



Rep. John E. Bradley

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LRB098 10555 ZMM 60141 a

1 AMENDMENT TO SENATE BILL 2187

2 AMENDMENT NO. _____. Amend Senate Bill 2187, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Clinical Psychologist Licensing Act is
6 amended by changing Sections 2, 7, and 15 and by adding
7 Sections 4.2, 4.3, and 4.5 as follows:

8 (225 ILCS 15/2) (from Ch. 111, par. 5352)

9 (Section scheduled to be repealed on January 1, 2017)

10 Sec. 2. Definitions. As used in this Act:

11 (1) "Department" means the Department of Financial and
12 Professional Regulation.

13 (2) "Secretary" means the Secretary of Financial and
14 Professional Regulation.

15 (3) "Board" means the Clinical Psychologists Licensing
16 and Disciplinary Board appointed by the Secretary.

1 (4) "Person" means an individual, association,
2 partnership or corporation.

3 (5) "Clinical psychology" means the independent
4 evaluation, classification and treatment of mental,
5 emotional, behavioral or nervous disorders or conditions,
6 developmental disabilities, alcoholism and substance
7 abuse, disorders of habit or conduct, the psychological
8 aspects of physical illness. The practice of clinical
9 psychology includes psychoeducational evaluation, therapy,
10 remediation and consultation, the use of psychological and
11 neuropsychological testing, assessment, psychotherapy,
12 psychoanalysis, hypnosis, biofeedback, and behavioral
13 modification when any of these are used for the purpose of
14 preventing or eliminating psychopathology, or for the
15 amelioration of psychological disorders of individuals or
16 groups. "Clinical psychology" does not include the use of
17 hypnosis by unlicensed persons pursuant to Section 3.

18 (6) A person represents himself to be a "clinical
19 psychologist" or "psychologist" within the meaning of this
20 Act when he or she holds himself out to the public by any
21 title or description of services incorporating the words
22 "psychological", "psychologic", "psychologist",
23 "psychology", or "clinical psychologist" or under such
24 title or description offers to render or renders clinical
25 psychological services as defined in paragraph (7) of this
26 Section to individuals, corporations, or the public for

1 remuneration.

2 (7) "Clinical psychological services" refers to any
3 services under paragraph (5) of this Section if the words
4 "psychological", "psychologic", "psychologist",
5 "psychology" or "clinical psychologist" are used to
6 describe such services by the person or organization
7 offering to render or rendering them.

8 (8) "Collaborating physician" means a physician
9 licensed to practice medicine in all of its branches who
10 generally prescribes psychotropic medications to his or
11 her patients in the normal course of his or her clinical
12 medical practice.

13 (9) "Prescribing psychologist" means a licensed,
14 doctoral level psychologist who has undergone specialized
15 training, has passed an examination accepted by the Board,
16 and has received a current license granting prescriptive
17 authority under Section 4.2 of this Act that has not been
18 revoked or suspended from the Department.

19 (10) "Prescriptive authority" means the authority to
20 prescribe, administer, discontinue, or distribute drugs or
21 medicines.

22 (11) "Prescription" means an order for a drug,
23 laboratory test, or any medicines, including controlled
24 substances as defined in the Illinois Controlled
25 Substances Act, devices, or treatments.

26 (12) "Drugs" has the meaning given to that term in the

1 Pharmacy Practice Act.

2 (13) "Medicines" has the meaning given to that term in
3 the Pharmacy Practice Act.

4 This Act shall not apply to persons lawfully carrying on
5 their particular profession or business under any valid
6 existing regulatory Act of the State.

7 (Source: P.A. 94-870, eff. 6-16-06.)

8 (225 ILCS 15/4.2 new)

9 Sec. 4.2. Prescribing psychologist license.

10 (a) A psychologist may apply to the Department for a
11 prescribing psychologist license. The application shall be
12 made on a form approved by the Department, include the payment
13 of any required fees, and be accompanied by evidence
14 satisfactory to the Department that the applicant:

15 (1) holds a current license to practice clinical
16 psychology in Illinois;

17 (2) has successfully completed the following minimum
18 educational and training requirements either during the
19 doctoral program required for licensure under this Section
20 or in an accredited undergraduate or master level program
21 prior to or subsequent to the doctoral program required
22 under this Section:

23 (A) specific minimum biomedical prerequisite
24 coursework, including, but not limited to: Medical
25 Terminology (class or proficiency); Chemistry or

1 Biochemistry with lab (2 semesters); Human Physiology
2 (one semester); Human Anatomy (one semester); Anatomy
3 and Physiology; Microbiology with lab (one semester);
4 and General Biology for science majors or Cell and
5 Molecular Biology (one semester);

6 (B) a minimum of 60 credit hours of didactic
7 coursework, including, but not limited to:
8 Pharmacology; Clinical Psychopharmacology; Clinical
9 Anatomy and Integrated Science; Patient Evaluation;
10 Advanced Physical Assessment; Research Methods;
11 Advanced Pathophysiology; Diagnostic Methods; Problem
12 Based Learning; and Clinical and Procedural Skills;
13 and

14 (C) a practicum of 14 months supervised clinical
15 training of at least 36 credit hours, including a
16 research project; during the clinical rotation phase,
17 students complete rotations in Emergency Medicine,
18 Family Medicine, Geriatrics, Internal Medicine,
19 Obstetrics and Gynecology, Pediatrics, Psychiatrics,
20 Surgery, and one elective of the students' choice;

21 (3) has completed a National Certifying Exam, by
22 specialty, as determined by rule; and

23 (4) meets all other requirements for obtaining a
24 prescribing psychologist license, as determined by rule.

25 (b) The Department may issue a prescribing psychologist
26 license if it finds that the applicant has met the requirements

1 of subsection (a) of this Section.

2 (c) A prescribing psychologist may only prescribe
3 psychotropic medication pursuant to the provisions of this Act
4 if the prescribing psychologist:

5 (1) continues to hold a current license to practice
6 psychology in Illinois;

7 (2) satisfies the continuing education requirements
8 for prescribing psychologists, as determined by rule, a
9 portion of which shall address continuous quality
10 improvement processes and measures and clinical outcomes
11 research; and

12 (3) maintains a written collaborative agreement with a
13 collaborating physician pursuant to Section 4.3 of this
14 Act.

15 (225 ILCS 15/4.3 new)

16 Sec. 4.3. Written collaborative agreements.

17 (a) A written collaborative agreement is required for all
18 prescribing psychologists practicing under a prescribing
19 psychologist license issued pursuant to Section 4.2 of this
20 Act.

21 (b) To prescribe controlled substances under this Act, a
22 licensed clinical psychologist shall obtain a mid-level
23 practitioner controlled substance license. Medication orders
24 shall be reviewed periodically by the collaborating physician.

25 (c) The collaborating physician shall file with the

1 Department notice of delegation of prescriptive authority and
2 termination of the delegation, in accordance with rules of the
3 Department. Upon receipt of this notice delegating authority to
4 prescribe any Schedule III through V controlled substances, the
5 licensed clinical psychologist shall be eligible to register
6 for a mid-level practitioner controlled substance license
7 under Section 303.05 of the Illinois Controlled Substances Act.

8 (d) A collaborating physician may, but is not required to,
9 delegate authority to a licensed clinical psychologist to
10 prescribe any Schedule II controlled substances, if all of the
11 following conditions apply:

12 (1) Specific Schedule II controlled substances by oral
13 dosage or topical or transdermal application may be
14 delegated, provided that the delegated Schedule II
15 controlled substances are routinely prescribed by the
16 collaborating physician for the treatment of mental
17 diseases or disorders. This delegation shall identify the
18 specific Schedule II controlled substances by either brand
19 name or generic name. Schedule II controlled substances to
20 be delivered by injection or other route of administration
21 may not be delegated.

22 (2) Any delegation shall be for controlled substances
23 that the collaborating physician prescribes.

24 (3) Any prescription shall be limited to no more than a
25 30-day supply, with any continuation authorized only after
26 prior approval of the collaborating physician.

1 (4) The licensed clinical psychologist shall discuss
2 the condition of any patients for whom a controlled
3 substance is prescribed monthly with the delegating
4 physician.

5 (5) A prescribing psychologist shall not prescribe
6 narcotic drugs, as defined in Section 102 of the Illinois
7 Controlled Substances Act.

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

13 (e) The written collaborative agreement shall describe the
14 working relationship of the prescribing psychologist with the
15 collaborating physician and shall delegate prescriptive
16 authority as provided in this Act. Collaboration does not
17 require an employment relationship between the collaborating
18 physician and prescribing psychologist. Absent an employment
19 relationship, an agreement may not restrict third-party
20 payment sources accepted by the prescribing psychologist. For
21 the purposes of this Section, "collaboration" means the
22 relationship between a prescribing psychologist and a
23 collaborating physician with respect to the delivery of
24 prescribing services in accordance with (1) the prescribing
25 psychologist's training, education, and experience and (2)
26 collaboration and consultation as documented in a jointly

1 developed written collaborative agreement.

2 (f) The agreement shall promote the exercise of
3 professional judgment by the prescribing psychologist
4 corresponding to his or her education and experience.

