowing one's license under this Act to be used
15 by an unlicensed person in violation of this Act.

16 (21) A finding that licensure has been applied for or
17 obtained by fraudulent means.

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

20 (23) Gross and willful overcharging for professional
21 services including filing statements for collection of
22 fees or monies for which services are not rendered.

23 (24) Rendering professional counseling or clinical
24 professional counseling services without a license or
25 practicing outside the scope of a license.

26 (25) Clinical supervisors failing to adequately and

1 responsibly monitor supervisees.

2 All fines imposed under this Section shall be paid within
3 60 days after the effective date of the order imposing the
4 fine.

5 (b) (Blank).

6 (b-1) The Department shall not revoke, suspend, summarily
7 suspend, place on prohibition, reprimand, refuse to issue or
8 renew, or take any other disciplinary or non-disciplinary
9 action against the license or permit issued under this Act to
10 practice as a professional counselor or clinical professional
11 counselor based solely upon the professional counselor or
12 clinical professional counselor authorizing, recommending,
13 aiding, assisting, referring for, or otherwise participating
14 in any health care service, so long as the care was otherwise
15 performed in accordance with the laws of this State,
16 regardless of whether the patient was a resident of this State
17 or another state.

18 (b-2) The Department shall not revoke, suspend, summarily
19 suspend, place on prohibition, reprimand, refuse to issue or
20 renew, or take any other disciplinary or non-disciplinary
21 action against the license or permit issued under this Act to
22 practice as a professional counselor or clinical professional
23 counselor based upon the professional counselor's or clinical
24 professional counselor's license being revoked or suspended,
25 or the professional counselor or clinical professional
26 counselor being otherwise disciplined by any other state, if

1 that revocation, suspension, or other form of discipline was
2 based solely on the professional counselor or clinical
3 professional counselor violating another state's laws
4 prohibiting the provision of, authorization of, recommendation
5 of, aiding or assisting in, referring for, or participation in
6 any health care service if that health care service as
7 provided would have been lawful and consistent with the
8 standards of conduct for the professional counselor or
9 clinical professional counselor if it occurred in Illinois.

10 (b-3) The conduct specified in subsection (b-1) or (b-2)
11 shall not constitute grounds for suspension under Section 145.

12 (b-4) An applicant seeking licensure, certification, or
13 authorization pursuant to this Act who has been subject to
14 disciplinary action by a duly authorized professional
15 disciplinary agency of another jurisdiction solely on the
16 basis of having authorized, recommended, aided, assisted,
17 referred for, or otherwise participated in health care shall
18 not be denied such licensure, certification, or authorization,
19 unless the Department determines that such action would have
20 constituted professional misconduct in this State; provided
21 however, that nothing in this Section shall be construed as
22 prohibiting the Department from evaluating the conduct of such
23 applicant and making a determination regarding the licensure,
24 certification, or authorization to practice a profession under
25 this Act.

26 (b-5) The Department may refuse to issue or may suspend

1 without hearing, as provided for in the Code of Civil
2 Procedure, the license of any person who fails to file a
3 return, pay the tax, penalty, or interest shown in a filed
4 return, or pay any final assessment of the tax, penalty, or
5 interest as required by any tax Act administered by the
6 Illinois Department of Revenue, until such time as the
7 requirements of any such tax Act are satisfied in accordance
8 with subsection (g) of Section 2105-15 of the Department of
9 Professional Regulation Law of the Civil Administrative Code
10 of Illinois.

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

23 (c) The determination by a court that a licensee is
24 subject to involuntary admission or judicial admission as
25 provided in the Mental Health and Developmental Disabilities
26 Code will result in an automatic suspension of his or her

1 license. The suspension will end upon a finding by a court that
2 the licensee is no longer subject to involuntary admission or
3 judicial admission, the issuance of an order so finding and
4 discharging the patient, and the recommendation of the Board
5 to the Secretary that the licensee be allowed to resume
6 professional practice.

7 (c-5) In enforcing this Act, the Department, upon a
8 showing of a possible violation, may compel an individual
9 licensed to practice under this Act, or who has applied for
10 licensure under this Act, to submit to a mental or physical
11 examination, or both, as required by and at the expense of the
12 Department. The Department may order the examining physician
13 to present testimony concerning the mental or physical
14 examination of the licensee or applicant. No information shall
15 be excluded by reason of any common law or statutory privilege
16 relating to communications between the licensee or applicant
17 and the examining physician. The examining physicians shall be
18 specifically designated by the Department. The individual to
19 be examined may have, at his or her own expense, another
20 physician of his or her choice present during all aspects of
21 this examination. The examination shall be performed by a
22 physician licensed to practice medicine in all its branches.
23 Failure of an individual to submit to a mental or physical
24 examination, when directed, shall result in an automatic
25 suspension without hearing.

26 All substance-related violations shall mandate an

1 automatic substance abuse assessment. Failure to submit to an
2 assessment by a licensed physician who is certified as an
3 addictionist or an advanced practice registered nurse with
4 specialty certification in addictions may be grounds for an
5 automatic suspension.

6 If the Department finds an individual unable to practice
7 or unfit for duty because of the reasons set forth in this
8 subsection (c-5), the Department may require that individual
9 to submit to a substance abuse evaluation or treatment by
10 individuals or programs approved or designated by the
11 Department, as a condition, term, or restriction for
12 continued, restored, or renewed licensure to practice; or, in
13 lieu of evaluation or treatment, the Department may file, or
14 the Board may recommend to the Department to file, a complaint
15 to immediately suspend, revoke, or otherwise discipline the
16 license of the individual. An individual whose license was
17 granted, continued, restored, renewed, disciplined, or
18 supervised subject to such terms, conditions, or restrictions,
19 and who fails to comply with such terms, conditions, or
20 restrictions, shall be referred to the Secretary for a
21 determination as to whether the individual shall have his or
22 her license suspended immediately, pending a hearing by the
23 Department.

24 A person holding a license under this Act or who has
25 applied for a license under this Act who, because of a physical
26 or mental illness or disability, including, but not limited

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

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 15
20 days after the suspension and completed without appreciable
21 delay. The Department shall have the authority to review the
22 subject individual's record of treatment and counseling
23 regarding the impairment to the extent permitted by applicable
24 federal statutes and regulations safeguarding the
25 confidentiality of medical records.

26 An individual licensed under this Act and affected under

1 this Section shall be afforded an opportunity to demonstrate
2 to the Department 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 (d) (Blank).

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

9 (Source: P.A. 102-878, eff. 1-1-23.)

10 Section 9-55. The Registered Surgical Assistant and
11 Registered Surgical Technologist Title Protection Act is
12 amended by changing Section 75 as follows:

13 (225 ILCS 130/75)

14 (Section scheduled to be repealed on January 1, 2024)

15 Sec. 75. Grounds for disciplinary action.

16 (a) The Department may refuse to issue, renew, or restore
17 a registration, may revoke or suspend a registration, or may
18 place on probation, reprimand, or take other disciplinary or
19 non-disciplinary action with regard to a person registered
20 under this Act, including but not limited to the imposition of
21 fines not to exceed \$10,000 for each violation and the
22 assessment of costs as provided for in Section 90, for any one
23 or combination of the following causes:

24 (1) Making a material misstatement in furnishing

1 information to the Department.

2 (2) Violating a provision of this Act or rules adopted
3 under this Act.

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

13 (4) Fraud or misrepresentation in applying for,
14 renewing, restoring, reinstating, or procuring a
15 registration under this Act.

16 (5) Aiding or assisting another person in violating a
17 provision of this Act or its rules.

