



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB2214

Introduced 2/10/2023, by Sen. Cristina Castro

SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.43 new

210 ILCS 5/6.5

210 ILCS 85/10.7

225 ILCS 60/54.5

225 ILCS 60/54.7 new

Creates the Certified Anesthesiologist Assistant Practice Act. Provides for the licensure of certified anesthesiologist assistants by the Department of Financial and Professional Regulation. Sets forth provisions concerning: administrative procedures; the applicability of the Act; using titles, advertising, and billing; supervision requirements; application for licensure; unlicensed practice, violations, and civil penalties; the Certified Anesthesiologist Assistant Advisory Committee; qualifications for licensure; the expiration and renewal of a license; the inactive status of a license; and grounds for disciplinary action. Amends the Medical Practice Act of 1987. Provides that, under delegation from a supervising anesthesiologist, a licensed certified anesthesiologist assistant is authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed to by the supervising anesthesiologist. Amends the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act. Provides that a licensed certified anesthesiologist assistant under the supervision of an anesthesiologist with clinical privileges granted by the medical staff and ambulatory surgical center or at the hospital may administer anesthesia services. Amends the Regulatory Sunset Act to provide for the repeal of the Certified Anesthesiologist Assistant Practice Act on January 1, 2033.

LRB103 06052 AMQ 51082 b

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 1. Short title. This Act may be cited as the
5 Certified Anesthesiologist Assistant Practice Act.

6 Section 5. Findings. The practice of anesthesiology is the
7 practice of medicine. The practice as a certified
8 anesthesiologist assistant in this State is declared to affect
9 the public health, safety, and welfare and to be subject to
10 regulation and control in the public interest. The purpose and
11 legislative intent of this Act is to encourage and promote the
12 more effective utilization of the skills of anesthesiologists
13 by enabling them to delegate certain medical care to certified
14 anesthesiologist assistants where such delegation is
15 consistent with the health and welfare of the patient and is
16 conducted at the direction of and under the responsible
17 supervision of an anesthesiologist.

18 It is further declared to be a matter of public health and
19 concern that the practice as a certified anesthesiologist
20 assistant, as defined in this Act, merit and receive the
21 confidence of the public and that only qualified persons be
22 authorized to practice as a certified anesthesiologist
23 assistant in this State. This Act shall be liberally construed

1 to best carry out these subjects and purposes.

2 Section 10. Administrative Procedure Act. The Illinois
3 Administrative Procedure Act is hereby expressly adopted and
4 incorporated herein as if all of the provisions of that Act
5 were included in this Act. The Secretary may adopt rules for
6 the administration and enforcement of this Act and may
7 prescribe forms to be issued in connection with this Act.

8 Section 15. Definitions. As used in this Act:

9 "Anesthesiologist" means a physician licensed to practice
10 medicine in all its branches by the Department who has
11 completed a residency in anesthesiology approved by the
12 American Board of Anesthesiology or the American Osteopathic
13 Board of Anesthesiology, is board eligible or board certified,
14 holds an unrestricted license, and is actively engaged in
15 clinical practice.

16 "Board" means the Illinois State Medical Board constituted
17 under the Medical Practice Act of 1987.

18 "Certified anesthesiologist assistant" means an individual
19 licensed by the Department to provide anesthesia services
20 under the supervision of an anesthesiologist.

21 "Department" means the Department of Financial and
22 Professional Regulation.

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

1 "Supervision" means overseeing the activities of, and
2 accepting responsibility for, the medical services rendered by
3 the certified anesthesiologist assistant and maintaining
4 physical proximity that allows the anesthesiologist to return
5 to reestablish direct contact with the patient to meet medical
6 needs and address any urgent or emergent clinical problems at
7 all times that medical services are rendered by the certified
8 anesthesiologist assistant.

9 Section 20. Applicability. This Act does not prohibit:

10 (1) Any person licensed in this State under any other
11 Act from engaging in the practice for which the person is
12 licensed.

13 (2) The practice as an certified anesthesiologist
14 assistant by a person who is employed by the United States
15 government or any bureau, division, or agency thereof
16 while in the discharge of the employee's official duties.

17 (3) The practice as a certified anesthesiologist
18 assistant that is included in the certified
19 anesthesiologist assistant's program of study by students
20 enrolled in schools.

21 Section 25. Title; advertising; billing.

22 (a) No certified anesthesiologist assistant shall use the
23 title of doctor or associate with the licensee's name or any
24 other term in the clinical setting or while in contact with

1 patients under the licensee's care that would indicate to
2 other persons that the licensee is qualified to engage in the
3 general independent practice of anesthesiology or
4 interventional pain management.

5 (b) A licensee shall include in every advertisement for
6 services regulated under this Act the licensee's title as it
7 appears on the license or the initials authorized under this
8 Act.

9 (c) A certified anesthesiologist assistant shall not be
10 allowed to bill patients or in any way charge for services.
11 Nothing in this Act, however, shall be so construed as to
12 prevent the employer of a certified anesthesiologist assistant
13 from charging for services rendered by the certified
14 anesthesiologist assistant. Payment for services rendered by a
15 certified anesthesiologist assistant shall be made to the
16 certified anesthesiologist assistant's employer if the payor
17 would have made payment had the services been provided by an
18 anesthesiologist.

