

1 AN ACT concerning regulation.

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

4 Section 5. The Physician Assistant Practice Act of 1987 is  
5 amended by changing Sections 4, 7, 7.5, and 7.7 and by adding  
6 Section 7.6 as follows:

7 (225 ILCS 95/4) (from Ch. 111, par. 4604)

8 (Section scheduled to be repealed on January 1, 2028)

9 Sec. 4. Definitions. In this Act:

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

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

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

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

25 Any person who holds an active license or permit issued  
26 pursuant to the Medical Practice Act of 1987 shall have that

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

7 3.5. "Physician assistant practice" means the performance  
8 of procedures within the specialty of the collaborating  
9 physician. Physician assistants shall be capable of performing  
10 a variety of tasks within the specialty of medical care of the  
11 collaborating physician. Collaboration with the physician  
12 assistant shall not be construed to necessarily require the  
13 personal presence of the collaborating physician at all times  
14 at the place where services are rendered, as long as there is  
15 communication available for consultation by radio, telephone,  
16 telecommunications, or electronic communications. The  
17 collaborating physician may delegate tasks and duties to the  
18 physician assistant. Delegated tasks or duties shall be  
19 consistent with physician assistant education, training, and  
20 experience. The delegated tasks or duties shall be specific to  
21 the practice setting and shall be implemented and reviewed  
22 under a written collaborative agreement established by the  
23 physician or physician/physician assistant team. A physician  
24 assistant shall be permitted to transmit the collaborating  
25 physician's orders as determined by the institution's bylaws,  
26 policies, or procedures or the job description within which

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

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

7 5. (Blank).

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

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

16 8. (Blank).

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

21 10. "Hospital affiliate" means a corporation, partnership,  
22 joint venture, limited liability company, or similar  
23 organization, other than a hospital, that is devoted primarily  
24 to the provision, management, or support of health care  
25 services and that directly or indirectly controls, is  
26 controlled by, or is under common control of the hospital. For

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

9 11. "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 12. "Federally qualified health center" means a health  
14 center funded under Section 330 of the federal Public Health  
15 Service Act.

16 (Source: P.A. 102-1117, eff. 1-13-23.)

17 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

19 Sec. 7. Collaboration requirements.

20 (a) A collaborating physician shall determine the number  
21 of physician assistants to collaborate with, provided the  
22 physician is able to provide adequate collaboration as  
23 outlined in the written collaborative agreement required under  
24 Section 7.5 of this Act and consideration is given to the  
25 nature of the physician's practice, complexity of the patient

1 population, and the experience of each physician assistant. A  
2 collaborating physician may collaborate with a maximum of 7  
3 full-time equivalent physician assistants as described in  
4 Section 54.5 of the Medical Practice Act of 1987. As used in  
5 this Section, "full-time equivalent" means the equivalent of  
6 40 hours per week per individual. Physicians and physician  
7 assistants who work in a hospital, hospital affiliate,  
8 federally qualified health center, or ambulatory surgical  
9 treatment center as defined by Section 7.7 of this Act are  
10 exempt from the collaborative ratio restriction requirements  
11 of this Section. A physician assistant shall be able to hold  
12 more than one professional position. A collaborating physician  
13 shall file a notice of collaboration of each physician  
14 assistant according to the rules of the Department.

15 Physician assistants shall collaborate only with  
16 physicians as defined in this Act who are engaged in clinical  
17 practice, or in clinical practice in public health or other  
18 community health facilities.

19 Nothing in this Act shall be construed to limit the  
20 delegation of tasks or duties by a physician to a nurse or  
21 other appropriately trained personnel.

22 Nothing in this Act shall be construed to prohibit the  
23 employment of physician assistants by a hospital, nursing home  
24 or other health care facility where such physician assistants  
25 function under a collaborating physician.

26 A physician assistant may be employed by a practice group

1 or other entity employing multiple physicians at one or more  
2 locations. In that case, one of the physicians practicing at a  
3 location shall be designated the collaborating physician. The  
4 other physicians with that practice group or other entity who  
5 practice in the same general type of practice or specialty as  
6 the collaborating physician may collaborate with the physician  
7 assistant with respect to their patients.

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

16 Any physician who collaborates with a physician assistant  
17 providing medical care in response to such an emergency or  
18 state or local disaster shall not be required to meet the  
19 requirements set forth in this Section for a collaborating  
20 physician.

21 (Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

22 (225 ILCS 95/7.5)

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

24 Sec. 7.5. Written collaborative agreements; prescriptive  
25 authority.

1           (a) A written collaborative agreement is required for all  
2 physician assistants to practice in the State, except as  
3 provided in Section 7.7 of this Act.

4           (1) A written collaborative agreement shall describe  
5 the working relationship of the physician assistant with  
6 the collaborating physician and shall describe the  
7 categories of care, treatment, or procedures to be  
8 provided by the physician assistant. The written  
9 collaborative agreement shall promote the exercise of  
10 professional judgment by the physician assistant  
11 commensurate with his or her education and experience. The  
12 services to be provided by the physician assistant shall  
13 be services that the collaborating physician is authorized  
14 to and generally provides to his or her patients in the  
15 normal course of his or her clinical medical practice. The  
16 written collaborative agreement need not describe the  
17 exact steps that a physician assistant must take with  
18 respect to each specific condition, disease, or symptom  
19 but must specify which authorized procedures require the  
20 presence of the collaborating physician as the procedures  
21 are being performed. The relationship under a written  
22 collaborative agreement shall not be construed to require  
23 the personal presence of a physician at the place where  
24 services are rendered. Methods of communication shall be  
25 available for consultation with the collaborating  
26 physician in person or by telecommunications or electronic



1 communications as set forth in the written collaborative  
2 agreement. For the purposes of this Act, "generally  
3 provides to his or her patients in the normal course of his  
4 or her clinical medical practice" means services, not  
5 specific tasks or duties, the collaborating physician  
6 routinely provides individually or through delegation to  
7 other persons so that the physician has the experience and  
8 ability to collaborate and provide consultation.

