

AN ACT concerning regulation.

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

Section 1. Short title; references to Act.

(a) Short title. This Act may be cited as the Lyme Disease Prevention and Protection Act.

(b) References to Act. This Act may be referred to as the Lauryn Russell Lyme Disease Prevention and Protection Law.

Section 5. Findings. The General Assembly finds and declares the following:

(1) Lyme disease, a bacterial disease transmitted by infected ticks, was first recognized in the United States in 1975 after a mysterious outbreak of arthritis near Old Lyme, Connecticut. Since then, reports of Lyme disease have increased dramatically, and the disease has become an important public health concern.

(2) The Centers for Disease Control and Prevention states that the reported Lyme disease cases are numbered at 30,000 a year in the United States, but the actual burden of Lyme disease may actually be as high as 300,000 cases a year throughout the United States.

(3) The signs and symptoms of Lyme disease can vary greatly from one person to another, and symptoms can also

vary with the length of time a person has been infected. The initial symptoms of Lyme disease are similar to those of more common diseases, such as a flu-like illness without a cough or mononucleosis; it may or may not present Erythema Migrans, a "bull's eye" marking, which is the most common identifiable mark for Lyme disease, and many infected persons do not recall a tick bite; further symptoms can develop over time, including fever, severe headache, stiff neck, certain heart irregularities, temporary paralysis of facial muscles, pain with numbness or weakness in arms or legs, loss of concentration or memory problems, and, most commonly, Lyme arthritis.

(4) Not all ticks carry the bacterium of Lyme disease, and a bite does not always result in the development of Lyme disease. However, since it is impossible to tell by sight which ticks are infected, it is important to avoid tick bites whenever possible and to perform regular tick checks when traversing in tick-infested areas of the United States, any wooded areas, or any areas with tall grass and weeds. A person should seek assistance for early identification and treatment when Lyme disease symptoms or other tick-borne illness is suspected.

(5) Because Lyme disease is a complex illness, there is a continuous need to increase funding for Lyme disease diagnosis, treatment, and prevention. In 2015, the first major research program devoted to the causes and cures of

Lyme disease was established at Johns Hopkins School of Medicine as the Lyme Disease Clinical Research Center.

(6) Initial funding from federal grants has provided for research known as the Study of Lyme Disease Immunology and Clinical Events. The federal 21st Century Cures Act created a working group within the United States Department of Health and Human Services to improve outcomes of Lyme disease and to develop a plan for improving diagnosis, treatment, and prevention. However, there is still a need for more research on Lyme disease and efforts to promote awareness of its signs and symptoms, such as work with entomologists and veterinary epidemiologist whose current focus is on tick-borne infections and their distribution in the State of Illinois.

(7) People treated with appropriate antibiotics in the early stages of Lyme disease usually recover rapidly and completely. The National Institutes of Health has funded several studies on the treatment of Lyme disease that show most people recover when treated with antibiotics taken by mouth within a few weeks. In a small percentage of cases, symptoms such as fatigue and muscle aches can last for more than 6 months. Physicians sometimes describe patients who have non-specific symptoms, such as fatigue, pain, and joint and muscle aches, after the treatment of Lyme disease as having post-treatment Lyme disease syndrome or post Lyme disease syndrome. The cause of post-treatment Lyme disease

syndrome is not known.

(8) Co-infections by other tick-borne illnesses may complicate and lengthen the course of treatment.

Section 10. Lyme Disease Prevention, Detection, and Outreach Program.

(a) The Department of Public Health shall establish a Lyme Disease Prevention, Detection, and Outreach Program. The Department shall continue to study the population of ticks carrying Lyme disease and the number of people infected in Illinois to provide data to the public on the incidence of acute Lyme disease and locations of exposure in Illinois by county. The Department shall partner with the University of Illinois to publish tick identification and testing data on the Department's website and work to expand testing to areas where new human cases are identified. The Department shall require health care professionals and laboratories to report acute Lyme disease cases within the time frame required under the Control of Communicable Diseases Code to the local health department. To coordinate this program, the Department shall continue to support a vector-borne disease epidemiologist coordinator who is responsible for overseeing the program. The Department shall train local health departments to respond to inquiries from the public.