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

20 (7) Engaging in dishonorable, unethical, or
21 unprofessional conduct of a character likely to deceive,
22 defraud, or harm the public, as defined by rule of the
23 Department.

24 (8) Discipline by another United States jurisdiction,
25 governmental agency, unit of government, or foreign
26 nation, if at least one of the grounds for discipline is

1 the same or substantially equivalent to those set forth in
2 this Section.

3 (9) Directly or indirectly giving to or receiving from
4 a person, firm, corporation, partnership, or association a
5 fee, commission, rebate, or other form of compensation for
6 professional services not actually or personally rendered.
7 Nothing in this paragraph (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 registrant's practice under this
15 Act. Nothing in this paragraph (9) shall be construed to
16 require an employment arrangement to receive professional
17 fees for services rendered.

18 (10) A finding by the Department that the registrant,
19 after having his or her registration placed on
20 probationary status, has violated the terms of probation.

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

24 (12) Willfully making or signing a false statement,
25 certificate, or affidavit to induce payment.

26 (13) Willfully failing to report an instance of

1 suspected child abuse or neglect as required under the
2 Abused and Neglected Child Reporting Act.

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

10 (15) (Blank).

11 (16) Failure to report to the Department (A) any
12 adverse final action taken against the registrant by
13 another registering or licensing jurisdiction, government
14 agency, law enforcement agency, or any court or (B)
15 liability for conduct that would constitute grounds for
16 action as set forth in this Section.

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

21 (18) Physical or mental illness, including but not
22 limited to deterioration through the aging process or loss
23 of motor skills, which results in the inability to
24 practice the profession for which he or she is registered
25 with reasonable judgment, skill, or safety.

26 (19) Gross malpractice.

1 (20) Immoral conduct in the commission of an act
2 related to the registrant's practice, including but not
3 limited to sexual abuse, sexual misconduct, or sexual
4 exploitation.

5 (21) Violation of the Health Care Worker Self-Referral
6 Act.

7 (a-1) The Department shall not revoke, suspend, summarily
8 suspend, place on prohibition, reprimand, refuse to issue or
9 renew, or take any other disciplinary or non-disciplinary
10 action against the license or permit issued under this Act to
11 practice as a surgical assistant or surgical technologist
12 based solely upon the surgical assistant or surgical
13 technologist authorizing, recommending, aiding, assisting,
14 referring for, or otherwise participating in any health care
15 service, so long as the care was otherwise performed in
16 accordance with the laws of this State, regardless of whether
17 the patient was a resident of this State or another state.

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

1 discipline was based solely on the surgical assistant or
2 surgical technologist violating another state's laws
3 prohibiting the provision of, authorization of, recommendation
4 of, aiding or assisting in, referring for, or participation in
5 any health care service if that health care service as
6 provided would have been lawful and consistent with the
7 standards of conduct for the surgical assistant or surgical
8 technologist if it occurred in Illinois.

9 (a-3) The conduct specified in subsection (b-1) or (b-2)
10 shall not constitute grounds for suspension under Section 145.

11 (a-4) An applicant seeking licensure, certification, or
12 authorization pursuant to this Act who has been subject to
13 disciplinary action by a duly authorized professional
14 disciplinary agency of another jurisdiction solely on the
15 basis of having authorized, recommended, aided, assisted,
16 referred for, or otherwise participated in health care shall
17 not be denied such licensure, certification, or authorization,
18 unless the Department determines that such action would have
19 constituted professional misconduct in this State; provided
20 however, that nothing in this Section shall be construed as
21 prohibiting the Department from evaluating the conduct of such
22 applicant and making a determination regarding the licensure,
23 certification, or authorization to practice a profession under
24 this Act.

25 (b) The Department may refuse to issue or may suspend
26 without hearing the registration of a person who fails to file

1 a return, to pay the tax, penalty, or interest shown in a filed
2 return, or to pay a final assessment of the tax, penalty, or
3 interest as required by a tax Act administered by the
4 Department of Revenue, until the requirements of the tax Act
5 are satisfied in accordance with subsection (g) of Section
6 2105-15 of the Department of Regulation Law of the Civil
7 Administrative Code of Illinois.

8 (c) The determination by a circuit court that a registrant
9 is subject to involuntary admission or judicial admission as
10 provided in the Mental Health and Developmental Disabilities
11 Code operates as an automatic suspension. The suspension will
12 end only upon (1) a finding by a court that the patient is no
13 longer subject to involuntary admission or judicial admission,
14 (2) issuance of an order so finding and discharging the
15 patient, and (3) filing of a petition for restoration
16 demonstrating fitness to practice.

17 (d) (Blank).

18 (e) In cases where the Department of Healthcare and Family
19 Services has previously determined a registrant or a potential
20 registrant is more than 30 days delinquent in the payment of
21 child support and has subsequently certified the delinquency
22 to the Department, the Department may refuse to issue or renew
23 or may revoke or suspend that person's registration or may
24 take other disciplinary action against that person based
25 solely upon the certification of delinquency made by the
26 Department of Healthcare and Family Services in accordance

1 with paragraph (5) of subsection (a) of Section 2105-15 of the
2 Department of Professional Regulation Law of the Civil
3 Administrative Code of Illinois.

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

1 urinalysis, psychological testing, or neuropsychological
2 testing.

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

26 Failure of any individual to submit to mental or physical

1 examination and evaluation, or both, when directed, shall
2 result in an automatic suspension without a hearing until such
3 time as the individual submits to the examination. If the
4 Department finds a registrant unable to practice because of
5 the reasons set forth in this Section, the Department shall
6 require such registrant to submit to care, counseling, or
7 treatment by physicians approved or designated by the
8 Department as a condition for continued, reinstated, or
9 renewed registration.

10 When the Secretary immediately suspends a registration
11 under this Section, a hearing upon such person's registration
12 must be convened by the Department within 15 days after such
13 suspension and completed without appreciable delay. The
14 Department shall have the authority to review the registrant's
15 record of treatment and counseling regarding the impairment to
16 the extent permitted by applicable federal statutes and
17 regulations safeguarding the confidentiality of medical
18 records.

19 Individuals registered under this Act and affected under
20 this Section shall be afforded an opportunity to demonstrate
21 to the Department that they can resume practice in compliance
22 with acceptable and prevailing standards under the provisions
23 of their registration.

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

1 imposing the fine.

2 (h) The Department may adopt rules to implement the
3 changes made by this amendatory Act of the 102nd General
4 Assembly.

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

6 Article 10

7 Section 10-5. The Medical Practice Act of 1987 is amended
8 by changing Section 2 and by adding Section 66 as follows:

9 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

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

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

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

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

1 oxygen. Nothing in this Act shall be construed to authorize a
2 chiropractic physician to prescribe drugs.

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

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

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

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

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

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

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

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

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

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

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

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

22 "Secretary" means the Secretary of Financial and
23 Professional Regulation.

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

25 (225 ILCS 60/66 new)

1 Sec. 66. Temporary permit for health care.

2 (a) The Department may issue a temporary permit
3 authorizing the practice in this State of health care, to an
4 applicant who is licensed to practice medicine in another
5 state, if all of the following apply:

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

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

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

1 that health care, medical service, or procedure related to
2 any health care service is not unlawful or prohibited in
3 this 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 medicine with
8 reasonable judgment, skill, and safety and in accordance
9 with applicable standards of care.

10 (4) The applicant will be working pursuant to an
11 agreement with a sponsoring licensed hospital, medical
12 office, clinic, or other medical facility providing
13 abortion or other health care services. Such agreement
14 shall be executed by an authorized representative of the
15 licensed hospital, medical office, clinic, or other
16 medical facility, certifying that the physician holds an
17 active license and is in good standing in the state in
18 which the physician is licensed. If an applicant for a
19 temporary permit has been previously disciplined by
20 another jurisdiction, except as described in paragraph
21 (2), further review may be conducted pursuant to the Civil
22 Administrative Code and the Medical Practice Act of 1987.
23 The application shall include the physician's name,
24 contact information, state of licensure, and license
25 number.