9 (2) The written collaborative agreement shall be  
10 adequate if a physician does each of the following:

11 (A) Participates in the joint formulation and  
12 joint approval of orders or guidelines with the  
13 physician assistant and he or she periodically reviews  
14 such orders and the services provided patients under  
15 such orders in accordance with accepted standards of  
16 medical practice and physician assistant practice.

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

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

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

26 (b) A collaborating physician may, but is not required to,

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

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

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

1 eligible to register for a mid-level practitioner  
2 controlled substances license under Section 303.05 of the  
3 Illinois Controlled Substances Act. Nothing in this Act  
4 shall be construed to limit the delegation of tasks or  
5 duties by the collaborating physician to a nurse or other  
6 appropriately trained persons in accordance with Section  
7 54.2 of the Medical Practice Act of 1987.

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

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

22 (B) (Blank).

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

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

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

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

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

1 Section 7.7 of this Act.

2 (d) (Blank).

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

5 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

6 (225 ILCS 95/7.6 new)

7 Sec. 7.6. Written collaborative agreement; temporary  
8 practice. Any physician assistant required to enter into a  
9 written collaborative agreement with a collaborating physician  
10 is authorized to continue to practice for up to 90 days after  
11 the termination of a written collaborative agreement, provided  
12 the physician assistant seeks any necessary collaboration at a  
13 local hospital and refers patients who require services beyond  
14 the training and experience of the physician assistant to a  
15 physician or other health care provider.

16 (225 ILCS 95/7.7)

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

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

21 (a) A physician assistant may provide services in a  
22 hospital as defined in the Hospital Licensing Act, a hospital  
23 affiliate as defined in the University of Illinois Hospital  
24 Act, a federally qualified health center, or a licensed

1 ambulatory surgical treatment center as defined in the  
2 Ambulatory Surgical Treatment Center Act without a written  
3 collaborative agreement pursuant to Section 7.5 of this Act  
4 only in accordance with this Section. A physician assistant  
5 must possess clinical privileges recommended by (i) the  
6 hospital medical staff and granted by the hospital, (ii) the  
7 physician committee and federally qualified health center, or  
8 (iii) the consulting medical staff committee and ambulatory  
9 surgical treatment center in order to provide services. The  
10 medical staff, physician committee, or consulting medical  
11 staff committee shall periodically review the services of  
12 physician assistants granted clinical privileges, including  
13 any care provided in a hospital affiliate or federally  
14 qualified health center. Authority may also be granted when  
15 recommended by the hospital medical staff and granted by the  
16 hospital, recommended by the physician committee and granted  
17 by the federally qualified health center, or recommended by  
18 the consulting medical staff committee and ambulatory surgical  
19 treatment center to individual physician assistants to select,  
20 order, and administer medications, including controlled  
21 substances, to provide delineated care. In a hospital,  
22 hospital affiliate, federally qualified health center, or  
23 ambulatory surgical treatment center, the attending physician  
24 shall determine a physician assistant's role in providing care  
25 for his or her patients, except as otherwise provided in the  
26 medical staff bylaws or consulting committee policies.

1 (a-5) Physician assistants practicing in a hospital  
2 affiliate or a federally qualified health center may be, but  
3 are not required to be, granted authority to prescribe  
4 Schedule II through V controlled substances when such  
5 authority is recommended by the appropriate physician  
6 committee of the hospital affiliate and granted by the  
7 hospital affiliate or recommended by the physician committee  
8 of the federally qualified health center and granted by the  
9 federally qualified health center. This authority may, but is  
10 not required to, include prescription of, selection of, orders  
11 for, administration of, storage of, acceptance of samples of,  
12 and dispensing over-the-counter medications, legend drugs,  
13 medical gases, and controlled substances categorized as  
14 Schedule II through V controlled substances, as defined in  
15 Article II of the Illinois Controlled Substances Act, and  
16 other preparations, including, but not limited to, botanical  
17 and herbal remedies.

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

25 The hospital affiliate or federally qualified health  
26 center shall file with the Department notice of a grant of

1 prescriptive authority consistent with this subsection (a-5)  
2 and termination of such a grant of authority in accordance  
3 with rules of the Department. Upon receipt of this notice of  
4 grant of authority to prescribe any Schedule II through V  
5 controlled substances, the licensed physician assistant may  
6 register for a mid-level practitioner controlled substance  
7 license under Section 303.05 of the Illinois Controlled  
8 Substances Act.

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

13 (1) specific Schedule II controlled substances by oral  
14 dosage or topical or transdermal application may be  
15 designated, provided that the designated Schedule II  
16 controlled substances are routinely prescribed by  
17 physician assistants in their area of certification; this  
18 grant of authority must identify the specific Schedule II  
19 controlled substances by either brand name or generic  
20 name; authority to prescribe or dispense Schedule II  
21 controlled substances to be delivered by injection or  
22 other route of administration may not be granted;

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

26 (3) any prescription must be limited to no more than a



1 30-day supply;

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

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

11 (b) A physician assistant granted authority to order  
12 medications including controlled substances may complete  
13 discharge prescriptions provided the prescription is in the  
14 name of the physician assistant and the attending or  
15 discharging physician.

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

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