

AN ACT concerning regulation.

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

Article 1.

Section 1-5. The Reproductive Health Act is amended by changing Sections 1-10 and 1-20 as follows:

(775 ILCS 55/1-10)

Sec. 1-10. Definitions. As used in this Act:

"Abortion" means the use of any instrument, medicine, drug, or any other substance or device to terminate the pregnancy of an individual known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.

"Advanced practice registered nurse" has the same meaning as it does in Section 50-10 of the Nurse Practice Act.

"Assisted reproduction" means a method of achieving a pregnancy through the handling of human oocytes, sperm, zygotes, or embryos for the purpose of establishing a pregnancy. "Assisted reproduction" includes, but is not limited to, methods of artificial insemination, in vitro fertilization, embryo transfer, zygote transfer, embryo

biopsy, preimplantation genetic diagnosis, embryo cryopreservation, oocyte, gamete, zygote, and embryo donation, and gestational surrogacy.

"Department" means the Illinois Department of Public Health.

"Fetal viability" means that, in the professional judgment of the attending health care professional, based on the particular facts of the case, there is a significant likelihood of a fetus' sustained survival outside the uterus without the application of extraordinary medical measures.

"Health care professional" means a person who is licensed as a physician, advanced practice registered nurse, or physician assistant.

"Health of the patient" means all factors that are relevant to the patient's health and well-being, including, but not limited to, physical, emotional, psychological, and familial health and age.

"Maternity care" means the health care provided in relation to pregnancy, labor and childbirth, and the postpartum period, and includes prenatal care, care during labor and birthing, and postpartum care extending through one-year postpartum. Maternity care shall seek to optimize positive outcomes for the patient, and be provided on the basis of the physical and psychosocial needs of the patient. Notwithstanding any of the above, all care shall be subject to the informed and voluntary consent of the patient, or the

patient's legal proxy, when the patient is unable to give consent.

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

"Physician assistant" has the same meaning as it does in Section 4 of the Physician Assistant Practice Act of 1987.

"Pregnancy" means the human reproductive process, beginning with the implantation of an embryo.

"Prevailing party" has the same meaning as in the Illinois Civil Rights Act of 2003.

"Reproductive health care" means health care offered, arranged, or furnished for the purpose of preventing pregnancy, terminating a pregnancy, managing pregnancy loss, or improving maternal health and birth outcomes. "Reproductive health care" includes, but is not limited to: contraception; sterilization; preconception care; assisted reproduction; maternity care; abortion care; and counseling regarding reproductive health care.

"State" includes any branch, department, agency, instrumentality, and official or other person acting under color of law of this State or a political subdivision of the State, including any unit of local government (including a home rule unit), school district, instrumentality, or public subdivision.

(Source: P.A. 101-13, eff. 6-12-19.)

(775 ILCS 55/1-20)

Sec. 1-20. Prohibited State actions; causes of action.

(a) The State shall not:

(1) deny, restrict, interfere with, or discriminate against an individual's exercise of the fundamental rights set forth in this Act, including individuals under State custody, control, or supervision; or

(2) prosecute, punish, or otherwise deprive any individual of the individual's rights for any act or failure to act during the individual's own pregnancy, if the predominant basis for such prosecution, punishment, or deprivation of rights is the potential, actual, or perceived impact on the pregnancy or its outcomes or on the pregnant individual's own health.

(b) Any party aggrieved by conduct or regulation in violation of this Act may bring a civil lawsuit, in a federal district court or State circuit court, against the offending unit of government. Any State claim brought in federal district court shall be a supplemental claim to a federal claim. Any lawsuit brought pursuant to this Act shall be commenced within 2 years after the cause of action was discovered.

(c) Upon motion, a court shall award reasonable attorney's fees and costs, including expert witness fees and other litigation expenses, to a plaintiff who is a prevailing party in any action brought pursuant to this Section. In awarding

reasonable attorney's fees, the court shall consider the degree to which the relief obtained relates to the relief sought.

(Source: P.A. 101-13, eff. 6-12-19.)

Article 3.

Section 3-5. The Wrongful Death Act is amended by changing Section 2.2 as follows:

(740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

Sec. 2.2. The state of gestation or development of a human being when an injury is caused, when an injury takes effect, or at death, shall not foreclose maintenance of any cause of action under the law of this State arising from the death of a human being caused by wrongful act, neglect or default.

There shall be no cause of action against a health care professional, a medical institution, or the pregnant person ~~physician or a medical institution~~ for the wrongful death of a fetus caused by an abortion where the abortion was permitted by law and the requisite consent was lawfully given. Provided, however, that a cause of action is not prohibited where the fetus is live-born but subsequently dies.

There shall be no cause of action against a physician or a medical institution for the wrongful death of a fetus based on the alleged misconduct of the physician or medical institution

where the defendant did not know and, under the applicable standard of good medical care, had no medical reason to know of the pregnancy of the mother of the fetus.

(Source: P.A. 81-946.)

Article 4.

Section 4-5. The Illinois Insurance Code is amended by changing Section 356z.3a as follows:

(215 ILCS 5/356z.3a)

Sec. 356z.3a. Billing; emergency services; nonparticipating providers.

(a) As used in this Section:

"Ancillary services" means:

(1) items and services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology that are provided by any health care provider;

(2) items and services provided by assistant surgeons, hospitalists, and intensivists;

(3) diagnostic services, including radiology and laboratory services, except for advanced diagnostic laboratory tests identified on the most current list published by the United States Secretary of Health and Human Services under 42 U.S.C. 300gg-132(b)(3);

(4) items and services provided by other specialty

practitioners as the United States Secretary of Health and Human Services specifies through rulemaking under 42 U.S.C. 300gg-132(b)(3); ~~and~~

(5) items and services provided by a nonparticipating provider if there is no participating provider who can furnish the item or service at the facility; ~~and-~~

(6) items and services provided by a nonparticipating provider if there is no participating provider who will furnish the item or service because a participating provider has asserted the participating provider's rights under the Health Care Right of Conscience Act.

"Cost sharing" means the amount an insured, beneficiary, or enrollee is responsible for paying for a covered item or service under the terms of the policy or certificate. "Cost sharing" includes copayments, coinsurance, and amounts paid toward deductibles, but does not include amounts paid towards premiums, balance billing by out-of-network providers, or the cost of items or services that are not covered under the policy or certificate.

"Emergency department of a hospital" means any hospital department that provides emergency services, including a hospital outpatient department.

"Emergency medical condition" has the meaning ascribed to that term in Section 10 of the Managed Care Reform and Patient Rights Act.

"Emergency medical screening examination" has the meaning

ascribed to that term in Section 10 of the Managed Care Reform and Patient Rights Act.

"Emergency services" means, with respect to an emergency medical condition:

(1) in general, an emergency medical screening examination, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and such further medical examination and treatment as would be required to stabilize the patient regardless of the department of the hospital or other facility in which such further examination or treatment is furnished; or

(2) additional items and services for which benefits are provided or covered under the coverage and that are furnished by a nonparticipating provider or nonparticipating emergency facility regardless of the department of the hospital or other facility in which such items are furnished after the insured, beneficiary, or enrollee is stabilized and as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the services described in paragraph (1) are furnished. Services after stabilization cease to be emergency services only when all the conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and regulations thereunder are met.

"Freestanding Emergency Center" means a facility licensed

under Section 32.5 of the Emergency Medical Services (EMS) Systems Act.

"Health care facility" means, in the context of non-emergency services, any of the following:

- (1) a hospital as defined in 42 U.S.C. 1395x(e);
- (2) a hospital outpatient department;
- (3) a critical access hospital certified under 42 U.S.C. 1395i-4(e);
- (4) an ambulatory surgical treatment center as defined in the Ambulatory Surgical Treatment Center Act; or
- (5) any recipient of a license under the Hospital Licensing Act that is not otherwise described in this definition.

"Health care provider" means a provider as defined in subsection (d) of Section 370g. "Health care provider" does not include a provider of air ambulance or ground ambulance services.

"Health care services" has the meaning ascribed to that term in subsection (a) of Section 370g.

"Health insurance issuer" has the meaning ascribed to that term in Section 5 of the Illinois Health Insurance Portability and Accountability Act.

"Nonparticipating emergency facility" means, with respect to the furnishing of an item or service under a policy of group or individual health insurance coverage, any of the following facilities that does not have a contractual relationship

directly or indirectly with a health insurance issuer in relation to the coverage:

- (1) an emergency department of a hospital;
- (2) a Freestanding Emergency Center;
- (3) an ambulatory surgical treatment center as defined in the Ambulatory Surgical Treatment Center Act; or
- (4) with respect to emergency services described in paragraph (2) of the definition of "emergency services", a hospital.

"Nonparticipating provider" means, with respect to the furnishing of an item or service under a policy of group or individual health insurance coverage, any health care provider who does not have a contractual relationship directly or indirectly with a health insurance issuer in relation to the coverage.

"Participating emergency facility" means any of the following facilities that has a contractual relationship directly or indirectly with a health insurance issuer offering group or individual health insurance coverage setting forth the terms and conditions on which a relevant health care service is provided to an insured, beneficiary, or enrollee under the coverage:

- (1) an emergency department of a hospital;
- (2) a Freestanding Emergency Center;
- (3) an ambulatory surgical treatment center as defined in the Ambulatory Surgical Treatment Center Act; or

(4) with respect to emergency services described in paragraph (2) of the definition of "emergency services", a hospital.

For purposes of this definition, a single case agreement between an emergency facility and an issuer that is used to address unique situations in which an insured, beneficiary, or enrollee requires services that typically occur out-of-network constitutes a contractual relationship and is limited to the parties to the agreement.

"Participating health care facility" means any health care facility that has a contractual relationship directly or indirectly with a health insurance issuer offering group or individual health insurance coverage setting forth the terms and conditions on which a relevant health care service is provided to an insured, beneficiary, or enrollee under the coverage. A single case agreement between an emergency facility and an issuer that is used to address unique situations in which an insured, beneficiary, or enrollee requires services that typically occur out-of-network constitutes a contractual relationship for purposes of this definition and is limited to the parties to the agreement.

"Participating provider" means any health care provider that has a contractual relationship directly or indirectly with a health insurance issuer offering group or individual health insurance coverage setting forth the terms and conditions on which a relevant health care service is provided

to an insured, beneficiary, or enrollee under the coverage.

"Qualifying payment amount" has the meaning given to that term in 42 U.S.C. 300gg-111(a)(3)(E) and the regulations promulgated thereunder.

"Recognized amount" means the lesser of the amount initially billed by the provider or the qualifying payment amount.

"Stabilize" means "stabilization" as defined in Section 10 of the Managed Care Reform and Patient Rights Act.

"Treating provider" means a health care provider who has evaluated the individual.

"Visit" means, with respect to health care services furnished to an individual at a health care facility, health care services furnished by a provider at the facility, as well as equipment, devices, telehealth services, imaging services, laboratory services, and preoperative and postoperative services regardless of whether the provider furnishing such services is at the facility.

(b) Emergency services. When a beneficiary, insured, or enrollee receives emergency services from a nonparticipating provider or a nonparticipating emergency facility, the health insurance issuer shall ensure that the beneficiary, insured, or enrollee shall incur no greater out-of-pocket costs than the beneficiary, insured, or enrollee would have incurred with a participating provider or a participating emergency facility. Any cost-sharing requirements shall be applied as

though the emergency services had been received from a participating provider or a participating facility. Cost sharing shall be calculated based on the recognized amount for the emergency services. If the cost sharing for the same item or service furnished by a participating provider would have been a flat-dollar copayment, that amount shall be the cost-sharing amount unless the provider has billed a lesser total amount. In no event shall the beneficiary, insured, enrollee, or any group policyholder or plan sponsor be liable to or billed by the health insurance issuer, the nonparticipating provider, or the nonparticipating emergency facility for any amount beyond the cost sharing calculated in accordance with this subsection with respect to the emergency services delivered. Administrative requirements or limitations shall be no greater than those applicable to emergency services received from a participating provider or a participating emergency facility.

(b-5) Non-emergency services at participating health care facilities.

(1) When a beneficiary, insured, or enrollee utilizes a participating health care facility and, due to any reason, covered ancillary services are provided by a nonparticipating provider during or resulting from the visit, the health insurance issuer shall ensure that the beneficiary, insured, or enrollee shall incur no greater out-of-pocket costs than the beneficiary, insured, or

enrollee would have incurred with a participating provider for the ancillary services. Any cost-sharing requirements shall be applied as though the ancillary services had been received from a participating provider. Cost sharing shall be calculated based on the recognized amount for the ancillary services. If the cost sharing for the same item or service furnished by a participating provider would have been a flat-dollar copayment, that amount shall be the cost-sharing amount unless the provider has billed a lesser total amount. In no event shall the beneficiary, insured, enrollee, or any group policyholder or plan sponsor be liable to or billed by the health insurance issuer, the nonparticipating provider, or the participating health care facility for any amount beyond the cost sharing calculated in accordance with this subsection with respect to the ancillary services delivered. In addition to ancillary services, the requirements of this paragraph shall also apply with respect to covered items or services furnished as a result of unforeseen, urgent medical needs that arise at the time an item or service is furnished, regardless of whether the nonparticipating provider satisfied the notice and consent criteria under paragraph (2) of this subsection.

(2) When a beneficiary, insured, or enrollee utilizes a participating health care facility and receives non-emergency covered health care services other than

those described in paragraph (1) of this subsection from a nonparticipating provider during or resulting from the visit, the health insurance issuer shall ensure that the beneficiary, insured, or enrollee incurs no greater out-of-pocket costs than the beneficiary, insured, or enrollee would have incurred with a participating provider unless the nonparticipating provider~~7~~ or the participating health care facility on behalf of the nonparticipating provider~~7~~ satisfies the notice and consent criteria provided in 42 U.S.C. 300gg-132 and regulations promulgated thereunder. If the notice and consent criteria are not satisfied, then:

(A) any cost-sharing requirements shall be applied as though the health care services had been received from a participating provider;

(B) cost sharing shall be calculated based on the recognized amount for the health care services; and

(C) in no event shall the beneficiary, insured, enrollee, or any group policyholder or plan sponsor be liable to or billed by the health insurance issuer, the nonparticipating provider, or the participating health care facility for any amount beyond the cost sharing calculated in accordance with this subsection with respect to the health care services delivered.

(c) Notwithstanding any other provision of this Code, except when the notice and consent criteria are satisfied for

the situation in paragraph (2) of subsection (b-5), any benefits a beneficiary, insured, or enrollee receives for services under the situations in subsection ~~subsections~~ (b) or (b-5) are assigned to the nonparticipating providers or the facility acting on their behalf. Upon receipt of the provider's bill or facility's bill, the health insurance issuer shall provide the nonparticipating provider or the facility with a written explanation of benefits that specifies the proposed reimbursement and the applicable deductible, copayment, or coinsurance amounts owed by the insured, beneficiary, or enrollee. The health insurance issuer shall pay any reimbursement subject to this Section directly to the nonparticipating provider or the facility.

(d) For bills assigned under subsection (c), the nonparticipating provider or the facility may bill the health insurance issuer for the services rendered, and the health insurance issuer may pay the billed amount or attempt to negotiate reimbursement with the nonparticipating provider or the facility. Within 30 calendar days after the provider or facility transmits the bill to the health insurance issuer, the issuer shall send an initial payment or notice of denial of payment with the written explanation of benefits to the provider or facility. If attempts to negotiate reimbursement for services provided by a nonparticipating provider do not result in a resolution of the payment dispute within 30 days after receipt of written explanation of benefits by the health

insurance issuer, then the health insurance issuer or nonparticipating provider or the facility may initiate binding arbitration to determine payment for services provided on a per-bill ~~per-bill~~ basis. The party requesting arbitration shall notify the other party arbitration has been initiated and state its final offer before arbitration. In response to this notice, the nonrequesting party shall inform the requesting party of its final offer before the arbitration occurs. Arbitration shall be initiated by filing a request with the Department of Insurance.

(e) The Department of Insurance shall publish a list of approved arbitrators or entities that shall provide binding arbitration. These arbitrators shall be American Arbitration Association or American Health Lawyers Association trained arbitrators. Both parties must agree on an arbitrator from the Department of Insurance's or its approved entity's list of arbitrators. If no agreement can be reached, then a list of 5 arbitrators shall be provided by the Department of Insurance or the approved entity. From the list of 5 arbitrators, the health insurance issuer can veto 2 arbitrators and the provider or facility can veto 2 arbitrators. The remaining arbitrator shall be the chosen arbitrator. This arbitration shall consist of a review of the written submissions by both parties. The arbitrator shall not establish a rebuttable presumption that the qualifying payment amount should be the total amount owed to the provider or facility by the

combination of the issuer and the insured, beneficiary, or enrollee. Binding arbitration shall provide for a written decision within 45 days after the request is filed with the Department of Insurance. Both parties shall be bound by the arbitrator's decision. The arbitrator's expenses and fees, together with other expenses, not including attorney's fees, incurred in the conduct of the arbitration, shall be paid as provided in the decision.

(f) (Blank).

(g) Section 368a of this Act shall not apply during the pendency of a decision under subsection (d). Upon the issuance of the arbitrator's decision, Section 368a applies with respect to the amount, if any, by which the arbitrator's determination exceeds the issuer's initial payment under subsection (c), or the entire amount of the arbitrator's determination if initial payment was denied. Any interest required to be paid to a provider under Section 368a shall not accrue until after 30 days of an arbitrator's decision as provided in subsection (d), but in no circumstances longer than 150 days from the date the nonparticipating facility-based provider billed for services rendered.

(h) Nothing in this Section shall be interpreted to change the prudent layperson provisions with respect to emergency services under the Managed Care Reform and Patient Rights Act.

(i) Nothing in this Section shall preclude a health care provider from billing a beneficiary, insured, or enrollee for

reasonable administrative fees, such as service fees for checks returned for nonsufficient funds and missed appointments.

(j) Nothing in this Section shall preclude a beneficiary, insured, or enrollee from assigning benefits to a nonparticipating provider when the notice and consent criteria are satisfied under paragraph (2) of subsection (b-5) or in any other situation not described in subsection ~~subsections~~ (b) or (b-5).

(k) Except when the notice and consent criteria are satisfied under paragraph (2) of subsection (b-5), if an individual receives health care services under the situations described in subsection ~~subsections~~ (b) or (b-5), no referral requirement or any other provision contained in the policy or certificate of coverage shall deny coverage, reduce benefits, or otherwise defeat the requirements of this Section for services that would have been covered with a participating provider. However, this subsection shall not be construed to preclude a provider contract with a health insurance issuer, or with an administrator or similar entity acting on the issuer's behalf, from imposing requirements on the participating provider, participating emergency facility, or participating health care facility relating to the referral of covered individuals to nonparticipating providers.

(l) Except if the notice and consent criteria are satisfied under paragraph (2) of subsection (b-5),

cost-sharing amounts calculated in conformity with this Section shall count toward any deductible or out-of-pocket maximum applicable to in-network coverage.

(m) The Department has the authority to enforce the requirements of this Section in the situations described in subsections (b) and (b-5), and in any other situation for which 42 U.S.C. Chapter 6A, Subchapter XXV, Parts D or E and regulations promulgated thereunder would prohibit an individual from being billed or liable for emergency services furnished by a nonparticipating provider or nonparticipating emergency facility or for non-emergency health care services furnished by a nonparticipating provider at a participating health care facility.

(n) This Section does not apply with respect to air ambulance or ground ambulance services. This Section does not apply to any policy of excepted benefits or to short-term, limited-duration health insurance coverage.

(Source: P.A. 102-901, eff. 7-1-22; revised 8-19-22.)

Article 5.

Section 5-5. The Counties Code is amended by changing Section 5-1069.3 as follows:

(55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county,

including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the Illinois Insurance Code. The coverage shall comply with Sections 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section. The requirement that health benefits be covered as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule county to which this Section applies must comply with every provision of this Section.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for

whatever reason, is unauthorized.

(Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

Section 5-10. The Illinois Municipal Code is amended by changing Section 10-4-2.3 as follows:

(65 ILCS 5/10-4-2.3)

Sec. 10-4-2.3. Required health benefits. If a municipality, including a home rule municipality, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, ~~and~~ 356z.51, ~~and~~ 356z.53, and

356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the Illinois Insurance Code. The coverage shall comply with Sections 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section. The requirement that health benefits be covered as provided in this is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule municipality to which this Section applies must comply with every provision of this Section.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

Section 5-15. The School Code is amended by changing

Section 10-22.3f as follows:

(105 ILCS 5/10-22.3f)

Sec. 10-22.3f. Required health benefits. Insurance protection and benefits for employees shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the Illinois Insurance Code. Insurance policies shall comply with Section 356z.19 of the Illinois Insurance Code. The coverage shall comply with Sections 155.22a, 355b, and 370c of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.

1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

Section 5-17. The Network Adequacy and Transparency Act is amended by changing Section 10 as follows:

(215 ILCS 124/10)

Sec. 10. Network adequacy.

(a) An insurer providing a network plan shall file a description of all of the following with the Director:

(1) The written policies and procedures for adding providers to meet patient needs based on increases in the number of beneficiaries, changes in the patient-to-provider ratio, changes in medical and health care capabilities, and increased demand for services.

(2) The written policies and procedures for making referrals within and outside the network.

(3) The written policies and procedures on how the network plan will provide 24-hour, 7-day per week access to network-affiliated primary care, emergency services, and women's ~~woman's~~ principal health care providers.

