

93RD GENERAL ASSEMBLY

State of Illinois

2003 and 2004

HB4386

Introduced 02/03/04, by Gary Hannig

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5 225 ILCS 95/7

from Ch. 111, par. 4607

Amends the Medical Practice Act of 1987 and the Physician Assistant Practice Act of 1987 to allow supervising physicians to supervise more than 2 physician assistants. Effective immediately.

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AN ACT concerning physician assistants.

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

Section 5. The Medical Practice Act of 1987 is amended by
changing Section 54.5 as follows:

- 6 (225 ILCS 60/54.5)
- 7 (Section scheduled to be repealed on January 1, 2007)
- 8 Sec. 54.5. Physician delegation of authority.

9 (a) Physicians licensed to practice medicine in all its 10 branches may delegate care and treatment responsibilities to a 11 physician assistant under guidelines in accordance with the 12 requirements of the Physician Assistant Practice Act of 1987. A 13 physician licensed to practice medicine in all its branches may 14 enter into supervising physician agreements with no more than 2 15 physician assistants.

(b) A physician licensed to practice medicine in all its 16 17 branches in active clinical practice may collaborate with an 18 advanced practice nurse in accordance with the requirements of 19 Title 15 of the Nursing and Advanced Practice Nursing Act. Collaboration is for the purpose of providing medical 20 direction, and no employment relationship is required. A 21 22 written collaborative agreement shall conform to the requirements of Sections 15-15 and 15-20 of the Nursing and 23 Advanced Practice Nursing Act. The written collaborative 24 25 agreement shall be for services the collaborating physician 26 generally provides to his or her patients in the normal course of clinical medical practice. Physician medical direction 27 28 shall be adequate with respect to collaboration with certified nurse practitioners, certified nurse midwives, and clinical 29 nurse specialists if a collaborating physician: 30

(1) participates in the joint formulation and joint
 approval of orders or guidelines with the advanced practice

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nurse and periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice;

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(2) is on site at least once a month to provide medical direction and consultation; and

7 (3) is available through telecommunications for
8 consultation on medical problems, complications, or
9 emergencies or patient referral.

10 (b-5) An anesthesiologist or physician licensed to 11 practice medicine in all its branches may collaborate with a 12 certified registered nurse anesthetist in accordance with Section 15-25 of the Nursing and Advanced Practice Nursing Act. 13 Medical direction for a certified registered nurse anesthetist 14 shall be adequate if: 15

16 (1) an anesthesiologist or a physician participates in 17 the joint formulation and joint approval of orders or 18 guidelines and periodically reviews such orders and the 19 services provided patients under such orders; and

20 (2) for anesthesia services, the anesthesiologist or 21 physician participates through discussion of and agreement with the anesthesia plan and is physically present and 22 23 available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of 24 emergency medical conditions. Anesthesia services in a 25 hospital shall be conducted in accordance with Section 10.7 26 27 of the Hospital Licensing Act and in an ambulatory surgical 28 treatment center in accordance with Section 6.5 of the 29 Ambulatory Surgical Treatment Center Act.

30 (b-10) The anesthesiologist or operating physician must 31 agree with the anesthesia plan prior to the delivery of 32 services.

33 (c) The supervising physician shall have access to the 34 medical records of all patients attended by a physician 35 assistant. The collaborating physician shall have access to the 36 medical records of all patients attended to by an advanced - 3 - LRB093 17646 RXD 43318 b

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1 practice nurse.

2 (d) Nothing in this Act shall be construed to limit the 3 delegation of tasks or duties by a physician licensed to 4 practice medicine in all its branches to a licensed practical 5 nurse, a registered professional nurse, or other personnel.

6 (e) A physician shall not be liable for the acts or omissions of a physician assistant or advanced practice nurse 7 solely on the basis of having signed a supervision agreement or 8 guidelines or a collaborative agreement, an order, a standing 9 10 medical order, a standing delegation order, or other order or 11 guideline authorizing a physician assistant or advanced 12 practice nurse to perform acts, unless the physician has reason 13 to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts or commits 14 15 willful and wanton misconduct.

16 (Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

Section 10. The Physician Assistant Practice Act of 1987 isamended by changing Section 7 as follows:

19 (225 ILCS 95/7) (from Ch. 111, par. 4607)

20 (Section scheduled to be repealed on January 1, 2008)

21 Sec. 7. Supervision requirements. Physician No more than 2 physician assistants shall be supervised by the supervising 22 23 physician, although a physician assistant shall be able to hold 24 more than one professional position. Each supervising 25 physician shall file a notice of supervision of such physician 26 assistant according to the rules of the Department. However, 27 the alternate supervising physician may supervise more than 2 28 physician assistants when the supervising physician is unable 29 to provide such supervision consistent with the definition of 30 alternate physician in Section 4. Physician assistants shall be supervised only by physicians as defined in this Act 31 who are engaged in clinical practice, or in clinical practice 32 in public health or other community health facilities. 33

34 Nothing in this Act shall be construed to limit the

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

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

7 Physician assistants may be employed by the Department of 8 Corrections or the Department of Human Services (as successor Health and 9 Department of Mental Developmental to the Disabilities) for service in facilities maintained by such 10 11 Departments and affiliated training facilities in programs 12 conducted under the authority of the Director of Corrections or 13 the Secretary of Human Services. Each physician assistant employed by the Department of Corrections or the Department of 14 15 Human Services (as successor to the Department of Mental Health 16 and Developmental Disabilities) shall be under the supervision 17 of a physician engaged in clinical practice and direct patient care. Duties of each physician assistant employed by such 18 19 Departments are limited to those within the scope of practice 20 of the supervising physician who is fully responsible for all physician assistant activities. 21

22 A physician assistant may be employed by a practice group 23 or other entity employing multiple physicians at one or more 24 locations. In that case, one of the physicians practicing at a location shall be designated the supervising physician. The 25 26 other physicians with that practice group or other entity who 27 practice in the same general type of practice or specialty as 28 supervising physician may supervise the physician the 29 assistant with respect to their patients without being deemed 30 alternate supervising physicians for the purpose of this Act. (Source: P.A. 93-149, eff. 7-10-03.) 31

32 Section 99. Effective date. This Act takes effect upon 33 becoming law.