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

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

5 The Department may adopt rules pursuant to this Section.

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

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

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

17 (e) An applicant for temporary permit may be requested to
18 appear before the Board to respond to questions concerning the
19 applicant's qualifications to receive the permit. An
20 applicant's refusal to appear before the Illinois State
21 Medical Board may be grounds for denial of the application by
22 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 the Secretary's
26 possession indicates that a permit holder's continuation in

1 practice would constitute an imminent danger to the public or
2 violate any provision of the Medical Practice Act of 1987 or
3 its rules.

4 If the Secretary summarily cancels a temporary permit
5 issued pursuant to this Section or Act, the permit holder may
6 petition the Department for a hearing in accordance with the
7 provisions of Section 43 to restore the permit holder's
8 permit, unless the permit holder has exceeded the permit
9 holder's renewal limit.

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

24 (h) While working in Illinois, all temporary permit
25 holders are subject to all statutory and regulatory
26 requirements of the Medical Practice Act of 1987 in the same

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

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

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

13 Section 10-10. The Nurse Practice Act is amended by adding
14 Sections 65-11 and 65-11.5 as follows:

15 (225 ILCS 65/65-11 new)

16 Sec. 65-11. Temporary permit for advanced practice
17 registered nurses for health care.

18 (a) The Department may issue a temporary permit to
19 advanced practice registered nurses authorizing the practice,
20 with a collaborating physician, in this State of health care,
21 to an applicant who is licensed to practice as an advanced
22 practice registered nurse in another state, if all of the
23 following apply:

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

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

26 (3) The applicant has sufficient training and

1 possesses the appropriate core competencies to provide
2 health care services, and is physically, mentally, and
3 professionally capable of practicing as an advanced
4 practice registered nurse with reasonable judgment, skill,
5 and safety and in accordance with applicable standards of
6 care.

7 (4) The applicant must meet the written collaborating
8 agreement requirements under Section 65-35.

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

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

26 The sponsoring licensed hospital, medical office, clinic,

1 or other medical facility engaged in the agreement with the
2 applicant shall notify the Department should the applicant at
3 any point leave or become separate from the sponsor.

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

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

9 (c) The temporary permit shall only permit the holder to
10 practice as an advanced practice registered nurse with a
11 collaborating physician who provides health care services at
12 the location or locations specified on the permit.

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

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

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

1 violate any provision of the Nurse Practice Act or its rules.

2 If the Secretary summarily cancels a temporary permit
3 issued pursuant to this Section or Act, the permit holder may
4 petition the Department for a hearing in accordance with the
5 provisions of Section 70-125 to restore the permit holder's
6 permit, unless the permit holder has exceeded the permit
7 holder's 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 the temporary
13 permit holder's Illinois permit has been terminated and the
14 reasons for the termination. The monetary penalty shall be
15 paid within 60 days after the effective date of the order
16 imposing the penalty. The order shall constitute a judgment
17 and may be filed, and execution had thereon in the same manner
18 as any judgment from any court of record. It is the intent of
19 the General Assembly that a permit issued pursuant to this
20 Section shall be considered a privilege and not a property
21 right.

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

1 the temporary permit.

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

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

11 (225 ILCS 65/65-11.5 new)

12 Sec. 65-11.5. Temporary permit for full practice advanced
13 practice registered nurses for health care.

14 (a) The Department may issue a temporary permit to full
15 practice advanced practice registered nurses authorizing the
16 practice in this State of health care, to an applicant who is
17 licensed to practice as an advanced practice registered nurse
18 in another state, if all of the following apply:

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

22 (2) The applicant has obtained a graduate degree
23 appropriate for national certification in a clinical
24 advanced practice registered nursing specialty or a
25 graduate degree or post-master's certificate from a

1 graduate level program in a clinical advanced practice
2 registered nursing specialty; the applicant is certified
3 as a nurse practitioner, nurse midwife, or clinical nurse
4 specialist; the applicant has submitted verification of
5 licensure status in good standing in the applicant's
6 current state or territory of licensure; and the applicant
7 can furnish the Department with a certified letter upon
8 request from that jurisdiction attesting to the fact that
9 the applicant has no pending action or violations against
10 the applicant's license.

11 The Department will not consider an advanced practice
12 registered nurse's license being revoked or otherwise
13 disciplined by any state or territory for the provision
14 of, authorization of, or participation in any health care,
15 medical service, or procedure related to an abortion on
16 the basis that such health care, medical service, or
17 procedure related to an abortion is unlawful or prohibited
18 in that state or territory, if the provision of,
19 authorization of, or participation in that health care,
20 medical service, or procedure related to an abortion is
21 not unlawful or prohibited in this State.

22 (3) The applicant has sufficient training and
23 possesses the appropriate core competencies to provide
24 health care services, and is physically, mentally, and
25 professionally capable of practicing as an advanced
26 practice registered nurse with reasonable judgment, skill,

1 and safety and in accordance with applicable standards of
2 care.

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

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

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

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

25 (b) A temporary permit under this Section shall expire 2
26 years after the date of issuance. The temporary permit may be

1 renewed for a \$45 fee for an additional 2 years. A holder of a
2 temporary permit may only renew one time.

3 (c) The temporary permit shall only permit the holder to
4 practice as a full practice advanced practice registered nurse
5 within the scope of providing health care services at the
6 location or locations specified on the permit.

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

11 (e) An applicant for temporary permit may be requested to
12 appear before the Board to respond to questions concerning the
13 applicant's qualifications to receive the permit. An
14 applicant's refusal to appear before the Board of Nursing may
15 be grounds for denial of the application by the Department.

16 (f) The Secretary may summarily cancel any temporary
17 permit issued pursuant to this Section, without a hearing, if
18 the Secretary finds that evidence in the Secretary's
19 possession indicates that a permit holder's continuation in
20 practice would constitute an imminent danger to the public or
21 violate any provision of the Nurse Practice Act or its rules.

22 If the Secretary summarily cancels a temporary permit
23 issued pursuant to this Section or Act, the permit holder may
24 petition the Department for a hearing in accordance with the
25 provisions of Section 70-125 to restore the permit holder's
26 permit, unless the permit holder has exceeded the permit

1 holder's renewal limit.

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

16 (h) While working in Illinois, all temporary permit
17 holders are subject to all statutory and regulatory
18 requirements of the Nurse Practice Act in the same manner as a
19 licensee. Failure to adhere to all statutory and regulatory
20 requirements may result in revocation or other discipline of
21 the temporary permit.

22 (i) If the Department becomes aware of a violation
23 occurring at the licensed hospital, medical office, clinic, or
24 other medical facility, the Department shall notify the
25 Department of Public Health.

26 (j) The Department may adopt emergency rules pursuant to

1 this Section. The General Assembly finds that the adoption of
2 rules to implement a temporary permit for health care services
3 is deemed an emergency and necessary for the public interest,
4 safety, and welfare.

5 Section 10-15. The Physician Assistant Practice Act of
6 1987 is amended by changing Sections 4, 21, 22.2, 22.3, 22.5,
7 22.6, 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
20 authorizing the practice, with a collaborating physician, in
21 this State, of health care to an applicant who is licensed to
22 practice as a physician assistant in another state, if all of
23 the following apply:

24 (1) The Department determines that the applicant's
25 services will improve the welfare of Illinois residents

1 and non-residents requiring health care services.