An insurer shall not prohibit a preferred provider from discussing any specific or all treatment options with

beneficiaries irrespective of the insurer's position on those treatment options or from advocating on behalf of beneficiaries within the utilization review, grievance, or appeals processes established by the insurer in accordance with any rights or remedies available under applicable State or federal law.

(b) Insurers must file for review a description of the services to be offered through a network plan. The description shall include all of the following:

(1) A geographic map of the area proposed to be served by the plan by county service area and zip code, including marked locations for preferred providers.

(2) As deemed necessary by the Department, the names, addresses, phone numbers, and specialties of the providers who have entered into preferred provider agreements under the network plan.

(3) The number of beneficiaries anticipated to be covered by the network plan.

(4) An Internet website and toll-free telephone number for beneficiaries and prospective beneficiaries to access current and accurate lists of preferred providers, additional information about the plan, as well as any other information required by Department rule.

(5) A description of how health care services to be rendered under the network plan are reasonably accessible and available to beneficiaries. The description shall

address all of the following:

(A) the type of health care services to be provided by the network plan;

(B) the ratio of physicians and other providers to beneficiaries, by specialty and including primary care physicians and facility-based physicians when applicable under the contract, necessary to meet the health care needs and service demands of the currently enrolled population;

(C) the travel and distance standards for plan beneficiaries in county service areas; and

(D) a description of how the use of telemedicine, telehealth, or mobile care services may be used to partially meet the network adequacy standards, if applicable.

(6) A provision ensuring that whenever a beneficiary has made a good faith effort, as evidenced by accessing the provider directory, calling the network plan, and calling the provider, to utilize preferred providers for a covered service and it is determined the insurer does not have the appropriate preferred providers due to insufficient number, type, ~~or~~ unreasonable travel distance or delay, or preferred providers refusing to provide a covered service because it is contrary to the conscience of the preferred providers, as protected by the Health Care Right of Conscience Act, the insurer shall ensure,

directly or indirectly, by terms contained in the payer contract, that the beneficiary will be provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider. This paragraph (6) does not apply to: (A) a beneficiary who willfully chooses to access a non-preferred provider for health care services available through the panel of preferred providers, or (B) a beneficiary enrolled in a health maintenance organization. In these circumstances, the contractual requirements for non-preferred provider reimbursements shall apply unless Section 356z.3a of the Illinois Insurance Code requires otherwise. In no event shall a beneficiary who receives care at a participating health care facility be required to search for participating providers under the circumstances described in subsection ~~subsections~~ (b) or (b-5) of Section 356z.3a of the Illinois Insurance Code except under the circumstances described in paragraph (2) of subsection (b-5).

(7) A provision that the beneficiary shall receive emergency care coverage such that payment for this coverage is not dependent upon whether the emergency services are performed by a preferred or non-preferred provider and the coverage shall be at the same benefit level as if the service or treatment had been rendered by a preferred provider. For purposes of this paragraph (7),

"the same benefit level" means that the beneficiary is provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider. This provision shall be consistent with Section 356z.3a of the Illinois Insurance Code.

(8) A limitation that, if the plan provides that the beneficiary will incur a penalty for failing to pre-certify inpatient hospital treatment, the penalty may not exceed \$1,000 per occurrence in addition to the plan cost sharing provisions.

(c) The network plan shall demonstrate to the Director a minimum ratio of providers to plan beneficiaries as required by the Department.

(1) The ratio of physicians or other providers to plan beneficiaries shall be established annually by the Department in consultation with the Department of Public Health based upon the guidance from the federal Centers for Medicare and Medicaid Services. The Department shall not establish ratios for vision or dental providers who provide services under dental-specific or vision-specific benefits. The Department shall consider establishing ratios for the following physicians or other providers:

- (A) Primary Care;
- (B) Pediatrics;
- (C) Cardiology;
- (D) Gastroenterology;

- (E) General Surgery;
- (F) Neurology;
- (G) OB/GYN;
- (H) Oncology/Radiation;
- (I) Ophthalmology;
- (J) Urology;
- (K) Behavioral Health;
- (L) Allergy/Immunology;
- (M) Chiropractic;
- (N) Dermatology;
- (O) Endocrinology;
- (P) Ears, Nose, and Throat (ENT)/Otolaryngology;
- (Q) Infectious Disease;
- (R) Nephrology;
- (S) Neurosurgery;
- (T) Orthopedic Surgery;
- (U) Physiatry/Rehabilitative;
- (V) Plastic Surgery;
- (W) Pulmonary;
- (X) Rheumatology;
- (Y) Anesthesiology;
- (Z) Pain Medicine;
- (AA) Pediatric Specialty Services;
- (BB) Outpatient Dialysis; and
- (CC) HIV.

(2) The Director shall establish a process for the

review of the adequacy of these standards, along with an assessment of additional specialties to be included in the list under this subsection (c).

(d) The network plan shall demonstrate to the Director maximum travel and distance standards for plan beneficiaries, which shall be established annually by the Department in consultation with the Department of Public Health based upon the guidance from the federal Centers for Medicare and Medicaid Services. These standards shall consist of the maximum minutes or miles to be traveled by a plan beneficiary for each county type, such as large counties, metro counties, or rural counties as defined by Department rule.

The maximum travel time and distance standards must include standards for each physician and other provider category listed for which ratios have been established.

The Director shall establish a process for the review of the adequacy of these standards along with an assessment of additional specialties to be included in the list under this subsection (d).

(d-5)(1) Every insurer shall ensure that beneficiaries have timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions in accordance with the provisions of paragraph (4) of subsection (a) of Section 370c of the Illinois Insurance Code. Insurers shall use a comparable process, strategy, evidentiary standard, and other factors in the development and application

of the network adequacy standards for timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions and those for the access to treatment for medical and surgical conditions. As such, the network adequacy standards for timely and proximate access shall equally be applied to treatment facilities and providers for mental, emotional, nervous, or substance use disorders or conditions and specialists providing medical or surgical benefits pursuant to the parity requirements of Section 370c.1 of the Illinois Insurance Code and the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Notwithstanding the foregoing, the network adequacy standards for timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions shall, at a minimum, satisfy the following requirements:

(A) For beneficiaries residing in the metropolitan counties of Cook, DuPage, Kane, Lake, McHenry, and Will, network adequacy standards for timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions means a beneficiary shall not have to travel longer than 30 minutes or 30 miles from the beneficiary's residence to receive outpatient treatment for mental, emotional, nervous, or substance use disorders or conditions. Beneficiaries shall not be required to wait longer than 10 business days between requesting an initial

appointment and being seen by the facility or provider of mental, emotional, nervous, or substance use disorders or conditions for outpatient treatment or to wait longer than 20 business days between requesting a repeat or follow-up appointment and being seen by the facility or provider of mental, emotional, nervous, or substance use disorders or conditions for outpatient treatment; however, subject to the protections of paragraph (3) of this subsection, a network plan shall not be held responsible if the beneficiary or provider voluntarily chooses to schedule an appointment outside of these required time frames.

(B) For beneficiaries residing in Illinois counties other than those counties listed in subparagraph (A) of this paragraph, network adequacy standards for timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions means a beneficiary shall not have to travel longer than 60 minutes or 60 miles from the beneficiary's residence to receive outpatient treatment for mental, emotional, nervous, or substance use disorders or conditions. Beneficiaries shall not be required to wait longer than 10 business days between requesting an initial appointment and being seen by the facility or provider of mental, emotional, nervous, or substance use disorders or conditions for outpatient treatment or to wait longer than 20 business days between requesting a repeat or follow-up

appointment and being seen by the facility or provider of mental, emotional, nervous, or substance use disorders or conditions for outpatient treatment; however, subject to the protections of paragraph (3) of this subsection, a network plan shall not be held responsible if the beneficiary or provider voluntarily chooses to schedule an appointment outside of these required time frames.

(2) For beneficiaries residing in all Illinois counties, network adequacy standards for timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions means a beneficiary shall not have to travel longer than 60 minutes or 60 miles from the beneficiary's residence to receive inpatient or residential treatment for mental, emotional, nervous, or substance use disorders or conditions.

(3) If there is no in-network facility or provider available for a beneficiary to receive timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions in accordance with the network adequacy standards outlined in this subsection, the insurer shall provide necessary exceptions to its network to ensure admission and treatment with a provider or at a treatment facility in accordance with the network adequacy standards in this subsection.

(e) Except for network plans solely offered as a group health plan, these ratio and time and distance standards apply

to the lowest cost-sharing tier of any tiered network.

(f) The network plan may consider use of other health care service delivery options, such as telemedicine or telehealth, mobile clinics, and centers of excellence, or other ways of delivering care to partially meet the requirements set under this Section.

(g) Except for the requirements set forth in subsection (d-5), insurers who are not able to comply with the provider ratios and time and distance standards established by the Department may request an exception to these requirements from the Department. The Department may grant an exception in the following circumstances:

(1) if no providers or facilities meet the specific time and distance standard in a specific service area and the insurer (i) discloses information on the distance and travel time points that beneficiaries would have to travel beyond the required criterion to reach the next closest contracted provider outside of the service area and (ii) provides contact information, including names, addresses, and phone numbers for the next closest contracted provider or facility;

(2) if patterns of care in the service area do not support the need for the requested number of provider or facility type and the insurer provides data on local patterns of care, such as claims data, referral patterns, or local provider interviews, indicating where the

beneficiaries currently seek this type of care or where the physicians currently refer beneficiaries, or both; or

(3) other circumstances deemed appropriate by the Department consistent with the requirements of this Act.

(h) Insurers are required to report to the Director any material change to an approved network plan within 15 days after the change occurs and any change that would result in failure to meet the requirements of this Act. Upon notice from the insurer, the Director shall reevaluate the network plan's compliance with the network adequacy and transparency standards of this Act.

(Source: P.A. 102-144, eff. 1-1-22; 102-901, eff. 7-1-22; revised 9-2-22.)

Section 5-20. The Limited Health Service Organization Act is amended by changing Section 4003 as follows:

(215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

Sec. 4003. Illinois Insurance Code provisions. Limited health service organizations shall be subject to the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,

356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code. Nothing in this Section shall require a limited health care plan to cover any service that is not a limited health service. For purposes of the Illinois Insurance Code, except for Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited health service organizations in the following categories are deemed to be domestic companies:

(1) a corporation under the laws of this State; or

(2) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject to substantially the same requirements in its state of organization as is a domestic company under Article VIII 1/2 of the Illinois Insurance Code.

(Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

Article 6.

Section 6-5. The Criminal Identification Act is amended by

changing Section 3.2 as follows:

(20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

Sec. 3.2.

(a) It is the duty of any person conducting or operating a medical facility, or any physician or nurse as soon as treatment permits to notify the local law enforcement agency of that jurisdiction upon the application for treatment of a person who is not accompanied by a law enforcement officer, when it reasonably appears that the person requesting treatment has received:

(1) any injury resulting from the discharge of a firearm; or

(2) any injury sustained in the commission of or as a victim of a criminal offense.

Any hospital, physician or nurse shall be forever held harmless from any civil liability for their reasonable compliance with the provisions of this Section.

(b) Notwithstanding subsection (a), nothing in this Section shall be construed to require the reporting of lawful health care activity, whether such activity may constitute a violation of another state's law.

(c) As used in this Section:

"Lawful health care" means:

(1) reproductive health care that is not unlawful under the laws of this State, including on any theory of

vicarious, joint, several, or conspiracy liability; or

(2) the treatment of gender dysphoria or the affirmation of an individual's gender identity or gender expression, including but not limited to, all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature that is not unlawful under the laws of this State, including on any theory of vicarious, joint, several, or conspiracy liability.

"Lawful health care activity" means seeking, providing, receiving, assisting in seeking, providing, or receiving, providing material support for, or traveling to obtain lawful health care.

(Source: P.A. 86-1475.)

Article 7.

Section 7-5. The Medical Practice Act of 1987 is amended by changing Sections 22 as follows:

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

(Section scheduled to be repealed on January 1, 2027)

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) (Blank).

(2) (Blank).

(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 Medical Board.

(14) Violation of the prohibition against fee

splitting in Section 22.2 of this Act.

(15) A finding by the Medical 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 attempting 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 ~~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) (Blank). ~~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 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.

(49) Entering into an excessive number of written collaborative agreements with licensed physician assistants resulting in an inability to adequately collaborate.

(50) Repeated failure to adequately collaborate with a physician assistant.

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 his or her

practice only upon the entry of a Departmental order based upon a finding by the Medical Board that the person has been determined to be recovered from mental illness by the court and upon the Medical Board's recommendation that the person be permitted to resume his or her 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 Medical 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 Medical Board, upon a showing of a possible violation, may compel any individual who is licensed to practice under this Act or holds a permit to practice under this Act, or 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 Medical Board and at the expense of the Department. The Medical 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 Medical Board or the Department may order the examining physician or any member of the multidisciplinary team to provide to the Department or the Medical Board any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Medical 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 Medical Board finds a physician unable to practice following an examination and evaluation because of the reasons set forth in this Section, the Medical Board shall require such physician to submit to care, counseling, or treatment by physicians, or other health care professionals, approved or designated by the Medical Board, as a condition for issued, continued, reinstated, or renewed licensure to practice. Any physician, whose license was granted pursuant to Section ~~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 his or her license suspended immediately, pending a hearing by the Medical 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 Medical Board within

15 days after such suspension and completed without appreciable delay. The Medical 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 Medical Board that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her 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; ~~or~~

(3) based solely upon the physician providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was

a resident of this State or another state; or

(4) based upon the physician's license being revoked or suspended, or the physician being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the physician violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for the physician if it occurred in Illinois.

~~(D) (Blank). The Medical Board shall recommend to the Department civil penalties and any other appropriate discipline in disciplinary cases when the Medical 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 Medical 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.~~

(E) The conduct specified in subsection (C) shall not trigger reporting requirements under Section 23, constitute grounds for suspension under Section 25, or be included on the

physician's profile required under Section 10 of the Patients' Right to Know Act.

(F) An applicant seeking licensure, certification, or authorization pursuant to this Act and who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that the action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of the applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(G) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff. 8-20-21; 102-813, eff. 5-13-22.)

Section 7-10. The Nurse Practice Act is amended by changing Sections 65-65 and 70-5 as follows:

(225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-65. Reports relating to APRN professional conduct and capacity.

(a) Entities Required to Report.

(1) Health Care Institutions. The chief administrator or executive officer of a health care institution licensed by the Department of Public Health, which provides the minimum due process set forth in Section 10.4 of the Hospital Licensing Act, shall report to the Board when an advanced practice registered nurse's organized professional staff clinical privileges are terminated or are restricted based on a final determination, in accordance with that institution's bylaws or rules and regulations, that (i) a person has either committed an act or acts that may directly threaten patient care and that are not of an administrative nature or (ii) that a person may have a mental or physical disability that may endanger patients under that person's care. The chief administrator or officer shall also report if an advanced practice registered nurse accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care and not of an administrative nature, or in lieu of formal action seeking to determine whether a person may have a mental or physical disability that may endanger patients

under that person's care. The Department shall provide by rule for the reporting to it of all instances in which a person licensed under this Article, who is impaired by reason of age, drug, or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Reports submitted under this subsection shall be strictly confidential and may be reviewed and considered only by the members of the Board or authorized staff as provided by rule of the Department. Provisions shall be made for the periodic report of the status of any such reported person not less than twice annually in order that the Board shall have current information upon which to determine the status of that person. Initial and periodic reports of impaired advanced practice registered nurses shall not be considered records within the meaning of the State Records Act and shall be disposed of, following a determination by the Board that such reports are no longer required, in a manner and at an appropriate time as the Board shall determine by rule. The filing of reports submitted under this subsection shall be construed as the filing of a report for purposes of subsection (c) of this Section. Such health care institution shall not take any adverse action, including, but not limited to, restricting or terminating any person's clinical privileges, as a result of an adverse action against a person's license or

clinical privileges or other disciplinary action by another state or health care institution that resulted from the person's provision of, authorization of, recommendation of, aiding or assistance with, referral for, or participation in any health care service if the adverse action was based solely on a violation of the other state's law prohibiting the provision of such health care and related services in the state or for a resident of the state if that health care service would not have been unlawful under the laws of this State and is consistent with the standards of conduct for advanced practice registered nurses practicing in Illinois.

(2) Professional Associations. The President or chief executive officer of an association or society of persons licensed under this Article, operating within this State, shall report to the Board when the association or society renders a final determination that a person licensed under this Article has committed unprofessional conduct related directly to patient care or that a person may have a mental or physical disability that may endanger patients under the person's care.

(3) Professional Liability Insurers. Every insurance company that offers policies of professional liability insurance to persons licensed under this Article, or any other entity that seeks to indemnify the professional liability of a person licensed under this Article, shall

report to the Board the settlement of any claim or cause of action, or final judgment rendered in any cause of action, that alleged negligence in the furnishing of patient care by the licensee when the settlement or final judgment is in favor of the plaintiff. Such insurance company shall not take any adverse action, including, but not limited to, denial or revocation of coverage, or rate increases, against a person licensed under this Act with respect to coverage for services provided in Illinois if based solely on the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in health care services this State in violation of another state's law, or a revocation or other adverse action against the person's license in another state for violation of such law if that health care service as provided would have been lawful and consistent with the standards of conduct for registered nurses and advanced practice registered nurses if it occurred in Illinois. Notwithstanding this provision, it is against public policy to require coverage for an illegal action.

(4) State's Attorneys. The State's Attorney of each county shall report to the Board all instances in which a person licensed under this Article is convicted or otherwise found guilty of the commission of a felony.

(5) State Agencies. All agencies, boards, commissions, departments, or other instrumentalities of the government

of this State shall report to the Board any instance arising in connection with the operations of the agency, including the administration of any law by the agency, in which a person licensed under this Article has either committed an act or acts that may constitute a violation of this Article, that may constitute unprofessional conduct related directly to patient care, or that indicates that a person licensed under this Article may have a mental or physical disability that may endanger patients under that person's care.

(b) Mandatory Reporting. All reports required under items (16) and (17) of subsection (a) of Section 70-5 shall be submitted to the Board in a timely fashion. The reports shall be filed in writing within 60 days after a determination that a report is required under this Article. All reports shall contain the following information:

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

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

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

(4) A brief description of the facts that gave rise to the issuance of the report, including, but not limited to,

the dates of any occurrences deemed to necessitate the filing of the report.

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

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

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

(c) Immunity from Prosecution. An individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this Section by providing a report or other information to the Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(d) Indemnification. Members of the Board, the Board's

attorneys, the investigative staff, advanced practice registered nurses or physicians retained under contract to assist and advise in the investigation, and authorized clerical staff shall be indemnified by the State for any actions (i) occurring within the scope of services on the Board, (ii) performed in good faith, and (iii) not willful and wanton in nature. The Attorney General shall defend all actions taken against those persons unless he or she determines either that there would be a conflict of interest in the representation or that the actions complained of were not performed in good faith or were willful and wanton in nature. If the Attorney General declines representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not performed in good faith or were willful and wanton in nature. The member shall notify the Attorney General within 7 days of receipt of notice of the initiation of an action involving services of the Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification. The Attorney General shall determine within 7 days after receiving the notice whether he or she will undertake to represent the member.

(e) Deliberations of Board. Upon the receipt of a report called for by this Section, other than those reports of

impaired persons licensed under this Article required pursuant to the rules of the Board, the Board shall notify in writing by certified or registered mail or by email to the email address of record the person who is the subject of the report. The notification shall be made within 30 days of receipt by the Board of the report. The notification shall include a written notice setting forth the person's right to examine the report. Included in the notification shall be the address at which the file is maintained, the name of the custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding to, clarifying, adding to, or proposing to amend the report previously filed. The statement shall become a permanent part of the file and shall be received by the Board no more than 30 days after the date on which the person was notified of the existence of the original report. The Board shall review all reports received by it and any supporting information and responding statements submitted by persons who are the subject of reports. The review by the Board shall be in a timely manner but in no event shall the Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the Board. When the Board makes its initial review of the materials contained within its disciplinary files, the Board shall, in writing, make a determination as to whether there are sufficient facts

to warrant further investigation or action. Failure to make that determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action. Should the Board find that there are not sufficient facts to warrant further investigation or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported. The individual or entity filing the original report or complaint and the person who is the subject of the report or complaint shall be notified in writing by the Board of any final action on their report or complaint.

(f) (Blank).

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

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

by this Section.

(i) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 99-143, eff. 7-27-15; 100-513, eff. 1-1-18.)

(225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

(Section scheduled to be repealed on January 1, 2028)

Sec. 70-5. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department may deem appropriate, including fines not to exceed \$10,000 per violation, with regard to a license for any one or combination of the causes set forth in subsection (b) below. All fines collected under this Section shall be deposited in the Nursing Dedicated and Professional Fund.

(b) Grounds for disciplinary action include the following:

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

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

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by

sentencing of any crime, 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: (i) that is a felony; or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

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

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

(6) Failing, within 90 days, to provide a response to a request for information in response to a written request made by the Department by certified or registered mail or by email to the email address of record.

(7) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public, as defined by rule.

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

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

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

(11) A finding that the licensee, after having her or his license placed on probationary status or subject to conditions or restrictions, has violated the terms of probation or failed to comply with such terms or conditions.

(12) Being named as a perpetrator in an indicated report by the Department of Children and Family Services and 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.

(13) 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.