19 Section 30. Supervision requirements.

20 (a) As used in this Section, "supervision" means the use
21 of the powers of direction and decision to coordinate, direct,
22 and inspect the accomplishment of another, and to oversee the
23 implementation of the anesthesiologist's intentions.

24 (b) A certified anesthesiologist assistant may deliver
25 medical care only under the supervision of an anesthesiologist

1 and only as described in a supervision agreement between the
2 certified anesthesiologist assistant and an anesthesiologist
3 who represents the certified anesthesiologist assistant's
4 employer. The supervising anesthesiologist shall be
5 immediately available at all times while supervising a
6 certified anesthesiologist assistant.

7 For the purposes of this Section, "immediately available"
8 means the medically directing anesthesiologist being in such
9 physical proximity to allow the anesthesiologist to return to
10 reestablish direct contact with the patient to meet the
11 patient's medical needs and address any urgent or emergent
12 problems. These responsibilities may also be met through
13 careful coordination among anesthesiologists of the same group
14 or department. It is recognized that the design and size of
15 various facilities, the severity of patient illnesses, and the
16 complexity and demands of the particular surgical procedures
17 make it impossible to define a specific time or distance for
18 physical proximity.

19 (c) A certified anesthesiologist assistant's practice may
20 not exceed the licensee's education and training, the scope of
21 practice of the supervising anesthesiologist, and the practice
22 outlined in the certified anesthesiologist assistant
23 supervision agreement. A medical care task assigned by the
24 supervising anesthesiologist to the certified anesthesiologist
25 assistant may not be delegated by the certified
26 anesthesiologist assistant to another person, except for the

1 preceptorship of a student in an anesthesiologist assistant
2 training program.

3 (d) A certified anesthesiologist assistant may assist only
4 the supervising anesthesiologist in the delivery of medical
5 care and may perform medical care tasks as well as any other
6 tasks within the scope of training and education of the
7 certified anesthesiologist assistant as assigned by the
8 supervising anesthesiologist.

9 (e) An anesthesiologist who represents a certified
10 anesthesiologist assistant's employer shall review the
11 supervision agreement with the certified anesthesiologist
12 assistant at least annually. The supervision agreement shall
13 be available for inspection at the location where the
14 certified anesthesiologist assistant practices. The
15 supervision agreement may limit the practice of a certified
16 anesthesiologist assistant to less than the full scope of
17 practice authorized under this Act.

18 (f) A certified anesthesiologist assistant shall be
19 employed by a health care provider that is licensed in this
20 State for the primary purpose of providing the medical
21 services of physicians or that is an entity. If a certified
22 anesthesiologist assistant's employer is not an
23 anesthesiologist, the employer shall provide for, and not
24 interfere with, an anesthesiologist's supervision of the
25 certified anesthesiologist assistant.

26 (g) A student in an anesthesiologist assistant training

1 program may assist only an anesthesiologist in the delivery of
2 medical care and may perform only medical care tasks assigned
3 by the anesthesiologist. An anesthesiologist may delegate the
4 preceptorship of a student in an anesthesiologist assistant
5 training program to a qualified anesthesia provider. This
6 Section shall not be interpreted to limit the number of other
7 qualified anesthesia providers an anesthesiologist may
8 supervise.

9 (h) A student in an anesthesiologist assistant training
10 program shall be identified as a student anesthesiologist
11 assistant or an anesthesiologist assistant student and may not
12 be identified as an "intern", "resident", or "fellow".

13 Section 35. Application for licensure. An application for
14 an original license shall be made to the Department in writing
15 on forms or electronically as prescribed by the Department and
16 shall be accompanied by the required fee, which shall not be
17 refundable. An application shall require information that, in
18 the judgment of the Department, will enable the Department to
19 pass on the qualifications of the applicant for a license. An
20 application shall include evidence of passage of the
21 examination of the National Commission for the Certification
22 of Anesthesiologist Assistants, or its successor agency, and
23 proof that the applicant holds a valid certificate issued by
24 that Commission.

25 An applicant has 3 years from the date of application to

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

5 Section 40. Social security number on license application.
6 In addition to any other information required to be contained
7 in the application, every application for an original license
8 under this Act shall include the applicant's social security
9 number, which shall be retained in the agency's records
10 pertaining to the license.

11 As soon as practical, the Department shall assign a
12 customer's identification number to each applicant for a
13 license. Every application for a renewal or restored license
14 shall require the applicant's customer identification number.

15 Section 45. Identification. No person may designate
16 oneself as a certified anesthesiologist assistant, use or
17 assume the title "certified anesthesiologist assistant", or
18 append to the person's name the words or letters "certified
19 anesthesiologist assistant" or "C.A.A." or any other titles,
20 letters, or designation that represents or may tend to
21 represent the person as a certified anesthesiologist assistant
22 unless the licensee is licensed as a certified
23 anesthesiologist assistant by the Department. A certified
24 anesthesiologist assistant shall be clearly identified as a

1 certified anesthesiologist assistant.