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

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

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

1 in accordance with applicable standards of care.

2 (4)The applicant must meet the written collaborative
3 agreement requirements under subsection (a) of Section
4 7.5.

5 (5) The applicant will be working pursuant to an
6 agreement with a sponsoring licensed hospital, medical
7 office, clinic, or other medical facility providing health
8 care services. Such agreement shall be executed by an
9 authorized representative of the licensed hospital,
10 medical office, clinic, or other medical facility,
11 certifying that the physician assistant holds an active
12 license and is in good standing in the state in which the
13 physician assistant is licensed. If an applicant for a
14 temporary permit has been previously disciplined by
15 another jurisdiction, except as described in paragraph
16 (2), further review may be conducted pursuant to the Civil
17 Administrative Code and the Physician Assistant Practice
18 Act of 1987. The application shall include the physician
19 assistant's name, contact information, state of licensure,
20 and license number.

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

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

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

19 (f) The Secretary may summarily cancel any temporary
20 permit issued pursuant to this Section, without a hearing, if
21 the Secretary finds that evidence in the Secretary's
22 possession indicates that a permit holder's continuation in
23 practice would constitute an imminent danger to the public or
24 violate any provision of the Physician Assistant Practice Act
25 of 1987 or its rules.

26 If the Secretary summarily cancels a temporary permit

1 issued pursuant to this Section or Act, the permit holder may
2 petition the Department for a hearing in accordance with the
3 provisions of Section 22.11 to restore the permit holder's
4 permit, unless the permit holder has exceeded permit holder's
5 renewal limit.

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

20 (h) While working in Illinois, all temporary permit
21 holders are subject to all statutory and regulatory
22 requirements of the Physician Assistant Practice Act of 1987
23 in the same manner as a licensee. Failure to adhere to all
24 statutory and regulatory requirements may result in revocation
25 or other discipline of the temporary permit.

26 (i) If the Department becomes aware of a violation

1 occurring at the licensed hospital, medical office, clinic, or
2 other medical facility, the Department shall notify the
3 Department of Public Health.

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

9 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

11 Sec. 21. Grounds for disciplinary action.

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

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

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

23 (3) Conviction by plea of guilty or nolo contendere,
24 finding of guilt, jury verdict, or entry of judgment or
25 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 that is: (i) a felony;
4 or (ii) a misdemeanor, an essential element of which is
5 dishonesty, or that is directly related to the practice of
6 the profession.

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

9 (5) Professional incompetence.

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

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

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

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

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

25 (11) Directly or indirectly giving to or receiving
26 from any person, firm, corporation, partnership, or

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

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

13 (13) Abandonment of a patient.

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

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

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

26 (17) Being named as a perpetrator in an indicated

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

7 (18) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (d) In enforcing this Section, the Department upon a
23 showing of a possible violation may compel an individual
24 licensed to practice under this Act, or who has applied for
25 licensure under this Act, to submit to a mental or physical
26 examination, or both, which may include a substance abuse or

1 sexual offender evaluation, as required by and at the expense
2 of the Department.

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

20 The Department may order the examining physician or any
21 member of the multidisciplinary team to provide to the
22 Department any and all records, including business records,
23 that relate to the examination and evaluation, including any
24 supplemental testing performed.

25 The Department may order the examining physician or any
26 member of the multidisciplinary team to present testimony

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

13 The individual 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 this examination. However, that physician shall
16 be present only to observe and may not interfere in any way
17 with the examination.

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

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

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

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

21 An individual licensed under this Act and affected under
22 this Section shall be afforded an opportunity to demonstrate
23 to the Department that he or she can resume practice in
24 compliance with acceptable and prevailing standards under the
25 provisions of his or her license.

26 (e) An individual or organization acting in good faith,

1 and not in a willful and wanton manner, in complying with this
2 Section by providing a report or other information to the
3 Board, by assisting in the investigation or preparation of a
4 report or information, by participating in proceedings of the
5 Board, or by serving as a member of the Board, shall not be
6 subject to criminal prosecution or civil damages as a result
7 of such actions.

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

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

22 The member must notify the Attorney General within 7 days
23 after receipt of notice of the initiation of any action
24 involving services of the ~~Disciplinary~~ Board. Failure to so
25 notify the Attorney General constitutes an absolute waiver of
26 the right to a defense and indemnification.

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

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

5 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

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

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

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

19 (225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

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

21 Sec. 22.3. The Department, at its expense, shall preserve
22 a record of all proceedings at the formal hearing of any case
23 involving the refusal to issue, renew or discipline of a
24 license. The notice of hearing, complaint and all other
25 documents in the nature of pleadings and written motions filed

1 in the proceedings, the transcript of testimony, the report of
2 the ~~Disciplinary~~ Board or hearing officer and orders of the
3 Department shall be the record of such proceeding.

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

5 (225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

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

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

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

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

20 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

22 Sec. 22.6. At the conclusion of the hearing, the
23 ~~Disciplinary~~ Board shall present to the Secretary a written
24 report of its findings of fact, conclusions of law, and

1 recommendations. The report shall contain a finding whether or
2 not the accused person violated this Act or failed to comply
3 with the conditions required in this Act. The ~~Disciplinary~~
4 Board shall specify the nature of the violation or failure to
5 comply, and shall make its recommendations to the Secretary.

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

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

17 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

19 Sec. 22.7. Hearing officer. Notwithstanding the provisions
20 of Section 22.2 of this Act, the Secretary shall have the
21 authority to appoint any attorney duly licensed to practice
22 law in the State of Illinois to serve as the hearing officer in
23 any action for refusal to issue or renew, or for discipline of,
24 a license. The hearing officer shall have full authority to
25 conduct the hearing. The hearing officer shall report his or

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

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

23 (225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

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

25 Sec. 22.8. In any case involving the refusal to issue,

1 renew or discipline of a license, a copy of the ~~Disciplinary~~
2 Board's report shall be served upon the respondent by the
3 Department, either personally or as provided in this Act for
4 the service of the notice of hearing. Within 20 days after such
5 service, the respondent may present to the Department a motion
6 in writing for a rehearing, which motion shall specify the
7 particular grounds therefor. If no motion for rehearing is
8 filed, then upon the expiration of the time specified for
9 filing such a motion, or if a motion for rehearing is denied,
10 then upon such denial the Secretary may enter an order in
11 accordance with recommendations of the ~~Disciplinary~~ Board
12 except as provided in Section 22.6 or 22.7 of this Act. If the
13 respondent shall order from the reporting service, and pay for
14 a transcript of the record within the time for filing a motion
15 for rehearing, the 20 day period within which such a motion may
16 be filed shall commence upon the delivery of the transcript to
17 the respondent.

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

19 (225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

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

21 Sec. 22.9. Whenever the Secretary is satisfied that
22 substantial justice has not been done in the revocation,
23 suspension or refusal to issue or renew a license, the
24 Secretary may order a rehearing by the same or another hearing
25 officer or ~~Disciplinary~~ Board.

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

2 (225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

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

4 Sec. 22.10. Order or certified copy; prima facie proof. An
5 order or a certified copy thereof, over the seal of the
6 Department and purporting to be signed by the Secretary, shall
7 be prima facie proof that:

8 (a) the signature is the genuine signature of the
9 Secretary;

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

11 (c) the ~~Disciplinary~~ Board and the members thereof are
12 qualified to act.