5 (g) The collaborative agreement shall not be construed to
6 require the personal presence of a physician at the place where
7 services are rendered. Methods of communication shall be
8 available for consultation with the collaborating physician in
9 person or by telecommunications in accordance with established
10 written guidelines as set forth in the written agreement.

11 (h) Collaboration and consultation pursuant to all
12 collaboration agreements shall be adequate if a collaborating
13 physician does each of the following:

14 (1) participates in the joint formulation and joint
15 approval of orders or guidelines with the prescribing
16 psychologist and he or she periodically reviews the
17 prescribing psychologist's orders and the services
18 provided patients under the orders in accordance with
19 accepted standards of medical practice and prescribing
20 psychologist practice;

21 (2) provides collaboration and consultation with the
22 prescribing psychologist at least once a month; and

23 (3) is available through telecommunications for
24 consultation on medical problems, complications,
25 emergencies, or patient referral.

26 (i) The written collaborative agreement shall contain

1 provisions detailing notice for termination or change of status
2 involving a written collaborative agreement, except when the
3 notice is given for just cause.

4 (j) A copy of the signed written collaborative agreement
5 shall be available to the Department upon request to either the
6 prescribing psychologist or the collaborating physician.

7 (k) Nothing in this Section shall be construed to limit the
8 authority of a prescribing psychologist to perform all duties
9 authorized under this Act.

10 (l) A prescribing psychologist shall inform each
11 collaborating physician of all collaborative agreements he or
12 she has signed and provide a copy of these to any collaborating
13 physician.

14 (225 ILCS 15/4.5 new)

15 Sec. 4.5. Endorsement.

16 (a) Individuals who are already licensed as medical or
17 prescribing psychologists in another state may apply for an
18 Illinois prescribing psychologist license by endorsement from
19 that state, or acceptance of that state's examination.
20 Applicants from other states may not be required to pass the
21 examination required for licensure as a prescribing
22 psychologist in Illinois if they meet requirements set forth in
23 this Act and its rules, such as proof of education, testing,
24 payment of any fees, and experience.

25 (b) Individuals who graduated from the Department of

1 Defense Psychopharmacology Demonstration Project may apply for
2 an Illinois prescribing psychologist license by endorsement.
3 Applicants from the Department of Defense Psychopharmacology
4 Demonstration Project may not be required to pass the
5 examination required for licensure as a prescribing
6 psychologist in Illinois if they meet requirements set forth in
7 this Act and its rules, such as proof of education, testing,
8 payment of any fees, and experience.

9 (c) Individuals applying for a prescribing psychologist
10 license by endorsement shall be required to first obtain a
11 clinical psychologist license under this Act.

12 (225 ILCS 15/7) (from Ch. 111, par. 5357)

13 (Section scheduled to be repealed on January 1, 2017)

14 Sec. 7. Board. The Secretary shall appoint a Board that
15 shall serve in an advisory capacity to the Secretary.

16 The Board shall consist of 9 ~~7~~ persons, 4 of whom are
17 licensed clinical psychologists, and actively engaged in the
18 practice of clinical psychology, 2 of whom are licensed
19 prescribing psychologists, 2 of whom are licensed clinical
20 psychologists and are full time faculty members of accredited
21 colleges or universities who are engaged in training clinical
22 psychologists, and one of whom is a public member who is not a
23 licensed health care provider. In appointing members of the
24 Board, the Secretary shall give due consideration to the
25 adequate representation of the various fields of health care

1 psychology such as clinical psychology, school psychology and
2 counseling psychology. In appointing members of the Board, the
3 Secretary shall give due consideration to recommendations by
4 members of the profession of clinical psychology and by the
5 State-wide organizations representing the interests of
6 clinical psychologists and organizations representing the
7 interests of academic programs as well as recommendations by
8 approved doctoral level psychology programs in the State of
9 Illinois. The members shall be appointed for a term of 4 years.
10 No member shall be eligible to serve for more than 2 full
11 terms. Any appointment to fill a vacancy shall be for the
12 unexpired portion of the term. A member appointed to fill a
13 vacancy for an unexpired term for a duration of 2 years or more
14 may be reappointed for a maximum of one term and a member
15 appointed to fill a vacancy for an unexpired term for a
16 duration of less than 2 years may be reappointed for a maximum
17 of 2 terms. The Secretary may remove any member for cause at
18 any time prior to the expiration of his or her term.

19 The 2 initial appointees to the Board who are licensed
20 prescribing psychologists may hold a medical or prescription
21 license issued by another state so long as the license is
22 deemed by the Secretary to be substantially equivalent to a
23 prescribing psychologist license under this Act and so long as
24 the appointees also maintain an Illinois clinical psychologist
25 license. Such initial appointees shall serve on the Board until
26 the Department adopts rules necessary too implement licensure

1 under Section 4.2 of this Act.

2 The Board shall annually elect one of its members as
3 chairperson and vice chairperson.

4 The members of the Board shall be reimbursed for all
5 authorized legitimate and necessary expenses incurred in
6 attending the meetings of the Board.

7 The Secretary shall give due consideration to all
8 recommendations of the Board. In the event the Secretary
9 disagrees with or takes action contrary to the recommendation
10 of the Board, he or she shall provide the Board with a written
11 and specific explanation of his or her actions.

12 The Board may make recommendations on all matters relating
13 to continuing education including the number of hours necessary
14 for license renewal, waivers for those unable to meet such
15 requirements and acceptable course content. Such
16 recommendations shall not impose an undue burden on the
17 Department or an unreasonable restriction on those seeking
18 license renewal.

19 Five ~~Four~~ members shall constitute a quorum. A quorum is
20 required for all Board decisions.

21 Members of the Board shall have no liability in any action
22 based upon any disciplinary proceeding or other activity
23 performed in good faith as a member of the Board.

24 The Secretary may terminate the appointment of any member
25 for cause which in the opinion of the Secretary reasonably
26 justifies such termination.

1 (Source: P.A. 96-1050, eff. 1-1-11.)

2 (225 ILCS 15/15) (from Ch. 111, par. 5365)

3 (Section scheduled to be repealed on January 1, 2017)

4 Sec. 15. Disciplinary action; grounds. The Department may
5 refuse to issue, refuse to renew, suspend, or revoke any
6 license, or may place on probation, censure, reprimand, or take
7 other disciplinary action deemed appropriate by the
8 Department, including the imposition of fines not to exceed
9 \$10,000 for each violation, with regard to any license issued
10 under the provisions of this Act for any one or a combination
11 of the following reasons:

12 (1) Conviction of, or entry of a plea of guilty or nolo
13 contendere to, any crime that is a felony under the laws of
14 the United States or any state or territory thereof or that
15 is a misdemeanor of which an essential element is
16 dishonesty, or any crime that is directly related to the
17 practice of the profession.

18 (2) Gross negligence in the rendering of clinical
19 psychological services.

20 (3) Using fraud or making any misrepresentation in
21 applying for a license or in passing the examination
22 provided for in this Act.

23 (4) Aiding or abetting or conspiring to aid or abet a
24 person, not a clinical psychologist licensed under this
25 Act, in representing himself or herself as so licensed or

1 in applying for a license under this Act.

2 (5) Violation of any provision of this Act or the rules
3 promulgated thereunder.

4 (6) Professional connection or association with any
5 person, firm, association, partnership or corporation
6 holding himself, herself, themselves, or itself out in any
7 manner contrary to this Act.

8 (7) Unethical, unauthorized or unprofessional conduct
9 as defined by rule. In establishing those rules, the
10 Department shall consider, though is not bound by, the
11 ethical standards for psychologists promulgated by
12 recognized national psychology associations.

13 (8) Aiding or assisting another person in violating any
14 provisions of this Act or the rules promulgated thereunder.

15 (9) Failing to provide, within 60 days, information in
16 response to a written request made by the Department.

17 (10) Habitual or excessive use or addiction to alcohol,
18 narcotics, stimulants, or any other chemical agent or drug
19 that results in a clinical psychologist's inability to
20 practice with reasonable judgment, skill or safety.

21 (11) Discipline by another state, territory, the
22 District of Columbia or foreign country, if at least one of
23 the grounds for the discipline is the same or substantially
24 equivalent to those set forth herein.

25 (12) Directly or indirectly giving or receiving from
26 any person, firm, corporation, association or partnership

1 any fee, commission, rebate, or other form of compensation
2 for any professional service not actually or personally
3 rendered. Nothing in this paragraph (12) affects any bona
4 fide independent contractor or employment arrangements
5 among health care professionals, health facilities, health
6 care providers, or other entities, except as otherwise
7 prohibited by law. Any employment arrangements may include
8 provisions for compensation, health insurance, pension, or
9 other employment benefits for the provision of services
10 within the scope of the licensee's practice under this Act.
11 Nothing in this paragraph (12) shall be construed to
12 require an employment arrangement to receive professional
13 fees for services rendered.

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

17 (14) Willfully making or filing false records or
18 reports, including but not limited to, false records or
19 reports filed with State agencies or departments.

20 (15) Physical illness, including but not limited to,
21 deterioration through the aging process, mental illness or
22 disability that results in the inability to practice the
23 profession with reasonable judgment, skill and safety.

24 (16) Willfully failing to report an instance of
25 suspected child abuse or neglect as required by the Abused
26 and Neglected Child Reporting Act.

