



Rep. Angelo Saviano

Filed: 3/22/2007

09500HB0119ham001

LRB095 03937 RAS 32063 a

1 AMENDMENT TO HOUSE BILL 119

2 AMENDMENT NO. _____. Amend House Bill 119 by replacing
3 everything after the enacting clause with the following:

4 "ARTICLE 5. GENERAL PROVISIONS

5 Section 5-1. Short title. This Act may be cited as the
6 Nurse Practice Act.

7 Section 5-5. Legislative purpose. The practice of
8 advanced, professional, and practical nursing in the State of
9 Illinois is hereby declared to affect the public health,
10 safety, and welfare and to be subject to regulation and control
11 in the public interest. It is further declared to be a matter
12 of public interest and concern that the practice of nursing, as
13 defined in this Act, merit and receive the confidence of the
14 public and that only qualified persons be authorized to so
15 practice in the State of Illinois. This Act shall be liberally

1 construed to best carry out these subjects and purposes.

2 Section 5-10. Definitions. In this Act:

3 "Academic year" means the customary annual schedule of
4 courses at a college, university, or approved school,
5 customarily regarded as the school year as distinguished from
6 the calendar year.

7 "Accredited facility" means (i) a hospital; (ii) an
8 ambulatory surgical treatment center licensed by the
9 Department of Public Health; or (iii) a facility accredited by
10 the Joint Commission on Accreditation of Health Care
11 Organizations or other accrediting body recognized by the
12 Department of Public Health.

13 "Advanced practice nurse" or "APN" means a person who has
14 met the qualifications for a (i) certified nurse midwife (CNM);
15 (ii) certified nurse practitioner (CNP); (iii) certified
16 registered nurse anesthetist (CRNA); or (iv) clinical nurse
17 specialist (CNS). All advanced practice nurses licensed and
18 practicing in the State of Illinois shall use the title APN and
19 may use specialty credentials after their name.

20 "Accountability" means being responsible and answerable
21 for actions or inactions of oneself or others in the context of
22 delegation. Accountability involves the ethical standards and
23 legal requirements as set forth in this Act.

24 "Approved program of professional nursing education" and
25 "approved program of practical nursing education" are programs

1 of professional or practical nursing, respectively, approved
2 by the Department under the provisions of this Act.

3 "Assistant Nursing Coordinator" means a registered
4 professional nurse appointed by the Secretary to assist in
5 carrying out the administrative policies of the Department.

6 "Board" means the Board of Nursing appointed by the
7 Secretary.

8 "Collaboration" means a process involving 2 or more health
9 care professionals working together, each contributing one's
10 respective area of expertise to provide more comprehensive
11 patient care.

12 "Consultation" means the process whereby an advanced
13 practice nurse seeks the advice or opinion of another health
14 care professional.

15 "Credentialed" means the process of assessing and
16 validating the qualifications of a licensed advanced practice
17 nurse to provide patient care services based on an evaluation
18 of an individual's licensure, training, experience, current
19 competence, and ability to perform the requested privileges.

20 "Current nursing practice update course" means a planned
21 nursing education curriculum approved by the Department
22 consisting of activities that have educational objectives,
23 instructional methods, content or subject matter, clinical
24 practice, and evaluation methods related to basic review and
25 updating content and specifically planned for those nurses
26 previously licensed in the United States or its territories and

1 preparing for reentry into nursing practice.

2 "Department" means the Department of Financial and
3 Professional Regulation.

4 "Delegation" means transferring to an individual the
5 authority to perform a selected nursing activity or task,
6 within the individual's scope of practice, in a selected
7 situation. A nurse retains accountability for the delegation. A
8 registered professional nurse or an advanced practice nurse
9 shall not delegate any task requiring the specialized
10 knowledge, judgement, and skill of a licensed nurse to an
11 unlicensed person, including medication administration. A
12 registered professional nurse or an advanced practice nurse
13 retains the right to refuse to delegate or to stop or rescind a
14 previously authorized delegation.

15 "Dentist" means a person licensed to practice dentistry
16 under the Illinois Dental Practice Act.

17 "Duty to report by others" means the duty of employers of
18 advanced practice nurses, registered professional nurses, or
19 licensed practical nurses to report to the Department the names
20 of any licensee or applicant for nursing licensure whose
21 employment has been terminated or who has resigned in order to
22 avoid termination for chemical impairment.

23 "Hospital" means a hospital licensed under the Hospital
24 Licensing Act or organized under the University of Illinois
25 Hospital Act.

26 "License-pending advanced practice nurse" means a

1 registered professional nurse who has completed all
2 requirements for licensure as an advanced practice nurse except
3 the certification examination and has applied to take the next
4 available certification exam and received a temporary license
5 from the Department.

6 "License-pending registered nurse" means a person who has
7 passed the Department-approved licensure exam and has applied
8 for a license from the Department. A license pending nurse
9 shall use the title "RN lic pend" on all documentation related
10 to nursing practice.

11 "Nursing Assistance Program" means a Board-approved
12 program that provides confidential advocacy to nurses whose
13 practice is impaired by substance use disorders. Programs may
14 offer evaluation and treatment or serve as referrals to
15 facilities or providers.

16 "Nursing Coordinator" means a registered professional
17 nurse appointed by the Secretary to carry out the
18 administrative policies of the Department.

19 "Practical nurse" or "licensed practical nurse" means a
20 person who is licensed as a practical nurse under this Act and
21 practices practical nursing as defined in this Act. Only a
22 practical nurse licensed under this Act is entitled to use the
23 title "licensed practical nurse" and the abbreviation "L.P.N."

24 "Practical nursing" means the performance of nursing acts
25 requiring basic nursing knowledge, judgment, and skill
26 acquired by means of completion of an approved practical

1 nursing education program. Practical nursing includes
2 assisting in the nursing process as delegated by a registered
3 professional nurse or an advanced practice nurse.

4 "Physician" means a person licensed to practice medicine in
5 all its branches under the Medical Practice Act of 1987.

6 "Podiatrist" means a person licensed to practice podiatry
7 under the Podiatric Medical Practice Act of 1987.

8 "Prescriptive authority" means the privilege to select,
9 order, prescribe, administer, store, accept samples, and
10 dispense over-the-counter medications, legend drugs, category
11 II, III, IV, and V controlled substances, medical gases, and
12 other preparations including, but not limited to, botanical and
13 herbal remedies that are within an advanced practice nurse's
14 education and experience.

15 "Privileged" means the authorization granted by the
16 governing body of a healthcare facility, agency, or
17 organization to provide specific patient care services within
18 well-defined limits, based on qualifications reviewed in the
19 credentialing process. The governing body determines which
20 procedures may be performed and which conditions may be treated
21 by the advanced practice nurse and grants specific permission
22 to the advanced practice nurse to provide those services.
23 Education, clinical competence, and State regulatory language,
24 as well as the capabilities of the practice site, including
25 services available, determine privilege delineation. Clinical
26 privileges are based on the scope and standards of practice

1 defined by the nursing profession.

2 "Registered nurse" or "registered professional nurse"
3 means a person who is licensed as a professional nurse under
4 this Act and practices nursing as defined in this Act. Only a
5 registered professional nurse licensed under this Act is
6 entitled to use the titles "registered nurse" and "registered
7 professional nurse" and the abbreviation "R.N."

8 "Registered professional nursing" practice includes all
9 nursing specialties and means the performance of any nursing
10 act based upon the professional nursing knowledge, judgment,
11 and skill acquired by means of the completion of an approved
12 professional nursing education program. A registered
13 professional nurse provides holistic nursing care through the
14 nursing process to individuals, groups, families, or
15 communities that includes, but is not limited to, (i) the
16 assessment of healthcare needs, nursing diagnosis, planning,
17 implementation, and nursing evaluation; (ii) the promotion,
18 maintenance, and restoration of health; (iii) counseling,
19 patient education, and patient advocacy; (iv) the
20 administration of medications and treatments as prescribed by a
21 physician licensed to practice medicine in all its branches, a
22 licensed dentist, a licensed podiatrist, or a licensed
23 optometrist or by an advanced practice nurse; (v) the
24 coordination and management of the nursing plan of care; (vi)
25 delegation to individuals who assist the registered
26 professional nurse in implementing the plan of care; and (vii)

1 the teaching of nursing students. The foregoing shall not be
2 deemed to include acts of medical diagnosis or prescription of
3 therapeutic or corrective measures.

4 "Secretary" means the Secretary of Financial and
5 Professional Regulation.

6 "Self-report" means the occurrence of an advanced practice
7 nurse, a registered professional nurse, a licensed practical
8 nurse, or a license-pending nurse seeking treatment and
9 formally enrolling in a diversionary program prior to having a
10 formal complaint filed with the Department.

11 "Task" means work not requiring nursing knowledge,
12 judgment, or decision-making.

13 "Unencumbered license" means any license issued under this
14 Act against which no disciplinary action has been taken or is
15 pending.

16 "Written collaborative agreement" means a written
17 agreement between an advanced practice nurse and a
18 collaborating physician, dentist, or podiatrist.

19 Section 5-15. Policy; application of Act.

20 (a) For the protection of life and the promotion of health
21 and the prevention of illness and communicable diseases, any
22 person practicing or offering to practice advanced,
23 professional, or practical nursing in Illinois shall submit
24 evidence that he or she is qualified to practice and shall be
25 licensed as provided under this Act. No person shall practice

1 or offer to practice advanced practice, professional, or
2 practical nursing in Illinois or use any title, sign, card, or
3 device to indicate that he or she is practicing advanced,
4 professional, or practical nursing unless that person has been
5 licensed under the provisions of this Act.

6 (b) This Act does not prohibit any of the following:

7 (1) The practice of nursing in federal employment in
8 the discharge of the employee's duties by a person who is
9 employed by the United States government or any bureau,
10 division, or agency thereof and is a legally qualified and
11 licensed nurse of another state or territory and not in
12 conflict with the provisions of this Act.

13 (2) The practice of nursing that is included in the
14 program of study of students enrolled in programs of
15 nursing or in current nurse practice update courses
16 approved by the Department.

17 (3) The furnishing of nursing assistance in an
18 emergency.

19 (4) The practice of nursing by a nurse who holds an
20 active license in another state when providing services to
21 patients in Illinois during a bonafide emergency or in
22 immediate preparation for or during interstate transit.

23 (5) The incidental care of the sick by members of the
24 family, domestic servants, or housekeepers or care of the
25 sick where treatment is by prayer or spiritual means.

26 (6) Persons from being employed as nursing aides,

1 attendants, orderlies, and other auxiliary workers in
2 private homes, long term care facilities, nurseries,
3 hospitals, or other institutions.

4 (7) The practice of practical nursing by one who is a
5 licensed practical nurse under the laws of another United
6 States jurisdiction and has applied in writing to the
7 Department, in form and substance satisfactory to the
8 Department, for a license as a licensed practical nurse and
9 who is qualified to receive such license under this Act,
10 until (i) the expiration of 6 months after the filing of
11 such written application, (ii) the withdrawal of such
12 application, or (iii) the denial of such application by the
13 Department.

14 (8) The practice of professional nursing by one who is
15 an advanced practice nurse under the laws of another state,
16 territory of the United States, or country and has applied
17 in writing to the Department, in form and substance
18 satisfactory to the Department, for a license as an
19 advanced practice nurse and who is qualified to receive
20 such license under this Act, until (i) the expiration of 6
21 months after the filing of such written application, (ii)
22 the withdrawal of such application, or (iii) the denial of
23 such application by the Department.

24 (9) The practice of professional nursing by one who is
25 a registered professional nurse under the laws of another
26 state, territory of the United States, or country and has

1 applied in writing to the Department, in form and substance
2 satisfactory to the Department, for a license as a
3 registered professional nurse and who is qualified to
4 receive such license under this Act under (i) the
5 expiration of 6 months after the filing of such written
6 application, or (iii) the denial of such application by the
7 Department.

8 (10) The practice of professional nursing that is
9 included in a program of study by one who is a registered
10 professional nurse under the laws of another state or
11 territory of the United States or foreign country,
12 territory, or province and who is enrolled in a graduate
13 nursing education program or a program for the completion
14 of a baccalaureate nursing degree in this State, which
15 includes clinical supervision by faculty as determined by
16 the educational institution offering the program and the
17 health care organization where the practice of nursing
18 occurs. The educational institution shall file with the
19 Department each academic term a list of the names and
20 origin of license of all professional nurses practicing
21 nursing as part of their programs under this provision.

22 (11) Any person licensed in this State under any other
23 Act from engaging in the practice for which she or he is
24 licensed.

25 (12) Delegation to authorized direct care staff
26 trained under Section 15.4 of the Mental Health and

1 Developmental Disabilities Administrative Act consistent
2 with the policies of the Board.

3 Section 5-20. Unlicensed practice; violation; civil
4 penalty.

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

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

17 (c) The civil penalty imposed under this Section shall be
18 paid within 60 days after the effective date of the order
19 imposing the civil penalty. The order shall constitute a
20 judgment and may be filed and executed in the same manner as
21 any judgment from any court of record.

22 Section 5-25. Optometric procedures. No registered
23 professional nurse or licensed practical nurse may perform
24 refractions and other determinations of visual function or eye

1 health diagnosis. A registered professional nurse or licensed
2 practical nurse may participate in these activities with an
3 optometrist licensed under the Illinois Optometric Practice
4 Act of 1987 or a physician licensed to practice medicine in all
5 its branches under the Medical Practice Act of 1987.

6 Section 5-30. Social Security Number on license
7 application. In addition to any other information required to
8 be contained in an application for licensure under this Act,
9 every application for an original, renewal, or restored license
10 under this Act shall include the applicant's Social Security
11 Number.

12 Section 5-35. Criminal history records check. All
13 applicants for licensure by examination or endorsement must
14 submit to a criminal history records check by the Department of
15 State Police and the Federal Bureau of Investigation as part of
16 the qualification for licensure. If an applicant's criminal
17 history records check indicates a criminal conviction, the
18 applicant must further submit to a fingerprint-based criminal
19 history records check. The applicant's name, sex, race, date of
20 birth, and social security number shall be forwarded to the
21 Department of State Police to be searched against the Illinois
22 criminal history records database maintained by the Department
23 of State Police in the form and manner prescribed by the
24 Department of State Police. The Department of State Police

1 shall charge a fee for conducting the search, which shall be
2 deposited in the State Police Services Fund and may not exceed
3 the cost of the inquiry. If a search of the criminal history
4 records database indicates that the applicant has a conviction
5 record, a fingerprint-based criminal history records check
6 shall be required. Each applicant requiring a
7 fingerprint-based search must submit his or her fingerprints to
8 the Department of State Police in the form and manner
9 prescribed by the Department of State Police. These
10 fingerprints shall be checked against the fingerprint records
11 now and hereafter filed in the Department of State Police and
12 Federal Bureau of Investigation criminal history records
13 databases. The Department of State Police shall charge a fee
14 for conducting the fingerprint-based criminal history records
15 check, which shall be deposited in the State Police Services
16 Fund and shall not exceed the actual cost of the records check.
17 The Department of State Police must furnish, pursuant to
18 positive identification, records of Illinois convictions to
19 the Department. The Department shall adopt rules necessary for
20 the implementation of this Section.

21 Section 5-40. Emergency care; civil liability. Exemption
22 from civil liability for emergency care is as provided in the
23 Good Samaritan Act.

24 Section 5-45. Services rendered without compensation;

1 civil liability. Exemption from civil liability for services
2 rendered without compensation is as provided in the Good
3 Samaritan Act.

4 Section 5-50. Prohibited acts.

5 (a) No person shall:

6 (1) Practice as an advanced practice nurse without a
7 valid license as an advanced practice nurse, except as
8 provided in item (8) of subsection (b) of Section 5-15 of
9 this Act.

10 (2) Practice professional nursing without a valid
11 license as a registered professional nurse, except as
12 provided in item (8) of subsection (b) of Section 5-15 of
13 this Act.

14 (3) Practice practical nursing without a valid license
15 as a licensed practical nurse or practice practical nursing
16 except as provided in items (7), (8), and (9) of subsection
17 (b) of Section 5-15 of this Act.

18 (4) Practice nursing under cover of any diploma,
19 license, or record illegally or fraudulently obtained or
20 signed or issued unlawfully or under fraudulent
21 representation.

22 (5) Practice nursing during the time his or her license
23 is suspended, revoked, expired, or on inactive status.

24 (6) Use any words, abbreviations, figures, letters,
25 title, sign, card, or device tending to imply that she or

1 he is a registered professional nurse, including the titles
2 or initials "Nurse", "Registered Nurse", "Professional
3 Nurse", "Registered Professional Nurse", "Certified
4 Nurse", "Trained Nurse", "Graduate Nurse", "P.N.", "R.N.",
5 "R.P.N.", or similar titles or initials, with the intention
6 of indicating practice without a valid license as a
7 registered professional nurse.

8 (7) Use any words, abbreviations, figures, letters,
9 title, sign, card, or device tending to imply that she or
10 he is an advanced practice nurse, including the titles or
11 initials "Advanced Practice Nurse", "A.P.N.", or similar
12 titles or initials, with the intention of indicating
13 practice as an advanced practice nurse without a valid
14 license as an advanced practice nurse under this Act.

15 (8) Use any words, abbreviations, figures, letters,
16 title, sign, card, or device tending to imply that she or
17 he is a licensed practical nurse, including the titles or
18 initials "Practical Nurse", "Licensed Practical Nurse",
19 "P.N.", "L.P.N.", or similar titles or initials with the
20 intention of indicated practice as a licensed practical
21 nurse without a valid license as a licensed practical nurse
22 under this Act.

23 (9) Advertise services regulated under this Act
24 without including in every advertisement his or her title
25 as it appears on the license or the initials authorized for
26 use under this Act.

1 (10) Obtain or furnish a license by or for money or any
2 other thing of value other than the fees required under
3 this Act or by any fraudulent representation or act.

4 (11) Make any willfully false oath or affirmation
5 required by this Act.

6 (12) Conduct a nursing education program preparing
7 persons for licensure that has not been approved by the
8 Department.

9 (13) Represent that any school or course is approved or
10 accredited as a school or course for the education of
11 registered professional nurses or licensed practical
12 nurses unless such school or course is approved by the
13 Department under the provisions of this Act.

14 (14) Attempt or offer to do any of the acts enumerated
15 in this Section or knowingly aid, abet, or assist in the
16 doing of any such acts or in the attempt or offer to do any
17 such acts.

18 (15) Employ or use persons not licensed under this Act
19 to practice advanced practice, professional, or practical
20 nursing.

21 (16) Otherwise intentionally violate any provision of
22 this Act.

23 (17) Retaliate against any nurse who reports unsafe,
24 unethical, or illegal health care practices or conditions.

25 (18) Be deemed a supervisor when delegating nursing
26 activities or tasks as authorized under this Act.

1 (b) Any person, including a firm, association, or
2 corporation who violates any provision of this Section may be
3 charged up to a Class 4 felony.

4 Section 5-55. Department powers and duties.

5 (a) The Department shall exercise the powers and duties
6 prescribed by the Civil Administrative Code of Illinois for the
7 administration of licensing acts and shall exercise other
8 powers and duties necessary for effectuating the purposes of
9 this Act. None of the functions, powers, or duties of the
10 Department with respect to licensure and examination may be
11 exercised by the Department except upon review by the Board.
12 The Department shall adopt rules to implement, interpret, or
13 make specific the provisions and purposes of this Act; however
14 no such rules shall be adopted by the Department except upon
15 review by the Board.

16 (b) The Department shall prepare and maintain a list of
17 approved programs of professional nursing education and
18 programs of practical nursing education in this State, whose
19 graduates, if they have the other necessary qualifications
20 provided in this Act, shall be eligible to apply for a license
21 to practice nursing in this State.

22 (c) The Department may act upon the recommendations of the
23 Center for Nursing Advisory Board established in Section 15-15
24 of this Act.

1 Section 5-60. Nursing Coordinator. The Secretary shall
2 appoint, pursuant to the Personnel Code, a Nursing Coordinator
3 and Assistant Nursing Coordinator. The Nursing Coordinator and
4 Assistant Nursing Coordinator shall be registered professional
5 nurses licensed in this State and shall have graduated from an
6 accredited school of nursing and hold at least a master's
7 degree in nursing from an accredited college or university.

8 Section 5-65. Board.

9 (a) The Secretary shall solicit nominations from nursing
10 organizations and shall appoint the Board of Nursing, which
11 shall consist of 13 members who are committed to the protection
12 of public safety and advancing nursing excellence by improving
13 outcomes of nursing education and practice in this State, one
14 of whom shall be a practical nurse; one of whom shall be a
15 practical nurse educator; one of whom shall be a registered
16 professional nurse in practice; one of whom shall be an
17 associate degree nurse educator; one of whom shall be a
18 baccalaureate degree nurse educator; 2 of whom shall be nurses
19 who are actively engaged in direct care, with one being a
20 registered professional nurse; one of whom must be a nursing
21 administrator; 4 of whom must be advanced practice nurses
22 representing CNS, CNP, CNM, and CRNA practice; and one of whom
23 must be a public member who is not employed in and has no
24 material interest in any health care field. The Board shall
25 receive actual and necessary expenses incurred in the

1 performance of their duties.

2 Former members of the Nursing Board and the Advanced
3 Practice Nursing Board convened under the Nursing and Advanced
4 Practice Nursing Act at the time of the repeal of that Act
5 shall be considered for membership positions on the Board.

6 All nursing members of the Board must be (i) residents of
7 this State, (ii) licensed in good standing to practice nursing
8 in this State, (iii) graduates of an approved nursing program,
9 with a minimum of 5 years experience in the field of nursing,
10 and (iv) at the time of appointment to the Board, actively
11 engaged in nursing or work related to nursing.

12 Membership terms shall be for 3 years, except that in
13 making initial appointments, the Secretary shall appoint all
14 members for initial terms of 2, 3, and 4 years and these terms
15 shall be staggered as follows: 3 shall be appointed for terms
16 of 2 years; 4 shall be appointed for terms of 3 years; and 6
17 shall be appointed for terms of 4 years. No member shall be
18 appointed to more than 2 consecutive terms. In the case of a
19 vacated position, an individual may be appointed to serve the
20 unexpired portion of that term; if the term is less than half
21 of a full term, the individual is eligible to serve 2 full
22 terms.

23 The Secretary may remove any member of the Board for
24 misconduct, incapacity, or neglect of duty. The Secretary shall
25 place in writing any causes for removal.

26 The Board shall meet annually to elect a chairperson and

1 vice chairperson. The Board will hold regularly scheduled
2 meetings during the year. A simple majority of the appointed
3 members shall constitute a quorum at any meeting. Any action
4 taken by the Board must be on an affirmative vote of a simple
5 majority of the members present. Voting by proxy shall not be
6 permitted. In the case of an emergency where all Board members
7 cannot meet in person, the Board may convene a meeting via an
8 electronic format in accordance with the Open Meetings Act.

9 (b) The Board may perform all of the following activities:

10 (1) Recommend to the Department the adoption and the
11 revision of rules necessary for the administration of this
12 Act.

13 (2) Recommend to the Department the approval, denial of
14 approval, withdrawal of approval, or discipline of nursing
15 education programs.

16 (3) Recommend to the Department the establishment of
17 advisory committees, including, but not limited to,
18 professional review committees, to assist in the
19 performance of the Board's duties. Each advisory committee
20 shall consist of at least 3 licensees who have expertise in
21 the area under review. Advisory committee members shall not
22 be compensated.

23 (4) Review and make recommendations concerning the
24 annual reports of State nursing programs, which shall be
25 provided, annually, to the Board by the Department.

26 (c) The Board shall participate in disciplinary

1 conferences and hearings and make recommendations to the
2 Department regarding disciplinary action taken against a
3 licensee as provided under this Act. Disciplinary hearings
4 shall be conducted by a Board member at the same or higher
5 licensure level as the respondent.

6 Section 5-70. Concurrent theory and clinical practice
7 education requirements. The educational requirements of this
8 Act relating to registered professional nursing and licensed
9 practical nursing shall not be deemed to have been satisfied by
10 the completion of any correspondence course or any program of
11 nursing that does not require coordinated or concurrent theory
12 and clinical practice. The Department may, upon recommendation
13 of the Board, issue a license under this Act to those
14 applicants who have received advanced graduate degrees in
15 nursing from an approved program with concurrent theory and
16 clinical practice or to those applicants who are currently
17 licensed in another state and have been actively practicing
18 clinical nursing for a minimum of 2 years.

19 ARTICLE 10. NURSING LICENSURE

20 Section 10-5. LPN education program requirements.

21 (a) All practical nurse education programs must be reviewed
22 by the Board and approved by the Department before the
23 successful completion of such a program may be applied toward

1 meeting the requirements for practical nurse licensure under
2 this Act. Any program changing the level of educational
3 preparation or the relationship with or to the parent
4 institution or establishing an extension of an existing program
5 must request a review by the Board and approval by the
6 Department. The Board shall review and make a recommendation
7 for the approval or disapproval of a program by the Department
8 based on the following criteria:

9 (1) a feasibility study that describes the need for the
10 program and the facilities used, the potential of the
11 program to recruit faculty and students, financial support
12 for the program, and other criteria, as established by
13 rule;

14 (2) program curriculum that meets all State
15 requirements;

16 (3) the administration of the program by a Nurse
17 Administrator and the involvement of a Nurse Administrator
18 in the development of the program; and

19 (4) the occurrence of a site visit prior to approval
20 and the condition that a site visit shall occur one year
21 after the first class of students has graduated.

22 Provisional program approval shall be granted by the
23 Department upon the recommendation of the Board for approval
24 based on a program meeting the criteria set forth in items (1)
25 through (4) of this subsection (a). Final approval of a program
26 may not be granted by the Department until a review of the

1 licensure exam scores of the program's initial graduating class
2 and the final site visit upon which provisional approval was
3 conditioned, as set forth in item (4) of this subsection (a),
4 are conducted and the requirements set forth in subsection (b)
5 of this Section are met.

6 (b) In order to obtain initial Department approval and to
7 maintain Department approval, a practical nursing program must
8 meet all of the following requirements:

9 (1) The program must continually be administered by a
10 Nurse Administrator.

11 (2) The institution responsible for conducting the
12 program and the Nurse Administrator must ensure that
13 individual faculty members are academically and
14 professionally competent.

15 (3) The program curriculum must contain all applicable
16 requirements established by rule, including both theory
17 and clinical components.

18 (4) The passage rates of the program's graduating
19 classes on the State-approved licensure exam must be deemed
20 satisfactory by the Department.

21 (c) Program site visits to an institution conducting or
22 hosting a practical nursing program may be made at the
23 discretion of the Nursing Coordinator or upon recommendation of
24 the Board.

25 (d) Any institution conducting a practical nursing program
26 that wishes to discontinue the program must do each of the

1 following:

2 (1) Notify the Department, in writing, of its intent to
3 discontinue the program.

4 (2) Continue to meet the requirements of this Act and
5 the rules adopted thereunder until the official date of
6 termination of the program.

7 (3) Notify the Department of the date on which the last
8 student shall graduate from the program and the program
9 shall terminate.

10 (4) Assist remaining students in the continuation of
11 their education in the event of program termination prior
12 to the graduation of the program's final student.

13 (5) Upon the closure of the program, notify the
14 Department, in writing, of the location of student and
15 graduate records' storage.

16 Section 10-10. Qualifications for LPN licensure.

17 (a) Each applicant who successfully meets the requirements
18 of this Section shall be entitled to licensure as a practical
19 nurse.

20 (b) An applicant for licensure by examination to practice
21 as a practical nurse must do each of the following:

22 (1) Submit a completed written application and fees, as
23 established by the Department.

24 (2) Have graduated from a practical nursing education
25 program approved by the Department.

1 (3) Successfully complete a licensure examination
2 approved by the Department.

3 (4) Have not violated the provisions of this Act
4 concerning grounds for disciplinary action. The Department
5 may take into consideration any felony conviction of the
6 applicant, but such a conviction may not operate as an
7 absolute bar to licensure. The applicant must report any
8 pending criminal charges, including arrests, detentions,
9 indictments, criminal convictions, pleas of nolo
10 contendere, or other plea arrangements in lieu of
11 conviction, and any other formal criminal charges,
12 including dispositions arising from criminal charges such
13 as sentencing, supervision, and release or any dismissal of
14 charges.

15 (5) Submit to the criminal history records check
16 required under Section 5-35 of this Act.

17 (6) Submit, either to the Department or its designated
18 testing service, a fee covering the cost of providing the
19 examination. Failure to appear for the examination on the
20 scheduled date at the time and place specified after the
21 applicant's application for examination has been received
22 and acknowledged by the Department or the designated
23 testing service shall result in the forfeiture of the
24 examination fee.

25 (7) Meet all other requirements established by the
26 Department by rule.

1 An applicant for licensure by examination may take the
2 Department-approved examination in another jurisdiction.

3 (b) If an applicant for licensure by examination neglects
4 or refuses to take an examination or fails to pass an
5 examination for a license under this Act within 3 years after
6 graduation from a practical or vocational nursing education
7 program, regardless of the jurisdiction in which the
8 examination was written, the submitted application shall be
9 denied. The applicant must enroll and complete an approved
10 nursing education program prior to submitting an additional
11 application for licensure examination.

12 (c) An applicant for licensure by examination shall have
13 one year from the date of notification of successful completion
14 of the examination to apply to the Department for a license. If
15 an applicant fails to apply within one year, the applicant
16 shall be required to retake and pass the examination unless
17 licensed in another jurisdiction of the United States.

18 (d) A licensed practical nurse applicant who passes the
19 Department-approved licensure examination and has applied to
20 the Department for a practical nurse license may obtain
21 employment as a license-pending practical nurse and practice as
22 delegated by a registered professional nurse or an advanced
23 practice nurse, until such time as the Department notifies him
24 or her that the license has been denied. An individual may be
25 employed as a license-pending practical nurse if all of the
26 following criteria are met:

1 (1) He or she has completed and passed the
2 Department-approved licensure exam and presents to the
3 employer the official written notification indicating
4 successful passage of the licensure examination.

5 (2) He or she has completed and submitted to the
6 Department an application for licensure under this Section
7 as a practical nurse.

8 (3) He or she has submitted the required licensure fee.

9 (4) He or she has met all other requirements
10 established by rule, including having submitted to a
11 criminal history records check.

12 (d-5) The privilege to practice as a license-pending
13 practical nurse shall terminate with the occurrence of any of
14 the following:

15 (1) Three months have passed since the official date of
16 passing the licensure exam as inscribed on the formal
17 written notification indicating passage of the exam. The
18 3-month license pending period may be extended if more time
19 is needed by the Department to process the licensure
20 application.

21 (2) Receipt of the practical nurse license from the
22 Department.

23 (3) Notification from the Department that the
24 application for licensure has been refused.

25 (4) A request by the Department that the individual
26 terminate practicing as a license-pending practical nurse

1 until an official decision is made by the Department to
2 grant or deny a practical nurse license.

3 (e) An applicant for licensure by endorsement who is a
4 licensed practical nurse licensed by examination under the laws
5 of another state or territory of the United States or a foreign
6 country, jurisdiction, territory, or province must do each of
7 the following:

8 (1) Submit a completed written application, on forms
9 supplied by the Department, and fees as established by the
10 Department.

11 (2) Have graduated from a practical nursing education
12 program approved by the Department.

13 (3) Submit verification of licensure status directly
14 from the United States jurisdiction of licensure, if
15 applicable, as defined by rule.

16 (4) Submit to the criminal history records check
17 required under Section 5-35 of this Act.

18 (5) Meet all other requirements as established by the
19 Department by rule.

20 (f) Licensed practical nurses holding an unencumbered
21 license from another United States jurisdiction who have
22 applied for licensure under this Act by endorsement may be
23 issued a temporary license. The Department may grant an
24 applicant a temporary license to practice nursing as a licensed
25 practical nurse if the Department is satisfied that the
26 applicant holds an active, unencumbered license in good

1 standing in another jurisdiction. If the applicant holds more
2 than one current active license or one or more active temporary
3 licenses from other jurisdictions, the Department may not issue
4 a temporary license until the Department is satisfied that each
5 current active license held by the applicant is unencumbered.
6 The temporary license, which shall be issued no later than 14
7 working days after receipt by the Department of an application
8 for the temporary license, shall be granted upon the submission
9 of all of the following to the Department:

10 (1) A completed application for licensure as a
11 practical nurse.

12 (2) Verification of a current, active license in at
13 least one other jurisdiction of the United States and
14 verification that each current active license or temporary
15 license held by the applicant within the last 5 years is
16 unencumbered.

17 (3) A completed application for a temporary license.

18 (4) The required temporary license fee.

19 (g) The Department may refuse to issue an applicant a
20 temporary license authorized pursuant to this Section if,
21 within 14 working days after its receipt of an application for
22 a temporary license, the Department determines that:

23 (1) the applicant has been convicted of a crime under
24 the laws of a jurisdiction of the United States that is (i)
25 a felony or (ii) a misdemeanor directly related to the
26 practice of the profession, within the last 5 years;

1 (2) the applicant has had a license or permit related
2 to the practice of practical nursing revoked, suspended, or
3 placed on probation by another jurisdiction within the last
4 5 years and at least one of the grounds for revoking,
5 suspending, or placing on probation is the same or
6 substantially equivalent to grounds for disciplinary
7 action under this Act; or

8 (3) the Department intends to deny licensure by
9 endorsement.

10 (h) The Department may revoke a temporary license issued
11 pursuant to this Section if it determines any of the following:

12 (1) That the applicant has been convicted of a crime
13 under the law of any jurisdiction of the United States that
14 is (i) a felony or (ii) a misdemeanor directly related to
15 the practice of the profession, within the last 5 years.

16 (2) That within the last 5 years, the applicant has had
17 a license or permit related to the practice of nursing
18 revoked, suspended, or placed on probation by another
19 jurisdiction and at least one of the grounds for revoking,
20 suspending, or placing on probation is the same or
21 substantially equivalent to grounds for disciplinary
22 action under this Act.

23 (3) That the Department intends to deny licensure by
24 endorsement.

25 (i) A temporary license issued under this Act shall expire
26 6 months from the date of issuance. Further renewal may be

1 granted by the Department in hardship cases, as defined by
2 rule, and upon approval of the Secretary; however, a temporary
3 license shall automatically expire upon issuance of a valid
4 license under this Act or upon notification that the Department
5 intends to deny licensure, whichever occurs first.

6 (i-5) All applicants for practical nurse licensure have 2
7 years after the date of application to complete the application
8 process. If the process has not been completed within 2 years
9 after the date of application, the application shall be denied,
10 the fee forfeited, and the applicant must reapply and meet the
11 requirements in effect at the time of reapplication.

12 (j) All applicants for practical nurse licensure by
13 examination or endorsement who are graduates of practical
14 nursing educational programs in a country other than the United
15 States and its territories must do each of the following:

16 (1) Submit an application and all fees, as established
17 by the Department.

18 (2) Submit a practical nursing education credentials
19 evaluation completed by a Department-approved nursing
20 credentialing evaluation service. No such applicant may be
21 issued a license under this Act unless the applicant's
22 education is deemed by the nursing credentialing
23 evaluation service to be equivalent to the practical
24 nursing education programs approved by the Department for
25 this State.

26 (3) Submit certification of passage of a

1 Department-approved English language proficiency
2 examination, as defined by rule. The Department may, upon
3 recommendation from a nursing evaluation service, waive
4 the requirement that the applicant pass the English
5 language proficiency examination if the applicant submits
6 verification of the successful completion of a nursing
7 education program conducted in English.

8 (4) If an applicant is applying for licensure by
9 endorsement, submit verification of licensure status
10 directly from the country of origin to the credentialing
11 service, as defined by rule.

12 (5) Have passed the examination for licensure
13 authorized by the Department.

14 (6) Submit to the criminal history records check
15 required under Section 5-35 of this Act.

16 (7) Meet all other requirements as established by rule.