2 Section 50. Unlicensed practice; violation; civil penalty.

3 (a) Any person who practices, offers to practice, attempts
4 to practice, or holds oneself out to practice as a certified
5 anesthesiologist assistant without being licensed under this
6 Act shall, in addition to any other penalty provided by law,
7 pay a civil penalty to the Department in an amount not to
8 exceed \$10,000 for each offense as determined by the
9 Department. The civil penalty shall be assessed by the
10 Department after a hearing is held in accordance with the
11 provisions set forth in this Act regarding the provision of a
12 hearing for the discipline of a licensee.

13 (b) The Department has the authority and power to
14 investigate any and all unlicensed activity.

15 (c) No person shall use any words, abbreviations, figures,
16 letters, title, sign, card, or device tending to imply that
17 the person is a certified anesthesiologist assistant,
18 including, but not limited to, using the titles or initials
19 "Certified Anesthesiologist Assistant" or "C.A.A.", or similar
20 titles or initials, with the intention of indicating practice
21 as a certified anesthesiologist assistant without meeting the
22 requirements of this Act.

23 (d) The civil penalty shall be paid within 60 days after
24 the effective date of the order imposing the civil penalty.
25 The order shall constitute a judgment and may be filed and

1 execution had thereon in the same manner as any judgment from
2 any court of record.

3 Section 55. Committee.

4 (a) There is established a Certified Anesthesiologist
5 Assistant Advisory Committee to the Department and the Board.
6 The Certified Anesthesiologist Assistant Advisory Committee
7 may review and make recommendations to the Department and the
8 Board regarding all matters relating to certified
9 anesthesiologist assistants. These matters may include, but
10 are not limited to:

- 11 (1) applications for licensure;
- 12 (2) disciplinary proceedings;
- 13 (3) renewal requirements; and
- 14 (4) any other issues pertaining to the regulation and
15 practice of certified anesthesiologist assistants in the
16 State.

17 (b) The Committee's membership shall consist of the
18 following members appointed by the Governor and selected from
19 a list of recommended appointees submitted by the president of
20 a statewide academy or society representing certified
21 anesthesiologist assistants:

- 22 (1) one member of the Board;
- 23 (2) two certified anesthesiologist assistants licensed
24 under this Act;
- 25 (3) one anesthesiologist; and

1 (4) one public member.

2 Members shall be appointed for 3-year terms. The president
3 of a statewide academy representing certified anesthesiologist
4 assistants shall consider the recommendations of the president
5 of a statewide academy or association representing
6 anesthesiologists when recommending appointees under paragraph
7 (2).

8 (c) Members of the Certified Anesthesiologist Assistant
9 Advisory Committee shall have no liability for any action
10 based upon a disciplinary proceeding or other activity
11 performed in good faith as a member of the Committee.

12 Section 60. Qualifications for licensure. A person shall
13 be qualified for licensure as a certified anesthesiologist
14 assistant and the Department may issue a certified
15 anesthesiologist assistant license to a person who:

16 (1) has applied in writing in form and substance
17 satisfactory to the Department and has not violated any of
18 the provisions of this Act or the rules adopted under this
19 Act; the Department may take into consideration any felony
20 conviction of the applicant, but such conviction shall not
21 operate as an absolute bar to licensure;

22 (2) has submitted evidence satisfactory to the
23 Department that the applicant has:

24 (A) obtained a master's degree;

25 (B) satisfactorily completed an anesthesiologist

1 assistant program that is accredited by the Commission
2 on Accreditation of Allied Health Education Programs,
3 or its predecessor or successor entity; and

4 (C) passed the certifying examination administered
5 by and obtained active certification from the National
6 Commission for Certification of Anesthesiologist
7 Assistants or a successor entity; and

8 (3) complies with all applicable rules of the
9 Department.

10 Section 65. Endorsement. Upon payment of the required fee,
11 the Department may, in its discretion, license as a certified
12 anesthesiologist assistant an applicant who is a certified
13 anesthesiologist assistant licensed in another jurisdiction if
14 the requirements for licensure in that jurisdiction were at
15 the time of licensure substantially equivalent to the
16 requirement in force in this State on that date or equivalent
17 to the requirements of this Act.

18 Section 70. Expiration and renewal of license. The
19 expiration date and renewal period for each license issued
20 under this Act shall be set by rule. Renewal shall be
21 conditioned on paying the required fee and by meeting such
22 other requirements as may be established by rule.

23 Any certified anesthesiologist assistant who has permitted
24 the license to expire or who has had the license on inactive

1 status may have the license restored by making application to
2 the Department and filing proof acceptable to the Department
3 of the individual's fitness to have the license restored, and
4 by paying the required fees. Proof of fitness may include
5 sworn evidence certifying to active lawful practice in another
6 jurisdiction.

7 If the certified anesthesiologist assistant has not
8 maintained an active practice in another jurisdiction
9 satisfactory to the Department, the Department shall
10 determine, by an evaluation program established by rule, the
11 individual's fitness for restoration of the license and shall
12 establish procedures and requirements for such restoration.