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

(14) Gross negligence in the practice of practical, professional, or advanced practice registered nursing.

(15) Holding oneself out to be practicing nursing

under any name other than one's own.

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

(17) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice nursing or advanced practice registered nursing in another state or jurisdiction or current surrender by the licensee of membership on any nursing staff or in any nursing or advanced practice registered nursing 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 that would constitute grounds for action as defined by this Section.

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

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

(20) Fraud, deceit, 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.

(21) Allowing another person or organization to use the licensee's license to deceive the public.

(22) Willfully making or filing false records or reports in the licensee's practice, 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.

(23) Attempting to subvert or cheat on a licensing examination administered under this Act.

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

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

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

(27) The use of any false, fraudulent, or deceptive statement in any document connected with the licensee's practice.

(28) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or

association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered. Nothing in this paragraph (28) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this paragraph (28) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(29) A violation of the Health Care Worker Self-Referral Act.

(30) Physical illness, mental illness, or disability that results in the inability to practice the profession with reasonable judgment, skill, or safety.

(31) Exceeding the terms of a collaborative agreement or the prescriptive authority delegated to a licensee by his or her collaborating physician or podiatric physician in guidelines established under a written collaborative agreement.

(32) Making a false or misleading statement regarding a licensee's skill or the efficacy or value of the

medicine, treatment, or remedy prescribed by him or her in the course of treatment.

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

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

(35) Violating State or federal laws, rules, or regulations relating to controlled substances.

(36) Willfully or negligently violating the confidentiality between an advanced practice registered nurse, collaborating physician, dentist, or podiatric physician and a patient, except as required by law.

(37) 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.

(38) Being named as an abuser in a verified report by the Department on Aging and 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.

(39) A violation of any provision of this Act or any rules adopted under this Act.

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

(b-5) The Department shall not revoke, suspend, summarily 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 as a registered nurse or an advanced practice registered nurse based solely upon the registered nurse or advanced practice registered nurse providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a registered nurse or an advanced practice registered nurse based upon the registered nurse's or advanced practice registered nurse's license being revoked or suspended, or the registered nurse or advanced practice registered nurse being otherwise disciplined by any other state, if that revocation, suspension, or other form of

discipline was based solely on the registered nurse or advanced practice registered nurse violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for the registered nurse or advanced practice registered nurse practicing in Illinois.

(b-15) The conduct specified in subsections (b-5) and (b-10) shall not trigger reporting requirements under Section 65-65 or constitute grounds for suspension under Section 70-60.

(b-20) An applicant seeking licensure, certification, or authorization under this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under

this Act.

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, as amended, operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient; and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume his or her practice.

(d) The Department may refuse to issue or may suspend or otherwise discipline 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 the tax, penalty, or interest as required by any tax Act administered by the Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(e) In enforcing this Act, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by

reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. 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 this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

All substance-related violations shall mandate an automatic substance abuse assessment. Failure to submit to an assessment by a licensed physician who is certified as an addictionist or an advanced practice registered nurse with specialty certification in addictions may be grounds for an automatic suspension, as defined by rule.

If the Department finds an individual unable to practice or unfit for duty because of the reasons set forth in this subsection (e), the Department may require that individual to submit to a substance abuse evaluation or treatment by individuals or programs approved or designated by the Department, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of evaluation or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was

granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a person's license under this subsection (e), a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual'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 and affected under this subsection (e) shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with nursing standards under the provisions of his or her license.

(f) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

Section 7-15. The Pharmacy Practice Act is amended by changing Sections 30 and 30.1 as follows:

(225 ILCS 85/30) (from Ch. 111, par. 4150)

(Section scheduled to be repealed on January 1, 2028)

Sec. 30. Refusal, revocation, suspension, or other discipline.

(a) The Department may refuse to issue or renew, or may revoke a license, or may suspend, place on probation, fine, or take any disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for each violation, with regard to any licensee for any one or combination of the following causes:

1. Material misstatement in furnishing information to the Department.

2. Violations of this Act, or the rules promulgated hereunder.

3. Making any misrepresentation for the purpose of obtaining licenses.

4. A pattern of conduct which demonstrates incompetence or unfitness to practice.

5. Aiding or assisting another person in violating any provision of this Act or rules.

6. Failing, within 60 days, to respond to a written request made by the Department for information.

7. Engaging in unprofessional, dishonorable, or

unethical conduct of a character likely to deceive, defraud or harm the public as defined by rule.

8. Adverse action taken by another state or jurisdiction against a license or other authorization to practice as a pharmacy, pharmacist, registered certified pharmacy technician, or registered pharmacy technician that is the same or substantially equivalent to those set forth in this Section, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof.

9. Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered. Nothing in this item 9 affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this item 9 shall be construed to require an employment arrangement to receive professional fees for services rendered.

10. A finding by the Department that the licensee,

after having his license placed on probationary status, has violated the terms of probation.

11. Selling or engaging in the sale of drug samples provided at no cost by drug manufacturers.

12. Physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill which results in the inability to practice the profession with reasonable judgment, skill or safety.

13. A finding that licensure or registration has been applied for or obtained by fraudulent means.

14. Conviction by 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 that is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of pharmacy~~7~~ or involves controlled substances.

15. Habitual or excessive use or addiction to alcohol, narcotics, stimulants or any other chemical agent or drug which results in the inability to practice with reasonable judgment, skill or safety.

16. Willfully making or filing false records or reports in the practice of pharmacy, 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 Public Aid Code.

17. Gross and willful overcharging for professional services including filing false statements for collection of fees for which services are not rendered, including, but not limited to, filing 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 Public Aid Code.

18. Dispensing prescription drugs without receiving a written or oral prescription in violation of law.

19. Upon a finding of a substantial discrepancy in a Department audit of a prescription drug, including controlled substances, as that term is defined in this Act or in the Illinois Controlled Substances Act.

20. Physical or mental illness or any other impairment or disability, including, without limitation: (A) deterioration through the aging process or loss of motor skills that results in the inability to practice with reasonable judgment, skill or safety; or (B) mental incompetence, as declared by a court of competent jurisdiction.

21. Violation of the Health Care Worker Self-Referral Act.

22. Failing to sell or dispense any drug, medicine, or poison in good faith. "Good faith", for the purposes of this Section, has the meaning ascribed to it in subsection (u) of Section 102 of the Illinois Controlled Substances Act. "Good faith", as used in this item (22), shall not be limited to the sale or dispensing of controlled substances, but shall apply to all prescription drugs.

23. Interfering with the professional judgment of a pharmacist by any licensee under this Act, or the licensee's agents or employees.

24. Failing to report within 60 days to the Department any adverse final action taken against a pharmacy, pharmacist, registered pharmacy technician, or registered certified pharmacy technician by another licensing jurisdiction in any other state or any territory of the United States or any foreign jurisdiction, any governmental agency, any law enforcement agency, or any court for acts or conduct similar to acts or conduct that would constitute grounds for discipline as defined in this Section.

25. Failing to comply with a subpoena issued in accordance with Section 35.5 of this Act.

26. Disclosing protected health information in violation of any State or federal law.

27. 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.

28. 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.

29. Using advertisements or making solicitations that may jeopardize the health, safety, or welfare of patients, including, but not ~~be~~ limited to, the use of advertisements or solicitations that:

(A) are false, fraudulent, deceptive, or misleading; or

(B) include any claim regarding a professional service or product or the cost or price thereof that cannot be substantiated by the licensee.

30. Requiring a pharmacist to participate in the use or distribution of advertisements or in making solicitations that may jeopardize the health, safety, or welfare of patients.

31. Failing to provide a working environment for all pharmacy personnel that protects the health, safety, and welfare of a patient, which includes, but is not limited to, failing to:

(A) employ sufficient personnel to prevent

fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care;

(B) provide appropriate opportunities for uninterrupted rest periods and meal breaks;

(C) provide adequate time for a pharmacist to complete professional duties and responsibilities, including, but not limited to:

(i) drug utilization review;

(ii) immunization;

(iii) counseling;

(iv) verification of the accuracy of a prescription; and

(v) all other duties and responsibilities of a pharmacist as listed in the rules of the Department.

32. Introducing or enforcing external factors, such as productivity or production quotas or other programs against pharmacists, student pharmacists or pharmacy technicians, to the extent that they interfere with the ability of those individuals to provide appropriate professional services to the public.

33. Providing an incentive for or inducing the transfer of a prescription for a patient absent a professional rationale.

(b) The Department may refuse to issue or may suspend 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.

(c) The Department shall revoke any license issued under the provisions of this Act or any prior Act of this State of any person who has been convicted a second time of committing any felony under the Illinois Controlled Substances 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 issued under the provisions of this Act or any prior Act of this State is revoked under this subsection (c) shall be prohibited from engaging in the practice of pharmacy in this State.

(c-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a pharmacist, registered pharmacy technician, or registered certified pharmacy technician based solely upon the pharmacist, registered pharmacy technician, or registered certified pharmacy technician providing, authorizing, recommending, aiding, assisting, referring for, or otherwise

participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(c-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a pharmacist, registered pharmacy technician, or registered certified pharmacy technician based upon the pharmacist's, registered pharmacy technician's, or registered certified pharmacy technician's license being revoked or suspended, or the pharmacist being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the pharmacist, registered pharmacy technician, or registered certified pharmacy technician violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for a pharmacist, registered pharmacy technician, or registered certified pharmacy technician practicing in Illinois.

(c-15) The conduct specified in subsections (c-5) and (c-10) shall not constitute grounds for suspension under

Section 35.16.

(c-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(d) 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. Fines shall be paid within 60 days or as otherwise agreed to by the Department. Any funds collected from such fines shall be deposited in the Illinois State Pharmacy Disciplinary Fund.

(e) The entry of an order or judgment by any circuit court establishing that any person holding a license or certificate under this Act is a person in need of mental treatment operates as a suspension of that license. A licensee may resume his or

her practice only upon the entry of an order of the Department based upon a finding by the Board that he or she has been determined to be recovered from mental illness by the court and upon the Board's recommendation that the licensee be permitted to resume his or her practice.

(f) The Department shall issue quarterly to the Board a status of all complaints related to the profession received by the Department.

(g) In enforcing this Section, the Board or the Department, upon a showing of a possible violation, may compel any licensee or applicant for licensure under this Act to submit to a mental or physical examination or both, as required by and at the expense of the Department. The examining physician, or multidisciplinary team involved in providing physical and mental examinations led by a physician consisting of one or a combination of licensed physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff, shall be those specifically designated by the Department. The Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this mental or physical examination of the licensee or applicant. No information, report, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to

communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. 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 a mental or physical examination when directed shall result in the automatic suspension of his or her license until such time as the individual submits to the examination. If the Board or Department finds a pharmacist, registered certified pharmacy technician, or registered pharmacy technician unable to practice because of the reasons set forth in this Section, the Board or Department shall require such pharmacist, registered certified pharmacy technician, or registered pharmacy technician to submit to care, counseling, or treatment by physicians or other appropriate health care providers approved or designated by the Department as a condition for continued, restored, or renewed licensure to practice. Any pharmacist, registered certified pharmacy technician, or registered pharmacy technician whose license was granted, continued, restored, renewed, disciplined, or supervised, subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions or to complete a required program of care, counseling, or treatment, as determined by the chief pharmacy coordinator, shall be referred to the Secretary for a determination as to whether the licensee shall have his or her

license suspended immediately, pending a hearing by the Board. In instances in which the Secretary immediately suspends a license under this subsection (g), a hearing upon such person's license must be convened by the Board within 15 days after such suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject pharmacist's, registered certified pharmacy technician's, or registered pharmacy technician's record of treatment and counseling regarding the impairment.

(h) An individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this Section by providing a report or other information to the Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board shall not, as a result of such actions, be subject to criminal prosecution or civil damages. Any person who reports a violation of this Section to the Department is protected under subsection (b) of Section 15 of the Whistleblower Act.

(i) Members of the Board shall have no liability in any action based upon any disciplinary proceedings or other activity performed in good faith as a member of the Board. The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were willful and wanton.

If the Attorney General declines representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were willful and wanton.

The member must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving services of the Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine, within 7 days after receiving such notice, whether he or she will undertake to represent the member.

(j) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23; revised 12-9-22.)

(225 ILCS 85/30.1)

(Section scheduled to be repealed on January 1, 2028)

Sec. 30.1. Reporting.

(a) When a pharmacist, registered certified pharmacy technician, or a registered pharmacy technician licensed by the Department is terminated for actions which may have

threatened patient safety, the pharmacy or pharmacist-in-charge, pursuant to the policies and procedures of the pharmacy at which he or she is employed, shall report the termination to the chief pharmacy coordinator. Such reports shall be strictly confidential and may be reviewed and considered only by the members of the Board or by authorized Department staff. Such reports, and any records associated with such reports, are exempt from public disclosure and the Freedom of Information Act. Although the reports are exempt from disclosure, any formal complaint filed against a licensee or registrant by the Department or any order issued by the Department against a licensee, registrant, or applicant shall be a public record, except as otherwise prohibited by law. A pharmacy shall not take any adverse action, including, but not limited to, disciplining or terminating a pharmacist, registered certified pharmacy technician, or registered pharmacy technician, as a result of an adverse action against the person's license or clinical privileges or other disciplinary action by another state or health care institution that resulted from the pharmacist's, registered certified pharmacy technician's, or registered pharmacy technician's provision of, authorization of, recommendation of, aiding or assistance with, referral for, or participation in any health care service, if the adverse action was based solely on a violation of the other state's law prohibiting the provision such health care and related services in the state

or for a resident of the state.

(b) The report shall be submitted to the chief pharmacy coordinator in a timely fashion. Unless otherwise provided in this Section, the reports shall be filed in writing, on forms provided by the Department, within 60 days after a pharmacy's determination that a report is required under this Act. All reports shall contain only the following information:

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

(2) The name, license number, and last known address and telephone number of the person who is the subject of the report.

(3) A brief description of the facts which gave rise to the issuance of the report, including dates of occurrence.

(c) The contents of any report and any records associated with such report shall be strictly confidential and may only be reviewed by:

(1) members of the Board of Pharmacy;

(2) the Board of Pharmacy's designated attorney;

(3) administrative personnel assigned to open mail containing reports, to process and distribute reports to authorized persons, and to communicate with senders of reports;

(4) Department investigators and Department prosecutors; or

(5) attorneys from the Office of the Illinois Attorney General representing the Department in litigation in response to specific disciplinary action the Department has taken or initiated against a specific individual pursuant to this Section.

(d) Whenever a pharmacy or pharmacist-in-charge makes a report and provides any records associated with that report to the Department, acts in good faith, and not in a willful and wanton manner, the person or entity making the report and the pharmacy or health care institution employing him or her shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(e) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 99-863, eff. 8-19-16.)

Article 8.

Section 8-1. The Illinois Administrative Procedure Act is amended by adding Section 5-45.35 as follows:

(5 ILCS 100/5-45.35 new)

Sec. 5-45.35. Emergency rulemaking; temporary licenses for health care. To provide for the expeditious and timely implementation of Section 66 of the Medical Practice Act of

1987, Section 65-11.5 of the Nurse Practice Act, and Section 9.7 of the Physician Assistant Practice Act of 1987, emergency rules implementing the issuance of temporary permits to applicants who are licensed to practice as a physician, advanced practice registered nurse, or physician assistant in another state may be adopted in accordance with Section 5-45 by the Department of Financial and Professional Regulation. The adoption of emergency rules authorized by Section 5-45 and this Section is deemed to be necessary for the public interest, safety, and welfare.

This Section is repealed one year after the effective date of this amendatory Act of the 102nd General Assembly.

Section 8-5. The Physician Assistant Practice Act of 1987 is amended by changing Sections 4, 21, 22.2, 22.3, 22.5, 22.6, 22.7, 22.8, 22.9, and 22.10 and by adding Section 9.7 as follows:

(225 ILCS 95/4) (from Ch. 111, par. 4604)

(Section scheduled to be repealed on January 1, 2028)

Sec. 4. Definitions. In this Act:

1. "Department" means the Department of Financial and Professional Regulation.

2. "Secretary" means the Secretary of Financial and Professional Regulation.

3. "Physician assistant" means any person not holding an

active license or permit issued by the Department pursuant to the Medical Practice Act of 1987 who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants or equivalent successor agency and performs procedures in collaboration with a physician as defined in this Act. A physician assistant may perform such procedures within the specialty of the collaborating physician, except that such physician shall exercise such direction, collaboration, and control over such physician assistants as will assure that patients shall receive quality medical care. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care in collaboration with a physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone or telecommunications within established guidelines as determined by the physician/physician assistant team. The collaborating physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written collaborative agreement established by the physician or

physician/physician assistant team. A physician assistant, acting as an agent of the physician, shall be permitted to transmit the collaborating physician's orders as determined by the institution's by-laws, policies, procedures, or job description within which the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement.

Any person who holds an active license or permit issued pursuant to the Medical Practice Act of 1987 shall have that license automatically placed into inactive status upon issuance of a physician assistant license. Any person who holds an active license as a physician assistant who is issued a license or permit pursuant to the Medical Practice Act of 1987 shall have his or her physician assistant license automatically placed into inactive status.

3.5. "Physician assistant practice" means the performance of procedures within the specialty of the collaborating physician. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care of the collaborating physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone, telecommunications, or electronic communications. The collaborating physician may delegate tasks and duties to the

physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written collaborative agreement established by the physician or physician/physician assistant team. A physician assistant shall be permitted to transmit the collaborating physician's orders as determined by the institution's bylaws, policies, or procedures or the job description within which the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement, except as provided in Section 7.5 of this Act.

4. "Board" means the Medical Licensing Board constituted under the Medical Practice Act of 1987.

5. (Blank). ~~"Disciplinary Board" means the Medical Disciplinary Board constituted under the Medical Practice Act of 1987.~~

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

7. "Collaborating physician" means the physician who, within his or her specialty and expertise, may delegate a variety of tasks and procedures to the physician assistant. Such tasks and procedures shall be delegated in accordance with a written collaborative agreement.

8. (Blank).

9. "Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file maintained by the Department's licensure maintenance unit.

10. "Hospital affiliate" means a corporation, partnership, joint venture, limited liability company, or similar organization, other than a hospital, that is devoted primarily to the provision, management, or support of health care services and that directly or indirectly controls, is controlled by, or is under common control of the hospital. For the purposes of this definition, "control" means having at least an equal or a majority ownership or membership interest. A hospital affiliate shall be 100% owned or controlled by any combination of hospitals, their parent corporations, or physicians licensed to practice medicine in all its branches in Illinois. "Hospital affiliate" does not include a health maintenance organization regulated under the Health Maintenance Organization Act.

11. "Email address of record" means the designated email address recorded by the Department in the applicant's application file or the licensee's license file, as maintained by the Department's licensure maintenance unit.

(Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

Sec. 9.7. Temporary permit for health care.

(a) The Department may issue a temporary permit to an applicant who is licensed to practice as a physician assistant in another state. The temporary permit will authorize the practice of providing health care to patients in this State, with a collaborating physician in this State, if all of the following apply:

(1) The Department determines that the applicant's services will improve the welfare of Illinois residents and non-residents requiring health care services.

(2) The applicant has obtained certification by the National Commission on Certification of Physician Assistants or its successor agency; the applicant has submitted verification of licensure status in good standing in the applicant's current state or territory of licensure; and the applicant can furnish the Department with a certified letter upon request from that jurisdiction attesting to the fact that the applicant has no pending action or violations against the applicant's license.

The Department will not consider a physician assistant's license being revoked or otherwise disciplined by any state or territory based solely on the physician providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service that is unlawful or prohibited in that state

or territory, if the provision of, authorization of, or participation in that health care service, medical service, or procedure related to any health care service is not unlawful or prohibited in this State.

(3) The applicant has sufficient training and possesses the appropriate core competencies to provide health care services, and is physically, mentally, and professionally capable of practicing as a physician assistant with reasonable judgment, skill, and safety and in accordance with applicable standards of care.

(4) The applicant has met the written collaborative agreement requirements under subsection (a) of Section 7.5.

(5) The applicant will be working pursuant to an agreement with a sponsoring licensed hospital, medical office, clinic, or other medical facility providing health care services. Such agreement shall be executed by an authorized representative of the licensed hospital, medical office, clinic, or other medical facility, certifying that the physician assistant holds an active license and is in good standing in the state in which they are licensed. If an applicant for a temporary permit has been previously disciplined by another jurisdiction, except as described in paragraph (2) of subsection (a), further review may be conducted pursuant to the Civil Administrative Code of Illinois and this Act. The

application shall include the physician assistant's name, contact information, state of licensure, and license number.

(6) Payment of a \$75 fee.

The sponsoring licensed hospital, medical office, clinic, or other medical facility engaged in the agreement with the applicant shall notify the Department should the applicant at any point leave or become separate from the sponsor.

The Department may adopt rules to carry out this Section.

(b) A temporary permit under this Section shall expire 2 years after the date of issuance. The temporary permit may be renewed for a \$45 fee for an additional 2 years. A holder of a temporary permit may only renew one time.

(c) The temporary permit shall only permit the holder to practice as a physician assistant with a collaborating physician who provides health care services with the sponsor specified on the permit.

(d) An application for the temporary permit shall be made to the Department, in writing, on forms prescribed by the Department, and shall be accompanied by a non-refundable fee of \$75. The Department shall grant or deny an applicant a temporary permit within 60 days of receipt of a completed application. The Department shall notify the applicant of any deficiencies in the applicant's application materials requiring corrections in a timely manner.

