



**94TH GENERAL ASSEMBLY**  
**State of Illinois**  
**2005 and 2006**  
**SB2355**

Introduced 1/18/2006, by Sen. Deanna Demuzio

**SYNOPSIS AS INTRODUCED:**

225 ILCS 60/54.5  
225 ILCS 95/7

from Ch. 111, par. 4607

Amends the Medical Practice Act of 1987. Allows a physician licensed to practice medicine in all its branches to enter into a supervising physician agreement with no more than 4, rather than 2, physician assistants at one time. Amends the Physician Assistant Practice Act. Provides that no more than 4, rather than 2, physician assistants shall be supervised by a supervising physician at one time and that an alternate supervising physician may supervise more than 4, rather than 2, physician assistants. Effective immediately.

LRB094 16943 RAS 52222 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 5. The Medical Practice Act of 1987 is amended by  
5 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7 (Section scheduled to be repealed on January 1, 2007)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 4  
15 ~~2~~ physician assistants at one time.

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

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

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

5 (2) is on site at least once a month to provide medical  
6 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  
13 Section 15-25 of the Nursing and Advanced Practice Nursing Act.  
14 Medical direction for a certified registered nurse anesthetist  
15 shall be adequate if:

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  
22 with the anesthesia plan and is physically present and  
23 available on the premises during the delivery of anesthesia  
24 services for diagnosis, consultation, and treatment of  
25 emergency medical conditions. Anesthesia services in a  
26 hospital shall be conducted in accordance with Section 10.7  
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

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  
7 omissions of a physician assistant or advanced practice nurse  
8 solely on the basis of having signed a supervision agreement or  
9 guidelines or a collaborative agreement, an order, a standing  
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  
14 lacked the competency to perform the act or acts or commits  
15 willful and wanton misconduct.

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

17 Section 10. The Physician Assistant Practice Act of 1987 is  
18 amended 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. No more than 4 ~~2~~  
22 physician assistants shall be supervised by the supervising  
23 physician at one time, although a physician assistant shall be  
24 able to hold more than one professional position. Each  
25 supervising physician shall file a notice of supervision of  
26 such physician assistant according to the rules of the  
27 Department. However, the alternate supervising physician may  
28 supervise more than 4 ~~2~~ physician assistants when the  
29 supervising physician is unable to provide such supervision  
30 consistent with the definition of alternate physician in  
31 Section 4.

32 Physician assistants shall be supervised only by  
33 physicians as defined in this Act who are engaged in clinical  
34 practice, or in clinical practice in public health or other

1 community health facilities.

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

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

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

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

33 (Source: P.A. 93-149, eff. 7-10-03.)

34 Section 99. Effective date. This Act takes effect upon  
35 becoming law.