1 (17) Being named as a perpetrator in an indicated
2 report by the Department of Children and Family Services
3 pursuant to the Abused and Neglected Child Reporting Act,
4 and upon proof by clear and convincing evidence that the
5 licensee has caused a child to be an abused child or
6 neglected child as defined in the Abused and Neglected
7 Child Reporting Act.

8 (18) Violation of the Health Care Worker Self-Referral
9 Act.

10 (19) Making a material misstatement in furnishing
11 information to the Department, any other State or federal
12 agency, or any other entity.

13 (20) Failing to report to the Department any adverse
14 judgment, settlement, or award arising from a liability
15 claim related to an act or conduct similar to an act or
16 conduct that would constitute grounds for action as set
17 forth in this Section.

18 (21) Failing to report to the Department any adverse
19 final action taken against a licensee or applicant by
20 another licensing jurisdiction, including any other state
21 or territory of the United States or any foreign state or
22 country, or any peer review body, health care institution,
23 professional society or association related to the
24 profession, governmental agency, law enforcement agency,
25 or court for an act or conduct similar to an act or conduct
26 that would constitute grounds for disciplinary action as

1 set forth in this Section.

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

7 (23) Violating state or federal laws or regulations
8 relating to controlled substances, legend drugs, or
9 ephedra as defined in the Ephedra Prohibition Act.

10 The entry of an order by any circuit court establishing
11 that any person holding a license under this Act is subject to
12 involuntary admission or judicial admission as provided for in
13 the Mental Health and Developmental Disabilities Code,
14 operates as an automatic suspension of that license. That
15 person may have his or her license restored only upon the
16 determination by a circuit court that the patient is no longer
17 subject to involuntary admission or judicial admission and the
18 issuance of an order so finding and discharging the patient and
19 upon the Board's recommendation to the Department that the
20 license be restored. Where the circumstances so indicate, the
21 Board may recommend to the Department that it require an
22 examination prior to restoring any license so automatically
23 suspended.

24 The Department may refuse to issue or may suspend the
25 license of any person who fails to file a return, or to pay the
26 tax, penalty or interest shown in a filed return, or to pay any

1 final assessment of the tax penalty or interest, as required by
2 any tax Act administered by the Illinois Department of Revenue,
3 until such time as the requirements of any such tax Act are
4 satisfied.

5 In enforcing this Section, the Board upon a showing of a
6 possible violation may compel any person licensed to practice
7 under this Act, or who has applied for licensure or
8 certification pursuant to this Act, to submit to a mental or
9 physical examination, or both, as required by and at the
10 expense of the Department. The examining physicians or clinical
11 psychologists shall be those specifically designated by the
12 Board. The Board or the Department may order the examining
13 physician or clinical psychologist to present testimony
14 concerning this mental or physical examination of the licensee
15 or applicant. No information shall be excluded by reason of any
16 common law or statutory privilege relating to communications
17 between the licensee or applicant and the examining physician
18 or clinical psychologist. The person to be examined may have,
19 at his or her own expense, another physician or clinical
20 psychologist of his or her choice present during all aspects of
21 the examination. Failure of any person to submit to a mental or
22 physical examination, when directed, shall be grounds for
23 suspension of a license until the person submits to the
24 examination if the Board finds, after notice and hearing, that
25 the refusal to submit to the examination was without reasonable
26 cause.

1 If the Board finds a person unable to practice because of
2 the reasons set forth in this Section, the Board may require
3 that person to submit to care, counseling or treatment by
4 physicians or clinical psychologists approved or designated by
5 the Board, as a condition, term, or restriction for continued,
6 reinstated, or renewed licensure to practice; or, in lieu of
7 care, counseling or treatment, the Board may recommend to the
8 Department to file a complaint to immediately suspend, revoke
9 or otherwise discipline the license of the person. Any person
10 whose license was granted, continued, reinstated, renewed,
11 disciplined or supervised subject to such terms, conditions or
12 restrictions, and who fails to comply with such terms,
13 conditions or restrictions, shall be referred to the Secretary
14 for a determination as to whether the person shall have his or
15 her license suspended immediately, pending a hearing by the
16 Board.

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

26 A person licensed under this Act and affected under this

1 Section shall be afforded an opportunity to demonstrate to the
2 Board that he or she can resume practice in compliance with
3 acceptable and prevailing standards under the provisions of his
4 or her license.

5 (Source: P.A. 96-1482, eff. 11-29-10.)

6 Section 10. The Medical Practice Act of 1987 is amended by
7 changing Sections 22 and 54.5 as follows:

8 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

9 (Section scheduled to be repealed on December 31, 2014)

10 Sec. 22. Disciplinary action.

11 (A) The Department may revoke, suspend, place on probation,
12 reprimand, refuse to issue or renew, or take any other
13 disciplinary or non-disciplinary action as the Department may
14 deem proper with regard to the license or permit of any person
15 issued under this Act to practice medicine, or a chiropractic
16 physician, including imposing fines not to exceed \$10,000 for
17 each violation, upon any of the following grounds:

18 (1) Performance of an elective abortion in any place,
19 locale, facility, or institution other than:

20 (a) a facility licensed pursuant to the Ambulatory
21 Surgical Treatment Center Act;

22 (b) an institution licensed under the Hospital
23 Licensing Act;

24 (c) an ambulatory surgical treatment center or

1 hospitalization or care facility maintained by the
2 State or any agency thereof, where such department or
3 agency has authority under law to establish and enforce
4 standards for the ambulatory surgical treatment
5 centers, hospitalization, or care facilities under its
6 management and control;

7 (d) ambulatory surgical treatment centers,
8 hospitalization or care facilities maintained by the
9 Federal Government; or

10 (e) ambulatory surgical treatment centers,
11 hospitalization or care facilities maintained by any
12 university or college established under the laws of
13 this State and supported principally by public funds
14 raised by taxation.

15 (2) Performance of an abortion procedure in a wilful
16 and wanton manner on a woman who was not pregnant at the
17 time the abortion procedure was performed.

18 (3) A plea of guilty or nolo contendere, finding of
19 guilt, jury verdict, or entry of judgment or sentencing,
20 including, but not limited to, convictions, preceding
21 sentences of supervision, conditional discharge, or first
22 offender probation, under the laws of any jurisdiction of
23 the United States of any crime that is a felony.

24 (4) Gross negligence in practice under this Act.

25 (5) Engaging in dishonorable, unethical or
26 unprofessional conduct of a character likely to deceive,

1 defraud or harm the public.

2 (6) Obtaining any fee by fraud, deceit, or
3 misrepresentation.

4 (7) Habitual or excessive use or abuse of drugs defined
5 in law as controlled substances, of alcohol, or of any
6 other substances which results in the inability to practice
7 with reasonable judgment, skill or safety.

8 (8) Practicing under a false or, except as provided by
9 law, an assumed name.

10 (9) Fraud or misrepresentation in applying for, or
11 procuring, a license under this Act or in connection with
12 applying for renewal of a license under this Act.

13 (10) Making a false or misleading statement regarding
14 their skill or the efficacy or value of the medicine,
15 treatment, or remedy prescribed by them at their direction
16 in the treatment of any disease or other condition of the
17 body or mind.

18 (11) Allowing another person or organization to use
19 their license, procured under this Act, to practice.

20 (12) Disciplinary action of another state or
21 jurisdiction against a license or other authorization to
22 practice as a medical doctor, doctor of osteopathy, doctor
23 of osteopathic medicine or doctor of chiropractic, a
24 certified copy of the record of the action taken by the
25 other state or jurisdiction being prima facie evidence
26 thereof.

1 (13) Violation of any provision of this Act or of the
2 Medical Practice Act prior to the repeal of that Act, or
3 violation of the rules, or a final administrative action of
4 the Secretary, after consideration of the recommendation
5 of the Disciplinary Board.

6 (14) Violation of the prohibition against fee
7 splitting in Section 22.2 of this Act.

8 (15) A finding by the Disciplinary Board that the
9 registrant after having his or her license placed on
10 probationary status or subjected to conditions or
11 restrictions violated the terms of the probation or failed
12 to comply with such terms or conditions.

13 (16) Abandonment of a patient.

14 (17) Prescribing, selling, administering,
15 distributing, giving or self-administering any drug
16 classified as a controlled substance (designated product)
17 or narcotic for other than medically accepted therapeutic
18 purposes.

19 (18) Promotion of the sale of drugs, devices,
20 appliances or goods provided for a patient in such manner
21 as to exploit the patient for financial gain of the
22 physician.

23 (19) Offering, undertaking or agreeing to cure or treat
24 disease by a secret method, procedure, treatment or
25 medicine, or the treating, operating or prescribing for any
26 human condition by a method, means or procedure which the

1 licensee refuses to divulge upon demand of the Department.

2 (20) Immoral conduct in the commission of any act
3 including, but not limited to, commission of an act of
4 sexual misconduct related to the licensee's practice.

5 (21) Wilfully making or filing false records or reports
6 in his or her practice as a physician, including, but not
7 limited to, false records to support claims against the
8 medical assistance program of the Department of Healthcare
9 and Family Services (formerly Department of Public Aid)
10 under the Illinois Public Aid Code.

