



Sen. William R. Haine

**Filed: 5/11/2011**

09700SB2255sam002

LRB097 09159 CEL 55439 a

1 AMENDMENT TO SENATE BILL 2255

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2255 by replacing  
3 everything after the enacting clause with the following:

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

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on November 30, 2011)

8 Sec. 54.5. Physician delegation of authority to physician  
9 assistants and advanced practice nurses.

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

1           (b) A physician licensed to practice medicine in all its  
2 branches in active clinical practice may collaborate with an  
3 advanced practice nurse in accordance with the requirements of  
4 the Nurse Practice Act. Collaboration is for the purpose of  
5 providing medical consultation, and no employment relationship  
6 is required. A written collaborative agreement shall conform to  
7 the requirements of Section 65-35 of the Nurse Practice Act.  
8 The written collaborative agreement shall be for services the  
9 collaborating physician generally provides to his or her  
10 patients in the normal course of clinical medical practice. A  
11 written collaborative agreement shall be adequate with respect  
12 to collaboration with advanced practice nurses if all of the  
13 following apply:

14           (1) The agreement is written to promote the exercise of  
15 professional judgment by the advanced practice nurse  
16 commensurate with his or her education and experience. The  
17 agreement need not describe the exact steps that an  
18 advanced practice nurse must take with respect to each  
19 specific condition, disease, or symptom, but must specify  
20 those procedures that require a physician's presence as the  
21 procedures are being performed.

22           (2) Practice guidelines and orders are developed and  
23 approved jointly by the advanced practice nurse and  
24 collaborating physician, as needed, based on the practice  
25 of the practitioners. Such guidelines and orders and the  
26 patient services provided thereunder are periodically

1 reviewed by the collaborating physician.

2 (3) The advance practice nurse provides services the  
3 collaborating physician generally provides to his or her  
4 patients in the normal course of clinical practice, except  
5 as set forth in subsection (b-5) of this Section. With  
6 respect to labor and delivery, the collaborating physician  
7 must provide delivery services in order to participate with  
8 a certified nurse midwife.

9 (4) The collaborating physician and advanced practice  
10 nurse consult ~~meet in person~~ at least once a month to  
11 provide collaboration and consultation.

12 (5) Methods of communication are available with the  
13 collaborating physician in person or through  
14 telecommunications for consultation, collaboration, and  
15 referral as needed to address patient care needs.

16 (6) The agreement contains provisions detailing notice  
17 for termination or change of status involving a written  
18 collaborative agreement, except when such notice is given  
19 for just cause.

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

1 anesthesia services consistent with Department rules.

2 Collaboration shall be adequate if:

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

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

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

20 (c) The supervising physician shall have access to the  
21 medical records of all patients attended by a physician  
22 assistant. The collaborating physician shall have access to the  
23 medical records of all patients attended to by an advanced  
24 practice nurse.

25 (d) (Blank).

26 (e) A physician shall not be liable for the acts or

1 omissions of a physician assistant or advanced practice nurse  
2 solely on the basis of having signed a supervision agreement or  
3 guidelines or a collaborative agreement, an order, a standing  
4 medical order, a standing delegation order, or other order or  
5 guideline authorizing a physician assistant or advanced  
6 practice nurse to perform acts, unless the physician has reason  
7 to believe the physician assistant or advanced practice nurse  
8 lacked the competency to perform the act or acts or commits  
9 willful and wanton misconduct.

10 (f) A collaborating physician may, but is not required to,  
11 delegate prescriptive authority to an advanced practice nurse  
12 as part of a written collaborative agreement, and the  
13 delegation of prescriptive authority shall conform to the  
14 requirements of Section 65-40 of the Nurse Practice Act.

15 (g) A supervising physician may, but is not required to,  
16 delegate prescriptive authority to a physician assistant as  
17 part of a written supervision agreement, and the delegation of  
18 prescriptive authority shall conform to the requirements of  
19 Section 7.5 of the Physician Assistant Practice Act of 1987.

20 (Source: P.A. 95-639, eff. 10-5-07; 96-618, eff. 1-1-10.)

21 Section 10. The Nurse Practice Act is amended by changing  
22 Sections 65-35, 65-40, and 65-45 as follows:

23 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

24 (Section scheduled to be repealed on January 1, 2018)

1           Sec. 65-35. Written collaborative agreements.

2           (a) A written collaborative agreement is required for all  
3 advanced practice nurses engaged in clinical practice, except  
4 for advanced practice nurses who are authorized to practice in  
5 a hospital or ambulatory surgical treatment center.