(b) In addition to its overall effort to prevent acute disease in Illinois, in order to raise awareness about and

promote prevention of Lyme disease, the program shall include:

(1) a designated webpage with publicly accessible and up-to-date information about the prevention, detection, and treatment of Lyme Disease;

(2) peer-reviewed scientific research articles;

(3) government guidance and recommendations of the federal Centers for Disease Control and Prevention, National Guideline Clearinghouse under the Department of Health and Human Services, and any other persons or entities determined by the Lyme Disease Task Force to have particular expertise on Lyme disease;

(4) information for physicians, other health care professionals and providers, and other persons subject to an increased risk of contracting Lyme disease; and

(5) educational materials on the diagnosis, treatment, and prevention of Lyme disease and other tick-borne illnesses for physicians and other health care professionals and providers in multiple formats.

(c) The Department shall prepare a report of all efforts under this Act, and the report shall be posted on the Department's website and distributed to the Lyme Disease Task Force and the General Assembly annually. The report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct.

Section 15. Lyme Disease Task Force; duties; members.

(a) The Department shall establish the Lyme Disease Task Force to advise the Department on disease prevention and surveillance and provider and public education relating to the disease.

(b) The Task Force shall consist of the Director of Public Health or a designee, who shall serve as chairman, and the following members appointed by the Director of Public Health:

(1) one representative from the Department of Financial and Professional Regulation;

(2) 3 physicians licensed to practice medicine in all its branches who are members of a statewide organization representing physicians, one of whom represents a medical school faculty and one of whom has the experience of treating Lyme disease;

(3) one advanced practice registered nurse selected from the recommendations of professional nursing associations;

(4) one local public health administrator;

(5) one veterinarian;

(6) 4 members of the public interested in Lyme disease.

(c) The terms of the members of the Task Force shall be 3 years. Members may continue to serve after the expiration of a term until a new member is appointed. Each member appointed to fill a vacancy occurring prior to the expiration of the term

for which his predecessor was appointed shall be appointed for the remainder of such term. The council shall meet as frequently as the chairman deems necessary, but not less than 2 times each year. Members shall receive no compensation for their services.

(d) The Lyme Disease Task Force has the following duties and responsibilities:

(1) monitoring the implementation of this Act and providing feedback and input for necessary additions or modifications;

(2) reviewing relevant literature and guidelines that define accurate diagnosis of Lyme disease with the purpose of creating cohesive and consistent guidelines for the determination of Lyme diagnosis across all counties in Illinois and with the intent of providing accurate and relevant numbers to the Centers for Disease Control and Prevention;

(3) providing recommendations on professional continuing educational materials and opportunities that specifically focus on Lyme disease prevention, protection, and treatment; and

(4) assisting the Department in establishing policies, procedures, techniques, and criteria for the collection, maintenance, exchange, and sharing of medical information on Lyme disease, and identifying persons or entities with Lyme disease expertise to collaborate with Department in

Lyme disease diagnosis, prevention, and treatment.

(20 ILCS 2310/2310-390 rep.)

Section 70. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by repealing Section 2310-390.

Section 75. The Medical Practice Act of 1987 is amended by changing Section 22 as follows:

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

(Section scheduled to be repealed on December 31, 2019)

Sec. 22. Disciplinary action.

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

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

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

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

(c) an ambulatory surgical treatment center or

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

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

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

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

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

(4) Gross negligence in practice under this Act.

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

defraud or harm the public.

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

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

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

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

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

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

(12) Adverse action taken by another state or jurisdiction against a license or other authorization to practice as a medical doctor, doctor of osteopathy, doctor of osteopathic medicine or doctor of chiropractic, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof. This includes any adverse action taken by a State

or federal agency that prohibits a medical doctor, doctor of osteopathy, doctor of osteopathic medicine, or doctor of chiropractic from providing services to the agency's participants.

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

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

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

(16) Abandonment of a patient.

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

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

(19) Offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment or medicine, or the treating, operating or prescribing for any human condition by a method, means or procedure which the licensee refuses to divulge upon demand of the Department.

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

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

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

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

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

(25) Gross and willful and continued overcharging for professional services, including filing false statements for collection of fees for which services are not rendered, including, but not limited to, filing such false statements for collection of monies for services not rendered from the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

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

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

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

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

(30) Willfully or negligently violating the confidentiality between physician and patient except as required by law.

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

(32) Aiding and abetting an individual not licensed under this Act in the practice of a profession licensed under this Act.

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

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

(35) Failure to report to the Department surrender of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while under disciplinary investigation by any of those

authorities or bodies, for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

(36) Failure to report to the Department any adverse judgment, settlement, or award arising from a liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

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

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

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

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

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

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

(43) Repeated failure to adequately collaborate with a

licensed advanced practice registered nurse.