11 (22) Wilful omission to file or record, or wilfully
12 impeding the filing or recording, or inducing another
13 person to omit to file or record, medical reports as
14 required by law, or wilfully failing to report an instance
15 of suspected abuse or neglect as required by law.

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

23 (24) Solicitation of professional patronage by any
24 corporation, agents or persons, or profiting from those
25 representing themselves to be agents of the licensee.

26 (25) Gross and wilful and continued overcharging for

1 professional services, including filing false statements
2 for collection of fees for which services are not rendered,
3 including, but not limited to, filing such false statements
4 for collection of monies for services not rendered from the
5 medical assistance program of the Department of Healthcare
6 and Family Services (formerly Department of Public Aid)
7 under the Illinois Public Aid Code.

8 (26) A pattern of practice or other behavior which
9 demonstrates incapacity or incompetence to practice under
10 this Act.

11 (27) Mental illness or disability which results in the
12 inability to practice under this Act with reasonable
13 judgment, skill or safety.

14 (28) Physical illness, including, but not limited to,
15 deterioration through the aging process, or loss of motor
16 skill which results in a physician's inability to practice
17 under this Act with reasonable judgment, skill or safety.

18 (29) Cheating on or attempt to subvert the licensing
19 examinations administered under this Act.

20 (30) Wilfully or negligently violating the
21 confidentiality between physician and patient except as
22 required by law.

23 (31) The use of any false, fraudulent, or deceptive
24 statement in any document connected with practice under
25 this Act.

26 (32) Aiding and abetting an individual not licensed

1 under this Act in the practice of a profession licensed
2 under this Act.

3 (33) Violating state or federal laws or regulations
4 relating to controlled substances, legend drugs, or
5 ephedra as defined in the Ephedra Prohibition Act.

6 (34) Failure to report to the Department any adverse
7 final action taken against them by another licensing
8 jurisdiction (any other state or any territory of the
9 United States or any foreign state or country), by any peer
10 review body, by any health care institution, by any
11 professional society or association related to practice
12 under this Act, by any governmental agency, by any law
13 enforcement agency, or by any court for acts or conduct
14 similar to acts or conduct which would constitute grounds
15 for action as defined in this Section.

16 (35) Failure to report to the Department surrender of a
17 license or authorization to practice as a medical doctor, a
18 doctor of osteopathy, a doctor of osteopathic medicine, or
19 doctor of chiropractic in another state or jurisdiction, or
20 surrender of membership on any medical staff or in any
21 medical or professional association or society, while
22 under disciplinary investigation by any of those
23 authorities or bodies, for acts or conduct similar to acts
24 or conduct which would constitute grounds for action as
25 defined in this Section.

26 (36) Failure to report to the Department any adverse

1 judgment, settlement, or award arising from a liability
2 claim related to acts or conduct similar to acts or conduct
3 which would constitute grounds for action as defined in
4 this Section.

5 (37) Failure to provide copies of medical records as
6 required by law.

7 (38) Failure to furnish the Department, its
8 investigators or representatives, relevant information,
9 legally requested by the Department after consultation
10 with the Chief Medical Coordinator or the Deputy Medical
11 Coordinator.

12 (39) Violating the Health Care Worker Self-Referral
13 Act.

14 (40) Willful failure to provide notice when notice is
15 required under the Parental Notice of Abortion Act of 1995.

16 (41) Failure to establish and maintain records of
17 patient care and treatment as required by this law.

18 (42) Entering into an excessive number of written
19 collaborative agreements with licensed advanced practice
20 nurses resulting in an inability to adequately
21 collaborate.

22 (43) Repeated failure to adequately collaborate with a
23 licensed advanced practice nurse.

24 (44) Violating the Compassionate Use of Medical
25 Cannabis Pilot Program Act.

26 (45) Entering into an excessive number of written

1 collaborative agreements with licensed prescribing
2 psychologists resulting in an inability to adequately
3 collaborate.

4 (46) Repeated failure to adequately collaborate with a
5 licensed prescribing psychologist.

6 Except for actions involving the ground numbered (26), all
7 proceedings to suspend, revoke, place on probationary status,
8 or take any other disciplinary action as the Department may
9 deem proper, with regard to a license on any of the foregoing
10 grounds, must be commenced within 5 years next after receipt by
11 the Department of a complaint alleging the commission of or
12 notice of the conviction order for any of the acts described
13 herein. Except for the grounds numbered (8), (9), (26), and
14 (29), no action shall be commenced more than 10 years after the
15 date of the incident or act alleged to have violated this
16 Section. For actions involving the ground numbered (26), a
17 pattern of practice or other behavior includes all incidents
18 alleged to be part of the pattern of practice or other behavior
19 that occurred, or a report pursuant to Section 23 of this Act
20 received, within the 10-year period preceding the filing of the
21 complaint. In the event of the settlement of any claim or cause
22 of action in favor of the claimant or the reduction to final
23 judgment of any civil action in favor of the plaintiff, such
24 claim, cause of action or civil action being grounded on the
25 allegation that a person licensed under this Act was negligent
26 in providing care, the Department shall have an additional

1 period of 2 years from the date of notification to the
2 Department under Section 23 of this Act of such settlement or
3 final judgment in which to investigate and commence formal
4 disciplinary proceedings under Section 36 of this Act, except
5 as otherwise provided by law. The time during which the holder
6 of the license was outside the State of Illinois shall not be
7 included within any period of time limiting the commencement of
8 disciplinary action by the Department.

9 The entry of an order or judgment by any circuit court
10 establishing that any person holding a license under this Act
11 is a person in need of mental treatment operates as a
12 suspension of that license. That person may resume their
13 practice only upon the entry of a Departmental order based upon
14 a finding by the Disciplinary Board that they have been
15 determined to be recovered from mental illness by the court and
16 upon the Disciplinary Board's recommendation that they be
17 permitted to resume their practice.

18 The Department may refuse to issue or take disciplinary
19 action concerning the license of any person who fails to file a
20 return, or to pay the tax, penalty or interest shown in a filed
21 return, or to pay any final assessment of tax, penalty or
22 interest, as required by any tax Act administered by the
23 Illinois Department of Revenue, until such time as the
24 requirements of any such tax Act are satisfied as determined by
25 the Illinois Department of Revenue.

26 The Department, upon the recommendation of the

1 Disciplinary Board, shall adopt rules which set forth standards
2 to be used in determining:

3 (a) when a person will be deemed sufficiently
4 rehabilitated to warrant the public trust;

5 (b) what constitutes dishonorable, unethical or
6 unprofessional conduct of a character likely to deceive,
7 defraud, or harm the public;

8 (c) what constitutes immoral conduct in the commission
9 of any act, including, but not limited to, commission of an
10 act of sexual misconduct related to the licensee's
11 practice; and

12 (d) what constitutes gross negligence in the practice
13 of medicine.

14 However, no such rule shall be admissible into evidence in
15 any civil action except for review of a licensing or other
16 disciplinary action under this Act.

17 In enforcing this Section, the Disciplinary Board or the
18 Licensing Board, upon a showing of a possible violation, may
19 compel, in the case of the Disciplinary Board, any individual
20 who is licensed to practice under this Act or holds a permit to
21 practice under this Act, or, in the case of the Licensing
22 Board, any individual who has applied for licensure or a permit
23 pursuant to this Act, to submit to a mental or physical
24 examination and evaluation, or both, which may include a
25 substance abuse or sexual offender evaluation, as required by
26 the Licensing Board or Disciplinary Board and at the expense of

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

1 examining physician or any member of the multidisciplinary team
2 to present testimony concerning this examination and
3 evaluation of the licensee, permit holder, or applicant,
4 including testimony concerning any supplemental testing or
5 documents relating to the examination and evaluation. No
6 information, report, record, or other documents in any way
7 related to the examination and evaluation shall be excluded by
8 reason of any common law or statutory privilege relating to
9 communication between the licensee or applicant and the
10 examining physician or any member of the multidisciplinary
11 team. No authorization is necessary from the licensee, permit
12 holder, or applicant ordered to undergo an evaluation and
13 examination for the examining physician or any member of the
14 multidisciplinary team to provide information, reports,
15 records, or other documents or to provide any testimony
16 regarding the examination and evaluation. The individual to be
17 examined may have, at his or her own expense, another physician
18 of his or her choice present during all aspects of the
19 examination. Failure of any individual to submit to mental or
20 physical examination and evaluation, or both, when directed,
21 shall result in an automatic suspension, without hearing, until
22 such time as the individual submits to the examination. If the
23 Disciplinary Board finds a physician unable to practice because
24 of the reasons set forth in this Section, the Disciplinary
25 Board shall require such physician to submit to care,
26 counseling, or treatment by physicians approved or designated

1 by the Disciplinary Board, as a condition for continued,
2 reinstated, or renewed licensure to practice. Any physician,
3 whose license was granted pursuant to Sections 9, 17, or 19 of
4 this Act, or, continued, reinstated, renewed, disciplined or
5 supervised, subject to such terms, conditions or restrictions
6 who shall fail to comply with such terms, conditions or
7 restrictions, or to complete a required program of care,
8 counseling, or treatment, as determined by the Chief Medical
9 Coordinator or Deputy Medical Coordinators, shall be referred
10 to the Secretary for a determination as to whether the licensee
11 shall have their license suspended immediately, pending a
12 hearing by the Disciplinary Board. In instances in which the
13 Secretary immediately suspends a license under this Section, a
14 hearing upon such person's license must be convened by the
15 Disciplinary Board within 15 days after such suspension and
16 completed without appreciable delay. The Disciplinary Board
17 shall have the authority to review the subject physician's
18 record of treatment and counseling regarding the impairment, to
19 the extent permitted by applicable federal statutes and
20 regulations safeguarding the confidentiality of medical
21 records.