6           (a-5) If an advanced practice nurse engages in clinical  
7 practice outside of a hospital or ambulatory surgical treatment  
8 center in which he or she is authorized to practice, the  
9 advanced practice nurse must have a written collaborative  
10 agreement.

11           (b) A written collaborative agreement shall describe the  
12 working relationship of the advanced practice nurse with the  
13 collaborating physician or podiatrist and shall authorize the  
14 categories of care, treatment, or procedures to be performed by  
15 the advanced practice nurse. A collaborative agreement with a  
16 dentist must be in accordance with subsection (c-10) of this  
17 Section. Collaboration does not require an employment  
18 relationship between the collaborating physician and advanced  
19 practice nurse. Absent an employment relationship, an  
20 agreement may not restrict the categories of patients or  
21 third-party payment sources accepted by the advanced practice  
22 nurse. Collaboration means the relationship under which an  
23 advanced practice nurse works with a collaborating physician or  
24 podiatrist in an active clinical practice to deliver health  
25 care services in accordance with (i) the advanced practice  
26 nurse's training, education, and experience and (ii)

1 collaboration and consultation as documented in a jointly  
2 developed written collaborative agreement.

3 The agreement shall ~~be defined to~~ promote the exercise of  
4 professional judgment by the advanced practice nurse  
5 commensurate with his or her education and experience. The  
6 services to be provided by the advanced practice nurse shall be  
7 services that the collaborating physician or podiatrist is  
8 authorized to and generally provides to his or her patients in  
9 the normal course of his or her clinical medical practice,  
10 except as set forth in subsection (c-5) of this Section. The  
11 agreement need not describe the exact steps that an advanced  
12 practice nurse must take with respect to each specific  
13 condition, disease, or symptom but must specify which  
14 authorized procedures require the presence of the  
15 collaborating physician or podiatrist as the procedures are  
16 being performed. The collaborative relationship under an  
17 agreement shall not be construed to require the personal  
18 presence of a physician or podiatrist ~~at all times~~ at the place  
19 where services are rendered. Methods of communication shall be  
20 available for consultation with the collaborating physician or  
21 podiatrist in person or by telecommunications in accordance  
22 with established written guidelines as set forth in the written  
23 agreement.

24 (c) Collaboration and consultation under all collaboration  
25 agreements shall be adequate if a collaborating physician or  
26 podiatrist does each of the following:

1           (1) Participates in the joint formulation and joint  
2 approval of orders or guidelines with the advanced practice  
3 nurse and he or she periodically reviews such orders and  
4 the services provided patients under such orders in  
5 accordance with accepted standards of medical practice or  
6 podiatric practice and advanced practice nursing practice.

7           (2) Provides collaboration and consultation ~~Meets in~~  
8 ~~person~~ with the advanced practice nurse at least once a  
9 month ~~to provide collaboration and consultation~~. In the  
10 case of anesthesia services provided by a certified  
11 registered nurse anesthetist, an anesthesiologist,  
12 physician, dentist, or podiatrist must participate through  
13 discussion of and agreement with the anesthesia plan and  
14 remain physically present and available on the premises  
15 during the delivery of anesthesia services for diagnosis,  
16 consultation, and treatment of emergency medical  
17 conditions.

18           (3) Is available through telecommunications for  
19 consultation on medical problems, complications, or  
20 emergencies or patient referral. In the case of anesthesia  
21 services provided by a certified registered nurse  
22 anesthetist, an anesthesiologist, physician, dentist, or  
23 podiatrist must participate through discussion of and  
24 agreement with the anesthesia plan and remain physically  
25 present and available on the premises during the delivery  
26 of anesthesia services for diagnosis, consultation, and



1 treatment of emergency medical conditions.

2 The agreement must contain provisions detailing notice for  
3 termination or change of status involving a written  
4 collaborative agreement, except when such notice is given for  
5 just cause.

6 (c-5) A certified registered nurse anesthetist, who  
7 provides anesthesia services outside of a hospital or  
8 ambulatory surgical treatment center shall enter into a written  
9 collaborative agreement with an anesthesiologist or the  
10 physician licensed to practice medicine in all its branches or  
11 the podiatrist performing the procedure. Outside of a hospital  
12 or ambulatory surgical treatment center, the certified  
13 registered nurse anesthetist may provide only those services  
14 that the collaborating podiatrist is authorized to provide  
15 pursuant to the Podiatric Medical Practice Act of 1987 and  
16 rules adopted thereunder. A certified registered nurse  
17 anesthetist may select, order, and administer medication,  
18 including controlled substances, and apply appropriate medical  
19 devices for delivery of anesthesia services under the  
20 anesthesia plan agreed with by the anesthesiologist or the  
21 operating physician or operating podiatrist.