13 However, any certified anesthesiologist assistant whose
14 license expired while the individual was (i) in federal
15 service on active duty with the Armed Forces of the United
16 States, or the State Militia called into service or training,
17 or (ii) in training or education under the supervision of the
18 United States preliminary to induction into the military
19 service, may have the individual's license restored without
20 paying any lapsed renewal fees if within 2 years after
21 honorable termination of such service, training, or education
22 the individual furnishes the Department with satisfactory
23 evidence to the effect that the individual has been so engaged
24 and that the individual's service, training, or education has
25 been so terminated.

1 Section 75. Inactive status. Any certified
2 anesthesiologist assistant who notifies the Department in
3 writing on forms prescribed by the Department, may elect to
4 place the license on an inactive status and shall, subject to
5 rules of the Department, be excused from payment of renewal
6 fees until the individual notifies the Department in writing
7 of the individual's intention to restore the license.

8 Any certified anesthesiologist assistant requesting
9 restoration from inactive status shall be required to pay the
10 current renewal fee and shall be required to restore the
11 license, as provided in Section 70.

12 Any certified anesthesiologist assistant whose license is
13 in an inactive status shall not practice in this State.

14 Any certified anesthesiologist assistant who engages in
15 practice while the license is lapsed or on inactive status
16 shall be considered to be practicing without a license, which
17 shall be grounds for discipline under Section 80.

18 Section 80. Grounds for disciplinary action.

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

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

3 (2) Violations of this Act or the rules adopted under
4 this Act.

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

14 (4) Making any misrepresentation for the purpose of
15 obtaining licenses.

16 (5) Professional incompetence.

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

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

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

24 (9) Habitual or excessive use or addiction to alcohol,
25 narcotics, stimulants, or any other chemical agent or drug
26 that results in a certified anesthesiologist assistant's

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

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

7 (11) Directly or indirectly giving to or receiving
8 from any person, firm, corporation, partnership, or
9 association any fee, commission, rebate, or other form of
10 compensation for any professional services not actually or
11 personally rendered. Nothing in this paragraph affects any
12 bona fide independent contractor or employment
13 arrangements, which may include provisions for
14 compensation, health insurance, pension, or other
15 employment benefits, with persons or entities authorized
16 under this Act for the provision of services within the
17 scope of the licensee's practice under this Act.

18 (12) A finding by the Board that the licensee, after
19 having the licensee's license placed on probationary
20 status has violated the terms of probation.

21 (13) Abandonment of a patient.

22 (14) Willfully making or filing false records or
23 reports in the certified anesthesiologist assistant's
24 practice, including, but not limited to, false records
25 filed with State agencies or departments.

26 (15) Willfully failing to report an instance of

1 suspected child abuse or neglect as required by the Abused
2 and Neglected Child Reporting Act.

3 (16) Physical illness or mental illness or impairment
4 that results in the inability to practice the profession
5 with reasonable judgment, skill, or safety, including, but
6 not limited to, deterioration through the aging process or
7 loss of motor skill.

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

15 (18) Gross negligence resulting in the permanent
16 injury or death of a patient.

17 (19) Employment of fraud, deception, or any unlawful
18 means in applying for or securing a license as a certified
19 anesthesiologist assistant.

20 (20) Exceeding the authority delegated to the
21 certified anesthesiologist assistant by the certified
22 anesthesiologist assistant's supervising
23 anesthesiologist.

24 (21) Immoral conduct in the commission of any act,
25 such as sexual abuse, sexual misconduct, or sexual
26 exploitation related to the licensee's practice.

1 (22) Violation of the Health Care Worker Self-Referral
2 Act.

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

5 (24) Making a false or misleading statement regarding
6 the certified anesthesiologist assistant's skill or the
7 efficacy or value of the medicine, treatment, or remedy
8 prescribed by the certified anesthesiologist assistant in
9 the course of treatment.

10 (25) Allowing another person to use the certified
11 anesthesiologist assistant's license to practice.

12 (26) Prescribing, selling, administering,
13 distributing, giving, or self-administering a drug
14 classified as a controlled substance for other than
15 medically accepted therapeutic purposes.

16 (27) Promotion of the sale of drugs, devices,
17 appliances, or goods provided for a patient in a manner to
18 exploit the patient for financial gain.

19 (28) A pattern of practice or other behavior that
20 demonstrates incapacity or incompetence to practice under
21 this Act.

22 (29) Violating State or federal laws, rules, or
23 regulations relating to controlled substances or other
24 legend drugs or ephedra as defined in the Ephedra
25 Prohibition Act.

26 (30) Failure to establish and maintain records of

1 patient care and treatment as required by law.

2 (31) Attempting to subvert or cheat on the examination
3 of the National Commission for Certification of
4 Anesthesiologist Assistants or its successor agency.

5 (32) Willfully or negligently violating the
6 confidentiality between the certified anesthesiologist
7 assistant and patient, except as required by law.

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

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

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

1 (36) Failure to provide copies of records of patient
2 care or treatment, except as required by law.

3 (37) 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 Department of Revenue, until the requirements of any
11 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 Board to the Secretary that
20 the licensee be allowed to resume the licensee's practice.