(e) An applicant for a temporary permit may be requested

to appear before the Board to respond to questions concerning the applicant's qualifications to receive the permit. An applicant's refusal to appear before the Board may be grounds for denial of the application by the Department.

(f) The Secretary may summarily cancel any temporary permit issued pursuant to this Section, without a hearing, if the Secretary finds that evidence in his or her possession indicates that a permit holder's continuation in practice would constitute an imminent danger to the public or violate any provision of this Act or its rules. If the Secretary summarily cancels a temporary permit issued pursuant to this Section or Act, the permit holder may petition the Department for a hearing in accordance with the provisions of Section 22.11 to restore his or her permit, unless the permit holder has exceeded his or her renewal limit.

(g) In addition to terminating any temporary permit issued pursuant to this Section or Act, the Department may issue a monetary penalty not to exceed \$10,000 upon the temporary permit holder and may notify any state in which the temporary permit holder has been issued a permit that his or her Illinois permit has been terminated and the reasons for that termination. The monetary penalty shall be paid within 60 days after the effective date of the order imposing the penalty. The order shall constitute a judgment and may be filed, and execution had thereon in the same manner as any judgment from any court of record. It is the intent of the General Assembly

that a permit issued pursuant to this Section shall be considered a privilege and not a property right.

(h) While working in Illinois, all temporary permit holders are subject to all statutory and regulatory requirements of this Act in the same manner as a licensee. Failure to adhere to all statutory and regulatory requirements may result in revocation or other discipline of the temporary permit.

(i) If the Department becomes aware of a violation occurring at the licensed hospital, medical office, clinic, or other medical facility, or occurring via telehealth services, the Department shall notify the Department of Public Health.

(j) The Department may adopt emergency rules pursuant to this Section. The General Assembly finds that the adoption of rules to implement a temporary permit for health care services is deemed an emergency and necessary for the public interest, safety, and welfare.

(225 ILCS 95/21) (from Ch. 111, par. 4621)

(Section scheduled to be repealed on January 1, 2028)

Sec. 21. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action with regard to any license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed \$10,000

for each violation, for any one or combination of the following causes:

(1) Material misstatement in furnishing information to the Department.

(2) Violations of this Act, or the rules adopted under this Act.

(3) Conviction by 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 that is: (i) a felony; or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

(4) Making any misrepresentation for the purpose of obtaining licenses.

(5) Professional incompetence.

(6) Aiding or assisting another person in violating any provision of this Act or its rules.

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

(8) Engaging in dishonorable, unethical, or unprofessional conduct, as defined by rule, of a character likely to deceive, defraud, or harm the public.

(9) Habitual or excessive use or addiction to alcohol,

narcotics, stimulants, or any other chemical agent or drug that results in a physician assistant's inability to practice with reasonable judgment, skill, or safety.

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

(11) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered. Nothing in this paragraph (11) affects any bona fide independent contractor or employment arrangements, which may include provisions for compensation, health insurance, pension, or other employment benefits, with persons or entities authorized under this Act for the provision of services within the scope of the licensee's practice under this Act.

(12) A finding by the ~~Disciplinary~~ Board that the licensee, after having his or her license placed on probationary status, has violated the terms of probation.

(13) Abandonment of a patient.

(14) Willfully making or filing false records or reports in his or her practice, including but not limited to false records filed with State ~~state~~ agencies or departments.

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

(16) Physical illness, or mental illness or impairment that results in the inability to practice the profession with reasonable judgment, skill, or safety, including, but not limited to, deterioration through the aging process or loss of motor skill.

(17) 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.

(18) (Blank).

(19) Gross negligence resulting in permanent injury or death of a patient.

(20) Employment of fraud, deception or any unlawful means in applying for or securing a license as a physician assistant.

(21) Exceeding the authority delegated to him or her by his or her collaborating physician in a written collaborative agreement.

(22) Immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual

exploitation related to the licensee's practice.

(23) Violation of the Health Care Worker Self-Referral Act.

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

(25) Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.

(26) Allowing another person to use his or her license to practice.

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

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

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

(30) Violating State or federal laws or regulations relating to controlled substances or other legend drugs or ephedra as defined in the Ephedra Prohibition Act.

(31) Exceeding the prescriptive authority delegated by the collaborating physician or violating the written

collaborative agreement delegating that authority.

(32) Practicing without providing to the Department a notice of collaboration or delegation of prescriptive authority.

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

(34) Attempting to subvert or cheat on the examination of the National Commission on Certification of Physician Assistants or its successor agency.

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

(36) 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.

(37) 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.

(38) Failure to report to the Department an adverse final action taken against him or her by another licensing jurisdiction of the United States or a foreign state or country, a peer review body, a health care institution, a

professional society or association, a governmental agency, a law enforcement agency, or a court acts or conduct similar to acts or conduct that would constitute grounds for action under this Section.

(39) Failure to provide copies of records of patient care or treatment, except as required by law.

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

(41) Repeated failure to adequately collaborate with a collaborating physician.

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

(b) The Department may, without a hearing, refuse to issue or renew or may suspend 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 the 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.

(b-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a physician assistant based solely upon the physician assistant providing, authorizing, recommending,

aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a physician assistant based upon the physician assistant's license being revoked or suspended, or the physician assistant being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the physician assistant violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for a physician assistant practicing in Illinois.

(b-15) The conduct specified in subsections (b-5) and (b-10) shall not constitute grounds for suspension under Section 22.13.

(b-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional

disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient, and upon the recommendation of the ~~Disciplinary~~ Board to the Secretary that the licensee be allowed to resume his or her practice.

(d) In enforcing this Section, the Department upon a showing of a possible violation may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, which may include a substance abuse or

sexual offender evaluation, as required by and at the expense of the Department.

The Department 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 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 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 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 Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed.

The Department may order the examining physician or any member of the multidisciplinary team to present testimony

concerning the mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an 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 this examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

Failure of an individual to submit to a mental or physical examination, when ordered, shall result in an automatic suspension of his or her license until the individual submits to the examination.

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department, as a condition, term, or restriction for

continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the subject individual'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 and affected under this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

(e) An individual or organization acting in good faith,

and not in a willful and wanton manner, in complying with this Section by providing a report or other information to the Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board, shall not be subject to criminal prosecution or civil damages as a result of such actions.

(f) Members of the Board ~~and the Disciplinary Board~~ shall be indemnified by the State for any actions occurring within the scope of services on the ~~Disciplinary Board or~~ Board, done in good faith and not willful and wanton in nature. The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were willful and wanton.

If the Attorney General declines representation, the member has the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were willful and wanton.

The member must notify the Attorney General within 7 days after receipt of notice of the initiation of any action involving services of the ~~Disciplinary~~ Board. Failure to so notify the Attorney General constitutes an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine, within 7 days after receiving such notice, whether he or she will undertake to represent the member.

(g) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

(225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.2. Investigation; notice; hearing. The Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license. The Department shall, before suspending, revoking, placing on probationary status, or taking any other disciplinary action as the Department may deem proper with regard to any license, at least 30 days prior to the date set for the hearing, notify the applicant or licensee in writing of any charges made and the time and place for a hearing of the charges before the ~~Disciplinary~~ Board, direct him or her to file his or her written answer thereto to the ~~Disciplinary~~ Board under oath within 20 days after the service on him or her of such notice and inform him or her that if he or she fails to file such answer default will be taken against him or her and his or her license may be suspended, revoked, placed on probationary status, or have other disciplinary action, including limiting

the scope, nature or extent of his or her practice, as the Department may deem proper taken with regard thereto. Written or electronic notice may be served by personal delivery, email, or mail to the applicant or licensee at his or her address of record or email address of record. At the time and place fixed in the notice, the Department shall proceed to hear the charges and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence, and argument as may be pertinent to the charges or to the defense thereto. The Department may continue such hearing from time to time. In case the applicant or licensee, after receiving notice, fails to file an answer, his or her license may in the discretion of the Secretary, having received first the recommendation of the ~~Disciplinary~~ Board, be suspended, revoked, placed on probationary status, or the Secretary may take whatever disciplinary action as he or she may deem proper, including limiting the scope, nature, or extent of such person's practice, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act.

(Source: P.A. 100-453, eff. 8-25-17.)

(225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.3. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case

involving the refusal to issue, renew or discipline of a license. The notice of hearing, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the ~~Disciplinary~~ Board or hearing officer and orders of the Department shall be the record of such proceeding.

(Source: P.A. 85-981.)

(225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.5. Subpoena power; oaths. The Department shall have power to subpoena and bring before it any person and to take testimony either orally or by deposition or both, with the same fees and mileage and in the same manner as prescribed by law in judicial proceedings in civil cases in circuit courts of this State.

The Secretary, the designated hearing officer, and any member of the ~~Disciplinary~~ Board designated by the Secretary shall each have power to administer oaths to witnesses at any hearing which the Department is authorized to conduct under this Act and any other oaths required or authorized to be administered by the Department under this Act.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.6. At the conclusion of the hearing, the ~~Disciplinary~~ Board shall present to the Secretary a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding whether or not the accused person violated this Act or failed to comply with the conditions required in this Act. The ~~Disciplinary~~ Board shall specify the nature of the violation or failure to comply, and shall make its recommendations to the Secretary.

The report of findings of fact, conclusions of law, and recommendation of the ~~Disciplinary~~ Board shall be the basis for the Department's order or refusal or for the granting of a license or permit. If the Secretary disagrees in any regard with the report of the ~~Disciplinary~~ Board, the Secretary may issue an order in contravention thereof. The finding is not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and finding are not a bar to a criminal prosecution brought for the violation of this Act.

(Source: P.A. 100-453, eff. 8-25-17.)

(225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.7. Hearing officer. Notwithstanding the provisions of Section 22.2 of this Act, the Secretary shall have the authority to appoint any attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in

any action for refusal to issue or renew, or for discipline of, a license. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendations to the ~~Disciplinary~~ Board and the Secretary. The ~~Disciplinary~~ Board shall have 60 days from receipt of the report to review the report of the hearing officer and present their findings of fact, conclusions of law, and recommendations to the Secretary. If the ~~Disciplinary~~ Board fails to present its report within the 60-day period, the respondent may request in writing a direct appeal to the Secretary, in which case the Secretary may issue an order based upon the report of the hearing officer and the record of the proceedings or issue an order remanding the matter back to the hearing officer for additional proceedings in accordance with the order. Notwithstanding any other provision of this Section, if the Secretary, upon review, determines that substantial justice has not been done in the revocation, suspension, or refusal to issue or renew a license or other disciplinary action taken as the result of the entry of the hearing officer's report, the Secretary may order a rehearing by the same or other examiners. If the Secretary disagrees in any regard with the report of the ~~Disciplinary~~ Board or hearing officer, he or she may issue an order in contravention thereof.

(Source: P.A. 100-453, eff. 8-25-17.)

(225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.8. In any case involving the refusal to issue, renew or discipline of a license, a copy of the ~~Disciplinary~~ Board's report shall be served upon the respondent by the Department, either personally or as provided in this Act for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds therefor. If no motion for rehearing is filed, then upon the expiration of the time specified for filing such a motion, or if a motion for rehearing is denied, then upon such denial the Secretary may enter an order in accordance with recommendations of the ~~Disciplinary~~ Board except as provided in Section 22.6 or 22.7 of this Act. If the respondent shall order from the reporting service, and pay for a transcript of the record within the time for filing a motion for rehearing, the 20 day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.9. Whenever the Secretary is satisfied that substantial justice has not been done in the revocation,

suspension or refusal to issue or renew a license, the Secretary may order a rehearing by the same or another hearing officer or ~~Disciplinary~~ Board.

(Source: P.A. 95-703, eff. 12-31-07.)

(225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

(Section scheduled to be repealed on January 1, 2028)

Sec. 22.10. Order or certified copy; prima facie proof. An order or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary, shall be prima facie proof that:

(a) the signature is the genuine signature of the Secretary;

(b) the Secretary is duly appointed and qualified; and

(c) the ~~Disciplinary~~ Board and the members thereof are qualified to act.

(Source: P.A. 95-703, eff. 12-31-07.)

Section 8-10. The Medical Practice Act of 1987 is amended by changing Section 2 and by adding Section 66 as follows:

(225 ILCS 60/2) (from Ch. 111, par. 4400-2)

(Section scheduled to be repealed on January 1, 2027)

Sec. 2. Definitions. For purposes of this Act, the following definitions shall have the following meanings, except where the context requires otherwise:

"Act" means the Medical Practice Act of 1987.

"Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit.

"Chiropractic physician" means a person licensed to treat human ailments without the use of drugs and without operative surgery. Nothing in this Act shall be construed to prohibit a chiropractic physician from providing advice regarding the use of non-prescription products or from administering atmospheric oxygen. Nothing in this Act shall be construed to authorize a chiropractic physician to prescribe drugs.

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

"Disciplinary action" means revocation, suspension, probation, supervision, practice modification, reprimand, required education, fines or any other action taken by the Department against a person holding a license.

"Email address of record" means the designated email address recorded by the Department in the applicant's application file or the licensee's license file, as maintained by the Department's licensure maintenance unit.

"Final determination" means the governing body's final action taken under the procedure followed by a health care institution, or professional association or society, against any person licensed under the Act in accordance with the

bylaws or rules and regulations of such health care institution, or professional association or society.

"Fund" means the Illinois State Medical Disciplinary Fund.

"Impaired" means the inability to practice medicine with reasonable skill and safety due to physical or mental disabilities as evidenced by a written determination or written consent based on clinical evidence including deterioration through the aging process or loss of motor skill, or abuse of drugs or alcohol, of sufficient degree to diminish a person's ability to deliver competent patient care.

"Medical Board" means the Illinois State Medical Board.

"Physician" means a person licensed under the Medical Practice Act to practice medicine in all of its branches or a chiropractic physician.

"Professional association" means an association or society of persons licensed under this Act, and operating within the State of Illinois, including but not limited to, medical societies, osteopathic organizations, and chiropractic organizations, but this term shall not be deemed to include hospital medical staffs.

"Program of care, counseling, or treatment" means a written schedule of organized treatment, care, counseling, activities, or education, satisfactory to the Medical Board, designed for the purpose of restoring an impaired person to a condition whereby the impaired person can practice medicine with reasonable skill and safety of a sufficient degree to

deliver competent patient care.

"Reinstate" means to change the status of a license or permit from inactive or nonrenewed status to active status.

"Restore" means to remove an encumbrance from a license due to probation, suspension, or revocation.

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

(Source: P.A. 102-20, eff. 1-1-22.)

(225 ILCS 60/66 new)

Sec. 66. Temporary permit for health care.

(a) The Department may issue a temporary permit to an applicant who is licensed to practice as a physician in another state. The temporary permit will authorize the practice of providing health care to patients in this State if all of the following apply:

(1) The Department determines that the applicant's services will improve the welfare of Illinois residents and non-residents requiring health care services.

(2) The applicant has graduated from a medical program officially recognized by the jurisdiction in which it is located for the purpose of receiving a license to practice medicine in all of its branches, and maintains an equivalent authorization to practice medicine in good standing in the applicant's current state or territory of licensure; and the applicant can furnish the Department

with a certified letter upon request from that jurisdiction attesting to the fact that the applicant has no pending action or violations against the applicant's license.

The Department will not consider a physician's license being revoked or otherwise disciplined by any state or territory based solely on the physician providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service that is unlawful or prohibited in that state or territory, if the provision of, authorization of, or participation in that health care, medical service, or procedure related to any health care service is not unlawful or prohibited in this State.

(3) The applicant has sufficient training and possesses the appropriate core competencies to provide health care services, and is physically, mentally, and professionally capable of practicing medicine with reasonable judgment, skill, and safety and in accordance with applicable standards of care.

(4) The applicant will be working pursuant to an agreement with a sponsoring licensed hospital, medical office, clinic, or other medical facility providing abortion or other health care services. Such agreement shall be executed by an authorized representative of the licensed hospital, medical office, clinic, or other

medical facility, certifying that the physician holds an active license and is in good standing in the state in which they are licensed. If an applicant for a temporary permit has been previously disciplined by another jurisdiction, except as described in paragraph (2) of subsection (a), further review may be conducted pursuant to the Civil Administrative Code of Illinois and this Act. The application shall include the physician's name, contact information, state of licensure, and license number.

(5) Payment of a \$75 fee.

The sponsoring licensed hospital, medical office, clinic, or other medical facility engaged in the agreement with the applicant shall notify the Department should the applicant at any point leave or become separate from the sponsor.

The Department may adopt rules pursuant to this Section.

(b) A temporary permit under this Section shall expire 2 years after the date of issuance. The temporary permit may be renewed for a \$45 fee for an additional 2 years. A holder of a temporary permit may only renew one time.

(c) The temporary permit shall only permit the holder to practice medicine within the scope of providing health care services at the location or locations specified on the permit.

(d) An application for the temporary permit shall be made to the Department, in writing, on forms prescribed by the Department, and shall be accompanied by a non-refundable fee

of \$75. The Department shall grant or deny an applicant a temporary permit within 60 days of receipt of a completed application. The Department shall notify the applicant of any deficiencies in the applicant's application materials requiring corrections in a timely manner.

(e) An applicant for temporary permit may be requested to appear before the Board to respond to questions concerning the applicant's qualifications to receive the permit. An applicant's refusal to appear before the Illinois State Medical Board may be grounds for denial of the application by the Department.

(f) The Secretary may summarily cancel any temporary permit issued pursuant to this Section, without a hearing, if the Secretary finds that evidence in his or her possession indicates that a permit holder's continuation in practice would constitute an imminent danger to the public or violate any provision of this Act or its rules. If the Secretary summarily cancels a temporary permit issued pursuant to this Section or Act, the permit holder may petition the Department for a hearing in accordance with the provisions of Section 43 of this Act to restore his or her permit, unless the permit holder has exceeded his or her renewal limit.

(g) In addition to terminating any temporary permit issued pursuant to this Section or Act, the Department may issue a monetary penalty not to exceed \$10,000 upon the temporary permit holder and may notify any state in which the temporary

permit holder has been issued a permit that his or her Illinois permit has been terminated and the reasons for the termination. The monetary penalty shall be paid within 60 days after the effective date of the order imposing the penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record. It is the intent of the General Assembly that a permit issued pursuant to this Section shall be considered a privilege and not a property right.

(h) While working in Illinois, all temporary permit holders are subject to all statutory and regulatory requirements of this Act in the same manner as a licensee. Failure to adhere to all statutory and regulatory requirements may result in revocation or other discipline of the temporary permit.

(i) If the Department becomes aware of a violation occurring at the licensed hospital, medical office, clinic, or other medical facility or via telehealth practice, the Department shall notify the Department of Public Health.

(j) The Department may adopt emergency rules pursuant to this Section. The General Assembly finds that the adoption of rules to implement a temporary permit for health care services is deemed an emergency and necessary for the public interest, safety, and welfare.

Section 8-15. The Nurse Practice Act is amended by adding

Sections 65-11 and 65-11.5 as follows:

(225 ILCS 65/65-11 new)

Sec. 65-11. Temporary permit for advanced practice registered nurses for health care.

(a) The Department may issue a temporary permit to an applicant who is licensed to practice as an advanced practice registered nurse in another state. The temporary permit will authorize the practice of providing health care to patients in this State, with a collaborating physician in this State, if all of the following apply:

(1) The Department determines that the applicant's services will improve the welfare of Illinois residents and non-residents requiring health care services.

(2) The applicant has obtained a graduate degree appropriate for national certification in a clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty; the applicant has submitted verification of licensure status in good standing in the applicant's current state or territory of licensure; and the applicant can furnish the Department with a certified letter upon request from that jurisdiction attesting to the fact that the applicant has no pending action or violations against the applicant's license.

The Department will not consider an advanced practice registered nurse's license being revoked or otherwise disciplined by any state or territory based solely on the advanced practice registered nurse providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service that is unlawful or prohibited in that state or territory, if the provision of, authorization of, or participation in that health care, medical service, or procedure related to any health care service is not unlawful or prohibited in this State.

(3) The applicant has sufficient training and possesses the appropriate core competencies to provide health care services, and is physically, mentally, and professionally capable of practicing as an advanced practice registered nurse with reasonable judgment, skill, and safety and in accordance with applicable standards of care.

(4) The applicant has met the written collaborative agreement requirements under Section 65-35.

(5) The applicant will be working pursuant to an agreement with a sponsoring licensed hospital, medical office, clinic, or other medical facility providing health care services. Such agreement shall be executed by an authorized representative of the licensed hospital, medical office, clinic, or other medical facility,

certifying that the advanced practice registered nurse holds an active license and is in good standing in the state in which they are licensed. If an applicant for a temporary permit has been previously disciplined by another jurisdiction, except as described in paragraph (2) of subsection (a), further review may be conducted pursuant to the Civil Administrative Code of Illinois and this Act. The application shall include the advanced practice registered nurse's name, contact information, state of licensure, and license number.

(6) Payment of a \$75 fee.

The sponsoring licensed hospital, medical office, clinic, or other medical facility engaged in the agreement with the applicant shall notify the Department should the applicant at any point leave or become separate from the sponsor.

The Department may adopt rules to carry out this Section.

(b) A temporary permit under this Section shall expire 2 years after the date of issuance. The temporary permit may be renewed for a \$45 fee for an additional 2 years. A holder of a temporary permit may only renew one time.