22 (c-10) A certified registered nurse anesthetist who  
23 provides anesthesia services in a dental office shall enter  
24 into a written collaborative agreement with an  
25 anesthesiologist or the physician licensed to practice  
26 medicine in all its branches or the operating dentist

1 performing the procedure. The agreement shall describe the  
2 working relationship of the certified registered nurse  
3 anesthetist and dentist and shall authorize the categories of  
4 care, treatment, or procedures to be performed by the certified  
5 registered nurse anesthetist. In a collaborating dentist's  
6 office, the certified registered nurse anesthetist may only  
7 provide those services that the operating dentist with the  
8 appropriate permit is authorized to provide pursuant to the  
9 Illinois Dental Practice Act and rules adopted thereunder. For  
10 anesthesia services, an anesthesiologist, physician, or  
11 operating dentist shall participate through discussion of and  
12 agreement with the anesthesia plan and shall remain physically  
13 present and be available on the premises during the delivery of  
14 anesthesia services for diagnosis, consultation, and treatment  
15 of emergency medical conditions. A certified registered nurse  
16 anesthetist may select, order, and administer medication,  
17 including controlled substances, and apply appropriate medical  
18 devices for delivery of anesthesia services under the  
19 anesthesia plan agreed with by the operating dentist.

20 (d) A copy of the signed, written collaborative agreement  
21 must be available to the Department upon request from both the  
22 advanced practice nurse and the collaborating physician or  
23 podiatrist.

24 (e) Nothing in this Act shall be construed to limit the  
25 delegation of tasks or duties by a physician to a licensed  
26 practical nurse, a registered professional nurse, or other

1 persons in accordance with Section 54.2 of the Medical Practice  
2 Act of 1987. Nothing in this Act shall be construed to limit  
3 the method of delegation that may be authorized by any means,  
4 including, but not limited to, oral, written, electronic,  
5 standing orders, protocols, guidelines, or verbal orders.

6 (f) An advanced practice nurse shall inform each  
7 collaborating physician, dentist, or podiatrist of all  
8 collaborative agreements he or she has signed and provide a  
9 copy of these to any collaborating physician, dentist, or  
10 podiatrist upon request.

11 (g) For the purposes of this Act, "generally provides to  
12 his or her patients in the normal course of his or her clinical  
13 medical practice" means services, not specific tasks or duties,  
14 the physician or podiatrist routinely provides individually or  
15 through delegation to other persons so that the physician or  
16 podiatrist has the experience and ability to provide  
17 collaboration and consultation.

18 (Source: P.A. 95-639, eff. 10-5-07; 96-618, eff. 1-1-10.)

19 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 65-40. Written collaborative agreement; prescriptive  
22 ~~Prescriptive~~ authority.

23 (a) A collaborating physician or podiatrist may, but is not  
24 required to, delegate prescriptive authority to an advanced  
25 practice nurse as part of a written collaborative agreement.

1 This authority may, but is not required to, include  
2 prescription of, selection of, orders for, administration of,  
3 storage of, acceptance of samples of, and dispensing over the  
4 counter medications, legend drugs, medical gases, and  
5 controlled substances categorized as any Schedule III through V  
6 controlled substances, as defined in Article II of the Illinois  
7 Controlled Substances Act, and other preparations, including,  
8 but not limited to, botanical and herbal remedies. The  
9 collaborating physician or podiatrist must have a valid current  
10 Illinois controlled substance license and federal registration  
11 to delegate authority to prescribe delegated controlled  
12 substances.

13 (b) To prescribe controlled substances under this Section,  
14 an advanced practice nurse must obtain a mid-level practitioner  
15 controlled substance license. Medication orders shall be  
16 reviewed periodically by the collaborating physician or  
17 podiatrist.

18 (c) The collaborating physician or podiatrist shall file  
19 with the Department notice of delegation of prescriptive  
20 authority and termination of such delegation, in accordance  
21 with rules of the Department. Upon receipt of this notice  
22 delegating authority to prescribe any Schedule III through V  
23 controlled substances, the licensed advanced practice nurse  
24 shall be eligible to register for a mid-level practitioner  
25 controlled substance license under Section 303.05 of the  
26 Illinois Controlled Substances Act.

