

AN ACT concerning regulation.

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

Section 5. The Regulatory Sunset Act is amended by changing Section 4.18 and by adding Section 4.28 as follows:

(5 ILCS 80/4.18)

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 Acts repealed January 1, 2008 and December 31, 2008.

(a) The following Acts are repealed on January 1, 2008:

The Acupuncture Practice Act.

The Clinical Social Work and Social Work Practice Act.

The Home Medical Equipment and Services Provider License Act.

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

The Illinois Speech-Language Pathology and Audiology Practice Act.

The Marriage and Family Therapy Licensing Act.

The Nursing Home Administrators Licensing and Disciplinary Act.

The Pharmacy Practice Act of 1987.

The Physician Assistant Practice Act of 1987.

The Podiatric Medical Practice Act of 1987.

The Structural Pest Control Act.

(b) The following Acts are repealed on December 31, 2008:

The Medical Practice Act of 1987.

The Environmental Health Practitioner Licensing Act.

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

(5 ILCS 80/4.28 new)

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 Act repealed on January 1, 2018. The following Act is repealed on January 1, 2018:

The Nurse Practice Act.

Section 10. The Mental Health and Developmental Disabilities Administrative Act is amended by changing Section 56 as follows:

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

Sec. 56. The Secretary, upon making a determination based upon information in the possession of the Department, that continuation in practice of a licensed health care professional would constitute an immediate danger to the public, shall submit a written communication to the Director of Professional Regulation indicating such determination and additionally providing a complete summary of the information upon which such determination is based, and recommending that the Director of Professional Regulation immediately suspend such person's license. All relevant evidence, or copies thereof, in the

Department's possession may also be submitted in conjunction with the written communication. A copy of such written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submittal to the Director of Professional Regulation be simultaneously mailed to the last known business address of such licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, which is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

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

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

Section 15. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by changing Sections 2310-140 and 2310-210 as follows:

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

Sec. 2310-140. Recommending suspension of licensed health care professional. The Director, upon making a determination based upon information in the possession of the Department that continuation in practice of a licensed health care professional would constitute an immediate danger to the public, shall submit a written communication to the Director of Professional Regulation indicating that determination and additionally (i) providing a complete summary of the information upon which the determination is based and (ii) recommending that the Director of Professional Regulation immediately suspend the person's license. All relevant evidence, or copies thereof, in the Department's possession may also be submitted in conjunction with the written communication. A copy of the written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submittal to the Director of Professional Regulation be simultaneously mailed to the last known business address of the licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, that is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

For the purposes of this Section, "licensed health care professional" means any person licensed under the Illinois Dental Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Medical Practice Act of

1987, the Pharmacy Practice Act of 1987, the Podiatric Medical Practice Act of 1987, or the Illinois Optometric Practice Act of 1987.

(Source: P.A. 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

(20 ILCS 2310/2310-210) (was 20 ILCS 2310/55.62a)

Sec. 2310-210. Advisory Panel on Minority Health.

(a) In this Section:

"Health profession" means any health profession regulated under the laws of this State, including, without limitation, professions regulated under the Illinois Athletic Trainers Practice Act, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Licensing Act, the Medical Practice Act of 1987, the Naprapathic Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Illinois Occupational Therapy Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Professional Counselor and Clinical Professional Counselor Licensing Act, and the Illinois Speech-Language Pathology and Audiology Practice Act.

"Minority" has the same meaning as in Section 2310-215.

(b) The General Assembly finds as follows:

(1) The health status of individuals from ethnic and racial minorities in this State is significantly lower than the health status of the general population of the State.

(2) Minorities suffer disproportionately high rates of cancer, stroke, heart disease, diabetes, sickle-cell anemia, lupus, substance abuse, acquired immune deficiency syndrome, other diseases and disorders, unintentional injuries, and suicide.

(3) The incidence of infant mortality among minorities is almost double that for the general population.

(4) Minorities suffer disproportionately from lack of access to health care and poor living conditions.

(5) Minorities are under-represented in the health care professions.

(6) Minority participation in the procurement policies of the health care industry is lacking.

(7) Minority health professionals historically have tended to practice in low-income areas and to serve minorities.

(8) National experts on minority health report that access to health care among minorities can be substantially improved by increasing the number of minority health professionals.

(9) Increasing the number of minorities serving on the faculties of health professional schools is an important factor in attracting minorities to pursue a career in

health professions.

(10) Retaining minority health professionals currently practicing in this State and those receiving training and education in this State is an important factor in maintaining and increasing the number of minority health professionals in Illinois.

(11) An Advisory Panel on Minority Health is necessary to address the health issues affecting minorities in this State.

(c) The General Assembly's intent is as follows:

(1) That all Illinoisans have access to health care.

(2) That the gap between the health status of minorities and other Illinoisans be closed.

(3) That the health issues that disproportionately affect minorities be addressed to improve the health status of minorities.

(4) That the number of minorities in the health professions be increased.

(d) The Advisory Panel on Minority Health is created. The Advisory Panel shall consist of 25 members appointed by the Director of Public Health. The members shall represent health professions and the General Assembly.

(e) The Advisory Panel shall assist the Department in the following manner:

(1) Examination of the following areas as they relate to minority health:

- (A) Access to health care.
- (B) Demographic factors.
- (C) Environmental factors.
- (D) Financing of health care.
- (E) Health behavior.
- (F) Health knowledge.
- (G) Utilization of quality care.
- (H) Minorities in health care professions.

(2) Development of monitoring, tracking, and reporting mechanisms for programs and services with minority health goals and objectives.

(3) Communication with local health departments, community-based organizations, voluntary health organizations, and other public and private organizations statewide, on an ongoing basis, to learn more about their services to minority communities, the health problems of minority communities, and their ideas for improving minority health.

(4) Promotion of communication among all State agencies that provide services to minority populations.

(5) Building coalitions between the State and leadership in minority communities.

(6) Encouragement of recruitment and retention of minority health professionals.

(7) Improvement in methods for collecting and reporting data on minority health.



(8) Improvement in accessibility to health and medical care for minority populations in under-served rural and urban areas.

(9) Reduction of communication barriers for non-English speaking residents.

(10) Coordination of the development and dissemination of culturally appropriate and sensitive education material, public awareness messages, and health promotion programs for minorities.

(f) On or before January 1, 1997 the Advisory Panel shall submit an interim report to the Governor and the General Assembly. The interim report shall include an update on the Advisory Panel's progress in performing its functions under this Section and shall include recommendations, including recommendations for any necessary legislative changes.

On or before January 1, 1998 the Advisory Panel shall submit a final report to the Governor and the General Assembly. The final report shall include the following:

(1) An evaluation of the health status of minorities in this State.

(2) An evaluation of minority access to health care in this State.

(3) Recommendations for improving the health status of minorities in this State.

(4) Recommendations for increasing minority access to health care in this State.

(5) Recommendations for increasing minority participation in the procurement policies of the health care industry.

(6) Recommendations for increasing the number of minority health professionals in this State.

(7) Recommendations that will ensure that the health status of minorities in this State continues to be addressed beyond the expiration of the Advisory Panel.