21 (d) In enforcing this Section, the Department upon a
22 showing of a possible violation may compel an individual
23 licensed to practice under this Act, or who has applied for
24 licensure under this Act, to submit to a mental or physical
25 examination, or both, which may include a substance abuse or
26 sexual offender evaluation, as required by and at the expense

1 of the Department.

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

19 The Department may order the examining physician or any
20 member of the multidisciplinary team to provide to the
21 Department any and all records, including business records,
22 that relate to the examination and evaluation, including any
23 supplemental testing performed.

24 The Department may order the examining physician or any
25 member of the multidisciplinary team to present testimony
26 concerning the mental or physical examination of the licensee

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

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

17 Failure of an individual to submit to a mental or physical
18 examination, when ordered, shall result in an automatic
19 suspension of the individual's license until the individual
20 submits to the examination.

21 If the Department finds an individual unable to practice
22 because of the reasons set forth in this Section, the
23 Department may require that individual to submit to care,
24 counseling, or treatment by physicians approved or designated
25 by the Department, as a condition, term, or restriction for
26 continued, reinstated, or renewed licensure to practice; or,

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

11 In instances in which the Secretary immediately suspends
12 an individual's license under this Section, a hearing on that
13 individual's license must be convened by the Department within
14 30 days after the suspension and completed without appreciable
15 delay. The Department shall have the authority to review the
16 subject individual's record of treatment and counseling
17 regarding the impairment to the extent permitted by applicable
18 federal statutes and regulations safeguarding the
19 confidentiality of medical records.

20 An individual licensed under this Act and affected under
21 this Section shall be afforded an opportunity to demonstrate
22 to the Department that the individual can resume practice in
23 compliance with acceptable and prevailing standards under the
24 provisions of the individual's license.

25 (e) An individual or organization acting in good faith,
26 and not in a willful and wanton manner, in complying with this

1 Section by providing a report or other information to the
2 Board, by assisting in the investigation or preparation of a
3 report or information, by participating in proceedings of the
4 Board, or by serving as a member of the Board, shall not be
5 subject to criminal prosecution or civil damages as a result
6 of such actions.

7 (f) Members of the Board shall be indemnified by the State
8 for any actions occurring within the scope of services of the
9 Board, done in good faith and not willful and wanton in nature.
10 The Attorney General shall defend all such actions unless the
11 Attorney General determines either that there would be a
12 conflict of interest in such representation or that the
13 actions complained of were not in good faith or were willful
14 and wanton.

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

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

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether the Attorney General will
2 undertake to represent the member.

3 Section 900. The Regulatory Sunset Act is amended by
4 adding Section 4.43 as follows:

5 (5 ILCS 80/4.43 new)

6 Sec. 4.43. Act repealed on January 1, 2033. The following
7 Act is repealed on January 1, 2033:

8 The Certified Anesthesiologist Assistant Practice Act.

9 Section 905. The Ambulatory Surgical Treatment Center Act
10 is amended by changing Section 6.5 as follows:

11 (210 ILCS 5/6.5)

12 Sec. 6.5. Clinical privileges; advanced practice
13 registered nurses. All ambulatory surgical treatment centers
14 (ASTC) licensed under this Act shall comply with the following
15 requirements:

16 (1) No ASTC policy, rule, regulation, or practice
17 shall be inconsistent with the provision of adequate
18 collaboration and consultation in accordance with Section
19 54.5 of the Medical Practice Act of 1987.

20 (2) Operative surgical procedures shall be performed
21 only by a physician licensed to practice medicine in all
22 its branches under the Medical Practice Act of 1987, a

1 dentist licensed under the Illinois Dental Practice Act,
2 or a podiatric physician licensed under the Podiatric
3 Medical Practice Act of 1987, with medical staff
4 membership and surgical clinical privileges granted by the
5 consulting committee of the ASTC. A licensed physician,
6 dentist, or podiatric physician may be assisted by a
7 physician licensed to practice medicine in all its
8 branches, dentist, dental assistant, podiatric physician,
9 licensed advanced practice registered nurse, licensed
10 physician assistant, licensed registered nurse, licensed
11 practical nurse, surgical assistant, surgical technician,
12 licensed certified anesthesiologist assistant, or other
13 individuals granted clinical privileges to assist in
14 surgery by the consulting committee of the ASTC. Payment
15 for services rendered by an assistant in surgery who is
16 not an ambulatory surgical treatment center employee shall
17 be paid at the appropriate non-physician modifier rate if
18 the payor would have made payment had the same services
19 been provided by a physician.

20 (2.5) A registered nurse licensed under the Nurse
21 Practice Act and qualified by training and experience in
22 operating room nursing shall be present in the operating
23 room and function as the circulating nurse during all
24 invasive or operative procedures. For purposes of this
25 paragraph (2.5), "circulating nurse" means a registered
26 nurse who is responsible for coordinating all nursing

1 care, patient safety needs, and the needs of the surgical
2 team in the operating room during an invasive or operative
3 procedure.