1 (d) In addition to the requirements of subsections (a),  
2 (b), and (c) of this Section, a collaborating physician or  
3 podiatrist may, but is not required to, delegate authority to  
4 an advanced practice nurse to prescribe any Schedule II  
5 controlled substances, if all of the following conditions  
6 apply:

7 (1) Specific ~~No more than 5~~ Schedule II controlled  
8 substances by oral dosage or topical or transdermal  
9 application may be delegated, provided that the delegated  
10 Schedule II controlled substances are routinely prescribed  
11 by the collaborating physician or podiatrist. This  
12 delegation must identify the specific Schedule II  
13 controlled substances by either brand name or generic name.  
14 Schedule II controlled substances to be delivered by  
15 injection or other route of administration may not be  
16 delegated.

17 (2) Any delegation must be controlled substances that  
18 the collaborating physician or podiatrist prescribes.

19 (3) Any prescription must be limited to no more than a  
20 30-day supply ~~oral dosage~~, with any continuation  
21 authorized only after prior approval of the collaborating  
22 physician or podiatrist.

23 (4) The advanced practice nurse must discuss the  
24 condition of any patients for whom a controlled substance  
25 is prescribed monthly with the delegating physician.

26 (5) The advanced practice nurse meets the education

1       requirements of Section 303.05 of the Illinois Controlled  
2       Substances Act.

3       (e) Nothing in this Act shall be construed to limit the  
4       delegation of tasks or duties by a physician to a licensed  
5       practical nurse, a registered professional nurse, or other  
6       persons. Nothing in this Act shall be construed to limit the  
7       method of delegation that may be authorized by any means,  
8       including, but not limited to, oral, written, electronic,  
9       standing orders, protocols, guidelines, or verbal orders.

10       (f) Nothing in this Section shall be construed to apply to  
11       any medication authority including Schedule II controlled  
12       substances of an advanced practice nurse for care provided in a  
13       hospital, hospital affiliate, or ambulatory surgical treatment  
14       center pursuant to Section 65-45.

15       (g) Any advanced practice nurse who writes a prescription  
16       for a controlled substance without having a valid appropriate  
17       authority may be fined by the Department not more than \$50 per  
18       prescription, and the Department may take any other  
19       disciplinary action provided for in this Act.

20       (h) Nothing in this Section shall be construed to prohibit  
21       generic substitution.

22       (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09.)

23       (225 ILCS 65/65-45)     (was 225 ILCS 65/15-25)

24       (Section scheduled to be repealed on January 1, 2018)

25       Sec. 65-45. Advanced practice nursing in hospitals,

1 hospital affiliates, or ambulatory surgical treatment centers.

2 (a) An advanced practice nurse may provide services in a  
3 ~~licensed~~ hospital or a hospital affiliate as those terms are  
4 defined in the Hospital Licensing Act or the University of  
5 Illinois Hospital Act or a licensed ambulatory surgical  
6 treatment center without ~~prescriptive authority or~~ a written  
7 collaborative agreement pursuant to Section 65-35 of this Act.  
8 An advanced practice nurse must possess clinical privileges  
9 recommended by the hospital medical staff and granted by the  
10 hospital or the consulting medical staff committee and  
11 ambulatory surgical treatment center in order to provide  
12 services. The medical staff or consulting medical staff  
13 committee shall periodically review the services of advanced  
14 practice nurses granted clinical privileges, including any  
15 care provided in a hospital affiliate. Authority may also be  
16 granted when recommended by the hospital medical staff and  
17 granted by the hospital or recommended by the consulting  
18 medical staff committee and ambulatory surgical treatment  
19 center to individual advanced practice nurses to select, order,  
20 and administer medications, including controlled substances,  
21 to provide delineated care. In a hospital, hospital affiliate,  
22 or ambulatory surgical treatment center, the ~~The~~ attending  
23 physician shall determine an advanced practice nurse's role in  
24 providing care for his or her patients, except as otherwise  
25 provided in the medical staff bylaws or consulting committee  
26 policies.

1           (a-2) An advanced practice nurse granted authority to order  
2 medications including controlled substances may complete  
3 discharge prescriptions provided the prescription is in the  
4 name of the advanced practice nurse and the attending or  
5 discharging physician.

6           (a-3) Advanced practice nurses practicing in a hospital or  
7 an ambulatory surgical treatment center are not required to  
8 obtain a mid-level controlled substance license to order  
9 controlled substances under Section 303.05 of the Illinois  
10 Controlled Substances Act.