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

14 Section 10-20. The Illinois Administrative Procedure Act
15 is amended by adding Section 5-45.35 as follows:

16 (5 ILCS 100/5-45.35 new)

17 Sec. 5-45.35. Emergency rulemaking; temporary licenses for
18 health care. To provide for the expeditious and timely
19 implementation of Section 66 of the Medical Practice Act of
20 1987, Sections 65-11 and 65-11.5 of the Nurse Practice Act,
21 and Section 9.7 of the Physician Assistant Practice Act of
22 1987, emergency rules implementing the issuance of temporary
23 permits to applicants who are licensed to practice as a

1 physician, advanced practice registered nurse, or physician
2 assistant in another state may be adopted in accordance with
3 Section 5-45 by the Department of Financial and Professional
4 Regulation. The adoption of emergency rules authorized by
5 Section 5-45 and this Section is deemed to be necessary for the
6 public interest, safety, and welfare.

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

9 Article 11

10 Section 11-5. Short title. This Article may be cited as
11 the Lawful Health Care Activity Act. References in this
12 Article to "this Act" mean this Article.

13 Section 11-10. Definitions. As used in this Act:

14 "Gender-affirming health care" includes, but is not
15 limited to, all supplies, care, and services of a medical,
16 behavioral health, mental health, surgical, psychiatric,
17 therapeutic, diagnostic, preventative, rehabilitative, or
18 supportive nature relating to the treatment of gender
19 dysphoria or the affirmation of an individual's gender
20 identity or gender expression.

21 "Lawful health care" means reproductive health care or
22 gender-affirming health care that is not unlawful under the
23 laws of this State, including on any theory of vicarious,

1 joint, several, or conspiracy liability.

2 "Lawful health care activity" means seeking, providing,
3 receiving, assisting in seeking, providing, or receiving,
4 providing material support for, or traveling to obtain lawful
5 health care.

6 "Reproductive health care" has the meaning given to that
7 term in Section 1-10 of the Reproductive Health Act.

8 Section 11-15. Conflict of law. Notwithstanding any
9 general or special law or common law conflict of law rule to
10 the contrary, the laws of this State shall govern in any case
11 or controversy heard in this State related to lawful health
12 care activity.

13 Section 11-20. Limits on execution of foreign judgments.
14 In any action filed to enforce the judgment of a foreign state,
15 issued in connection with any litigation concerning lawful
16 health care activity, the court hearing the action shall not
17 give any force or effect to any judgment issued without
18 jurisdiction.

19 Section 11-25. Severability. The provisions of this Act
20 are severable under Section 1.31 of the Statute on Statutes.

21 Section 11-30. The Uniform Interstate Depositions and
22 Discovery Act is amended by changing Section 3 and by adding

1 Section 3.5 as follows:

2 (735 ILCS 35/3)

3 Sec. 3. Issuance of subpoena.

4 (a) To request issuance of a subpoena under this Section,
5 a party must submit a foreign subpoena to a clerk of court in
6 the county in which discovery is sought to be conducted in this
7 State. A request for the issuance of a subpoena under this Act
8 does not constitute an appearance in the courts of this State.

9 (b) When a party submits a foreign subpoena to a clerk of
10 court in this State, the clerk, in accordance with that
11 court's procedure, shall promptly issue a subpoena for service
12 upon the person to which the foreign subpoena is directed
13 unless issuance is prohibited by Section 3.5.

14 (c) A subpoena under subsection (b) must:

15 (A) incorporate the terms used in the foreign
16 subpoena; and

17 (B) contain or be accompanied by the names, addresses,
18 and telephone numbers of all counsel of record in the
19 proceeding to which the subpoena relates and of any party
20 not represented by counsel.

21 (Source: P.A. 99-79, eff. 1-1-16.)

22 (735 ILCS 35/3.5 new)

23 Sec. 3.5. Unenforceable foreign subpoenas.

24 (a) If a request for issuance of a subpoena pursuant to

1 this Act seeks documents or information related to lawful
2 health care activity, as defined in the Lawful Health Care
3 Activity Act, or seeks documents in support of any claim that
4 interferes with rights under the Reproductive Health Act, then
5 the person or entity requesting the subpoena shall include an
6 attestation, signed under penalty of perjury, confirming and
7 identifying that an exemption in subsection (c) applies. Any
8 false attestation submitted under this Section or the failure
9 to submit an attestation required by this Section shall be
10 subject to a statutory penalty of \$10,000 per violation.
11 Submission of such attestation shall subject the attestor to
12 the jurisdiction of the courts of this State for any suit,
13 penalty, or damages arising out of a false attestation under
14 this Section.

15 (b) No clerk of court shall issue a subpoena based on a
16 foreign subpoena that:

17 (1) requests information or documents related to
18 lawful health care activity, as defined in the Lawful
19 Health Care Activity Act; or

20 (2) is related to the enforcement of another state's
21 law that would interfere with an individual's rights under
22 the Reproductive Health Act.

23 (c) A clerk of court may issue the subpoena if the subpoena
24 includes the attestation as described in subsection (a) and
25 the subpoena relates to:

26 (1) an out-of-state action founded in tort, contract,

1 or statute brought by the patient who sought or received
2 the lawful health care or the patient's authorized legal
3 representative, for damages suffered by the patient or
4 damages derived from an individual's loss of consortium of
5 the patient, and for which a similar claim would exist
6 under the laws of this State; or

7 (2) an out-of-state action founded in contract brought
8 or sought to be enforced by a party with a contractual
9 relationship with the individual whose documents or
10 information are the subject of the subpoena and for which
11 a similar claim would exist under the laws of this State.

12 (d) Any person or entity served with a subpoena reasonably
13 believed to be issued in violation of this Section shall not
14 comply with the subpoena.

15 (e) Any person or entity who is the recipient of, or whose
16 lawful health care is the subject of, a subpoena reasonably
17 believed to be issued in violation of this Section may, but is
18 not required to, move to modify or quash the subpoena.

19 (f) (Blank).

20 (g) As used in this Section:

21 "Lawful health care" has the meaning given to that term in
22 Section 11-10 of the Lawful Health Care Activity Act.

23 "Lawful health care activity" has the meaning given to
24 that term in Section 11-10 of the Lawful Health Care Activity
25 Act.

26 (h) The Supreme Court shall have jurisdiction to adopt

1 rules for the implementation of this Section.

2 Section 11-35. The Uniform Act to Secure the Attendance of
3 Witnesses from Within or Without a State in Criminal
4 Proceedings is amended by changing Section 2 as follows:

5 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

6 Sec. 2. Summoning witness in this state to testify in
7 another state.

8 If a judge of a court of record in any state which by its
9 laws has made provision for commanding persons within that
10 state to attend and testify in this state certifies under the
11 seal of such court that there is a criminal prosecution
12 pending in such court, or that a grand jury investigation has
13 commenced or is about to commence, that a person being within
14 this state is a material witness in such prosecution, or grand
15 jury investigation, and his presence will be required for a
16 specified number of days, upon presentation of such
17 certificate to any judge of a court in the county in which such
18 person is, such judge shall fix a time and place for a hearing,
19 and shall make an order directing the witness to appear at a
20 time and place certain for the hearing.

21 If at a hearing the judge determines that the witness is
22 material and necessary, that it will not cause undue hardship
23 to the witness to be compelled to attend and testify in the
24 prosecution or a grand jury investigation in the other state,

1 and that the laws of the state in which the prosecution is
2 pending, or grand jury investigation has commenced or is about
3 to commence (and of any other state through which the witness
4 may be required to pass by ordinary course of travel), will
5 give to him protection from arrest and the service of civil and
6 criminal process, he shall issue a summons, with a copy of the
7 certificate attached, directing the witness to attend and
8 testify in the court where the prosecution is pending, or
9 where a grand jury investigation has commenced or is about to
10 commence at a time and place specified in the summons. In any
11 such hearing the certificate shall be prima facie evidence of
12 all the facts stated therein.