17 Section 10-15. LPN practice in cases of emergency or
18 disaster.

19 (a) A licensed practical nurse with an unencumbered license
20 from another state or United States territory may provide
21 nursing care for victims during an emergency or disaster in
22 this State for up to 3 months following the date the disaster
23 or emergency was declared. Licensed practical or vocational
24 nurses from outside of this State who provide assistance under
25 this Section must meet each of the following requirements:

1 (1) He or she must hold an unencumbered practical nurse
2 license from a United States jurisdiction.

3 (2) He or she must have graduated from a practical or
4 vocational nursing program that has been approved by a
5 valid state board of nursing.

6 (3) He or she must have taken and passed the
7 Department-approved licensure exam.

8 (b) At the discretion of the Secretary, the following
9 exemptions may be applied by the Department for licensed
10 practical nurses displaced during a federally declared
11 emergency or disaster and seeking licensure under this Act:

12 (1) Verification of licensure may be obtained from an
13 authorized national databank.

14 (2) The Department may accept a photocopy of a license,
15 if sent directly from a nursing program that the applicant
16 graduated from or an institution that employed the
17 applicant.

18 (3) The licensure fee may be waived for up to 3 months.

19 In these circumstances, the Department shall issue a
20 temporary license, for not more than 6 months or until all
21 credentials are received for licensure by endorsement or
22 licensure is denied.

23 Section 10-20. LPN license expiration; renewal. The
24 expiration date and renewal period for each license to practice
25 practical nursing issued under this Act shall be set by rule.

1 The holder of a license may renew the license during the month
2 preceding the expiration date of the license by paying the
3 required fee. It is the responsibility of the licensee to
4 notify the Department in writing of a change of address.

5 Section 10-25. Restoration of LPN license; temporary
6 permit.

7 (a) Any license to practice practical nursing issued under
8 this Act that has expired or that is on inactive status may be
9 restored by making application to the Department and filing
10 proof of fitness acceptable to the Department, as specified by
11 rule, to have the license restored, and by paying the required
12 restoration fee. Such proof of fitness may include evidence
13 certifying active lawful practice in another jurisdiction.

14 (b) A practical nurse licensee seeking restoration of a
15 license after it has expired or been placed on inactive status
16 for more than 5 years shall file an application, on forms
17 supplied by the Department, and submit the restoration or
18 renewal fees set forth by the Department. The licensee must
19 also submit proof of fitness to practice, including one of the
20 following:

21 (1) certification of active practice in another
22 jurisdiction, which may include a statement from the
23 appropriate board or licensing authority in the other
24 jurisdiction that the licensee was authorized to practice
25 during the term of said active practice;

1 (2) proof of the successful completion of a
2 Department-approved licensure examination; or

3 (3) an affidavit attesting to military service as
4 provided in subsection (c) of this Section; however, if
5 application is made within 2 years after discharge and if
6 all other provisions of subsection (c) of this Section are
7 satisfied, the applicant shall be required to pay the
8 current renewal fee.

9 (c) Notwithstanding any other provision of this Act, any
10 license to practice practical nursing issued under this Act
11 that expired while the licensee was (i) in federal service on
12 active duty with the Armed Forces of the United States or in
13 the State Militia and called into service or training or (ii)
14 in training or education under the supervision of the United
15 States preliminary to induction into the military service may
16 have the license restored without paying any lapsed renewal
17 fees if, within 2 years after honorable termination of such
18 service, training, or education, the applicant furnishes the
19 Department with satisfactory evidence to the effect that the
20 applicant has been so engaged and that the individual's
21 service, training, or education has been so terminated.

22 (d) Any practical nurse licensee who shall engage in the
23 practice of practical nursing with a lapsed license or while on
24 inactive status shall be considered to be practicing without a
25 license, which shall be grounds for discipline under Section
26 20-5 of this Act.

1 (e) Pending restoration of a license under this Section,
2 the Department may grant an applicant a temporary permit to
3 practice as a practical nurse if the Department is satisfied
4 that the applicant holds an active, unencumbered license in
5 good standing in another jurisdiction. If the applicant holds
6 more than one current active license or one or more active
7 temporary licenses from other jurisdictions the Department
8 shall not issue a temporary permit until it is satisfied that
9 each current active license held by the applicant is
10 unencumbered. The temporary permit, which shall be issued no
11 later than 14 working days after receipt by the Department of
12 an application for the permit, shall be granted upon the
13 submission of all of the following to the Department:

14 (1) A signed and completed application for restoration
15 of licensure under this Section as a licensed practical
16 nurse.

17 (2) Proof of (i) a current, active license in at least
18 one other jurisdiction and proof that each current, active
19 license or temporary permit held by the applicant is
20 unencumbered or (ii) fitness to practice nursing in this
21 State as specified by rule.

22 (3) A signed and completed application for a temporary
23 permit.

24 (4) The required permit fee.

25 (f) The Department may refuse to issue to an applicant a
26 temporary permit authorized under this Section if, within 14

1 working days after its receipt of an application for a
2 temporary permit, the Department determines that:

3 (1) the applicant has been convicted within the last 5
4 years of any crime under the laws of any jurisdiction of
5 the United States that is (i) a felony or (ii) a
6 misdemeanor directly related to the practice of the
7 profession;

8 (2) within the last 5 years, the applicant has had a
9 license or permit related to the practice of nursing
10 revoked, suspended, or placed on probation by another
11 jurisdiction if at least one of the grounds for revoking,
12 suspending, or placing on probation is the same or
13 substantially equivalent to grounds for disciplinary
14 action under this Act; or

15 (3) the Department intends to deny restoration of the
16 license.

17 (g) The Department may revoke a temporary permit issued
18 under this Section if:

19 (1) the Department determines that the applicant has
20 been convicted within the last 5 years of any crime under
21 the laws of any jurisdiction of the United States that is
22 (i) a felony or (ii) a misdemeanor directly related to the
23 practice of the profession;

24 (2) within the last 5 years, the applicant had a
25 license or permit related to the practice of nursing
26 revoked, suspended, or placed on probation by another

1 jurisdiction and at least one of the grounds for revoking,
2 suspending, or placing on probation is the same or
3 substantially equivalent to grounds for disciplinary
4 action under this Act; or

5 (3) the Department intends to deny restoration of the
6 license.

7 (h) A temporary permit or renewed temporary permit shall
8 expire (i) upon issuance of a valid license under this Act or
9 (ii) upon notification that the Department intends to deny
10 restoration of licensure. The temporary permit shall expire 6
11 months after the date of issuance. Further renewal may be
12 granted by the Department in hardship cases that shall
13 automatically expire upon issuance of a valid license under
14 this Act or upon notification that the Department intends to
15 deny licensure, whichever occurs first. No extensions shall be
16 granted beyond the 6-month period, unless approved by the
17 Secretary. Notification by the Department under this Section
18 must be by certified or registered mail.

19 Section 10-30. Suspension of LPN license or registration
20 for failure to pay restitution. The Department, without further
21 process or hearing, shall suspend the license or other
22 authorization to practice practical nursing issued under this
23 Act of any person who has been certified by court order as not
24 having paid restitution to a person under Section 8A-3.5 of the
25 Illinois Public Aid Code or under Section 46-1 of the Criminal

1 Code of 1961. A person whose license or other authorization to
2 practice is suspended under this Section is prohibited from
3 practicing until restitution is made in full.

4 Section 10-35. Inactive status of a LPN license. Any
5 licensed practical nurse, who notifies the Department in
6 writing on forms prescribed by the Department, may elect to
7 place his or her license on inactive status and shall, subject
8 to rules of the Department, be excused from payment of renewal
9 fees until notice is given to the Department, in writing, of
10 his or her intent to restore the license.

11 Any practical nurse requesting restoration from inactive
12 status shall be required to pay the current renewal fee and
13 shall be required to restore his or her license, as provided by
14 rule of the Department.

15 Any practical nurse whose license is in an inactive status
16 shall not practice nursing as defined by this Act in the State
17 of Illinois.

18 Section 10-40. LPN scope of practice; professional
19 standards.

20 (a) Practice as a licensed practical nurse means a scope of
21 basic nursing practice, with or without compensation or
22 personal profit, as delegated by a registered professional
23 nurse or advanced practice nurse or as directed by a physician
24 assistant, physician, dentist, or podiatrist, and includes,

1 but is not limited to, all of the following:

2 (1) Collecting data that contributes to the registered
3 professional nurse's or advanced practice nurse's
4 assessment of the health status of a patient.

5 (2) Participating in the development and modification
6 of the registered professional nurse's or advanced
7 practice nurse's comprehensive plan of care for all types
8 of patients.

9 (3) Implementing aspects of the plan of care as
10 delegated.

11 (4) Assuring a safe and therapeutic environment.

12 (5) Participating in health teaching and counseling to
13 promote, attain, and maintain the optimum health level of
14 patients, as delegated.

15 (6) Serving as an advocate for the patient by
16 communicating and collaborating with other health service
17 personnel, as delegated.

18 (7) Participating in the evaluation of patient
19 responses to interventions.

20 (8) Communicating and collaborating with other health
21 care professionals, as delegated.

22 (9) Providing input into the development of policies
23 and procedures.

24 (b) The licensed practical nurse shall without limitation
25 uphold all of the following professional standards of practice:

26 (1) He or she shall practice in accordance with the Act

1 and rules adopted thereunder.

2 (2) He or she shall practice nursing only when in
3 functional physical and mental health.

4 (3) He or she shall be accountable for his or her own
5 nursing actions and competencies.

6 (4) He or she shall practice or offer to practice,
7 including delegated nursing activities, only within the
8 scope permitted by law and within the licensee's own
9 educational preparation and competencies.

10 (5) He or she shall perform nursing activities as
11 delegated.

12 (6) He or she shall seek instruction from a registered
13 professional nurse or advanced practice nurse when
14 implementing new or unfamiliar nursing activities.

15 (7) He or she shall report unsafe, unethical, or
16 illegal health care practices or conditions to appropriate
17 authorities and to the Department.

18 (8) He or she shall assume responsibility for continued
19 growth and education to reflect knowledge and
20 understanding of current nursing practice.

21 (c) Violations of this Section may result in discipline as
22 specified in Section 20-5 of the Act. All disciplinary hearings
23 shall be conducted in accordance with the Illinois
24 Administrative Code.

25 Section 10-45. Continuing education for LPN licensees. The

1 Department may adopt rules of continuing education for licensed
2 practical nurses that require 20 hours of continuing education
3 per 2-year license renewal cycle. The rules shall address
4 variances in part or in whole for good cause, including without
5 limitation illness or hardship. The continuing education rules
6 must ensure that licensees are given the opportunity to
7 participate in programs sponsored by or through their State or
8 national professional associations, hospitals, or other
9 providers of continuing education. Each licensee is
10 responsible for maintaining records of completion of
11 continuing education and shall be prepared to produce the
12 records when requested by the Department.

13 Section 10-50. RN education program requirements;
14 out-of-State programs.

15 (a) All registered professional nurse education programs
16 must be reviewed by the Board and approved by the Department
17 before the successful completion of such a program may be
18 applied toward meeting the requirements for registered
19 professional nurse licensure under this Act. Any program
20 changing the level of educational preparation or the
21 relationship with or to the parent institution or establishing
22 an extension of an existing program must request a review by
23 the Board and approval by the Department. The Board shall
24 review and make a recommendation for the approval or
25 disapproval of a program by the Department based on the

1 following criteria:

2 (1) a feasibility study that describes the need for the
3 program and the facilities used, the potential of the
4 program to recruit faculty and students, financial support
5 for the program, and other criteria, as established by
6 rule;

7 (2) program curriculum that meets all State
8 requirements;

9 (3) the administration of the program by a Nurse
10 Administrator and the involvement of a Nurse Administrator
11 in the development of the program; and

12 (4) the occurrence of a site visit prior to approval
13 and the condition that a site visit shall occur one year
14 after the first class of students has graduated.

15 Provisional program approval shall be granted by the
16 Department upon the recommendation of the Board for approval
17 based on a program meeting the criteria set forth in items (1)
18 through (4) of this subsection (a). Final approval of a program
19 may not be granted by the Department until a review of the
20 licensure exam scores of the program's initial graduating class
21 and the final site visit upon which provisional approval was
22 conditioned, as set forth in item (4) of this subsection (a),
23 are conducted and the requirements set forth in subsection (b)
24 of this Section are met.

25 (b) In order to obtain initial Department approval and to
26 maintain Department approval, a registered professional

1 nursing program must meet all of the following requirements:

2 (1) The institution responsible for conducting the
3 program and the Nurse Administrator must ensure that
4 individual faculty members are academically and
5 professionally competent.

6 (2) The program curriculum must contain all applicable
7 requirements established by rule, including both theory
8 and clinical components.

9 (3) The passage rates of the program's graduating
10 classes on the State-approved licensure exam must be deemed
11 satisfactory by the Department.

12 (c) Program site visits to an institution conducting or
13 hosting a professional nursing program may be made at the
14 discretion of the Nursing Coordinator or upon recommendation of
15 the Board. Full routine site visits shall be conducted by the
16 Department for periodic evaluation. The visits shall be used to
17 determine compliance with this Act. Full routine site visits
18 must be announced and may be waived at the discretion of the
19 Department if the program maintains accreditation with the
20 National League for Nursing Accrediting Commission (NLNAC) or
21 the Commission on Collegiate Nursing Education (CCNE).

22 (d) Any institution conducting a registered professional
23 nursing program that wishes to discontinue the program must do
24 each of the following:

25 (1) Notify the Department, in writing, of its intent to
26 discontinue the program.

1 (2) Continue to meet the requirements of this Act and
2 the rules adopted thereunder until the official date of
3 termination of the program.

4 (3) Notify the Department of the date on which the last
5 student shall graduate from the program and the program
6 shall terminate.

7 (4) Assist remaining students in the continuation of
8 their education in the event of program termination prior
9 to the graduation of the program's final student.

10 (5) Upon the closure of the program, notify the
11 Department, in writing, of the location of student and
12 graduate records' storage.

13 (e) Out-of-State registered professional nursing education
14 programs planning to offer clinical practice experiences in
15 this State must meet the requirements set forth in this Section
16 and must meet the clinical and faculty requirements for
17 institutions outside of this State, as established by rule. The
18 institution responsible for conducting an out-of-State
19 registered professional nursing education program and the
20 administrator of the program shall be responsible for ensuring
21 that the individual faculty and preceptors overseeing the
22 clinical experience are academically and professionally
23 competent.

24 Section 10-55. Qualifications for RN licensure.

25 (a) Each applicant who successfully meets the requirements

1 of this Section shall be entitled to licensure as a registered
2 professional nurse.

3 (b) An applicant for licensure by examination to practice
4 as a registered professional nurse must do each of the
5 following:

6 (1) Submit a completed written application and fees, as
7 established by the Department.

8 (2) Have graduated from a professional nursing
9 education program approved by the Department.

10 (3) Successfully complete a licensure examination
11 approved by the Department.

12 (4) Have not violated the provisions of this Act
13 concerning grounds for disciplinary action. The Department
14 may take into consideration any felony conviction of the
15 applicant, but such a conviction may not operate as an
16 absolute bar to licensure. The applicant must report any
17 pending criminal charges including arrests, detentions,
18 indictments, criminal convictions, pleas of nolo
19 contendere, or other plea arrangements in lieu of
20 conviction, and any other formal criminal charges,
21 including dispositions arising from criminal charges such
22 as sentencing, supervision, and release or any dismissal of
23 charges.

24 (5) Submit to the criminal history records check
25 required under Section 5-35 of this Act.

26 (6) Submit, either to the Department or its designated

1 testing service, a fee covering the cost of providing the
2 examination. Failure to appear for the examination on the
3 scheduled date at the time and place specified after the
4 applicant's application for examination has been received
5 and acknowledged by the Department or the designated
6 testing service shall result in the forfeiture of the
7 examination fee.

8 (7) Meet all other requirements established by the
9 Department by rule.

10 An applicant for licensure by examination may take the
11 Department-approved examination in another jurisdiction.

12 (b) If an applicant for licensure by examination neglects
13 or refuses to take an examination or fails to pass an
14 examination for a license under this Act within 3 years after
15 graduation from a professional nursing education program,
16 regardless of the jurisdiction in which the examination was
17 written, the applicant shall not be permitted to take the
18 examination until the applicant provides proof to the
19 Department of the successful completion of at least 2
20 additional years of professional nursing education.

21 (c) An applicant for licensure by examination shall have
22 one year after the date of notification of the successful
23 completion of the examination to apply to the Department for a
24 license. If an applicant fails to apply within one year, the
25 applicant shall be required to retake and pass the examination
26 unless licensed in another jurisdiction of the United States.

1 (d) An applicant for licensure by examination who passes
2 the Department-approved licensure examination for professional
3 nursing may obtain employment as a license-pending registered
4 nurse and practice under the direction of a registered
5 professional nurse or an advanced practice nurse until such
6 time as he or she receives his or her license to practice or
7 until the license is denied. In no instance shall any such
8 applicant practice or be employed in any management capacity.
9 An individual may be employed as a license-pending registered
10 nurse if all of the following criteria are met:

11 (1) He or she has completed and passed the
12 Department-approved licensure exam and presents to the
13 employer the official written notification indicating
14 successful passage of the licensure examination.

15 (2) He or she has completed and submitted to the
16 Department an application for licensure under this Section
17 as a registered professional nurse.

18 (3) He or she has submitted the required licensure fee.

19 (4) He or she has met all other requirements
20 established by rule, including having submitted to a
21 criminal history records check.

22 (e) The privilege to practice as a license-pending
23 registered nurse shall terminate with the occurrence of any of
24 the following:

25 (1) Three months have passed since the official date of
26 passing the licensure exam as inscribed on the formal

1 written notification indicating passage of the exam. The
2 3-month license pending period may be extended if more time
3 is needed by the Department to process the licensure
4 application.

5 (2) Receipt of the registered professional nurse
6 license from the Department.

7 (3) Notification from the Department that the
8 application for licensure has been refused.

9 (4) A request by the Department that the individual
10 terminate practicing as a license-pending registered nurse
11 until an official decision is made by the Department to
12 grant or deny a registered professional nurse license.

13 (f) An applicant for registered professional nurse
14 licensure by endorsement who is a registered professional nurse
15 licensed by examination under the laws of another state or
16 territory of the United States must do each of the following:

17 (1) Submit a completed written application, on forms
18 supplied by the Department, and fees as established by the
19 Department.

20 (2) Have graduated from a registered professional
21 nursing education program approved by the Department.

22 (3) Submit verification of licensure status directly
23 from the United States jurisdiction of licensure, if
24 applicable, as defined by rule.

25 (4) Submit to the criminal history records check
26 required under Section 5-35 of this Act.

1 (5) Meet all other requirements as established by the
2 Department by rule.

3 (g) Pending the issuance of a license under this Section,
4 the Department may grant an applicant a temporary license to
5 practice nursing as a registered professional nurse if the
6 Department is satisfied that the applicant holds an active,
7 unencumbered license in good standing in another U.S.
8 jurisdiction. If the applicant holds more than one current
9 active license or one or more active temporary licenses from
10 other jurisdictions, the Department may not issue a temporary
11 license until the Department is satisfied that each current
12 active license held by the applicant is unencumbered. The
13 temporary license, which shall be issued no later than 14
14 working days after receipt by the Department of an application
15 for the temporary license, shall be granted upon the submission
16 of all of the following to the Department:

17 (1) A completed application for licensure as a
18 registered professional nurse.

19 (2) Proof of a current, active license in at least one
20 other jurisdiction of the United States and proof that each
21 current active license or temporary license held by the
22 applicant within the last 5 years is unencumbered.

23 (3) A completed application for a temporary license.

24 (4) The required temporary license fee.

25 (h) The Department may refuse to issue an applicant a
26 temporary license authorized pursuant to this Section if,

1 within 14 working days after its receipt of an application for
2 a temporary license, the Department determines that:

3 (1) the applicant has been convicted of a crime under
4 the laws of a jurisdiction of the United States that is (i)
5 a felony or (ii) a misdemeanor directly related to the
6 practice of the profession, within the last 5 years;

7 (2) the applicant has had a license or permit related
8 to the practice of nursing revoked, suspended, or placed on
9 probation by another jurisdiction within the last 5 years,
10 if at least one of the grounds for revoking, suspending, or
11 placing on probation is the same or substantially
12 equivalent to grounds for disciplinary action under this
13 Act; or

14 (3) the Department intends to deny licensure by
15 endorsement.

16 (i) The Department may revoke a temporary license issued
17 pursuant to this Section if it determines any of the following:

18 (1) That the applicant has been convicted of a crime
19 under the laws of any jurisdiction of the United States
20 that is (i) a felony or (ii) a misdemeanor directly related
21 to the practice of the profession, within the last 5 years.

22 (2) That within the last 5 years, the applicant has had
23 a license or permit related to the practice of nursing
24 revoked, suspended, or placed on probation by another
25 jurisdiction, if at least one of the grounds for revoking,
26 suspending, or placing on probation is the same or

1 substantially equivalent to grounds for disciplinary
2 action under this Act.

3 (3) That it intends to deny licensure by endorsement.

4 (j) A temporary license issued under this Section shall
5 expire 6 months after the date of issuance. Further renewal may
6 be granted by the Department in hardship cases, as defined by
7 rule and upon approval of the Secretary. However, a temporary
8 license shall automatically expire upon issuance of the
9 Illinois license or upon notification that the Department
10 intends to deny licensure, whichever occurs first.

11 (k) All applicants for registered professional nurse
12 licensure have 2 years after the date of application to
13 complete the application process. If the process has not been
14 completed within 2 years after the date of application, the
15 application shall be denied, the fee forfeited, and the
16 applicant must reapply and meet the requirements in effect at
17 the time of reapplication.

18 (l) All applicants for registered professional nurse
19 licensure by examination or endorsement who are graduates of
20 nursing educational programs in a country outside of the United
21 States and its territories must do each of the following:

22 (1) Submit an application and fees, as established by
23 the Department.

24 (2) Have their nursing education credentials evaluated
25 by a Department-approved nursing credentialing evaluation
26 service. No such applicant may be issued a license under

1 this Act unless the applicant's nursing education program
2 is deemed by the nursing credentialing evaluation service
3 to be equivalent to the professional nursing education
4 programs approved by the Department for this State.

5 (3) Submit certification of passage of a
6 Department-approved English language proficiency
7 examination, as defined by rule. The Department may, upon
8 recommendation from a nursing evaluation service, waive
9 the requirement that the applicant pass the English
10 language examination if the applicant submits verification
11 of the successful completion of a nursing education program
12 conducted in English.

13 (4) If an applicant is applying for licensure by
14 endorsement, submit verification of licensure status
15 directly from the country of origin to the credentialing
16 service, as defined by rule.

17 (5) Have passed the licensure examination authorized
18 by the Department.

19 (6) Submit to the criminal history records check
20 required under Section 5-35 of this Act.

21 (7) Meet all other requirements as established by rule.

22 Section 10-60. RN practice in cases of emergency or
23 disaster.

24 (a) A registered professional nurse with an unencumbered
25 license from another state or United States territory may

1 provide nursing care for victims during an emergency or
2 disaster in this State for up to 3 months following the date
3 the disaster or emergency was declared. Registered
4 professional nurses from outside of this State who provide
5 assistance under this Section must meet each of the following
6 requirements:

7 (1) He or she must hold an unencumbered registered
8 professional nurse license from a United States
9 jurisdiction.

10 (2) He or she must have graduated from a professional
11 nursing program that has been approved by a valid state
12 board of nursing.

13 (3) He or she must have taken and passed the
14 Department-approved licensure exam.

15 (b) At the discretion of the Secretary, the following
16 exemptions may be applied by the Department for registered
17 professional nurses displaced during a federally declared
18 emergency or disaster and seeking licensure under this Act:

19 (1) Verification of licensure may be obtained from an
20 authorized national databank.

21 (2) The Department may accept a photocopy of a license,
22 if sent directly from a nursing program that the applicant
23 graduated from or an institution that employed the
24 applicant.

25 (3) The licensure fee may be waived for up to 3 months.
26 In these circumstances, the Department shall issue a

1 temporary license, for not more than 6 months or until all
2 credentials are received for licensure by endorsement or
3 licensure is denied.

4 Section 10-65. Registered nurse externship permit.

5 (a) The Department shall establish a program under which
6 the Department may issue a nurse externship permit to a
7 registered nurse who is licensed under the laws of another
8 state or territory of the United States and who has not taken
9 the National Council Licensure Examination (NCLEX). A
10 registered nurse who is issued a permit shall be allowed to
11 practice as a nurse extern under the direct, on-site
12 supervision of a registered nurse licensed under this Act.
13 There shall be one supervising registered nurse for every one
14 nurse extern.

15 (b) An applicant shall be qualified to receive a nurse
16 externship permit if that applicant:

17 (1) Has submitted a completed written application to
18 the Department, on forms provided by the Department and
19 submitted any fees established by the Department.

20 (2) Has graduated from a professional nursing
21 education program approved by the Department.

22 (3) Is licensed as a professional nurse in another
23 state or territory of the United States and has submitted a
24 verification of active and unencumbered licensure in all of
25 the states and territories in which the applicant is

1 licensed.

2 (4) Has submitted verification of an offer of
3 employment in Illinois as a nurse extern. The Department
4 may prescribe the information necessary to determine if
5 this employment meets the requirements of the permit
6 program. This information shall include a copy of the
7 written employment offer.

8 (5) Has submitted a written statement from the
9 applicant's prospective employer stating that the
10 prospective employer agrees to pay the full tuition for the
11 Bilingual Nurse Consortium course or other course approved
12 by rule.

13 (6) Has submitted proof of taking the Test of English
14 as a Foreign Language (TOEFL) with a minimum score as set
15 by rule. Applicants with the highest TOEFL scores shall be
16 given first consideration to entrance into an extern
17 program.

18 (7) Has submitted written verification that the
19 applicant has been enrolled in the Bilingual Nurse
20 Consortium course or other course approved by rule. This
21 verification must state that the applicant shall be able to
22 complete the course within the year for which the permit is
23 issued.

24 (8) Has agreed to submit to the Department a mid-year
25 exam as determined by rule that demonstrates proficiency
26 towards passing the NCLEX.

1 (9) Has not violated the provisions of Section 20-5 of
2 this Act. The Department may take into consideration any
3 felony conviction of the applicant, but such a conviction
4 shall not operate as an absolute bar to licensure.

5 (10) Has met all other requirements established by the
6 Department by rule.

7 (c) A nurse extern shall be issued no more than one permit
8 in a lifetime. The permit shall expire one calendar year after
9 it is issued. Before being issued a license under this Act, the
10 nurse extern must submit proof of the successful completion of
11 the Bilingual Nurse Consortium course or other course approved
12 by rule and successful passage of the NCLEX. The nurse extern
13 shall not practice autonomous, professional nursing until he or
14 she is licensed under this Act. The nurse extern shall carry
15 out progressive nursing skills under the direct supervision of
16 a registered nurse licensed under this Act and shall not be
17 employed in a supervisory capacity. The nurse extern shall work
18 only in the sponsoring facility. A nurse extern may work for a
19 period not to exceed one calendar year from the date of
20 issuance of the permit or until he or she fails the NCLEX.
21 While working as a nurse extern, the nurse extern is subject to
22 the provisions of this Act and all rules adopted by the
23 Department for the administration of this Act.

24 (d) The Secretary shall convene a task force to establish
25 clinical guidelines that allow for the gradual progression of
26 nursing skills in culturally diverse practice settings. The

1 Nursing Act Coordinator or his or her designee shall serve as
2 chairperson of the task force. The task force shall include,
3 but not be limited to, 2 representatives of the Illinois Nurses
4 Association, 2 representatives of the Illinois Hispanic Nurses
5 Association, a nurse engaged in nursing education who possesses
6 a master's degree or higher, one representative from the
7 Humboldt Park Vocational Educational Center, 2 registered
8 nurses from United States territories who each hold a current
9 State nursing license, one representative from the Chicago
10 Bilingual Nurse Consortium, and one member of the Illinois
11 Hospital Association. The task force shall complete this work
12 no longer than 4 months after convening. After the nurse
13 externship permit program has been in effect for 2 years, the
14 task force shall evaluate the effectiveness of the program and
15 make appropriate recommendations to the Secretary.

16 Section 10-70. Expiration of RN license; renewal. The
17 expiration date and renewal period for each registered
18 professional nurse license issued under this Act shall be set
19 by rule. The holder of a license may renew the license during
20 the month preceding the expiration date of the license by
21 paying the required fee. It is the responsibility of the
22 licensee to notify the Department in writing of a change of
23 address.

24 Section 10-75. Restoration of RN license; temporary

1 permit.

2 (a) Any license to practice professional nursing issued
3 under this Act that has expired or that is on inactive status
4 may be restored by making application to the Department and
5 filing proof of fitness acceptable to the Department as
6 specified by rule to have the license restored and by paying
7 the required restoration fee. Such proof of fitness may include
8 evidence certifying active lawful practice in another
9 jurisdiction.

10 (b) A licensee seeking restoration of a license after it
11 has expired or been placed on inactive status for more than 5
12 years shall file an application, on forms supplied by the
13 Department, and submit the restoration or renewal fees set
14 forth by the Department. The licensee shall also submit proof
15 of fitness to practice, including one of the following:

16 (1) Certification of active practice in another
17 jurisdiction, which may include a statement from the
18 appropriate board or licensing authority in the other
19 jurisdiction that the licensee was authorized to practice
20 during the term of said active practice.

21 (2) Proof of the successful completion of a
22 Department-approved licensure examination.

23 (3) An affidavit attesting to military service as
24 provided in subsection (c) of this Section; however, if
25 application is made within 2 years after discharge and if
26 all other provisions of subsection (c) of this Section are

1 satisfied, the applicant shall be required to pay the
2 current renewal fee.

3 (c) Any registered professional nurse license issued under
4 this Act that expired while the licensee was (1) in federal
5 service on active duty with the Armed Forces of the United
6 States or in the State Militia called into service or training
7 or (2) in training or education under the supervision of the
8 United States preliminary to induction into the military
9 service may have the license restored without paying any lapsed
10 renewal fees if, within 2 years after honorable termination of
11 such service, training, or education, the applicant furnishes
12 the Department with satisfactory evidence to the effect that
13 the applicant has been so engaged and that the individual's
14 service, training, or education has been so terminated.

15 (d) Any licensee who engages in the practice of
16 professional nursing with a lapsed license or while on inactive
17 status shall be considered to be practicing without a license,
18 which shall be grounds for discipline under Section 20-5 of
19 this Act.

20 (e) Pending restoration of a registered professional nurse
21 license under this Section, the Department may grant an
22 applicant a temporary permit to practice as a registered
23 professional nurse if the Department is satisfied that the
24 applicant holds an active, unencumbered license in good
25 standing in another jurisdiction. If the applicant holds more
26 than one current active license or one or more active temporary

1 licenses from other jurisdictions, the Department shall not
2 issue a temporary permit until it is satisfied that each
3 current active license held by the applicant is unencumbered.
4 The temporary permit, which shall be issued no later than 14
5 working days after receipt by the Department of an application
6 for the permit, shall be granted upon the submission of all of
7 the following to the Department:

8 (1) A signed and completed application for restoration
9 of licensure under this Section as a registered
10 professional nurse.

11 (2) Proof of (i) a current, active license in at least
12 one other jurisdiction and proof that each current, active
13 license or temporary permit held by the applicant is
14 unencumbered or (ii) fitness to practice nursing in
15 Illinois as specified by rule.

16 (3) A signed and completed application for a temporary
17 permit.

18 (4) The required permit fee.

19 (f) The Department may refuse to issue to an applicant a
20 temporary permit authorized under this Section if, within 14
21 working days after its receipt of an application for a
22 temporary permit, the Department determines that:

23 (1) the applicant has been convicted within the last 5
24 years of any crime under the laws of any jurisdiction of
25 the United States that is (i) a felony or (ii) a
26 misdemeanor directly related to the practice of the

1 profession;

2 (2) within the last 5 years the applicant had a license
3 or permit related to the practice of nursing revoked,
4 suspended, or placed on probation by another jurisdiction
5 if at least one of the grounds for revoking, suspending, or
6 placing on probation is the same or substantially
7 equivalent to grounds for disciplinary action under this
8 Act; or

9 (3) the Department intends to deny restoration of the
10 license.

11 (g) The Department may revoke a temporary permit issued
12 under this Section if:

13 (1) the Department determines that the applicant has
14 been convicted within the last 5 years of any crime under
15 the laws of any jurisdiction of the United States that is
16 (i) a felony or (ii) a misdemeanor directly related to the
17 practice of the profession;

18 (2) within the last 5 years, the applicant had a
19 license or permit related to the practice of nursing
20 revoked, suspended, or placed on probation by another
21 jurisdiction, if at least one of the grounds for revoking,
22 suspending, or placing on probation is the same or
23 substantially equivalent to grounds in Illinois; or

24 (3) the Department intends to deny restoration of the
25 license.

26 (h) A temporary permit or renewed temporary permit shall

1 expire (i) upon issuance of an Illinois license or (ii) upon
2 notification that the Department intends to deny restoration of
3 licensure. A temporary permit shall expire 6 months from the
4 date of issuance. Further renewal may be granted by the
5 Department, in hardship cases, that shall automatically expire
6 upon issuance of the Illinois license or upon notification that
7 the Department intends to deny licensure, whichever occurs
8 first. No extensions shall be granted beyond the 6-month period
9 unless approved by the Secretary. Notification by the
10 Department under this Section must be by certified or
11 registered mail.

12 Section 10-76. Suspension of RN license or registration for
13 failure to pay restitution. The Department, without further
14 process or hearing, shall suspend the license or other
15 authorization to practice professional nursing issued under
16 this Act of any person who has been certified by court order as
17 not having paid restitution to a person under Section 8A-3.5 of
18 the Illinois Public Aid Code or under Section 46-1 of the
19 Criminal Code of 1961. A person whose license or other
20 authorization to practice is suspended under this Section is
21 prohibited from practicing until restitution is made in full.

22 Section 10-77. Inactive status of a RN license. Any
23 registered professional nurse, who notifies the Department in
24 writing on forms prescribed by the Department, may elect to

1 place his or her license on inactive status and shall, subject
2 to rules of the Department, be excused from payment of renewal
3 fees until notice is given to the Department, in writing, of
4 his or her intent to restore the license.

5 Any registered professional nurse requesting restoration
6 from inactive status shall be required to pay the current
7 renewal fee and shall be required to restore his or her
8 license, as provided by rule of the Department.

9 Any registered professional nurse whose license is in an
10 inactive status shall not practice professional nursing as
11 defined by this Act in the State of Illinois.

12 Section 10-80. RN Scope of practice; professional conduct.

13 (a) Professional nursing is a scientific process founded on
14 a professional body of knowledge; it is a learned profession
15 based on the understanding of the human condition across the
16 life span and environment. Practice as a registered
17 professional nurse means the full scope of nursing, with or
18 without compensation or personal profit, that incorporates
19 caring for all patients in all settings, through nursing
20 standards established and recognized by the Department, and
21 includes, but is not limited to, all of the following:

22 (1) The comprehensive nursing assessment of the health
23 status of patients that addresses changes to patient
24 conditions.

25 (2) The development of a plan of nursing care to be

1 integrated within the patient-centered health care plan
2 that establishes nursing diagnoses; setting goals to meet
3 identified health care needs, determining nursing
4 interventions and implementation of nursing care through
5 the execution of nursing strategies and regimens ordered or
6 prescribed by authorized healthcare providers.

7 (3) The administration of or delegation of medication
8 administration to licensed practical nurses.

9 (4) Delegation of nursing interventions to implement
10 the plan of care.

11 (5) The provision for the maintenance of safe and
12 effective nursing care rendered directly or through
13 delegation.

14 (6) The assurance of a safe and therapeutic
15 environment.

16 (7) Advocating for patients.

17 (8) The evaluation of responses to interventions and
18 the effectiveness of the plan of care.

19 (9) Communicating and collaborating with other health
20 care providers.

21 (10) The procurement and application of new knowledge
22 and technologies.

23 (11) The provision of health education and counseling.

24 (12) Participating in development of policies,
25 procedures, and systems to support patient safety.