(Source: P.A. 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

Section 20. The Department of Veterans Affairs Act is amended by changing Section 2.07 as follows:

(20 ILCS 2805/2.07) (from Ch. 126 1/2, par. 67.07)

Sec. 2.07. The Department shall employ and maintain sufficient and qualified staff at the veterans' homes to fulfill the requirements of this Act. The Department shall report to the General Assembly, by January 1 and July 1 of each year, the number of staff employed in providing direct patient care at their veterans' homes, the compliance or noncompliance with staffing standards established by the United States Department of Veterans Affairs for such care, and in the event of noncompliance with such standards, the number of staff required for compliance. For purposes of this Section, a nurse who has a license application pending with the State shall not be deemed unqualified by the Department if the nurse is in

compliance with Section 50-15 of the Nurse Practice Act ~~225 ILCS 65/5-15(g) or 225 ILCS 5-15(i) of the Nursing and Advanced Practice Nursing Act.~~

All contracts between the State and outside contractors to provide workers to staff and service the Anna Veterans Home shall be canceled in accordance with the terms of those contracts. Upon cancellation, each worker or staff member shall be offered certified employment status under the Illinois Personnel Code with the State of Illinois. To the extent it is reasonably practicable, the position offered to each person shall be at the same facility and shall consist of the same duties and hours as previously existed under the canceled contract or contracts.

(Source: P.A. 93-597, eff. 8-26-03; 94-703, eff. 6-1-06; revised 9-15-06.)

Section 25. The Geriatric Medicine Assistance Act is amended by changing Section 2 as follows:

(20 ILCS 3945/2) (from Ch. 144, par. 2002)

Sec. 2. There is created the Geriatric Medicine Assistance Commission. The Commission shall receive and approve applications for grants from schools, recognized by the Department of Professional Regulation as being authorized to confer doctor of medicine, doctor of osteopathy, doctor of chiropractic or registered professional nursing degrees in the

State, to help finance the establishment of geriatric medicine programs within such schools. In determining eligibility for grants, the Commission shall give preference to those programs which exhibit the greatest potential for directly benefiting the largest number of elderly citizens in the State. The Commission may not approve the application of any institution which is unable to demonstrate its current financial stability and reasonable prospects for future stability. No institution which fails to possess and maintain an open policy with respect to race, creed, color and sex as to admission of students, appointment of faculty and employment of staff shall be eligible for grants under this Act. The Commission shall establish such rules and standards as it deems necessary for the implementation of this Act.

The Commission shall be composed of 8 members selected as follows: 2 physicians licensed to practice under the Medical Practice Act of 1987 and specializing in geriatric medicine; a registered professional nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ and specializing in geriatric health care; 2 representatives of organizations interested in geriatric medicine or the care of the elderly; and 3 individuals 60 or older who are interested in geriatric health care or the care of the elderly. The members of the Commission shall be selected by the Governor from a list of recommendations submitted to him by organizations concerned with geriatric medicine or the care of

the elderly.

The terms of the members of the Commission shall be 4 years, except that of the members initially appointed, 2 shall be designated to serve until January 1, 1986, 3 until January 1, 1988, and 2 until January 1, 1990. Members of the Commission shall receive no compensation, but shall be reimbursed for actual expenses incurred in carrying out their duties.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 30. The State Finance Act is amended by changing Section 8h as follows:

(30 ILCS 105/8h)

Sec. 8h. Transfers to General Revenue Fund.

(a) Except as otherwise provided in this Section and Section 8n of this Act, and ~~(e), (d), or (e)~~, notwithstanding any other State law to the contrary, the Governor may, through June 30, 2007, from time to time direct the State Treasurer and Comptroller to transfer a specified sum from any fund held by the State Treasurer to the General Revenue Fund in order to help defray the State's operating costs for the fiscal year. The total transfer under this Section from any fund in any fiscal year shall not exceed the lesser of (i) 8% of the revenues to be deposited into the fund during that fiscal year or (ii) an amount that leaves a remaining fund balance of 25% of the July 1 fund balance of that fiscal year. In fiscal year

2005 only, prior to calculating the July 1, 2004 final balances, the Governor may calculate and direct the State Treasurer with the Comptroller to transfer additional amounts determined by applying the formula authorized in Public Act 93-839 to the funds balances on July 1, 2003. No transfer may be made from a fund under this Section that would have the effect of reducing the available balance in the fund to an amount less than the amount remaining unexpended and unreserved from the total appropriation from that fund estimated to be expended for that fiscal year. This Section does not apply to any funds that are restricted by federal law to a specific use, to any funds in the Motor Fuel Tax Fund, the Intercity Passenger Rail Fund, the Hospital Provider Fund, the Medicaid Provider Relief Fund, the Teacher Health Insurance Security Fund, the Reviewing Court Alternative Dispute Resolution Fund, the Voters' Guide Fund, the Foreign Language Interpreter Fund, the Lawyers' Assistance Program Fund, the Supreme Court Federal Projects Fund, the Supreme Court Special State Projects Fund, the Supplemental Low-Income Energy Assistance Fund, the Good Samaritan Energy Trust Fund, the Low-Level Radioactive Waste Facility Development and Operation Fund, the Horse Racing Equity Trust Fund, or the Hospital Basic Services Preservation Fund, or to any funds to which Section 70-50 of the Nurse Practice Act ~~subsection (f) of Section 20-40 of the Nursing and Advanced Practice Nursing Act~~ applies. No transfers may be made under this Section from the Pet Population Control Fund.

Notwithstanding any other provision of this Section, for fiscal year 2004, the total transfer under this Section from the Road Fund or the State Construction Account Fund shall not exceed the lesser of (i) 5% of the revenues to be deposited into the fund during that fiscal year or (ii) 25% of the beginning balance in the fund. For fiscal year 2005 through fiscal year 2007, no amounts may be transferred under this Section from the Road Fund, the State Construction Account Fund, the Criminal Justice Information Systems Trust Fund, the Wireless Service Emergency Fund, or the Mandatory Arbitration Fund.

In determining the available balance in a fund, the Governor may include receipts, transfers into the fund, and other resources anticipated to be available in the fund in that fiscal year.

The State Treasurer and Comptroller shall transfer the amounts designated under this Section as soon as may be practicable after receiving the direction to transfer from the Governor.

(a-5) Transfers directed to be made under this Section on or before February 28, 2006 that are still pending on May 19, 2006 (the effective date of Public Act 94-774) ~~this amendatory Act of the 94th General Assembly~~ shall be redirected as provided in Section 8n of this Act.

(b) This Section does not apply to: (i) the Ticket For The Cure Fund; (ii) any fund established under the Community Senior Services and Resources Act; or (iii) on or after January 1,

2006 (the effective date of Public Act 94-511), the Child Labor and Day and Temporary Labor Enforcement Fund.

(c) This Section does not apply to the Demutualization Trust Fund established under the Uniform Disposition of Unclaimed Property Act.

(d) This Section does not apply to moneys set aside in the Illinois State Podiatric Disciplinary Fund for podiatric scholarships and residency programs under the Podiatric Scholarship and Residency Act.

(e) Subsection (a) does not apply to, and no transfer may be made under this Section from, the Pension Stabilization Fund.