(c) The temporary permit shall only permit the holder to practice as an advanced practice registered nurse with a collaborating physician who provides health care services at the location or locations specified on the permit or via telehealth.

(d) An application for the temporary permit shall be made

to the Department, in writing, on forms prescribed by the Department, and shall be accompanied by a non-refundable fee of \$75. The Department shall grant or deny an applicant a temporary permit within 60 days of receipt of a completed application. The Department shall notify the applicant of any deficiencies in the applicant's application materials requiring corrections in a timely manner.

(e) An applicant for temporary permit may be requested to appear before the Board to respond to questions concerning the applicant's qualifications to receive the permit. An applicant's refusal to appear before the Board of Nursing may be grounds for denial of the application by the Department.

(f) The Secretary may summarily cancel any temporary permit issued pursuant to this Section, without a hearing, if the Secretary finds that evidence in his or her possession indicates that a permit holder's continuation in practice would constitute an imminent danger to the public or violate any provision of this Act or its rules.

If the Secretary summarily cancels a temporary permit issued pursuant to this Section or Act, the permit holder may petition the Department for a hearing in accordance with the provisions of Section 70-125 to restore his or her permit, unless the permit holder has exceeded his or her renewal limit.

(g) In addition to terminating any temporary permit issued pursuant to this Section or Act, the Department may issue a

monetary penalty not to exceed \$10,000 upon the temporary permit holder and may notify any state in which the temporary permit holder has been issued a permit that his or her Illinois permit has been terminated and the reasons for the termination. The monetary penalty shall be paid within 60 days after the effective date of the order imposing the penalty. The order shall constitute a judgment and may be filed, and execution had thereon in the same manner as any judgment from any court of record. It is the intent of the General Assembly that a permit issued pursuant to this Section shall be considered a privilege and not a property right.

(h) While working in Illinois, all temporary permit holders are subject to all statutory and regulatory requirements of this Act in the same manner as a licensee. Failure to adhere to all statutory and regulatory requirements may result in revocation or other discipline of the temporary permit.

(i) If the Department becomes aware of a violation occurring at the licensed hospital, medical office, clinic, or other medical facility, or via telehealth service, the Department shall notify the Department of Public Health.

(j) The Department may adopt emergency rules pursuant to this Section. The General Assembly finds that the adoption of rules to implement a temporary permit for health care services is deemed an emergency and necessary for the public interest, safety, and welfare.

(225 ILCS 65/65-11.5 new)

Sec. 65-11.5. Temporary permit for full practice advanced practice registered nurses for health care.

(a) The Department may issue a full practice advanced practice registered nurse temporary permit to an applicant who is licensed to practice as an advanced practice registered nurse in another state. The temporary permit will authorize the practice of providing health care to patients in this State if all of the following apply:

(1) The Department determines that the applicant's services will improve the welfare of Illinois residents and non-residents requiring health care services.

(2) The applicant has obtained a graduate degree appropriate for national certification in a clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty; the applicant is certified as a nurse practitioner, nurse midwife, or clinical nurse specialist; the applicant has submitted verification of licensure status in good standing in the applicant's current state or territory of licensure; and the applicant can furnish the Department with a certified letter upon request from that jurisdiction attesting to the fact that the applicant has no pending action or violations against

the applicant's license.

The Department shall not consider an advanced practice registered nurse's license being revoked or otherwise disciplined by any state or territory for the provision of, authorization of, or participation in any health care, medical service, or procedure related to an abortion on the basis that such health care, medical service, or procedure related to an abortion is unlawful or prohibited in that state or territory, if the provision of, authorization of, or participation in that health care, medical service, or procedure related to an abortion is not unlawful or prohibited in this State.

(3) The applicant has sufficient training and possesses the appropriate core competencies to provide health care services, and is physically, mentally, and professionally capable of practicing as an advanced practice registered nurse with reasonable judgment, skill, and safety and in accordance with applicable standards of care.

(4) The applicant will be working pursuant to an agreement with a sponsoring licensed hospital, medical office, clinic, or other medical facility providing health care services. Such agreement shall be executed by an authorized representative of the licensed hospital, medical office, clinic, or other medical facility, certifying that the advanced practice registered nurse

holds an active license and is in good standing in the state in which they are licensed. If an applicant for a temporary permit has been previously disciplined by another jurisdiction, except as described in paragraph (2) of subsection (a), further review may be conducted pursuant to the Civil Administrative Code of Illinois and this Act. The application shall include the advanced practice registered nurse's name, contact information, state of licensure, and license number.

(5) Payment of a \$75 fee.

The sponsoring licensed hospital, medical office, clinic, or other medical facility engaged in the agreement with the applicant shall notify the Department should the applicant at any point leave or become separate from the sponsor.

The Department may adopt rules to carry out this Section.

(b) A temporary permit under this Section shall expire 2 years after the date of issuance. The temporary permit may be renewed for a \$45 fee for an additional 2 years. A holder of a temporary permit may only renew one time.

(c) The temporary permit shall only permit the holder to practice as a full practice advanced practice registered nurse within the scope of providing health care services at the location or locations specified on the permit or via telehealth service.

(d) An application for the temporary permit shall be made to the Department, in writing, on forms prescribed by the

Department, and shall be accompanied by a non-refundable fee of \$75.

(e) An applicant for temporary permit may be requested to appear before the Board to respond to questions concerning the applicant's qualifications to receive the permit. An applicant's refusal to appear before the Board of Nursing may be grounds for denial of the application by the Department.

(f) The Secretary may summarily cancel any temporary permit issued pursuant to this Section, without a hearing, if the Secretary finds that evidence in his or her possession indicates that a permit holder's continuation in practice would constitute an imminent danger to the public or violate any provision of this Act or its rules.

If the Secretary summarily cancels a temporary permit issued pursuant to this Section or Act, the permit holder may petition the Department for a hearing in accordance with the provisions of Section 70-125 of this Act to restore his or her permit, unless the permit holder has exceeded his or her renewal limit.

(g) In addition to terminating any temporary permit issued pursuant to this Section or Act, the Department may issue a monetary penalty not to exceed \$10,000 upon the temporary permit holder and may notify any state in which the temporary permit holder has been issued a permit that his or her Illinois permit has been terminated and the reasons for the termination. The monetary penalty shall be paid within 60 days

after the effective date of the order imposing the penalty. The order shall constitute a judgment and may be filed, and execution had thereon in the same manner as any judgment from any court of record. It is the intent of the General Assembly that a permit issued pursuant to this Section shall be considered a privilege and not a property right.

(h) While working in Illinois, all temporary permit holders are subject to all statutory and regulatory requirements of this Act in the same manner as a licensee. Failure to adhere to all statutory and regulatory requirements may result in revocation or other discipline of the temporary permit.

(i) If the Department becomes aware of a violation occurring at the licensed hospital, medical office, clinic, or other medical facility, or via telehealth service, the Department shall notify the Department of Public Health.

(j) The Department may adopt emergency rules pursuant to this Section. The General Assembly finds that the adoption of rules to implement a temporary permit for health care services is deemed an emergency and necessary for the public interest, safety, and welfare.

Article 9.

Section 9-5. The Behavior Analyst Licensing Act is amended by changing Section 60 as follows:

(225 ILCS 6/60)

(Section scheduled to be repealed on January 1, 2028)

Sec. 60. Grounds for disciplinary action.

(a) The Department may refuse to issue or renew a license, or may suspend, revoke, place on probation, reprimand, or take any other disciplinary or nondisciplinary action deemed appropriate by the Department, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act for any one or a combination of the following grounds:

(1) material misstatements in furnishing information to the Department or to any other State agency or in furnishing information to any insurance company with respect to a claim on behalf of a licensee or a patient;

(2) violations or negligent or intentional disregard of this Act or its rules;

(3) conviction of or entry of 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 that is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of behavior analysis;

(4) fraud or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal or restoration of a license under this Act;

(5) professional incompetence;

(6) gross negligence in practice under this Act;

(7) aiding or assisting another person in violating any provision of this Act or its rules;

(8) failing to provide information within 60 days in response to a written request made by the Department;

(9) engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public as defined by the rules of the Department or violating the rules of professional conduct adopted by the Department;

(10) habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, or of any other substances that results in the inability to practice with reasonable judgment, skill, or safety;

(11) adverse action taken by another state or jurisdiction if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section;

(12) directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of

compensation for any professional service not actually rendered; nothing in this paragraph affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law; any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act; nothing in this paragraph shall be construed to require an employment arrangement to receive professional fees for services rendered;

(13) a finding by the Department that the licensee, after having the license placed on probationary status, has violated the terms of probation or failed to comply with those terms;

(14) abandonment, without cause, of a client;

(15) willfully making or filing false records or reports relating to a licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments;

(16) willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;

(17) 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;

(18) physical illness, mental illness, or any other impairment or disability, including, but not limited to, deterioration through the aging process, or loss of motor skills that results in the inability to practice the profession with reasonable judgment, skill, or safety;

(19) solicitation of professional services by using false or misleading advertising;

(20) violation of the Health Care Worker Self-Referral Act;

(21) 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; or

(22) 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.

(b) The determination by a court that a licensee is subject to involuntary admission or judicial admission as

provided in the Mental Health and Developmental Disabilities Code shall result in an automatic suspension of the licensee's license. The suspension shall end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient, and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume professional practice.

(c) The Department shall refuse to issue or renew or may suspend the license of a person who (i) fails to file a tax return, pay the tax, penalty, or interest shown in a filed tax return, or pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Department of Revenue, until the requirements of the tax Act are satisfied or (ii) has failed to pay any court-ordered child support as determined by a court order or by referral from the Department of Healthcare and Family Services.

(c-1) 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 based solely upon the licensed behavior analyst recommending, aiding, assisting, referring for, or participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(c-2) The Department shall not revoke, suspend, place on prohibition, 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 as a licensed behavior analyst based upon the licensed behavior analyst's license being revoked or suspended, or the licensed behavior analyst being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the licensed behavior analyst violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for a licensed behavior analyst practicing in Illinois.

(c-3) The conduct specified in subsections (c-1) and (c-2) shall not constitute grounds for suspension under Section 125.

(c-4) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a licensed behavior analyst based solely upon the license of a licensed behavior analyst being revoked or the licensed behavior analyst being otherwise disciplined by any other state or territory other than Illinois for the referral

for or having otherwise participated in any health care service, if the revocation or disciplinary action was based solely on a violation of the other state's law prohibiting such health care services in the state, for a resident of the state, or in any other state.

(d) In enforcing this Section, the Department, upon a showing of a possible violation, may compel a person licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, which may include a substance abuse or sexual offender evaluation, as required by and at the expense of the Department.

(1) The Department 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 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 clinical psychologists, 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 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.

(2) The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an 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.

(3) The person to be examined may have, at the person's own expense, another physician of the person's choice present during all aspects of the examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

(4) The failure of any person to submit to a mental or physical examination without reasonable cause, when

ordered, shall result in an automatic suspension of the person's license until the person submits to the examination.

(e) If the Department finds a person unable to practice because of the reasons set forth in this Section, the Department or Board may require that person to submit to care, counseling, or treatment by physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the person. Any person whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to the terms, conditions, or restrictions, and who fails to comply with the terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the person shall have the person's license suspended immediately, pending a hearing by the Department.

(f) All fines imposed 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.

If the Secretary immediately suspends a person's license under this subsection, a hearing on that person's license must

be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject person'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.

A person licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department or Board that the person can resume practice in compliance with acceptable and prevailing standards under the provisions of the person's license.

(g) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 102-953, eff. 5-27-22.)

Section 9-10. The Clinical Psychologist Licensing Act is amended by changing Section 15 as follows:

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

(Section scheduled to be repealed on January 1, 2027)

Sec. 15. Disciplinary action; grounds.

(a) The Department may refuse to issue, refuse to renew, suspend, or revoke any license, or may place on probation, reprimand, or take other disciplinary or non-disciplinary

action deemed appropriate by the Department, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act for any one or a combination of the following reasons:

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

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

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

(4) Aiding or abetting or conspiring to aid or abet a person, not a clinical psychologist licensed under this Act, in representing himself or herself as so licensed or in applying for a license under this Act.

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

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

(7) Unethical, unauthorized or unprofessional conduct

as defined by rule. In establishing those rules, the Department shall consider, though is not bound by, the ethical standards for psychologists promulgated by recognized national psychology associations.

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

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

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

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

(12) Directly or indirectly giving or receiving from any person, firm, corporation, association or partnership any fee, commission, rebate, or other form of compensation for any professional service not actually or personally rendered. Nothing in this paragraph (12) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise

prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

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

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

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

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

(17) Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to 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.

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

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

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

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

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

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

(24) Exceeding the terms of a collaborative agreement or the prescriptive authority delegated to a licensee by his or her collaborating physician or established under a written collaborative agreement.

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

The Department shall refuse to issue or suspend 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 the 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.

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

If the Department or Board finds a person unable to practice because of the reasons set forth in this Section, the

Department or Board may require that person to submit to care, counseling or treatment by physicians or clinical psychologists approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling or treatment, the Board may recommend to the Department to file or the Department may file a complaint to immediately suspend, revoke or otherwise discipline the license of the person. Any person whose license was granted, continued, reinstated, renewed, disciplined or supervised subject to such terms, conditions or restrictions, and who fails to comply with such terms, conditions or restrictions, shall be referred to the Secretary for a determination as to whether the person shall have his or her license suspended immediately, pending a hearing by the Board.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Board within 15 days after the suspension and completed without appreciable delay. The Board shall have the authority to review the subject person'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.

A person licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the

Board that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

(b) 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 based solely upon the licensed clinical psychologist recommending, aiding, assisting, referring for, or participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(c) The Department shall not revoke, suspend, place on prohibition, 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 as a licensed clinical psychologist based upon the licensed clinical psychologist's license being revoked or suspended, or the licensed clinical psychologist being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the licensed clinical psychologist violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is

consistent with the standards of conduct for a licensed clinical psychologist practicing in Illinois.

(d) The conduct specified in subsections (b) and (c) shall not constitute grounds for suspension under Section 21.6.

(e) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a licensed clinical psychologist based solely upon the license of a licensed clinical psychologist being revoked or the licensed clinical psychologist being otherwise disciplined by any other state or territory other than Illinois for the referral for or having otherwise participated in any health care service, if the revocation or disciplinary action was based solely on a violation of the other state's law prohibiting such health care services in the state, for a resident of the state, or in any other state.

(f) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 98-668, eff. 6-25-14; 99-572, eff. 7-15-16.)

Section 9-15. The Clinical Social Work and Social Work Practice Act is amended by changing Section 19 as follows:

(225 ILCS 20/19) (from Ch. 111, par. 6369)

(Section scheduled to be repealed on January 1, 2028)

Sec. 19. Grounds for disciplinary action.

(1) The Department may refuse to issue or renew a license, or may suspend, revoke, place on probation, reprimand, or take any other disciplinary or non-disciplinary action deemed appropriate by the Department, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act for any one or a combination of the following grounds:

(a) material misstatements in furnishing information to the Department or to any other State agency or in furnishing information to any insurance company with respect to a claim on behalf of a licensee or a patient;

(b) violations or negligent or intentional disregard of this Act, or any of the rules promulgated hereunder;

(c) conviction of or entry of 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 that is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the clinical social work or social work professions;

(d) fraud or misrepresentation in applying for or

procuring a license under this Act or in connection with applying for renewal or restoration of a license under this Act;

(e) professional incompetence;

(f) gross negligence in practice under this Act;

(g) aiding or assisting another person in violating any provision of this Act or its rules;

(h) failing to provide information within 60 days in response to a written request made by the Department;

(i) engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public as defined by the rules of the Department, or violating the rules of professional conduct adopted by the Department;

(j) habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, or of any other substances that results in the inability to practice with reasonable judgment, skill, or safety;

(k) adverse action taken by another state or jurisdiction, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section;

(l) directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional service not actually rendered.

Nothing in this paragraph (l) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this paragraph (l) shall be construed to require an employment arrangement to receive professional fees for services rendered;

(m) a finding by the Department that the licensee, after having the license placed on probationary status, has violated the terms of probation or failed to comply with such terms;

(n) abandonment, without cause, of a client;

(o) willfully making or filing false records or reports relating to a licensee's practice, including, but not limited to, false records filed with Federal or State agencies or departments;

(p) willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;

(q) 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;

(r) physical illness, mental illness, or any other impairment or disability, including, but not limited to, deterioration through the aging process, or loss of motor skills that results in the inability to practice the profession with reasonable judgment, skill or safety;

(s) solicitation of professional services by using false or misleading advertising;

(t) violation of the Health Care Worker Self-Referral Act;

(u) 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; or

(v) 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.

(2) (Blank).

(3) The determination by a court that a licensee is subject to involuntary admission or judicial admission as

provided in the Mental Health and Developmental Disabilities Code, will result in an automatic suspension of his license. Such suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient, and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume professional practice.

(4) The Department shall refuse to issue or renew or may suspend the license of a person who (i) fails to file a return, pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Department of Revenue, until the requirements of the tax Act are satisfied or (ii) has failed to pay any court-ordered child support as determined by a court order or by referral from the Department of Healthcare and Family Services.

(4.5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a license or permit issued under this Act based solely upon the licensed clinical social worker authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another

state.

(4.10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a licensed clinical social worker based upon the licensed clinical social worker's license being revoked or suspended, or the licensed clinical social worker being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the licensed clinical social worker violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for a licensed clinical social worker practicing in Illinois.

(4.15) The conduct specified in subsections (4.5) and (4.10) shall not constitute grounds for suspension under Section 32.

(4.20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having authorized, recommended, aided, assisted,

referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(5) (a) In enforcing this Section, the Department or Board, upon a showing of a possible violation, may compel a person licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, which may include a substance abuse or sexual offender evaluation, as required by and at the expense of the Department.

(b) The Department 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 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 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 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.

(c) The Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an 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.

(d) The person 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. However, that physician shall be present only to observe and may not interfere in any way with the examination.

(e) Failure of any person to submit to a mental or physical

examination without reasonable cause, when ordered, shall result in an automatic suspension of his or her license until the person submits to the examination.

(f) If the Department or Board finds a person unable to practice because of the reasons set forth in this Section, the Department or Board may require that person to submit to care, counseling, or treatment by physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the person. Any person whose license was granted, continued, reinstated, renewed, disciplined or supervised subject to such terms, conditions or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the person shall have his or her license suspended immediately, pending a hearing by the Department.

(g) All fines imposed 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.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that

person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject person'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.

A person licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department or Board that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

(h) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 100-414, eff. 8-25-17.)

Section 9-20. The Marriage and Family Therapy Licensing Act is amended by changing Section 85 as follows:

(225 ILCS 55/85) (from Ch. 111, par. 8351-85)

(Section scheduled to be repealed on January 1, 2027)

Sec. 85. Refusal, revocation, or suspension.

(a) The Department may refuse to issue or renew a license, or may revoke, suspend, reprimand, place on probation, or take any other disciplinary or non-disciplinary action as the

Department may deem proper, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act for any one or combination of the following grounds:

(1) Material misstatement in furnishing information to the Department.

(2) Violation of any provision of this Act or its rules.

(3) Conviction of or entry of 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 that is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty or that is directly related to the practice of the profession.

(4) Fraud or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal or restoration of a license under this Act or its rules.

(5) Professional incompetence.

(6) Gross negligence in practice under this Act.

(7) Aiding or assisting another person in violating any provision of this Act or its rules.

(8) Failing, within 60 days, to provide information in

response to a written request made by the Department.

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public as defined by the rules of the Department, or violating the rules of professional conduct adopted by the Department.

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

(11) Discipline by another jurisdiction if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Act.

(12) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this paragraph (12) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this

paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(13) A finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation or failed to comply with the terms.

(14) Abandonment of a patient without cause.

(15) Willfully making or filing false records or reports relating to a licensee's practice, including but not limited to false records filed with State agencies or departments.

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

(17) 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.

(18) Physical illness or mental illness or impairment, including, but not limited to, deterioration through the aging process or loss of motor skill that results in the inability to practice the profession with reasonable

judgment, skill, or safety.

(19) Solicitation of professional services by using false or misleading advertising.

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

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

(22) Gross, willful, and continued overcharging for professional services, including filing false statements for collection of fees or moneys for which services are not rendered.

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

(24) Cheating on or attempting to subvert the licensing examinations administered under this Act.

(25) 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.

(26) Being named as an abuser in a verified report by the Department on Aging and 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.

(b) (Blank).

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission, as provided in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension. The suspension will terminate only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the patient, and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume his or her practice as a licensed marriage and family therapist or an associate licensed marriage and family therapist.

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

(d-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a marriage and family therapist or associate licensed marriage and family therapist based solely upon the marriage and family therapist or associate licensed marriage

and family therapist authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not Unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(d-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a marriage and family therapist or associate licensed marriage and family therapist based upon the marriage and family therapist's or associate licensed marriage and family therapist's license being revoked or suspended, or the marriage and family therapist or associate licensed marriage and family therapist being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the marriage and family therapist or associate licensed marriage and family therapist violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for a marriage and family therapist or an associate licensed marriage and family therapist practicing in Illinois.

(d-15) The conduct specified in subsections (d-5) or (d-10) shall not constitute grounds for suspension under Section 145.

(d-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(e) In enforcing this Section, the Department or Board upon a showing of a possible violation may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, which may include a substance abuse or sexual offender evaluation, as required by and at the expense of the Department.