26 (13) Accounting for compliance with the requirements

1 of this Act and for the quality of nursing care rendered
2 and for recognizing limits of knowledge, experience, and
3 planning of situations beyond the nurse's expertise.

4 (b) A registered professional nurse shall without
5 limitation uphold all of the following professional standards
6 of practice:

7 (1) He or she shall practice in accordance with this
8 Act and rules.

9 (2) He or she shall practice nursing only when in
10 functional physical and mental health.

11 (3) He or she shall be accountable for his or her own
12 nursing actions and competencies.

13 (4) He or she shall practice or offer to practice only
14 within the scope permitted by law and within the licensee's
15 own educational preparation and competencies.

16 (5) He or she shall seek instruction from individuals
17 when implementing new or unfamiliar nursing activities.

18 (6) He or she shall delegate nursing activities or
19 tasks only to individuals whom the licensee knows or has
20 reason to know are competent by education or experience to
21 perform those task.

22 (7) He or she shall delegate nursing responsibilities
23 only to individuals whom the licensee knows or has reason
24 to know are licensed to perform the responsibilities.

25 (8) He or she shall be accountable for the quality of
26 nursing care delegated to others.

1 (9) He or she shall report unsafe, unethical, or
2 illegal health care practices or conditions to the
3 appropriate authorities and to the Department.

4 (10) He or she shall assume responsibility for
5 continued professional growth and education to reflect
6 knowledge and understanding of current nursing practice.

7 (c) Violations of this Section may result in discipline as
8 specified in Section 20-5 of the Act. All disciplinary hearings
9 shall be conducted in accordance with the Illinois
10 Administrative Code.

11 Section 10-90. Continuing education for RN licensees. The
12 Department may adopt rules of continuing education for
13 registered professional nurses licensed under this Act that
14 require 20 hours of continuing education per 2-year license
15 renewal cycle. The rules shall address variances in part or in
16 whole for good cause, including, but not limited to, illness or
17 hardship. The continuing education rules must ensure that
18 licensees are given the opportunity to participate in programs
19 sponsored by or through their State or national professional
20 associations, hospitals, or other providers of continuing
21 education. Each licensee is responsible for maintaining
22 records of completion of continuing education and shall be
23 prepared to produce the records when requested by the
24 Department.

1 Section 10-100. Qualifications for APN licensure.

2 (a) Each applicant who successfully meets the requirements
3 of this Section shall be entitled to licensure as an advanced
4 practice nurse.

5 (b) An applicant for licensure to practice as an advanced
6 practice nurse must do each of the following:

7 (1) Submit a completed application and any fees, as
8 established by the Department.

9 (2) Hold a current license to practice as a registered
10 professional nurse under this Act.

11 (3) Successfully complete requirements to practice as
12 and hold a current national certification as a nurse
13 midwife, clinical nurse specialist, nurse practitioner, or
14 nurse anesthetist from the appropriate national certifying
15 body, as determined by rule of the Department.

16 (4) Have obtained a graduate degree appropriate for
17 national certification in a clinical advanced practice
18 nursing specialty or a graduate degree or post-master's
19 certificate from a graduate level program in a clinical
20 advanced practice nursing specialty.

21 (5) Have not violated the provisions of this Act
22 concerning grounds for disciplinary action. The Department
23 may take into consideration any felony conviction of the
24 applicant, but such a conviction may not operate as an
25 absolute bar to licensure. The applicant must report any
26 pending criminal charges, including arrests, detentions,

1 indictments, criminal convictions, pleas of nolo
2 contendere, or other plea arrangements in lieu of
3 conviction, and any other formal criminal charges,
4 including dispositions arising from criminal charges such
5 as sentencing, supervision, and release or any dismissal of
6 charges.

7 (6) Submit to the criminal history records check
8 required under Section 5-35 of this Act.

9 (c) Those applicants seeking licensure in more than one
10 advanced practice nursing specialty need not possess multiple
11 graduate degrees. Applicants may be eligible for licenses for
12 multiple advanced practice nurse licensure specialties,
13 provided that the applicant (i) has met the requirements for at
14 least one advanced practice nursing specialty under paragraph
15 (3) of this subsection (a), (ii) possesses an additional
16 graduate education that results in a certificate for another
17 clinical advanced practice nurse specialty and that meets the
18 requirements for the national certification from the
19 appropriate nursing specialty, and (iii) holds a current
20 national certification from the appropriate national
21 certifying body for that additional advanced practice nursing
22 specialty.

23 (d) The Department shall issue one advanced practice
24 license to each advanced practice nurse that indicates
25 specialty areas that he or she is authorized and licensed to
26 practice.

1 (e) An advanced practice nurse licensed under this Section
2 must maintain certification by a national certification body.

3 (f) Any person who holds a valid license as an advanced
4 practice nurse issued under the Nursing and Advanced Practice
5 Nursing Act on the effective date of this Act shall be subject
6 only to the advanced practice nurse license renewal
7 requirements of this Act upon the expiration of that license.

8 Section 10-105. Foreign APN licensure applicants.

9 (a) All applicants for advanced practice registered
10 professional nurse licensure pursuant to item (2) of subsection
11 (b) and item (2) of subsection (c) of this Section who are
12 graduates of graduate nursing educational programs in a country
13 other than the United States or its territories shall meet all
14 of the following qualifications:

15 (1) He or she must possess a current registered
16 professional nurse license under this Act.

17 (2) He or she must have his or her nursing education
18 credentials and graduate nursing credentials evaluated by
19 a Department-approved nursing credentialing evaluation
20 service. No such applicant may be issued an advanced
21 practice nurse license under this Act unless the
22 applicant's program is deemed by the nursing credentialing
23 evaluation service to be equivalent to a professional
24 nursing education program approved by the Department.

25 (3) An applicant whose first language is not English

1 must submit certification of passage of the
2 Department-approved English proficiency examination, as
3 defined by rule. The Department may, upon recommendation
4 from the nursing evaluation service, waive the requirement
5 that the applicant pass the Department-approved English
6 proficiency examination if the applicant submits
7 verification of the successful completion of a nursing
8 education program conducted in English.

9 (4) He or she must provide proof of national
10 certification in the area of specialty practice that is
11 applied for.

12 (b) Pending the issuance of a license under subsection (c)
13 of this Section, the Department may grant an applicant a
14 temporary license to practice nursing as a registered
15 professional nurse or as a licensed practical nurse if the
16 Department is satisfied that the applicant holds an active,
17 unencumbered license in good standing in another jurisdiction.
18 If the applicant holds more than one current active license or
19 one or more active temporary licenses from other jurisdictions,
20 the Department shall not issue a temporary license until it is
21 satisfied that each current active license held by the
22 applicant is unencumbered. The temporary license, which shall
23 be issued no later than 14 working days after receipt by the
24 Department of an application for the temporary license, shall
25 be granted upon the submission of the following to the
26 Department:

1 (1) a signed and completed application for licensure
2 under subsection (a) of this Section as a registered
3 professional nurse or a licensed practical nurse;

4 (2) proof of a current, active license in at least one
5 other jurisdiction and proof that each current active
6 license or temporary license held by the applicant within
7 the last 5 years is unencumbered;

8 (3) a signed and completed application for a temporary
9 license; and

10 (4) the required temporary license fee.

11 (c) The Department may refuse to issue an applicant a
12 temporary license authorized pursuant to this Section if,
13 within 14 working days after its receipt of an application for
14 a temporary license, the Department determines that:

15 (1) the applicant has been convicted of a crime under
16 the laws of a jurisdiction of the United States (i) that is
17 a felony or (ii) that is a misdemeanor directly related to
18 the practice of the profession, within the last 5 years;

19 (2) within the last 5 years the applicant has had a
20 license or permit related to the practice of nursing
21 revoked, suspended, or placed on probation by another
22 jurisdiction, if at least one of the grounds for revoking,
23 suspending, or placing on probation is the same or
24 substantially equivalent to grounds in Illinois; or

25 (3) it intends to deny licensure by endorsement.

26 (d) The Department may revoke a temporary license issued

1 pursuant to this Section if:

2 (1) it determines that the applicant has been convicted
3 of a crime under the law of any jurisdiction of the United
4 States that is (i) a felony or (ii) a misdemeanor directly
5 related to the practice of the profession, within the last
6 5 years;

7 (2) it determines that within the last 5 years the
8 applicant has had a license or permit related to the
9 practice of nursing revoked, suspended, or placed on
10 probation by another jurisdiction, if at least one of the
11 grounds for revoking, suspending, or placing on probation
12 is the same or substantially equivalent to grounds in
13 Illinois; or

14 (3) it determines that it intends to deny licensure by
15 endorsement.

16 A temporary license shall expire 6 months from the date of
17 issuance. Further renewal may be granted by the Department in
18 hardship cases, as defined by rule and upon approval of the
19 Secretary. However, a temporary license shall automatically
20 expire upon issuance of the Illinois license or upon
21 notification that the Department intends to deny licensure,
22 whichever occurs first.

23 (e) Applicants have 2 years from the date of application to
24 complete the application process. If the process has not been
25 completed within 2 years from the date of application, the
26 application shall be denied, the fee forfeited, and the

1 applicant must reapply and meet the requirements in effect at
2 the time of reapplication.

3 Section 10-107. APN practice in cases of emergency or
4 disaster.

5 (a) An advanced practice nurse with an unencumbered license
6 from another state or United States territory may provide
7 nursing care for victims during an emergency or disaster in
8 this State for up to 3 months following the date the disaster
9 or emergency was declared. Advanced practice nurses from
10 outside of this State who provide assistance under this Section
11 must meet each of the following requirements:

12 (1) He or she must hold an unencumbered advanced
13 practice nurse license from a United States jurisdiction.

14 (2) He or she must have graduated from a professional
15 nursing program that has been approved by a valid state
16 board of nursing.

17 (3) He or she must have taken and passed the
18 Department-approved licensure exam.

19 (b) At the discretion of the Secretary, the following
20 exemptions may be applied by the Department for advanced
21 practice nurses displaced during a federally declared
22 emergency or disaster and seeking licensure under this Act:

23 (1) Verification of licensure may be obtained from an
24 authorized national databank.

25 (2) The Department may accept a photocopy of a license,

1 if sent directly from a nursing program that the applicant
2 graduated from or an institution that employed the
3 applicant.

4 (3) The licensure fee may be waived for up to 3 months.

5 In these circumstances, the Department shall issue a
6 temporary license, for not more than 6 months or until all
7 credentials are received for licensure by endorsement or
8 licensure is denied.

9 Section 10-110. APN license-pending status.

10 (a) A graduate of an advanced practice nursing program may
11 practice in the State of Illinois in the role of clinical nurse
12 specialist, certified nurse midwife, certified nurse
13 practitioner, or certified registered nurse anesthetist for
14 not longer than 6 months, provided he or she submits all of the
15 following:

16 (1) An application for licensure as an advanced
17 practice nurse in Illinois and all fees established by
18 rule.

19 (2) Proof of an application to take the national
20 certification examination in the specialty.

21 (3) Proof of completion of a graduate advanced practice
22 education program that allows the applicant to be eligible
23 for national certification in a clinical advanced practice
24 nursing specialty and that allows the applicant to be
25 eligible for licensure in Illinois in the area of his or

1 her specialty.

2 (4) Proof that he or she is licensed in Illinois as a
3 registered professional nurse.

4 (b) License-pending status shall preclude delegation of
5 prescriptive authority.

6 (c) A graduate practicing in accordance with this Section
7 must use the title "license-pending clinical nurse
8 specialist", "license-pending nurse midwife", "license-pending
9 nurse practitioner", or "license-pending registered nurse
10 anesthetist", whichever is applicable.

11 Section 10-111. Expiration of APN license; renewal. The
12 expiration date and renewal period for each advanced practice
13 nurse license issued under this Act shall be set by rule. The
14 holder of a license may renew the license during the month
15 preceding the expiration date of the license by paying the
16 required fee. It is the responsibility of the licensee to
17 notify the Department in writing of a change of address.

18 Section 10-112. Restoration of APN license; temporary
19 permit.

20 (a) Any license issued under this Act that has expired or
21 that is on inactive status may be restored by making
22 application to the Department and filing proof of fitness
23 acceptable to the Department as specified by rule to have the
24 license restored and by paying the required restoration fee.

1 Such proof of fitness may include evidence certifying active
2 lawful practice in another jurisdiction.

3 (b) A licensee seeking restoration of a license after it
4 has expired or been placed on inactive status for more than 5
5 years shall file an application, on forms supplied by the
6 Department, and submit the restoration or renewal fees set
7 forth by the Department. The licensee shall also submit proof
8 of fitness to practice, including one of the following:

9 (1) Certification of active practice in another
10 jurisdiction, which may include a statement from the
11 appropriate board or licensing authority in the other
12 jurisdiction that the licensee was authorized to practice
13 during the term of said active practice.

14 (2) Proof of the successful completion of a
15 Department-approved licensure examination.

16 (3) An affidavit attesting to military service as
17 provided in subsection (c) of this Section; however, if
18 application is made within 2 years after discharge and if
19 all other provisions of subsection (c) of this Section are
20 satisfied, the applicant shall be required to pay the
21 current renewal fee.

22 (c) Any advanced practice nurse license issued under this
23 Act that expired while the licensee was (1) in federal service
24 on active duty with the Armed Forces of the United States or in
25 the State Militia called into service or training or (2) in
26 training or education under the supervision of the United

1 States preliminary to induction into the military service may
2 have the license restored without paying any lapsed renewal
3 fees if, within 2 years after honorable termination of such
4 service, training, or education, the applicant furnishes the
5 Department with satisfactory evidence to the effect that the
6 applicant has been so engaged and that the individual's
7 service, training, or education has been so terminated.

8 (d) Any licensee who engages in the practice of advanced
9 practice nursing with a lapsed license or while on inactive
10 status shall be considered to be practicing without a license,
11 which shall be grounds for discipline under Section 20-5 of
12 this Act.

13 (e) Pending restoration of an advanced practice nurse
14 license under this Section, the Department may grant an
15 applicant a temporary permit to practice as an advanced
16 practice nurse if the Department is satisfied that the
17 applicant holds an active, unencumbered license in good
18 standing in another jurisdiction. If the applicant holds more
19 than one current active license or one or more active temporary
20 licenses from other jurisdictions, the Department shall not
21 issue a temporary permit until it is satisfied that each
22 current active license held by the applicant is unencumbered.
23 The temporary permit, which shall be issued no later than 14
24 working days after receipt by the Department of an application
25 for the permit, shall be granted upon the submission of all of
26 the following to the Department:

1 (1) A signed and completed application for restoration
2 of licensure under this Section as an advanced practice
3 nurse.

4 (2) Proof of (i) a current, active license in at least
5 one other jurisdiction and proof that each current, active
6 license or temporary permit held by the applicant is
7 unencumbered or (ii) fitness to practice nursing in
8 Illinois as specified by rule.

9 (3) A signed and completed application for a temporary
10 permit.

11 (4) The required permit fee.

12 (f) The Department may refuse to issue to an applicant a
13 temporary permit authorized under this Section if, within 14
14 working days after its receipt of an application for a
15 temporary permit, the Department determines that:

16 (1) the applicant has been convicted within the last 5
17 years of any crime under the laws of any jurisdiction of
18 the United States that is (i) a felony or (ii) a
19 misdemeanor directly related to the practice of the
20 profession;

21 (2) within the last 5 years the applicant had a license
22 or permit related to the practice of nursing revoked,
23 suspended, or placed on probation by another jurisdiction
24 if at least one of the grounds for revoking, suspending, or
25 placing on probation is the same or substantially
26 equivalent to grounds for disciplinary action under this

1 Act; or

2 (3) the Department intends to deny restoration of the
3 license.

4 (g) The Department may revoke a temporary permit issued
5 under this Section if:

6 (1) the Department determines that the applicant has
7 been convicted within the last 5 years of any crime under
8 the laws of any jurisdiction of the United States that is
9 (i) a felony or (ii) a misdemeanor directly related to the
10 practice of the profession;

11 (2) within the last 5 years, the applicant had a
12 license or permit related to the practice of nursing
13 revoked, suspended, or placed on probation by another
14 jurisdiction, if at least one of the grounds for revoking,
15 suspending, or placing on probation is the same or
16 substantially equivalent to grounds in Illinois; or

17 (3) the Department intends to deny restoration of the
18 license.

19 (h) A temporary permit or renewed temporary permit shall
20 expire (i) upon issuance of an Illinois license or (ii) upon
21 notification that the Department intends to deny restoration of
22 licensure. A temporary permit shall expire 6 months from the
23 date of issuance. Further renewal may be granted by the
24 Department, in hardship cases, that shall automatically expire
25 upon issuance of the Illinois license or upon notification that
26 the Department intends to deny licensure, whichever occurs

1 first. No extensions shall be granted beyond the 6-month period
2 unless approved by the Secretary. Notification by the
3 Department under this Section must be by certified or
4 registered mail.

5 Section 10-113. Suspension of APN license or registration
6 for failure to pay restitution. The Department, without further
7 process or hearing, shall suspend the license or other
8 authorization to practice advanced practice nursing issued
9 under this Act of any person who has been certified by court
10 order as not having paid restitution to a person under Section
11 8A-3.5 of the Illinois Public Aid Code or under Section 46-1 of
12 the Criminal Code of 1961. A person whose license or other
13 authorization to practice is suspended under this Section is
14 prohibited from practicing until restitution is made in full.

15 Section 10-114. Inactive status of a APN license. Any
16 advanced practice nurse, who notifies the Department in writing
17 on forms prescribed by the Department, may elect to place his
18 or her license on inactive status and shall, subject to rules
19 of the Department, be excused from payment of renewal fees
20 until notice is given to the Department, in writing, of his or
21 her intent to restore the license.

22 Any advanced practice nurse requesting restoration from
23 inactive status shall be required to pay the current renewal
24 fee and shall be required to restore his or her license, as

1 provided by rule of the Department.

2 Any advanced practice nurse whose license is in an inactive
3 status shall not practice advanced practice nursing as defined
4 by this Act in the State of Illinois.

5 Section 10-115. APN Scope of practice; professional
6 standards.

7 (a) Advanced practice nursing by certified nurse
8 practitioners, certified nurse anesthetists, certified nurse
9 midwives, or clinical nurse specialists is based on knowledge
10 and skills acquired throughout their nursing education,
11 training, and experience.

12 (b) Practice as an advanced practice nurse means a scope of
13 nursing practice, with or without compensation or personal
14 profit, and includes the registered nurse scope of practice;
15 the scope of practice of an advanced practice nurse includes,
16 but not limited to, each of the following:

17 (1) Advanced patient assessment and diagnosis.

18 (2) Ordering diagnostic and therapeutic tests and
19 procedures, performing those tests and procedures when
20 using health care equipment, and interpreting and using the
21 results of diagnostic and therapeutic tests and procedures
22 ordered by the advanced practice nurse or other health care
23 professional.

24 (3) Ordering treatments, ordering or applying
25 appropriate medical devices, and using nursing medical,

1 therapeutic, and corrective measures to treat illness and
2 improve health status.

3 (4) Providing palliative and end-of-life care.

4 (5) Providing advanced counseling, patient education,
5 health education, and patient advocacy.

6 (6) Prescriptive authority as defined in this Act.

7 (7) Delegating selected nursing activities or tasks to
8 a licensed practical nurse, a registered professional
9 nurse, or other personnel.

10 (c) Violations of this Section may result in discipline as
11 specified in Section 20-5 of the Act. All disciplinary hearings
12 shall be conducted in accordance with the Illinois
13 Administrative Code.

14 Section 10-117. APN standards of professional conduct.

15 (a) Advanced practice nurses are expected to safely
16 practice within the standards established or recognized by the
17 Board and the Department. Each advanced practice nurse is
18 accountable to patients, the nursing profession, the Board, and
19 the Department for compliance with the requirements of this Act
20 and the quality and safety of advanced practice nursing
21 rendered.

22 (b) An advanced practice nurse must reasonably plan for the
23 management of situations beyond his or her area of expertise
24 and must consult with other health care professionals and make
25 referrals as needed to provide services to patients.

1 (c) Advanced practice nurses must comply with the standards
2 for registered professional nurses set forth in this Act and
3 with the standards of national professional nursing
4 associations. When conflict arises between the standards of a
5 specific role and specialty of an advanced practice nurse and
6 those of registered nurses, the standards for the specific role
7 and specialty of the advanced practice nurse shall supersede
8 the standards for registered nurses.

9 Section 10-120. Written collaborative agreement with a
10 physician, dentist, or podiatrist for advanced practice nurses
11 engaged in clinical practice.

12 (a) A written collaborative agreement is required for all
13 advanced practice nurses engaged in clinical practice, except
14 for those who are practicing in and are credentialed and
15 privileged by an accredited facility or its affiliates.

16 (b) If an advanced practice nurse engages in clinical
17 practice outside of the accredited facility in which he or she
18 is credentialed and privileged or its affiliates, the advanced
19 practice nurse must have a written collaborative agreement.

20 (c) A written collaborative agreement shall describe the
21 working relationship of the advanced practice nurse with a
22 collaborating physician, dentist, or podiatrist and shall
23 describe the categories of care, treatment, or procedures to be
24 performed by the advanced practice nurse. Collaboration does
25 not require an employment relationship between the

1 collaborating physician, dentist, or podiatrist and the
2 advanced practice nurse. The agreement shall be written to
3 promote the exercise of professional judgment by the advanced
4 practice nurse commensurate with his or her education and
5 experience. The agreement need not describe the exact steps
6 that an advanced practice nurse must take with respect to each
7 specific condition, disease, or symptom but must specify which
8 procedures require a physician, dentist, or podiatrist's
9 presence as the procedures are being performed. The
10 collaborative relationship under an agreement shall not be
11 construed to require the personal presence of a physician,
12 dentist, or podiatrist at all times at the place where services
13 are rendered. A written collaborative agreement shall be
14 adequate if:

15 (1) Guidelines are developed jointly by the advanced
16 practice nurse and collaborating physician, dentist, or
17 podiatrist, as needed, based on the practice and the
18 practitioners. Such guidelines and the patient services
19 provided under them are periodically reviewed by the
20 physician, dentist, or podiatrist.

21 (2) The collaborating physician, dentist, or
22 podiatrist practices within a branch of medicine,
23 dentistry, or podiatry appropriate to the advanced
24 practice nurse's practice.

25 (3) The collaborating physician, dentist, or
26 podiatrist is available in person or through

1 telecommunications for consultation, collaboration, and
2 referral, as needed to address patient care needs. If the
3 collaborating physician, dentist, or podiatrist is not
4 available, another physician, dentist, or podiatrist shall
5 be available for collaboration with the advanced practice
6 nurse.

7 (4) The agreement contains provisions detailing
8 reasonable notice for termination or change of status
9 involving a written collaborative agreement except when
10 such notice is given for just cause.

11 (d) A copy of the signed, written collaborative agreement
12 must be available to the Department upon request. It shall be
13 periodically updated.

14 (e) A collaborating physician, dentist, or podiatrist
15 shall not be liable for the acts or omissions of an advanced
16 practice nurse solely on the basis of having signed a written
17 collaborative agreement or developing guidelines under such an
18 agreement.

19 (f) An advanced practice nurse shall not be liable for the
20 acts or omissions of a collaborating physician, dentist, or
21 podiatrist solely on the basis of having signed a written
22 collaborative agreement or developing guidelines under such an
23 agreement.

24 Section 10-125. APN title.

25 (a) No person shall use any words, abbreviations, figures,

1 letters, title, sign, card, or device tending to imply that he
2 or she is an advanced practice nurse, including, but not
3 limited to, using the titles or initials "Advanced Practice
4 Nurse", "Certified Nurse Midwife", "Certified Nurse
5 Practitioner", "Certified Registered Nurse Anesthetist",
6 "Clinical Nurse Specialist", "A.P.N.", "C.N.M.", "C.N.P.",
7 "C.R.N.A.", "C.N.S.", or similar titles or initials, with the
8 intention of indicating practice as an advanced practice nurse
9 without meeting the requirements of this Act.

10 (b) No advanced practice nurse shall indicate to other
11 persons that he or she is qualified to engage in the general
12 practice of medicine.

13 (c) An advanced practice nurse shall verbally identify
14 himself or herself as an advanced practice nurse, including
15 specialty certification, to each patient.

16 (d) Nothing in this Act shall be construed to relieve an
17 advanced practice nurse of the professional or legal
18 responsibility for the care and treatment of persons attended
19 by him or her.

20 Section 10-130. Advertising as an APN.

21 (a) A person licensed under this Act as an advanced
22 practice nurse may advertise the availability of professional
23 services in the public media or on the premises where the
24 professional services are rendered. The advertising shall be
25 limited to the following information:

1 (1) publication of the person's name, title, office
2 hours, address, and telephone number;

3 (2) information pertaining to the person's areas of
4 specialization, including, but not limited to, appropriate
5 board certification or limitation of professional
6 practice;

7 (3) publication of the person's collaborating
8 physician's, dentist's or podiatrist's name, title, and
9 areas of specialization;

10 (4) information on usual and customary fees for routine
11 professional services offered, which shall include
12 notification that fees may be adjusted due to complications
13 or unforeseen circumstances;

14 (5) announcements of the opening of, change of, absence
15 from, or return to business;

16 (6) announcement of additions to or deletions from
17 professional licensed staff; and

18 (7) the issuance of business or appointment cards.

19 (b) It is unlawful for a person licensed under this Act as
20 an advanced practice nurse to use testimonials or claims of
21 superior quality of care to entice the public. It shall be
22 unlawful to advertise fee comparisons of available services
23 with those of other licensed persons.

24 (c) This Article does not authorize the advertising of
25 professional services that the offeror of the services is not
26 licensed or authorized to render, nor shall the advertiser use

1 statements that contain false, fraudulent, deceptive, or
2 misleading material or guarantees of success, statements that
3 play upon the vanity or fears of the public, or statements that
4 promote or produce unfair competition.

5 (d) It is unlawful and punishable under the penalty
6 provisions of this Act for a person licensed under this Article
7 to knowingly advertise that the licensee will accept as payment
8 for services rendered by assignment from any third party payor
9 the amount the third party payor covers as payment in full, if
10 the effect is to give the impression of eliminating the need of
11 payment by the patient of any required deductible or copayment
12 applicable in the patient's health benefit plan.

13 (e) A licensee shall include in every advertisement for
14 services regulated under this Act his or her title as it
15 appears on the license or the initials authorized under this
16 Act.

17 (f) As used in this Section, "advertise" means solicitation
18 by the licensee or through another person or entity by means of
19 handbills, posters, circulars, motion pictures, radio,
20 newspapers, or television or any other manner.

21 Section 10-135. Continuing education for APNs. The
22 Department shall adopt rules of continuing education for
23 persons licensed under this Article that require 50 hours of
24 continuing education per 2-year license renewal cycle. The
25 rules shall not be inconsistent with requirements of relevant

1 national certifying bodies or State or national professional
2 associations. The rules shall also address variances in part or
3 in whole for good cause, including, but not limited to, illness
4 or hardship. The continuing education rules shall ensure that
5 licensees are given the opportunity to participate in programs
6 sponsored by or through their State or national professional
7 associations, hospitals, or other providers of continuing
8 education. Each licensee is responsible for maintaining
9 records of completion of continuing education and shall be
10 prepared to produce the records when requested by the
11 Department.

12 Section 10-140. Additional grounds for discipline for
13 APNs.

14 (a) The Department may, upon the recommendation of the
15 Board, refuse to issue or to renew, may revoke, suspend, place
16 on probation, censure, or reprimand, or may take other
17 disciplinary action as the Department may deem appropriate with
18 regard to a license issued under this Article, including the
19 issuance of fines not to exceed \$10,000 for each violation, for
20 any one or combination of the grounds for discipline set forth
21 in Section 20-5 of this Act or for any one or combination of
22 the following causes:

- 23 (1) Failure to meet the standard of care in nursing.
24 (2) Exceeding the terms of a collaborative agreement.
25 (3) Making a false or misleading statement regarding

1 his or her skill or the efficacy or value of the medicine,
2 treatment, or remedy prescribed by him or her in the course
3 of treatment.

4 (4) Prescribing, selling, administering, distributing,
5 giving, or self-administering a drug classified as a
6 controlled substance (designated product) or narcotic for
7 other than medically accepted therapeutic purposes.

8 (5) Promotion of the sale of drugs, devices,
9 appliances, or goods provided for a patient in a manner to
10 exploit the patient for financial gain.

11 (6) Violating State or federal laws or regulations
12 relating to controlled substances.

13 (7) Willfully or negligently violating the
14 confidentiality between advanced practice nurse,
15 collaborating physician, dentist, or podiatrist, and
16 patient, except as required by law.

17 (8) Failure of a licensee to report to the Department
18 any adverse final action taken against such licensee by
19 another licensing jurisdiction (any other jurisdiction of
20 the United States or any foreign state or country), any
21 peer review body, any health care institution, a
22 professional or nursing or advanced practice nursing
23 society or association, a governmental agency, a law
24 enforcement agency, or a court or a liability claim
25 relating to acts or conduct similar to acts or conduct that
26 would constitute grounds for action as defined in this

1 Section.

2 (9) Failure of a licensee to report to the Department
3 surrender by the licensee of a license or authorization to
4 practice nursing or advanced practice nursing in another
5 state or jurisdiction or current surrender by the licensee
6 of membership on any nursing staff or organized health care
7 professional staff or in any nursing, advanced practice
8 nurse, or professional association or society while under
9 disciplinary investigation by any of those authorities or
10 bodies for acts or conduct similar to acts or conduct that
11 would constitute grounds for action as defined in this
12 Section.

13 (10) Failing, within 60 days, to provide information in
14 response to a written request made by the Department.

15 (11) Failure to establish and maintain records of
16 patient care and treatment as required by law.

17 ARTICLE 15. ILLINOIS CENTER FOR NURSING

18 Section 15-5. Definitions. In this Article:

19 "Board" means the Center for Nursing Advisory Board.

20 "Center" means the Illinois Center for Nursing.

21 Section 15-10. Illinois Center for Nursing. There is
22 created the Illinois Center for Nursing to address issues of
23 supply and demand in the nursing profession, including issues

1 of recruitment, retention, and utilization of nurse manpower
2 resources. The General Assembly finds that the Center will
3 enhance the delivery of quality health care services by
4 providing an ongoing strategy for the allocation of the State's
5 resources directed towards nursing. Each of the following
6 objectives shall serve as the primary goals for the Center:

7 (1) To develop a strategic plan for nursing manpower in
8 Illinois by selecting priorities that must be addressed.

9 (2) To convene various groups of representatives of
10 nurses, other health care providers, businesses and
11 industries, consumers, legislators, and educators to:

12 (A) review and comment on data analysis prepared
13 for the Center;

14 (B) recommend systemic changes, including
15 strategies for implementation of recommended changes;
16 and

17 (C) evaluate and report the results of the Board's
18 efforts to the General Assembly and others.

19 (3) To enhance and promote recognition, reward, and
20 renewal activities for nurses in Illinois by:

21 (A) proposing and creating reward, recognition,
22 and renewal activities for nursing; and

23 (B) promoting media and positive image-building
24 efforts for nursing.

25 Section 15-15. Center for Nursing Advisory Board.

1 (a) There is created the Center for Nursing Advisory Board,
2 which shall consist of 11 members appointed by the Governor,
3 with 6 members of the Board being nurses representative of
4 various nursing specialty areas. The other 5 members may
5 include representatives of associations, health care
6 providers, nursing educators, and consumers. The Board shall be
7 chaired by the Nursing Coordinator, who shall be a voting
8 member of the Board.

9 (b) The membership of the Board shall reasonably reflect
10 representation from the geographic areas in this State.

11 (c) Members of the Board appointed by the Governor shall
12 serve for terms of 4 years, with no member serving more than 10
13 successive years, except that, initially, 4 members shall be
14 appointed to the Board for terms that expire on June 30, 2009,
15 4 members shall be appointed to the Board for terms that expire
16 on June 30, 2008, and 3 members shall be appointed to the Board
17 for terms that expire on June 30, 2007. A member shall serve
18 until his or her successor is appointed and has qualified.
19 Vacancies shall be filled in the same manner as original
20 appointments, and any member so appointed shall serve during
21 the remainder of the term for which the vacancy occurred.

22 (d) A quorum of the Board shall consist of a majority of
23 Board members currently serving. A majority vote of the quorum
24 is required for Board decisions. A vacancy in the membership of
25 the Board shall not impair the right of a quorum to exercise
26 all of the rights and perform all of the duties of the Board.

1 (e) The Governor may remove any appointed member of the
2 Board for misconduct, incapacity, or neglect of duty and shall
3 be the sole judge of the sufficiency of the cause for removal.

4 (f) Members of the Board are immune from suit in any action
5 based upon any activities performed in good faith as members of
6 the Board.

7 (g) Members of the Board shall not receive compensation,
8 but shall be reimbursed for actual traveling, incidentals, and
9 expenses necessarily incurred in carrying out their duties as
10 members of the Board, as approved by the Department.

11 Section 15-20. Powers and duties of the Board.

12 (a) The Board shall be advisory to the Department and shall
13 possess and perform each of the following powers and duties:

14 (1) determine operational policy;

15 (2) administer grants, scholarships, internships, and
16 other programs, as defined by rule, including the
17 administration of programs, as determined by law, that
18 further those goals set forth in Section 5-10 of this Act,
19 in consultation with other State agencies, as provided by
20 law;

21 (3) establish committees of the Board as needed;

22 (4) recommend the adoption and, from time to time, the
23 revision of those rules that may be adopted and necessary
24 to carry out the provisions of this Act;

25 (5) implement the major functions of the Center, as

1 established in the goals set forth in Section 5-10 of this
2 Act; and

3 (6) seek and accept non-State funds for carrying out
4 the policies of the Center.

5 (b) The Center shall work in consultation with other State
6 agencies as necessary.

7 ARTICLE 20. ADMINISTRATION AND ENFORCEMENT

8 Section 20-5. Grounds for disciplinary action.

9 (a) The Department may, upon recommendation of the Board,
10 refuse to issue or to renew, may revoke, suspend, place on
11 probation, or reprimand, or may take other disciplinary action
12 as the Department may deem appropriate with regard to a license
13 for any one or combination of the causes set forth in
14 subsection (b). Fines of up to 25% of benefits, including, but
15 not limited to, monetary gain, may be imposed in conjunction
16 with other forms of disciplinary action for those violations
17 that result in a benefit for the licensee. Fines shall not be
18 the exclusive disposition of any disciplinary action arising
19 out of conduct resulting in death or injury to a patient. Fines
20 shall not be assessed in disciplinary actions involving mental
21 or physical illness or impairment. All fines collected under
22 this Section shall be deposited in the Nursing Dedicated and
23 Professional Fund.

24 (b) Grounds for disciplinary action include the following:

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

3 (2) Material violations of any provision of this Act or
4 violation of the rules of or final administrative action of
5 the Secretary, after consideration of the recommendation
6 of the Board.

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

16 (4) A pattern of practice or other behavior that
17 demonstrates incapacity or incompetence to practice under
18 this Act.

19 (5) Knowingly aiding or assisting another person in
20 violating any provision of this Act or rules.

21 (6) Failing, within 90 days, to provide a response to a
22 request for information in response to a written request
23 made by the Department by certified mail.

24 (7) Engaging in dishonorable, unethical, or
25 unprofessional conduct of a character that deceives,
26 defrauds, or harms the public, as defined by rule.

1 (8) Unlawful taking, theft, selling, distributing, or
2 manufacturing of any drug, narcotic, or prescription
3 device.

4 (9) Habitual or excessive use or addiction to alcohol,
5 narcotics, stimulants, or any other chemical agent or drug
6 that results in a licensee's inability to practice with
7 reasonable judgment, skill, or safety.

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

12 (11) A finding that the licensee, after having his or
13 her license placed on probationary status, has violated the
14 terms of probation.

15 (12) Being named as a perpetrator in an indicated
16 report by the Department of Children and Family Services
17 and under the Abused and Neglected Child Reporting Act and
18 upon proof by clear and convincing evidence that the
19 licensee has caused a child to be an abused child or
20 neglected child as defined in the Abused and Neglected
21 Child Reporting Act.