(Source: P.A. 93-32, eff. 6-20-03; 93-659, eff. 2-3-04; 93-674, eff. 6-10-04; 93-714, eff. 7-12-04; 93-801, eff. 7-22-04; 93-839, eff. 7-30-04; 93-1054, eff. 11-18-04; 93-1067, eff. 1-15-05; 94-91, eff. 7-1-05; 94-120, eff. 7-6-05; 94-511, eff. 1-1-06; 94-535, eff. 8-10-05; 94-639, eff. 8-22-05; 94-645, eff. 8-22-05; 94-648, eff. 1-1-06; 94-686, eff. 11-2-05; 94-691, eff. 11-2-05; 94-726, eff. 1-20-06; 94-773, eff. 5-18-06; 94-774, eff. 5-19-06; 94-804, eff. 5-26-06; 94-839, eff. 6-6-06; revised 6-19-06.)

Section 40. The Nurse Educator Assistance Act is amended by changing Section 5-15 as follows:

(110 ILCS 967/5-15)



Sec. 5-15. Definitions. In this Act:

"Approved program of professional nursing education" and "approved program of practical nursing education" mean programs of professional or practical nursing, respectively, approved by the Department of Financial and Professional Regulation under the provisions of the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

"Commission" means the Illinois Student Assistance Commission.

(Source: P.A. 94-1020, eff. 7-11-06.)

Section 45. The Nursing Education Scholarship Law is amended by changing Section 3 as follows:

(110 ILCS 975/3) (from Ch. 144, par. 2753)

Sec. 3. Definitions.

The following terms, whenever used or referred to, have the following meanings except where the context clearly indicates otherwise:

(1) "Board" means the Board of Higher Education created by the Board of Higher Education Act.

(2) "Department" means the Illinois Department of Public Health.

(3) "Approved institution" means a public community college, private junior college, hospital-based diploma in nursing program, or public or private college or university

located in this State that has approval by the Department of Professional Regulation for an associate degree in nursing program, associate degree in applied sciences in nursing program, hospital-based diploma in nursing program, baccalaureate degree in nursing program, graduate degree in nursing program, or certificate in practical nursing program.

(4) "Baccalaureate degree in nursing program" means a program offered by an approved institution and leading to a bachelor of science degree in nursing.

(5) "Enrollment" means the establishment and maintenance of an individual's status as a student in an approved institution, regardless of the terms used at the institution to describe such status.

(6) "Academic year" means the period of time from September 1 of one year through August 31 of the next year or as otherwise defined by the academic institution.

(7) "Associate degree in nursing program or hospital-based diploma in nursing program" means a program offered by an approved institution and leading to an associate degree in nursing, associate degree in applied sciences in nursing, or hospital-based diploma in nursing.

(8) "Graduate degree in nursing program" means a program offered by an approved institution and leading to a master of science degree in nursing or a doctorate of philosophy or doctorate of nursing degree in nursing.

(9) "Director" means the Director of the Illinois

Department of Public Health.

(10) "Accepted for admission" means a student has completed the requirements for entry into an associate degree in nursing program, associate degree in applied sciences in nursing program, hospital-based diploma in nursing program, baccalaureate degree in nursing program, graduate degree in nursing program, or certificate in practical nursing program at an approved institution, as documented by the institution.

(11) "Fees" means those mandatory charges, in addition to tuition, that all enrolled students must pay, including required course or lab fees.

(12) "Full-time student" means a student enrolled for at least 12 hours per term or as otherwise determined by the academic institution.

(13) "Law" means the Nursing Education Scholarship Law.

(14) "Nursing employment obligation" means employment in this State as a registered professional nurse or licensed practical nurse in direct patient care or as a nurse educator in the case of a graduate degree in nursing program recipient for at least one year for each year of scholarship assistance received through the Nursing Education Scholarship Program.

(15) "Part-time student" means a person who is enrolled for at least one-third of the number of hours required per term by a school for its full-time students.

(16) "Practical nursing program" means a program offered by an approved institution leading to a certificate in practical

nursing.

(17) "Registered professional nurse" means a person who is currently licensed as a registered professional nurse by the Department of Professional Regulation under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(18) "Licensed practical nurse" means a person who is currently licensed as a licensed practical nurse by the Department of Professional Regulation under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(19) "School term" means an academic term, such as a semester, quarter, trimester, or number of clock hours, as defined by an approved institution.

(20) "Student in good standing" means a student maintaining a cumulative grade point average equivalent to at least the academic grade of a "C".

(21) "Total and permanent disability" means a physical or mental impairment, disease, or loss of a permanent nature that prevents nursing employment with or without reasonable accommodation. Proof of disability shall be a declaration from the social security administration, Illinois Workers' Compensation Commission, Department of Defense, or an insurer authorized to transact business in Illinois who is providing disability insurance coverage to a contractor.

(22) "Tuition" means the established charges of an institution of higher learning for instruction at that institution.

(23) "Nurse educator" means a person who is currently licensed as a registered nurse by the Department of Professional Regulation under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, who has a graduate degree in nursing, and who is employed by an approved academic institution to educate registered nursing students, licensed practical nursing students, and registered nurses pursuing graduate degrees.

(Source: P.A. 92-43, eff. 1-1-02; 93-721, eff. 1-1-05; 93-879, eff. 1-1-05; revised 10-25-04.)

Section 50. The Academic Degree Act is amended by changing Section 11 as follows:

(110 ILCS 1010/11) (from Ch. 144, par. 241)

Sec. 11. Exemptions. This Act shall not apply to any school or educational institution regulated or approved under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

This Act shall not apply to any of the following:

(a) in-training programs by corporations or other business organizations for the training of their personnel;

(b) education or other improvement programs by business, trade and similar organizations and associations for the benefit of their members only; or

(c) apprentice or other training programs by labor unions.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 55. The Ambulatory Surgical Treatment Center Act is amended by changing Section 6.5 as follows:

(210 ILCS 5/6.5)

Sec. 6.5. Clinical privileges; advanced practice nurses. All ambulatory surgical treatment centers (ASTC) licensed under this Act shall comply with the following requirements:

(1) No ASTC policy, rule, regulation, or practice shall be inconsistent with the provision of adequate collaboration and consultation, ~~including medical direction of licensed advanced practice nurses~~, in accordance with Section 54.5 of the Medical Practice Act of 1987.

(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatrist licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted by the consulting committee of the ASTC. A licensed physician, dentist, or podiatrist may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatrist, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, surgical assistant, surgical technician, or other individuals granted

clinical privileges to assist in surgery by the consulting committee of the ASTC. Payment for services rendered by an assistant in surgery who is not an ambulatory surgical treatment center employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

(3) An advanced practice nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice nursing services in an ambulatory surgical treatment center. An advanced practice nurse must possess clinical privileges granted by the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. Individual advanced practice nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the

advance practice nurse's role in providing care for his or her patients, except as otherwise provided in the consulting staff policies. The consulting medical staff committee shall periodically review the services of advanced practice nurses granted privileges.

(4) ~~(3)~~ The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or Board eligible, is recommended. Anesthesia services may only be administered pursuant to the order of a physician licensed to practice medicine in all its branches, licensed dentist, or licensed podiatrist.

(A) The individuals who, with clinical privileges granted by the medical staff and ASTC, may administer anesthesia services are limited to the following:

(i) an anesthesiologist; or

(ii) a physician licensed to practice medicine in all its branches; or

(iii) a dentist with authority to administer anesthesia under Section 8.1 of the Illinois Dental Practice Act; or

(iv) a licensed certified registered nurse anesthetist.