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

(45) Entering into an excessive number of written collaborative agreements with licensed prescribing psychologists resulting in an inability to adequately collaborate.

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

(47) Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.

(48) Being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act.

Except for actions involving the ground numbered (26), all proceedings to suspend, revoke, place on probationary status, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the foregoing grounds, must be commenced within 5 years next after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described

herein. Except for the grounds numbered (8), (9), (26), and (29), no action shall be commenced more than 10 years after the date of the incident or act alleged to have violated this Section. For actions involving the ground numbered (26), a pattern of practice or other behavior includes all incidents alleged to be part of the pattern of practice or other behavior that occurred, or a report pursuant to Section 23 of this Act received, within the 10-year period preceding the filing of the complaint. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to final judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being grounded on the allegation that a person licensed under this Act was negligent in providing care, the Department shall have an additional period of 2 years from the date of notification to the Department under Section 23 of this Act of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under Section 36 of this Act, except as otherwise provided by law. The time during which the holder of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

The entry of an order or judgment by any circuit court establishing that any person holding a license under this Act is a person in need of mental treatment operates as a suspension of that license. That person may resume their

practice only upon the entry of a Departmental order based upon a finding by the Disciplinary Board that they have been determined to be recovered from mental illness by the court and upon the Disciplinary Board's recommendation that they be permitted to resume their practice.

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

The Department, upon the recommendation of the Disciplinary Board, shall adopt rules which set forth standards to be used in determining:

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

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

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

(d) what constitutes gross negligence in the practice

of medicine.

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

In enforcing this Section, the Disciplinary Board or the Licensing Board, upon a showing of a possible violation, may compel, in the case of the Disciplinary Board, any individual who is licensed to practice under this Act or holds a permit to practice under this Act, or, in the case of the Licensing Board, any individual who has applied for licensure or a permit pursuant to this Act, to submit to a mental or physical examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation, as required by the Licensing Board or Disciplinary Board and at the expense of the Department. The Disciplinary Board or Licensing Board shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining

physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing. The Disciplinary Board, the Licensing Board, or the Department may order the examining physician or any member of the multidisciplinary team to provide to the Department, the Disciplinary Board, or the Licensing Board any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Disciplinary Board, the Licensing Board, or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee, permit holder, or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee, permit holder, or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee, permit holder, or applicant ordered to undergo an

evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to mental or physical examination and evaluation, or both, when directed, shall result in an automatic suspension, without hearing, until such time as the individual submits to the examination. If the Disciplinary Board or Licensing Board finds a physician unable to practice following an examination and evaluation because of the reasons set forth in this Section, the Disciplinary Board or Licensing Board shall require such physician to submit to care, counseling, or treatment by physicians, or other health care professionals, approved or designated by the Disciplinary Board, as a condition for issued, continued, reinstated, or renewed licensure to practice. Any physician, whose license was granted pursuant to Sections 9, 17, or 19 of this Act, or, continued, reinstated, renewed, disciplined or supervised, subject to such terms, conditions or restrictions who shall fail to comply with such terms, conditions or restrictions, or to complete a required program of care, counseling, or treatment, as determined by the Chief Medical Coordinator or Deputy Medical Coordinators, shall be referred to the Secretary for a determination as to

whether the licensee shall have their license suspended immediately, pending a hearing by the Disciplinary Board. In instances in which the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Disciplinary Board within 15 days after such suspension and completed without appreciable delay. The Disciplinary Board shall have the authority to review the subject physician's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

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

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine

or in accordance with the terms set forth in the order imposing the fine.

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

(C) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit issued under this Act to practice medicine to a physician:

(1) based solely upon the recommendation of the physician to an eligible patient regarding, or prescription for, or treatment with, an investigational drug, biological product, or device; or

(2) for experimental treatment for Lyme disease or other tick-borne diseases, including, but not limited to, the prescription of or treatment with long-term antibiotics.

(D) The Disciplinary Board shall recommend to the Department civil penalties and any other appropriate discipline in disciplinary cases when the Board finds that a physician willfully performed an abortion with actual knowledge that the person upon whom the abortion has been performed is a minor or an incompetent person without notice as required under the Parental Notice of Abortion Act of 1995. Upon the Board's recommendation, the Department shall impose, for the first violation, a civil penalty of \$1,000 and for a second or subsequent violation, a civil penalty of \$5,000.

(Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17; 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; revised 9-29-17.)