22 An individual licensed under this Act, affected under this
23 Section, shall be afforded an opportunity to demonstrate to the
24 Disciplinary Board that they can resume practice in compliance
25 with acceptable and prevailing standards under the provisions
26 of their license.

1 The Department may promulgate rules for the imposition of
2 fines in disciplinary cases, not to exceed \$10,000 for each
3 violation of this Act. Fines may be imposed in conjunction with
4 other forms of disciplinary action, but shall not be the
5 exclusive disposition of any disciplinary action arising out of
6 conduct resulting in death or injury to a patient. Any funds
7 collected from such fines shall be deposited in the Medical
8 Disciplinary Fund.

9 All fines imposed under this Section shall be paid within
10 60 days after the effective date of the order imposing the fine
11 or in accordance with the terms set forth in the order imposing
12 the fine.

13 (B) The Department shall revoke the license or permit
14 issued under this Act to practice medicine or a chiropractic
15 physician who has been convicted a second time of committing
16 any felony under the Illinois Controlled Substances Act or the
17 Methamphetamine Control and Community Protection Act, or who
18 has been convicted a second time of committing a Class 1 felony
19 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
20 person whose license or permit is revoked under this subsection
21 B shall be prohibited from practicing medicine or treating
22 human ailments without the use of drugs and without operative
23 surgery.

24 (C) The Disciplinary Board shall recommend to the
25 Department civil penalties and any other appropriate
26 discipline in disciplinary cases when the Board finds that a

1 physician willfully performed an abortion with actual
2 knowledge that the person upon whom the abortion has been
3 performed is a minor or an incompetent person without notice as
4 required under the Parental Notice of Abortion Act of 1995.
5 Upon the Board's recommendation, the Department shall impose,
6 for the first violation, a civil penalty of \$1,000 and for a
7 second or subsequent violation, a civil penalty of \$5,000.

8 (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13.)

9 (225 ILCS 60/54.5)

10 (Section scheduled to be repealed on December 31, 2014)

11 Sec. 54.5. Physician delegation of authority to physician
12 assistants, ~~and~~ advanced practice nurses, and prescribing
13 psychologists.

14 (a) Physicians licensed to practice medicine in all its
15 branches may delegate care and treatment responsibilities to a
16 physician assistant under guidelines in accordance with the
17 requirements of the Physician Assistant Practice Act of 1987. A
18 physician licensed to practice medicine in all its branches may
19 enter into supervising physician agreements with no more than 5
20 physician assistants as set forth in subsection (a) of Section
21 7 of the Physician Assistant Practice Act of 1987.

22 (b) A physician licensed to practice medicine in all its
23 branches in active clinical practice may collaborate with an
24 advanced practice nurse in accordance with the requirements of
25 the Nurse Practice Act. Collaboration is for the purpose of

1 providing medical consultation, and no employment relationship
2 is required. A written collaborative agreement shall conform to
3 the requirements of Section 65-35 of the Nurse Practice Act.
4 The written collaborative agreement shall be for services the
5 collaborating physician generally provides or may provide in
6 his or her clinical medical practice. A written collaborative
7 agreement shall be adequate with respect to collaboration with
8 advanced practice nurses if all of the following apply:

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

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

23 (3) The advance practice nurse provides services the
24 collaborating physician generally provides or may provide
25 in his or her clinical medical practice, except as set
26 forth in subsection (b-5) of this Section. With respect to

1 labor and delivery, the collaborating physician must
2 provide delivery services in order to participate with a
3 certified nurse midwife.

4 (4) The collaborating physician and advanced practice
5 nurse consult at least once a month to provide
6 collaboration and consultation.

7 (5) Methods of communication are available with the
8 collaborating physician in person or through
9 telecommunications for consultation, collaboration, and
10 referral as needed to address patient care needs.

11 (6) The agreement contains provisions detailing notice
12 for termination or change of status involving a written
13 collaborative agreement, except when such notice is given
14 for just cause.

15 (b-5) An anesthesiologist or physician licensed to
16 practice medicine in all its branches may collaborate with a
17 certified registered nurse anesthetist in accordance with
18 Section 65-35 of the Nurse Practice Act for the provision of
19 anesthesia services. With respect to the provision of
20 anesthesia services, the collaborating anesthesiologist or
21 physician shall have training and experience in the delivery of
22 anesthesia services consistent with Department rules.
23 Collaboration shall be adequate if:

24 (1) an anesthesiologist or a physician participates in
25 the joint formulation and joint approval of orders or
26 guidelines and periodically reviews such orders and the

1 services provided patients under such orders; and

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

12 (b-10) The anesthesiologist or operating physician must
13 agree with the anesthesia plan prior to the delivery of
14 services.

15 (c) The supervising physician shall have access to the
16 medical records of all patients attended by a physician
17 assistant. The collaborating physician shall have access to the
18 medical records of all patients attended to by an advanced
19 practice nurse.

20 (d) (Blank).

21 (e) A physician shall not be liable for the acts or
22 omissions of a prescribing psychologist, physician assistant,
23 or advanced practice nurse solely on the basis of having signed
24 a supervision agreement or guidelines or a collaborative
25 agreement, an order, a standing medical order, a standing
26 delegation order, or other order or guideline authorizing a

1 prescribing psychologist, physician assistant, or advanced
2 practice nurse to perform acts, unless the physician has reason
3 to believe the prescribing psychologist, physician assistant,
4 or advanced practice nurse lacked the competency to perform the
5 act or acts or commits willful and wanton misconduct.

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

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

16 (h) For the purposes of this Section, "generally provides
17 or may provide in his or her clinical medical practice" means
18 categories of care or treatment, not specific tasks or duties,
19 that the physician provides individually or through delegation
20 to other persons so that the physician has the experience and
21 ability to provide collaboration and consultation. This
22 definition shall not be construed to prohibit an advanced
23 practice nurse from providing primary health treatment or care
24 within the scope of his or her training and experience,
25 including, but not limited to, health screenings, patient
26 histories, physical examinations, women's health examinations,

1 or school physicals that may be provided as part of the routine
2 practice of an advanced practice nurse or on a volunteer basis.

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

8 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;
9 98-192, eff. 1-1-14.)

10 Section 15. The Illinois Controlled Substances Act is
11 amended by changing Sections 102 and 303.05 as follows:

12 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

13 Sec. 102. Definitions. As used in this Act, unless the
14 context otherwise requires:

15 (a) "Addict" means any person who habitually uses any drug,
16 chemical, substance or dangerous drug other than alcohol so as
17 to endanger the public morals, health, safety or welfare or who
18 is so far addicted to the use of a dangerous drug or controlled
19 substance other than alcohol as to have lost the power of self
20 control with reference to his or her addiction.

21 (b) "Administer" means the direct application of a
22 controlled substance, whether by injection, inhalation,
23 ingestion, or any other means, to the body of a patient,
24 research subject, or animal (as defined by the Humane

1 Euthanasia in Animal Shelters Act) by:

2 (1) a practitioner (or, in his or her presence, by his
3 or her authorized agent),

4 (2) the patient or research subject pursuant to an
5 order, or

6 (3) a euthanasia technician as defined by the Humane
7 Euthanasia in Animal Shelters Act.

8 (c) "Agent" means an authorized person who acts on behalf
9 of or at the direction of a manufacturer, distributor,
10 dispenser, prescriber, or practitioner. It does not include a
11 common or contract carrier, public warehouseman or employee of
12 the carrier or warehouseman.