11           (a-5) For anesthesia services provided by a certified  
12 registered nurse anesthetist, an anesthesiologist, physician,  
13 dentist, or podiatrist shall participate through discussion of  
14 and agreement with the anesthesia plan and shall remain  
15 physically present and be available on the premises during the  
16 delivery of anesthesia services for diagnosis, consultation,  
17 and treatment of emergency medical conditions, unless hospital  
18 policy adopted pursuant to clause (B) of subdivision (3) of  
19 Section 10.7 of the Hospital Licensing Act or ambulatory  
20 surgical treatment center policy adopted pursuant to clause (B)  
21 of subdivision (3) of Section 6.5 of the Ambulatory Surgical  
22 Treatment Center Act provides otherwise. A certified  
23 registered nurse anesthetist may select, order, and administer  
24 medication for anesthesia services under the anesthesia plan  
25 agreed to by the anesthesiologist or the physician, in  
26 accordance with hospital alternative policy or the medical



1 staff consulting committee policies of a licensed ambulatory  
2 surgical treatment center.

3 (b) An advanced practice nurse who provides services in a  
4 hospital shall do so in accordance with Section 10.7 of the  
5 Hospital Licensing Act and, in an ambulatory surgical treatment  
6 center, in accordance with Section 6.5 of the Ambulatory  
7 Surgical Treatment Center Act.

8 (Source: P.A. 95-639, eff. 10-5-07.)

9 Section 15. The Physician Assistant Practice Act of 1987 is  
10 amended by changing Section 7.5 as follows:

11 (225 ILCS 95/7.5)

12 (Section scheduled to be repealed on January 1, 2018)

13 Sec. 7.5. Prescriptions; written supervision agreements;  
14 prescriptive authority.

15 (a) A written supervision agreement is required for all  
16 physician assistants to practice in the State.

17 (1) A written supervision agreement shall describe the  
18 working relationship of the physician assistant with the  
19 supervising physician and shall authorize the categories  
20 of care, treatment, or procedures to be performed by the  
21 physician assistant. The written supervision agreement  
22 shall ~~be defined to~~ promote the exercise of professional  
23 judgment by the physician assistant commensurate with his  
24 or her education and experience. The services to be

1 provided by the physician assistant shall be services that  
2 the supervising physician is authorized to and generally  
3 provides to his or her patients in the normal course of his  
4 or her clinical medical practice. The written supervision  
5 agreement need not describe the exact steps that a  
6 physician assistant must take with respect to each specific  
7 condition, disease, or symptom but must specify which  
8 authorized procedures require the presence of the  
9 supervising physician as the procedures are being  
10 performed. The supervision relationship under a written  
11 supervision agreement shall not be construed to require the  
12 personal presence of a physician ~~at all times~~ at the place  
13 where services are rendered. Methods of communication  
14 shall be available for consultation with the supervising  
15 physician in person or by telecommunications in accordance  
16 with established written guidelines as set forth in the  
17 written supervision agreement. For the purposes of this  
18 Act, "generally provides to his or her patients in the  
19 normal course of his or her clinical medical practice"  
20 means services, not specific tasks or duties, the  
21 supervising physician routinely provides individually or  
22 through delegation to other persons so that the physician  
23 has the experience and ability to provide supervision and  
24 consultation.

25 (2) The written supervision agreement shall be  
26 adequate if a physician does each of the following:

1           (A) Participates in the joint formulation and  
2 joint approval of orders or guidelines with the  
3 physician assistant and he or she periodically reviews  
4 such orders and the services provided patients under  
5 such orders in accordance with accepted standards of  
6 medical practice and physician assistant practice.

7           (B) Provides supervision and consultation ~~Meets in~~  
8 ~~person with the physician assistant~~ at least once a  
9 month ~~to provide supervision~~.

10           (3) A copy of the signed, written supervision agreement  
11 must be available to the Department upon request from both  
12 the physician assistant and the supervising physician.

13           (4) A physician assistant shall inform each  
14 supervising physician of all written supervision  
15 agreements he or she has signed and provide a copy of these  
16 to any supervising physician upon request.

17           (b) A supervising physician may, but is not required to,  
18 delegate prescriptive authority to a physician assistant as  
19 part of a written supervision agreement. This authority may,  
20 but is not required to, include prescription of, selection of,  
21 orders for, administration of, storage of, acceptance of  
22 samples of, and dispensing over the counter medications, legend  
23 drugs, medical gases, and controlled substances categorized as  
24 Schedule III through V controlled substances, as defined in  
25 Article II of the Illinois Controlled Substances Act, and other  
26 preparations, including, but not limited to, botanical and

1 herbal remedies. The supervising physician must have a valid,  
2 current Illinois controlled substance license and federal  
3 registration with the Drug Enforcement Agency to delegate the  
4 authority to prescribe controlled substances.