4 (3) An advanced practice registered nurse is not
5 required to possess prescriptive authority or a written
6 collaborative agreement meeting the requirements of the
7 Nurse Practice Act to provide advanced practice registered
8 nursing services in an ambulatory surgical treatment
9 center. An advanced practice registered nurse must possess
10 clinical privileges granted by the consulting medical
11 staff committee and ambulatory surgical treatment center
12 in order to provide services. Individual advanced practice
13 registered nurses may also be granted clinical privileges
14 to order, select, and administer medications, including
15 controlled substances, to provide delineated care. The
16 attending physician must determine the advanced practice
17 registered nurse's role in providing care for his or her
18 patients, except as otherwise provided in the consulting
19 staff policies. The consulting medical staff committee
20 shall periodically review the services of advanced
21 practice registered nurses granted privileges.

22 (4) The anesthesia service shall be under the
23 direction of a physician licensed to practice medicine in
24 all its branches who has had specialized preparation or
25 experience in the area or who has completed a residency in
26 anesthesiology. An anesthesiologist, Board certified or

1 Board eligible, is recommended. Anesthesia services may
2 only be administered pursuant to the order of a physician
3 licensed to practice medicine in all its branches,
4 licensed dentist, or licensed podiatric physician.

5 (A) The individuals who, with clinical privileges
6 granted by the medical staff and ASTC, may administer
7 anesthesia services are limited to the following:

8 (i) an anesthesiologist; or

9 (ii) a physician licensed to practice medicine
10 in all its branches; or

11 (iii) a dentist with authority to administer
12 anesthesia under Section 8.1 of the Illinois
13 Dental Practice Act; or

14 (iv) a licensed certified registered nurse
15 anesthetist; or

16 (v) a podiatric physician licensed under the
17 Podiatric Medical Practice Act of 1987; ~~or-~~

18 (vi) a licensed certified anesthesiologist
19 assistant under the supervision of an
20 anesthesiologist.

21 (B) For anesthesia services, an anesthesiologist
22 shall participate through discussion of and agreement
23 with the anesthesia plan and shall remain physically
24 present and be available on the premises during the
25 delivery of anesthesia services for diagnosis,
26 consultation, and treatment of emergency medical

1 conditions. In the absence of 24-hour availability of
2 anesthesiologists with clinical privileges, an
3 alternate policy (requiring participation, presence,
4 and availability of a physician licensed to practice
5 medicine in all its branches) shall be developed by
6 the medical staff consulting committee in consultation
7 with the anesthesia service and included in the
8 medical staff consulting committee policies.

9 (C) A certified registered nurse anesthetist is
10 not required to possess prescriptive authority or a
11 written collaborative agreement meeting the
12 requirements of Section 65-35 of the Nurse Practice
13 Act to provide anesthesia services ordered by a
14 licensed physician, dentist, or podiatric physician.
15 Licensed certified registered nurse anesthetists are
16 authorized to select, order, and administer drugs and
17 apply the appropriate medical devices in the provision
18 of anesthesia services under the anesthesia plan
19 agreed with by the anesthesiologist or, in the absence
20 of an available anesthesiologist with clinical
21 privileges, agreed with by the operating physician,
22 operating dentist, or operating podiatric physician in
23 accordance with the medical staff consulting committee
24 policies of a licensed ambulatory surgical treatment
25 center.

26 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

1 Section 910. The Hospital Licensing Act is amended by
2 changing Section 10.7 as follows:

3 (210 ILCS 85/10.7)

4 Sec. 10.7. Clinical privileges; advanced practice
5 registered nurses. All hospitals licensed under this Act
6 shall comply with the following requirements:

7 (1) No hospital policy, rule, regulation, or practice
8 shall be inconsistent with the provision of adequate
9 collaboration and consultation in accordance with Section
10 54.5 of the Medical Practice Act of 1987.

11 (2) Operative surgical procedures shall be performed
12 only by a physician licensed to practice medicine in all
13 its branches under the Medical Practice Act of 1987, a
14 dentist licensed under the Illinois Dental Practice Act,
15 or a podiatric physician licensed under the Podiatric
16 Medical Practice Act of 1987, with medical staff
17 membership and surgical clinical privileges granted at the
18 hospital. A licensed physician, dentist, or podiatric
19 physician may be assisted by a physician licensed to
20 practice medicine in all its branches, dentist, dental
21 assistant, podiatric physician, licensed advanced practice
22 registered nurse, licensed physician assistant, licensed
23 registered nurse, licensed practical nurse, surgical
24 assistant, surgical technician, licensed certified

1 anesthesiologist assistant, or other individuals granted
2 clinical privileges to assist in surgery at the hospital.
3 Payment for services rendered by an assistant in surgery
4 who is not a hospital employee shall be paid at the
5 appropriate non-physician modifier rate if the payor would
6 have made payment had the same services been provided by a
7 physician.

8 (2.5) A registered nurse licensed under the Nurse
9 Practice Act and qualified by training and experience in
10 operating room nursing shall be present in the operating
11 room and function as the circulating nurse during all
12 invasive or operative procedures. For purposes of this
13 paragraph (2.5), "circulating nurse" means a registered
14 nurse who is responsible for coordinating all nursing
15 care, patient safety needs, and the needs of the surgical
16 team in the operating room during an invasive or operative
17 procedure.