(B) For anesthesia services, an anesthesiologist shall



participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with clinical privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff consulting committee in consultation with the anesthesia service and included in the medical staff consulting committee policies.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section 65-35 of the Nurse Practice Act ~~15-15 of the Nursing and Advanced Practice Nursing Act~~ to provide anesthesia services ordered by a licensed physician, dentist, or podiatrist. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatrist in accordance

with the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

(Source: P.A. 93-352, eff. 1-1-04; 94-915, eff. 1-1-07.)

Section 60. The Illinois Clinical Laboratory and Blood Bank Act is amended by changing Section 7-101 as follows:

(210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

Sec. 7-101. Examination of specimens. A clinical laboratory shall examine specimens only at the request of (i) a licensed physician, (ii) a licensed dentist, (iii) a licensed podiatrist, (iv) a therapeutic optometrist for diagnostic or therapeutic purposes related to the use of diagnostic topical or therapeutic ocular pharmaceutical agents, as defined in subsections (c) and (d) of Section 15.1 of the Illinois Optometric Practice Act of 1987, (v) a licensed physician assistant in accordance with the written guidelines required under subdivision (3) of Section 4 and under Section 7.5 of the Physician Assistant Practice Act of 1987, (v-A) an advanced practice nurse in accordance with the written collaborative agreement required under Section 65-35 of the Nurse Practice Act ~~15-15 of the Nursing and Advanced Practice Nursing Act~~, or (vi) an authorized law enforcement agency or, in the case of blood alcohol, at the request of the individual for whom the test is to be performed in compliance with Sections 11-501 and 11-501.1 of the Illinois Vehicle Code. If the request to a

laboratory is oral, the physician or other authorized person shall submit a written request to the laboratory within 48 hours. If the laboratory does not receive the written request within that period, it shall note that fact in its records. For purposes of this Section, a request made by electronic mail or fax constitutes a written request.

(Source: P.A. 90-116, eff. 7-14-97; 90-322, eff. 1-1-98; 90-655, eff. 7-30-98; 90-666, eff. 7-30-98; 90-742, eff. 8-13-98; 91-357, eff. 7-29-99.)

Section 65. The Life Care Facilities Act is amended by changing Section 2 as follows:

(210 ILCS 40/2) (from Ch. 111 1/2, par. 4160-2)

Sec. 2. As used in this Act, unless the context otherwise requires:

(a) "Department" means the Department of Public Health.

(b) "Director" means the Director of the Department.

(c) "Life care contract" means a contract to provide to a person for the duration of such person's life or for a term in excess of one year, nursing services, medical services or personal care services, in addition to maintenance services for such person in a facility, conditioned upon the transfer of an entrance fee to the provider of such services in addition to or in lieu of the payment of regular periodic charges for the care and services involved.

(d) "Provider" means a person who provides services pursuant to a life care contract.

(e) "Resident" means a person who enters into a life care contract with a provider, or who is designated in a life care contract to be a person provided with maintenance and nursing, medical or personal care services.

(f) "Facility" means a place or places in which a provider undertakes to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services for a term in excess of one year or for life pursuant to a life care contract. The term also means a place or places in which a provider undertakes to provide such services to a non-resident.

(g) "Living unit" means an apartment, room or other area within a facility set aside for the exclusive use of one or more identified residents.

(h) "Entrance fee" means an initial or deferred transfer to a provider of a sum of money or property, made or promised to be made by a person entering into a life care contract, which assures a resident of services pursuant to a life care contract.

(i) "Permit" means a written authorization to enter into life care contracts issued by the Department to a provider.

(j) "Medical services" means those services pertaining to medical or dental care that are performed in behalf of patients at the direction of a physician licensed under the Medical

Practice Act of 1987 or a dentist licensed under the Illinois Dental Practice Act by such physicians or dentists, or by a registered or licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ or by other professional and technical personnel.

(k) "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician licensed under the Medical Practice Act of 1987 by or under the supervision of a registered or licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(l) "Personal care services" means assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual, who is incapable of maintaining a private, independent residence or who is incapable of managing his person whether or not a guardian has been appointed for such individual.

(m) "Maintenance services" means food, shelter and laundry services.

(n) "Certificates of Need" means those permits issued pursuant to the Illinois Health Facilities Planning Act as now or hereafter amended.

(o) "Non-resident" means a person admitted to a facility who has not entered into a life care contract.

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(Source: P.A. 90-742, eff. 8-13-98.)

Section 70. The Nursing Home Care Act is amended by changing Section 1-118 as follows:

(210 ILCS 45/1-118) (from Ch. 111 1/2, par. 4151-118)

Sec. 1-118. "Nurse" means a registered nurse or a licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 75. The Emergency Medical Services (EMS) Systems Act is amended by changing Section 3.80 as follows:

(210 ILCS 50/3.80)

Sec. 3.80. Pre-Hospital RN and Emergency Communications Registered Nurse.

(a) Emergency Communications Registered Nurse or "ECRN" means a registered professional nurse, licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has successfully completed supplemental education in accordance with rules adopted by the Department, and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols.

Upon the effective date of this amendatory Act of 1995, all existing Registered Professional Nurse/MICNs shall be considered ECRNs.

(b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN" means a registered professional nurse, licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to this Act, and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports.

Upon the effective date of this amendatory Act of 1995, all existing Registered Professional Nurse/Field RNs shall be considered Pre-Hospital RNs.

(c) The Department shall have the authority and responsibility to:

(1) Prescribe education and continuing education requirements for Pre-Hospital RN and ECRN candidates through rules adopted pursuant to this Act:

(A) Education for Pre-Hospital RN shall include extrication, telecommunications, and pre-hospital cardiac and trauma care;

(B) Education for ECRN shall include telecommunications, System standing medical orders and the procedures and protocols established by the EMS

Medical Director;

(C) A Pre-Hospital RN candidate who is fulfilling clinical training and in-field supervised experience requirements may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS Medical Director;

(D) An EMS Medical Director may impose in-field supervised field experience requirements on System ECRNs as part of their training or continuing education, in which they perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or qualified EMT, only when authorized by the EMS Medical Director;

(2) Require EMS Medical Directors to reapprove Pre-Hospital RNs and ECRNs every 4 years, based on compliance with continuing education requirements prescribed by the Department through rules adopted pursuant to this Act;

(3) Allow EMS Medical Directors to grant inactive status to any Pre-Hospital RN or ECRN who qualifies, based on standards and procedures established by the Department in rules adopted pursuant to this Act;

(4) Require a Pre-Hospital RN to honor Do Not



Resuscitate (DNR) orders and powers of attorney for health care only in accordance with rules adopted by the Department pursuant to this Act and protocols of the EMS System in which he or she practices.

(Source: P.A. 89-177, eff. 7-19-95; 90-742, eff. 8-13-98.)

Section 80. The Home Health, Home Services, and Home Nursing Agency Licensing Act is amended by changing Section 2.09 as follows:

(210 ILCS 55/2.09)

Sec. 2.09. "Home services" or "in-home services" means assistance with activities of daily living, housekeeping, personal laundry, and companionship provided to an individual in his or her personal residence, which are intended to enable that individual to remain safely and comfortably in his or her own personal residence. "Home services" or "in-home services" does not include services that would be required to be performed by an individual licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(Source: P.A. 94-379, eff. 1-1-06.)

Section 85. The Home Health, Home Services, and Home Nursing Agency Licensing Act is amended by changing Section 6.3 as follows:

(210 ILCS 55/6.3)

Sec. 6.3. Home services agencies; standards; fees.