5 (1) To prescribe Schedule III, IV, or V controlled  
6 substances under this Section, a physician assistant must  
7 obtain a mid-level practitioner controlled substances  
8 license. Medication orders issued by a physician assistant  
9 shall be reviewed periodically by the supervising  
10 physician.

11 (2) The supervising physician shall file with the  
12 Department notice of delegation of prescriptive authority  
13 to a physician assistant and termination of delegation,  
14 specifying the authority delegated or terminated. Upon  
15 receipt of this notice delegating authority to prescribe  
16 Schedule III, IV, or V controlled substances, the physician  
17 assistant shall be eligible to register for a mid-level  
18 practitioner controlled substances license under Section  
19 303.05 of the Illinois Controlled Substances Act. Nothing  
20 in this Act shall be construed to limit the delegation of  
21 tasks or duties by the supervising physician to a nurse or  
22 other appropriately trained persons in accordance with  
23 Section 54.2 of the Medical Practice Act of 1987.

24 (3) In addition to the requirements of subsection (b)  
25 of this Section, a supervising physician may, but is not  
26 required to, delegate authority to a physician assistant to

1           prescribe Schedule II controlled substances, if all of the  
2           following conditions apply:

3                   (A) Specific ~~No more than 5~~ Schedule II controlled  
4                   substances by oral dosage or topical or transdermal  
5                   application may be delegated, provided that the  
6                   delegated Schedule II controlled substances are  
7                   routinely prescribed by the supervising physician.  
8                   This delegation must identify the specific Schedule II  
9                   controlled substances by either brand name or generic  
10                   name. Schedule II controlled substances to be  
11                   delivered by injection or other route of  
12                   administration may not be delegated.

13                   (B) Any delegation must be controlled substances  
14                   that the supervising physician prescribes.

15                   (C) Any prescription must be limited to no more  
16                   than a 30-day supply ~~oral dosage~~, with any continuation  
17                   authorized only after prior approval of the  
18                   supervising physician.

19                   (D) The physician assistant must discuss the  
20                   condition of any patients for whom a controlled  
21                   substance is prescribed monthly with the supervising  
22                   physician.

23                   (E) The physician assistant meets the education  
24                   requirements of Section 303.05 of the Illinois  
25                   Controlled Substances Act.

26           (c) Nothing in this Act shall be construed to limit the

1 delegation of tasks or duties by a physician to a licensed  
2 practical nurse, a registered professional nurse, or other  
3 persons. Nothing in this Act shall be construed to limit the  
4 method of delegation that may be authorized by any means,  
5 including, but not limited to, oral, written, electronic,  
6 standing orders, protocols, guidelines, or verbal orders.

7 (d) Any physician assistant who writes a prescription for a  
8 controlled substance without having a valid appropriate  
9 authority may be fined by the Department not more than \$50 per  
10 prescription, and the Department may take any other  
11 disciplinary action provided for in this Act.

12 (e) Nothing in this Section shall be construed to prohibit  
13 generic substitution.

14 (Source: P.A. 96-268, eff. 8-11-09; 96-618, eff. 1-1-10;  
15 96-1000, eff. 7-2-10.)

16 Section 20. The Podiatric Medical Practice Act of 1987 is  
17 amended by changing Section 20.5 as follows:

18 (225 ILCS 100/20.5)

19 (Section scheduled to be repealed on January 1, 2018)

20 Sec. 20.5. Delegation of authority to advanced practice  
21 nurses.

22 (a) A podiatrist in active clinical practice may  
23 collaborate with an advanced practice nurse in accordance with  
24 the requirements of the Nurse Practice Act. Collaboration shall

1 be for the purpose of providing podiatric consultation and no  
2 employment relationship shall be required. A written  
3 collaborative agreement shall conform to the requirements of  
4 Section 65-35 of the Nurse Practice Act. The written  
5 collaborative agreement shall be for services the  
6 collaborating podiatrist generally provides to his or her  
7 patients in the normal course of clinical podiatric practice,  
8 except as set forth in item (3) of this subsection (a). A  
9 written collaborative agreement and podiatric collaboration  
10 and consultation shall be adequate with respect to advanced  
11 practice nurses if all of the following apply:

12 (1) The agreement is written to promote the exercise of  
13 professional judgment by the advanced practice nurse  
14 commensurate with his or her education and experience. The  
15 agreement need not describe the exact steps that an  
16 advanced practice nurse must take with respect to each  
17 specific condition, disease, or symptom, but must specify  
18 which procedures require a podiatrist's presence as the  
19 procedures are being performed.