The Department 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 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 clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, licensed marriage and family therapists, 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 Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed.

The Department or Board may order the examining physician or any member of the multidisciplinary team to present testimony concerning the mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege

relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an 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 this examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

Failure of an individual to submit to a mental or physical examination, when ordered, shall result in an automatic suspension of his or her license until the individual submits to the examination.

If the Department or Board finds an individual unable to practice because of the reasons set forth in this Section, the Department or Board may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend,

revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual'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 and affected under this Section shall be afforded an opportunity to demonstrate to the Department or Board that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

(f) A fine 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.

(g) The Department may adopt rules to implement the

changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 100-372, eff. 8-25-17; 100-872, eff. 8-14-18.)

Section 9-25. The Professional Counselor and Clinical Professional Counselor Licensing and Practice Act is amended by changing Section 80 as follows:

(225 ILCS 107/80)

(Section scheduled to be repealed on January 1, 2028)

Sec. 80. Grounds for discipline.

(a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license for any one or more of the following:

(1) Material misstatement in furnishing information to the Department or to any other State agency.

(2) Violations or negligent or intentional disregard of this Act or rules adopted under this Act.

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing of any crime, 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: (i) that is a felony or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

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

(5) Professional incompetence or gross negligence in the rendering of professional counseling or clinical professional counseling services.

(6) Malpractice.

(7) Aiding or assisting another person in violating any provision of this Act or any rules.

(8) Failing to provide information within 60 days in response to a written request made by the Department.

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public and violating the rules of professional conduct adopted by the Department.

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

(11) Discipline by another jurisdiction, the District of Columbia, territory, county, or governmental agency, if at least one of the grounds for the discipline is the same

or substantially equivalent to those set forth in this Section.

(12) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional service not actually rendered. Nothing in this paragraph (12) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

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

(14) Abandonment of a client.

(15) Willfully filing false reports relating to a licensee's practice, including but not limited to false records filed with federal or State agencies or departments.

(16) Willfully failing to report an instance of

suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act and in matters pertaining to suspected abuse, neglect, financial exploitation, or self-neglect of adults with disabilities and older adults as set forth in the Adult Protective Services Act.

(17) Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to 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.

(18) Physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of abilities and skills which results in the inability to practice the profession with reasonable judgment, skill, or safety.

(19) Solicitation of professional services by using false or misleading advertising.

(20) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

(21) A finding that licensure has been applied for or obtained by fraudulent means.

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

(23) Gross and willful overcharging for professional services including filing statements for collection of fees or monies for which services are not rendered.

(24) Rendering professional counseling or clinical professional counseling services without a license or practicing outside the scope of a license.

(25) Clinical supervisors failing to adequately and responsibly monitor supervisees.

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

(b) (Blank).

(b-5) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of the 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 in accordance with subsection (g) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b-10) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the

payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(c) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code will result in an automatic suspension of his or her license. The suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission, the issuance of an order so finding and discharging the patient, and the recommendation of the Board to the Secretary that the licensee be allowed to resume professional practice.

(c-1) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a professional counselor or clinical professional counselor based solely upon the professional counselor or clinical professional counselor authorizing, recommending,

aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(c-2) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a professional counselor or clinical professional counselor based upon the professional counselor's or clinical professional counselor's license being revoked or suspended, or the professional counselor or clinical professional counselor being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the professional counselor or clinical professional counselor violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for a professional counselor or clinical professional counselor practicing in Illinois.

(c-3) The conduct specified in subsections (c-1) and (c-2) shall not constitute grounds for suspension under Section 145.

(c-4) An applicant seeking licensure, certification, or

authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(c-5) In enforcing this Act, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. 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

this examination. The examination shall be performed by a physician licensed to practice medicine in all its branches. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

All substance-related violations shall mandate an automatic substance abuse assessment. Failure to submit to an assessment by a licensed physician who is certified as an addictionist or an advanced practice registered nurse with specialty certification in addictions may be grounds for an automatic suspension.

If the Department finds an individual unable to practice or unfit for duty because of the reasons set forth in this subsection (c-5), the Department may require that individual to submit to a substance abuse evaluation or treatment by individuals or programs approved or designated by the Department, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of evaluation or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a

determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

A person holding a license under this Act or who has applied for a license under this Act who, because of a physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill, is unable to practice the profession with reasonable judgment, skill, or safety, may be required by the Department to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. Submission to care, counseling, or treatment as required by the Department shall not be considered discipline of a license. If the licensee refuses to enter into a care, counseling, or treatment agreement or fails to abide by the terms of the agreement, the Department may file a complaint to revoke, suspend, or otherwise discipline the license of the individual. The Secretary may order the license suspended immediately, pending a hearing by the Department. Fines shall not be assessed in disciplinary actions involving physical or mental illness or impairment.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable

delay. The Department shall have the authority to review the subject individual'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 and affected under this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

(d) (Blank).

(e) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 102-878, eff. 1-1-23.)

Section 9-30. The Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act is amended by changing Section 75 as follows:

(225 ILCS 130/75)

(Section scheduled to be repealed on January 1, 2024)

Sec. 75. Grounds for disciplinary action.

(a) The Department may refuse to issue, renew, or restore a registration, may revoke or suspend a registration, or may place on probation, reprimand, or take other disciplinary or

non-disciplinary action with regard to a person registered under this Act, including but not limited to the imposition of fines not to exceed \$10,000 for each violation and the assessment of costs as provided for in Section 90, for any one or combination of the following causes:

(1) Making a material misstatement in furnishing information to the Department.

(2) Violating a provision of this Act or rules adopted under this Act.

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing of any crime, 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 that is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

(4) Fraud or misrepresentation in applying for, renewing, restoring, reinstating, or procuring a registration under this Act.

(5) Aiding or assisting another person in violating a provision of this Act or its rules.

(6) Failing to provide information within 60 days in response to a written request made by the Department.

(7) Engaging in dishonorable, unethical, or

unprofessional conduct of a character likely to deceive, defraud, or harm the public, as defined by rule of the Department.

(8) Discipline by another United States jurisdiction, governmental agency, unit of government, or foreign nation, if at least one of the grounds for discipline is the same or substantially equivalent to those set forth in this Section.

(9) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered. Nothing in this paragraph (9) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the registrant's practice under this Act. Nothing in this paragraph (9) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(10) A finding by the Department that the registrant, after having his or her registration placed on probationary status, has violated the terms of probation.

(11) Willfully making or filing false records or reports in his or her practice, including but not limited to false records or reports filed with State agencies.

(12) Willfully making or signing a false statement, certificate, or affidavit to induce payment.

(13) Willfully failing to report an instance of suspected child abuse or neglect as required under the Abused and Neglected Child Reporting Act.

(14) 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 registrant has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.

(15) (Blank).

(16) Failure to report to the Department (A) any adverse final action taken against the registrant by another registering or licensing jurisdiction, government agency, law enforcement agency, or any court or (B) liability for conduct that would constitute grounds for action as set forth in this Section.

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

(18) Physical or mental illness, including but not limited to deterioration through the aging process or loss of motor skills, which results in the inability to practice the profession for which he or she is registered with reasonable judgment, skill, or safety.

(19) Gross malpractice.

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

(21) Violation of the Health Care Worker Self-Referral Act.

(b) The Department may refuse to issue or may suspend without hearing the registration of a person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay a final assessment of the tax, penalty, or interest as required by a tax Act administered by the Department of Revenue, until the requirements of the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Department of Regulation Law of the Civil Administrative Code of Illinois.

(b-1) The Department shall not revoke, suspend, summarily suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license issued under this Act to practice as a registered surgical assistant or registered surgical

technologist based solely upon the registered surgical assistant or registered surgical technologist providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-2) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license issued under this Act to practice as a registered surgical assistant or registered surgical technologist based upon the registered surgical assistant's or registered surgical technologist's license being revoked or suspended, or the registered surgical assistant's or registered surgical technologist's being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the registered surgical assistant or registered surgical technologist violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for the registered surgical assistant or registered surgical technologist practicing in this State.

(b-3) The conduct specified in subsection (b-1) or (b-2) shall not constitute grounds for suspension under Section 145.

(b-4) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State. Nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(c) The determination by a circuit court that a registrant is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon (1) a finding by a court that the patient is no longer subject to involuntary admission or judicial admission, (2) issuance of an order so finding and discharging the patient, and (3) filing of a petition for restoration demonstrating fitness to practice.

(d) (Blank).

(e) In cases where the Department of Healthcare and Family Services has previously determined a registrant or a potential registrant is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's registration or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(f) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual registered under this Act or any individual who has applied for registration to submit to a mental or physical examination and evaluation, or both, that may include a substance abuse or sexual offender evaluation, at the expense of the Department. The Department 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 Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the registrant 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 registrant or applicant and the examining physician or any member of the multidisciplinary team. No

authorization is necessary from the registrant 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 a hearing until such time as the individual submits to the examination. If the Department finds a registrant unable to practice because of the reasons set forth in this Section, the Department shall require such registrant to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition for continued, reinstated, or renewed registration.

When the Secretary immediately suspends a registration under this Section, a hearing upon such person's registration must be convened by the Department within 15 days after such suspension and completed without appreciable delay. The Department shall have the authority to review the registrant'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.

Individuals registered under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their registration.

(g) 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.

(f) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 100-872, eff. 8-14-18.)

Section 9-35. The Genetic Counselor Licensing Act is amended by changing Section 95 as follows:

(225 ILCS 135/95)

(Section scheduled to be repealed on January 1, 2025)

Sec. 95. Grounds for discipline.

(a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license

for any one or more of the following:

(1) Material misstatement in furnishing information to the Department or to any other State agency.

(2) Violations or negligent or intentional disregard of this Act, or any of its rules.

(3) Conviction by 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: (i) that is a felony or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of genetic counseling.

(4) Making any misrepresentation for the purpose of obtaining a license, or violating any provision of this Act or its rules.

(5) Negligence in the rendering of genetic counseling services.

(6) Failure to provide genetic testing results and any requested information to a referring physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.

(7) Aiding or assisting another person in violating any provision of this Act or any rules.

(8) Failing to provide information within 60 days in

response to a written request made by the Department.

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public and violating the rules of professional conduct adopted by the Department.

(10) Failing to maintain the confidentiality of any information received from a client, unless otherwise authorized or required by law.

(10.5) Failure to maintain client records of services provided and provide copies to clients upon request.

(11) Exploiting a client for personal advantage, profit, or interest.

(12) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug which results in inability to practice with reasonable skill, judgment, or safety.

(13) Discipline by another governmental agency or unit of government, by any jurisdiction of the United States, or by a foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section.

(14) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional service not actually rendered. Nothing in this paragraph (14) affects any bona

fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this paragraph (14) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(15) A finding by the Department that the licensee, after having the license placed on probationary status, has violated the terms of probation.

(16) Failing to refer a client to other health care professionals when the licensee is unable or unwilling to adequately support or serve the client.

(17) Willfully filing false reports relating to a licensee's practice, including but not limited to false records filed with federal or State agencies or departments.

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

(19) Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to 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.

(20) Physical or mental disability, including deterioration through the aging process or loss of abilities and skills which results in the inability to practice the profession with reasonable judgment, skill, or safety.

(21) Solicitation of professional services by using false or misleading advertising.

(22) Failure to file a return, or to pay the tax, penalty of 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 or any successor agency or the Internal Revenue Service or any successor agency.

(23) Fraud or making any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(24) Practicing or attempting to practice under a name other than the full name as shown on the license or any other legally authorized name.

(25) Gross overcharging for professional services, including filing statements for collection of fees or monies for which services are not rendered.

(26) (Blank).

(27) Charging for professional services not rendered, including filing false statements for the collection of fees for which services are not rendered.

(28) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

(b) (Blank).

(b-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a genetic counselor based solely upon the genetic counselor authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, 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 as a genetic counselor based upon the genetic counselor's license being revoked or suspended, or the genetic counselor being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the genetic counselor violating another

state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for the genetic counselor if it occurred in Illinois.

(b-15) The conduct specified in subsections (b-5) and (b-10) shall not constitute grounds for suspension under Section 160.

(b-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(c) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code will result in an automatic suspension of his or her

license. The suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission, the issuance of an order so finding and discharging the patient, and the determination of the Secretary that the licensee be allowed to resume professional practice.

(d) The Department may refuse to issue or renew or may suspend without hearing the license of any person who fails to file a return, to pay the tax penalty or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any Act regarding the payment of taxes administered by the Illinois Department of Revenue until the requirements of the Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(e) In cases where the Department of Healthcare and Family Services has previously determined that a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil

Administrative Code of Illinois.

(f) All fines or costs imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or costs or in accordance with the terms set forth in the order imposing the fine.

(g) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17; 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff. 8-14-18.)

Article 11.

Section 11-5. The Reproductive Health Act is amended by changing Section 1-25 as follows:

(775 ILCS 55/1-25)

Sec. 1-25. Reporting of abortions performed by health care professionals.

(a) A health care professional may provide abortion care in accordance with the health care professional's professional judgment and training and based on accepted standards of clinical practice consistent with the scope of his or her practice under the Medical Practice Act of 1987, the Nurse Practice Act, or the Physician Assistant Practice Act of 1987.

An advanced practice registered nurse or physician assistant as defined in this Act may perform aspiration abortion procedures that do not require general anesthesia, consistent with their training and standards of clinical practice and, if applicable, consistent with any collaborative agreement. If the health care professional determines that there is fetal viability, the health care professional may provide abortion care only if, in the professional judgment of the health care professional, the abortion is necessary to protect the life or health of the patient.

(b) A report of each abortion performed by a health care professional shall be made to the Department on forms prescribed by it. Such reports shall be transmitted to the Department on a quarterly basis ~~not later than 10 days following the end of the month in which the abortion is performed.~~

(c) The abortion reporting forms prescribed by the Department shall not request or require information that identifies a patient or health care professional by name or any other identifying information, and the Department shall secure anonymity of all patients and health care professionals.

(d) All reports received by the Department pursuant to this Section shall be treated as confidential and exempt from the Freedom of Information Act. Such reports shall not be admissible as evidence or discoverable in any action of any

kind, in any court, or before any tribunal, board, agency or person. Access to such reports shall be limited to authorized Department staff who shall use the reports for statistical purposes only. Such reports must be destroyed within 2 years after date of receipt. The Department may make aggregate data derived from the reports publicly available so long as such disclosure does not reveal any identifying information about a patient or health care professional.

(Source: P.A. 101-13, eff. 6-12-19.)

Article 12.

Section 12-5. The Telehealth Act is amended by changing Sections 10 and 15 as follows:

(225 ILCS 150/10)

Sec. 10. Practice authority. A health care professional treating a patient located in this State through telehealth services must be licensed or authorized to practice in Illinois. A health care professional with a temporary permit for full practice advanced practice registered nurse for health care, a temporary permit for advanced practice registered nurse for health care, or a temporary permit for health care may treat a patient located in this State through telehealth services in a manner consistent with the health care professional's scope of practice and agreement with a

sponsoring entity.

(Source: P.A. 102-104, eff. 7-22-21.)

(225 ILCS 150/15)

Sec. 15. Use of telehealth services.

(a) A health care professional may engage in the practice of telehealth services in Illinois to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. This Act shall not be construed to alter the scope of practice of any health care professional or authorize the delivery of health care services in a setting or in a manner not otherwise authorized by the laws of this State.

(b) Telehealth services provided pursuant to this Section shall be consistent with all federal and State privacy, security, and confidentiality laws, rules, or regulations.

(c) A health care professional with a temporary permit for full practice advanced practice registered nurse for health care, a temporary permit for advanced practice registered nurse for health care, or a temporary permit for health care may treat a patient located in this State through telehealth services in a manner consistent with the health care professional's scope of practice and agreement with a sponsoring entity.

(Source: P.A. 102-104, eff. 7-22-21.)

Article 14.

Section 14-5. The Medical Practice Act of 1987 is amended by changing Section 49.5 as follows:

(225 ILCS 60/49.5)

(Section scheduled to be repealed on January 1, 2027)

Sec. 49.5. Telemedicine.

(a) The General Assembly finds and declares that because of technological advances and changing practice patterns the practice of medicine is occurring with increasing frequency across state lines and across increasing geographical distances within the State of Illinois and that certain technological advances in the practice of medicine are in the public interest. The General Assembly further finds and declares that the practice of medicine is a privilege and that the licensure by this State of practitioners outside this State engaging in medical practice within this State and the ability to discipline those practitioners is necessary for the protection of the public health, welfare, and safety.

(b) A person who engages in the practice of telemedicine without a license or permit issued under this Act shall be subject to penalties provided in Section 59. A person with a temporary permit for health care may treat a patient located in this State through telehealth services in a manner consistent with the person's scope of practice and agreement

with a sponsoring entity.

(c) For purposes of this Act, "telemedicine" means the performance of any of the activities listed in Section 49, including, but not limited to, rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person in a different location than the patient as a result of transmission of individual patient data by telephonic, electronic, or other means of communication.

"Telemedicine" does not include the following:

(1) periodic consultations between a person licensed under this Act and a person outside the State of Illinois;

(2) a second opinion provided to a person licensed under this Act;

(3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine; and

(4) health care services provided to an existing patient while the person licensed under this Act or patient is traveling.

(d) Whenever the Department has reason to believe that a person has violated this Section, the Department may issue a rule to show cause why an order to cease and desist should not be entered against that person. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an

answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued immediately.

(e) An out-of-state person providing a service listed in Section 49 to a patient residing in Illinois through the practice of telemedicine submits himself or herself to the jurisdiction of the courts of this State.

(Source: P.A. 100-317, eff. 1-1-18.)

Article 16.

Section 16-1. Short title. This Article may be cited as the Abortion Care Clinical Training Program Act. References in this Article to "this Act" mean this Article.

Section 16-5. Intent. The Program established under this Act is intended to protect access to abortion care in Illinois by ensuring there are a sufficient number of health care professionals appropriately trained to provide abortion care and other reproductive health care services.

Section 16-10. Definitions. As used in this Act:

"Abortion" has the meaning given to that term in Section 1-10 of the Reproductive Health Act.

"Coordinating organization" means a nonprofit entity in good standing in any state or jurisdiction in which the

organization is registered or incorporated that has demonstrated experience in coordinating or providing abortion care training programs at community-based and hospital-based provider sites.

"Department" means the Department of Public Health.

"Fund" means the Abortion Care Clinical Training Program Fund.

"Health care professional" has the meaning given to that term in Section 1-10 of the Reproductive Health Act.

"Program" means the Abortion Care Clinical Training Program.

"Reproductive health care" has the meaning given to that term in Section 1-10 of the Reproductive Health Act.

"Transportation hub" means an area easily accessible by interstate or interregional transportation, including roadways, railways, buses, air travel, and public transportation.

"Underserved community" means a community that lacks a sufficient number of health care providers or facilities to meet the demand for abortion care without waiting periods more than 3 days.

Section 16-15. Program administration and reporting.

(a) Subject to appropriation to the Fund, the Department shall contract with at least one coordinating organization to administer the Program. The Department shall use the Fund to

contract with the coordinating organization.

(b) A coordinating organization contracted by the Department to administer the Program shall:

(1) submit an annual report to the Department regarding Program performance, including the number of participants enrolled, the demographics of Program participants, the number of participants who successfully complete the Program, the outcome of successful Program participants, and the level of involvement of the participants in providing abortion and other forms of reproductive health care in Illinois; and

(2) meet any other requirements established by the Department that are not inconsistent with this Act.

(c) The Department shall release the name of any coordinating organization it coordinates with and any entity receiving funds to assist in the implementation of this Program through the coordinating organization. The Department shall not release the name of any individual person or health care professional administering services through or participating in the Program. The Department shall, by rule, establish procedures to ensure that sensitive Program information, including any personal information and information that, if released, could endanger the life or physical safety of program participants, remains confidential.

(d) Any coordinating organization or other entity receiving funds to implement this Program is subject to the

requirements of the Grant Accountability and Transparency Act.

Section 16-20. Coordinating organization duties. A coordinating organization contracted by the Department to administer the Program shall assume the following duties:

(1) Administer grants to develop and sustain abortion care training programs at a minimum of 2 community-based provider sites. When selecting community-based provider sites, the coordinating organization shall prioritize sites near transportation hubs and underserved communities.

(2) If funding is available, administer grants to:

(A) other community-based sites;

(B) hospital-based provider sites; and

(C) continuing education programs for reproductive health care, including through professional associations and other clinical education programs.

(3) Establish training Program requirements that:

(A) are consistent with evidence-based training standards;

(B) comply with any applicable State or federal law and regulations; and

(C) focus on providing culturally congruent care and include implicit bias training.

(4) Support abortion care clinical training to health care professionals or individuals seeking to become health care professionals, consistent with the appropriate scope of

clinical practice, intended to:

(A) expand the number of health care professionals with abortion care training; and

(B) increase diversity among health care professionals with abortion care training.

(5) Support the identification, recruitment, screening, and placement of qualified reproductive health care professionals at training sites.

Section 16-25. Rules. The Department is authorized to adopt rules pursuant to the Illinois Administrative Procedure Act to implement this Act.

Section 16-30. Abortion Care Clinical Training Program Fund. The Abortion Care Clinical Training Program Fund is established as a special fund in the State Treasury. The Fund may accept moneys from any public source in the form of grants, deposits, and transfers, and shall be used for administration and implementation of the Abortion Care Clinical Training Program.