13 (c-1) "Anabolic Steroids" means any drug or hormonal
14 substance, chemically and pharmacologically related to
15 testosterone (other than estrogens, progestins,
16 corticosteroids, and dehydroepiandrosterone), and includes:

- 17 (i) 3[beta] ,17-dihydroxy-5a-androstane,
18 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
19 (iii) 5[alpha] -androstan-3,17-dione,
20 (iv) 1-androstenediol (3[beta] ,
21 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
22 (v) 1-androstenediol (3[alpha] ,
23 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
24 (vi) 4-androstenediol
25 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
26 (vii) 5-androstenediol

1 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
2 (viii) 1-androstenedione
3 ([5alpha] -androst-1-en-3,17-dione),
4 (ix) 4-androstenedione
5 (androst-4-en-3,17-dione),
6 (x) 5-androstenedione
7 (androst-5-en-3,17-dione),
8 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
9 hydroxyandrost-4-en-3-one),
10 (xii) boldenone (17[beta] -hydroxyandrost-
11 1,4,-diene-3-one),
12 (xiii) boldione (androsta-1,4-
13 diene-3,17-dione),
14 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
15 [beta] -hydroxyandrost-4-en-3-one),
16 (xv) clostebol (4-chloro-17[beta] -
17 hydroxyandrost-4-en-3-one),
18 (xvi) dehydrochloromethyltestosterone (4-chloro-
19 17[beta] -hydroxy-17[alpha] -methyl-
20 androst-1,4-dien-3-one),
21 (xvii) desoxymethyltestosterone
22 (17[alpha] -methyl-5[alpha]
23 -androst-2-en-17[beta] -ol) (a.k.a., madol),
24 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
25 '1-testosterone') (17[beta] -hydroxy-
26 5[alpha] -androst-1-en-3-one),

- 1 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
2 androstan-3-one),
3 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-
4 5[alpha] -androstan-3-one),
5 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -
6 hydroxyestr-4-ene),
7 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
8 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one),
9 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
10 17[beta] -dihydroxyandrost-1,4-dien-3-one),
11 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
12 hydroxyandrostan[2,3-c] -furazan),
13 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
14 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
15 androst-4-en-3-one),
16 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
17 dihydroxy-estr-4-en-3-one),
18 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
19 hydroxy-5-androstan-3-one),
20 (xxix) mesterolone (1-methyl-17[beta] -hydroxy-
21 [5a] -androstan-3-one),
22 (xxx) methandienone (17[alpha] -methyl-17[beta] -
23 hydroxyandrost-1,4-dien-3-one),
24 (xxxii) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
25 dihydroxyandrost-5-ene),
26 (xxxiii) methenolone (1-methyl-17[beta] -hydroxy-

1 5[alpha] -androst-1-en-3-one) ,
2 (xxxiii) 17[alpha] -methyl-3[beta] , 17[beta] -
3 dihydroxy-5a-androstane) ,
4 (xxxiv) 17[alpha] -methyl-3[alpha] , 17[beta] -dihydroxy
5 -5a-androstane) ,
6 (xxxv) 17[alpha] -methyl-3[beta] , 17[beta] -
7 dihydroxyandrost-4-ene) ,
8 (xxxvi) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
9 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one) ,
10 (xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
11 hydroxyestra-4,9(10)-dien-3-one) ,
12 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
13 hydroxyestra-4,9-11-trien-3-one) ,
14 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
15 hydroxyandrost-4-en-3-one) ,
16 (xl) mibolerone (7[alpha] , 17a-dimethyl-17[beta] -
17 hydroxyestr-4-en-3-one) ,
18 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
19 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
20 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
21 1-testosterone') ,
22 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one) ,
23 (xliiii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
24 dihydroxyestr-4-ene) ,
25 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
26 dihydroxyestr-4-ene) ,

- 1 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
2 dihydroxyestr-5-ene),
3 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -
4 dihydroxyestr-5-ene),
5 (xlvii) 19-nor-4,9(10)-androstadienedione
6 (estra-4,9(10)-diene-3,17-dione),
7 (xlviii) 19-nor-4-androstenedione (estr-4-
8 en-3,17-dione),
9 (xlix) 19-nor-5-androstenedione (estr-5-
10 en-3,17-dione),
11 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
12 hydroxygon-4-en-3-one),
13 (li) norclostebol (4-chloro-17[beta] -
14 hydroxyestr-4-en-3-one),
15 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
16 hydroxyestr-4-en-3-one),
17 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
18 hydroxyestr-4-en-3-one),
19 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
20 2-oxa-5[alpha] -androstan-3-one),
21 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
22 dihydroxyandrost-4-en-3-one),
23 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
24 17[beta] -hydroxy-(5[alpha] -androstan-3-one),
25 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
26 (5[alpha] -androst-2-eno[3,2-c] -pyrazole),

- 1 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
2 (5[alpha] -androst-1-en-3-one),
3 (lix) testolactone (13-hydroxy-3-oxo-13,17-
4 secoandrosta-1,4-dien-17-oic
5 acid lactone),
6 (lx) testosterone (17[beta] -hydroxyandrost-
7 4-en-3-one),
8 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
9 diethyl-17[beta] -hydroxygon-
10 4,9,11-trien-3-one),
11 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
12 11-trien-3-one).

13 Any person who is otherwise lawfully in possession of an
14 anabolic steroid, or who otherwise lawfully manufactures,
15 distributes, dispenses, delivers, or possesses with intent to
16 deliver an anabolic steroid, which anabolic steroid is
17 expressly intended for and lawfully allowed to be administered
18 through implants to livestock or other nonhuman species, and
19 which is approved by the Secretary of Health and Human Services
20 for such administration, and which the person intends to
21 administer or have administered through such implants, shall
22 not be considered to be in unauthorized possession or to
23 unlawfully manufacture, distribute, dispense, deliver, or
24 possess with intent to deliver such anabolic steroid for
25 purposes of this Act.

26 (d) "Administration" means the Drug Enforcement

1 Administration, United States Department of Justice, or its
2 successor agency.

3 (d-5) "Clinical Director, Prescription Monitoring Program"
4 means a Department of Human Services administrative employee
5 licensed to either prescribe or dispense controlled substances
6 who shall run the clinical aspects of the Department of Human
7 Services Prescription Monitoring Program and its Prescription
8 Information Library.

9 (d-10) "Compounding" means the preparation and mixing of
10 components, excluding flavorings, (1) as the result of a
11 prescriber's prescription drug order or initiative based on the
12 prescriber-patient-pharmacist relationship in the course of
13 professional practice or (2) for the purpose of, or incident
14 to, research, teaching, or chemical analysis and not for sale
15 or dispensing. "Compounding" includes the preparation of drugs
16 or devices in anticipation of receiving prescription drug
17 orders based on routine, regularly observed dispensing
18 patterns. Commercially available products may be compounded
19 for dispensing to individual patients only if both of the
20 following conditions are met: (i) the commercial product is not
21 reasonably available from normal distribution channels in a
22 timely manner to meet the patient's needs and (ii) the
23 prescribing practitioner has requested that the drug be
24 compounded.

25 (e) "Control" means to add a drug or other substance, or
26 immediate precursor, to a Schedule whether by transfer from

1 another Schedule or otherwise.

2 (f) "Controlled Substance" means (i) a drug, substance, or
3 immediate precursor in the Schedules of Article II of this Act
4 or (ii) a drug or other substance, or immediate precursor,
5 designated as a controlled substance by the Department through
6 administrative rule. The term does not include distilled
7 spirits, wine, malt beverages, or tobacco, as those terms are
8 defined or used in the Liquor Control Act of 1934 and the
9 Tobacco Products Tax Act of 1995.

10 (f-5) "Controlled substance analog" means a substance:

11 (1) the chemical structure of which is substantially
12 similar to the chemical structure of a controlled substance
13 in Schedule I or II;

14 (2) which has a stimulant, depressant, or
15 hallucinogenic effect on the central nervous system that is
16 substantially similar to or greater than the stimulant,
17 depressant, or hallucinogenic effect on the central
18 nervous system of a controlled substance in Schedule I or
19 II; or

20 (3) with respect to a particular person, which such
21 person represents or intends to have a stimulant,
22 depressant, or hallucinogenic effect on the central
23 nervous system that is substantially similar to or greater
24 than the stimulant, depressant, or hallucinogenic effect
25 on the central nervous system of a controlled substance in
26 Schedule I or II.

1 (g) "Counterfeit substance" means a controlled substance,
2 which, or the container or labeling of which, without
3 authorization bears the trademark, trade name, or other
4 identifying mark, imprint, number or device, or any likeness
5 thereof, of a manufacturer, distributor, or dispenser other
6 than the person who in fact manufactured, distributed, or
7 dispensed the substance.

8 (h) "Deliver" or "delivery" means the actual, constructive
9 or attempted transfer of possession of a controlled substance,
10 with or without consideration, whether or not there is an
11 agency relationship.

12 (i) "Department" means the Illinois Department of Human
13 Services (as successor to the Department of Alcoholism and
14 Substance Abuse) or its successor agency.

15 (j) (Blank).

16 (k) "Department of Corrections" means the Department of
17 Corrections of the State of Illinois or its successor agency.

18 (l) "Department of Financial and Professional Regulation"
19 means the Department of Financial and Professional Regulation
20 of the State of Illinois or its successor agency.

21 (m) "Depressant" means any drug that (i) causes an overall
22 depression of central nervous system functions, (ii) causes
23 impaired consciousness and awareness, and (iii) can be
24 habit-forming or lead to a substance abuse problem, including
25 but not limited to alcohol, cannabis and its active principles
26 and their analogs, benzodiazepines and their analogs,

1 barbiturates and their analogs, opioids (natural and
2 synthetic) and their analogs, and chloral hydrate and similar
3 sedative hypnotics.

4 (n) (Blank).

5 (o) "Director" means the Director of the Illinois State
6 Police or his or her designated agents.

7 (p) "Dispense" means to deliver a controlled substance to
8 an ultimate user or research subject by or pursuant to the
9 lawful order of a prescriber, including the prescribing,
10 administering, packaging, labeling, or compounding necessary
11 to prepare the substance for that delivery.

12 (q) "Dispenser" means a practitioner who dispenses.

13 (r) "Distribute" means to deliver, other than by
14 administering or dispensing, a controlled substance.

15 (s) "Distributor" means a person who distributes.