20 (2) Practice guidelines and orders are developed and  
21 approved jointly by the advanced practice nurse and  
22 collaborating podiatrist, as needed, based on the practice  
23 of the practitioners. Such guidelines and orders and the  
24 patient services provided thereunder are periodically  
25 reviewed by the collaborating podiatrist.

26 (3) The advance practice nurse provides services that

1 the collaborating podiatrist generally provides to his or  
2 her patients in the normal course of clinical practice.  
3 With respect to the provision of anesthesia services by a  
4 certified registered nurse anesthetist, the collaborating  
5 podiatrist must have training and experience in the  
6 delivery of anesthesia consistent with Department rules.

7 (4) The collaborating podiatrist and the advanced  
8 practice nurse consult ~~meet in person~~ at least once a month  
9 to provide collaboration and consultation.

10 (5) Methods of communication are available with the  
11 collaborating podiatrist in person or through  
12 telecommunications for consultation, collaboration, and  
13 referral as needed to address patient care needs.

14 (6) With respect to the provision of anesthesia  
15 services by a certified registered nurse anesthetist, an  
16 anesthesiologist, physician, or podiatrist shall  
17 participate through discussion of and agreement with the  
18 anesthesia plan and shall remain physically present and be  
19 available on the premises during the delivery of anesthesia  
20 services for diagnosis, consultation, and treatment of  
21 emergency medical conditions. The anesthesiologist or  
22 operating podiatrist must agree with the anesthesia plan  
23 prior to the delivery of services.

24 (7) The agreement contains provisions detailing notice  
25 for termination or change of status involving a written  
26 collaborative agreement, except when such notice is given



1 for just cause.

2 (b) The collaborating podiatrist shall have access to the  
3 records of all patients attended to by an advanced practice  
4 nurse.

5 (c) Nothing in this Section shall be construed to limit the  
6 delegation of tasks or duties by a podiatrist to a licensed  
7 practical nurse, a registered professional nurse, or other  
8 appropriately trained persons.

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

17 (f) A podiatrist, may, but is not required to delegate  
18 prescriptive authority to an advanced practice nurse as part of  
19 a written collaborative agreement and the delegation of  
20 prescriptive authority shall conform to the requirements of  
21 Section 65-40 of the Nurse Practice Act.

22 (Source: P.A. 95-639, eff. 10-5-07; 96-618, eff. 1-1-10.)

23 Section 25. The Illinois Controlled Substances Act is  
24 amended by changing Section 303.05 as follows:

1 (720 ILCS 570/303.05)

2 Sec. 303.05. Mid-level practitioner registration.

3 (a) The Department of Financial and Professional  
4 Regulation shall register licensed physician assistants and  
5 licensed advanced practice nurses to prescribe and dispense  
6 controlled substances under Section 303 and euthanasia  
7 agencies to purchase, store, or administer animal euthanasia  
8 drugs under the following circumstances:

9 (1) with respect to physician assistants,

10 (A) the physician assistant has been delegated  
11 authority to prescribe any Schedule III through V  
12 controlled substances by a physician licensed to  
13 practice medicine in all its branches in accordance  
14 with Section 7.5 of the Physician Assistant Practice  
15 Act of 1987; and the physician assistant has completed  
16 the appropriate application forms and has paid the  
17 required fees as set by rule; or

18 (B) the physician assistant has been delegated  
19 authority by a supervising physician licensed to  
20 practice medicine in all its branches to prescribe or  
21 dispense Schedule II controlled substances through a  
22 written delegation of authority and under the  
23 following conditions:

24 (i) Specific ~~no more than 5~~ Schedule II  
25 controlled substances by oral dosage or topical or  
26 transdermal application may be delegated, provided

1           that the delegated Schedule II controlled  
2           substances are routinely prescribed by the  
3           supervising physician. This delegation must  
4           identify the specific Schedule II controlled  
5           substances by either brand name or generic name.  
6           Schedule II controlled substances to be delivered  
7           by injection or other route of administration may  
8           not be delegated;

9           (ii) any delegation must be of controlled  
10          substances prescribed by the supervising  
11          physician;

12          (iii) all prescriptions must be limited to no  
13          more than a 30-day supply ~~oral dosage~~, with any  
14          continuation authorized only after prior approval  
15          of the supervising physician;

16          (iv) the physician assistant must discuss the  
17          condition of any patients for whom a controlled  
18          substance is prescribed monthly with the  
19          delegating physician; ~~and~~

20          (v) the physician assistant must have  
21          completed the appropriate application forms and  
22          paid the required fees as set by rule;

23          (vi) the physician assistant must provide  
24          evidence of satisfactory completion of 45 graduate  
25          contact hours in pharmacology for any new license  
26          issued with Schedule II authority after the

1 effective date of this amendatory Act of the 97th  
2 General Assembly; and

3 (vii) the physician assistant must annually  
4 complete at least 5 hours of continuing education  
5 in pharmacology.