(a) Before January 1, 2008, the Department shall adopt standards for the licensure and operation of home services agencies operated in this State. The structure of the standards shall be based on the concept of home services and its focus on assistance with activities of daily living, housekeeping, personal laundry, and companionship being provided to an individual intended to enable that individual to remain safely and comfortably in his or her own personal residence. As home services do not include services that would be required to be performed by an individual licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the standards shall be developed from a similar concept. After consideration and recommendations by the Home Health and Home Services Advisory Committee, the Department shall adopt such rules and regulations as are necessary for the proper regulation of home services agencies. Requirements for licensure as a home services agency shall include the following:

(1) Compliance with the requirements of the Health Care Worker Background Check Act.

(2) Notification, in a form and manner established by the Department by rule, to home services workers and consumers as to the party or parties responsible under State and federal laws for payment of employment taxes, social security taxes, and workers' compensation,

liability, the day-to-day supervision of workers, and the hiring, firing, and discipline of workers with the placement arrangement for home services.

(3) Compliance with rules, as adopted by the Department, in regard to (i) reporting by the licensee of any known or suspected incidences of abuse, neglect, or financial exploitation of an eligible adult, as defined in the Elder Abuse and Neglect Act, by a home services worker employed by or placed by the licensee or (ii) reports to a law enforcement agency in connection with any other individual protected under the laws of the State of Illinois.

(4) Compliance with rules, as adopted by the Department, addressing the health, safety, and well-being of clients receiving home services.

(b) The Department may establish fees for home services agency licensure in rules in a manner that will make the program self-supporting. The amount of the licensure fees shall be based on the funding required for operation of the licensure program.

(Source: P.A. 94-379, eff. 1-1-06.)

Section 90. The End Stage Renal Disease Facility Act is amended by changing Section 5 as follows:

(210 ILCS 62/5)

Sec. 5. Definitions. As used in this Act:

"Committee" means the End Stage Renal Disease Advisory Committee.

"Department" means the Department of Public Health.

"Dialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

"Dialysis technician" means an individual who is not a registered nurse or physician and who provides dialysis care under the supervision of a registered nurse or physician.

"Director" means the Director of Public Health.

"End stage renal disease" means that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life.

"End stage renal disease facility" or "ESRDF" means a facility that provides dialysis treatment or dialysis training to individuals with end stage renal disease.

"Licensee" means an individual or entity licensed by the Department to operate an end stage renal disease facility.

"Nurse" means an individual who is licensed to practice nursing under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

"Patient" means any individual receiving treatment from an end stage renal disease facility.

"Person" means any individual, firm, partnership,

corporation, company, association, or other legal entity.

"Physician" means an individual who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987.

(Source: P.A. 92-794, eff. 7-1-03.)

Section 95. The Hospital Licensing Act is amended by changing Sections 10, 10.7, and 10.9 as follows:

(210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

Sec. 10. Board creation; Department rules.

(a) The Governor shall appoint a Hospital Licensing Board composed of 14 persons, which shall advise and consult with the Director in the administration of this Act. The Secretary of Human Services (or his or her designee) shall serve on the Board, along with one additional representative of the Department of Human Services to be designated by the Secretary. Four appointive members shall represent the general public and 2 of these shall be members of hospital governing boards; one appointive member shall be a registered professional nurse or advanced practice, nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, who is employed in a hospital; 3 appointive members shall be hospital administrators actively engaged in the supervision or administration of hospitals; 2 appointive members shall be practicing physicians, licensed in Illinois to practice

medicine in all of its branches; and one appointive member shall be a physician licensed to practice podiatric medicine under the Podiatric Medical Practice Act of 1987; and one appointive member shall be a dentist licensed to practice dentistry under the Illinois Dental Practice Act. In making Board appointments, the Governor shall give consideration to recommendations made through the Director by professional organizations concerned with hospital administration for the hospital administrative and governing board appointments, registered professional nurse organizations for the registered professional nurse appointment, professional medical organizations for the physician appointments, and professional dental organizations for the dentist appointment.

(b) Each appointive member shall hold office for a term of 3 years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term and the terms of office of the members first taking office shall expire, as designated at the time of appointment, 2 at the end of the first year, 2 at the end of the second year, and 3 at the end of the third year, after the date of appointment. The initial terms of office of the 2 additional members representing the general public provided for in this Section shall expire at the end of the third year after the date of appointment. The term of office of each original appointee shall commence July 1, 1953; the term of office of

the original registered professional nurse appointee shall commence July 1, 1969; the term of office of the original licensed podiatrist appointee shall commence July 1, 1981; the term of office of the original dentist appointee shall commence July 1, 1987; and the term of office of each successor shall commence on July 1 of the year in which his predecessor's term expires. Board members, while serving on business of the Board, shall receive actual and necessary travel and subsistence expenses while so serving away from their places of residence. The Board shall meet as frequently as the Director deems necessary, but not less than once a year. Upon request of 5 or more members, the Director shall call a meeting of the Board.

(c) The Director shall prescribe rules, regulations, standards, and statements of policy needed to implement, interpret, or make specific the provisions and purposes of this Act. The Department shall adopt rules which set forth standards for determining when the public interest, safety or welfare requires emergency action in relation to termination of a research program or experimental procedure conducted by a hospital licensed under this Act. No rule, regulation, or standard shall be adopted by the Department concerning the operation of hospitals licensed under this Act which has not had prior approval of the Hospital Licensing Board, nor shall the Department adopt any rule, regulation or standard relating to the establishment of a hospital without consultation with the Hospital Licensing Board.

(d) Within one year after the effective date of this amendatory Act of 1984, all hospitals licensed under this Act and providing perinatal care shall comply with standards of perinatal care promulgated by the Department. The Director shall promulgate rules or regulations under this Act which are consistent with "An Act relating to the prevention of developmental disabilities", approved September 6, 1973, as amended.

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

(210 ILCS 85/10.7)

Sec. 10.7. Clinical privileges; advanced practice nurses. All hospitals licensed under this Act shall comply with the following requirements:

(1) No hospital policy, rule, regulation, or practice shall be inconsistent with the provision of adequate collaboration and consultation, ~~including medical direction of licensed advanced practice nurses~~, in accordance with Section 54.5 of the Medical Practice Act of 1987.

(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatrist licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted at the hospital. A licensed physician,



dentist, or podiatrist may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatrist, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery at the hospital. Payment for services rendered by an assistant in surgery who is not a hospital employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

(3) An advanced practice nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice nursing services in a hospital. An advanced practice nurse must possess clinical privileges recommended by the medical staff and granted by the hospital in order to

provide services. Individual advanced practice nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advance practice nurse's role in providing care for his or her patients, except as otherwise provided in medical staff bylaws. The medical staff shall periodically review the services of advanced practice nurses granted privileges. This review shall be conducted in accordance with item (2) of subsection (a) of Section 10.8 of this Act for advanced practice nurses employed by the hospital.

(4) ~~(3)~~ The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or Board eligible, is recommended. Anesthesia services may only be administered pursuant to the order of a physician licensed to practice medicine in all its branches, licensed dentist, or licensed podiatrist.

(A) The individuals who, with clinical privileges granted at the hospital, may administer anesthesia services are limited to the following:

- (i) an anesthesiologist; or
- (ii) a physician licensed to practice medicine in all its branches; or

(iii) a dentist with authority to administer anesthesia under Section 8.1 of the Illinois Dental Practice Act; or

(iv) a licensed certified registered nurse anesthetist.