13 If said certificate recommends that the witness be taken
14 into immediate custody and delivered to an officer of the
15 requesting state to assure his attendance in the requesting
16 state, such judge may, in lieu of notification of the hearing,
17 direct that such witness be forthwith brought before him for
18 said hearing; and the judge at the hearing being satisfied of
19 the desirability of such custody and delivery, for which
20 determination the certificate shall be prima facie proof of
21 such desirability may, in lieu of issuing subpoena or summons,
22 order that said witness be forthwith taken into custody and
23 delivered to an officer of the requesting state.

24 No subpoena, summons, or order shall be issued for a
25 witness to provide information or testimony in relation to any
26 proceeding if the charge is based on conduct that involves

1 lawful health care activity, as defined by the Lawful Health
2 Care Activity Act, that is not unlawful under the laws of this
3 State. This limitation does not apply for the purpose of
4 complying with obligations under Brady v. Maryland (373 U.S.
5 83) or Giglio v. United States (405 U.S. 150).

6 If the witness, who is summoned as above provided, after
7 being paid or tendered by some properly authorized person the
8 sum of 10 cents a mile for each mile by the ordinary travel
9 route to and from the court where the prosecution is pending
10 and five dollars for each day that he is required to travel and
11 attend as a witness, fails without good cause to attend and
12 testify as directed in the summons, he shall be punished in the
13 manner provided for the punishment of any witness who disobeys
14 a summons issued from a court in this state.

15 (Source: Laws 1967, p. 3804.)

16 Section 11-40. The Uniform Criminal Extradition Act is
17 amended by changing Section 6 as follows:

18 (725 ILCS 225/6) (from Ch. 60, par. 23)

19 Sec. 6. Extradition of persons not present in demanding
20 state at time of commission of crime.

21 The Governor of this State may also surrender, on demand
22 of the Executive Authority of any other state, any person in
23 this State charged in such other state in the manner provided
24 in Section 3 with committing an act in this State, or in a

1 third state, intentionally resulting in a crime in the state
2 whose Executive Authority is making the demand. However, the
3 Governor of this State shall not surrender such a person if the
4 charge is based on conduct that involves seeking, providing,
5 receiving, assisting in seeking, providing, or receiving,
6 providing material support for, or traveling to obtain lawful
7 health care, as defined by Section 11-10 of the Lawful Health
8 Care Activity Act, that is not unlawful under the laws of this
9 State, including a charge based on any theory of vicarious,
10 joint, several, or conspiracy liability.

11 (Source: Laws 1955, p. 1982.)

12 Article 13

13 Section 13-5. The Counties Code is amended by changing
14 Section 3-4006 as follows:

15 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

16 Sec. 3-4006. Duties of public defender. The Public
17 Defender, as directed by the court, shall act as attorney,
18 without fee, before any court within any county for all
19 persons who are held in custody or who are charged with the
20 commission of any criminal offense, and who the court finds
21 are unable to employ counsel.

22 The Public Defender shall be the attorney, without fee,
23 when so appointed by the court under Section 1-20 of the

1 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of
2 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
3 ~~of Abortion Act of 1983~~ for any party who the court finds is
4 financially unable to employ counsel.

5 In cases subject to Section 5-170 of the Juvenile Court
6 Act of 1987 involving a minor who was under 15 years of age at
7 the time of the commission of the offense, that occurs in a
8 county with a full-time public defender office, a public
9 defender, without fee or appointment, may represent and have
10 access to a minor during a custodial interrogation. In cases
11 subject to Section 5-170 of the Juvenile Court Act of 1987
12 involving a minor who was under 15 years of age at the time of
13 the commission of the offense, that occurs in a county without
14 a full-time public defender, the law enforcement agency
15 conducting the custodial interrogation shall ensure that the
16 minor is able to consult with an attorney who is under contract
17 with the county to provide public defender services.
18 Representation by the public defender shall terminate at the
19 first court appearance if the court determines that the minor
20 is not indigent.

21 Every court shall, with the consent of the defendant and
22 where the court finds that the rights of the defendant would be
23 prejudiced by the appointment of the public defender, appoint
24 counsel other than the public defender, except as otherwise
25 provided in Section 113-3 of the "Code of Criminal Procedure
26 of 1963". That counsel shall be compensated as is provided by

1 law. He shall also, in the case of the conviction of any such
2 person, prosecute any proceeding in review which in his
3 judgment the interests of justice require.

4 In counties with a population over 3,000,000, the public
5 defender, without fee or appointment and with the concurrence
6 of the county board, may act as attorney to noncitizens in
7 immigration cases. Representation by the public defender in
8 immigration cases shall be limited to those arising in
9 immigration courts located within the geographical boundaries
10 of the county where the public defender has been appointed to
11 office unless the board authorizes the public defender to
12 provide representation outside the county.

13 (Source: P.A. 102-410, eff. 1-1-22.)

14 Section 13-10. The Medical Practice Act of 1987 is amended
15 by changing Sections 22 and 23 as follows:

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

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

18 Sec. 22. Disciplinary action.

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

1 following grounds:

2 (1) (Blank).

3 (2) (Blank).

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

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

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

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

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

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

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

25 (10) Making a false or misleading statement regarding
26 their skill or the efficacy or value of the medicine,

1 treatment, or remedy prescribed by them at their direction
2 in the treatment of any disease or other condition of the
3 body or mind.

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

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

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

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

24 (15) A finding by the Medical Board that the
25 registrant after having his or her license placed on
26 probationary status or subjected to conditions or

1 restrictions violated the terms of the probation or failed
2 to comply with such terms or conditions.

3 (16) Abandonment of a patient.

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

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

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

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

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

1 Public Aid) under the Illinois Public Aid Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 In enforcing this Section, the Medical Board, upon a

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

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

1 without hearing, until such time as the individual submits to
2 the examination. If the Medical Board finds a physician unable
3 to practice following an examination and evaluation because of
4 the reasons set forth in this Section, the Medical Board shall
5 require such physician to submit to care, counseling, or
6 treatment by physicians, or other health care professionals,
7 approved or designated by the Medical Board, as a condition
8 for issued, continued, reinstated, or renewed licensure to
9 practice. Any physician, whose license was granted pursuant to
10 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
11 renewed, disciplined or supervised, subject to such terms,
12 conditions, or restrictions who shall fail to comply with such
13 terms, conditions, or restrictions, or to complete a required
14 program of care, counseling, or treatment, as determined by
15 the Chief Medical Coordinator or Deputy Medical Coordinators,
16 shall be referred to the Secretary for a determination as to
17 whether the licensee shall have his or her license suspended
18 immediately, pending a hearing by the Medical Board. In
19 instances in which the Secretary immediately suspends a
20 license under this Section, a hearing upon such person's
21 license must be convened by the Medical Board within 15 days
22 after such suspension and completed without appreciable delay.
23 The Medical Board shall have the authority to review the
24 subject physician's record of treatment and counseling
25 regarding the impairment, to the extent permitted by
26 applicable federal statutes and regulations safeguarding the

1 confidentiality of medical records.

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

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

15 All fines imposed under this Section shall be paid within
16 60 days after the effective date of the order imposing the fine
17 or in accordance with the terms set forth in the order imposing
18 the fine.

19 (B) The Department shall revoke the license or permit
20 issued under this Act to practice medicine or a chiropractic
21 physician who has been convicted a second time of committing
22 any felony under the Illinois Controlled Substances Act or the
23 Methamphetamine Control and Community Protection Act, or who
24 has been convicted a second time of committing a Class 1 felony
25 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
26 person whose license or permit is revoked under this

1 subsection B shall be prohibited from practicing medicine or
2 treating human ailments without the use of drugs and without
3 operative surgery.