18 (3) An advanced practice registered nurse is not
19 required to possess prescriptive authority or a written
20 collaborative agreement meeting the requirements of the
21 Nurse Practice Act to provide advanced practice registered
22 nursing services in a hospital. An advanced practice
23 registered nurse must possess clinical privileges
24 recommended by the medical staff and granted by the
25 hospital in order to provide services. Individual advanced
26 practice registered nurses may also be granted clinical

1 privileges to order, select, and administer medications,
2 including controlled substances, to provide delineated
3 care. The attending physician must determine the advanced
4 practice registered nurse's role in providing care for his
5 or her patients, except as otherwise provided in medical
6 staff bylaws. The medical staff shall periodically review
7 the services of advanced practice registered nurses
8 granted privileges. This review shall be conducted in
9 accordance with item (2) of subsection (a) of Section 10.8
10 of this Act for advanced practice registered nurses
11 employed by the hospital.

12 (4) The anesthesia service shall be under the
13 direction of a physician licensed to practice medicine in
14 all its branches who has had specialized preparation or
15 experience in the area or who has completed a residency in
16 anesthesiology. An anesthesiologist, Board certified or
17 Board eligible, is recommended. Anesthesia services may
18 only be administered pursuant to the order of a physician
19 licensed to practice medicine in all its branches,
20 licensed dentist, or licensed podiatric physician.

21 (A) The individuals who, with clinical privileges
22 granted at the hospital, may administer anesthesia
23 services are limited to the following:

24 (i) an anesthesiologist; or

25 (ii) a physician licensed to practice medicine

26 in all its branches; or

1 (iii) a dentist with authority to administer
2 anesthesia under Section 8.1 of the Illinois
3 Dental Practice Act; or

4 (iv) a licensed certified registered nurse
5 anesthetist; or

6 (v) a podiatric physician licensed under the
7 Podiatric Medical Practice Act of 1987; or-

8 (vi) a licensed certified anesthesiologist
9 assistant under the supervision of an
10 anesthesiologist.

11 (B) For anesthesia services, an anesthesiologist
12 shall participate through discussion of and agreement
13 with the anesthesia plan and shall remain physically
14 present and be available on the premises during the
15 delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical
17 conditions. In the absence of 24-hour availability of
18 anesthesiologists with medical staff privileges, an
19 alternate policy (requiring participation, presence,
20 and availability of a physician licensed to practice
21 medicine in all its branches) shall be developed by
22 the medical staff and licensed hospital in
23 consultation with the anesthesia service.

24 (C) A certified registered nurse anesthetist is
25 not required to possess prescriptive authority or a
26 written collaborative agreement meeting the

1 requirements of Section 65-35 of the Nurse Practice
2 Act to provide anesthesia services ordered by a
3 licensed physician, dentist, or podiatric physician.
4 Licensed certified registered nurse anesthetists are
5 authorized to select, order, and administer drugs and
6 apply the appropriate medical devices in the provision
7 of anesthesia services under the anesthesia plan
8 agreed with by the anesthesiologist or, in the absence
9 of an available anesthesiologist with clinical
10 privileges, agreed with by the operating physician,
11 operating dentist, or operating podiatric physician in
12 accordance with the hospital's alternative policy.

13 (Source: P.A. 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

14 Section 915. The Medical Practice Act of 1987 is amended
15 by changing Section 54.5 and by adding Section 54.7 as
16 follows:

17 (225 ILCS 60/54.5)

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

19 Sec. 54.5. Physician delegation of authority to physician
20 assistants, certified anesthesiologist assistants, advanced
21 practice registered nurses without full practice authority,
22 and prescribing psychologists.

23 (a) Physicians licensed to practice medicine in all its
24 branches may delegate care and treatment responsibilities to a

1 physician assistant under guidelines in accordance with the
2 requirements of the Physician Assistant Practice Act of 1987.
3 A physician licensed to practice medicine in all its branches
4 may enter into collaborative agreements with no more than 7
5 full-time equivalent physician assistants, except in a
6 hospital, hospital affiliate, or ambulatory surgical treatment
7 center as set forth by Section 7.7 of the Physician Assistant
8 Practice Act of 1987 and as provided in subsection (a-5).

9 (a-5) A physician licensed to practice medicine in all its
10 branches may collaborate with more than 7 physician assistants
11 when the services are provided in a federal primary care
12 health professional shortage area with a Health Professional
13 Shortage Area score greater than or equal to 12, as determined
14 by the United States Department of Health and Human Services.

15 The collaborating physician must keep appropriate
16 documentation of meeting this exemption and make it available
17 to the Department upon request.

18 (b) A physician licensed to practice medicine in all its
19 branches in active clinical practice may collaborate with an
20 advanced practice registered nurse in accordance with the
21 requirements of the Nurse Practice Act. Collaboration is for
22 the purpose of providing medical consultation, and no
23 employment relationship is required. A written collaborative
24 agreement shall conform to the requirements of Section 65-35
25 of the Nurse Practice Act. The written collaborative agreement
26 shall be for services in the same area of practice or specialty

1 as the collaborating physician in his or her clinical medical
2 practice. A written collaborative agreement shall be adequate
3 with respect to collaboration with advanced practice
4 registered nurses if all of the following apply:

5 (1) The agreement is written to promote the exercise
6 of professional judgment by the advanced practice
7 registered nurse commensurate with his or her education
8 and experience.