16 (t) "Drug" means (1) substances recognized as drugs in the
17 official United States Pharmacopoeia, Official Homeopathic
18 Pharmacopoeia of the United States, or official National
19 Formulary, or any supplement to any of them; (2) substances
20 intended for use in diagnosis, cure, mitigation, treatment, or
21 prevention of disease in man or animals; (3) substances (other
22 than food) intended to affect the structure of any function of
23 the body of man or animals and (4) substances intended for use
24 as a component of any article specified in clause (1), (2), or
25 (3) of this subsection. It does not include devices or their
26 components, parts, or accessories.

1 (t-5) "Euthanasia agency" means an entity certified by the
2 Department of Financial and Professional Regulation for the
3 purpose of animal euthanasia that holds an animal control
4 facility license or animal shelter license under the Animal
5 Welfare Act. A euthanasia agency is authorized to purchase,
6 store, possess, and utilize Schedule II nonnarcotic and
7 Schedule III nonnarcotic drugs for the sole purpose of animal
8 euthanasia.

9 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
10 substances (nonnarcotic controlled substances) that are used
11 by a euthanasia agency for the purpose of animal euthanasia.

12 (u) "Good faith" means the prescribing or dispensing of a
13 controlled substance by a practitioner in the regular course of
14 professional treatment to or for any person who is under his or
15 her treatment for a pathology or condition other than that
16 individual's physical or psychological dependence upon or
17 addiction to a controlled substance, except as provided herein:
18 and application of the term to a pharmacist shall mean the
19 dispensing of a controlled substance pursuant to the
20 prescriber's order which in the professional judgment of the
21 pharmacist is lawful. The pharmacist shall be guided by
22 accepted professional standards including, but not limited to
23 the following, in making the judgment:

24 (1) lack of consistency of prescriber-patient
25 relationship,

26 (2) frequency of prescriptions for same drug by one

1 prescriber for large numbers of patients,

2 (3) quantities beyond those normally prescribed,

3 (4) unusual dosages (recognizing that there may be
4 clinical circumstances where more or less than the usual
5 dose may be used legitimately),

6 (5) unusual geographic distances between patient,
7 pharmacist and prescriber,

8 (6) consistent prescribing of habit-forming drugs.

9 (u-0.5) "Hallucinogen" means a drug that causes markedly
10 altered sensory perception leading to hallucinations of any
11 type.

12 (u-1) "Home infusion services" means services provided by a
13 pharmacy in compounding solutions for direct administration to
14 a patient in a private residence, long-term care facility, or
15 hospice setting by means of parenteral, intravenous,
16 intramuscular, subcutaneous, or intraspinal infusion.

17 (u-5) "Illinois State Police" means the State Police of the
18 State of Illinois, or its successor agency.

19 (v) "Immediate precursor" means a substance:

20 (1) which the Department has found to be and by rule
21 designated as being a principal compound used, or produced
22 primarily for use, in the manufacture of a controlled
23 substance;

24 (2) which is an immediate chemical intermediary used or
25 likely to be used in the manufacture of such controlled
26 substance; and

1 (3) the control of which is necessary to prevent,
2 curtail or limit the manufacture of such controlled
3 substance.

4 (w) "Instructional activities" means the acts of teaching,
5 educating or instructing by practitioners using controlled
6 substances within educational facilities approved by the State
7 Board of Education or its successor agency.

8 (x) "Local authorities" means a duly organized State,
9 County or Municipal peace unit or police force.

10 (y) "Look-alike substance" means a substance, other than a
11 controlled substance which (1) by overall dosage unit
12 appearance, including shape, color, size, markings or lack
13 thereof, taste, consistency, or any other identifying physical
14 characteristic of the substance, would lead a reasonable person
15 to believe that the substance is a controlled substance, or (2)
16 is expressly or impliedly represented to be a controlled
17 substance or is distributed under circumstances which would
18 lead a reasonable person to believe that the substance is a
19 controlled substance. For the purpose of determining whether
20 the representations made or the circumstances of the
21 distribution would lead a reasonable person to believe the
22 substance to be a controlled substance under this clause (2) of
23 subsection (y), the court or other authority may consider the
24 following factors in addition to any other factor that may be
25 relevant:

26 (a) statements made by the owner or person in control

1 of the substance concerning its nature, use or effect;

2 (b) statements made to the buyer or recipient that the
3 substance may be resold for profit;

4 (c) whether the substance is packaged in a manner
5 normally used for the illegal distribution of controlled
6 substances;

7 (d) whether the distribution or attempted distribution
8 included an exchange of or demand for money or other
9 property as consideration, and whether the amount of the
10 consideration was substantially greater than the
11 reasonable retail market value of the substance.

12 Clause (1) of this subsection (y) shall not apply to a
13 noncontrolled substance in its finished dosage form that was
14 initially introduced into commerce prior to the initial
15 introduction into commerce of a controlled substance in its
16 finished dosage form which it may substantially resemble.

17 Nothing in this subsection (y) prohibits the dispensing or
18 distributing of noncontrolled substances by persons authorized
19 to dispense and distribute controlled substances under this
20 Act, provided that such action would be deemed to be carried
21 out in good faith under subsection (u) if the substances
22 involved were controlled substances.

23 Nothing in this subsection (y) or in this Act prohibits the
24 manufacture, preparation, propagation, compounding,
25 processing, packaging, advertising or distribution of a drug or
26 drugs by any person registered pursuant to Section 510 of the

1 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

2 (y-1) "Mail-order pharmacy" means a pharmacy that is
3 located in a state of the United States that delivers,
4 dispenses or distributes, through the United States Postal
5 Service or other common carrier, to Illinois residents, any
6 substance which requires a prescription.

7 (z) "Manufacture" means the production, preparation,
8 propagation, compounding, conversion or processing of a
9 controlled substance other than methamphetamine, either
10 directly or indirectly, by extraction from substances of
11 natural origin, or independently by means of chemical
12 synthesis, or by a combination of extraction and chemical
13 synthesis, and includes any packaging or repackaging of the
14 substance or labeling of its container, except that this term
15 does not include:

16 (1) by an ultimate user, the preparation or compounding
17 of a controlled substance for his or her own use; or

18 (2) by a practitioner, or his or her authorized agent
19 under his or her supervision, the preparation,
20 compounding, packaging, or labeling of a controlled
21 substance:

22 (a) as an incident to his or her administering or
23 dispensing of a controlled substance in the course of
24 his or her professional practice; or

25 (b) as an incident to lawful research, teaching or
26 chemical analysis and not for sale.

1 (z-1) (Blank).

2 (z-5) "Medication shopping" means the conduct prohibited
3 under subsection (a) of Section 314.5 of this Act.

4 (z-10) "Mid-level practitioner" means (i) a physician
5 assistant who has been delegated authority to prescribe through
6 a written delegation of authority by a physician licensed to
7 practice medicine in all of its branches, in accordance with
8 Section 7.5 of the Physician Assistant Practice Act of 1987,
9 (ii) an advanced practice nurse who has been delegated
10 authority to prescribe through a written delegation of
11 authority by a physician licensed to practice medicine in all
12 of its branches or by a podiatric physician, in accordance with
13 Section 65-40 of the Nurse Practice Act, ~~or~~ (iii) an animal
14 euthanasia agency, or (iv) a prescribing psychologist.

15 (aa) "Narcotic drug" means any of the following, whether
16 produced directly or indirectly by extraction from substances
17 of vegetable origin, or independently by means of chemical
18 synthesis, or by a combination of extraction and chemical
19 synthesis:

20 (1) opium, opiates, derivatives of opium and opiates,
21 including their isomers, esters, ethers, salts, and salts
22 of isomers, esters, and ethers, whenever the existence of
23 such isomers, esters, ethers, and salts is possible within
24 the specific chemical designation; however the term
25 "narcotic drug" does not include the isoquinoline
26 alkaloids of opium;

1 (2) (blank);

2 (3) opium poppy and poppy straw;

3 (4) coca leaves, except coca leaves and extracts of
4 coca leaves from which substantially all of the cocaine and
5 ecgonine, and their isomers, derivatives and salts, have
6 been removed;

7 (5) cocaine, its salts, optical and geometric isomers,
8 and salts of isomers;

9 (6) ecgonine, its derivatives, their salts, isomers,
10 and salts of isomers;

11 (7) any compound, mixture, or preparation which
12 contains any quantity of any of the substances referred to
13 in subparagraphs (1) through (6).

14 (bb) "Nurse" means a registered nurse licensed under the
15 Nurse Practice Act.

16 (cc) (Blank).

17 (dd) "Opiate" means any substance having an addiction
18 forming or addiction sustaining liability similar to morphine
19 or being capable of conversion into a drug having addiction
20 forming or addiction sustaining liability.

21 (ee) "Opium poppy" means the plant of the species *Papaver*
22 *somniferum* L., except its seeds.

23 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
24 solution or other liquid form of medication intended for
25 administration by mouth, but the term does not include a form
26 of medication intended for buccal, sublingual, or transmucosal

1 administration.

2 (ff) "Parole and Pardon Board" means the Parole and Pardon
3 Board of the State of Illinois or its successor agency.

4 (gg) "Person" means any individual, corporation,
5 mail-order pharmacy, government or governmental subdivision or
6 agency, business trust, estate, trust, partnership or
7 association, or any other entity.

