



Sen. Ann Gillespie

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LRB103 25028 RPS 60135 a

1 AMENDMENT TO SENATE BILL 218

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 218 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Physician Assistant Practice Act of 1987  
5 is amended by changing Sections 4, 7, 7.5, and 7.7 and by  
6 adding 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8 (Section scheduled to be repealed on January 1, 2028)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

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

1 transmit the collaborating physician's orders as determined by  
2 the institution's by-laws, policies, procedures, or job  
3 description within which the physician/physician assistant  
4 team practices. Physician assistants shall practice only in  
5 accordance with a written collaborative agreement.

6 Any person who holds an active license or permit issued  
7 pursuant to the Medical Practice Act of 1987 shall have that  
8 license automatically placed into inactive status upon  
9 issuance of a physician assistant license. Any person who  
10 holds an active license as a physician assistant who is issued  
11 a license or permit pursuant to the Medical Practice Act of  
12 1987 shall have his or her physician assistant license  
13 automatically placed into inactive status.

14 3.5. "Physician assistant practice" means the performance  
15 of procedures within the specialty of the collaborating  
16 physician. Physician assistants shall be capable of performing  
17 a variety of tasks within the specialty of medical care of the  
18 collaborating physician. Collaboration with the physician  
19 assistant shall not be construed to necessarily require the  
20 personal presence of the collaborating physician at all times  
21 at the place where services are rendered, as long as there is  
22 communication available for consultation by radio, telephone,  
23 telecommunications, or electronic communications. The  
24 collaborating physician may delegate tasks and duties to the  
25 physician assistant. Delegated tasks or duties shall be  
26 consistent with physician assistant education, training, and

1 experience. The delegated tasks or duties shall be specific to  
2 the practice setting and shall be implemented and reviewed  
3 under a written collaborative agreement established by the  
4 physician or physician/physician assistant team. A physician  
5 assistant shall be permitted to transmit the collaborating  
6 physician's orders as determined by the institution's bylaws,  
7 policies, or procedures or the job description within which  
8 the physician/physician assistant team practices. Physician  
9 assistants shall practice only in accordance with a written  
10 collaborative agreement, except as provided in Section 7.5 of  
11 this Act.

12 4. "Board" means the Medical Licensing Board constituted  
13 under the Medical Practice Act of 1987.

14 5. (Blank).

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

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

23 8. (Blank).

24 9. "Address of record" means the designated address  
25 recorded by the Department in the applicant's or licensee's  
26 application file or license file maintained by the

1 Department's licensure maintenance unit.

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

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

20 12. "Federally qualified health center" means a health  
21 center funded under Section 330 of the federal Public Health  
22 Service Act.

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

24 (225 ILCS 95/7) (from Ch. 111, par. 4607)

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

1           Sec. 7. Collaboration requirements.

2           (a) A collaborating physician shall determine the number  
3 of physician assistants to collaborate with, provided the  
4 physician is able to provide adequate collaboration as  
5 outlined in the written collaborative agreement required under  
6 Section 7.5 of this Act and consideration is given to the  
7 nature of the physician's practice, complexity of the patient  
8 population, and the experience of each physician assistant. A  
9 collaborating physician may collaborate with a maximum of 7  
10 full-time equivalent physician assistants as described in  
11 Section 54.5 of the Medical Practice Act of 1987. As used in  
12 this Section, "full-time equivalent" means the equivalent of  
13 40 hours per week per individual. Physicians and physician  
14 assistants who work in a hospital, hospital affiliate,  
15 federally qualified health center, or ambulatory surgical  
16 treatment center as defined by Section 7.7 of this Act are  
17 exempt from the collaborative ratio restriction requirements  
18 of this Section. A physician assistant shall be able to hold  
19 more than one professional position. A collaborating physician  
20 shall file a notice of collaboration of each physician  
21 assistant according to the rules of the Department.

22           Physician assistants shall collaborate only with  
23 physicians as defined in this Act who are engaged in clinical  
24 practice, or in clinical practice in public health or other  
25 community health facilities.

26           Nothing in this Act shall be construed to limit the

1 delegation of tasks or duties by a physician to a nurse or  
2 other appropriately trained personnel.

3 Nothing in this Act shall be construed to prohibit the  
4 employment of physician assistants by a hospital, nursing home  
5 or other health care facility where such physician assistants  
6 function under a collaborating physician.

7 A physician assistant may be employed by a practice group  
8 or other entity employing multiple physicians at one or more  
9 locations. In that case, one of the physicians practicing at a  
10 location shall be designated the collaborating physician. The  
11 other physicians with that practice group or other entity who  
12 practice in the same general type of practice or specialty as  
13 the collaborating physician may collaborate with the physician  
14 assistant with respect to their patients.