Section 16-90. The State Finance Act is amended by adding Section 5.990 as follows:

(30 ILCS 105/5.990 new)

Sec. 5.990. The Abortion Care Clinical Training Program

Fund.

Article 21.

Section 21-5. The Pharmacy Practice Act is amended by changing Section 43 as follows:

(225 ILCS 85/43)

(Section scheduled to be repealed on January 1, 2028)

Sec. 43. Dispensation of hormonal contraceptives.

(a) The dispensing of hormonal contraceptives to a patient shall be pursuant to a valid prescription, or pursuant to a standing order by a physician licensed to practice medicine in all its branches, a standing order by ~~or~~ the medical director of a local health department, or a standing order by the Department of Public Health pursuant to the following:

(1) a pharmacist may dispense no more than a 12-month supply of hormonal contraceptives to a patient;

(2) a pharmacist must complete an educational training program accredited by the Accreditation Council for Pharmacy Education and approved by the Department that is related to the patient self-screening risk assessment, patient assessment contraceptive counseling and education, and dispensation of hormonal contraceptives;

(3) a pharmacist shall have the patient complete the self-screening risk assessment tool; the self-screening

risk assessment tool is to be based on the most current version of the United States Medical Eligibility Criteria for Contraceptive Use published by the federal Centers for Disease Control and Prevention;

(4) based upon the results of the self-screening risk assessment and the patient assessment, the pharmacist shall use his or her professional and clinical judgment as to when a patient should be referred to the patient's physician or another health care provider;

(5) a pharmacist shall provide, during the patient assessment and consultation, counseling and education about all methods of contraception, including methods not covered under the standing order, and their proper use and effectiveness;

(6) the patient consultation shall take place in a private manner; and

(7) a pharmacist and pharmacy must maintain appropriate records.

(b) The Department may adopt rules to implement this Section.

(c) Nothing in this Section shall be interpreted to require a pharmacist to dispense hormonal contraception under a standing order issued by a physician licensed to practice medicine in all its branches or the medical director of a local health department.

(d) Notwithstanding any other provision of the law to the

contrary, a pharmacist may dispense hormonal contraceptives in conformance with standing orders issued pursuant to this Section without prior establishment of a relationship between the pharmacist and the person receiving hormonal contraception.

(e) No employee of the Department of Public Health issuing a standing order pursuant to this Section shall, as a result of the employee's acts or omissions in issuing the standing order pursuant to this Section, be subject to (i) any disciplinary or other adverse action under the Medical Practice Act of 1987, (ii) any civil liability, or (iii) any criminal liability.

(Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

Article 22.

Section 22-5. The Birth Center Licensing Act is amended by changing Sections 5 and 30 as follows:

(210 ILCS 170/5)

Sec. 5. Definitions. In this Act:

"Birth center" means a designated site, other than a hospital:

(1) in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy;

(2) that is not the pregnant person's usual place of

residence;

(3) that is ~~exclusively~~ dedicated to serving the childbirth-related needs of pregnant persons and their newborns, and has no more than 10 beds;

(4) that offers prenatal care and community education services and coordinates these services with other health care services available in the community; and

(5) that does not provide general anesthesia or surgery.

"Certified nurse midwife" means an advanced practice registered nurse licensed in Illinois under the Nurse Practice Act with full practice authority or who is delegated such authority as part of a written collaborative agreement with a physician who is associated with the birthing center or who has privileges at a nearby birthing hospital.

"Department" means the Illinois Department of Public Health.

"Hospital" does not include places where pregnant females are received, cared for, or treated during delivery if it is in a licensed birth center, nor include any facility required to be licensed as a birth center.

"Licensed certified professional midwife" means a person who has successfully met the requirements under Section 45 of the Licensed Certified Professional Midwife Practice Act and holds an active license to practice as a licensed certified professional midwife in Illinois.

"Physician" means a physician licensed to practice medicine in all its branches in Illinois.

(Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

(210 ILCS 170/30)

Sec. 30. Minimum standards.

(a) The Department's rules adopted pursuant to Section 60 of this Act shall contain minimum standards to protect the health and safety of a patient of a birth center. In adopting rules for birth centers, the Department shall consider:

(1) the Commission for the Accreditation of Birth Centers' Standards for Freestanding Birth Centers;

(2) the American Academy of Pediatrics and American College of Obstetricians and Gynecologists Guidelines for Perinatal Care; and

(3) the Regionalized Perinatal Health Care Code.

(b) Nothing in this Section shall be construed to prohibit a facility licensed as a birth center from offering other reproductive health care subject to any applicable laws, rules, regulations, or licensing requirements for those services. In this subsection, "reproductive health care" has the same meaning as used in Section 1-10 of the Reproductive Health Act.

(Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22.)

Section 24-5. The Counties Code is amended by changing Section 3-4006 as follows:

(55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

Sec. 3-4006. Duties of public defender. The Public Defender, as directed by the court, shall act as attorney, without fee, before any court within any county for all persons who are held in custody or who are charged with the commission of any criminal offense, and who the court finds are unable to employ counsel.

The Public Defender shall be the attorney, without fee, when so appointed by the court under ~~Section 1-20 of the Juvenile Court Act or~~ Section 1-5 of the Juvenile Court Act of 1987 ~~or by any court under Section 5(b) of the Parental Notice of Abortion Act of 1983 for any party who the court finds is financially unable to employ counsel.~~

In cases subject to Section 5-170 of the Juvenile Court Act of 1987 involving a minor who was under 15 years of age at the time of the commission of the offense, that occurs in a county with a full-time public defender office, a public defender, without fee or appointment, may represent and have access to a minor during a custodial interrogation. In cases subject to Section 5-170 of the Juvenile Court Act of 1987 involving a minor who was under 15 years of age at the time of the commission of the offense, that occurs in a county without

a full-time public defender, the law enforcement agency conducting the custodial interrogation shall ensure that the minor is able to consult with an attorney who is under contract with the county to provide public defender services. Representation by the public defender shall terminate at the first court appearance if the court determines that the minor is not indigent.

Every court shall, with the consent of the defendant and where the court finds that the rights of the defendant would be prejudiced by the appointment of the public defender, appoint counsel other than the public defender, except as otherwise provided in Section 113-3 of the "Code of Criminal Procedure of 1963". That counsel shall be compensated as is provided by law. He shall also, in the case of the conviction of any such person, prosecute any proceeding in review which in his judgment the interests of justice require.

In counties with a population over 3,000,000, the public defender, without fee or appointment and with the concurrence of the county board, may act as attorney to noncitizens in immigration cases. Representation by the public defender in immigration cases shall be limited to those arising in immigration courts located within the geographical boundaries of the county where the public defender has been appointed to office unless the board authorizes the public defender to provide representation outside the county.

(Source: P.A. 102-410, eff. 1-1-22.)

Section 24-10. The Consent by Minors to Health Care Services Act is amended by changing Section 1.5 as follows:

(410 ILCS 210/1.5)

Sec. 1.5. Consent by minor seeking care for limited primary care services.

(a) The consent to the performance of primary care services by a physician licensed to practice medicine in all its branches, a licensed advanced practice registered nurse, a licensed physician assistant, a chiropractic physician, or a licensed optometrist executed by a minor seeking care is not voidable because of such minority, and for such purpose, a minor seeking care is deemed to have the same legal capacity to act and has the same powers and obligations as has a person of legal age under the following circumstances:

(1) the health care professional reasonably believes that the minor seeking care understands the benefits and risks of any proposed primary care or services; and

(2) the minor seeking care is identified in writing as a minor seeking care by:

(A) an adult relative;

(B) a representative of a homeless service agency that receives federal, State, county, or municipal funding to provide those services or that is otherwise sanctioned by a local continuum of care;

(C) an attorney licensed to practice law in this State;

(D) a public school homeless liaison or school social worker;

(E) a social service agency providing services to at risk, homeless, or runaway youth; or

(F) a representative of a religious organization.

(b) A health care professional rendering primary care services under this Section shall not incur civil or criminal liability for failure to obtain valid consent or professional discipline for failure to obtain valid consent if he or she relied in good faith on the representations made by the minor or the information provided under paragraph (2) of subsection (a) of this Section. Under such circumstances, good faith shall be presumed.

(c) The confidential nature of any communication between a health care professional described in Section 1 of this Act and a minor seeking care is not waived (1) by the presence, at the time of communication, of any additional persons present at the request of the minor seeking care, (2) by the health care professional's disclosure of confidential information to the additional person with the consent of the minor seeking care, when reasonably necessary to accomplish the purpose for which the additional person is consulted, or (3) by the health care professional billing a health benefit insurance or plan under which the minor seeking care is insured, is enrolled, or

has coverage for the services provided.

(d) Nothing in this Section shall be construed to limit or expand a minor's existing powers and obligations under any federal, State, or local law. ~~Nothing in this Section shall be construed to affect the Parental Notice of Abortion Act of 1995.~~ Nothing in this Section affects the right or authority of a parent or legal guardian to verbally, in writing, or otherwise authorize health care services to be provided for a minor in their absence.

(e) For the purposes of this Section:

"Minor seeking care" means a person at least 14 years of age but less than 18 years of age who is living separate and apart from his or her parents or legal guardian, whether with or without the consent of a parent or legal guardian who is unable or unwilling to return to the residence of a parent, and managing his or her own personal affairs. "Minor seeking care" does not include minors who are under the protective custody, temporary custody, or guardianship of the Department of Children and Family Services.

"Primary care services" means health care services that include screening, counseling, immunizations, medication, and treatment of illness and conditions customarily provided by licensed health care professionals in an out-patient setting, eye care services, excluding advanced optometric procedures, provided by optometrists, and services provided by chiropractic physicians according to the scope of practice of

chiropractic physicians under the Medical Practice Act of 1987. "Primary care services" does not include invasive care, beyond standard injections, laceration care, or non-surgical fracture care.

(Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18; 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

Section 24-15. The Medical Practice Act of 1987 is amended by changing Section 23 as follows:

(225 ILCS 60/23) (from Ch. 111, par. 4400-23)

(Section scheduled to be repealed on January 1, 2027)

Sec. 23. Reports relating to professional conduct and capacity.

(A) Entities required to report.

(1) Health care institutions. The chief administrator or executive officer of any health care institution licensed by the Illinois Department of Public Health shall report to the Medical Board when any person's clinical privileges are terminated or are restricted based on a final determination made in accordance with that institution's by-laws or rules and regulations that a person has either committed an act or acts which may directly threaten patient care or that a person may have a mental or physical disability that may endanger patients under that person's care. Such officer also shall report

if a person accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care or in lieu of formal action seeking to determine whether a person may have a mental or physical disability that may endanger patients under that person's care. The Medical Board shall, by rule, provide for the reporting to it by health care institutions of all instances in which a person, licensed under this Act, who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Such reports shall be strictly confidential and may be reviewed and considered only by the members of the Medical Board, or by authorized staff as provided by rules of the Medical Board. Provisions shall be made for the periodic report of the status of any such person not less than twice annually in order that the Medical Board shall have current information upon which to determine the status of any such person. Such initial and periodic reports of impaired physicians shall not be considered records within the meaning of the State Records Act and shall be disposed of, following a determination by the Medical Board that such reports are no longer required, in a manner and at such time as the Medical Board shall determine by rule. The filing of such reports shall be construed as the filing of a report for purposes of

subsection (C) of this Section. Such health care institution shall not take any adverse action, including, but not limited to, restricting or terminating any person's clinical privileges, as a result of an adverse action against a person's license or clinical privileges or other disciplinary action by another state or health care institution that resulted from the person's provision of, authorization of, recommendation of, aiding or assistance with, referral for, or participation in any health care service if the adverse action was based solely on a violation of the other state's law prohibiting the provision of such health care and related services in the state or for a resident of the state if that health care service would not have been unlawful under the laws of this State and is consistent with the standards of conduct for physicians practicing in Illinois.

(1.5) Clinical training programs. The program director of any post-graduate clinical training program shall report to the Medical Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates from the program for any reason prior to its conclusion. The program director shall provide all documentation relating to the separation if, after review of the report, the Medical Board determines that a review of those documents is necessary to determine

whether a violation of this Act occurred.

(2) Professional associations. The President or chief executive officer of any association or society, of persons licensed under this Act, operating within this State shall report to the Medical Board when the association or society renders a final determination that a person has committed unprofessional conduct related directly to patient care or that a person may have a mental or physical disability that may endanger patients under that person's care.

(3) Professional liability insurers. Every insurance company which offers policies of professional liability insurance to persons licensed under this Act, or any other entity which seeks to indemnify the professional liability of a person licensed under this Act, shall report to the Medical Board the settlement of any claim or cause of action, or final judgment rendered in any cause of action, which alleged negligence in the furnishing of medical care by such licensed person when such settlement or final judgment is in favor of the plaintiff. Such insurance company shall not take any adverse action, including, but not limited to, denial or revocation of coverage, or rate increases, against a person licensed under this Act with respect to coverage for services provided in the State if based solely on the person providing, authorizing, recommending, aiding, assisting, referring for, or

otherwise participating in health care services in this State in violation of another state's law, or a revocation or other adverse action against the person's license in another state for violation of such law if that health care service as provided would have been lawful and consistent with the standards of conduct for physicians if it occurred in the State. Notwithstanding this provision, it is against public policy to require coverage for an illegal action.

(4) State's Attorneys. The State's Attorney of each county shall report to the Medical Board, within 5 days, any instances in which a person licensed under this Act is convicted of any felony or Class A misdemeanor. ~~The State's Attorney of each county may report to the Medical Board through a verified complaint any instance in which the State's Attorney believes that a physician has willfully violated the notice requirements of the Parental Notice of Abortion Act of 1995.~~

(5) State agencies. All agencies, boards, commissions, departments, or other instrumentalities of the government of the State of Illinois shall report to the Medical Board any instance arising in connection with the operations of such agency, including the administration of any law by such agency, in which a person licensed under this Act has either committed an act or acts which may be a violation of this Act or which may constitute unprofessional conduct

related directly to patient care or which indicates that a person licensed under this Act may have a mental or physical disability that may endanger patients under that person's care.

(B) Mandatory reporting. All reports required by items (34), (35), and (36) of subsection (A) of Section 22 and by Section 23 shall be submitted to the Medical Board in a timely fashion. Unless otherwise provided in this Section, the reports shall be filed in writing within 60 days after a determination that a report is required under this Act. All reports shall contain the following information:

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

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

(3) The name and date of birth of any patient or patients whose treatment is a subject of the report, if available, or other means of identification if such information is not available, identification of the hospital or other healthcare facility where the care at issue in the report was rendered, provided, however, no medical records may be revealed.

(4) A brief description of the facts which gave rise to the issuance of the report, including the dates of any occurrences deemed to necessitate the filing of the report.

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

(6) Any further pertinent information which the reporting party deems to be an aid in the evaluation of the report.

The Medical Board or Department may also exercise the power under Section 38 of this Act to subpoena copies of hospital or medical records in mandatory report cases alleging death or permanent bodily injury. Appropriate rules shall be adopted by the Department with the approval of the Medical Board.

When the Department has received written reports concerning incidents required to be reported in items (34), (35), and (36) of subsection (A) of Section 22, the licensee's failure to report the incident to the Department under those items shall not be the sole grounds for disciplinary action.

Nothing contained in this Section shall act to, in any way, waive or modify the confidentiality of medical reports and committee reports to the extent provided by law. Any information reported or disclosed shall be kept for the confidential use of the Medical Board, the Medical Coordinators, the Medical Board's attorneys, the medical investigative staff, and authorized clerical staff, as provided in this Act, and shall be afforded the same status as is provided information concerning medical studies in Part 21

of Article VIII of the Code of Civil Procedure, except that the Department may disclose information and documents to a federal, State, or local law enforcement agency pursuant to a subpoena in an ongoing criminal investigation or to a health care licensing body or medical licensing authority of this State or another state or jurisdiction pursuant to an official request made by that licensing body or medical licensing authority. Furthermore, information and documents disclosed to a federal, State, or local law enforcement agency may be used by that agency only for the investigation and prosecution of a criminal offense, or, in the case of disclosure to a health care licensing body or medical licensing authority, only for investigations and disciplinary action proceedings with regard to a license. Information and documents disclosed to the Department of Public Health may be used by that Department only for investigation and disciplinary action regarding the license of a health care institution licensed by the Department of Public Health.

(C) Immunity from prosecution. Any individual or organization acting in good faith, and not in a wilful and wanton manner, in complying with this Act by providing any report or other information to the Medical Board or a peer review committee, or assisting in the investigation or preparation of such information, or by voluntarily reporting to the Medical Board or a peer review committee information regarding alleged errors or negligence by a person licensed

under this Act, or by participating in proceedings of the Medical Board or a peer review committee, or by serving as a member of the Medical Board or a peer review committee, shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(D) Indemnification. Members of the Medical Board, the Medical Coordinators, the Medical Board's attorneys, the medical investigative staff, physicians retained under contract to assist and advise the medical coordinators in the investigation, and authorized clerical staff shall be indemnified by the State for any actions occurring within the scope of services on the Medical Board, done in good faith and not wilful and wanton in nature. The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were wilful and wanton.

Should the Attorney General decline representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were wilful and wanton.

The member must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving services of the Medical Board. Failure to so notify the

Attorney General shall constitute an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine within 7 days after receiving such notice, whether he or she will undertake to represent the member.

(E) Deliberations of Medical Board. Upon the receipt of any report called for by this Act, other than those reports of impaired persons licensed under this Act required pursuant to the rules of the Medical Board, the Medical Board shall notify in writing, by mail or email, the person who is the subject of the report. Such notification shall be made within 30 days of receipt by the Medical Board of the report.

The notification shall include a written notice setting forth the person's right to examine the report. Included in such notification shall be the address at which the file is maintained, the name of the custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding, clarifying, adding to, or proposing the amending of the report previously filed. The person who is the subject of the report shall also submit with the written statement any medical records related to the report. The statement and accompanying medical records shall become a permanent part of the file and must be received by the Medical Board no more than 30 days after the date on which the person was notified by the Medical Board of the existence of the

original report.

The Medical Board shall review all reports received by it, together with any supporting information and responding statements submitted by persons who are the subject of reports. The review by the Medical Board shall be in a timely manner but in no event, shall the Medical Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the Medical Board.

When the Medical Board makes its initial review of the materials contained within its disciplinary files, the Medical Board shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Failure to make such determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action.

Should the Medical Board find that there are not sufficient facts to warrant further investigation, or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported to the Secretary. The Secretary shall then have 30 days to accept the Medical Board's decision or request further investigation. The Secretary shall inform the Medical Board of the decision to request further investigation, including the specific reasons for the decision. The individual or entity filing the original report

or complaint and the person who is the subject of the report or complaint shall be notified in writing by the Secretary of any final action on their report or complaint. The Department shall disclose to the individual or entity who filed the original report or complaint, on request, the status of the Medical Board's review of a specific report or complaint. Such request may be made at any time, including prior to the Medical Board's determination as to whether there are sufficient facts to warrant further investigation or action.

(F) Summary reports. The Medical Board shall prepare, on a timely basis, but in no event less than once every other month, a summary report of final disciplinary actions taken upon disciplinary files maintained by the Medical Board. The summary reports shall be made available to the public upon request and payment of the fees set by the Department. This publication may be made available to the public on the Department's website. Information or documentation relating to any disciplinary file that is closed without disciplinary action taken shall not be disclosed and shall be afforded the same status as is provided by Part 21 of Article VIII of the Code of Civil Procedure.

(G) Any violation of this Section shall be a Class A misdemeanor.

(H) If any such person violates the provisions of this Section an action may be brought in the name of the People of the State of Illinois, through the Attorney General of the

State of Illinois, for an order enjoining such violation or for an order enforcing compliance with this Section. Upon filing of a verified petition in such court, the court may issue a temporary restraining order without notice or bond and may preliminarily or permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this paragraph shall be in addition to, and not in lieu of, all other remedies and penalties provided for by this Section.

(I) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

Article 26.

Section 26-5. The Illinois Parentage Act of 2015 is amended by changing Sections 704 and 709 as follows:

(750 ILCS 46/704)

Sec. 704. Withdrawal of consent of intended parent or donor. An intended parent or donor may withdraw consent to use his or her gametes in a writing or legal pleading with notice to the other participants. An intended parent who withdraws consent under this Section prior to the insemination or embryo

transfer is not a parent of any resulting child. If a donor withdraws consent to his or her donation prior to the insemination or the combination of gametes, the intended parent is not the parent of any resulting child. If the intended parent or parents no longer wish to use any remaining cryopreserved fertilized ovum for medical purposes, the terms of the most recent informed consent of the intended parent or parents executed at the fertility center or a marital settlement agreement under a judgment of dissolution of marriage, judgment of legal separation, or judgment of dissolution of civil union governs the disposition of the fertilized ovum.

(Source: P.A. 99-763, eff. 1-1-17.)

(750 ILCS 46/709)

Sec. 709. Establishment of parentage; requirements of Gestational Surrogacy Act.

(a) In the event of gestational surrogacy, in addition to the requirements of the Gestational Surrogacy Act, a parent-child relationship is established between a person and a child if all of the following conditions are met prior to the birth of the child:

(1) The gestational surrogate certifies that she did not provide a gamete for the child, and that she is carrying the child for the intended parents.

(2) The spouse, if any, of the gestational surrogate

certifies that he or she did not provide a gamete for the child.