22 (13) Willful omission to file or record, willfully
23 impeding the filing or recording, or inducing another
24 person to omit to file or record medical reports as
25 required by law or willfully failing to report an instance
26 of suspected child abuse or neglect as required by the

1 Abused and Neglected Child Reporting Act.

2 (14) Gross negligence in the practice of nursing.

3 (15) Holding one out to be practicing nursing under any
4 name other than one's own.

5 (16) Failure of a licensee to report to the Department
6 any adverse final action taken against such licensee by
7 another licensing jurisdiction (any other jurisdiction of
8 the United States or any foreign state or country), any
9 peer review body, any health care institution, a
10 professional or nursing or advanced practice nursing
11 society or association, a governmental agency, a law
12 enforcement agency, or a court or a liability claim
13 relating to acts or conduct similar to acts or conduct that
14 would constitute grounds for action as defined in this
15 Section.

16 (17) Failure of a licensee to report to the Department
17 surrender by the licensee of a license or authorization to
18 practice nursing or advanced practice nursing in another
19 state or jurisdiction or current surrender by the licensee
20 of membership on any nursing staff or organized health care
21 professional staff or in any nursing, advanced practice
22 nurse, or professional association or society while under
23 disciplinary investigation by any of those authorities or
24 bodies for acts or conduct similar to acts or conduct that
25 would constitute grounds for action as defined in this
26 Section.

1 (18) Failing, within 60 days, to provide information in
2 response to a written request made by the Department.

3 (19) Failure to establish and maintain records of
4 patient care and treatment as required by law.

5 (20) Any violation of any Section of this Act.

6 (21) Fraud, deceit, or misrepresentation in applying
7 for or procuring a license under this Act or in connection
8 with applying for renewal of a license under this Act.

9 (22) Allowing another person or organization to use the
10 licensees' license to deceive the public.

11 (23) Willfully making or filing false records or
12 reports in the licensee's practice, including, but not
13 limited to, false records to support claims against the
14 medical assistance program of the Department of Healthcare
15 and Family Services under the Illinois Public Aid Code.

16 (24) Attempting to subvert or cheat on a nurse
17 licensing examination administered under this Act.

18 (25) Immoral conduct in the commission of an act, such
19 as sexual abuse, sexual misconduct, or sexual
20 exploitation, related to the licensee's practice.

21 (26) Willfully or negligently violating the
22 confidentiality between nurse and patient except as
23 required by law.

24 (27) Practicing under a false or assumed name, except
25 as provided by law.

26 (28) The use of any false, fraudulent, or deceptive

1 statement in any document connected with the licensee's
2 practice.

3 (29) Directly or indirectly giving to or receiving from
4 a person, firm, corporation, partnership, or association a
5 fee, commission, rebate, or other form of compensation for
6 professional services not actually or personally rendered.

7 (30) Failure of a licensee to report to the Department
8 any adverse final action taken against such licensee by
9 another licensing jurisdiction (any other jurisdiction of
10 the United States or any foreign state or country), by any
11 peer review body, by any health care institution, by any
12 professional or nursing society or association, by any
13 governmental agency, by any law enforcement agency, or by
14 any court or a nursing liability claim related to acts or
15 conduct similar to acts or conduct that would constitute
16 grounds for action as defined in this Section.

17 (31) Failure of a licensee or applicant to report to
18 the Department surrender by the licensee of a license or
19 authorization to practice nursing in another state or
20 jurisdiction or current surrender by the licensee of
21 membership on any nursing staff or in any nursing or
22 professional association or society while under
23 disciplinary investigation by any of those authorities or
24 bodies for acts or conduct similar to acts or conduct that
25 would constitute grounds for action as defined by this
26 Section.

1 (32) A violation of the Health Care Worker
2 Self-Referral Act.

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

8 (c) The determination by a circuit court that a licensee is
9 subject to involuntary admission or judicial admission as
10 provided in the Mental Health and Developmental Disabilities
11 Code operates as an automatic suspension. The suspension shall
12 end only upon a finding by a court that the patient is no
13 longer subject to involuntary admission or judicial admission
14 and issues an order so finding and discharging the patient and
15 upon the recommendation of the Board to the Secretary that the
16 licensee be allowed to resume his or her practice.

17 (d) The Department may refuse to issue a license or may
18 suspend the license of any person who fails to file a return,
19 to pay the tax, penalty, or interest shown in a filed return,
20 or to pay any final assessment of the tax, penalty, or interest
21 as required by any tax Act administered by the Department of
22 Revenue, until such time as the requirements of any such tax
23 Act are satisfied.

24 (e) In enforcing this Section, the Department or Board,
25 upon a showing of a possible violation, may compel an
26 individual who is licensed to practice under this Act or who

1 has applied for licensure under this Act to submit to a mental
2 or physical examination or both as required by and at the
3 expense of the Department. The Department or Board may order
4 the examining physician to present testimony concerning the
5 mental or physical examination of the licensee or applicant. No
6 information shall be excluded by reason of any common law or
7 statutory privilege relating to communications between the
8 licensee or applicant and the examining physician. The
9 examining physician shall be specifically designated by the
10 Board or Department. The individual to be examined may have, at
11 his or her own expense, another physician of his or her choice
12 present during all aspects of this examination. Failure of an
13 individual to submit to a mental or physical examination, when
14 directed, shall be grounds for automatic suspension of his or
15 her license until the individual submits to the examination.
16 All substance-related violations shall mandate an automatic
17 substance abuse assessment. Failure to submit to an assessment
18 by a licensed physician who is certified as an addictionist or
19 an advanced practice nurse with specialty certification in
20 addictions may be grounds for an automatic suspension, as
21 defined in rules.

22 If the Department or Board finds an individual unable to
23 practice or unfit for duty because of the reasons set forth in
24 this Section, the Department or Board may require that the
25 individual submit to a substance abuse evaluation or treatment
26 by individuals or programs approved or designated by the

1 Department or Board as a condition, term, or restriction for
2 continued, reinstated, or renewed licensure to practice; or, in
3 lieu of evaluation or treatment, the Department may file or the
4 Board may recommend to the Department to file a complaint to
5 immediately suspend, revoke, or otherwise discipline the
6 license of the individual. An individual whose license was
7 granted, continued, reinstated, renewed, disciplined, or
8 supervised, subject to such terms, conditions, or
9 restrictions, and who fails to comply with such terms,
10 conditions, or restrictions shall be referred to the Secretary
11 for a determination as to whether the individual shall have his
12 or her license suspended immediately, pending a hearing by the
13 Department.

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

23 An individual licensed under this Act and affected under
24 this Section shall be afforded an opportunity to demonstrate to
25 the Department or Board that he or she can resume practice in
26 compliance with nursing standards under the provisions of his

1 or her license.

2 Section 20-10. Intoxication and drug abuse.

3 (a) Any nurse who has knowledge of any action or condition
4 that reasonably indicates that a registered professional nurse
5 or licensed practical nurse is impaired due to the use of
6 alcohol or mood-altering drugs to the extent that such
7 impairment adversely affects such nurse's professional
8 performance or unlawfully possesses, uses, distributes, or
9 converts mood-altering drugs belonging to the place of
10 employment shall report this individual to the Department or
11 designee of the Department. Any nurse participating in
12 mandatory reporting to the Department under this Section or in
13 good faith assisting another person in making such a report
14 shall have immunity from any liability, either criminal or
15 civil, that might result by reason of such action.

16 (b) Nurses may initiate self-referral to a Nursing
17 Assistance Program and their identity shall remain
18 confidential with no disciplinary action taken against them as
19 long as they comply with the Department or designee-approved
20 program.

21 (c) Each year on March 1, commencing with the effective
22 date of this Act, the Department shall submit a report to the
23 General Assembly. The report shall include the number of
24 reports made under this Section to the Department during the
25 previous year, the number of reports reviewed and found

1 insufficient to warrant further investigation, the number of
2 reports not completed, and the reasons for incompleteness. This
3 report shall also be made available to nurses requesting the
4 report.

5 (d) Any person making a report under this Section or in
6 good faith assisting another person in making such a report
7 shall have immunity from any liability, either criminal or
8 civil, that might result by reason of such action. For the
9 purpose of any legal proceeding, criminal or civil, there shall
10 be a rebuttable presumption that any person making a report
11 under this Section or assisting another person in making such
12 report was acting in good faith. All such reports and any
13 information disclosed to or collected by the Department
14 pursuant to this Section shall remain confidential records of
15 the Department and shall not be disclosed nor be subject to any
16 law or rule of this State relating to freedom of information or
17 public disclosure of records.

18 Section 20-15. Duty to report by others.

19 (a) Employers of registered professional nurses, licensed
20 practical or vocational nurses, or advanced practice nurses
21 shall report to the Board the names of any licensee or
22 applicant for nursing licensure whose employment has been
23 terminated or who has resigned in order to avoid termination
24 for any reasons stipulated as follows:

25 (1) Failure to demonstrate the qualifications or

1 satisfy the requirements for licensure contained in this
2 Act.

3 (2) Convictions by a court or entry of an Alford plea
4 or a nolo contendere plea to a crime in any jurisdiction
5 that relates adversely to the practice of nursing or to the
6 ability to practice nursing.

7 (3) Employing fraud or deceit in procuring or
8 attempting to procure a license to practice nursing, in
9 filing any reports or completing patient records, in
10 representation of self to board or public, in
11 authenticating any report or records in the nurse's
12 capacity as a registered professional nurse, licensed
13 practical or vocational nurse, or advanced practice nurse,
14 or in submitting any information or record to the Board.

15 (4) Unethical conduct, including, but not limited to,
16 conduct likely to deceive, defraud, or harm the public, or
17 demonstrating a willful or careless disregard for the
18 health or safety of a patient. Actual injury need not be
19 established.

20 (5) A nurse's license to practice nursing or a
21 multi-state practice privilege or another professional
22 license or other credential has been denied, revoked,
23 suspended, restricted, or otherwise disciplined in this or
24 any other state.

25 (6) Actions or conduct, including, but not limited to:

26 (A) Failure or inability to perform professional

1 nursing, practical or vocational nursing, or advanced
2 practice nursing, as defined in this Act, with
3 reasonable skill and safety.

4 (B) Unprofessional conduct, including, but not
5 limited to:

6 (i) A departure from or failure to conform to
7 nursing standards.

8 (ii) Improper management of patient records.

9 (iii) Delegating or accepting the delegation
10 of a nursing function or a prescribed health
11 function when the delegation or acceptance could
12 reasonably be expected to result in unsafe or
13 ineffective patient care.

14 (iv) Failure to supervise the performance of
15 acts by any individual working at the nurse's
16 delegation or assignment.

17 (v) Failure of a clinical nursing instructor
18 to supervise student experiences.

19 (C) Failure of a chief nurse executive to follow
20 appropriate and recognized standards and guidelines in
21 providing oversight of the nursing organization and
22 nursing services of a health care delivery system.

23 (D) Failure to practice within a modified scope of
24 practice or with the required accommodations of any
25 stipulated agreement with the board or employer.

26 (E) Conduct or any nursing practice that may create

1 unnecessary danger to a patient's life, health, or
2 safety. Actual injury to a patient need not be
3 established.

4 (F) Demonstration of actual or potential inability
5 to practice nursing with reasonable skill and safety to
6 patients by reason of illness; use of alcohol, drugs,
7 chemicals, or any other material; or as a result of any
8 mental or physical conditions.

9 (7) Actions of misconduct, including without
10 limitation:

11 (A) Falsifying reports, patient documentation,
12 agency records, or other essential health documents.

13 (B) Failure to cooperate with a lawful
14 investigation conducted by the Board.

15 (C) Failure to maintain professional boundaries
16 with patients and or patient family members.

17 (D) Use of excessive force upon or mistreatment or
18 abuse of any patient.

19 (E) Engaging in sexual conduct with a patient,
20 touching a patient in a sexual manner, requesting or
21 offering sexual favors, or language or behavior
22 suggestive of the same.

23 (F) Threatening or violent behavior in the
24 workplace.

25 (8) Diversion or attempts to divert drugs or controlled
26 substances from the workplace.

1 (9) Failure of a participant of an alternative (to
2 discipline) program to comply with terms of his or her
3 alternative program agreement.

4 (10) Other drug related actions or conduct that
5 include, but are not limited to:

6 (A) Use of any controlled substance or any drug or
7 device or alcoholic beverage to an extent or in a
8 manner dangerous or injurious to himself or herself,
9 any other person, or the public or to the extent that
10 such use may impair his or her ability to conduct with
11 safety to the public the practice authorized by his or
12 her license.

13 (B) Falsification of or making incorrect,
14 inconsistent, or unintelligible entries in any agency,
15 patient, or other record pertaining to drugs or
16 controlled substances.

17 (C) A positive drug screen for which there is no
18 lawful prescription.

19 (11) Unlawful practice or actions, including without
20 limitation:

21 (A) Knowingly aiding, assisting, advising, or
22 allowing an unlicensed person to engage in the unlawful
23 practice of professional or practical nursing.

24 (B) Violating a rule adopted by the Board, an order
25 of the Board, or a State or federal law relating to the
26 practice of professional or practical nursing or a

1 state or federal narcotics or controlled substance
2 law.

3 (C) Practicing beyond the scope of practice as
4 stated in this Act.

5 (D) Failing to report violations of this Act.

6 Section 20-20. Disciplinary and non-disciplinary options
7 for the impaired nurse.

8 (a) There are 3 options to assist the chemically dependent
9 nurse that will assist him or her in receiving treatment and
10 will remain confidential and will not result in disciplinary
11 action by the Board or Department.

12 (1) An individual can self-report to a Board-approved
13 Nursing Assistance Program. The program shall identify
14 these nurses by number to ensure anonymity and shall
15 provide a report to the Department regarding their progress
16 on a monthly basis. Nurses who are non-compliant with the
17 program or any nurse that the staff at the Nursing
18 Assistance Program believes may be a risk to the public
19 shall be reported by name to the Department.

20 (2) An individual may enroll in a Board-approved
21 Employee Assistance Program through their employer.

22 (3) An individual may enroll in the Department's Care,
23 Counseling and Treatment (CCT) program through the
24 Department.

25 (b) For reports filed through the Department Complaint

1 Intake department by self, employer, co-worker or other, the
2 following measures shall be taken:

3 (1) Immediately, after the complaint is filed, the
4 newly created file shall be directly assigned to the lead
5 investigator at the Department, who has 10 business days to
6 initiate contact with the complainant and nurse
7 respondent.

8 (2) The investigator shall contact the complainant and
9 determine whether a complaint exists, the severity of the
10 complaint, and whether the individual qualifies for the CCT
11 program.

12 (3) The investigator shall then contact the nurse
13 respondent (in person or by phone) explaining the
14 allegations and offering enrollment in CCT.

15 (4) The respondent may enroll in CCT immediately or
16 within 10 business days. It is the responsibility of the
17 respondent to make an appointment to meet with an attorney
18 at the Department to discuss the CCT program.

19 (5) If he or she wishes to enroll in the program, he or
20 she shall indicate his or her willingness to voluntarily
21 participate by signing the CCT agreement. After 10 business
22 days the respondent waives his or her rights to be eligible
23 for CCT and a formal investigation is initiated.

24 (b) An individual is eligible for the CCT program if he or
25 she meets the following criteria:

26 (1) Is a registered professional nurse or licensed

1 practical nurse either eligible for or holding an Illinois
2 nursing license or a person holding a temporary license in
3 Illinois.

4 (2) Voluntarily requests admission to the CCT program
5 prior to the initiation of an investigation.

6 (3) Is currently enrolled in a peer assistance or
7 diversion program and is requesting endorsement from
8 another state.

9 (4) Acknowledges abusing drugs or alcohol.

10 (5) May have had previous disciplinary action for
11 chemical dependency by any state board, but none within the
12 last 10 years.

13 (6) Has not been terminated, due to noncompliance, from
14 any peer assistance or diversion program by any state board
15 within the last 10 years.

16 (7) Has not altered patient records and has no nursing
17 practice problems involving death or significant harm to a
18 patient.

19 (8) Has not engaged in the taking of chemicals or
20 substances for the purpose of sale or distribution.

21 (9) Has not engaged in the diversion, procurement, or
22 distribution of chemicals, potential components, or
23 supplies that could result in the manufacture or use of
24 illegal substances.

25 If the respondent does not qualify for CCT or fails to sign
26 the CCT agreement in 10 business days, the Department shall

1 then initiate a formal investigation and the respondent is
2 scheduled for an informal conference with a member of the
3 Board.

4 (c) If an individual denies the accusations, he or she has
5 30 days to be evaluated by a physician who is certified in
6 addictions from an approved list of the Board. If he or she is
7 found to be chemically dependent, he or she shall then proceed
8 to an informal hearing with the Board.

9 Section 20-25. Reports relating to professional conduct
10 and capacity.

11 (a) The chief administrator or executive officer of a
12 health care institution licensed by the Department of Public
13 Health, which provides the minimum due process set forth in
14 Section 10.4 of the Hospital Licensing Act, shall report to the
15 Board when a licensee's organized professional staff clinical
16 privileges are terminated or are restricted based on a final
17 determination, in accordance with that institution's bylaws or
18 rules, that (i) a person has either committed an act or acts
19 that may directly threaten patient care and that are not of an
20 administrative nature or (ii) that a person may be mentally or
21 physically disabled in a manner that may endanger patients
22 under that person's care. The chief administrator or officer
23 shall also report if a licensee accepts voluntary termination
24 or restriction of clinical privileges in lieu of formal action
25 based upon conduct related directly to patient care and not of

1 an administrative nature or in lieu of formal action seeking to
2 determine whether a person may be mentally or physically
3 disabled in a manner that may endanger patients under that
4 person's care. The Board shall provide by rule for the
5 reporting to it of all instances in which a person licensed
6 under this Act who is impaired by reason of age, drug, or
7 alcohol abuse or physical or mental impairment, is under
8 supervision, and, where appropriate, is in a program of
9 rehabilitation. Reports submitted under this subsection (a)
10 shall be strictly confidential and may be reviewed and
11 considered only by the members of the Board or authorized staff
12 as provided by rule of the Board. Provisions shall be made for
13 the periodic report of the status of any such reported person
14 not less than twice annually in order that the Board shall have
15 current information upon which to determine the status of that
16 person. Initial and periodic reports of impaired advanced
17 practice nurses shall not be considered records within the
18 meaning of the State Records Act and shall be disposed of,
19 following a determination by the Board that such reports are no
20 longer required, in a manner and at an appropriate time as the
21 Board shall determine by rule. The filing of reports submitted
22 under this subsection (a) shall be construed as the filing of a
23 report for purposes of subsection (c) of this Section.

24 The President or chief executive officer of an association
25 or society of persons licensed under this Act, operating within
26 this State, shall report to the Board when the association or

1 society renders a final determination that a person licensed
2 under this Act has committed unprofessional conduct related
3 directly to patient care or that a person may be mentally or
4 physically disabled in a manner that may endanger patients
5 under the person's care.

6 Every insurance company that offers policies of
7 professional liability insurance to persons licensed under
8 this Act or any other entity that seeks to indemnify the
9 professional liability of a person licensed under this Act
10 shall report to the Board the settlement of any claim or cause
11 of action or final judgment rendered in any cause of action
12 that alleged negligence in the furnishing of patient care by
13 the licensee when the settlement or final judgment is in favor
14 of the plaintiff.

15 The State's Attorney of each county shall report to the
16 Board all instances in which a person licensed under this Act
17 is convicted or otherwise found guilty of the commission of a
18 felony.

19 All agencies, boards, commissions, departments, or other
20 instrumentalities of the government of this State shall report
21 to the Board any instance arising in connection with the
22 operations of the agency, including the administration of any
23 law by the agency, in which a person licensed under this Act
24 has either committed an act or acts that may constitute a
25 violation of this Act, that may constitute unprofessional
26 conduct related directly to patient care, or that indicates

1 that a person licensed under this Act may be mentally or
2 physically disabled in a manner that may endanger patients
3 under that person's care.

4 (b) All reports required under items (8) and (9) of
5 subsection (a) of Section 10-140 of this Act and under this
6 Section shall be submitted to the Board in a timely fashion.
7 The reports shall be filed in writing within 60 days after a
8 determination that a report is required under this Act. All
9 reports shall contain the following information:

10 (1) The name, address, and telephone number of the
11 person making the report.

12 (2) The name, address, and telephone number of the
13 person who is the subject of the report.

14 (3) The name or other means of identification of any
15 patient or patients whose treatment is a subject of the
16 report, except that no medical records may be revealed
17 without the written consent of the patient or patients.

18 (4) A brief description of the facts that gave rise to
19 the issuance of the report, including, but not limited to,
20 the dates of any occurrences deemed to necessitate the
21 filing of the report.

22 (5) If court action is involved, the identity of the
23 court in which the action is filed, the docket number, and
24 date of filing of the action.

25 (6) Any further pertinent information that the
26 reporting party deems to be an aid in the evaluation of the

1 report.

2 Nothing contained in this Section shall be construed to in
3 any way waive or modify the confidentiality of medical reports
4 and committee reports to the extent provided by law. Any
5 information reported or disclosed shall be kept for the
6 confidential use of the Board, the Board's attorneys, the
7 investigative staff, and authorized clerical staff and shall be
8 afforded the same status as is provided information concerning
9 medical studies in Part 21 of Article VIII of the Code of Civil
10 Procedure.

11 (c) An individual or organization acting in good faith and
12 not in a willful and wanton manner in complying with this Act
13 by providing a report or other information to the Board, by
14 assisting in the investigation or preparation of a report or
15 information, by participating in proceedings of the Board, or
16 by serving as a member of the Board shall not, as a result of
17 such actions, be subject to criminal prosecution or civil
18 damages.

19 (d) Members of the Board, the Board's attorneys, the
20 investigative staff, advanced practice nurses or physicians
21 retained under contract to assist and advise in the
22 investigation, and authorized clerical staff shall be
23 indemnified by the State for any actions (i) occurring within
24 the scope of services on the Board, (ii) performed in good
25 faith, and (iii) not willful or wanton in nature. The Attorney
26 General shall defend all actions taken against those persons

1 unless he or she determines either that there would be a
2 conflict of interest in the representation or that the actions
3 complained of were not performed in good faith or were willful
4 and wanton in nature. If the Attorney General declines
5 representation, the member shall have the right to employ
6 counsel of his or her choice, whose fees shall be provided by
7 the State, after approval by the Attorney General, unless there
8 is a determination by a court that the member's actions were
9 not performed in good faith or were willful or wanton in
10 nature. The member shall notify the Attorney General within 7
11 days after receipt of notice of the initiation of an action
12 involving services of the Board. Failure to so notify the
13 Attorney General shall constitute an absolute waiver of the
14 right to a defense and indemnification. The Attorney General
15 shall determine within 7 days after receiving the notice
16 whether he or she will undertake to represent the member.

17 (e) Upon the receipt of a report called for by this Act,
18 other than those reports of impaired persons licensed under
19 this Act required pursuant to the rules of the Board, the Board
20 shall notify in writing by certified mail the person who is the
21 subject of the report. The notification shall be made within 30
22 days after receipt by the Board of the report. The notification
23 shall include a written notice setting forth the person's right
24 to examine the report. Included in the notification shall be
25 the address at which the file is maintained, the name of the
26 custodian of the reports, and the telephone number at which the

1 custodian may be reached. The person who is the subject of the
2 report shall submit a written statement responding to,
3 clarifying, adding to, or proposing to amend the report
4 previously filed. The statement shall become a permanent part
5 of the file and shall be received by the Board no more than 30
6 days after the date on which the person was notified of the
7 existence of the original report. The Board shall review all
8 reports received by it and any supporting information and
9 responding statements submitted by persons who are the subject
10 of reports. The review by the Board shall be in a timely
11 manner, but in no event shall the Board's initial review of the
12 material contained in each disciplinary file be less than 61
13 days nor more than 180 days after the receipt of the initial
14 report by the Board. When the Board makes its initial review of
15 the materials contained within its disciplinary files, the
16 Board shall, in writing, make a determination as to whether
17 there are sufficient facts to warrant further investigation or
18 action. Failure to make that determination within the time
19 provided shall be deemed to be a determination that there are
20 not sufficient facts to warrant further investigation or
21 action. Should the Board find that there are not sufficient
22 facts to warrant further investigation or action, the report
23 shall be accepted for filing and the matter shall be deemed
24 closed and so reported. The individual or entity filing the
25 original report or complaint and the person who is the subject
26 of the report or complaint shall be notified in writing by the

1 Board of any final action on their report or complaint.

2 (f) The Board shall prepare, on a timely basis, but in no
3 event less than one every other month, a summary report of
4 final actions taken upon disciplinary files maintained by the
5 Board. The summary reports shall be sent by the Board to every
6 health care facility licensed by the Department of Public
7 Health, every professional association and society of persons
8 licensed under this Act functioning on a statewide basis in
9 this State, all insurers providing professional liability
10 insurance to persons licensed under this Act in this State, and
11 the Illinois Pharmacists Association.

12 (g) Any violation of this Section shall constitute a Class
13 A misdemeanor.

14 (h) If a person violates the provisions of this Section, an
15 action may be brought in the name of the People of the State of
16 Illinois, through the Attorney General of the State of
17 Illinois, for an order enjoining the violation or for an order
18 enforcing compliance with this Section. Upon filing of a
19 verified petition in court, the court may issue a temporary
20 restraining order without notice or bond and may preliminarily
21 or permanently enjoin the violation, and if it is established
22 that the person has violated or is violating the injunction,
23 the court may punish the offender for contempt of court.
24 Proceedings under this subsection (h) shall be in addition to
25 and not in lieu of all other remedies and penalties provided
26 for by this Section.

1 Section 20-30. Returned checks; fines. Any person who
2 delivers a check or other payment to the Department that is
3 returned to the Department unpaid by the financial institution
4 upon which it is drawn shall pay to the Department, in addition
5 to the amount already owed to the Department, a fine of \$50.
6 The fines imposed by this Section are in addition to any other
7 discipline provided under this Act for unlicensed practice or
8 practice on a nonrenewed license. The Department shall notify
9 the person that payment of fees and fines shall be paid to the
10 Department by certified check or money order within 30 calendar
11 days after the notification. If, after the expiration of 30
12 days from the date of the notification, the person has failed
13 to submit the necessary remittance, the Department shall
14 automatically terminate the license or deny the application,
15 without hearing. If, after termination or denial, the person
16 seeks a license, he or she shall apply to the Department for
17 restoration or issuance of the license and pay all fees and
18 fines due to the Department. The Department may establish a fee
19 for the processing of an application for restoration of a
20 license to pay all expenses of processing this application. The
21 Secretary may waive the fines due under this Section in
22 individual cases where the Secretary finds that the fines would
23 be unreasonable or unnecessarily burdensome.

24 Section 20-35. Roster. The Department shall maintain a

1 roster of the names and addresses of all licensees and of all
2 persons whose licenses have been suspended or revoked. The
3 Department shall remove from public access the indication for
4 discipline for first-time offenders who petition the
5 Department 5 years after successful completion of the terms and
6 conditions of the discipline. This roster shall be available
7 upon written request and payment of the required fees.

8 Section 20-40. Licensure requirements; Internet site. The
9 Department shall make available to the public the requirements
10 for licensure in English and Spanish on the Internet through
11 the Department's World Wide Web site. This information shall
12 include the requirements for licensure of individuals
13 currently residing in another state or territory of the United
14 States or a foreign country, territory, or province. The
15 Department shall establish an e-mail link to the Department for
16 information on the requirements for licensure, with replies
17 available in English and Spanish.

18 Section 20-45. Educational resources; Internet link. The
19 Department shall work with the Board, the Board of Higher
20 Education, the Illinois Student Assistance Commission,
21 Statewide organizations, and community-based organizations to
22 develop a list of Department-approved nursing programs and
23 other educational resources related to the Test of English as a
24 Foreign Language. The Department shall provide a link to a list

1 of these resources, in English and Spanish, on the Department's
2 World Wide Web site.

3 Section 20-50. Fees.

4 (a) The Department shall provide by rule for a schedule of
5 fees to be paid for licenses by all applicants.

6 (b) Except as provided in subsection (c) of this Section,
7 the fees for the administration and enforcement of this Act,
8 including, but not limited to, original licensure, renewal, and
9 restoration, shall be set by rule. The fees shall not be
10 refundable.

11 (c) In addition, applicants for any examination as a
12 registered professional nurse or a licensed practical nurse
13 shall be required to pay, either to the Department or to the
14 designated testing service, a fee covering the cost of
15 providing the examination. Failure to appear for the
16 examination on the scheduled date, at the time and place
17 specified, after the applicant's application for examination
18 has been received and acknowledged by the Department or the
19 designated testing service, shall result in the forfeiture of
20 the examination fee.

21 Section 20-55. Fund.

22 (a) There is hereby created within the State treasury the
23 Nursing Dedicated and Professional Fund. The moneys in the Fund
24 may be used by and at the direction of the Department for the

1 administration and enforcement of this Act, including, but not
2 limited to:

3 (1) Distribution and publication of the Nurse Practice
4 Act and the rules at the time of renewal to all persons
5 licensed by the Department under this Act.

6 (2) Employment of secretarial, nursing,
7 administrative, enforcement, and other staff for the
8 administration of this Act.

9 (3) Conducting a survey, as prescribed by rule of the
10 Department, once every 4 years during the license renewal
11 period.

12 (4) Conducting training seminars for licensees under
13 this Act relating to the obligations, responsibilities,
14 enforcement, and other provisions of the Act and its rules.

15 (b) Disposition of fees:

16 (1) \$5 of every licensure fee shall be placed in a fund
17 for assistance to nurses enrolled in a diversionary
18 program. This does not include nurses enrolled in employee
19 assistance programs.

20 (2) All of the fees and fines collected pursuant to
21 this Act shall be deposited in the Nursing Dedicated and
22 Professional Fund.

23 (3) Each fiscal year, the moneys deposited in the
24 Nursing Dedicated and Professional Fund shall be
25 appropriated to the Department for expenses of the
26 Department and the Board in the administration of this Act.

1 All earnings received from investment of moneys in the
2 Nursing Dedicated and Professional Fund shall be deposited
3 in the Nursing Dedicated and Professional Fund and shall be
4 used for the same purposes as fees deposited in the Fund.

5 (4) Each fiscal year, \$1,200,000 of the moneys
6 deposited in the Nursing Dedicated and Professional Fund
7 each year shall be set aside and appropriated to the
8 Department of Public Health for nursing scholarships
9 awarded pursuant to the Nursing Education Scholarship Law.
10 Representatives of the Department and the Nursing
11 Education Scholarship Program Advisory Council shall
12 review this requirement and the scholarship awards every 2
13 years.

14 (5) Moneys in the Fund may be transferred to the
15 Professions Indirect Cost Fund as authorized under Section
16 2105-300 of the Department of Professional Regulation Law
17 (20 ILCS 2105/2105-300).

18 (c) Moneys set aside for nursing scholarships awarded
19 pursuant to the Nursing Education Scholarship Law as provided
20 in item (4) of subsection (b) of this Section may not be
21 transferred under Section 8h of the State Finance Act.

22 Section 20-60. Limitation on action. All proceedings to
23 suspend, revoke, or take any other disciplinary action as the
24 Department may deem proper, with regard to a license, on any of
25 the grounds under Section 20-5 of this Act may not be commenced

1 later than 3 years next after the commission of any act which
2 is a ground for discipline or a final conviction order for any
3 of the acts described. In the event of the settlement of any
4 claim or cause of action in favor of the claimant or the
5 reduction to final judgment of any civil action in favor of the
6 plaintiff, such claim, cause of action, or civil action being
7 grounded on the allegation that a person licensed under this
8 Act was negligent in providing care, the Department shall have
9 an additional period of one year from the date of such
10 settlement or final judgment in which to investigate and
11 commence formal disciplinary proceedings under this Act,
12 except as otherwise provided by law. The time during which the
13 holder of the license was outside the State of Illinois shall
14 not be included within any period of time limiting the
15 commencement of disciplinary action by the Board.

16 Section 20-65. Suspension for imminent danger. The
17 Secretary of the Department may, upon receipt of a written
18 communication from the Secretary of Human Services, the
19 Director of Healthcare and Family Services, or the Director of
20 Public Health that continuation of practice of a person
21 licensed under this Act constitutes an immediate danger to the
22 public, immediately suspend the license of such person without
23 a hearing. In instances in which the Secretary immediately
24 suspends a license under this Section, a hearing upon such
25 person's license must be convened by the Department within 30

1 days after such suspension and completed without appreciable
2 delay, such hearing held to determine whether to recommend to
3 the Secretary that the person's license be revoked, suspended,
4 placed on probationary status, or reinstated or such person be
5 subject to other disciplinary action. In such a hearing, the
6 written communication and any other evidence submitted
7 therewith may be introduced as evidence against such person,
8 provided that the person or his or her counsel shall have the
9 opportunity to discredit or impeach and submit evidence
10 rebutting such evidence.

11 Section 20-70. Liability of State. In the event that the
12 Department's order of revocation, suspension, placing the
13 licensee on probationary status, or other order of formal
14 disciplinary action is without any reasonable basis, then the
15 State of Illinois shall be liable to the injured party for
16 those special damages suffered as a direct result of such
17 order.

18 Section 20-75. Right to legal counsel. No action of a
19 disciplinary nature that is predicated on charges alleging
20 unethical or unprofessional conduct of a person who is a
21 registered professional nurse or a licensed practical nurse and
22 that can be reasonably expected to affect adversely that
23 person's maintenance of his or her present or his or her
24 securing of future employment as such a nurse may be taken by

1 the Department, by any association, or by any person unless the
2 person against whom such charges are made is afforded the right
3 to be represented by legal counsel of his or her choosing and
4 to present any witness, whether an attorney or otherwise, to
5 testify on matters relevant to such charges.

6 Section 20-80. Injunctive remedies.

7 (a) If any person violates the provision of this Act, the
8 Secretary may, in the name of the People of the State of
9 Illinois, through the Attorney General of the State of
10 Illinois, or the State's Attorney of any county in which the
11 action is brought, petition for an order enjoining such
12 violation or for an order enforcing compliance with this Act.
13 Upon the filing of a verified petition in court, the court may
14 issue a temporary restraining order, without notice or bond,
15 and may preliminarily and permanently enjoin such violation,
16 and if it is established that such person has violated or is
17 violating the injunction, the court may punish the offender for
18 contempt of court. Proceedings under this Section shall be in
19 addition to and not in lieu of all other remedies and penalties
20 provided by this Act.

21 (b) If any person shall practice as a nurse or hold herself
22 or himself out as a nurse without being licensed under the
23 provisions of this Act, then any licensed nurse, any interested
24 party, or any person injured thereby may, in addition to the
25 Secretary, petition for relief as provided in subsection (a) of

1 this Section.

2 Whoever knowingly practices or offers to practice nursing
3 in this State without a license for that purpose shall be
4 guilty of a Class A misdemeanor and for each subsequent
5 conviction shall be guilty of a Class 4 felony. All criminal
6 fines, moneys, or other property collected or received by the
7 Department under this Section or any other State or federal
8 statute, including, but not limited to, property forfeited to
9 the Department under Section 505 of the Illinois Controlled
10 Substances Act or Section 85 of the Methamphetamine Control and
11 Community Protection Act, shall be deposited into the
12 Professional Regulation Evidence Fund.

13 (c) Whenever in the opinion of the Department any person
14 violates any provision of this Act, the Department may issue a
15 rule to show cause why an order to cease and desist should not
16 be entered against him or her. The rule shall clearly set forth
17 the grounds relied upon by the Department and shall provide a
18 period of 7 days from the date of the rule to file an answer to
19 the satisfaction of the Department. Failure to answer to the
20 satisfaction of the Department shall cause an order to cease
21 and desist to be issued forthwith.