8 (hh) "Pharmacist" means any person who holds a license or
9 certificate of registration as a registered pharmacist, a local
10 registered pharmacist or a registered assistant pharmacist
11 under the Pharmacy Practice Act.

12 (ii) "Pharmacy" means any store, ship or other place in
13 which pharmacy is authorized to be practiced under the Pharmacy
14 Practice Act.

15 (ii-5) "Pharmacy shopping" means the conduct prohibited
16 under subsection (b) of Section 314.5 of this Act.

17 (ii-10) "Physician" (except when the context otherwise
18 requires) means a person licensed to practice medicine in all
19 of its branches.

20 (jj) "Poppy straw" means all parts, except the seeds, of
21 the opium poppy, after mowing.

22 (kk) "Practitioner" means a physician licensed to practice
23 medicine in all its branches, dentist, optometrist, podiatric
24 physician, veterinarian, scientific investigator, pharmacist,
25 physician assistant, advanced practice nurse, licensed
26 practical nurse, registered nurse, hospital, laboratory, or

1 pharmacy, or other person licensed, registered, or otherwise
2 lawfully permitted by the United States or this State to
3 distribute, dispense, conduct research with respect to,
4 administer or use in teaching or chemical analysis, a
5 controlled substance in the course of professional practice or
6 research.

7 (ll) "Pre-printed prescription" means a written
8 prescription upon which the designated drug has been indicated
9 prior to the time of issuance; the term does not mean a written
10 prescription that is individually generated by machine or
11 computer in the prescriber's office.

12 (mm) "Prescriber" means a physician licensed to practice
13 medicine in all its branches, dentist, optometrist,
14 prescribing psychologist licensed under Section 4.2 of the
15 Clinical Psychologist Licensing Act, podiatric physician, or
16 veterinarian who issues a prescription, a physician assistant
17 who issues a prescription for a controlled substance in
18 accordance with Section 303.05, a written delegation, and a
19 written supervision agreement required under Section 7.5 of the
20 Physician Assistant Practice Act of 1987, or an advanced
21 practice nurse with prescriptive authority delegated under
22 Section 65-40 of the Nurse Practice Act and in accordance with
23 Section 303.05, a written delegation, and a written
24 collaborative agreement under Section 65-35 of the Nurse
25 Practice Act.

26 (nn) "Prescription" means a written, facsimile, or oral

1 order, or an electronic order that complies with applicable
2 federal requirements, of a physician licensed to practice
3 medicine in all its branches, dentist, podiatric physician or
4 veterinarian for any controlled substance, of an optometrist
5 for a Schedule III, IV, or V controlled substance in accordance
6 with Section 15.1 of the Illinois Optometric Practice Act of
7 1987, of a physician assistant for a controlled substance in
8 accordance with Section 303.05, a written delegation, and a
9 written supervision agreement required under Section 7.5 of the
10 Physician Assistant Practice Act of 1987, or of an advanced
11 practice nurse with prescriptive authority delegated under
12 Section 65-40 of the Nurse Practice Act who issues a
13 prescription for a controlled substance in accordance with
14 Section 303.05, a written delegation, and a written
15 collaborative agreement under Section 65-35 of the Nurse
16 Practice Act when required by law.

17 (nn-5) "Prescription Information Library" (PIL) means an
18 electronic library that contains reported controlled substance
19 data.

20 (nn-10) "Prescription Monitoring Program" (PMP) means the
21 entity that collects, tracks, and stores reported data on
22 controlled substances and select drugs pursuant to Section 316.

23 (oo) "Production" or "produce" means manufacture,
24 planting, cultivating, growing, or harvesting of a controlled
25 substance other than methamphetamine.

26 (pp) "Registrant" means every person who is required to

1 register under Section 302 of this Act.

2 (qq) "Registry number" means the number assigned to each
3 person authorized to handle controlled substances under the
4 laws of the United States and of this State.

5 (qq-5) "Secretary" means, as the context requires, either
6 the Secretary of the Department or the Secretary of the
7 Department of Financial and Professional Regulation, and the
8 Secretary's designated agents.

9 (rr) "State" includes the State of Illinois and any state,
10 district, commonwealth, territory, insular possession thereof,
11 and any area subject to the legal authority of the United
12 States of America.

13 (rr-5) "Stimulant" means any drug that (i) causes an
14 overall excitation of central nervous system functions, (ii)
15 causes impaired consciousness and awareness, and (iii) can be
16 habit-forming or lead to a substance abuse problem, including
17 but not limited to amphetamines and their analogs,
18 methylphenidate and its analogs, cocaine, and phencyclidine
19 and its analogs.

20 (ss) "Ultimate user" means a person who lawfully possesses
21 a controlled substance for his or her own use or for the use of
22 a member of his or her household or for administering to an
23 animal owned by him or her or by a member of his or her
24 household.

25 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; revised
26 11-12-13.)

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, and prescribing
6 psychologists licensed under Section 4.2 of the Clinical
7 Psychologist Licensing Act to prescribe and dispense
8 controlled substances under Section 303 and euthanasia
9 agencies to purchase, store, or administer animal euthanasia
10 drugs under the following circumstances:

11 (1) with respect to physician assistants,

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

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

1 (i) Specific Schedule II controlled substances
2 by oral dosage or topical or transdermal
3 application may be delegated, provided that the
4 delegated Schedule II controlled substances are
5 routinely prescribed by the supervising physician.
6 This delegation must identify the specific
7 Schedule II controlled substances by either brand
8 name or generic name. Schedule II controlled
9 substances to be delivered by injection or other
10 route of administration may not be delegated;

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

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

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

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

25 (vi) the physician assistant must provide
26 evidence of satisfactory completion of 45 contact

1 hours in pharmacology from any physician assistant
2 program accredited by the Accreditation Review
3 Commission on Education for the Physician
4 Assistant (ARC-PA), or its predecessor agency, for
5 any new license issued with Schedule II authority
6 after the effective date of this amendatory Act of
7 the 97th General Assembly; and

8 (vii) the physician assistant must annually
9 complete at least 5 hours of continuing education
10 in pharmacology;;

11 (2) with respect to advanced practice nurses,

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

21 (B) the advanced practice nurse has been delegated
22 authority by a collaborating physician licensed to
23 practice medicine in all its branches or collaborating
24 podiatric physician to prescribe or dispense Schedule
25 II controlled substances through a written delegation
26 of authority and under the following conditions:

1 (i) specific Schedule II controlled substances
2 by oral dosage or topical or transdermal
3 application may be delegated, provided that the
4 delegated Schedule II controlled substances are
5 routinely prescribed by the collaborating
6 physician or podiatric physician. This delegation
7 must identify the specific Schedule II controlled
8 substances by either brand name or generic name.
9 Schedule II controlled substances to be delivered
10 by injection or other route of administration may
11 not be delegated;

12 (ii) any delegation must be of controlled
13 substances prescribed by the collaborating
14 physician or podiatric physician;

15 (iii) all prescriptions must be limited to no
16 more than a 30-day supply, with any continuation
17 authorized only after prior approval of the
18 collaborating physician or podiatric physician;

19 (iv) the advanced practice nurse must discuss
20 the condition of any patients for whom a controlled
21 substance is prescribed monthly with the
22 delegating physician or podiatric physician or in
23 the course of review as required by Section 65-40
24 of the Nurse Practice Act;

25 (v) the advanced practice nurse must have
26 completed the appropriate application forms and

1 paid the required fees as set by rule;

2 (vi) the advanced practice nurse must provide
3 evidence of satisfactory completion of at least 45
4 graduate contact hours in pharmacology for any new
5 license issued with Schedule II authority after
6 the effective date of this amendatory Act of the
7 97th General Assembly; and

8 (vii) the advanced practice nurse must
9 annually complete 5 hours of continuing education
10 in pharmacology; ~~or~~

11 (3) with respect to animal euthanasia agencies, the
12 euthanasia agency has obtained a license from the
13 Department of Financial and Professional Regulation and
14 obtained a registration number from the Department; ~~or~~

15 (4) with respect to prescribing psychologists, the
16 prescribing psychologist has been delegated authority to
17 prescribe any Schedule II through V controlled substances
18 by a collaborating physician licensed to practice medicine
19 in all its branches in accordance with Section 4.3 of the
20 Clinical Psychologist Licensing Act, and the prescribing
21 psychologist has completed the appropriate application
22 forms and has paid the required fees as set by rule.

23 (b) The mid-level practitioner shall only be licensed to
24 prescribe those schedules of controlled substances for which a
25 licensed physician or licensed podiatric physician has
26 delegated prescriptive authority, except that an animal

1 euthanasia agency does not have any prescriptive authority. A
2 physician assistant and an advanced practice nurse are
3 prohibited from prescribing medications and controlled
4 substances not set forth in the required written delegation of
5 authority.

6 (c) Upon completion of all registration requirements,
7 physician assistants, advanced practice nurses, and animal
8 euthanasia agencies may be issued a mid-level practitioner
9 controlled substances license for Illinois.

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

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

21 (f) Nothing in this Section shall be construed to prohibit
22 generic substitution.

23 (Source: P.A. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;
24 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

25 Section 99. Effective date. This Act takes effect upon

1 becoming law.".