4 (C) The Department shall not revoke, suspend, place on
5 probation, reprimand, refuse to issue or renew, or take any
6 other disciplinary or non-disciplinary action against the
7 license or permit issued under this Act to practice medicine
8 to a physician:

9 (1) based solely upon the recommendation of the
10 physician to an eligible patient regarding, or
11 prescription for, or treatment with, an investigational
12 drug, biological product, or device; or

13 (2) for experimental treatment for Lyme disease or
14 other tick-borne diseases, including, but not limited to,
15 the prescription of or treatment with long-term
16 antibiotics.

17 (D) (Blank). ~~The Medical Board shall recommend to the~~
18 ~~Department civil penalties and any other appropriate~~
19 ~~discipline in disciplinary cases when the Medical Board finds~~
20 ~~that a physician willfully performed an abortion with actual~~
21 ~~knowledge that the person upon whom the abortion has been~~
22 ~~performed is a minor or an incompetent person without notice~~
23 ~~as required under the Parental Notice of Abortion Act of 1995.~~
24 ~~Upon the Medical Board's recommendation, the Department shall~~
25 ~~impose, for the first violation, a civil penalty of \$1,000 and~~
26 ~~for a second or subsequent violation, a civil penalty of~~

1 ~~\$5,000.~~

2 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
3 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
4 8-20-21; 102-813, eff. 5-13-22.)

5 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

7 Sec. 23. Reports relating to professional conduct and
8 capacity.

9 (A) Entities required to report.

10 (1) Health care institutions. The chief administrator
11 or executive officer of any health care institution
12 licensed by the Illinois Department of Public Health shall
13 report to the Medical Board when any person's clinical
14 privileges are terminated or are restricted based on a
15 final determination made in accordance with that
16 institution's by-laws or rules and regulations that a
17 person has either committed an act or acts which may
18 directly threaten patient care or that a person may have a
19 mental or physical disability that may endanger patients
20 under that person's care. Such officer also shall report
21 if a person accepts voluntary termination or restriction
22 of clinical privileges in lieu of formal action based upon
23 conduct related directly to patient care or in lieu of
24 formal action seeking to determine whether a person may
25 have a mental or physical disability that may endanger

1 patients under that person's care. The Medical Board
2 shall, by rule, provide for the reporting to it by health
3 care institutions of all instances in which a person,
4 licensed under this Act, who is impaired by reason of age,
5 drug or alcohol abuse or physical or mental impairment, is
6 under supervision and, where appropriate, is in a program
7 of rehabilitation. Such reports shall be strictly
8 confidential and may be reviewed and considered only by
9 the members of the Medical Board, or by authorized staff
10 as provided by rules of the Medical Board. Provisions
11 shall be made for the periodic report of the status of any
12 such person not less than twice annually in order that the
13 Medical Board shall have current information upon which to
14 determine the status of any such person. Such initial and
15 periodic reports of impaired physicians shall not be
16 considered records within the meaning of the State Records
17 Act and shall be disposed of, following a determination by
18 the Medical Board that such reports are no longer
19 required, in a manner and at such time as the Medical Board
20 shall determine by rule. The filing of such reports shall
21 be construed as the filing of a report for purposes of
22 subsection (C) of this Section.

23 (1.5) Clinical training programs. The program director
24 of any post-graduate clinical training program shall
25 report to the Medical Board if a person engaged in a
26 post-graduate clinical training program at the

1 institution, including, but not limited to, a residency or
2 fellowship, separates from the program for any reason
3 prior to its conclusion. The program director shall
4 provide all documentation relating to the separation if,
5 after review of the report, the Medical Board determines
6 that a review of those documents is necessary to determine
7 whether a violation of this Act occurred.

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

17 (3) Professional liability insurers. Every insurance
18 company which offers policies of professional liability
19 insurance to persons licensed under this Act, or any other
20 entity which seeks to indemnify the professional liability
21 of a person licensed under this Act, shall report to the
22 Medical Board the settlement of any claim or cause of
23 action, or final judgment rendered in any cause of action,
24 which alleged negligence in the furnishing of medical care
25 by such licensed person when such settlement or final
26 judgment is in favor of the plaintiff.

1 (4) State's Attorneys. The State's Attorney of each
2 county shall report to the Medical Board, within 5 days,
3 any instances in which a person licensed under this Act is
4 convicted of any felony or Class A misdemeanor. ~~The~~
5 ~~State's Attorney of each county may report to the Medical~~
6 ~~Board through a verified complaint any instance in which~~
7 ~~the State's Attorney believes that a physician has~~
8 ~~willfully violated the notice requirements of the Parental~~
9 ~~Notice of Abortion Act of 1995.~~

10 (5) State agencies. All agencies, boards, commissions,
11 departments, or other instrumentalities of the government
12 of the State of Illinois shall report to the Medical Board
13 any instance arising in connection with the operations of
14 such agency, including the administration of any law by
15 such agency, in which a person licensed under this Act has
16 either committed an act or acts which may be a violation of
17 this Act or which may constitute unprofessional conduct
18 related directly to patient care or which indicates that a
19 person licensed under this Act may have a mental or
20 physical disability that may endanger patients under that
21 person's care.

22 (B) Mandatory reporting. All reports required by items
23 (34), (35), and (36) of subsection (A) of Section 22 and by
24 Section 23 shall be submitted to the Medical Board in a timely
25 fashion. Unless otherwise provided in this Section, the
26 reports shall be filed in writing within 60 days after a

1 determination that a report is required under this Act. All
2 reports shall contain the following information:

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

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

7 (3) The name and date of birth of any patient or
8 patients whose treatment is a subject of the report, if
9 available, or other means of identification if such
10 information is not available, identification of the
11 hospital or other healthcare facility where the care at
12 issue in the report was rendered, provided, however, no
13 medical records may be revealed.

14 (4) A brief description of the facts which gave rise
15 to the issuance of the report, including the dates of any
16 occurrences deemed to necessitate the filing of the
17 report.

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

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

24 The Medical Board or Department may also exercise the
25 power under Section 38 of this Act to subpoena copies of
26 hospital or medical records in mandatory report cases alleging

1 death or permanent bodily injury. Appropriate rules shall be
2 adopted by the Department with the approval of the Medical
3 Board.

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

9 Nothing contained in this Section shall act to, in any
10 way, waive or modify the confidentiality of medical reports
11 and committee reports to the extent provided by law. Any
12 information reported or disclosed shall be kept for the
13 confidential use of the Medical Board, the Medical
14 Coordinators, the Medical Board's attorneys, the medical
15 investigative staff, and authorized clerical staff, as
16 provided in this Act, and shall be afforded the same status as
17 is provided information concerning medical studies in Part 21
18 of Article VIII of the Code of Civil Procedure, except that the
19 Department may disclose information and documents to a
20 federal, State, or local law enforcement agency pursuant to a
21 subpoena in an ongoing criminal investigation or to a health
22 care licensing body or medical licensing authority of this
23 State or another state or jurisdiction pursuant to an official
24 request made by that licensing body or medical licensing
25 authority. Furthermore, information and documents disclosed to
26 a federal, State, or local law enforcement agency may be used

1 by that agency only for the investigation and prosecution of a
2 criminal offense, or, in the case of disclosure to a health
3 care licensing body or medical licensing authority, only for
4 investigations and disciplinary action proceedings with regard
5 to a license. Information and documents disclosed to the
6 Department of Public Health may be used by that Department
7 only for investigation and disciplinary action regarding the
8 license of a health care institution licensed by the
9 Department of Public Health.