22 Section 20-85. Investigation; notice; hearing. Prior to
23 bringing an action before the Board, the Department may
24 investigate the actions of any applicant or of any person or
25 persons holding or claiming to hold a license. The Department

1 shall, before suspending, revoking, placing on probationary
2 status, or taking any other disciplinary action as the
3 Department may deem proper with regard to any license, at least
4 30 days prior to the date set for the hearing, notify the
5 accused in writing of any charges made and the time and place
6 for a hearing of the charges before the Board, direct him or
7 her to file a written answer thereto to the Board under oath
8 within 20 days after the service of such notice, and inform the
9 licensee that if she or he fails to file such answer, default
10 will be taken against the licensee and such license may be
11 suspended, revoked, placed on probationary status, or have
12 other disciplinary action, including limiting the scope,
13 nature, or extent of his or her practice, as the Department may
14 deem proper taken with regard thereto. Such written notice may
15 be served by personal delivery or certified or registered mail
16 to the respondent at the address of his or her last
17 notification to the Department. At the time and place fixed in
18 the notice, the Department shall proceed to hear the charges
19 and the parties or their counsel shall be accorded ample
20 opportunity to present such statements, testimony, evidence,
21 and argument as may be pertinent to the charges or to the
22 defense to the charges. The Department may continue a hearing
23 from time to time. In case the accused person, after receiving
24 notice, fails to file an answer, his or her license may in the
25 discretion of the Secretary, having received first the
26 recommendation of the Board, be suspended, revoked, or placed

1 on probationary status or the Secretary may take whatever
2 disciplinary action as he or she may deem proper, including
3 limiting the scope, nature, or extent of said person's
4 practice, without a hearing, if the act or acts charged
5 constitute sufficient grounds for such action under this Act.

6 Section 20-90. Stenographer; transcript. The Department,
7 at its expense, shall provide a stenographer to take down the
8 testimony and preserve a record of all proceedings at the
9 hearing of any case wherein any disciplinary action is taken
10 regarding a license. The notice of hearing, complaint, and all
11 other documents in the nature of pleadings and written motions
12 filed in the proceedings, the transcript of testimony, the
13 report of the Board, and the orders of the Department shall be
14 the record of the proceedings. The Department shall furnish a
15 transcript of the record to any person interested in the
16 hearing upon payment of the fee required under Section 2105-115
17 of the Department of Professional Regulation Law (20 ILCS
18 2105/2105-115).

19 Section 20-95. Compelled testimony and production of
20 documents. Any circuit court may, upon application of the
21 Department or its designee or of the applicant or licensee
22 against whom proceedings upon Section 20-80 of this Act are
23 pending, enter an order requiring the attendance of witnesses
24 and their testimony and the production of documents, papers,

1 files, books, and records in connection with any hearing or
2 investigation. The court may compel obedience to its order by
3 proceedings for contempt.

4 Section 20-100. Subpoena power; oaths. The Department
5 shall have power to subpoena and bring before it any person in
6 this State and to take testimony, either orally or by
7 deposition or both, with the same fees and mileage and in the
8 same manner as prescribed by law in judicial proceedings in
9 civil cases in circuit courts of this State. The Secretary and
10 any member of the Board designated by the Secretary shall each
11 have the power to administer oaths to witnesses at any hearing
12 that the Department is authorized to conduct under this Act and
13 any other oaths required or authorized to be administered by
14 the Department under this Act.

15 Section 20-105. Board report. At the conclusion of the
16 hearing the Board shall present to the Secretary a written
17 report of its findings of fact, conclusions of law, and
18 recommendations. The report shall contain a finding whether or
19 not the accused person violated this Act or failed to comply
20 with the conditions required in this Act. The report shall
21 specify the nature of the violation or failure to comply, and
22 the Board shall make its recommendations to the Secretary.

23 The report of findings of fact, conclusions of law, and
24 recommendation of the Board shall be the basis for the

1 Department's order of refusal or for the granting of a license
2 or permit unless the Secretary shall determine that the report
3 is contrary to the manifest weight of the evidence, in which
4 case the Secretary may issue an order in contravention of the
5 report. The findings are not admissible in evidence against the
6 person in a criminal prosecution brought for the violation of
7 this Act, but the hearing and findings are not a bar to a
8 criminal prosecution brought for the violation of this Act.

9 Section 20-110. Hearing officer. The Secretary shall have
10 the authority to appoint an attorney duly licensed to practice
11 law in the State of Illinois to serve as the hearing officer in
12 any action before the Board to revoke, suspend, place on
13 probation, reprimand, fine, or take any other disciplinary
14 action with regard to a license. The hearing officer shall have
15 full authority to conduct the hearing. The Board shall have the
16 right to have at least one member present at any hearing
17 conducted by such hearing officer. There may be present at
18 least one RN member of the Board at any such hearing or
19 disciplinary conference. An LPN member or LPN educator may be
20 present for hearings and disciplinary conferences of an LPN.
21 The hearing officer shall report his or her findings and
22 recommendations to the Board within 30 days after the receipt
23 of the record. The Board shall have 90 days from receipt of the
24 report to review the report of the hearing officer and present
25 its findings of fact, conclusions of law, and recommendations

1 to the Secretary. If the Board fails to present its report
2 within the 90-day period, the Secretary may issue an order
3 based on the report of the hearing officer. However, if the
4 Board does present its report within the specified 90 days, the
5 Secretary's order shall be based upon the report of the Board.

6 Section 20-115. Motion for rehearing. In any case involving
7 refusal to issue or renew or the discipline of a license, a
8 copy of the Board's report shall be served upon the respondent
9 by the Department, either personally or as provided in this
10 Act, for the service of the notice of hearing. Within 20 days
11 after such service, the respondent may present to the
12 Department a motion in writing for a rehearing, which motion
13 shall specify the particular grounds for a rehearing. If no
14 motion for rehearing is filed, then upon the expiration of the
15 time then upon such denial the Secretary may enter an order in
16 accordance with recommendations of the Board, except as
17 provided in Sections 20-100 and 20-105 of this Act. If the
18 respondent shall order from the reporting service and pay for a
19 transcript of the record within the time for filing a motion
20 for rehearing, the 20-day period within which such a motion may
21 be filed shall commence upon the delivery of the transcript to
22 the respondent.

23 Section 20-120. Order for rehearing. Whenever the
24 Secretary is satisfied that substantial justice has not been

1 done in the revocation, suspension, or refusal to issue or
2 renew a license, the Secretary may order a hearing by the same
3 or another hearing officer or the Board.

4 Section 20-125. Order of Secretary. An order regarding any
5 disciplinary action or a certified copy thereof, over the seal
6 of the Department and purporting to be signed by the Secretary,
7 shall be prima facie evidence that:

8 (1) the signature is the genuine signature of the
9 Secretary;

10 (2) the Secretary is duly appointed; and

11 (3) the Board and the Board members are to act.

12 Section 20-130. Restoration after suspension or
13 revocation. At any time after the suspension or revocation of
14 any license, the Department may restore it to the accused
15 person unless, after an investigation and a hearing, the
16 Department determines that restoration is not in the public
17 interest.

18 Section 20-135. Surrender of license. Upon revocation or
19 suspension of any license, the licensee shall forthwith
20 surrender the license to the Department, and if the licensee
21 fails to do so, the Department shall have the right to seize
22 the license.

1 Section 20-140. Temporary suspension. The Secretary may
2 temporarily suspend the license of a nurse without a hearing,
3 simultaneously with the institution of proceedings for a
4 hearing provided for in Section 20-80 of this Act, if the
5 Secretary finds that evidence in his or her possession
6 indicates that continuation in practice would constitute an
7 imminent danger to the public. In the event that the Secretary
8 suspends, temporarily, this license without a hearing, a
9 hearing by the Department must be held within 30 days after the
10 suspension has occurred, and be concluded without appreciable
11 delay.

12 Proceedings for judicial review shall be commenced in the
13 circuit court of the county in which the party applying for
14 review resides, but if the party is not a resident of this
15 State, the venue shall be in Sangamon County.

16 Section 20-145. Administrative Review Law. All final
17 administrative decisions of the Department hereunder shall be
18 subject to judicial review pursuant to the provisions of the
19 Administrative Review Law and the rules adopted pursuant
20 thereto. The term "administrative decision" is defined as in
21 Section 3-101 of the Code of Civil Procedure.

22 Section 20-150. Certification of record. The Department
23 shall not be required to certify any record to the court or
24 file any answer in court or otherwise appear in any court in a

1 judicial review proceeding, unless there is filed in the court,
2 with the complaint, a receipt from the Department acknowledging
3 payment of the costs of furnishing and certifying the record.
4 Failure on the part of the plaintiff to file such receipt in
5 court shall be grounds for dismissal of the action.

6 Section 20-155. Criminal penalties. Except as otherwise
7 provided in this Act, any person who is found to have violated
8 any provision of this Act is guilty of a Class A misdemeanor.
9 On conviction of a second or subsequent offense, the violator
10 shall be guilty of a Class 4 felony.

11 Section 20-160. Pending actions. All disciplinary actions
12 taken or pending pursuant to the Nursing and Advanced Practice
13 Nursing Act shall, for the actions taken, remain in effect and,
14 for the actions pending, shall be continued on the effective
15 date of this Act without having separate actions filed by the
16 Department.

17 Section 20-165. Illinois Administrative Procedure Act. The
18 Illinois Administrative Procedure Act is hereby expressly
19 adopted and incorporated herein as if all of the provisions of
20 that Act were included in this Act, except that the provision
21 of subsection (d) of Section 10-65 of the Illinois
22 Administrative Procedure Act that provides that at hearings the
23 licensee has the right to show compliance with all lawful

1 requirements for retention, continuation, or renewal of the
2 license is specifically excluded. For the purposes of this Act,
3 the notice required under Section 10-25 of the Illinois
4 Administrative Procedure Act is deemed sufficient when mailed
5 to the last known address of a party.

6 Section 20-170. Home rule preemption. It is declared to be
7 the public policy of this State, pursuant to paragraph (h) of
8 Section 6 of Article VII of the Illinois Constitution of 1970,
9 that any power or function set forth in this Act to be
10 exercised by the State is an exclusive State power or function.
11 Such power or function shall not be exercised concurrently,
12 either directly or indirectly, by any unit of local government,
13 including home rule units, except as otherwise provided in this
14 Act.

15 ARTICLE 25. TRANSITION PROVISIONS

16 Section 25-5. Savings provisions.

17 (a) This Act is intended to replace the Nursing and
18 Advanced Practice Nursing Act in all respects.

19 (b) Beginning on the effective date of this Act, the
20 rights, powers, and duties exercised by the Department of
21 Financial and Professional Regulation under the Nursing and
22 Advanced Practice Nursing Act shall continue to be vested in,
23 to be the obligation of, and to be exercised by the Department

1 of Financial and Professional Regulation under the provisions
2 of this Act.

3 (c) This Act does not affect any act done, ratified, or
4 cancelled, any right occurring or established, or any action or
5 proceeding commenced in an administrative, civil, or criminal
6 cause before the effective date of this Act by the Department
7 of Financial and Professional Regulation under the Nursing and
8 Advanced Practice Nursing Act. Those actions or proceedings may
9 be prosecuted and continued by the Department of Financial and
10 Professional Regulation under this Act.

11 (d) This Act does not affect any license, permit, or other
12 form of licensure issued by the Department of Financial and
13 Professional Regulation under the Nursing and Advanced
14 Practice Nursing Act, except as otherwise provided in this Act.
15 All such licenses, permits, or other form of licensure shall
16 continue to be valid under the terms and conditions of this
17 Act.

18 (e) The rules adopted by the Department of Financial and
19 Professional Regulation relating to the Nursing and Advanced
20 Practice Nursing Act, unless inconsistent with the provisions
21 of this Act, are not affected by this Act, and on the effective
22 date of this Act, those rules become rules under this Act. The
23 Department of Financial and Professional Regulation shall, as
24 soon as practicable, adopt new or amended rules consistent with
25 the provisions of this Act.

26 (f) This Act does not affect any discipline, suspension, or

1 termination that has occurred under the Nursing and Advanced
2 Practice Nursing Act or other predecessor Act. Any action for
3 discipline, suspension, or termination instituted under the
4 Nursing and Advanced Practice Nursing Act shall be continued
5 under this Act.

6 Section 25-10. Nursing Dedicated and Professional Fund.

7 (a) The Nursing Dedicated and Professional Fund, created
8 under the Nursing and Advanced Practice Nursing Act, is
9 continued under this Act.

10 (b) Appropriations to the Department of Financial and
11 Professional Regulation from the Nursing Dedicated and
12 Professional Fund for the purpose of administering the Nursing
13 and Advanced Practice Nursing Act may be used by the Department
14 of Financial and Professional Regulation for the purpose of
15 administering and enforcing the provisions of this Act.

16 ARTICLE 90. AMENDATORY PROVISIONS

17 Section 90-90. The Regulatory Sunset Act is amended by
18 changing Section 4.18 and by adding Section 4.28 as follows:

19 (5 ILCS 80/4.18)

20 Sec. 4.18. Acts repealed January 1, 2008 and December 31,
21 2008.

22 (a) The following Acts are repealed on January 1, 2008:

1 The Acupuncture Practice Act.

2 The Clinical Social Work and Social Work Practice Act.

3 The Home Medical Equipment and Services Provider
4 License Act.

5 ~~The Nursing and Advanced Practice Nursing Act.~~

6 The Illinois Speech-Language Pathology and Audiology
7 Practice Act.

8 The Marriage and Family Therapy Licensing Act.

9 The Nursing Home Administrators Licensing and
10 Disciplinary Act.

11 The Pharmacy Practice Act of 1987.

12 The Physician Assistant Practice Act of 1987.

13 The Podiatric Medical Practice Act of 1987.

14 The Structural Pest Control Act.

15 (b) The following Acts are repealed on December 31, 2008:

16 The Medical Practice Act of 1987.

17 The Environmental Health Practitioner Licensing Act.

18 (Source: P.A. 94-754, eff. 5-10-06; 94-1075, eff. 12-29-06;
19 94-1085, eff. 1-19-07; revised 1-22-07.)

20 (5 ILCS 80/4.28 new)

21 Sec. 4.28. Act repealed on January 1, 2018. The following
22 Act is repealed on January 1, 2018:

23 The Nurse Practice Act.

24 Section 90-95. The Mental Health and Developmental

1 Disabilities Administrative Act is amended by changing Section
2 56 as follows:

3 (20 ILCS 1705/56) (from Ch. 91 1/2, par. 100-56)

4 Sec. 56. The Secretary, upon making a determination based
5 upon information in the possession of the Department, that
6 continuation in practice of a licensed health care professional
7 would constitute an immediate danger to the public, shall
8 submit a written communication to the Director of Professional
9 Regulation indicating such determination and additionally
10 providing a complete summary of the information upon which such
11 determination is based, and recommending that the Director of
12 Professional Regulation immediately suspend such person's
13 license. All relevant evidence, or copies thereof, in the
14 Department's possession may also be submitted in conjunction
15 with the written communication. A copy of such written
16 communication, which is exempt from the copying and inspection
17 provisions of the Freedom of Information Act, shall at the time
18 of submittal to the Director of Professional Regulation be
19 simultaneously mailed to the last known business address of
20 such licensed health care professional by certified or
21 registered postage, United States Mail, return receipt
22 requested. Any evidence, or copies thereof, which is submitted
23 in conjunction with the written communication is also exempt
24 from the copying and inspection provisions of the Freedom of
25 Information Act.

1 For the purposes of this Section, "licensed health care
2 professional" means any person licensed under the Illinois
3 Dental Practice Act, the Nurse Practice Act ~~Nursing and~~
4 ~~Advanced Practice Nursing Act~~, the Medical Practice Act of
5 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical
6 Practice Act of 1987, and the Illinois Optometric Practice Act
7 of 1987.

8 (Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

9 Section 90-100. The Department of Public Health Powers and
10 Duties Law of the Civil Administrative Code of Illinois is
11 amended by changing Sections 2310-140 and 2310-210 as follows:

12 (20 ILCS 2310/2310-140) (was 20 ILCS 2310/55.37a)

13 Sec. 2310-140. Recommending suspension of licensed health
14 care professional. The Director, upon making a determination
15 based upon information in the possession of the Department that
16 continuation in practice of a licensed health care professional
17 would constitute an immediate danger to the public, shall
18 submit a written communication to the Director of Professional
19 Regulation indicating that determination and additionally (i)
20 providing a complete summary of the information upon which the
21 determination is based and (ii) recommending that the Director
22 of Professional Regulation immediately suspend the person's
23 license. All relevant evidence, or copies thereof, in the
24 Department's possession may also be submitted in conjunction

1 with the written communication. A copy of the written
2 communication, which is exempt from the copying and inspection
3 provisions of the Freedom of Information Act, shall at the time
4 of submittal to the Director of Professional Regulation be
5 simultaneously mailed to the last known business address of the
6 licensed health care professional by certified or registered
7 postage, United States Mail, return receipt requested. Any
8 evidence, or copies thereof, that is submitted in conjunction
9 with the written communication is also exempt from the copying
10 and inspection provisions of the Freedom of Information Act.

11 For the purposes of this Section, "licensed health care
12 professional" means any person licensed under the Illinois
13 Dental Practice Act, the Nurse Practice Act ~~Nursing and~~
14 ~~Advanced Practice Nursing Act~~, the Medical Practice Act of
15 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical
16 Practice Act of 1987, or the Illinois Optometric Practice Act
17 of 1987.

18 (Source: P.A. 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

19 (20 ILCS 2310/2310-210) (was 20 ILCS 2310/55.62a)

20 Sec. 2310-210. Advisory Panel on Minority Health.

21 (a) In this Section:

22 "Health profession" means any health profession regulated
23 under the laws of this State, including, without limitation,
24 professions regulated under the Illinois Athletic Trainers
25 Practice Act, the Clinical Psychologist Licensing Act, the

1 Clinical Social Work and Social Work Practice Act, the Illinois
2 Dental Practice Act, the Dietetic and Nutrition Services
3 Practice Act, the Marriage and Family Therapy Licensing Act,
4 the Medical Practice Act of 1987, the Naprapathic Practice Act,
5 the Nurse Practice Act ~~Nursing and Advanced Practice Nursing~~
6 ~~Act~~, the Illinois Occupational Therapy Practice Act, the
7 Illinois Optometric Practice Act of 1987, the Illinois Physical
8 Therapy Act, the Physician Assistant Practice Act of 1987, the
9 Podiatric Medical Practice Act of 1987, the Professional
10 Counselor and Clinical Professional Counselor Licensing Act,
11 and the Illinois Speech-Language Pathology and Audiology
12 Practice Act.

13 "Minority" has the same meaning as in Section 2310-215.

14 (b) The General Assembly finds as follows:

15 (1) The health status of individuals from ethnic and
16 racial minorities in this State is significantly lower than
17 the health status of the general population of the State.

18 (2) Minorities suffer disproportionately high rates of
19 cancer, stroke, heart disease, diabetes, sickle-cell
20 anemia, lupus, substance abuse, acquired immune deficiency
21 syndrome, other diseases and disorders, unintentional
22 injuries, and suicide.

23 (3) The incidence of infant mortality among minorities
24 is almost double that for the general population.

25 (4) Minorities suffer disproportionately from lack of
26 access to health care and poor living conditions.

1 (5) Minorities are under-represented in the health
2 care professions.

3 (6) Minority participation in the procurement policies
4 of the health care industry is lacking.

5 (7) Minority health professionals historically have
6 tended to practice in low-income areas and to serve
7 minorities.

8 (8) National experts on minority health report that
9 access to health care among minorities can be substantially
10 improved by increasing the number of minority health
11 professionals.

12 (9) Increasing the number of minorities serving on the
13 facilities of health professional schools is an important
14 factor in attracting minorities to pursue a career in
15 health professions.

16 (10) Retaining minority health professionals currently
17 practicing in this State and those receiving training and
18 education in this State is an important factor in
19 maintaining and increasing the number of minority health
20 professionals in Illinois.

21 (11) An Advisory Panel on Minority Health is necessary
22 to address the health issues affecting minorities in this
23 State.

24 (c) The General Assembly's intent is as follows:

25 (1) That all Illinoisans have access to health care.

26 (2) That the gap between the health status of

1 minorities and other Illinoisans be closed.

2 (3) That the health issues that disproportionately
3 affect minorities be addressed to improve the health status
4 of minorities.

5 (4) That the number of minorities in the health
6 professions be increased.

7 (d) The Advisory Panel on Minority Health is created. The
8 Advisory Panel shall consist of 25 members appointed by the
9 Director of Public Health. The members shall represent health
10 professions and the General Assembly.

11 (e) The Advisory Panel shall assist the Department in the
12 following manner:

13 (1) Examination of the following areas as they relate
14 to minority health:

15 (A) Access to health care.

16 (B) Demographic factors.

17 (C) Environmental factors.

18 (D) Financing of health care.

19 (E) Health behavior.

20 (F) Health knowledge.

21 (G) Utilization of quality care.

22 (H) Minorities in health care professions.

23 (2) Development of monitoring, tracking, and reporting
24 mechanisms for programs and services with minority health
25 goals and objectives.

26 (3) Communication with local health departments,

1 community-based organizations, voluntary health
2 organizations, and other public and private organizations
3 statewide, on an ongoing basis, to learn more about their
4 services to minority communities, the health problems of
5 minority communities, and their ideas for improving
6 minority health.

7 (4) Promotion of communication among all State
8 agencies that provide services to minority populations.

9 (5) Building coalitions between the State and
10 leadership in minority communities.

11 (6) Encouragement of recruitment and retention of
12 minority health professionals.

13 (7) Improvement in methods for collecting and
14 reporting data on minority health.

15 (8) Improvement in accessibility to health and medical
16 care for minority populations in under-served rural and
17 urban areas.

18 (9) Reduction of communication barriers for
19 non-English speaking residents.

20 (10) Coordination of the development and dissemination
21 of culturally appropriate and sensitive education
22 material, public awareness messages, and health promotion
23 programs for minorities.

24 (f) On or before January 1, 1997 the Advisory Panel shall
25 submit an interim report to the Governor and the General
26 Assembly. The interim report shall include an update on the

1 Advisory Panel's progress in performing its functions under
2 this Section and shall include recommendations, including
3 recommendations for any necessary legislative changes.

4 On or before January 1, 1998 the Advisory Panel shall
5 submit a final report to the Governor and the General Assembly.
6 The final report shall include the following:

7 (1) An evaluation of the health status of minorities in
8 this State.

9 (2) An evaluation of minority access to health care in
10 this State.

11 (3) Recommendations for improving the health status of
12 minorities in this State.

13 (4) Recommendations for increasing minority access to
14 health care in this State.

15 (5) Recommendations for increasing minority
16 participation in the procurement policies of the health
17 care industry.

18 (6) Recommendations for increasing the number of
19 minority health professionals in this State.

20 (7) Recommendations that will ensure that the health
21 status of minorities in this State continues to be
22 addressed beyond the expiration of the Advisory Panel.

23 (Source: P.A. 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

24 Section 90-105. The Department of Veterans Affairs Act is
25 amended by changing Section 2.07 as follows:

1 (20 ILCS 2805/2.07) (from Ch. 126 1/2, par. 67.07)

2 Sec. 2.07. The Department shall employ and maintain
3 sufficient and qualified staff at the veterans' homes to
4 fulfill the requirements of this Act. The Department shall
5 report to the General Assembly, by January 1 and July 1 of each
6 year, the number of staff employed in providing direct patient
7 care at their veterans' homes, the compliance or noncompliance
8 with staffing standards established by the United States
9 Department of Veterans Affairs for such care, and in the event
10 of noncompliance with such standards, the number of staff
11 required for compliance. For purposes of this Section, a nurse
12 who has a license application pending with the State shall not
13 be deemed unqualified by the Department if the nurse is in
14 compliance with ~~225 ILCS 65/5-15(g) or 225 ILCS 5-15(i) of the~~
15 item (7) or (8) of subsection (b) of Section 5-15 of the Nurse
16 Practice Act ~~Nursing and Advanced Practice Nursing Act.~~

17 All contracts between the State and outside contractors to
18 provide workers to staff and service the Anna Veterans Home
19 shall be canceled in accordance with the terms of those
20 contracts. Upon cancellation, each worker or staff member shall
21 be offered certified employment status under the Illinois
22 Personnel Code with the State of Illinois. To the extent it is
23 reasonably practicable, the position offered to each person
24 shall be at the same facility and shall consist of the same
25 duties and hours as previously existed under the canceled

1 contract or contracts.

2 (Source: P.A. 93-597, eff. 8-26-03; 94-703, eff. 6-1-06;
3 revised 9-15-06.)

4 Section 90-110. The Geriatric Medicine Assistance Act is
5 amended by changing Section 2 as follows:

6 (20 ILCS 3945/2) (from Ch. 144, par. 2002)

7 Sec. 2. There is created the Geriatric Medicine Assistance
8 Commission. The Commission shall receive and approve
9 applications for grants from schools, recognized by the
10 Department of Professional Regulation as being authorized to
11 confer doctor of medicine, doctor of osteopathy, doctor of
12 chiropractic or registered professional nursing degrees in the
13 State, to help finance the establishment of geriatric medicine
14 programs within such schools. In determining eligibility for
15 grants, the Commission shall give preference to those programs
16 which exhibit the greatest potential for directly benefiting
17 the largest number of elderly citizens in the State. The
18 Commission may not approve the application of any institution
19 which is unable to demonstrate its current financial stability
20 and reasonable prospects for future stability. No institution
21 which fails to possess and maintain an open policy with respect
22 to race, creed, color and sex as to admission of students,
23 appointment of faculty and employment of staff shall be
24 eligible for grants under this Act. The Commission shall

1 establish such rules and standards as it deems necessary for
2 the implementation of this Act.

3 The Commission shall be composed of 8 members selected as
4 follows: 2 physicians licensed to practice under the Medical
5 Practice Act of 1987 and specializing in geriatric medicine; a
6 registered professional nurse licensed under the Nurse
7 Practice Act ~~Nursing and Advanced Practice Nursing Act~~ and
8 specializing in geriatric health care; 2 representatives of
9 organizations interested in geriatric medicine or the care of
10 the elderly; and 3 individuals 60 or older who are interested
11 in geriatric health care or the care of the elderly. The
12 members of the Commission shall be selected by the Governor
13 from a list of recommendations submitted to him by
14 organizations concerned with geriatric medicine or the care of
15 the elderly.

16 The terms of the members of the Commission shall be 4
17 years, except that of the members initially appointed, 2 shall
18 be designated to serve until January 1, 1986, 3 until January
19 1, 1988, and 2 until January 1, 1990. Members of the Commission
20 shall receive no compensation, but shall be reimbursed for
21 actual expenses incurred in carrying out their duties.

22 (Source: P.A. 90-742, eff. 8-13-98.)

23 Section 90-115. The State Finance Act is amended by
24 changing Section 8h as follows:

1 (30 ILCS 105/8h)

2 Sec. 8h. Transfers to General Revenue Fund.

3 (a) Except as otherwise provided in this Section and
4 Section 8n of this Act, and ~~(c), (d), or (e)~~, notwithstanding
5 any other State law to the contrary, the Governor may, through
6 June 30, 2007, from time to time direct the State Treasurer and
7 Comptroller to transfer a specified sum from any fund held by
8 the State Treasurer to the General Revenue Fund in order to
9 help defray the State's operating costs for the fiscal year.
10 The total transfer under this Section from any fund in any
11 fiscal year shall not exceed the lesser of (i) 8% of the
12 revenues to be deposited into the fund during that fiscal year
13 or (ii) an amount that leaves a remaining fund balance of 25%
14 of the July 1 fund balance of that fiscal year. In fiscal year
15 2005 only, prior to calculating the July 1, 2004 final
16 balances, the Governor may calculate and direct the State
17 Treasurer with the Comptroller to transfer additional amounts
18 determined by applying the formula authorized in Public Act
19 93-839 to the funds balances on July 1, 2003. No transfer may
20 be made from a fund under this Section that would have the
21 effect of reducing the available balance in the fund to an
22 amount less than the amount remaining unexpended and unreserved
23 from the total appropriation from that fund estimated to be
24 expended for that fiscal year. This Section does not apply to
25 any funds that are restricted by federal law to a specific use,
26 to any funds in the Motor Fuel Tax Fund, the Intercity

1 Passenger Rail Fund, the Hospital Provider Fund, the Medicaid
2 Provider Relief Fund, the Teacher Health Insurance Security
3 Fund, the Reviewing Court Alternative Dispute Resolution Fund,
4 the Voters' Guide Fund, the Foreign Language Interpreter Fund,
5 the Lawyers' Assistance Program Fund, the Supreme Court Federal
6 Projects Fund, the Supreme Court Special State Projects Fund,
7 the Supplemental Low-Income Energy Assistance Fund, the Good
8 Samaritan Energy Trust Fund, the Low-Level Radioactive Waste
9 Facility Development and Operation Fund, the Horse Racing
10 Equity Trust Fund, or the Hospital Basic Services Preservation
11 Fund, or to any funds to which subsection (c) of Section 20-55
12 of the Nurse Practice Act ~~subsection (f) of Section 20-40 of~~
13 ~~the Nursing and Advanced Practice Nursing Act~~ applies. No
14 transfers may be made under this Section from the Pet
15 Population Control Fund. Notwithstanding any other provision
16 of this Section, for fiscal year 2004, the total transfer under
17 this Section from the Road Fund or the State Construction
18 Account Fund shall not exceed the lesser of (i) 5% of the
19 revenues to be deposited into the fund during that fiscal year
20 or (ii) 25% of the beginning balance in the fund. For fiscal
21 year 2005 through fiscal year 2007, no amounts may be
22 transferred under this Section from the Road Fund, the State
23 Construction Account Fund, the Criminal Justice Information
24 Systems Trust Fund, the Wireless Service Emergency Fund, or the
25 Mandatory Arbitration Fund.

26 In determining the available balance in a fund, the

1 Governor may include receipts, transfers into the fund, and
2 other resources anticipated to be available in the fund in that
3 fiscal year.

4 The State Treasurer and Comptroller shall transfer the
5 amounts designated under this Section as soon as may be
6 practicable after receiving the direction to transfer from the
7 Governor.

8 (a-5) Transfers directed to be made under this Section on
9 or before February 28, 2006 that are still pending on May 19,
10 2006 (the effective date of Public Act 94-774) ~~this amendatory~~
11 ~~Act of the 94th General Assembly~~ shall be redirected as
12 provided in Section 8n of this Act.

13 (b) This Section does not apply to: (i) the Ticket For The
14 Cure Fund; (ii) any fund established under the Community Senior
15 Services and Resources Act; or (iii) on or after January 1,
16 2006 (the effective date of Public Act 94-511), the Child Labor
17 and Day and Temporary Labor Enforcement Fund.

18 (c) This Section does not apply to the Demutualization
19 Trust Fund established under the Uniform Disposition of
20 Unclaimed Property Act.

21 (d) This Section does not apply to moneys set aside in the
22 Illinois State Podiatric Disciplinary Fund for podiatric
23 scholarships and residency programs under the Podiatric
24 Scholarship and Residency Act.

25 (e) Subsection (a) does not apply to, and no transfer may
26 be made under this Section from, the Pension Stabilization

1 Fund.

2 (Source: P.A. 93-32, eff. 6-20-03; 93-659, eff. 2-3-04; 93-674,
3 eff. 6-10-04; 93-714, eff. 7-12-04; 93-801, eff. 7-22-04;
4 93-839, eff. 7-30-04; 93-1054, eff. 11-18-04; 93-1067, eff.
5 1-15-05; 94-91, eff. 7-1-05; 94-120, eff. 7-6-05; 94-511, eff.
6 1-1-06; 94-535, eff. 8-10-05; 94-639, eff. 8-22-05; 94-645,
7 eff. 8-22-05; 94-648, eff. 1-1-06; 94-686, eff. 11-2-05;
8 94-691, eff. 11-2-05; 94-726, eff. 1-20-06; 94-773, eff.
9 5-18-06; 94-774, eff. 5-19-06; 94-804, eff. 5-26-06; 94-839,
10 eff. 6-6-06; revised 6-19-06.)

11 Section 90-120. The Baccalaureate Assistance Law for
12 Registered Nurses is amended by changing Section 3 as follows:

13 (110 ILCS 915/3) (from Ch. 144, par. 1403)

14 Sec. 3. Definitions. The following terms, whenever used or
15 referred to, have the following meanings except where the
16 context clearly indicates otherwise:

17 (a) "Board" means the Board of Higher Education created by
18 "An Act creating a Board of Higher Education, defining its
19 powers and duties, making an appropriation therefor, and
20 repealing an Act therein named", approved August 22, 1961, as
21 now or hereafter amended.

22 (b) "Department" means the Illinois Department of Public
23 Health.

24 (c) "Approved institution" means a college or university

1 located in this State which has National League for Nursing
2 accreditation for the baccalaureate degree program in nursing.

3 (d) "Enrollment" means the establishment and maintenance
4 of an individual's status as a student in an approved
5 institution, regardless of the terms used at the institution to
6 describe such status.

7 (e) "Academic year" means the period of time from September
8 1 of one year through August 31 of the next year.

9 (f) "Registered Nurse" or "professional nurse" means a
10 nurse holding a valid existing license in good standing as a
11 registered professional nurse issued by the Department of
12 Professional Regulation under the Nurse Practice Act ~~Nursing
13 and Advanced Practice Nursing Act.~~

14 (g) "Regions" means the official and uniform state planning
15 and administrative regions established by the Governor by
16 Executive Order No. 7, dated June 22, 1971, as amended.

17 (h) "Director" means the Director of the Illinois
18 Department of Public Health.

19 (Source: P.A. 90-742, eff. 8-13-98.)

20 Section 90-125. The Nurse Educator Assistance Act is
21 amended by changing Section 5-15 as follows:

22 (110 ILCS 967/5-15)

23 Sec. 5-15. Definitions. In this Act:

24 "Approved program of professional nursing education" and

1 "approved program of practical nursing education" mean
2 programs of professional or practical nursing, respectively,
3 approved by the Department of Financial and Professional
4 Regulation under the provisions of the Nurse Practice Act
5 ~~Nursing and Advanced Practice Nursing Act.~~

6 "Commission" means the Illinois Student Assistance
7 Commission.

8 (Source: P.A. 94-1020, eff. 7-11-06.)

9 Section 90-130. The Nursing Education Scholarship Law is
10 amended by changing Section 3 as follows:

11 (110 ILCS 975/3) (from Ch. 144, par. 2753)

12 Sec. 3. Definitions.

13 The following terms, whenever used or referred to, have the
14 following meanings except where the context clearly indicates
15 otherwise:

16 (1) "Board" means the Board of Higher Education created by
17 the Board of Higher Education Act.

18 (2) "Department" means the Illinois Department of Public
19 Health.

20 (3) "Approved institution" means a public community
21 college, private junior college, hospital-based diploma in
22 nursing program, or public or private college or university
23 located in this State that has approval by the Department of
24 Professional Regulation for an associate degree in nursing

1 program, associate degree in applied sciences in nursing
2 program, hospital-based diploma in nursing program,
3 baccalaureate degree in nursing program, graduate degree in
4 nursing program, or certificate in practical nursing program.

5 (4) "Baccalaureate degree in nursing program" means a
6 program offered by an approved institution and leading to a
7 bachelor of science degree in nursing.

8 (5) "Enrollment" means the establishment and maintenance
9 of an individual's status as a student in an approved
10 institution, regardless of the terms used at the institution to
11 describe such status.

12 (6) "Academic year" means the period of time from September
13 1 of one year through August 31 of the next year or as
14 otherwise defined by the academic institution.

15 (7) "Associate degree in nursing program or hospital-based
16 diploma in nursing program" means a program offered by an
17 approved institution and leading to an associate degree in
18 nursing, associate degree in applied sciences in nursing, or
19 hospital-based diploma in nursing.

20 (8) "Graduate degree in nursing program" means a program
21 offered by an approved institution and leading to a master of
22 science degree in nursing or a doctorate of philosophy or
23 doctorate of nursing degree in nursing.

24 (9) "Director" means the Director of the Illinois
25 Department of Public Health.

26 (10) "Accepted for admission" means a student has completed

1 the requirements for entry into an associate degree in nursing
2 program, associate degree in applied sciences in nursing
3 program, hospital-based diploma in nursing program,
4 baccalaureate degree in nursing program, graduate degree in
5 nursing program, or certificate in practical nursing program at
6 an approved institution, as documented by the institution.