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

23 Any physician who collaborates with a physician assistant  
24 providing medical care in response to such an emergency or  
25 state or local disaster shall not be required to meet the  
26 requirements set forth in this Section for a collaborating

1 physician.

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

3 (225 ILCS 95/7.5)

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

5 Sec. 7.5. Written collaborative agreements; prescriptive  
6 authority.

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

10 (1) A written collaborative agreement shall describe  
11 the working relationship of the physician assistant with  
12 the collaborating physician and shall describe the  
13 categories of care, treatment, or procedures to be  
14 provided by the physician assistant. The written  
15 collaborative agreement shall promote the exercise of  
16 professional judgment by the physician assistant  
17 commensurate with his or her education and experience. The  
18 services to be provided by the physician assistant shall  
19 be services that the collaborating physician is authorized  
20 to and generally provides to his or her patients in the  
21 normal course of his or her clinical medical practice. The  
22 written collaborative agreement need not describe the  
23 exact steps that a physician assistant must take with  
24 respect to each specific condition, disease, or symptom  
25 but must specify which authorized procedures require the



1 presence of the collaborating physician as the procedures  
2 are being performed. The relationship under a written  
3 collaborative agreement shall not be construed to require  
4 the personal presence of a physician at the place where  
5 services are rendered. Methods of communication shall be  
6 available for consultation with the collaborating  
7 physician in person or by telecommunications or electronic  
8 communications as set forth in the written collaborative  
9 agreement. For the purposes of this Act, "generally  
10 provides to his or her patients in the normal course of his  
11 or her clinical medical practice" means services, not  
12 specific tasks or duties, the collaborating physician  
13 routinely provides individually or through delegation to  
14 other persons so that the physician has the experience and  
15 ability to collaborate and provide consultation.

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

18 (A) Participates in the joint formulation and  
19 joint approval of orders or guidelines with the  
20 physician assistant and he or she periodically reviews  
21 such orders and the services provided patients under  
22 such orders in accordance with accepted standards of  
23 medical practice and physician assistant practice.

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

25 (3) A copy of the signed, written collaborative  
26 agreement must be available to the Department upon request

1 from both the physician assistant and the collaborating  
2 physician.

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

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

22 (1) To prescribe Schedule II, III, IV, or V controlled  
23 substances under this Section, a physician assistant must  
24 obtain a mid-level practitioner controlled substances  
25 license. Medication orders issued by a physician assistant  
26 shall be reviewed periodically by the collaborating

1 physician.

2 (2) The collaborating physician shall file with the  
3 Department notice of delegation of prescriptive authority  
4 to a physician assistant and termination of delegation,  
5 specifying the authority delegated or terminated. Upon  
6 receipt of this notice delegating authority to prescribe  
7 controlled substances, the physician assistant shall be  
8 eligible to register for a mid-level practitioner  
9 controlled substances license under Section 303.05 of the  
10 Illinois Controlled Substances Act. Nothing in this Act  
11 shall be construed to limit the delegation of tasks or  
12 duties by the collaborating physician to a nurse or other  
13 appropriately trained persons in accordance with Section  
14 54.2 of the Medical Practice Act of 1987.

15 (3) In addition to the requirements of this subsection  
16 (b), a collaborating physician may, but is not required  
17 to, delegate authority to a physician assistant to  
18 prescribe Schedule II controlled substances, if all of the  
19 following conditions apply:

20 (A) Specific Schedule II controlled substances by  
21 oral dosage or topical or transdermal application may  
22 be delegated, provided that the delegated Schedule II  
23 controlled substances are routinely prescribed by the  
24 collaborating physician. This delegation must identify  
25 the specific Schedule II controlled substances by  
26 either brand name or generic name. Schedule II

1 controlled substances to be delivered by injection or  
2 other route of administration may not be delegated.

3 (B) (Blank).

4 (C) Any prescription must be limited to no more  
5 than a 30-day supply, with any continuation authorized  
6 only after prior approval of the collaborating  
7 physician.

8 (D) The physician assistant must discuss the  
9 condition of any patients for whom a controlled  
10 substance is prescribed monthly with the collaborating  
11 physician.

12 (E) The physician assistant meets the education  
13 requirements of Section 303.05 of the Illinois  
14 Controlled Substances Act.

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

1 shall be construed to preclude a physician assistant from  
2 assisting in surgery.