10 (C) Immunity from prosecution. Any individual or
11 organization acting in good faith, and not in a wilful and
12 wanton manner, in complying with this Act by providing any
13 report or other information to the Medical Board or a peer
14 review committee, or assisting in the investigation or
15 preparation of such information, or by voluntarily reporting
16 to the Medical Board or a peer review committee information
17 regarding alleged errors or negligence by a person licensed
18 under this Act, or by participating in proceedings of the
19 Medical Board or a peer review committee, or by serving as a
20 member of the Medical Board or a peer review committee, shall
21 not, as a result of such actions, be subject to criminal
22 prosecution or civil damages.

23 (D) Indemnification. Members of the Medical Board, the
24 Medical Coordinators, the Medical Board's attorneys, the
25 medical investigative staff, physicians retained under
26 contract to assist and advise the medical coordinators in the

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

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

15 The member must notify the Attorney General within 7 days
16 of receipt of notice of the initiation of any action involving
17 services of the Medical Board. Failure to so notify the
18 Attorney General shall constitute an absolute waiver of the
19 right to a defense and indemnification.

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

23 (E) Deliberations of Medical Board. Upon the receipt of
24 any report called for by this Act, other than those reports of
25 impaired persons licensed under this Act required pursuant to
26 the rules of the Medical Board, the Medical Board shall notify

1 in writing, by mail or email, the person who is the subject of
2 the report. Such notification shall be made within 30 days of
3 receipt by the Medical Board of the report.

4 The notification shall include a written notice setting
5 forth the person's right to examine the report. Included in
6 such notification shall be the address at which the file is
7 maintained, the name of the custodian of the reports, and the
8 telephone number at which the custodian may be reached. The
9 person who is the subject of the report shall submit a written
10 statement responding, clarifying, adding to, or proposing the
11 amending of the report previously filed. The person who is the
12 subject of the report shall also submit with the written
13 statement any medical records related to the report. The
14 statement and accompanying medical records shall become a
15 permanent part of the file and must be received by the Medical
16 Board no more than 30 days after the date on which the person
17 was notified by the Medical Board of the existence of the
18 original report.

19 The Medical Board shall review all reports received by it,
20 together with any supporting information and responding
21 statements submitted by persons who are the subject of
22 reports. The review by the Medical Board shall be in a timely
23 manner but in no event, shall the Medical Board's initial
24 review of the material contained in each disciplinary file be
25 less than 61 days nor more than 180 days after the receipt of
26 the initial report by the Medical Board.

1 When the Medical Board makes its initial review of the
2 materials contained within its disciplinary files, the Medical
3 Board shall, in writing, make a determination as to whether
4 there are sufficient facts to warrant further investigation or
5 action. Failure to make such determination within the time
6 provided shall be deemed to be a determination that there are
7 not sufficient facts to warrant further investigation or
8 action.

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

1 (F) Summary reports. The Medical Board shall prepare, on a
2 timely basis, but in no event less than once every other month,
3 a summary report of final disciplinary actions taken upon
4 disciplinary files maintained by the Medical Board. The
5 summary reports shall be made available to the public upon
6 request and payment of the fees set by the Department. This
7 publication may be made available to the public on the
8 Department's website. Information or documentation relating to
9 any disciplinary file that is closed without disciplinary
10 action taken shall not be disclosed and shall be afforded the
11 same status as is provided by Part 21 of Article VIII of the
12 Code of Civil Procedure.

13 (G) Any violation of this Section shall be a Class A
14 misdemeanor.

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

1 penalties provided for by this Section.

2 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

3 Section 13-15. The Consent by Minors to Health Care
4 Services Act is amended by changing Section 1.5 as follows:

5 (410 ILCS 210/1.5)

6 Sec. 1.5. Consent by minor seeking care for limited
7 primary care services.

8 (a) The consent to the performance of primary care
9 services by a physician licensed to practice medicine in all
10 its branches, a licensed advanced practice registered nurse, a
11 licensed physician assistant, a chiropractic physician, or a
12 licensed optometrist executed by a minor seeking care is not
13 voidable because of such minority, and for such purpose, a
14 minor seeking care is deemed to have the same legal capacity to
15 act and has the same powers and obligations as has a person of
16 legal age under the following circumstances:

17 (1) the health care professional reasonably believes
18 that the minor seeking care understands the benefits and
19 risks of any proposed primary care or services; and

20 (2) the minor seeking care is identified in writing as
21 a minor seeking care by:

22 (A) an adult relative;

23 (B) a representative of a homeless service agency
24 that receives federal, State, county, or municipal

1 funding to provide those services or that is otherwise
2 sanctioned by a local continuum of care;

3 (C) an attorney licensed to practice law in this
4 State;

5 (D) a public school homeless liaison or school
6 social worker;

7 (E) a social service agency providing services to
8 at risk, homeless, or runaway youth; or

9 (F) a representative of a religious organization.

10 (b) A health care professional rendering primary care
11 services under this Section shall not incur civil or criminal
12 liability for failure to obtain valid consent or professional
13 discipline for failure to obtain valid consent if he or she
14 relied in good faith on the representations made by the minor
15 or the information provided under paragraph (2) of subsection
16 (a) of this Section. Under such circumstances, good faith
17 shall be presumed.

18 (c) The confidential nature of any communication between a
19 health care professional described in Section 1 of this Act
20 and a minor seeking care is not waived (1) by the presence, at
21 the time of communication, of any additional persons present
22 at the request of the minor seeking care, (2) by the health
23 care professional's disclosure of confidential information to
24 the additional person with the consent of the minor seeking
25 care, when reasonably necessary to accomplish the purpose for
26 which the additional person is consulted, or (3) by the health

1 care professional billing a health benefit insurance or plan
2 under which the minor seeking care is insured, is enrolled, or
3 has coverage for the services provided.

4 (d) Nothing in this Section shall be construed to limit or
5 expand a minor's existing powers and obligations under any
6 federal, State, or local law. ~~Nothing in this Section shall be~~
7 ~~construed to affect the Parental Notice of Abortion Act of~~
8 ~~1995.~~ Nothing in this Section affects the right or authority
9 of a parent or legal guardian to verbally, in writing, or
10 otherwise authorize health care services to be provided for a
11 minor in their absence.

12 (e) For the purposes of this Section:

13 "Minor seeking care" means a person at least 14 years of
14 age but less than 18 years of age who is living separate and
15 apart from his or her parents or legal guardian, whether with
16 or without the consent of a parent or legal guardian who is
17 unable or unwilling to return to the residence of a parent, and
18 managing his or her own personal affairs. "Minor seeking care"
19 does not include minors who are under the protective custody,
20 temporary custody, or guardianship of the Department of
21 Children and Family Services.

22 "Primary care services" means health care services that
23 include screening, counseling, immunizations, medication, and
24 treatment of illness and conditions customarily provided by
25 licensed health care professionals in an out-patient setting,
26 eye care services, excluding advanced optometric procedures,

1 provided by optometrists, and services provided by
2 chiropractic physicians according to the scope of practice of
3 chiropractic physicians under the Medical Practice Act of
4 1987. "Primary care services" does not include invasive care,
5 beyond standard injections, laceration care, or non-surgical
6 fracture care.

7 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
8 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

9 Article 99

10 Section 99-95. No acceleration or delay. Where this Act
11 makes changes in a statute that is represented in this Act by
12 text that is not yet or no longer in effect (for example, a
13 Section represented by multiple versions), the use of that
14 text does not accelerate or delay the taking effect of (i) the
15 changes made by this Act or (ii) provisions derived from any
16 other Public Act.

17 Section 99-99. Effective date. This Act takes effect upon
18 becoming law, except that Article 2 takes effect on January 1,
19 2024."