7 (11) "Fees" means those mandatory charges, in addition to
8 tuition, that all enrolled students must pay, including
9 required course or lab fees.

10 (12) "Full-time student" means a student enrolled for at
11 least 12 hours per term or as otherwise determined by the
12 academic institution.

13 (13) "Law" means the Nursing Education Scholarship Law.

14 (14) "Nursing employment obligation" means employment in
15 this State as a registered professional nurse or licensed
16 practical nurse in direct patient care or as a nurse educator
17 in the case of a graduate degree in nursing program recipient
18 for at least one year for each year of scholarship assistance
19 received through the Nursing Education Scholarship Program.

20 (15) "Part-time student" means a person who is enrolled for
21 at least one-third of the number of hours required per term by
22 a school for its full-time students.

23 (16) "Practical nursing program" means a program offered by
24 an approved institution leading to a certificate in practical
25 nursing.

26 (17) "Registered professional nurse" means a person who is

1 currently licensed as a registered professional nurse by the
2 Department of Professional Regulation under the Nurse Practice
3 Act ~~Nursing and Advanced Practice Nursing Act.~~

4 (18) "Licensed practical nurse" means a person who is
5 currently licensed as a licensed practical nurse by the
6 Department of Professional Regulation under the Nurse Practice
7 Act ~~Nursing and Advanced Practice Nursing Act.~~

8 (19) "School term" means an academic term, such as a
9 semester, quarter, trimester, or number of clock hours, as
10 defined by an approved institution.

11 (20) "Student in good standing" means a student maintaining
12 a cumulative grade point average equivalent to at least the
13 academic grade of a "C".

14 (21) "Total and permanent disability" means a physical or
15 mental impairment, disease, or loss of a permanent nature that
16 prevents nursing employment with or without reasonable
17 accommodation. Proof of disability shall be a declaration from
18 the social security administration, Illinois Workers'
19 Compensation Commission, Department of Defense, or an insurer
20 authorized to transact business in Illinois who is providing
21 disability insurance coverage to a contractor.

22 (22) "Tuition" means the established charges of an
23 institution of higher learning for instruction at that
24 institution.

25 (23) "Nurse educator" means a person who is currently
26 licensed as a registered nurse by the Department of

1 Professional Regulation under the Nurse Practice Act ~~Nursing~~
2 ~~and Advanced Practice Nursing Act~~, who has a graduate degree in
3 nursing, and who is employed by an approved academic
4 institution to educate registered nursing students, licensed
5 practical nursing students, and registered nurses pursuing
6 graduate degrees.

7 (Source: P.A. 92-43, eff. 1-1-02; 93-721, eff. 1-1-05; 93-879,
8 eff. 1-1-05; revised 10-25-04.)

9 Section 90-135. The Academic Degree Act is amended by
10 changing Section 11 as follows:

11 (110 ILCS 1010/11) (from Ch. 144, par. 241)

12 Sec. 11. Exemptions. This Act shall not apply to any school
13 or educational institution regulated or approved under the
14 Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

15 This Act shall not apply to any of the following:

16 (a) in-training programs by corporations or other business
17 organizations for the training of their personnel;

18 (b) education or other improvement programs by business,
19 trade and similar organizations and associations for the
20 benefit of their members only; or

21 (c) apprentice or other training programs by labor unions.

22 (Source: P.A. 90-742, eff. 8-13-98.)

23 Section 90-140. The Ambulatory Surgical Treatment Center

1 Act is amended by changing Section 6.5 as follows:

2 (210 ILCS 5/6.5)

3 Sec. 6.5. Clinical privileges; advanced practice nurses.
4 All ambulatory surgical treatment centers (ASTC) licensed
5 under this Act shall comply with the following requirements:

6 (1) No ASTC policy, rule, regulation, or practice shall be
7 inconsistent with the provision of adequate collaboration,
8 including medical direction of licensed advanced practice
9 nurses, in accordance with Section 54.5 of the Medical Practice
10 Act of 1987.

11 (2) Operative surgical procedures shall be performed only
12 by a physician licensed to practice medicine in all its
13 branches under the Medical Practice Act of 1987, a dentist
14 licensed under the Illinois Dental Practice Act, or a
15 podiatrist licensed under the Podiatric Medical Practice Act of
16 1987, with medical staff membership and surgical clinical
17 privileges granted by the consulting committee of the ASTC. A
18 licensed physician, dentist, or podiatrist may be assisted by a
19 physician licensed to practice medicine in all its branches,
20 dentist, dental assistant, podiatrist, licensed advanced
21 practice nurse, licensed physician assistant, licensed
22 registered nurse, licensed practical nurse, surgical
23 assistant, surgical technician, or other individuals granted
24 clinical privileges to assist in surgery by the consulting
25 committee of the ASTC. Payment for services rendered by an

1 assistant in surgery who is not an ambulatory surgical
2 treatment center employee shall be paid at the appropriate
3 non-physician modifier rate if the payor would have made
4 payment had the same services been provided by a physician.

5 (2.5) A registered nurse licensed under the Nurse Practice
6 Act ~~Nursing and Advanced Practice Nursing Act~~ and qualified by
7 training and experience in operating room nursing shall be
8 present in the operating room and function as the circulating
9 nurse during all invasive or operative procedures. For purposes
10 of this paragraph (2.5), "circulating nurse" means a registered
11 nurse who is responsible for coordinating all nursing care,
12 patient safety needs, and the needs of the surgical team in the
13 operating room during an invasive or operative procedure.

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

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

26 (i) an anesthesiologist; or

1 (ii) a physician licensed to practice medicine in
2 all its branches; or

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

6 (iv) a licensed certified registered nurse
7 anesthetist.

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

21 (C) A certified registered nurse anesthetist is not
22 required to possess prescriptive authority or a written
23 collaborative agreement meeting the requirements of
24 Section 10-120 of the Nurse Practice Act ~~15-15 of the~~
25 ~~Nursing and Advanced Practice Nursing Act~~ to provide
26 anesthesia services ordered by a licensed physician,

1 dentist, or podiatrist. Licensed certified registered
2 nurse anesthetists are authorized to select, order, and
3 administer drugs and apply the appropriate medical devices
4 in the provision of anesthesia services under the
5 anesthesia plan agreed with by the anesthesiologist or, in
6 the absence of an available anesthesiologist with clinical
7 privileges, agreed with by the operating physician,
8 operating dentist, or operating podiatrist in accordance
9 with the medical staff consulting committee policies of a
10 licensed ambulatory surgical treatment center.

11 (Source: P.A. 93-352, eff. 1-1-04; 94-915, eff. 1-1-07.)

12 Section 90-145. The Illinois Clinical Laboratory and Blood
13 Bank Act is amended by changing Section 7-101 as follows:

14 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

15 Sec. 7-101. Examination of specimens. A clinical
16 laboratory shall examine specimens only at the request of (i) a
17 licensed physician, (ii) a licensed dentist, (iii) a licensed
18 podiatrist, (iv) a therapeutic optometrist for diagnostic or
19 therapeutic purposes related to the use of diagnostic topical
20 or therapeutic ocular pharmaceutical agents, as defined in
21 subsections (c) and (d) of Section 15.1 of the Illinois
22 Optometric Practice Act of 1987, (v) a licensed physician
23 assistant in accordance with the written guidelines required
24 under subdivision (3) of Section 4 and under Section 7.5 of the

1 Physician Assistant Practice Act of 1987, (v-A) an advanced
2 practice nurse in accordance with the written collaborative
3 agreement required under Section 10-120 of the Nurse Practice
4 Act ~~15-15 of the Nursing and Advanced Practice Nursing Act~~, or
5 (vi) an authorized law enforcement agency or, in the case of
6 blood alcohol, at the request of the individual for whom the
7 test is to be performed in compliance with Sections 11-501 and
8 11-501.1 of the Illinois Vehicle Code. If the request to a
9 laboratory is oral, the physician or other authorized person
10 shall submit a written request to the laboratory within 48
11 hours. If the laboratory does not receive the written request
12 within that period, it shall note that fact in its records. For
13 purposes of this Section, a request made by electronic mail or
14 fax constitutes a written request.

15 (Source: P.A. 90-116, eff. 7-14-97; 90-322, eff. 1-1-98;
16 90-655, eff. 7-30-98; 90-666, eff. 7-30-98; 90-742, eff.
17 8-13-98; 91-357, eff. 7-29-99.)

18 Section 90-150. The Life Care Facilities Act is amended by
19 changing Section 2 as follows:

20 (210 ILCS 40/2) (from Ch. 111 1/2, par. 4160-2)

21 Sec. 2. As used in this Act, unless the context otherwise
22 requires:

23 (a) "Department" means the Department of Public Health.

24 (b) "Director" means the Director of the Department.

1 (c) "Life care contract" means a contract to provide to a
2 person for the duration of such person's life or for a term in
3 excess of one year, nursing services, medical services or
4 personal care services, in addition to maintenance services for
5 such person in a facility, conditioned upon the transfer of an
6 entrance fee to the provider of such services in addition to or
7 in lieu of the payment of regular periodic charges for the care
8 and services involved.

9 (d) "Provider" means a person who provides services
10 pursuant to a life care contract.

11 (e) "Resident" means a person who enters into a life care
12 contract with a provider, or who is designated in a life care
13 contract to be a person provided with maintenance and nursing,
14 medical or personal care services.

15 (f) "Facility" means a place or places in which a provider
16 undertakes to provide a resident with nursing services, medical
17 services or personal care services, in addition to maintenance
18 services for a term in excess of one year or for life pursuant
19 to a life care contract. The term also means a place or places
20 in which a provider undertakes to provide such services to a
21 non-resident.

22 (g) "Living unit" means an apartment, room or other area
23 within a facility set aside for the exclusive use of one or
24 more identified residents.

25 (h) "Entrance fee" means an initial or deferred transfer to
26 a provider of a sum of money or property, made or promised to

1 be made by a person entering into a life care contract, which
2 assures a resident of services pursuant to a life care
3 contract.

4 (i) "Permit" means a written authorization to enter into
5 life care contracts issued by the Department to a provider.

6 (j) "Medical services" means those services pertaining to
7 medical or dental care that are performed in behalf of patients
8 at the direction of a physician licensed under the Medical
9 Practice Act of 1987 or a dentist licensed under the Illinois
10 Dental Practice Act by such physicians or dentists, or by a
11 registered or licensed practical nurse as defined in the Nurse
12 Practice Act ~~Nursing and Advanced Practice Nursing Act~~ or by
13 other professional and technical personnel.

14 (k) "Nursing services" means those services pertaining to
15 the curative, restorative and preventive aspects of nursing
16 care that are performed at the direction of a physician
17 licensed under the Medical Practice Act of 1987 by or under the
18 supervision of a registered or licensed practical nurse as
19 defined in the Nurse Practice Act ~~Nursing and Advanced Practice~~
20 ~~Nursing Act~~.

21 (l) "Personal care services" means assistance with meals,
22 dressing, movement, bathing or other personal needs or
23 maintenance, or general supervision and oversight of the
24 physical and mental well-being of an individual, who is
25 incapable of maintaining a private, independent residence or
26 who is incapable of managing his person whether or not a

1 guardian has been appointed for such individual.

2 (m) "Maintenance services" means food, shelter and laundry
3 services.

4 (n) "Certificates of Need" means those permits issued
5 pursuant to the Illinois Health Facilities Planning Act as now
6 or hereafter amended.

7 (o) "Non-resident" means a person admitted to a facility
8 who has not entered into a life care contract.

9 (Source: P.A. 90-742, eff. 8-13-98.)

10 Section 90-155. The Nursing Home Care Act is amended by
11 changing Section 1-118 as follows:

12 (210 ILCS 45/1-118) (from Ch. 111 1/2, par. 4151-118)

13 Sec. 1-118. "Nurse" means a registered nurse or a licensed
14 practical nurse as defined in the Nurse Practice Act ~~Nursing~~
15 ~~and Advanced Practice Nursing Act.~~

16 (Source: P.A. 90-742, eff. 8-13-98.)

17 Section 90-160. The Emergency Medical Services (EMS)
18 Systems Act is amended by changing Section 3.80 as follows:

19 (210 ILCS 50/3.80)

20 Sec. 3.80. Pre-Hospital RN and Emergency Communications
21 Registered Nurse.

22 (a) Emergency Communications Registered Nurse or "ECRN"

1 means a registered professional nurse, licensed under the Nurse
2 Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has
3 successfully completed supplemental education in accordance
4 with rules adopted by the Department, and who is approved by an
5 EMS Medical Director to monitor telecommunications from and
6 give voice orders to EMS System personnel, under the authority
7 of the EMS Medical Director and in accordance with System
8 protocols.

9 Upon the effective date of this amendatory Act of 1995, all
10 existing Registered Professional Nurse/MICNs shall be
11 considered ECRNs.

12 (b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN"
13 means a registered professional nurse, licensed under the Nurse
14 Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has
15 successfully completed supplemental education in accordance
16 with rules adopted by the Department pursuant to this Act, and
17 who is approved by an EMS Medical Director to practice within
18 an EMS System as emergency medical services personnel for
19 pre-hospital and inter-hospital emergency care and
20 non-emergency medical transports.

21 Upon the effective date of this amendatory Act of 1995, all
22 existing Registered Professional Nurse/Field RNs shall be
23 considered Pre-Hospital RNs.

24 (c) The Department shall have the authority and
25 responsibility to:

26 (1) Prescribe education and continuing education

1 requirements for Pre-Hospital RN and ECRN candidates
2 through rules adopted pursuant to this Act:

3 (A) Education for Pre-Hospital RN shall include
4 extrication, telecommunications, and pre-hospital
5 cardiac and trauma care;

6 (B) Education for ECRN shall include
7 telecommunications, System standing medical orders and
8 the procedures and protocols established by the EMS
9 Medical Director;

10 (C) A Pre-Hospital RN candidate who is fulfilling
11 clinical training and in-field supervised experience
12 requirements may perform prescribed procedures under
13 the direct supervision of a physician licensed to
14 practice medicine in all of its branches, a qualified
15 registered professional nurse or a qualified EMT, only
16 when authorized by the EMS Medical Director;

17 (D) An EMS Medical Director may impose in-field
18 supervised field experience requirements on System
19 ECRNs as part of their training or continuing
20 education, in which they perform prescribed procedures
21 under the direct supervision of a physician licensed to
22 practice medicine in all of its branches, a qualified
23 registered professional nurse or qualified EMT, only
24 when authorized by the EMS Medical Director;

25 (2) Require EMS Medical Directors to reapprove
26 Pre-Hospital RNs and ECRNs every 4 years, based on

1 compliance with continuing education requirements
2 prescribed by the Department through rules adopted
3 pursuant to this Act;

4 (3) Allow EMS Medical Directors to grant inactive
5 status to any Pre-Hospital RN or ECRN who qualifies, based
6 on standards and procedures established by the Department
7 in rules adopted pursuant to this Act;

8 (4) Require a Pre-Hospital RN to honor Do Not
9 Resuscitate (DNR) orders and powers of attorney for health
10 care only in accordance with rules adopted by the
11 Department pursuant to this Act and protocols of the EMS
12 System in which he or she practices.

13 (Source: P.A. 89-177, eff. 7-19-95; 90-742, eff. 8-13-98.)

14 Section 90-165. The Home Health, Home Services, and Home
15 Nursing Agency Licensing Act is amended by changing Section
16 2.09 as follows:

17 (210 ILCS 55/2.09)

18 Sec. 2.09. "Home services" or "in-home services" means
19 assistance with activities of daily living, housekeeping,
20 personal laundry, and companionship provided to an individual
21 in his or her personal residence, which are intended to enable
22 that individual to remain safely and comfortably in his or her
23 own personal residence. "Home services" or "in-home services"
24 does not include services that would be required to be

1 performed by an individual licensed under the Nurse Practice
2 Act ~~Nursing and Advanced Practice Nursing Act~~.

3 (Source: P.A. 94-379, eff. 1-1-06.)

4 Section 90-170. The Home Health, Home Services, and Home
5 Nursing Agency Licensing Act is amended by changing Section 6.3
6 as follows:

7 (210 ILCS 55/6.3)

8 Sec. 6.3. Home services agencies; standards; fees.

9 (a) Before January 1, 2008, the Department shall adopt
10 standards for the licensure and operation of home services
11 agencies operated in this State. The structure of the standards
12 shall be based on the concept of home services and its focus on
13 assistance with activities of daily living, housekeeping,
14 personal laundry, and companionship being provided to an
15 individual intended to enable that individual to remain safely
16 and comfortably in his or her own personal residence. As home
17 services do not include services that would be required to be
18 performed by an individual licensed under the Nurse Practice
19 Act ~~Nursing and Advanced Practice Nursing Act~~, the standards
20 shall be developed from a similar concept. After consideration
21 and recommendations by the Home Health and Home Services
22 Advisory Committee, the Department shall adopt such rules and
23 regulations as are necessary for the proper regulation of home
24 services agencies. Requirements for licensure as a home

1 services agency shall include the following:

2 (1) Compliance with the requirements of the Health Care
3 Worker Background Check Act.

4 (2) Notification, in a form and manner established by
5 the Department by rule, to home services workers and
6 consumers as to the party or parties responsible under
7 State and federal laws for payment of employment taxes,
8 social security taxes, and workers' compensation,
9 liability, the day-to-day supervision of workers, and the
10 hiring, firing, and discipline of workers with the
11 placement arrangement for home services.

12 (3) Compliance with rules, as adopted by the
13 Department, in regard to (i) reporting by the licensee of
14 any known or suspected incidences of abuse, neglect, or
15 financial exploitation of an eligible adult, as defined in
16 the Elder Abuse and Neglect Act, by a home services worker
17 employed by or placed by the licensee or (ii) reports to a
18 law enforcement agency in connection with any other
19 individual protected under the laws of the State of
20 Illinois.

21 (4) Compliance with rules, as adopted by the
22 Department, addressing the health, safety, and well-being
23 of clients receiving home services.

24 (b) The Department may establish fees for home services
25 agency licensure in rules in a manner that will make the
26 program self-supporting. The amount of the licensure fees shall

1 be based on the funding required for operation of the licensure
2 program.

3 (Source: P.A. 94-379, eff. 1-1-06.)

4 Section 90-175. The End Stage Renal Disease Facility Act is
5 amended by changing Section 5 as follows:

6 (210 ILCS 62/5)

7 Sec. 5. Definitions. As used in this Act:

8 "Committee" means the End Stage Renal Disease Advisory
9 Committee.

10 "Department" means the Department of Public Health.

11 "Dialysis" means a process by which dissolved substances
12 are removed from a patient's body by diffusion from one fluid
13 compartment to another across a semipermeable membrane.

14 "Dialysis technician" means an individual who is not a
15 registered nurse or physician and who provides dialysis care
16 under the supervision of a registered nurse or physician.

17 "Director" means the Director of Public Health.

18 "End stage renal disease" means that stage of renal
19 impairment that appears irreversible and permanent and that
20 requires a regular course of dialysis or kidney transplantation
21 to maintain life.

22 "End stage renal disease facility" or "ESRDF" means a
23 facility that provides dialysis treatment or dialysis training
24 to individuals with end stage renal disease.

1 "Licensee" means an individual or entity licensed by the
2 Department to operate an end stage renal disease facility.

3 "Nurse" means an individual who is licensed to practice
4 nursing under the Nurse Practice Act ~~Nursing and Advanced~~
5 ~~Practice Nursing Act~~.

6 "Patient" means any individual receiving treatment from an
7 end stage renal disease facility.

8 "Person" means any individual, firm, partnership,
9 corporation, company, association, or other legal entity.

10 "Physician" means an individual who is licensed to practice
11 medicine in all of its branches under the Medical Practice Act
12 of 1987.

13 (Source: P.A. 92-794, eff. 7-1-03.)

14 Section 90-180. The Hospital Licensing Act is amended by
15 changing Sections 10, 10.7, and 10.9 as follows:

16 (210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

17 Sec. 10. Board creation; Department rules.

18 (a) The Governor shall appoint a Hospital Licensing Board
19 composed of 14 persons, which shall advise and consult with the
20 Director in the administration of this Act. The Secretary of
21 Human Services (or his or her designee) shall serve on the
22 Board, along with one additional representative of the
23 Department of Human Services to be designated by the Secretary.
24 Four appointive members shall represent the general public and

1 2 of these shall be members of hospital governing boards; one
2 appointive member shall be a registered professional nurse or
3 advanced practice nurse as defined in the Nurse Practice Act
4 ~~Nursing and Advanced Practice Nursing Act~~, who is employed in a
5 hospital; 3 appointive members shall be hospital
6 administrators actively engaged in the supervision or
7 administration of hospitals; 2 appointive members shall be
8 practicing physicians, licensed in Illinois to practice
9 medicine in all of its branches; and one appointive member
10 shall be a physician licensed to practice podiatric medicine
11 under the Podiatric Medical Practice Act of 1987; and one
12 appointive member shall be a dentist licensed to practice
13 dentistry under the Illinois Dental Practice Act. In making
14 Board appointments, the Governor shall give consideration to
15 recommendations made through the Director by professional
16 organizations concerned with hospital administration for the
17 hospital administrative and governing board appointments,
18 registered professional nurse organizations for the registered
19 professional nurse appointment, professional medical
20 organizations for the physician appointments, and professional
21 dental organizations for the dentist appointment.

22 (b) Each appointive member shall hold office for a term of
23 3 years, except that any member appointed to fill a vacancy
24 occurring prior to the expiration of the term for which his
25 predecessor was appointed shall be appointed for the remainder
26 of such term and the terms of office of the members first

1 taking office shall expire, as designated at the time of
2 appointment, 2 at the end of the first year, 2 at the end of the
3 second year, and 3 at the end of the third year, after the date
4 of appointment. The initial terms of office of the 2 additional
5 members representing the general public provided for in this
6 Section shall expire at the end of the third year after the
7 date of appointment. The term of office of each original
8 appointee shall commence July 1, 1953; the term of office of
9 the original registered professional nurse appointee shall
10 commence July 1, 1969; the term of office of the original
11 licensed podiatrist appointee shall commence July 1, 1981; the
12 term of office of the original dentist appointee shall commence
13 July 1, 1987; and the term of office of each successor shall
14 commence on July 1 of the year in which his predecessor's term
15 expires. Board members, while serving on business of the Board,
16 shall receive actual and necessary travel and subsistence
17 expenses while so serving away from their places of residence.
18 The Board shall meet as frequently as the Director deems
19 necessary, but not less than once a year. Upon request of 5 or
20 more members, the Director shall call a meeting of the Board.

21 (c) The Director shall prescribe rules, regulations,
22 standards, and statements of policy needed to implement,
23 interpret, or make specific the provisions and purposes of this
24 Act. The Department shall adopt rules which set forth standards
25 for determining when the public interest, safety or welfare
26 requires emergency action in relation to termination of a

1 research program or experimental procedure conducted by a
2 hospital licensed under this Act. No rule, regulation, or
3 standard shall be adopted by the Department concerning the
4 operation of hospitals licensed under this Act which has not
5 had prior approval of the Hospital Licensing Board, nor shall
6 the Department adopt any rule, regulation or standard relating
7 to the establishment of a hospital without consultation with
8 the Hospital Licensing Board.

9 (d) Within one year after the effective date of this
10 amendatory Act of 1984, all hospitals licensed under this Act
11 and providing perinatal care shall comply with standards of
12 perinatal care promulgated by the Department. The Director
13 shall promulgate rules or regulations under this Act which are
14 consistent with "An Act relating to the prevention of
15 developmental disabilities", approved September 6, 1973, as
16 amended.

17 (Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

18 (210 ILCS 85/10.7)

19 Sec. 10.7. Clinical privileges; advanced practice nurses.
20 All hospitals licensed under this Act shall comply with the
21 following requirements:

22 (1) No hospital policy, rule, regulation, or practice shall
23 be inconsistent with the provision of adequate collaboration,
24 including medical direction of licensed advanced practice
25 nurses, in accordance with Section 54.5 of the Medical Practice

1 Act of 1987.

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

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

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

3 (3) The anesthesia service shall be under the direction of
4 a physician licensed to practice medicine in all its branches
5 who has had specialized preparation or experience in the area
6 or who has completed a residency in anesthesiology. An
7 anesthesiologist, Board certified or Board eligible, is
8 recommended. Anesthesia services may only be administered
9 pursuant to the order of a physician licensed to practice
10 medicine in all its branches, licensed dentist, or licensed
11 podiatrist.

12 (A) The individuals who, with clinical privileges
13 granted at the hospital, may administer anesthesia
14 services are limited to the following:

15 (i) an anesthesiologist; or

16 (ii) a physician licensed to practice medicine in
17 all its branches; or

18 (iii) a dentist with authority to administer
19 anesthesia under Section 8.1 of the Illinois Dental
20 Practice Act; or

21 (iv) a licensed certified registered nurse
22 anesthetist.

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

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

9 (C) A certified registered nurse anesthetist is not
10 required to possess prescriptive authority or a written
11 collaborative agreement meeting the requirements of the
12 Nurse Practice Act Section 15-15 ~~of the Nursing and~~
13 ~~Advanced Practice Nursing Act~~ to provide anesthesia
14 services ordered by a licensed physician, dentist, or
15 podiatrist. Licensed certified registered nurse
16 anesthetists are authorized to select, order, and
17 administer drugs and apply the appropriate medical devices
18 in the provision of anesthesia services under the
19 anesthesia plan agreed with by the anesthesiologist or, in
20 the absence of an available anesthesiologist with clinical
21 privileges, agreed with by the operating physician,
22 operating dentist, or operating podiatrist in accordance
23 with the hospital's alternative policy.

24 (Source: P.A. 93-352, eff. 1-1-04; 94-915, eff. 1-1-07.)

25 (210 ILCS 85/10.9)

1 Sec. 10.9. Nurse mandated overtime prohibited.

2 (a) Definitions. As used in this Section:

3 "Mandated overtime" means work that is required by the
4 hospital in excess of an agreed-to, predetermined work shift.
5 Time spent by nurses required to be available as a condition of
6 employment in specialized units, such as surgical nursing
7 services, shall not be counted or considered in calculating the
8 amount of time worked for the purpose of applying the
9 prohibition against mandated overtime under subsection (b).

10 "Nurse" means any advanced practice nurse, registered
11 professional nurse, or licensed practical nurse, as defined in
12 the Nurse Practice Act ~~Nursing and Advanced Practice Nursing~~
13 ~~Act~~, who receives an hourly wage and has direct responsibility
14 to oversee or carry out nursing care. For the purposes of this
15 Section, "advanced practice nurse" does not include a certified
16 registered nurse anesthetist who is primarily engaged in
17 performing the duties of a nurse anesthetist.

18 "Unforeseen emergent circumstance" means (i) any declared
19 national, State, or municipal disaster or other catastrophic
20 event, or any implementation of a hospital's disaster plan,
21 that will substantially affect or increase the need for health
22 care services or (ii) any circumstance in which patient care
23 needs require specialized nursing skills through the
24 completion of a procedure. An "unforeseen emergent
25 circumstance" does not include situations in which the hospital
26 fails to have enough nursing staff to meet the usual and

1 reasonably predictable nursing needs of its patients.

2 (b) Mandated overtime prohibited. No nurse may be required
3 to work mandated overtime except in the case of an unforeseen
4 emergent circumstance when such overtime is required only as a
5 last resort. Such mandated overtime shall not exceed 4 hours
6 beyond an agreed-to, predetermined work shift.

7 (c) Off-duty period. When a nurse is mandated to work up to
8 12 consecutive hours, the nurse must be allowed at least 8
9 consecutive hours of off-duty time immediately following the
10 completion of a shift.

11 (d) Retaliation prohibited. No hospital may discipline,
12 discharge, or take any other adverse employment action against
13 a nurse solely because the nurse refused to work mandated
14 overtime as prohibited under subsection (b).

15 (e) Violations. Any employee of a hospital that is subject
16 to this Act may file a complaint with the Department of Public
17 Health regarding an alleged violation of this Section. The
18 complaint must be filed within 45 days following the occurrence
19 of the incident giving rise to the alleged violation. The
20 Department must forward notification of the alleged violation
21 to the hospital in question within 3 business days after the
22 complaint is filed. Upon receiving a complaint of a violation
23 of this Section, the Department may take any action authorized
24 under Section 7 or 9 of this Act.

25 (f) Proof of violation. Any violation of this Section must
26 be proved by clear and convincing evidence that a nurse was

1 required to work overtime against his or her will. The hospital
2 may defeat the claim of a violation by presenting clear and
3 convincing evidence that an unforeseen emergent circumstance,
4 which required overtime work, existed at the time the employee
5 was required or compelled to work.

6 (Source: P.A. 94-349, eff. 7-28-05.)

7 Section 90-185. The Hospital Report Card Act is amended by
8 changing Section 10 as follows:

9 (210 ILCS 86/10)

10 Sec. 10. Definitions. For the purpose of this Act:

11 "Average daily census" means the average number of
12 inpatients receiving service on any given 24-hour period
13 beginning at midnight in each clinical service area of the
14 hospital.

15 "Clinical service area" means a grouping of clinical
16 services by a generic class of various types or levels of
17 support functions, equipment, care, or treatment provided to
18 inpatients. Hospitals may have, but are not required to have,
19 the following categories of service: behavioral health,
20 critical care, maternal-child care, medical-surgical,
21 pediatrics, perioperative services, and telemetry.

22 "Department" means the Department of Public Health.

23 "Direct-care nurse" and "direct-care nursing staff"
24 includes any registered nurse, licensed practical nurse, or

1 assistive nursing personnel with direct responsibility to
2 oversee or carry out medical regimens or nursing care for one
3 or more patient.

4 "Hospital" means a health care facility licensed under the
5 Hospital Licensing Act.

6 "Nursing care" means care that falls within the scope of
7 practice set forth in the Nurse Practice Act ~~Nursing and~~
8 ~~Advanced Practice Nursing Act~~ or is otherwise encompassed
9 within recognized professional standards of nursing practice,
10 including assessment, nursing diagnosis, planning,
11 intervention, evaluation, and patient advocacy.

12 "Retaliate" means to discipline, discharge, suspend,
13 demote, harass, deny employment or promotion, lay off, or take
14 any other adverse action against direct-care nursing staff as a
15 result of that nursing staff taking any action described in
16 this Act.

17 "Skill mix" means the differences in licensing, specialty,
18 and experiences among direct-care nurses.

19 "Staffing levels" means the numerical nurse to patient
20 ratio by licensed nurse classification within a nursing
21 department or unit.

22 "Unit" means a functional division or area of a hospital in
23 which nursing care is provided.

24 (Source: P.A. 93-563, eff. 1-1-04.)

25 Section 90-190. The Illinois Dental Practice Act is amended

1 by changing Section 4 as follows:

2 (225 ILCS 25/4) (from Ch. 111, par. 2304)

3 (Section scheduled to be repealed on January 1, 2016)

4 Sec. 4. Definitions. As used in this Act:

5 (a) "Department" means the Illinois Department of
6 Professional Regulation.

7 (b) "Director" means the Director of Professional
8 Regulation.

9 (c) "Board" means the Board of Dentistry established by
10 Section 6 of this Act.

11 (d) "Dentist" means a person who has received a general
12 license pursuant to paragraph (a) of Section 11 of this Act and
13 who may perform any intraoral and extraoral procedure required
14 in the practice of dentistry and to whom is reserved the
15 responsibilities specified in Section 17.

16 (e) "Dental hygienist" means a person who holds a license
17 under this Act to perform dental services as authorized by
18 Section 18.

19 (f) "Dental assistant" means an appropriately trained
20 person who, under the supervision of a dentist, provides dental
21 services as authorized by Section 17.

22 (g) "Dental laboratory" means a person, firm or corporation
23 which:

24 (i) engages in making, providing, repairing or
25 altering dental prosthetic appliances and other artificial

1 materials and devices which are returned to a dentist for
2 insertion into the human oral cavity or which come in
3 contact with its adjacent structures and tissues; and

4 (ii) utilizes or employs a dental technician to provide
5 such services; and

6 (iii) performs such functions only for a dentist or
7 dentists.

8 (h) "Supervision" means supervision of a dental hygienist
9 or a dental assistant requiring that a dentist authorize the
10 procedure, remain in the dental facility while the procedure is
11 performed, and approve the work performed by the dental
12 hygienist or dental assistant before dismissal of the patient,
13 but does not mean that the dentist must be present at all times
14 in the treatment room.

15 (i) "General supervision" means supervision of a dental
16 hygienist requiring that the patient be a patient of record,
17 that the dentist examine the patient in accordance with Section
18 18 prior to treatment by the dental hygienist, and that the
19 dentist authorize the procedures which are being carried out by
20 a notation in the patient's record, but not requiring that a
21 dentist be present when the authorized procedures are being
22 performed. The issuance of a prescription to a dental
23 laboratory by a dentist does not constitute general
24 supervision.

25 (j) "Public member" means a person who is not a health
26 professional. For purposes of board membership, any person with

1 a significant financial interest in a health service or
2 profession is not a public member.

3 (k) "Dentistry" means the healing art which is concerned
4 with the examination, diagnosis, treatment planning and care of
5 conditions within the human oral cavity and its adjacent
6 tissues and structures, as further specified in Section 17.

7 (l) "Branches of dentistry" means the various specialties
8 of dentistry which, for purposes of this Act, shall be limited
9 to the following: endodontics, oral and maxillofacial surgery,
10 orthodontics and dentofacial orthopedics, pediatric dentistry,
11 periodontics, prosthodontics, and oral and maxillofacial
12 radiology.

13 (m) "Specialist" means a dentist who has received a
14 specialty license pursuant to Section 11(b).

15 (n) "Dental technician" means a person who owns, operates
16 or is employed by a dental laboratory and engages in making,
17 providing, repairing or altering dental prosthetic appliances
18 and other artificial materials and devices which are returned
19 to a dentist for insertion into the human oral cavity or which
20 come in contact with its adjacent structures and tissues.

21 (o) "Impaired dentist" or "impaired dental hygienist"
22 means a dentist or dental hygienist who is unable to practice
23 with reasonable skill and safety because of a physical or
24 mental disability as evidenced by a written determination or
25 written consent based on clinical evidence, including
26 deterioration through the aging process, loss of motor skills,

1 abuse of drugs or alcohol, or a psychiatric disorder, of
2 sufficient degree to diminish the person's ability to deliver
3 competent patient care.

4 (p) "Nurse" means a registered professional nurse, a
5 certified registered nurse anesthetist licensed as an advanced
6 practice nurse, or a licensed practical nurse licensed under
7 the Nurse Practice Act ~~Nursing and Advanced Practice Nursing~~
8 ~~Act~~.

9 (q) "Patient of record" means a patient for whom the
10 patient's most recent dentist has obtained a relevant medical
11 and dental history and on whom the dentist has performed an
12 examination and evaluated the condition to be treated.

13 (r) "Dental emergency responder" means a dentist or dental
14 hygienist who is appropriately certified in emergency medical
15 response, as defined by the Department of Public Health.

16 (Source: P.A. 93-821, eff. 7-28-04; 94-409, eff. 12-31-05.)