3 (c-5) Nothing in this Section shall be construed to apply  
4 to any medication authority, including Schedule II controlled  
5 substances of a licensed physician assistant for care provided  
6 in a hospital, hospital affiliate, federally qualified health  
7 center, or ambulatory surgical treatment center pursuant to  
8 Section 7.7 of this Act.

9 (d) (Blank).

10 (e) Nothing in this Section shall be construed to prohibit  
11 generic substitution.

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

13 (225 ILCS 95/7.6 new)

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

23 (225 ILCS 95/7.7)

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

1           Sec. 7.7. Physician assistants in hospitals, hospital  
2 affiliates, federally qualified health centers, or ambulatory  
3 surgical treatment centers.

4           (a) A physician assistant may provide services in a  
5 hospital as defined in the Hospital Licensing Act, a hospital  
6 affiliate as defined in the University of Illinois Hospital  
7 Act, a federally qualified health center, or a licensed  
8 ambulatory surgical treatment center as defined in the  
9 Ambulatory Surgical Treatment Center Act without a written  
10 collaborative agreement pursuant to Section 7.5 of this Act  
11 only in accordance with this Section. A physician assistant  
12 must possess clinical privileges recommended by (i) the  
13 hospital medical staff and granted by the hospital, (ii) the  
14 physician committee and federally qualified health center, or  
15 (iii) the consulting medical staff committee and ambulatory  
16 surgical treatment center in order to provide services. The  
17 medical staff, physician committee, or consulting medical  
18 staff committee shall periodically review the services of  
19 physician assistants granted clinical privileges, including  
20 any care provided in a hospital affiliate or federally  
21 qualified health center. Authority may also be granted when  
22 recommended by the hospital medical staff and granted by the  
23 hospital, recommended by the physician committee and granted  
24 by the federally qualified health center, or recommended by  
25 the consulting medical staff committee and ambulatory surgical  
26 treatment center to individual physician assistants to select,

1 order, and administer medications, including controlled  
2 substances, to provide delineated care. In a hospital,  
3 hospital affiliate, federally qualified health center, or  
4 ambulatory surgical treatment center, the attending physician  
5 shall determine a physician assistant's role in providing care  
6 for his or her patients, except as otherwise provided in the  
7 medical staff bylaws or consulting committee policies.

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

25 To prescribe controlled substances under this subsection  
26 (a-5), a physician assistant must obtain a mid-level

1 practitioner controlled substance license. Medication orders  
2 shall be reviewed periodically by the appropriate hospital  
3 affiliate physicians committee or its physician designee or by  
4 the physician committee of a federally qualified health  
5 center.

6 The hospital affiliate or federally qualified health  
7 center shall file with the Department notice of a grant of  
8 prescriptive authority consistent with this subsection (a-5)  
9 and termination of such a grant of authority in accordance  
10 with rules of the Department. Upon receipt of this notice of  
11 grant of authority to prescribe any Schedule II through V  
12 controlled substances, the licensed physician assistant may  
13 register for a mid-level practitioner controlled substance  
14 license under Section 303.05 of the Illinois Controlled  
15 Substances Act.

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

20 (1) specific Schedule II controlled substances by oral  
21 dosage or topical or transdermal application may be  
22 designated, provided that the designated Schedule II  
23 controlled substances are routinely prescribed by  
24 physician assistants in their area of certification; this  
25 grant of authority must identify the specific Schedule II  
26 controlled substances by either brand name or generic



1 name; authority to prescribe or dispense Schedule II  
2 controlled substances to be delivered by injection or  
3 other route of administration may not be granted;

4 (2) any grant of authority must be controlled  
5 substances limited to the practice of the physician  
6 assistant;

7 (3) any prescription must be limited to no more than a  
8 30-day supply;

9 (4) the physician assistant must discuss the condition  
10 of any patients for whom a controlled substance is  
11 prescribed monthly with the appropriate physician  
12 committee of the hospital affiliate or its physician  
13 designee, or the physician committee of a federally  
14 qualified health center; and

15 (5) the physician assistant must meet the education  
16 requirements of Section 303.05 of the Illinois Controlled  
17 Substances Act.

18 (b) A physician assistant granted authority to order  
19 medications including controlled substances may complete  
20 discharge prescriptions provided the prescription is in the  
21 name of the physician assistant and the attending or  
22 discharging physician.

23 (c) Physician assistants practicing in a hospital,  
24 hospital affiliate, federally qualified health center, or an  
25 ambulatory surgical treatment center are not required to  
26 obtain a mid-level controlled substance license to order

1 controlled substances under Section 303.05 of the Illinois  
2 Controlled Substances Act.  
3 (Source: P.A. 100-453, eff. 8-25-17.)".