(B) For anesthesia services, an anesthesiologist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with medical staff privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff and licensed hospital in consultation with the anesthesia service.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section 65-35 of the Nurse Practice Act ~~Section 15-15 of the Nursing and Advanced Practice Nursing Act~~ to provide anesthesia services ordered by a licensed physician, dentist, or podiatrist. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices

in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatrist in accordance with the hospital's alternative policy.

(Source: P.A. 93-352, eff. 1-1-04; 94-915, eff. 1-1-07.)

(210 ILCS 85/10.9)

Sec. 10.9. Nurse mandated overtime prohibited.

(a) Definitions. As used in this Section:

"Mandated overtime" means work that is required by the hospital in excess of an agreed-to, predetermined work shift. Time spent by nurses required to be available as a condition of employment in specialized units, such as surgical nursing services, shall not be counted or considered in calculating the amount of time worked for the purpose of applying the prohibition against mandated overtime under subsection (b).

"Nurse" means any advanced practice nurse, registered professional nurse, or licensed practical nurse, as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, who receives an hourly wage and has direct responsibility to oversee or carry out nursing care. For the purposes of this Section, "advanced practice nurse" does not include a certified registered nurse anesthetist who is primarily engaged in performing the duties of a nurse anesthetist.

"Unforeseen emergent circumstance" means (i) any declared national, State, or municipal disaster or other catastrophic event, or any implementation of a hospital's disaster plan, that will substantially affect or increase the need for health care services or (ii) any circumstance in which patient care needs require specialized nursing skills through the completion of a procedure. An "unforeseen emergent circumstance" does not include situations in which the hospital fails to have enough nursing staff to meet the usual and reasonably predictable nursing needs of its patients.

(b) Mandated overtime prohibited. No nurse may be required to work mandated overtime except in the case of an unforeseen emergent circumstance when such overtime is required only as a last resort. Such mandated overtime shall not exceed 4 hours beyond an agreed-to, predetermined work shift.

(c) Off-duty period. When a nurse is mandated to work up to 12 consecutive hours, the nurse must be allowed at least 8 consecutive hours of off-duty time immediately following the completion of a shift.

(d) Retaliation prohibited. No hospital may discipline, discharge, or take any other adverse employment action against a nurse solely because the nurse refused to work mandated overtime as prohibited under subsection (b).

(e) Violations. Any employee of a hospital that is subject to this Act may file a complaint with the Department of Public Health regarding an alleged violation of this Section. The

complaint must be filed within 45 days following the occurrence of the incident giving rise to the alleged violation. The Department must forward notification of the alleged violation to the hospital in question within 3 business days after the complaint is filed. Upon receiving a complaint of a violation of this Section, the Department may take any action authorized under Section 7 or 9 of this Act.

(f) Proof of violation. Any violation of this Section must be proved by clear and convincing evidence that a nurse was required to work overtime against his or her will. The hospital may defeat the claim of a violation by presenting clear and convincing evidence that an unforeseen emergent circumstance, which required overtime work, existed at the time the employee was required or compelled to work.

(Source: P.A. 94-349, eff. 7-28-05.)

Section 100. The Hospital Report Card Act is amended by changing Section 10 as follows:

(210 ILCS 86/10)

Sec. 10. Definitions. For the purpose of this Act:

"Average daily census" means the average number of inpatients receiving service on any given 24-hour period beginning at midnight in each clinical service area of the hospital.

"Clinical service area" means a grouping of clinical

services by a generic class of various types or levels of support functions, equipment, care, or treatment provided to inpatients. Hospitals may have, but are not required to have, the following categories of service: behavioral health, critical care, maternal-child care, medical-surgical, pediatrics, perioperative services, and telemetry.

"Department" means the Department of Public Health.

"Direct-care nurse" and "direct-care nursing staff" includes any registered nurse, licensed practical nurse, or assistive nursing personnel with direct responsibility to oversee or carry out medical regimens or nursing care for one or more patient.

"Hospital" means a health care facility licensed under the Hospital Licensing Act.

"Nursing care" means care that falls within the scope of practice set forth in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ or is otherwise encompassed within recognized professional standards of nursing practice, including assessment, nursing diagnosis, planning, intervention, evaluation, and patient advocacy.

"Retaliate" means to discipline, discharge, suspend, demote, harass, deny employment or promotion, lay off, or take any other adverse action against direct-care nursing staff as a result of that nursing staff taking any action described in this Act.

"Skill mix" means the differences in licensing, specialty,

and experiences among direct-care nurses.

"Staffing levels" means the numerical nurse to patient ratio by licensed nurse classification within a nursing department or unit.

"Unit" means a functional division or area of a hospital in which nursing care is provided.

(Source: P.A. 93-563, eff. 1-1-04.)

Section 105. The Illinois Dental Practice Act is amended by changing Section 4 as follows:

(225 ILCS 25/4) (from Ch. 111, par. 2304)

(Section scheduled to be repealed on January 1, 2016)

Sec. 4. Definitions. As used in this Act:

(a) "Department" means the Illinois Department of Professional Regulation.

(b) "Director" means the Director of Professional Regulation.

(c) "Board" means the Board of Dentistry established by Section 6 of this Act.

(d) "Dentist" means a person who has received a general license pursuant to paragraph (a) of Section 11 of this Act and who may perform any intraoral and extraoral procedure required in the practice of dentistry and to whom is reserved the responsibilities specified in Section 17.

(e) "Dental hygienist" means a person who holds a license



under this Act to perform dental services as authorized by Section 18.

(f) "Dental assistant" means an appropriately trained person who, under the supervision of a dentist, provides dental services as authorized by Section 17.

(g) "Dental laboratory" means a person, firm or corporation which:

(i) engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues; and

(ii) utilizes or employs a dental technician to provide such services; and

(iii) performs such functions only for a dentist or dentists.

(h) "Supervision" means supervision of a dental hygienist or a dental assistant requiring that a dentist authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental hygienist or dental assistant before dismissal of the patient, but does not mean that the dentist must be present at all times in the treatment room.

(i) "General supervision" means supervision of a dental hygienist requiring that the patient be a patient of record, that the dentist examine the patient in accordance with Section

18 prior to treatment by the dental hygienist, and that the dentist authorize the procedures which are being carried out by a notation in the patient's record, but not requiring that a dentist be present when the authorized procedures are being performed. The issuance of a prescription to a dental laboratory by a dentist does not constitute general supervision.

(j) "Public member" means a person who is not a health professional. For purposes of board membership, any person with a significant financial interest in a health service or profession is not a public member.

(k) "Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning and care of conditions within the human oral cavity and its adjacent tissues and structures, as further specified in Section 17.

(l) "Branches of dentistry" means the various specialties of dentistry which, for purposes of this Act, shall be limited to the following: endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, and oral and maxillofacial radiology.

(m) "Specialist" means a dentist who has received a specialty license pursuant to Section 11(b).

(n) "Dental technician" means a person who owns, operates or is employed by a dental laboratory and engages in making, providing, repairing or altering dental prosthetic appliances

and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues.

(o) "Impaired dentist" or "impaired dental hygienist" means a dentist or dental hygienist who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including deterioration through the aging process, loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish the person's ability to deliver competent patient care.