6 (2) with respect to advanced practice nurses,

7 (A) the advanced practice nurse has been delegated  
8 authority to prescribe any Schedule III through V  
9 controlled substances by a collaborating physician  
10 licensed to practice medicine in all its branches or a  
11 collaborating podiatrist in accordance with Section  
12 65-40 of the Nurse Practice Act. The advanced practice  
13 nurse has completed the appropriate application forms  
14 and has paid the required fees as set by rule; or

15 (B) the advanced practice nurse has been delegated  
16 authority by a collaborating physician licensed to  
17 practice medicine in all its branches or collaborating  
18 podiatrist to prescribe or dispense Schedule II  
19 controlled substances through a written delegation of  
20 authority and under the following conditions:

21 (i) specific ~~no more than 5~~ Schedule II  
22 controlled substances by oral dosage or topical or  
23 transdermal application may be delegated, provided  
24 that the delegated Schedule II controlled  
25 substances are routinely prescribed by the  
26 collaborating physician or podiatrist. This

1           delegation must identify the specific Schedule II  
2           controlled substances by either brand name or  
3           generic name. Schedule II controlled substances to  
4           be delivered by injection or other route of  
5           administration may not be delegated;

6           (ii) any delegation must be of controlled  
7           substances prescribed by the collaborating  
8           physician or podiatrist;

9           (iii) all prescriptions must be limited to no  
10          more than a 30-day supply ~~oral dosage~~, with any  
11          continuation authorized only after prior approval  
12          of the collaborating physician or podiatrist;

13          (iv) the advanced practice nurse must discuss  
14          the condition of any patients for whom a controlled  
15          substance is prescribed monthly with the  
16          delegating physician or podiatrist; and

17          (v) the advanced practice nurse must have  
18          completed the appropriate application forms and  
19          paid the required fees as set by rule; ~~or~~

20          (vi) the advanced practice nurse must provide  
21          evidence of satisfactory completion of at least 45  
22          graduate contact hours in pharmacology for any new  
23          license issued with Schedule II authority after  
24          the effective date of this amendatory Act of the  
25          97th General Assembly; and

26          (vii) the advanced practice nurse must

1                   annually complete 5 hours of continuing education  
2                   in pharmacology; or

3           (3) with respect to animal euthanasia agencies, the  
4           euthanasia agency has obtained a license from the  
5           Department of Professional Regulation and obtained a  
6           registration number from the Department.

7           (b) The mid-level practitioner shall only be licensed to  
8           prescribe those schedules of controlled substances for which a  
9           licensed physician or licensed podiatrist has delegated  
10          prescriptive authority, except that an animal euthanasia  
11          agency does not have any prescriptive authority. A physician  
12          assistant and an advanced practice nurse are prohibited from  
13          prescribing medications and controlled substances not set  
14          forth in the required written delegation of authority.

15          (c) Upon completion of all registration requirements,  
16          physician assistants, advanced practice nurses, and animal  
17          euthanasia agencies shall be issued a mid-level practitioner  
18          controlled substances license for Illinois.

19          (d) A collaborating physician or podiatrist may, but is not  
20          required to, delegate prescriptive authority to an advanced  
21          practice nurse as part of a written collaborative agreement,  
22          and the delegation of prescriptive authority shall conform to  
23          the requirements of Section 65-40 of the Nurse Practice Act.

24          (e) A supervising physician may, but is not required to,  
25          delegate prescriptive authority to a physician assistant as  
26          part of a written supervision agreement, and the delegation of

1 prescriptive authority shall conform to the requirements of  
2 Section 7.5 of the Physician Assistant Practice Act of 1987.

3 (f) Nothing in this Section shall be construed to prohibit  
4 generic substitution.

5 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;  
6 96-268, eff. 8-11-09; 96-1000, eff. 7-2-10.)

7 Section 99. Effective date. This Act takes effect July 1,  
8 2011."