(3) Each intended parent, or the parent's legally authorized designee if an intended parent dies, certifies that the child being carried by the gestational surrogate was conceived using at least one of the intended parents' gametes.

(4) A physician licensed in the state in which the fertilized ovum was inseminated or transferred to the gestational surrogate certifies that the child being carried by the gestational surrogate was conceived using the gamete or gametes of at least one of the intended parents, and that neither the gestational surrogate nor the gestational surrogate's spouse, if any, provided gametes for the child being carried by the gestational surrogate.

(5) The attorneys for the intended parents and the gestational surrogate each certify that the parties entered into a gestational surrogacy agreement intended to satisfy the requirements of the Gestational Surrogacy Act.

(b) All certifications under this Section shall be in writing and witnessed by 2 competent adults who are not the gestational surrogate, gestational surrogate's spouse, if any, or an intended parent. Certifications shall be on forms prescribed by the Illinois Department of Public Health and shall be executed prior to the birth of the child. All

certifications shall be provided, prior to the birth of the child, to both the hospital where the gestational surrogate anticipates the delivery will occur and to the Illinois Department of Public Health.

(c) Parentage established in accordance with this Section has the full force and effect of a judgment entered under this Act.

(d) The Illinois Department of Public Health shall adopt rules to implement this Section.

(Source: P.A. 99-763, eff. 1-1-17.)

Article 27.

Section 27-5. The Illinois Insurance Code is amended by changing Section 356z.4a as follows:

(215 ILCS 5/356z.4a)

Sec. 356z.4a. Coverage for abortion.

(a) Except as otherwise provided in this Section, no individual or group policy of accident and health insurance that provides pregnancy-related benefits may be issued, amended, delivered, or renewed in this State after the effective date of this amendatory Act of the 101st General Assembly unless the policy provides a covered person with coverage for abortion care. Regardless of whether the policy otherwise provides prescription drug benefits, abortion care

coverage must include medications that are obtained through a prescription and used to terminate a pregnancy, regardless of whether there is proof of a pregnancy.

(b) Coverage for abortion care may not impose any deductible, coinsurance, waiting period, or other cost-sharing limitation that is greater than that required for other pregnancy-related benefits covered by the policy.

(c) Except as otherwise authorized under this Section, a policy shall not impose any restrictions or delays on the coverage required under this Section.

(d) This Section does not, pursuant to 42 U.S.C. 18054(a)(6), apply to a multistate plan that does not provide coverage for abortion.

(e) If the Department concludes that enforcement of this Section may adversely affect the allocation of federal funds to this State, the Department may grant an exemption to the requirements, but only to the minimum extent necessary to ensure the continued receipt of federal funds.

(Source: P.A. 101-13, eff. 6-12-19.)

Article 28.

Section 28-5. Short title. This Article may be cited as the Lawful Health Care Activity Act. References in this Article to "this Act" mean this Article.

Section 28-10. Definitions. As used in this Act:

"Lawful health care" means:

(1) reproductive health care that is not unlawful under the laws of this State, including on any theory of vicarious, joint, several, or conspiracy liability; or

(2) the treatment of gender dysphoria or the affirmation of an individual's gender identity or gender expression, including, but not limited to, all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature that is not unlawful under the laws of this State, including on any theory of vicarious, joint, several, or conspiracy liability.

"Lawful health care activity" means seeking, providing, receiving, assisting in seeking, providing, or receiving, providing material support for, or traveling to obtain lawful health care.

"Reproductive health care" shall have the same meaning as Section 1-10 of the Reproductive Health Act.

Section 28-15. Conflict of law. Notwithstanding any general or special law or common law conflict of law rule to the contrary, the laws of this State shall govern in any case or controversy heard in this State related to lawful health care activity.

Section 28-20. Limits on execution of foreign judgments. In any action filed to enforce the judgment of a foreign state, issued in connection with any litigation concerning lawful health care, the court hearing the action shall not give any force or effect to any judgment issued without jurisdiction.

Section 28-25. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

Section 28-30. The Uniform Interstate Depositions and Discovery Act is amended by changing Section 3 and by adding Section 3.5 as follows:

(735 ILCS 35/3)

Sec. 3. Issuance of subpoena.

(a) To request issuance of a subpoena under this Section, a party must submit a foreign subpoena to a clerk of court in the county in which discovery is sought to be conducted in this State. A request for the issuance of a subpoena under this Act does not constitute an appearance in the courts of this State.

(b) When a party submits a foreign subpoena to a clerk of court in this State, the clerk, in accordance with that court's procedure, shall promptly issue a subpoena for service upon the person to which the foreign subpoena is directed unless issuance is prohibited by Section 3.5.

(c) A subpoena under subsection (b) must:

(A) incorporate the terms used in the foreign subpoena; and

(B) contain or be accompanied by the names, addresses, and telephone numbers of all counsel of record in the proceeding to which the subpoena relates and of any party not represented by counsel.

(Source: P.A. 99-79, eff. 1-1-16.)

(735 ILCS 35/3.5 new)

Sec. 3.5. Unenforceable foreign subpoenas.

(a) If a request for issuance of a subpoena pursuant to this Act seeks documents or information related to lawful health care activity, as defined in the Lawful Health Care Activity Act, or seeks documents in support of any claim that interferes with rights under the Reproductive Health Act, then the person or entity requesting the subpoena shall include an attestation, signed under penalty of perjury, confirming and identifying that an exemption in subsection (c) applies. Any false attestation submitted under this Section or the failure to submit an attestation required by this Section shall be subject to a statutory penalty of \$10,000 per violation. Submission of such attestation shall subject the attestor to the jurisdiction of the courts of this State for any suit, penalty, or damages arising out of a false attestation under this Section.

(b) No clerk of court shall issue a subpoena based on a foreign subpoena that:

(1) requests information or documents related to lawful health care activity, as defined in the Lawful Health Care Activity Act; or

(2) is related to the enforcement of another state's law that would interfere with an individual's rights under the Reproductive Health Act.

(c) A clerk of court may issue the subpoena if the subpoena includes the attestation as described in subsection (a) and the subpoena relates to:

(1) an out-of-state action founded in tort, contract, or statute brought by the patient who sought or received the lawful health care or the patient's authorized legal representative, for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient, and for which a similar claim would exist under the laws of this State; or

(2) an out-of-state action founded in contract brought or sought to be enforced by a party with a contractual relationship with the individual whose documents or information are the subject of the subpoena and for which a similar claim would exist under the laws of this State.

(d) Any person or entity served with a subpoena reasonably believed to be issued in violation of this Section shall not comply with the subpoena.

(e) Any person or entity who is the recipient of, or whose lawful health care is the subject of, a subpoena reasonably believed to be issued in violation of this Section may, but is not required to, move to modify or quash the subpoena.

(f) No court shall issue an order compelling a person or entity to comply with a subpoena found to be in violation of this Section.

(g) As used in this Section, "lawful health care" and "lawful health care activity" have the meanings given to those terms in Section 28-10 of the Lawful Health Care Activity Act.

(h) The Supreme Court shall have jurisdiction to adopt rules for the implementation of this Section.

Section 28-35. The Uniform Act to Secure the Attendance of Witnesses from Within or Without a State in Criminal Proceedings is amended by changing Section 2 as follows:

(725 ILCS 220/2) (from Ch. 38, par. 156-2)

Sec. 2. Summoning witness in this state to testify in another state.

If a judge of a court of record in any state which by its laws has made provision for commanding persons within that state to attend and testify in this state certifies under the seal of such court that there is a criminal prosecution pending in such court, or that a grand jury investigation has commenced or is about to commence, that a person being within

this state is a material witness in such prosecution, or grand jury investigation, and his presence will be required for a specified number of days, upon presentation of such certificate to any judge of a court in the county in which such person is, such judge shall fix a time and place for a hearing, and shall make an order directing the witness to appear at a time and place certain for the hearing.

If at a hearing the judge determines that the witness is material and necessary, that it will not cause undue hardship to the witness to be compelled to attend and testify in the prosecution or a grand jury investigation in the other state, and that the laws of the state in which the prosecution is pending, or grand jury investigation has commenced or is about to commence (and of any other state through which the witness may be required to pass by ordinary course of travel), will give to him protection from arrest and the service of civil and criminal process, he shall issue a summons, with a copy of the certificate attached, directing the witness to attend and testify in the court where the prosecution is pending, or where a grand jury investigation has commenced or is about to commence at a time and place specified in the summons. In any such hearing the certificate shall be prima facie evidence of all the facts stated therein.

If said certificate recommends that the witness be taken into immediate custody and delivered to an officer of the requesting state to assure his attendance in the requesting

state, such judge may, in lieu of notification of the hearing, direct that such witness be forthwith brought before him for said hearing; and the judge at the hearing being satisfied of the desirability of such custody and delivery, for which determination the certificate shall be prima facie proof of such desirability may, in lieu of issuing subpoena or summons, order that said witness be forthwith taken into custody and delivered to an officer of the requesting state.

No subpoena, summons, or order shall be issued for a witness to provide information or testimony in relation to any proceeding if the charge is based on conduct that involves lawful health care activity, as defined by the Lawful Health Care Activity Act, that is not unlawful under the laws of this State. This limitation does not apply for the purpose of complying with obligations under Brady v. Maryland (373 U.S. 83) or Giglio v. United States (405 U.S. 150).

If the witness, who is summoned as above provided, after being paid or tendered by some properly authorized person the sum of 10 cents a mile for each mile by the ordinary travel route to and from the court where the prosecution is pending and five dollars for each day that he is required to travel and attend as a witness, fails without good cause to attend and testify as directed in the summons, he shall be punished in the manner provided for the punishment of any witness who disobeys a summons issued from a court in this state.

(Source: Laws 1967, p. 3804.)

Section 28-40. The Uniform Criminal Extradition Act is amended by changing Section 6 as follows:

(725 ILCS 225/6) (from Ch. 60, par. 23)

Sec. 6. Extradition of persons not present in demanding state at time of commission of crime.

The Governor of this State may also surrender, on demand of the Executive Authority of any other state, any person in this State charged in such other state in the manner provided in Section 3 with committing an act in this State, or in a third state, intentionally resulting in a crime in the state whose Executive Authority is making the demand. However, the Governor of this State shall not surrender such a person if the charge is based on conduct that involves seeking, providing, receiving, assisting in seeking, providing, or receiving, providing material support for, or traveling to obtain lawful health care, as defined by Section 28-10 of the Lawful Health Care Activity Act, that is not unlawful under the laws of this State, including a charge based on any theory of vicarious, joint, several, or conspiracy liability.

(Source: Laws 1955, p. 1982.)

Article 29.

Section 29-5. Short title. This Article may be cited as

the Protecting Reproductive Health Care Services Act. References in this Article to "this Act" mean this Article.

Section 29-10. Definitions. As used in this Act:

"Advanced practice registered nurse" has the same meaning as it does in Section 50-10 of the Nurse Practice Act.

"Health care professional" means a person who is licensed as a physician, advanced practice registered nurse, or physician assistant.

"Person" includes an individual, a partnership, an association, a limited liability company, or a corporation.

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

"Physician assistant" has the same meaning as it does in Section 4 of the Physician Assistant Practice Act of 1987.

"Reproductive health care services" means health care offered, arranged, or furnished for the purpose of preventing pregnancy, terminating a pregnancy, managing pregnancy loss, or improving maternal health and birth outcomes. "Reproductive health care services" includes, but is not limited to: contraception; sterilization; preconception care; maternity care; abortion care; and counseling regarding reproductive health care.

Section 29-15. Right of action.

(a) When any person has had a judgment entered against

such person, in any state, where liability, in whole or in part, is based on the alleged provision, receipt, assistance in receipt or provision, material support for, or any theory of vicarious, joint, several, or conspiracy liability derived therefrom, for reproductive health care services that are permitted under the laws of this State, such person may recover damages from any party that brought the action leading to that judgment or has sought to enforce that judgment.

(b) Any person aggrieved by conduct in subsection (a) shall have a right of action in a State circuit court or as a supplemental claim in federal district court against any party that brought the action leading to that judgment or has sought to enforce that judgment. This lawsuit must be brought not later than 2 years after the violation of subsection (a).

(c) If the court finds that a violation of subsection (a) has occurred, the court may award to the plaintiff:

(1) actual damages created by the action that led to that judgment, including, but not limited to, money damages in the amount of the judgment in that other state and costs, expenses, and reasonable attorney's fees spent in defending the action that resulted in the entry of a judgment in another state; and

(2) costs, expenses, and reasonable attorney's fees, including expert witness fees and other litigation expenses, incurred in bringing an action under this Act as may be allowed by the court.

(d) The provisions of this Act shall not apply to a judgment entered in another state that is based on:

(1) an action founded in tort, contract, or statute, and for which a similar claim would exist under the laws of this State, brought by the patient who received the reproductive health care services upon which the original lawsuit was based or the patient's authorized legal representative, for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient;

(2) an action founded in contract, and for which a similar claim would exist under the laws of this State, brought or sought to be enforced by a party with a contractual relationship with the person that is the subject of the judgment entered in another state; or

(3) an action where no part of the acts that formed the basis for liability occurred in this State.

Article 30.

Section 30-5. The Illinois Insurance Code is amended by adding Section 356z.60 as follows:

(215 ILCS 5/356z.60 new)

Sec. 356z.60. Coverage for abortifacients, hormonal therapy, and human immunodeficiency virus pre-exposure

prophylaxis and post-exposure prophylaxis.

(a) As used in this Section:

"Abortifacients" means any medication administered to terminate a pregnancy by a health care professional.

"Health care professional" means a physician licensed to practice medicine in all of its branches, licensed advanced practice registered nurse, or physician assistant.

"Hormonal therapy medication" means hormonal treatment administered to treat gender dysphoria.

"Therapeutic equivalent version" means drugs, devices, or products that can be expected to have the same clinical effect and safety profile when administered to patients under the conditions specified in the labeling and that satisfy the following general criteria:

(1) it is approved as safe and effective;

(2) it is a pharmaceutical equivalent in that it:

(A) contains identical amounts of the same active drug ingredient in the same dosage form and route of administration; and

(B) meets compendial or other applicable standards of strength, quality, purity, and identity;

(3) it is bioequivalent in that:

(A) it does not present a known or potential bioequivalence problem and it meets an acceptable in vitro standard; or

(B) if it does present such a known or potential

problem, it is shown to meet an appropriate bioequivalence standard;

(4) it is adequately labeled; and

(5) it is manufactured in compliance with Current Good Manufacturing Practice regulations adopted by the United States Food and Drug Administration.

(b) An individual or group policy of accident and health insurance amended, delivered, issued, or renewed in this State after January 1, 2024 shall provide coverage for all abortifacients, hormonal therapy medication, human immunodeficiency virus pre-exposure prophylaxis and post-exposure prophylaxis drugs approved by the United States Food and Drug Administration, and follow-up services related to that coverage, including, but not limited to, management of side effects, medication self-management or adherence counseling, risk reduction strategies, and mental health counseling.

(c) The coverage required under subsection (b) is subject to the following conditions:

(1) If the United States Food and Drug Administration has approved one or more therapeutic equivalent versions of an abortifacient drug, a policy is not required to include all such therapeutic equivalent versions in its formulary so long as at least one is included and covered without cost sharing and in accordance with this Section.

(2) If an individual's attending provider recommends a

particular drug approved by the United States Food and Drug Administration based on a determination of medical necessity with respect to that individual, the plan or issuer must defer to the determination of the attending provider and must cover that service or item without cost sharing.

(3) If a drug is not covered, plans and issuers must have an easily accessible, transparent, and sufficiently expedient process that is not unduly burdensome on the individual or a provider or other individual acting as a patient's authorized representative to ensure coverage without cost sharing.

(d) Except as otherwise provided in this Section, a policy subject to this Section shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. The provisions of this subsection do not apply to coverage of procedures to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to the federal Internal Revenue Code, 26 U.S.C. 223.

(e) Except as otherwise authorized under this Section, a policy shall not impose any restrictions or delays on the coverage required under this Section.

(f) The coverage requirements in this Section for abortifacients do not, pursuant to 42 U.S.C. 18054(a)(6), apply to a multistate plan that does not provide coverage for

abortion.

(g) If the Department concludes that enforcement of any coverage requirement of this Section for abortifacients may adversely affect the allocation of federal funds to this State, the Department may grant an exemption to that requirement, but only to the minimum extent necessary to ensure the continued receipt of federal funds.

Section 30-10. The State Employees Group Insurance Act of 1971 is amended by changing Section 6.11 as follows:

(5 ILCS 375/6.11)

(Text of Section before amendment by P.A. 102-768)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of health benefits shall provide the coverage required under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the Illinois Insurance Code. The program of health

benefits must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section with respect to Sections 370c and 370c.1 of the Illinois Insurance Code; all other requirements of this Section shall be enforced by the Department of Central Management Services.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

(Text of Section after amendment by P.A. 102-768)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be

covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of health benefits shall provide the coverage required under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, and 356z.60 of the Illinois Insurance Code. The program of health benefits must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section with respect to Sections 370c and 370c.1 of the Illinois Insurance Code; all other requirements of this Section shall be enforced by the Department of Central Management Services.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,

eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

Section 30-15. The Health Maintenance Organization Act is amended by changing Section 5-3 as follows:

(215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

Sec. 5-3. Insurance Code provisions.

(a) Health Maintenance Organizations shall be subject to the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x, 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48, 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of Section 367, and Articles IIA, VIII 1/2,

XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance Code.

(b) For purposes of the Illinois Insurance Code, except for Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health Maintenance Organizations in the following categories are deemed to be "domestic companies":

(1) a corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act;

(2) a corporation organized under the laws of this State; or

(3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject to substantially the same requirements in its state of organization as is a "domestic company" under Article VIII 1/2 of the Illinois Insurance Code.

(c) In considering the merger, consolidation, or other acquisition of control of a Health Maintenance Organization pursuant to Article VIII 1/2 of the Illinois Insurance Code,

(1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;

(2) (i) the criteria specified in subsection (1) (b) of Section 131.8 of the Illinois Insurance Code shall not

apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;

(3) the Director shall have the power to require the following information:

(A) certification by an independent actuary of the adequacy of the reserves of the Health Maintenance Organization sought to be acquired;

(B) pro forma financial statements reflecting the combined balance sheets of the acquiring company and the Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of a date 90 days prior to the acquisition, as well as pro forma financial statements reflecting projected combined operation for a period of 2 years;

(C) a pro forma business plan detailing an acquiring party's plans with respect to the operation of the Health Maintenance Organization sought to be acquired for a period of not less than 3 years; and

(D) such other information as the Director shall require.

(d) The provisions of Article VIII 1/2 of the Illinois Insurance Code and this Section 5-3 shall apply to the sale by any health maintenance organization of greater than 10% of its

enrollee population (including without limitation the health maintenance organization's right, title, and interest in and to its health care certificates).

(e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service agreement on the continuation of benefits to enrollees and the financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on competition.

(f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional premiums under the following terms and conditions:

(i) the amount of, and other terms and conditions with respect to, the refund or additional premium are set forth in the group or enrollment unit contract agreed in advance of the period for which a refund is to be paid or additional premium is to be charged (which period shall not be less than one year); and

(ii) the amount of the refund or additional premium shall not exceed 20% of the Health Maintenance Organization's profitable or unprofitable experience with respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the Health Maintenance Organization's administrative and marketing expenses, but shall not include any refund to be made or additional premium to be paid pursuant to this subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into account the refund period and the immediately preceding 2 plan years.

The Health Maintenance Organization shall include a statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used to calculate (1) the Health Maintenance Organization's profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or

enrollment unit.

In no event shall the Illinois Health Maintenance Organization Guaranty Association be liable to pay any contractual obligation of an insolvent organization to pay any refund authorized under this Section.

(g) Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23; revised 12-13-22.)

Section 30-20. The Voluntary Health Services Plans Act is amended by changing Section 10 as follows:

(215 ILCS 165/10) (from Ch. 32, par. 604)

Sec. 10. Application of Insurance Code provisions. Health services plan corporations and all persons interested therein or dealing therewith shall be subject to the provisions of Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140, 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of Section 367 of the Illinois Insurance Code.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.

1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23; revised 12-13-22.)

Section 30-25. The Illinois Public Aid Code is amended by changing Section 5-16.8 as follows:

(305 ILCS 5/5-16.8)

Sec. 5-16.8. Required health benefits. The medical assistance program shall (i) provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6, 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46, 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.56, 356z.59, and 356z.60 of the Illinois Insurance Code, (ii) be subject to the provisions of Sections 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be subject to the provisions of subsection (d-5) of Section 10 of the Network Adequacy and Transparency Act.

The Department, by rule, shall adopt a model similar to the requirements of Section 356z.39 of the Illinois Insurance Code.

On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Code to reduce any rate

of reimbursement for services or other payments in accordance with Section 5-5e.

To ensure full access to the benefits set forth in this Section, on and after January 1, 2016, the Department shall ensure that provider and hospital reimbursement for post-mastectomy care benefits required under this Section are no lower than the Medicare reimbursement rate.

(Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-14-22.)

Article 99.

Section 99-95. No acceleration or delay. Where this Act makes changes in a statute that is represented in this Act by text that is not yet or no longer in effect (for example, a Section represented by multiple versions), the use of that text does not accelerate or delay the taking effect of (i) the changes made by this Act or (ii) provisions derived from any other Public Act.

Section 99-97. Severability. The provisions of this Act

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are severable under Section 1.31 of the Statute on Statutes.

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