(p) "Nurse" means a registered professional nurse, a certified registered nurse anesthetist licensed as an advanced practice nurse, or a licensed practical nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(q) "Patient of record" means a patient for whom the patient's most recent dentist has obtained a relevant medical and dental history and on whom the dentist has performed an examination and evaluated the condition to be treated.

(r) "Dental emergency responder" means a dentist or dental hygienist who is appropriately certified in emergency medical response, as defined by the Department of Public Health.

(Source: P.A. 93-821, eff. 7-28-04; 94-409, eff. 12-31-05.)

Section 106. If and only if Senate Bill 214 of the 95th General Assembly becomes law, the Illinois Dental Practice Act is amended by changing Section 8.1 as follows:

(225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

(Section scheduled to be repealed on January 1, 2016)

Sec. 8.1. Permit for the administration of anesthesia and sedation.

(a) No licensed dentist shall administer general anesthesia, deep sedation, or conscious sedation without first applying for and obtaining a permit for such purpose from the Department. The Department shall issue such permit only after ascertaining that the applicant possesses the minimum qualifications necessary to protect public safety. A person with a dental degree who administers anesthesia, deep sedation, or conscious sedation in an approved hospital training program under the supervision of either a licensed dentist holding such permit or a physician licensed to practice medicine in all its branches shall not be required to obtain such permit.

(b) In determining the minimum permit qualifications that are necessary to protect public safety, the Department, by rule, shall:

(1) establish the minimum educational and training requirements necessary for a dentist to be issued an appropriate permit;

(2) establish the standards for properly equipped

dental facilities (other than licensed hospitals and ambulatory surgical treatment centers) in which general anesthesia, deep sedation, or conscious sedation is administered, as necessary to protect public safety;

(3) establish minimum requirements for all persons who assist the dentist in the administration of general anesthesia, deep sedation, or conscious sedation, including minimum training requirements for each member of the dental team, monitoring requirements, recordkeeping requirements, and emergency procedures; and

(4) ensure that the dentist and all persons assisting the dentist or monitoring the administration of general anesthesia, deep sedation, or conscious sedation maintain current certification in Basic Life Support (BLS).

(5) establish continuing education requirements in sedation techniques for dentists who possess a permit under this Section.

When establishing requirements under this Section, the Department shall consider the current American Dental Association guidelines on sedation and general anesthesia, the current "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" established by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, and the current parameters of care and Office Anesthesia Evaluation (OAE) Manual established by the American Association of Oral

and Maxillofacial Surgeons.

(c) A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers conscious sedation, and a valid written collaborative ~~practice~~ agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nursing and Advanced Practice Nursing Act.

A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers deep sedation or general anesthesia, and a valid written collaborative ~~practice~~ agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nursing and Advanced Practice Nursing Act.

For the purposes of this subsection (c), "nurse anesthetist" means a licensed certified registered nurse anesthetist who holds a license as an advanced practice nurse.

(Source: 95SB0214enr.)

Section 110. The Health Care Worker Background Check Act is amended by changing Section 25 as follows:

(225 ILCS 46/25)

Sec. 25. Persons ineligible to be hired by health care employers and long-term care facilities.

(a) After January 1, 1996, January 1, 1997, or the effective date of this amendatory Act of the 94th General

Assembly, as applicable, no health care employer shall knowingly hire, employ, or retain any individual in a position with duties involving direct care for clients, patients, or residents, and no long-term care facility shall knowingly hire, employ, or retain any individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, who has been convicted of committing or attempting to commit one or more of the offenses defined in Sections 8-1.1, 8-1.2, 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, 9-3.3, 10-1, 10-2, 10-3, 10-3.1, 10-4, 10-5, 10-7, 11-6, 11-9.1, 11-9.5, 11-19.2, 11-20.1, 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, 12-4.7, 12-7.4, 12-11, 12-13, 12-14, 12-14.1, 12-15, 12-16, 12-19, 12-21, 12-21.6, 12-32, 12-33, 16-1, 16-1.3, 16A-3, 17-3, 18-1, 18-2, 18-3, 18-4, 18-5, 19-1, 19-3, 19-4, 20-1, 20-1.1, 24-1, 24-1.2, 24-1.5, or 33A-2 of the Criminal Code of 1961; those provided in Section 4 of the Wrongs to Children Act; those provided in Section 53 of the Criminal Jurisprudence Act; those defined in Section 5, 5.1, 5.2, 7, or 9 of the Cannabis Control Act; those defined in the Methamphetamine Control and Community Protection Act; or those defined in Sections 401, 401.1, 404, 405, 405.1, 407, or 407.1 of the Illinois Controlled Substances Act, unless the applicant or employee obtains a waiver pursuant to Section 40.

(a-1) After January 1, 2004, no health care employer shall

knowingly hire any individual in a position with duties involving direct care for clients, patients, or residents, and no long-term care facility shall knowingly hire any individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, who has (i) been convicted of committing or attempting to commit one or more of the offenses defined in Section 12-3.3, 12-4.2-5, 16-2, 16G-15, 16G-20, 18-5, 20-1.2, 24-1.1, 24-1.2-5, 24-1.6, 24-3.2, or 24-3.3 of the Criminal Code of 1961; Section 4, 5, 6, 8, or 17.02 of the Illinois Credit Card and Debit Card Act; or Section 5.1 of the Wrongs to Children Act; or (ii) violated Section 50-50 of the Nurse Practice Act ~~Section 10-5 of the Nursing and Advanced Practice Nursing Act.~~

A UCIA criminal history record check need not be redone for health care employees who have been continuously employed by a health care employer since January 1, 2004, but nothing in this Section prohibits a health care employer from initiating a criminal history check for these employees.

A health care employer is not required to retain an individual in a position with duties involving direct care for clients, patients, or residents, and no long-term care facility is required to retain an individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, who has been convicted of committing or



attempting to commit one or more of the offenses enumerated in this subsection.

(b) A health care employer shall not hire, employ, or retain any individual in a position with duties involving direct care of clients, patients, or residents, and no long-term care facility shall knowingly hire, employ, or retain any individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, if the health care employer becomes aware that the individual has been convicted in another state of committing or attempting to commit an offense that has the same or similar elements as an offense listed in subsection (a) or (a-1), as verified by court records, records from a state agency, or an FBI criminal history record check. This shall not be construed to mean that a health care employer has an obligation to conduct a criminal history records check in other states in which an employee has resided.

(Source: P.A. 93-224, eff. 7-18-03; 94-556, eff. 9-11-05; 94-665, eff. 1-1-06; 94-1053, eff. 7-24-06.)

Section 115. The Health Care Worker Self-Referral Act is amended by changing Section 15 as follows:

(225 ILCS 47/15)

Sec. 15. Definitions. In this Act:

(a) "Board" means the Health Facilities Planning Board.

(b) "Entity" means any individual, partnership, firm, corporation, or other business that provides health services but does not include an individual who is a health care worker who provides professional services to an individual.

(c) "Group practice" means a group of 2 or more health care workers legally organized as a partnership, professional corporation, not-for-profit corporation, faculty practice plan or a similar association in which:

(1) each health care worker who is a member or employee or an independent contractor of the group provides substantially the full range of services that the health care worker routinely provides, including consultation, diagnosis, or treatment, through the use of office space, facilities, equipment, or personnel of the group;

(2) the services of the health care workers are provided through the group, and payments received for health services are treated as receipts of the group; and

(3) the overhead expenses and the income from the practice are distributed by methods previously determined by the group.