17 Section 90-195. The Health Care Worker Background Check Act
18 is amended by changing Section 25 as follows:

19 (225 ILCS 46/25)

20 Sec. 25. Persons ineligible to be hired by health care
21 employers and long-term care facilities.

22 (a) After January 1, 1996, January 1, 1997, or the
23 effective date of this amendatory Act of the 94th General
24 Assembly, as applicable, no health care employer shall

1 knowingly hire, employ, or retain any individual in a position
2 with duties involving direct care for clients, patients, or
3 residents, and no long-term care facility shall knowingly hire,
4 employ, or retain any individual in a position with duties that
5 involve or may involve contact with residents or access to the
6 living quarters or the financial, medical, or personal records
7 of residents, who has been convicted of committing or
8 attempting to commit one or more of the offenses defined in
9 Sections 8-1.1, 8-1.2, 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1,
10 9-3.2, 9-3.3, 10-1, 10-2, 10-3, 10-3.1, 10-4, 10-5, 10-7, 11-6,
11 11-9.1, 11-9.5, 11-19.2, 11-20.1, 12-1, 12-2, 12-3, 12-3.1,
12 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6,
13 12-4.7, 12-7.4, 12-11, 12-13, 12-14, 12-14.1, 12-15, 12-16,
14 12-19, 12-21, 12-21.6, 12-32, 12-33, 16-1, 16-1.3, 16A-3, 17-3,
15 18-1, 18-2, 18-3, 18-4, 18-5, 19-1, 19-3, 19-4, 20-1, 20-1.1,
16 24-1, 24-1.2, 24-1.5, or 33A-2 of the Criminal Code of 1961;
17 those provided in Section 4 of the Wrongs to Children Act;
18 those provided in Section 53 of the Criminal Jurisprudence Act;
19 those defined in Section 5, 5.1, 5.2, 7, or 9 of the Cannabis
20 Control Act; those defined in the Methamphetamine Control and
21 Community Protection Act; or those defined in Sections 401,
22 401.1, 404, 405, 405.1, 407, or 407.1 of the Illinois
23 Controlled Substances Act, unless the applicant or employee
24 obtains a waiver pursuant to Section 40.

25 (a-1) After January 1, 2004, no health care employer shall
26 knowingly hire any individual in a position with duties

1 involving direct care for clients, patients, or residents, and
2 no long-term care facility shall knowingly hire any individual
3 in a position with duties that involve or may involve contact
4 with residents or access to the living quarters or the
5 financial, medical, or personal records of residents, who has
6 (i) been convicted of committing or attempting to commit one or
7 more of the offenses defined in Section 12-3.3, 12-4.2-5, 16-2,
8 16G-15, 16G-20, 18-5, 20-1.2, 24-1.1, 24-1.2-5, 24-1.6,
9 24-3.2, or 24-3.3 of the Criminal Code of 1961; Section 4, 5,
10 6, 8, or 17.02 of the Illinois Credit Card and Debit Card Act;
11 or Section 5.1 of the Wrongs to Children Act; or (ii) violated
12 Section 5-50 of the Nurse Practice Act ~~Section 10-5 of the~~
13 ~~Nursing and Advanced Practice Nursing Act.~~

14 A UCIA criminal history record check need not be redone for
15 health care employees who have been continuously employed by a
16 health care employer since January 1, 2004, but nothing in this
17 Section prohibits a health care employer from initiating a
18 criminal history check for these employees.

19 A health care employer is not required to retain an
20 individual in a position with duties involving direct care for
21 clients, patients, or residents, and no long-term care facility
22 is required to retain an individual in a position with duties
23 that involve or may involve contact with residents or access to
24 the living quarters or the financial, medical, or personal
25 records of residents, who has been convicted of committing or
26 attempting to commit one or more of the offenses enumerated in

1 this subsection.

2 (b) A health care employer shall not hire, employ, or
3 retain any individual in a position with duties involving
4 direct care of clients, patients, or residents, and no
5 long-term care facility shall knowingly hire, employ, or retain
6 any individual in a position with duties that involve or may
7 involve contact with residents or access to the living quarters
8 or the financial, medical, or personal records of residents, if
9 the health care employer becomes aware that the individual has
10 been convicted in another state of committing or attempting to
11 commit an offense that has the same or similar elements as an
12 offense listed in subsection (a) or (a-1), as verified by court
13 records, records from a state agency, or an FBI criminal
14 history record check. This shall not be construed to mean that
15 a health care employer has an obligation to conduct a criminal
16 history records check in other states in which an employee has
17 resided.

18 (Source: P.A. 93-224, eff. 7-18-03; 94-556, eff. 9-11-05;
19 94-665, eff. 1-1-06; 94-1053, eff. 7-24-06.)

20 Section 90-200. The Health Care Worker Self-Referral Act is
21 amended by changing Section 15 as follows:

22 (225 ILCS 47/15)

23 Sec. 15. Definitions. In this Act:

24 (a) "Board" means the Health Facilities Planning Board.

1 (b) "Entity" means any individual, partnership, firm,
2 corporation, or other business that provides health services
3 but does not include an individual who is a health care worker
4 who provides professional services to an individual.

5 (c) "Group practice" means a group of 2 or more health care
6 workers legally organized as a partnership, professional
7 corporation, not-for-profit corporation, faculty practice plan
8 or a similar association in which:

9 (1) each health care worker who is a member or employee
10 or an independent contractor of the group provides
11 substantially the full range of services that the health
12 care worker routinely provides, including consultation,
13 diagnosis, or treatment, through the use of office space,
14 facilities, equipment, or personnel of the group;

15 (2) the services of the health care workers are
16 provided through the group, and payments received for
17 health services are treated as receipts of the group; and

18 (3) the overhead expenses and the income from the
19 practice are distributed by methods previously determined
20 by the group.

21 (d) "Health care worker" means any individual licensed
22 under the laws of this State to provide health services,
23 including but not limited to: dentists licensed under the
24 Illinois Dental Practice Act; dental hygienists licensed under
25 the Illinois Dental Practice Act; nurses and advanced practice
26 nurses licensed under the Nurse Practice Act ~~Nursing and~~

1 ~~Advanced Practice Nursing Act~~; occupational therapists
2 licensed under the Illinois Occupational Therapy Practice Act;
3 optometrists licensed under the Illinois Optometric Practice
4 Act of 1987; pharmacists licensed under the Pharmacy Practice
5 Act of 1987; physical therapists licensed under the Illinois
6 Physical Therapy Act; physicians licensed under the Medical
7 Practice Act of 1987; physician assistants licensed under the
8 Physician Assistant Practice Act of 1987; podiatrists licensed
9 under the Podiatric Medical Practice Act of 1987; clinical
10 psychologists licensed under the Clinical Psychologist
11 Licensing Act; clinical social workers licensed under the
12 Clinical Social Work and Social Work Practice Act;
13 speech-language pathologists and audiologists licensed under
14 the Illinois Speech-Language Pathology and Audiology Practice
15 Act; or hearing instrument dispensers licensed under the
16 Hearing Instrument Consumer Protection Act, or any of their
17 successor Acts.

18 (e) "Health services" means health care procedures and
19 services provided by or through a health care worker.

20 (f) "Immediate family member" means a health care worker's
21 spouse, child, child's spouse, or a parent.

22 (g) "Investment interest" means an equity or debt security
23 issued by an entity, including, without limitation, shares of
24 stock in a corporation, units or other interests in a
25 partnership, bonds, debentures, notes, or other equity
26 interests or debt instruments except that investment interest

1 for purposes of Section 20 does not include interest in a
2 hospital licensed under the laws of the State of Illinois.

3 (h) "Investor" means an individual or entity directly or
4 indirectly owning a legal or beneficial ownership or investment
5 interest, (such as through an immediate family member, trust,
6 or another entity related to the investor).

7 (i) "Office practice" includes the facility or facilities
8 at which a health care worker, on an ongoing basis, provides or
9 supervises the provision of professional health services to
10 individuals.

11 (j) "Referral" means any referral of a patient for health
12 services, including, without limitation:

13 (1) The forwarding of a patient by one health care
14 worker to another health care worker or to an entity
15 outside the health care worker's office practice or group
16 practice that provides health services.

17 (2) The request or establishment by a health care
18 worker of a plan of care outside the health care worker's
19 office practice or group practice that includes the
20 provision of any health services.

21 (Source: P.A. 89-72, eff. 12-31-95; 90-742, eff. 8-13-98.)

22 Section 90-205. The Medical Practice Act of 1987 is amended
23 by changing Section 54.5 as follows:

24 (225 ILCS 60/54.5)

1 (Section scheduled to be repealed on December 31, 2008)

2 Sec. 54.5. Physician delegation of authority.

3 (a) Physicians licensed to practice medicine in all its
4 branches may delegate care and treatment responsibilities to a
5 physician assistant under guidelines in accordance with the
6 requirements of the Physician Assistant Practice Act of 1987. A
7 physician licensed to practice medicine in all its branches may
8 enter into supervising physician agreements with no more than 2
9 physician assistants.

10 (b) A physician licensed to practice medicine in all its
11 branches in active clinical practice may collaborate with an
12 advanced practice nurse in accordance with the requirements of
13 the Nurse Practice Act ~~Title 15 of the Nursing and Advanced~~
14 ~~Practice Nursing Act~~. Collaboration is for the purpose of
15 providing medical direction, and no employment relationship is
16 required. A written collaborative agreement shall conform to
17 the requirements of Section 10-120 of the Nurse Practice Act
18 ~~Sections 15-15 and 15-20 of the Nursing and Advanced Practice~~
19 ~~Nursing Act~~. The written collaborative agreement shall be for
20 services the collaborating physician generally provides to his
21 or her patients in the normal course of clinical medical
22 practice. Physician medical direction shall be adequate with
23 respect to collaboration with certified nurse practitioners,
24 certified nurse midwives, and clinical nurse specialists if a
25 collaborating physician:

26 (1) participates in the joint formulation and joint

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

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

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

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

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

21 (2) for anesthesia services, the anesthesiologist or
22 physician participates through discussion of and agreement
23 with the anesthesia plan and is physically present and
24 available on the premises during the delivery of anesthesia
25 services for diagnosis, consultation, and treatment of
26 emergency medical conditions. Anesthesia services in a

1 hospital shall be conducted in accordance with Section 10.7
2 of the Hospital Licensing Act and in an ambulatory surgical
3 treatment center in accordance with Section 6.5 of the
4 Ambulatory Surgical Treatment Center Act.

5 (b-10) The anesthesiologist or operating physician must
6 agree with the anesthesia plan prior to the delivery of
7 services.

8 (c) The supervising physician shall have access to the
9 medical records of all patients attended by a physician
10 assistant. The collaborating physician shall have access to the
11 medical records of all patients attended to by an advanced
12 practice nurse.

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

17 (e) A physician shall not be liable for the acts or
18 omissions of a physician assistant or advanced practice nurse
19 solely on the basis of having signed a supervision agreement or
20 guidelines or a collaborative agreement, an order, a standing
21 medical order, a standing delegation order, or other order or
22 guideline authorizing a physician assistant or advanced
23 practice nurse to perform acts, unless the physician has reason
24 to believe the physician assistant or advanced practice nurse
25 lacked the competency to perform the act or acts or commits
26 willful and wanton misconduct.

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

2 Section 90-210. The Nursing Home Administrators Licensing
3 and Disciplinary Act is amended by changing Section 4 as
4 follows:

5 (225 ILCS 70/4) (from Ch. 111, par. 3654)

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

7 Sec. 4. Definitions. For purposes of this Act, the
8 following definitions shall have the following meanings,
9 except where the context requires otherwise:

10 (1) "Act" means the Nursing Home Administrators
11 Licensing and Disciplinary Act.

12 (2) "Department" means the Department of Professional
13 Regulation.

14 (3) "Director" means the Director of Professional
15 Regulation.

16 (4) "Board" means the Nursing Home Administrators
17 Licensing and Disciplinary Board appointed by the
18 Governor.

19 (5) "Nursing home administrator" means the individual
20 licensed under this Act and directly responsible for
21 planning, organizing, directing and supervising the
22 operation of a nursing home, or who in fact performs such
23 functions, whether or not such functions are delegated to
24 one or more other persons.

1 (6) "Nursing home" or "facility" means any entity that
2 is required to be licensed by the Department of Public
3 Health under the Nursing Home Care Act, as amended, other
4 than a sheltered care home as defined thereunder, and
5 includes private homes, institutions, buildings,
6 residences, or other places, whether operated for profit or
7 not, irrespective of the names attributed to them, county
8 homes for the infirm and chronically ill operated pursuant
9 to the County Nursing Home Act, as amended, and any similar
10 institutions operated by a political subdivision of the
11 State of Illinois that provide, though their ownership or
12 management, maintenance, personal care, and nursing for 3
13 or more persons, not related to the owner by blood or
14 marriage, or any similar facilities in which maintenance is
15 provided to 3 or more persons who by reason of illness of
16 physical infirmity require personal care and nursing.

17 (7) "Maintenance" means food, shelter and laundry.

18 (8) "Personal care" means assistance with meals,
19 dressing, movement, bathing, or other personal needs, or
20 general supervision of the physical and mental well-being
21 of an individual who because of age, physical, or mental
22 disability, emotion or behavior disorder, or mental
23 retardation is incapable of managing his or her person,
24 whether or not a guardian has been appointed for such
25 individual. For the purposes of this Act, this definition
26 does not include the professional services of a nurse.

1 (9) "Nursing" means professional nursing or practical
2 nursing, as those terms are defined in the Nurse Practice
3 Act ~~Nursing and Advanced Practice Nursing Act~~, for sick or
4 infirm persons who are under the care and supervision of
5 licensed physicians or dentists.

6 (10) "Disciplinary action" means revocation,
7 suspension, probation, supervision, reprimand, required
8 education, fines or any other action taken by the
9 Department against a person holding a license.

10 (11) "Impaired" means the inability to practice with
11 reasonable skill and safety due to physical or mental
12 disabilities as evidenced by a written determination or
13 written consent based on clinical evidence including
14 deterioration through the aging process or loss of motor
15 skill, or abuse of drugs or alcohol, of sufficient degree
16 to diminish a person's ability to administer a nursing
17 home.

18 (Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

19 Section 90-215. The Pharmacy Practice Act of 1987 is
20 amended by changing Section 4 as follows:

21 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

23 Sec. 4. Exemptions. Nothing contained in any Section of
24 this Act shall apply to, or in any manner interfere with:

1 (a) the lawful practice of any physician licensed to
2 practice medicine in all of its branches, dentist, podiatrist,
3 veterinarian, or therapeutically or diagnostically certified
4 optometrist within the limits of his or her license, or prevent
5 him or her from supplying to his or her bona fide patients such
6 drugs, medicines, or poisons as may seem to him appropriate;

7 (b) the sale of compressed gases;

8 (c) the sale of patent or proprietary medicines and
9 household remedies when sold in original and unbroken packages
10 only, if such patent or proprietary medicines and household
11 remedies be properly and adequately labeled as to content and
12 usage and generally considered and accepted as harmless and
13 nonpoisonous when used according to the directions on the
14 label, and also do not contain opium or coca leaves, or any
15 compound, salt or derivative thereof, or any drug which,
16 according to the latest editions of the following authoritative
17 pharmaceutical treatises and standards, namely, The United
18 States Pharmacopoeia/National Formulary (USP/NF), the United
19 States Dispensatory, and the Accepted Dental Remedies of the
20 Council of Dental Therapeutics of the American Dental
21 Association or any or either of them, in use on the effective
22 date of this Act, or according to the existing provisions of
23 the Federal Food, Drug, and Cosmetic Act and Regulations of the
24 Department of Health and Human Services, Food and Drug
25 Administration, promulgated thereunder now in effect, is
26 designated, described or considered as a narcotic, hypnotic,

1 habit forming, dangerous, or poisonous drug;

2 (d) the sale of poultry and livestock remedies in original
3 and unbroken packages only, labeled for poultry and livestock
4 medication;

5 (e) the sale of poisonous substances or mixture of
6 poisonous substances, in unbroken packages, for nonmedicinal
7 use in the arts or industries or for insecticide purposes;
8 provided, they are properly and adequately labeled as to
9 content and such nonmedicinal usage, in conformity with the
10 provisions of all applicable federal, state and local laws and
11 regulations promulgated thereunder now in effect relating
12 thereto and governing the same, and those which are required
13 under such applicable laws and regulations to be labeled with
14 the word "Poison", are also labeled with the word "Poison"
15 printed thereon in prominent type and the name of a readily
16 obtainable antidote with directions for its administration;

17 (f) the delegation of limited prescriptive authority by a
18 physician licensed to practice medicine in all its branches to
19 a physician assistant under Section 7.5 of the Physician
20 Assistant Practice Act of 1987. This delegated authority may
21 but is not required to include prescription of Schedule III,
22 IV, or V controlled substances, as defined in Article II of the
23 Illinois Controlled Substances Act, in accordance with written
24 guidelines under Section 7.5 of the Physician Assistant
25 Practice Act of 1987; and

26 (g) The delegation of limited prescriptive authority by a

1 physician licensed to practice medicine in all its branches to
2 an advanced practice nurse in accordance with a written
3 collaborative agreement under Section 10-120 of the Nurse
4 Practice Act ~~Sections 15-15 and 15-20 of the Nursing and~~
5 ~~Advanced Practice Nursing Act~~. This delegated authority may but
6 is not required to include the prescription of Schedule III,
7 IV, or V controlled substances as defined in Article II of the
8 Illinois Controlled Substances Act.

9 (Source: P.A. 90-116, eff. 7-14-97; 90-253, eff. 7-29-97;
10 90-655, eff. 7-30-98; 90-742, eff. 8-13-98.)

11 Section 90-220. The Illinois Physical Therapy Act is
12 amended by changing Section 1 as follows:

13 (225 ILCS 90/1) (from Ch. 111, par. 4251)

14 (Section scheduled to be repealed on January 1, 2016)

15 Sec. 1. Definitions. As used in this Act:

16 (1) "Physical therapy" means all of the following:

17 (A) Examining, evaluating, and testing individuals who
18 may have mechanical, physiological, or developmental
19 impairments, functional limitations, disabilities, or
20 other health and movement-related conditions, classifying
21 these disorders, determining a rehabilitation prognosis
22 and plan of therapeutic intervention, and assessing the
23 on-going effects of the interventions.

24 (B) Alleviating impairments, functional limitations,

1 or disabilities by designing, implementing, and modifying
2 therapeutic interventions that may include, but are not
3 limited to, the evaluation or treatment of a person through
4 the use of the effective properties of physical measures
5 and heat, cold, light, water, radiant energy, electricity,
6 sound, and air and use of therapeutic massage, therapeutic
7 exercise, mobilization, and rehabilitative procedures,
8 with or without assistive devices, for the purposes of
9 preventing, correcting, or alleviating a physical or
10 mental impairment, functional limitation, or disability.

11 (C) Reducing the risk of injury, impairment,
12 functional limitation, or disability, including the
13 promotion and maintenance of fitness, health, and
14 wellness.

15 (D) Engaging in administration, consultation,
16 education, and research.

17 Physical therapy includes, but is not limited to: (a)
18 performance of specialized tests and measurements, (b)
19 administration of specialized treatment procedures, (c)
20 interpretation of referrals from physicians, dentists,
21 advanced practice nurses, physician assistants, and
22 podiatrists, (d) establishment, and modification of physical
23 therapy treatment programs, (e) administration of topical
24 medication used in generally accepted physical therapy
25 procedures when such medication is prescribed by the patient's
26 physician, licensed to practice medicine in all its branches,

1 the patient's physician licensed to practice podiatric
2 medicine, the patient's advanced practice nurse, the patient's
3 physician assistant, or the patient's dentist, and (f)
4 supervision or teaching of physical therapy. Physical therapy
5 does not include radiology, electrosurgery, chiropractic
6 technique or determination of a differential diagnosis;
7 provided, however, the limitation on determining a
8 differential diagnosis shall not in any manner limit a physical
9 therapist licensed under this Act from performing an evaluation
10 pursuant to such license. Nothing in this Section shall limit a
11 physical therapist from employing appropriate physical therapy
12 techniques that he or she is educated and licensed to perform.
13 A physical therapist shall refer to a licensed physician,
14 advanced practice nurse, physician assistant, dentist, or
15 podiatrist any patient whose medical condition should, at the
16 time of evaluation or treatment, be determined to be beyond the
17 scope of practice of the physical therapist.

18 (2) "Physical therapist" means a person who practices
19 physical therapy and who has met all requirements as provided
20 in this Act.

21 (3) "Department" means the Department of Professional
22 Regulation.

23 (4) "Director" means the Director of Professional
24 Regulation.

25 (5) "Board" means the Physical Therapy Licensing and
26 Disciplinary Board approved by the Director.

1 (6) "Referral" means a written or oral authorization for
2 physical therapy services for a patient by a physician,
3 dentist, advanced practice nurse, physician assistant, or
4 podiatrist who maintains medical supervision of the patient and
5 makes a diagnosis or verifies that the patient's condition is
6 such that it may be treated by a physical therapist.

7 (7) "Documented current and relevant diagnosis" for the
8 purpose of this Act means a diagnosis, substantiated by
9 signature or oral verification of a physician, dentist,
10 advanced practice nurse, physician assistant, or podiatrist,
11 that a patient's condition is such that it may be treated by
12 physical therapy as defined in this Act, which diagnosis shall
13 remain in effect until changed by the physician, dentist,
14 advanced practice nurse, physician assistant, or podiatrist.

15 (8) "State" includes:

16 (a) the states of the United States of America;

17 (b) the District of Columbia; and

18 (c) the Commonwealth of Puerto Rico.

19 (9) "Physical therapist assistant" means a person licensed
20 to assist a physical therapist and who has met all requirements
21 as provided in this Act and who works under the supervision of
22 a licensed physical therapist to assist in implementing the
23 physical therapy treatment program as established by the
24 licensed physical therapist. The patient care activities
25 provided by the physical therapist assistant shall not include
26 the interpretation of referrals, evaluation procedures, or the

1 planning or major modification of patient programs.

2 (10) "Physical therapy aide" means a person who has
3 received on the job training, specific to the facility in which
4 he is employed, but who has not completed an approved physical
5 therapist assistant program.

6 (11) "Advanced practice nurse" means a person licensed
7 under the Nurse Practice Act ~~Nursing and Advanced Practice~~
8 ~~Nursing Act~~ who has a collaborative agreement with a
9 collaborating physician that authorizes referrals to physical
10 therapists.

11 (12) "Physician assistant" means a person licensed under
12 the Physician Assistant Practice Act of 1987 who has been
13 delegated authority to make referrals to physical therapists.

14 (Source: P.A. 93-1010, eff. 8-24-04; 94-651, eff. 1-1-06.)

15 Section 90-225. The Respiratory Care Practice Act is
16 amended by changing Section 10 as follows:

17 (225 ILCS 106/10)

18 (Section scheduled to be repealed on January 1, 2016)

19 Sec. 10. Definitions. In this Act:

20 "Advanced practice nurse" means an advanced practice nurse
21 licensed under the Nurse Practice Act ~~Nursing and Advanced~~
22 ~~Practice Nursing Act~~.

23 "Board" means the Respiratory Care Board appointed by the
24 Director.

1 "Basic respiratory care activities" means and includes all
2 of the following activities:

3 (1) Cleaning, disinfecting, and sterilizing equipment
4 used in the practice of respiratory care as delegated by a
5 licensed health care professional or other authorized
6 licensed personnel.

7 (2) Assembling equipment used in the practice of
8 respiratory care as delegated by a licensed health care
9 professional or other authorized licensed personnel.

10 (3) Collecting and reviewing patient data through
11 non-invasive means, provided that the collection and
12 review does not include the individual's interpretation of
13 the clinical significance of the data. Collecting and
14 reviewing patient data includes the performance of pulse
15 oximetry and non-invasive monitoring procedures in order
16 to obtain vital signs and notification to licensed health
17 care professionals and other authorized licensed personnel
18 in a timely manner.

19 (4) Maintaining a nasal cannula or face mask for oxygen
20 therapy in the proper position on the patient's face.

21 (5) Assembling a nasal cannula or face mask for oxygen
22 therapy at patient bedside in preparation for use.

23 (6) Maintaining a patient's natural airway by
24 physically manipulating the jaw and neck, suctioning the
25 oral cavity, or suctioning the mouth or nose with a bulb
26 syringe.

1 (7) Performing assisted ventilation during emergency
2 resuscitation using a manual resuscitator.

3 (8) Using a manual resuscitator at the direction of a
4 licensed health care professional or other authorized
5 licensed personnel who is present and performing routine
6 airway suctioning. These activities do not include care of
7 a patient's artificial airway or the adjustment of
8 mechanical ventilator settings while a patient is
9 connected to the ventilator.

10 "Basic respiratory care activities" does not mean activities
11 that involve any of the following:

12 (1) Specialized knowledge that results from a course of
13 education or training in respiratory care.

14 (2) An unreasonable risk of a negative outcome for the
15 patient.

16 (3) The assessment or making of a decision concerning
17 patient care.

18 (4) The administration of aerosol medication or
19 oxygen.

20 (5) The insertion and maintenance of an artificial
21 airway.

22 (6) Mechanical ventilatory support.

23 (7) Patient assessment.

24 (8) Patient education.

25 "Department" means the Department of Professional
26 Regulation.

1 "Director" means the Director of Professional Regulation.

2 "Licensed" means that which is required to hold oneself out
3 as a respiratory care practitioner as defined in this Act.

4 "Licensed health care professional" means a physician
5 licensed to practice medicine in all its branches, an advanced
6 practice nurse who has a written collaborative agreement with a
7 collaborating physician that authorizes the advanced practice
8 nurse to transmit orders to a respiratory care practitioner, or
9 a physician assistant who has been delegated the authority to
10 transmit orders to a respiratory care practitioner by his or
11 her supervising physician.

12 "Order" means a written, oral, or telecommunicated
13 authorization for respiratory care services for a patient by
14 (i) a licensed health care professional who maintains medical
15 supervision of the patient and makes a diagnosis or verifies
16 that the patient's condition is such that it may be treated by
17 a respiratory care practitioner or (ii) a certified registered
18 nurse anesthetist in a licensed hospital or ambulatory surgical
19 treatment center.

20 "Other authorized licensed personnel" means a licensed
21 respiratory care practitioner, a licensed registered nurse, or
22 a licensed practical nurse whose scope of practice authorizes
23 the professional to supervise an individual who is not
24 licensed, certified, or registered as a health professional.

25 "Proximate supervision" means a situation in which an
26 individual is responsible for directing the actions of another

1 individual in the facility and is physically close enough to be
2 readily available, if needed, by the supervised individual.

3 "Respiratory care" and "cardiorespiratory care" mean
4 preventative services, evaluation and assessment services,
5 therapeutic services, and rehabilitative services under the
6 order of a licensed health care professional or a certified
7 registered nurse anesthetist in a licensed hospital for an
8 individual with a disorder, disease, or abnormality of the
9 cardiopulmonary system. These terms include, but are not
10 limited to, measuring, observing, assessing, and monitoring
11 signs and symptoms, reactions, general behavior, and general
12 physical response of individuals to respiratory care services,
13 including the determination of whether those signs, symptoms,
14 reactions, behaviors, or general physical responses exhibit
15 abnormal characteristics; the administration of
16 pharmacological and therapeutic agents related to respiratory
17 care services; the collection of blood specimens and other
18 bodily fluids and tissues for, and the performance of,
19 cardiopulmonary diagnostic testing procedures, including, but
20 not limited to, blood gas analysis; development,
21 implementation, and modification of respiratory care treatment
22 plans based on assessed abnormalities of the cardiopulmonary
23 system, respiratory care guidelines, referrals, and orders of a
24 licensed health care professional; application, operation, and
25 management of mechanical ventilatory support and other means of
26 life support; and the initiation of emergency procedures under

1 the rules promulgated by the Department. A respiratory care
2 practitioner shall refer to a physician licensed to practice
3 medicine in all its branches any patient whose condition, at
4 the time of evaluation or treatment, is determined to be beyond
5 the scope of practice of the respiratory care practitioner.

6 "Respiratory care education program" means a course of
7 academic study leading to eligibility for registry or
8 certification in respiratory care. The training is to be
9 approved by an accrediting agency recognized by the Board and
10 shall include an evaluation of competence through a
11 standardized testing mechanism that is determined by the Board
12 to be both valid and reliable.

13 "Respiratory care practitioner" means a person who is
14 licensed by the Department of Professional Regulation and meets
15 all of the following criteria:

16 (1) The person is engaged in the practice of
17 cardiorespiratory care and has the knowledge and skill
18 necessary to administer respiratory care.

19 (2) The person is capable of serving as a resource to
20 the licensed health care professional in relation to the
21 technical aspects of cardiorespiratory care and the safe
22 and effective methods for administering cardiorespiratory
23 care modalities.

24 (3) The person is able to function in situations of
25 unsupervised patient contact requiring great individual
26 judgment.

1 (Source: P.A. 94-523, eff. 1-1-06.)

2 Section 90-230. The Barber, Cosmetology, Esthetics, and
3 Nail Technology Act of 1985 is amended by changing Section 1-11
4 as follows:

5 (225 ILCS 410/1-11) (from Ch. 111, par. 1701-11)

6 (Section scheduled to be repealed on January 1, 2016)

7 Sec. 1-11. Exceptions to Act.

8 (a) Nothing in this Act shall be construed to apply to the
9 educational activities conducted in connection with any
10 monthly, annual or other special educational program of any
11 bona fide association of licensed cosmetologists,
12 estheticians, nail technicians, or barbers, or licensed
13 cosmetology, esthetics, nail technology, or barber schools
14 from which the general public is excluded.

15 (b) Nothing in this Act shall be construed to apply to the
16 activities and services of registered nurses or licensed
17 practical nurses, as defined in the Nurse Practice Act ~~Nursing~~
18 ~~and Advanced Practice Nursing Act~~, or to personal care or
19 health care services provided by individuals in the performance
20 of their duties as employed or authorized by facilities or
21 programs licensed or certified by State agencies. As used in
22 this subsection (b), "personal care" means assistance with
23 meals, dressing, movement, bathing, or other personal needs or
24 maintenance or general supervision and oversight of the

1 physical and mental well-being of an individual who is
2 incapable of maintaining a private, independent residence or
3 who is incapable of managing his or her person whether or not a
4 guardian has been appointed for that individual. The definition
5 of "personal care" as used in this subsection (b) shall not
6 otherwise be construed to negate the requirements of this Act
7 or its rules.

8 (c) Nothing in this Act shall be deemed to require
9 licensure of individuals employed by the motion picture, film,
10 television, stage play or related industry for the purpose of
11 providing cosmetology or esthetics services to actors of that
12 industry while engaged in the practice of cosmetology or
13 esthetics as a part of that person's employment.

14 (Source: P.A. 90-580, eff. 5-21-98; 90-742, eff. 8-13-98;
15 91-357, eff. 7-29-99.)

16 Section 90-235. The Nurse Agency Licensing Act is amended
17 by changing Section 3 as follows:

18 (225 ILCS 510/3) (from Ch. 111, par. 953)

19 Sec. 3. Definitions. As used in this Act:

20 (a) "Certified nurse aide" means an individual certified as
21 defined in Section 3-206 of the Nursing Home Care Act, as now
22 or hereafter amended.

23 (b) "Department" means the Department of Labor.

24 (c) "Director" means the Director of Labor.

1 (d) "Health care facility" is defined as in Section 3 of
2 the Illinois Health Facilities Planning Act, as now or
3 hereafter amended.

4 (e) "Licensee" means any nursing agency which is properly
5 licensed under this Act.

6 (f) "Nurse" means a registered nurse or a licensed
7 practical nurse as defined in the Nurse Practice Act ~~Nursing~~
8 ~~and Advanced Practice Nursing Act.~~

9 (g) "Nurse agency" means any individual, firm,
10 corporation, partnership or other legal entity that employs,
11 assigns or refers nurses or certified nurse aides to a health
12 care facility for a fee. The term "nurse agency" includes
13 nurses registries. The term "nurse agency" does not include
14 services provided by home health agencies licensed and operated
15 under the Home Health, Home Services, and Home Nursing Agency
16 Licensing Act or a licensed or certified individual who
17 provides his or her own services as a regular employee of a
18 health care facility, nor does it apply to a health care
19 facility's organizing nonsalaried employees to provide
20 services only in that facility.

21 (Source: P.A. 94-379, eff. 1-1-06.)

22 Section 90-240. The Illinois Public Aid Code is amended by
23 changing Section 8A-7.1 as follows:

24 (305 ILCS 5/8A-7.1) (from Ch. 23, par. 8A-7.1)

1 Sec. 8A-7.1. The Director, upon making a determination
2 based upon information in the possession of the Illinois
3 Department, that continuation in practice of a licensed health
4 care professional would constitute an immediate danger to the
5 public, shall submit a written communication to the Director of
6 Professional Regulation indicating such determination and
7 additionally providing a complete summary of the information
8 upon which such determination is based, and recommending that
9 the Director of Professional Regulation immediately suspend
10 such person's license. All relevant evidence, or copies
11 thereof, in the Illinois Department's possession may also be
12 submitted in conjunction with the written communication. A copy
13 of such written communication, which is exempt from the copying
14 and inspection provisions of the Freedom of Information Act,
15 shall at the time of submittal to the Director of Professional
16 Regulation be simultaneously mailed to the last known business
17 address of such licensed health care professional by certified
18 or registered postage, United States Mail, return receipt
19 requested. Any evidence, or copies thereof, which is submitted
20 in conjunction with the written communication is also exempt
21 from the copying and inspection provisions of the Freedom of
22 Information Act.

23 The Director, upon making a determination based upon
24 information in the possession of the Illinois Department, that
25 a licensed health care professional is willfully committing
26 fraud upon the Illinois Department's medical assistance

1 program, shall submit a written communication to the Director
2 of Professional Regulation indicating such determination and
3 additionally providing a complete summary of the information
4 upon which such determination is based. All relevant evidence,
5 or copies thereof, in the Illinois Department's possession may
6 also be submitted in conjunction with the written
7 communication.

8 Upon receipt of such written communication, the Director of
9 Professional Regulation shall promptly investigate the
10 allegations contained in such written communication. A copy of
11 such written communication, which is exempt from the copying
12 and inspection provisions of the Freedom of Information Act,
13 shall at the time of submission to the Director of Professional
14 Regulation, be simultaneously mailed to the last known address
15 of such licensed health care professional by certified or
16 registered postage, United States Mail, return receipt
17 requested. Any evidence, or copies thereof, which is submitted
18 in conjunction with the written communication is also exempt
19 from the copying and inspection provisions of the Freedom of
20 Information Act.

21 For the purposes of this Section, "licensed health care
22 professional" means any person licensed under the Illinois
23 Dental Practice Act, the Nurse Practice Act ~~Nursing and~~
24 ~~Advanced Practice Nursing Act~~, the Medical Practice Act of
25 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical
26 Practice Act of 1987, or the Illinois Optometric Practice Act

1 of 1987.

2 (Source: P.A. 92-651, eff. 7-11-02.)

3 Section 90-245. The Elder Abuse and Neglect Act is amended
4 by changing Section 2 as follows:

5 (320 ILCS 20/2) (from Ch. 23, par. 6602)

6 Sec. 2. Definitions. As used in this Act, unless the
7 context requires otherwise:

8 (a) "Abuse" means causing any physical, mental or sexual
9 injury to an eligible adult, including exploitation of such
10 adult's financial resources.

11 Nothing in this Act shall be construed to mean that an
12 eligible adult is a victim of abuse, neglect, or self-neglect
13 for the sole reason that he or she is being furnished with or
14 relies upon treatment by spiritual means through prayer alone,
15 in accordance with the tenets and practices of a recognized
16 church or religious denomination.

17 Nothing in this Act shall be construed to mean that an
18 eligible adult is a victim of abuse because of health care
19 services provided or not provided by licensed health care
20 professionals.

21 (a-5) "Abuser" means a person who abuses, neglects, or
22 financially exploits an eligible adult.

23 (a-7) "Caregiver" means a person who either as a result of
24 a family relationship, voluntarily, or in exchange for

1 compensation has assumed responsibility for all or a portion of
2 the care of an eligible adult who needs assistance with
3 activities of daily living.

4 (b) "Department" means the Department on Aging of the State
5 of Illinois.

6 (c) "Director" means the Director of the Department.

7 (d) "Domestic living situation" means a residence where the
8 eligible adult lives alone or with his or her family or a
9 caregiver, or others, or a board and care home or other
10 community-based unlicensed facility, but is not:

11 (1) A licensed facility as defined in Section 1-113 of
12 the Nursing Home Care Act;

13 (2) A "life care facility" as defined in the Life Care
14 Facilities Act;

15 (3) A home, institution, or other place operated by the
16 federal government or agency thereof or by the State of
17 Illinois;

18 (4) A hospital, sanitarium, or other institution, the
19 principal activity or business of which is the diagnosis,
20 care, and treatment of human illness through the
21 maintenance and operation of organized facilities
22 therefor, which is required to be licensed under the
23 Hospital Licensing Act;

24 (5) A "community living facility" as defined in the
25 Community Living Facilities Licensing Act;

26 (6) A "community residential alternative" as defined

1 in the Community Residential Alternatives Licensing Act;

2 (7) A "community-integrated living arrangement" as
3 defined in the Community-Integrated Living Arrangements
4 Licensure and Certification Act;

5 (8) An assisted living or shared housing establishment
6 as defined in the Assisted Living and Shared Housing Act;
7 or

8 (9) A supportive living facility as described in
9 Section 5-5.01a of the Illinois Public Aid Code.