9 (2) The advanced practice registered nurse provides
10 services based upon a written collaborative agreement with
11 the collaborating physician, except as set forth in
12 subsection (b-5) of this Section. With respect to labor
13 and delivery, the collaborating physician must provide
14 delivery services in order to participate with a certified
15 nurse midwife.

16 (3) Methods of communication are available with the
17 collaborating physician in person or through
18 telecommunications for consultation, collaboration, and
19 referral as needed to address patient care needs.

20 (b-5) An anesthesiologist or physician licensed to
21 practice medicine in all its branches may collaborate with a
22 certified registered nurse anesthetist in accordance with
23 Section 65-35 of the Nurse Practice Act for the provision of
24 anesthesia services. With respect to the provision of
25 anesthesia services, the collaborating anesthesiologist or
26 physician shall have training and experience in the delivery

1 of anesthesia services consistent with Department rules.
2 Collaboration shall be adequate if:

3 (1) an anesthesiologist or a physician participates in
4 the joint formulation and joint approval of orders or
5 guidelines and periodically reviews such orders and the
6 services provided patients under such orders; and

7 (2) for anesthesia services, the anesthesiologist or
8 physician participates through discussion of and agreement
9 with the anesthesia plan and is physically present and
10 available on the premises during the delivery of
11 anesthesia services for diagnosis, consultation, and
12 treatment of emergency medical conditions. Anesthesia
13 services in a hospital shall be conducted in accordance
14 with Section 10.7 of the Hospital Licensing Act and in an
15 ambulatory surgical treatment center in accordance with
16 Section 6.5 of the Ambulatory Surgical Treatment Center
17 Act.

18 (b-10) The anesthesiologist or operating physician must
19 agree with the anesthesia plan prior to the delivery of
20 services.

21 (b-15) Under delegation from a supervising
22 anesthesiologist, a certified anesthesiologist assistant
23 licensed under the Certified Anesthesiologist Assistant
24 Practice Act is authorized to select, order, and administer
25 drugs, performing skill sets within the scope of the certified
26 anesthesiologist assistant's education and training, and apply

1 the appropriate medical devices in the provision of anesthesia
2 services under the anesthesia plan agreed to by the
3 supervising anesthesiologist.

4 (c) The collaborating physician shall have access to the
5 medical records of all patients attended by a physician
6 assistant. The collaborating physician shall have access to
7 the medical records of all patients attended to by an advanced
8 practice registered nurse.

9 (d) (Blank).

10 (e) A physician shall not be liable for the acts or
11 omissions of a prescribing psychologist, physician assistant,
12 or advanced practice registered nurse solely on the basis of
13 having signed a supervision agreement or guidelines or a
14 collaborative agreement, an order, a standing medical order, a
15 standing delegation order, or other order or guideline
16 authorizing a prescribing psychologist, physician assistant,
17 or advanced practice registered nurse to perform acts, unless
18 the physician has reason to believe the prescribing
19 psychologist, physician assistant, or advanced practice
20 registered nurse lacked the competency to perform the act or
21 acts or commits willful and wanton misconduct.

22 (f) A collaborating physician may, but is not required to,
23 delegate prescriptive authority to an advanced practice
24 registered nurse as part of a written collaborative agreement,
25 and the delegation of prescriptive authority shall conform to
26 the requirements of Section 65-40 of the Nurse Practice Act.

1 (g) A collaborating physician may, but is not required to,
2 delegate prescriptive authority to a physician assistant as
3 part of a written collaborative agreement, and the delegation
4 of prescriptive authority shall conform to the requirements of
5 Section 7.5 of the Physician Assistant Practice Act of 1987.

6 (h) (Blank).

7 (i) A collaborating physician shall delegate prescriptive
8 authority to a prescribing psychologist as part of a written
9 collaborative agreement, and the delegation of prescriptive
10 authority shall conform to the requirements of Section 4.3 of
11 the Clinical Psychologist Licensing Act.

12 (j) As set forth in Section 22.2 of this Act, a licensee
13 under this Act may not directly or indirectly divide, share,
14 or split any professional fee or other form of compensation
15 for professional services with anyone in exchange for a
16 referral or otherwise, other than as provided in Section 22.2.

17 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
18 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.
19 8-14-18.)

20 (225 ILCS 60/54.7 new)

21 Sec. 54.7. Certified anesthesiologist assistants;
22 administration of anesthesia. Nothing in this Act precludes a
23 certified anesthesiologist assistant licensed under the
24 Certified Anesthesiologist Assistant Practice Act from
25 selecting, ordering, and administering drugs, perform skill

1 sets within the scope of the certified anesthesiologist
2 assistant's education and training, and applying the
3 appropriate medical devices in the provision of anesthesia
4 services under the anesthesia plan agreed to by the
5 supervising anesthesiologist licensed to practice medicine in
6 this State.