10 (e) "Eligible adult" means a person 60 years of age or
11 older who resides in a domestic living situation and is, or is
12 alleged to be, abused, neglected, or financially exploited by
13 another individual or who neglects himself or herself.

14 (f) "Emergency" means a situation in which an eligible
15 adult is living in conditions presenting a risk of death or
16 physical, mental or sexual injury and the provider agency has
17 reason to believe the eligible adult is unable to consent to
18 services which would alleviate that risk.

19 (f-5) "Mandated reporter" means any of the following
20 persons while engaged in carrying out their professional
21 duties:

22 (1) a professional or professional's delegate while
23 engaged in: (i) social services, (ii) law enforcement,
24 (iii) education, (iv) the care of an eligible adult or
25 eligible adults, or (v) any of the occupations required to
26 be licensed under the Clinical Psychologist Licensing Act,

1 the Clinical Social Work and Social Work Practice Act, the
2 Illinois Dental Practice Act, the Dietetic and Nutrition
3 Services Practice Act, the Marriage and Family Therapy
4 Licensing Act, the Medical Practice Act of 1987, the
5 Naprapathic Practice Act, the Nurse Practice Act ~~Nursing~~
6 ~~and Advanced Practice Nursing Act~~, the Nursing Home
7 Administrators Licensing and Disciplinary Act, the
8 Illinois Occupational Therapy Practice Act, the Illinois
9 Optometric Practice Act of 1987, the Pharmacy Practice Act
10 of 1987, the Illinois Physical Therapy Act, the Physician
11 Assistant Practice Act of 1987, the Podiatric Medical
12 Practice Act of 1987, the Respiratory Care Practice Act,
13 the Professional Counselor and Clinical Professional
14 Counselor Licensing Act, the Illinois Speech-Language
15 Pathology and Audiology Practice Act, the Veterinary
16 Medicine and Surgery Practice Act of 2004, and the Illinois
17 Public Accounting Act;

18 (2) an employee of a vocational rehabilitation
19 facility prescribed or supervised by the Department of
20 Human Services;

21 (3) an administrator, employee, or person providing
22 services in or through an unlicensed community based
23 facility;

24 (4) any religious practitioner who provides treatment
25 by prayer or spiritual means alone in accordance with the
26 tenets and practices of a recognized church or religious

1 denomination, except as to information received in any
2 confession or sacred communication enjoined by the
3 discipline of the religious denomination to be held
4 confidential;

5 (5) field personnel of the Department of Healthcare and
6 Family Services, Department of Public Health, and
7 Department of Human Services, and any county or municipal
8 health department;

9 (6) personnel of the Department of Human Services, the
10 Guardianship and Advocacy Commission, the State Fire
11 Marshal, local fire departments, the Department on Aging
12 and its subsidiary Area Agencies on Aging and provider
13 agencies, and the Office of State Long Term Care Ombudsman;

14 (7) any employee of the State of Illinois not otherwise
15 specified herein who is involved in providing services to
16 eligible adults, including professionals providing medical
17 or rehabilitation services and all other persons having
18 direct contact with eligible adults;

19 (8) a person who performs the duties of a coroner or
20 medical examiner; or

21 (9) a person who performs the duties of a paramedic or
22 an emergency medical technician.

23 (g) "Neglect" means another individual's failure to
24 provide an eligible adult with or willful withholding from an
25 eligible adult the necessities of life including, but not
26 limited to, food, clothing, shelter or health care. This

1 subsection does not create any new affirmative duty to provide
2 support to eligible adults. Nothing in this Act shall be
3 construed to mean that an eligible adult is a victim of neglect
4 because of health care services provided or not provided by
5 licensed health care professionals.

6 (h) "Provider agency" means any public or nonprofit agency
7 in a planning and service area appointed by the regional
8 administrative agency with prior approval by the Department on
9 Aging to receive and assess reports of alleged or suspected
10 abuse, neglect, or financial exploitation.

11 (i) "Regional administrative agency" means any public or
12 nonprofit agency in a planning and service area so designated
13 by the Department, provided that the designated Area Agency on
14 Aging shall be designated the regional administrative agency if
15 it so requests. The Department shall assume the functions of
16 the regional administrative agency for any planning and service
17 area where another agency is not so designated.

18 (i-5) "Self-neglect" means a condition that is the result
19 of an eligible adult's inability, due to physical or mental
20 impairments, or both, or a diminished capacity, to perform
21 essential self-care tasks that substantially threaten his or
22 her own health, including: providing essential food, clothing,
23 shelter, and health care; and obtaining goods and services
24 necessary to maintain physical health, mental health,
25 emotional well-being, and general safety.

26 (j) "Substantiated case" means a reported case of alleged

1 or suspected abuse, neglect, financial exploitation, or
2 self-neglect in which a provider agency, after assessment,
3 determines that there is reason to believe abuse, neglect, or
4 financial exploitation has occurred.

5 (Source: P.A. 93-281 eff. 12-31-03; 93-300, eff. 1-1-04;
6 94-1064, eff. 1-1-07.)

7 Section 90-250. The Prenatal and Newborn Care Act is
8 amended by changing Section 2 as follows:

9 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

10 Sec. 2. Definitions. As used in this Act, unless the
11 context otherwise requires:

12 "Advanced practice nurse" or "APN" means an advanced
13 practice nurse licensed under the Nurse Practice Act ~~Nursing~~
14 ~~and Advanced Practice Nursing Act~~ who has a written
15 collaborative agreement with a collaborating physician that
16 authorizes the provision of prenatal and newborn care.

17 "Department" means the Illinois Department of Human
18 Services.

19 "Early and Periodic Screening, Diagnosis and Treatment
20 (EPSDT)" means the provision of preventative health care under
21 42 C.F.R. 441.50 et seq., including medical and dental
22 services, needed to assess growth and development and detect
23 and treat health problems.

24 "Hospital" means a hospital as defined under the Hospital

1 Licensing Act.

2 "Local health authority" means the full-time official
3 health department or board of health, as recognized by the
4 Illinois Department of Public Health, having jurisdiction over
5 a particular area.

6 "Nurse" means a nurse licensed under the Nurse Practice Act
7 ~~Nursing and Advanced Practice Nursing Act.~~

8 "Physician" means a physician licensed to practice
9 medicine in all of its branches.

10 "Physician assistant" means a physician assistant licensed
11 under the Physician Assistant Practice Act of 1987 who has been
12 delegated authority to provide prenatal and newborn care.

13 "Postnatal visit" means a visit occurring after birth, with
14 reference to the newborn.

15 "Prenatal visit" means a visit occurring before birth.

16 "Program" means the Prenatal and Newborn Care Program
17 established pursuant to this Act.

18 (Source: P.A. 93-962, eff. 8-20-04.)

19 Section 90-255. The Illinois Sexually Transmissible
20 Disease Control Act is amended by changing Section 4 as
21 follows:

22 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

23 Sec. 4. Reporting required.

24 (a) A physician licensed under the provisions of the

1 Medical Practice Act of 1987, an advanced practice nurse
2 licensed under the provisions of the Nurse Practice Act ~~Nursing~~
3 ~~and Advanced Practice Nursing Act~~ who has a written
4 collaborative agreement with a collaborating physician that
5 authorizes the provision of services for a sexually
6 transmissible disease, or a physician assistant licensed under
7 the provisions of the Physician Assistant Practice Act of 1987
8 who has been delegated authority to provide services for a
9 sexually transmissible disease who makes a diagnosis of or
10 treats a person with a sexually transmissible disease and each
11 laboratory that performs a test for a sexually transmissible
12 disease which concludes with a positive result shall report
13 such facts as may be required by the Department by rule, within
14 such time period as the Department may require by rule, but in
15 no case to exceed 2 weeks.

16 (b) The Department shall adopt rules specifying the
17 information required in reporting a sexually transmissible
18 disease, the method of reporting and specifying a minimum time
19 period for reporting. In adopting such rules, the Department
20 shall consider the need for information, protections for the
21 privacy and confidentiality of the patient, and the practical
22 abilities of persons and laboratories to report in a reasonable
23 fashion.

24 (c) Any person who knowingly or maliciously disseminates
25 any false information or report concerning the existence of any
26 sexually transmissible disease under this Section is guilty of

1 a Class A misdemeanor.

2 (d) Any person who violates the provisions of this Section
3 or the rules adopted hereunder may be fined by the Department
4 up to \$500 for each violation. The Department shall report each
5 violation of this Section to the regulatory agency responsible
6 for licensing a health care professional or a laboratory to
7 which these provisions apply.

8 (Source: P.A. 93-962, eff. 8-20-04.)

9 Section 90-260. The Home Health and Hospice Drug
10 Dispensation and Administration Act is amended by changing
11 Section 10 as follows:

12 (410 ILCS 642/10)

13 Sec. 10. Definitions. In this Act:

14 "Authorized nursing employee" means a registered nurse or
15 advanced practice nurse, as defined in the Nurse Practice Act
16 ~~Nursing and Advanced Practice Nursing Act~~, who is employed by a
17 home health agency or hospice licensed in this State.

18 "Health care professional" means a physician licensed to
19 practice medicine in all its branches, an advanced practice
20 nurse who has a written collaborative agreement with a
21 collaborating physician that authorizes services under this
22 Act, or a physician assistant who has been delegated the
23 authority to perform services under this Act by his or her
24 supervising physician.

1 "Home health agency" has the meaning ascribed to it in
2 Section 2.04 of the Home Health, Home Services, and Home
3 Nursing Agency Licensing Act.

4 "Hospice" means a full hospice, as defined in Section 3 of
5 the Hospice Program Licensing Act.

6 "Physician" means a physician licensed under the Medical
7 Practice Act of 1987 to practice medicine in all its branches.
8 (Source: P.A. 94-638, eff. 8-22-05; revised 10-19-06.)

9 Section 90-265. The Illinois Abortion Law of 1975 is
10 amended by changing Section 11 as follows:

11 (720 ILCS 510/11) (from Ch. 38, par. 81-31)

12 Sec. 11. (1) Any person who intentionally violates any
13 provision of this Law commits a Class A misdemeanor unless a
14 specific penalty is otherwise provided. Any person who
15 intentionally falsifies any writing required by this Law
16 commits a Class A misdemeanor.

17 Intentional, knowing, reckless, or negligent violations of
18 this Law shall constitute unprofessional conduct which causes
19 public harm under Section 22 of the Medical Practice Act of
20 1987, as amended; Sections 10-140 and 20-5 of the Nurse
21 Practice Act ~~Sections 10-45 and 15-50 of the Nursing and~~
22 ~~Advanced Practice Nursing Act,~~ and Section 21 of the Physician
23 Assistant Practice Act of 1987, as amended.

24 Intentional, knowing, reckless or negligent violations of

1 this Law will constitute grounds for refusal, denial,
2 revocation, suspension, or withdrawal of license, certificate,
3 or permit under Section 30 of the Pharmacy Practice Act of
4 1987, as amended; Section 7 of the Ambulatory Surgical
5 Treatment Center Act, effective July 19, 1973, as amended; and
6 Section 7 of the Hospital Licensing Act.

7 (2) Any hospital or licensed facility which, or any
8 physician who intentionally, knowingly, or recklessly fails to
9 submit a complete report to the Department in accordance with
10 the provisions of Section 10 of this Law and any person who
11 intentionally, knowingly, recklessly or negligently fails to
12 maintain the confidentiality of any reports required under this
13 Law or reports required by Sections 10.1 or 12 of this Law
14 commits a Class B misdemeanor.

15 (3) Any person who sells any drug, medicine, instrument or
16 other substance which he knows to be an abortifacient and which
17 is in fact an abortifacient, unless upon prescription of a
18 physician, is guilty of a Class B misdemeanor. Any person who
19 prescribes or administers any instrument, medicine, drug or
20 other substance or device, which he knows to be an
21 abortifacient, and which is in fact an abortifacient, and
22 intentionally, knowingly or recklessly fails to inform the
23 person for whom it is prescribed or upon whom it is
24 administered that it is an abortifacient commits a Class C
25 misdemeanor.

26 (4) Any person who intentionally, knowingly or recklessly

1 performs upon a woman what he represents to that woman to be an
2 abortion when he knows or should know that she is not pregnant
3 commits a Class 2 felony and shall be answerable in civil
4 damages equal to 3 times the amount of proved damages.

5 (Source: P.A. 90-742, eff. 8-13-98.)

6 Section 90-270. The Illinois Controlled Substances Act is
7 amended by changing Sections 102, 103, and 303.05 as follows:

8 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

9 Sec. 102. Definitions. As used in this Act, unless the
10 context otherwise requires:

11 (a) "Addict" means any person who habitually uses any drug,
12 chemical, substance or dangerous drug other than alcohol so as
13 to endanger the public morals, health, safety or welfare or who
14 is so far addicted to the use of a dangerous drug or controlled
15 substance other than alcohol as to have lost the power of self
16 control with reference to his addiction.

17 (b) "Administer" means the direct application of a
18 controlled substance, whether by injection, inhalation,
19 ingestion, or any other means, to the body of a patient,
20 research subject, or animal (as defined by the Humane
21 Euthanasia in Animal Shelters Act) by:

22 (1) a practitioner (or, in his presence, by his
23 authorized agent),

24 (2) the patient or research subject at the lawful

1 direction of the practitioner, or

2 (3) a euthanasia technician as defined by the Humane
3 Euthanasia in Animal Shelters Act.

4 (c) "Agent" means an authorized person who acts on behalf
5 of or at the direction of a manufacturer, distributor, or
6 dispenser. It does not include a common or contract carrier,
7 public warehouseman or employee of the carrier or warehouseman.

8 (c-1) "Anabolic Steroids" means any drug or hormonal
9 substance, chemically and pharmacologically related to
10 testosterone (other than estrogens, progestins, and
11 corticosteroids) that promotes muscle growth, and includes:

- 12 (i) boldenone,
- 13 (ii) chlorotestosterone,
- 14 (iii) chostebol,
- 15 (iv) dehydrochlormethyltestosterone,
- 16 (v) dihydrotestosterone,
- 17 (vi) drostanolone,
- 18 (vii) ethylestrenol,
- 19 (viii) fluoxymesterone,
- 20 (ix) formebulone,
- 21 (x) mesterolone,
- 22 (xi) methandienone,
- 23 (xii) methandranone,
- 24 (xiii) methandriol,
- 25 (xiv) methandrostenolone,
- 26 (xv) methenolone,

1 (xvi) methyltestosterone,
2 (xvii) mibolerone,
3 (xviii) nandrolone,
4 (xix) norethandrolone,
5 (xx) oxandrolone,
6 (xxi) oxymesterone,
7 (xxii) oxymetholone,
8 (xxiii) stanolone,
9 (xxiv) stanozolol,
10 (xxv) testolactone,
11 (xxvi) testosterone,
12 (xxvii) trenbolone, and
13 (xxviii) any salt, ester, or isomer of a drug or
14 substance described or listed in this paragraph, if
15 that salt, ester, or isomer promotes muscle growth.

16 Any person who is otherwise lawfully in possession of an
17 anabolic steroid, or who otherwise lawfully manufactures,
18 distributes, dispenses, delivers, or possesses with intent to
19 deliver an anabolic steroid, which anabolic steroid is
20 expressly intended for and lawfully allowed to be administered
21 through implants to livestock or other nonhuman species, and
22 which is approved by the Secretary of Health and Human Services
23 for such administration, and which the person intends to
24 administer or have administered through such implants, shall
25 not be considered to be in unauthorized possession or to
26 unlawfully manufacture, distribute, dispense, deliver, or

1 possess with intent to deliver such anabolic steroid for
2 purposes of this Act.

3 (d) "Administration" means the Drug Enforcement
4 Administration, United States Department of Justice, or its
5 successor agency.

6 (e) "Control" means to add a drug or other substance, or
7 immediate precursor, to a Schedule under Article II of this Act
8 whether by transfer from another Schedule or otherwise.

9 (f) "Controlled Substance" means a drug, substance, or
10 immediate precursor in the Schedules of Article II of this Act.

11 (g) "Counterfeit substance" means a controlled substance,
12 which, or the container or labeling of which, without
13 authorization bears the trademark, trade name, or other
14 identifying mark, imprint, number or device, or any likeness
15 thereof, of a manufacturer, distributor, or dispenser other
16 than the person who in fact manufactured, distributed, or
17 dispensed the substance.

18 (h) "Deliver" or "delivery" means the actual, constructive
19 or attempted transfer of possession of a controlled substance,
20 with or without consideration, whether or not there is an
21 agency relationship.

22 (i) "Department" means the Illinois Department of Human
23 Services (as successor to the Department of Alcoholism and
24 Substance Abuse) or its successor agency.

25 (j) "Department of State Police" means the Department of
26 State Police of the State of Illinois or its successor agency.

1 (k) "Department of Corrections" means the Department of
2 Corrections of the State of Illinois or its successor agency.

3 (l) "Department of Professional Regulation" means the
4 Department of Professional Regulation of the State of Illinois
5 or its successor agency.

6 (m) "Depressant" or "stimulant substance" means:

7 (1) a drug which contains any quantity of (i)
8 barbituric acid or any of the salts of barbituric acid
9 which has been designated as habit forming under section
10 502 (d) of the Federal Food, Drug, and Cosmetic Act (21
11 U.S.C. 352 (d)); or

12 (2) a drug which contains any quantity of (i)
13 amphetamine or methamphetamine and any of their optical
14 isomers; (ii) any salt of amphetamine or methamphetamine or
15 any salt of an optical isomer of amphetamine; or (iii) any
16 substance which the Department, after investigation, has
17 found to be, and by rule designated as, habit forming
18 because of its depressant or stimulant effect on the
19 central nervous system; or

20 (3) lysergic acid diethylamide; or

21 (4) any drug which contains any quantity of a substance
22 which the Department, after investigation, has found to
23 have, and by rule designated as having, a potential for
24 abuse because of its depressant or stimulant effect on the
25 central nervous system or its hallucinogenic effect.

26 (n) (Blank).

1 (o) "Director" means the Director of the Department of
2 State Police or the Department of Professional Regulation or
3 his designated agents.

4 (p) "Dispense" means to deliver a controlled substance to
5 an ultimate user or research subject by or pursuant to the
6 lawful order of a prescriber, including the prescribing,
7 administering, packaging, labeling, or compounding necessary
8 to prepare the substance for that delivery.

9 (q) "Dispenser" means a practitioner who dispenses.

10 (r) "Distribute" means to deliver, other than by
11 administering or dispensing, a controlled substance.

12 (s) "Distributor" means a person who distributes.

13 (t) "Drug" means (1) substances recognized as drugs in the
14 official United States Pharmacopoeia, Official Homeopathic
15 Pharmacopoeia of the United States, or official National
16 Formulary, or any supplement to any of them; (2) substances
17 intended for use in diagnosis, cure, mitigation, treatment, or
18 prevention of disease in man or animals; (3) substances (other
19 than food) intended to affect the structure of any function of
20 the body of man or animals and (4) substances intended for use
21 as a component of any article specified in clause (1), (2), or
22 (3) of this subsection. It does not include devices or their
23 components, parts, or accessories.

24 (t-5) "Euthanasia agency" means an entity certified by the
25 Department of Professional Regulation for the purpose of animal
26 euthanasia that holds an animal control facility license or

1 animal shelter license under the Animal Welfare Act. A
2 euthanasia agency is authorized to purchase, store, possess,
3 and utilize Schedule II nonnarcotic and Schedule III
4 nonnarcotic drugs for the sole purpose of animal euthanasia.

5 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
6 substances (nonnarcotic controlled substances) that are used
7 by a euthanasia agency for the purpose of animal euthanasia.

8 (u) "Good faith" means the prescribing or dispensing of a
9 controlled substance by a practitioner in the regular course of
10 professional treatment to or for any person who is under his
11 treatment for a pathology or condition other than that
12 individual's physical or psychological dependence upon or
13 addiction to a controlled substance, except as provided herein:
14 and application of the term to a pharmacist shall mean the
15 dispensing of a controlled substance pursuant to the
16 prescriber's order which in the professional judgment of the
17 pharmacist is lawful. The pharmacist shall be guided by
18 accepted professional standards including, but not limited to
19 the following, in making the judgment:

20 (1) lack of consistency of doctor-patient
21 relationship,

22 (2) frequency of prescriptions for same drug by one
23 prescriber for large numbers of patients,

24 (3) quantities beyond those normally prescribed,

25 (4) unusual dosages,

26 (5) unusual geographic distances between patient,

1 pharmacist and prescriber,

2 (6) consistent prescribing of habit-forming drugs.

3 (u-1) "Home infusion services" means services provided by a
4 pharmacy in compounding solutions for direct administration to
5 a patient in a private residence, long-term care facility, or
6 hospice setting by means of parenteral, intravenous,
7 intramuscular, subcutaneous, or intraspinal infusion.

8 (v) "Immediate precursor" means a substance:

9 (1) which the Department has found to be and by rule
10 designated as being a principal compound used, or produced
11 primarily for use, in the manufacture of a controlled
12 substance;

13 (2) which is an immediate chemical intermediary used or
14 likely to be used in the manufacture of such controlled
15 substance; and

16 (3) the control of which is necessary to prevent,
17 curtail or limit the manufacture of such controlled
18 substance.

19 (w) "Instructional activities" means the acts of teaching,
20 educating or instructing by practitioners using controlled
21 substances within educational facilities approved by the State
22 Board of Education or its successor agency.

23 (x) "Local authorities" means a duly organized State,
24 County or Municipal peace unit or police force.

25 (y) "Look-alike substance" means a substance, other than a
26 controlled substance which (1) by overall dosage unit

1 appearance, including shape, color, size, markings or lack
2 thereof, taste, consistency, or any other identifying physical
3 characteristic of the substance, would lead a reasonable person
4 to believe that the substance is a controlled substance, or (2)
5 is expressly or impliedly represented to be a controlled
6 substance or is distributed under circumstances which would
7 lead a reasonable person to believe that the substance is a
8 controlled substance. For the purpose of determining whether
9 the representations made or the circumstances of the
10 distribution would lead a reasonable person to believe the
11 substance to be a controlled substance under this clause (2) of
12 subsection (y), the court or other authority may consider the
13 following factors in addition to any other factor that may be
14 relevant:

15 (a) statements made by the owner or person in control
16 of the substance concerning its nature, use or effect;

17 (b) statements made to the buyer or recipient that the
18 substance may be resold for profit;

19 (c) whether the substance is packaged in a manner
20 normally used for the illegal distribution of controlled
21 substances;

22 (d) whether the distribution or attempted distribution
23 included an exchange of or demand for money or other
24 property as consideration, and whether the amount of the
25 consideration was substantially greater than the
26 reasonable retail market value of the substance.

1 Clause (1) of this subsection (y) shall not apply to a
2 noncontrolled substance in its finished dosage form that was
3 initially introduced into commerce prior to the initial
4 introduction into commerce of a controlled substance in its
5 finished dosage form which it may substantially resemble.

6 Nothing in this subsection (y) prohibits the dispensing or
7 distributing of noncontrolled substances by persons authorized
8 to dispense and distribute controlled substances under this
9 Act, provided that such action would be deemed to be carried
10 out in good faith under subsection (u) if the substances
11 involved were controlled substances.

12 Nothing in this subsection (y) or in this Act prohibits the
13 manufacture, preparation, propagation, compounding,
14 processing, packaging, advertising or distribution of a drug or
15 drugs by any person registered pursuant to Section 510 of the
16 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

17 (y-1) "Mail-order pharmacy" means a pharmacy that is
18 located in a state of the United States, other than Illinois,
19 that delivers, dispenses or distributes, through the United
20 States Postal Service or other common carrier, to Illinois
21 residents, any substance which requires a prescription.

22 (z) "Manufacture" means the production, preparation,
23 propagation, compounding, conversion or processing of a
24 controlled substance other than methamphetamine, either
25 directly or indirectly, by extraction from substances of
26 natural origin, or independently by means of chemical

1 synthesis, or by a combination of extraction and chemical
2 synthesis, and includes any packaging or repackaging of the
3 substance or labeling of its container, except that this term
4 does not include:

5 (1) by an ultimate user, the preparation or compounding
6 of a controlled substance for his own use; or

7 (2) by a practitioner, or his authorized agent under
8 his supervision, the preparation, compounding, packaging,
9 or labeling of a controlled substance:

10 (a) as an incident to his administering or
11 dispensing of a controlled substance in the course of
12 his professional practice; or

13 (b) as an incident to lawful research, teaching or
14 chemical analysis and not for sale.

15 (z-1) (Blank).

16 (aa) "Narcotic drug" means any of the following, whether
17 produced directly or indirectly by extraction from substances
18 of natural origin, or independently by means of chemical
19 synthesis, or by a combination of extraction and chemical
20 synthesis:

21 (1) opium and opiate, and any salt, compound,
22 derivative, or preparation of opium or opiate;

23 (2) any salt, compound, isomer, derivative, or
24 preparation thereof which is chemically equivalent or
25 identical with any of the substances referred to in clause
26 (1), but not including the isoquinoline alkaloids of opium;

1 (3) opium poppy and poppy straw;

2 (4) coca leaves and any salts, compound, isomer, salt
3 of an isomer, derivative, or preparation of coca leaves
4 including cocaine or ecgonine, and any salt, compound,
5 isomer, derivative, or preparation thereof which is
6 chemically equivalent or identical with any of these
7 substances, but not including decocainized coca leaves or
8 extractions of coca leaves which do not contain cocaine or
9 ecgonine (for the purpose of this paragraph, the term
10 "isomer" includes optical, positional and geometric
11 isomers).

12 (bb) "Nurse" means a registered nurse licensed under the
13 Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

14 (cc) (Blank).

15 (dd) "Opiate" means any substance having an addiction
16 forming or addiction sustaining liability similar to morphine
17 or being capable of conversion into a drug having addiction
18 forming or addiction sustaining liability.

19 (ee) "Opium poppy" means the plant of the species *Papaver*
20 *somniferum* L., except its seeds.

21 (ff) "Parole and Pardon Board" means the Parole and Pardon
22 Board of the State of Illinois or its successor agency.

23 (gg) "Person" means any individual, corporation,
24 mail-order pharmacy, government or governmental subdivision or
25 agency, business trust, estate, trust, partnership or
26 association, or any other entity.

1 (hh) "Pharmacist" means any person who holds a certificate
2 of registration as a registered pharmacist, a local registered
3 pharmacist or a registered assistant pharmacist under the
4 Pharmacy Practice Act of 1987.

5 (ii) "Pharmacy" means any store, ship or other place in
6 which pharmacy is authorized to be practiced under the Pharmacy
7 Practice Act of 1987.

8 (jj) "Poppy straw" means all parts, except the seeds, of
9 the opium poppy, after mowing.

10 (kk) "Practitioner" means a physician licensed to practice
11 medicine in all its branches, dentist, podiatrist,
12 veterinarian, scientific investigator, pharmacist, physician
13 assistant, advanced practice nurse, licensed practical nurse,
14 registered nurse, hospital, laboratory, or pharmacy, or other
15 person licensed, registered, or otherwise lawfully permitted
16 by the United States or this State to distribute, dispense,
17 conduct research with respect to, administer or use in teaching
18 or chemical analysis, a controlled substance in the course of
19 professional practice or research.

20 (ll) "Pre-printed prescription" means a written
21 prescription upon which the designated drug has been indicated
22 prior to the time of issuance.

23 (mm) "Prescriber" means a physician licensed to practice
24 medicine in all its branches, dentist, podiatrist or
25 veterinarian who issues a prescription, a physician assistant
26 who issues a prescription for a Schedule III, IV, or V

1 controlled substance in accordance with Section 303.05 and the
2 written guidelines required under Section 7.5 of the Physician
3 Assistant Practice Act of 1987, or an advanced practice nurse
4 with prescriptive authority in accordance with Section 303.05
5 and a written collaborative agreement under Section 10-120 of
6 the Nurse Practice Act ~~Sections 15-15 and 15-20 of the Nursing~~
7 ~~and Advanced Practice Nursing Act.~~

8 (nn) "Prescription" means a lawful written, facsimile, or
9 verbal order of a physician licensed to practice medicine in
10 all its branches, dentist, podiatrist or veterinarian for any
11 controlled substance, of a physician assistant for a Schedule
12 III, IV, or V controlled substance in accordance with Section
13 303.05 and the written guidelines required under Section 7.5 of
14 the Physician Assistant Practice Act of 1987, or of an advanced
15 practice nurse who issues a prescription for a Schedule III,
16 IV, or V controlled substance in accordance with Section 303.05
17 and a written collaborative agreement under Section 10-120 of
18 the Nurse Practice Act ~~Sections 15-15 and 15-20 of the Nursing~~
19 ~~and Advanced Practice Nursing Act.~~

20 (oo) "Production" or "produce" means manufacture,
21 planting, cultivating, growing, or harvesting of a controlled
22 substance other than methamphetamine.

23 (pp) "Registrant" means every person who is required to
24 register under Section 302 of this Act.

25 (qq) "Registry number" means the number assigned to each
26 person authorized to handle controlled substances under the

1 laws of the United States and of this State.

2 (rr) "State" includes the State of Illinois and any state,
3 district, commonwealth, territory, insular possession thereof,
4 and any area subject to the legal authority of the United
5 States of America.

6 (ss) "Ultimate user" means a person who lawfully possesses
7 a controlled substance for his own use or for the use of a
8 member of his household or for administering to an animal owned
9 by him or by a member of his household.

10 (Source: P.A. 93-596, eff. 8-26-03; 93-626, eff. 12-23-03;
11 94-556, eff. 9-11-05.)

12 (720 ILCS 570/103) (from Ch. 56 1/2, par. 1103)

13 Sec. 103. Scope of Act. Nothing in this Act limits the
14 lawful authority granted by the Medical Practice Act of 1987,
15 the Nurse Practice Act ~~Nursing and Advanced Practice Nursing~~
16 ~~Act~~, or the Pharmacy Practice Act of 1987.

17 (Source: P.A. 90-742, eff. 8-13-98.)

18 (720 ILCS 570/303.05)

19 Sec. 303.05. Mid-level practitioner registration.

20 (a) The Department of Professional Regulation shall
21 register licensed physician assistants and licensed advanced
22 practice nurses to prescribe and dispense Schedule III, IV, or
23 V controlled substances under Section 303 and euthanasia
24 agencies to purchase, store, or administer euthanasia drugs

1 under the following circumstances:

2 (1) with respect to physician assistants or advanced
3 practice nurses,

4 (A) the physician assistant or advanced practice
5 nurse has been delegated prescriptive authority by a
6 physician licensed to practice medicine in all its
7 branches in accordance with Section 7.5 of the
8 Physician Assistant Practice Act of 1987 or the Nurse
9 Practice Act ~~Section 15-20 of the Nursing and Advanced~~
10 ~~Practice Nursing Act;~~ and

11 (B) the physician assistant or advanced practice
12 nurse has completed the appropriate application forms
13 and has paid the required fees as set by rule; or

14 (2) with respect to euthanasia agencies, the
15 euthanasia agency has obtained a license from the
16 Department of Professional Regulation and obtained a
17 registration number from the Department.

18 (b) The mid-level practitioner shall only be licensed to
19 prescribe those schedules of controlled substances for which a
20 licensed physician has delegated prescriptive authority,
21 except that a euthanasia agency does not have any prescriptive
22 authority.

23 (c) Upon completion of all registration requirements,
24 physician assistants, advanced practice nurses, and euthanasia
25 agencies shall be issued a mid-level practitioner controlled
26 substances license for Illinois.

1 (Source: P.A. 93-626, eff. 12-23-03.)

2 Section 90-275. The Methamphetamine Control and Community
3 Protection Act is amended by changing Section 110 as follows:

4 (720 ILCS 646/110)

5 Sec. 110. Scope of Act. Nothing in this Act limits any
6 authority or activity authorized by the Illinois Controlled
7 Substances Act, the Medical Practice Act of 1987, the Nurse
8 Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the
9 Pharmacy Practice Act of 1987, the Illinois Dental Practice
10 Act, the Podiatric Medical Practice Act of 1987, or the
11 Veterinary Medicine and Surgery Practice Act of 2004. Nothing
12 in this Act limits the authority or activity of any law
13 enforcement officer acting within the scope of his or her
14 employment.

15 (Source: P.A. 94-556, eff. 9-11-05.)

16 Section 90-280. The Methamphetamine Precursor Control Act
17 is amended by changing Section 50 as follows:

18 (720 ILCS 648/50)

19 Sec. 50. Scope of Act.

20 (a) Nothing in this Act limits the scope, terms, or effect
21 of the Methamphetamine Control and Community Protection Act.

22 (b) Nothing in this Act limits the lawful authority granted

1 by the Medical Practice Act of 1987, the Nurse Practice Act
2 ~~Nursing and Advanced Practice Nursing Act~~, or the Pharmacy
3 Practice Act of 1987.

4 (c) Nothing in this Act limits the authority or activity of
5 any law enforcement officer acting within the scope of his or
6 her employment.

7 (Source: P.A. 94-694, eff. 1-15-06.)

8 Section 90-285. The Good Samaritan Act is amended by
9 changing Sections 34 and 40 as follows:

10 (745 ILCS 49/34)

11 Sec. 34. Advanced practice nurse; exemption from civil
12 liability for emergency care. A person licensed as an advanced
13 practice nurse under the Nurse Practice Act ~~Nursing and~~
14 ~~Advanced Practice Nursing Act~~ who in good faith provides
15 emergency care without fee to a person shall not be liable for
16 civil damages as a result of his or her acts or omissions,
17 except for willful or wanton misconduct on the part of the
18 person in providing the care.

19 (Source: P.A. 90-742, eff. 8-13-98.)

20 (745 ILCS 49/40)

21 Sec. 40. Nurses; exemption from civil liability for
22 services performed without compensation.

23 (a) No person licensed as a professional nurse or as a

1 practical nurse under the Nurse Practice Act ~~Nursing and~~
2 ~~Advanced Practice Nursing Act~~ who, without compensation,
3 renders nursing services shall be liable, and no cause of
4 action may be brought, for damages resulting from an act or
5 omission in rendering such services unless the act or omission
6 involved willful or wanton misconduct.

7 (b) (Blank).

8 (c) As used in this Section "entity" means a
9 proprietorship, partnership, association or corporation,
10 whether or not operated for profit.

11 (d) Nothing in this Section is intended to bar any cause of
12 action against an entity or change the liability of an entity
13 which arises out of an act or omission of any person exempt
14 from liability for negligence under this Section.

15 (Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

16 Section 90-290. The Unemployment Insurance Act is amended
17 by changing Section 230 as follows:

18 (820 ILCS 405/230) (from Ch. 48, par. 340)

19 Sec. 230. The term "employment" shall not include service
20 performed after 1971:

21 (A) In the employ of a hospital, if such service is
22 performed by a patient of the hospital.

23 (B) As a student nurse in the employ of a hospital or a
24 nurses' training school by an individual who is enrolled

1 and is regularly attending classes in a nurses' training
2 school approved pursuant to the Nurse Practice Act ~~Nursing~~
3 ~~and Advanced Practice Nursing Act~~.

4 (C) As an intern in the employ of a hospital by an
5 individual who has completed a 4 years' course in a medical
6 school chartered or approved pursuant to State law.

7 (Source: P.A. 90-742, eff. 8-13-98.)

8 ARTICLE 95. REPEAL

9 (225 ILCS 65/Act rep.)

10 Section 95-95. The Nursing and Advanced Practice Nursing
11 Act is repealed.

12 ARTICLE 99. EFFECTIVE DATE

13 Section 99-99. Effective date. This Act takes effect upon
14 becoming law."