(d) "Health care worker" means any individual licensed under the laws of this State to provide health services, including but not limited to: dentists licensed under the Illinois Dental Practice Act; dental hygienists licensed under the Illinois Dental Practice Act; nurses and advanced practice

nurses licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~; occupational therapists licensed under the Illinois Occupational Therapy Practice Act; optometrists licensed under the Illinois Optometric Practice Act of 1987; pharmacists licensed under the Pharmacy Practice Act of 1987; physical therapists licensed under the Illinois Physical Therapy Act; physicians licensed under the Medical Practice Act of 1987; physician assistants licensed under the Physician Assistant Practice Act of 1987; podiatrists licensed under the Podiatric Medical Practice Act of 1987; clinical psychologists licensed under the Clinical Psychologist Licensing Act; clinical social workers licensed under the Clinical Social Work and Social Work Practice Act; speech-language pathologists and audiologists licensed under the Illinois Speech-Language Pathology and Audiology Practice Act; or hearing instrument dispensers licensed under the Hearing Instrument Consumer Protection Act, or any of their successor Acts.

(e) "Health services" means health care procedures and services provided by or through a health care worker.

(f) "Immediate family member" means a health care worker's spouse, child, child's spouse, or a parent.

(g) "Investment interest" means an equity or debt security issued by an entity, including, without limitation, shares of stock in a corporation, units or other interests in a partnership, bonds, debentures, notes, or other equity

interests or debt instruments except that investment interest for purposes of Section 20 does not include interest in a hospital licensed under the laws of the State of Illinois.

(h) "Investor" means an individual or entity directly or indirectly owning a legal or beneficial ownership or investment interest, (such as through an immediate family member, trust, or another entity related to the investor).

(i) "Office practice" includes the facility or facilities at which a health care worker, on an ongoing basis, provides or supervises the provision of professional health services to individuals.

(j) "Referral" means any referral of a patient for health services, including, without limitation:

(1) The forwarding of a patient by one health care worker to another health care worker or to an entity outside the health care worker's office practice or group practice that provides health services.

(2) The request or establishment by a health care worker of a plan of care outside the health care worker's office practice or group practice that includes the provision of any health services.

(Source: P.A. 89-72, eff. 12-31-95; 90-742, eff. 8-13-98.)

Section 120. The Medical Practice Act of 1987 is amended by changing Sections 23 and 54.5 and by adding Section 8.1 as follows:

(225 ILCS 60/8.1 new)

Sec. 8.1. Matters concerning advanced practice nurses. Any proposed rules, amendments, second notice materials and adopted rule or amendment materials, and policy statements concerning advanced practice nurses shall be presented to the Medical Licensing Board for review and comment. The recommendations of both the Board of Nursing and the Medical Licensing Board shall be presented to the Secretary for consideration in making final decisions. Whenever the Board of Nursing and the Medical Licensing Board disagree on a proposed rule or policy, the Secretary shall convene a joint meeting of the officers of each Board to discuss the resolution of any such disagreements.

(225 ILCS 60/23) (from Ch. 111, par. 4400-23)

(Section scheduled to be repealed on December 31, 2008)

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 Disciplinary Board when any person's clinical privileges are terminated or are restricted based on a final determination, 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, and not of an administrative nature, or that a person may be mentally or physically disabled in such a manner as to 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 and not of an administrative nature, or in lieu of formal action seeking to determine whether a person may be mentally or physically disabled in such a manner as to endanger patients under that person's care. The Medical Disciplinary Board shall, by rule, provide for the reporting to it 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 Disciplinary Board, or by authorized staff as provided by rules of the Disciplinary 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 Disciplinary 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 Disciplinary Board that such reports are no longer required, in a manner and at such time as the Disciplinary 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.

(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 Disciplinary 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 be mentally or physically disabled in such a manner as to 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 Disciplinary 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.

(4) State's Attorneys. The State's Attorney of each county shall report to the Disciplinary Board all instances in which a person licensed under this Act is convicted or otherwise found guilty of the commission of any felony. The State's Attorney of each county may report to the Disciplinary 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 Disciplinary 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 be mentally or physically disabled in such a manner as to 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 Disciplinary 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 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 Disciplinary 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 Disciplinary 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 Disciplinary Board, the Medical Coordinators, the Disciplinary 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. 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.

(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 Disciplinary Board or a peer review committee, or assisting in the investigation or preparation of such information, or by voluntarily reporting to the Disciplinary 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 Disciplinary Board or a peer review committee, or by serving as a member of the Disciplinary 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 Disciplinary Board, the Medical Coordinators, the Disciplinary 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 Disciplinary 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 Disciplinary 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 Disciplinary 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 Disciplinary Board, the Disciplinary Board shall notify in writing, by certified mail, the person who is the subject of the report. Such notification shall be made within 30 days of receipt by the Disciplinary 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 Disciplinary Board no more than 30 days after the date on which the person was notified by the Disciplinary Board of the existence of the original report.

The Disciplinary 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 Disciplinary Board shall be in a timely manner but in no event, shall the Disciplinary 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 Disciplinary Board.

When the Disciplinary Board makes its initial review of the materials contained within its disciplinary files, the Disciplinary 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 Disciplinary 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 Disciplinary Board's decision or request further investigation. The Secretary shall inform the Board in writing 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.

(F) Summary reports. The Disciplinary Board shall prepare, on a timely basis, but in no event less than once ~~one~~ every other month, a summary report of final actions taken upon disciplinary files maintained by the Disciplinary 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 Internet website ~~sent by the Disciplinary Board to every health care facility licensed by the Illinois Department of Public Health, every professional association and society of persons licensed under this Act functioning on a statewide basis in this State, the American Medical Association, the American Osteopathic Association, the American Chiropractic Association, all insurers providing professional liability insurance to persons licensed under this Act in the State of Illinois, the Federation of State Medical Licensing Boards, and the Illinois Pharmacists Association.~~

(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.

(Source: P.A. 94-677, eff. 8-25-05.)

(225 ILCS 60/54.5)

(Section scheduled to be repealed on December 31, 2008)

Sec. 54.5. Physician delegation of authority.

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

physician assistants.

(b) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act ~~Title 15 of the Nursing and Advanced Practice Nursing Act~~. Collaboration is for the purpose of providing medical consultation ~~direction~~, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act ~~Sections 15 15 and 15 20 of the Nursing and Advanced Practice Nursing Act~~. The written collaborative agreement shall be for services the collaborating physician generally provides to his or her patients in the normal course of clinical medical practice. A written collaborative agreement ~~Physician medical direction~~ shall be adequate with respect to collaboration with advanced practice nurses ~~certified nurse practitioners, certified nurse midwives, and clinical nurse specialists~~ if all of the following apply a collaborating physician:

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



~~procedures are being performed. participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse and periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice;~~

(2) Practice guidelines and orders are developed and approved jointly by the advanced practice nurse and collaborating physician, as needed, based on the practice of the practitioners. Such guidelines and orders and the patient services provided thereunder are periodically reviewed by the collaborating physician. is on site at least once a month to provide medical direction and consultation; and

(3) The advance practice nurse provides services the collaborating physician generally provides to his or her patients in the normal course of clinical practice, except as set forth in subsection (b-5) of this Section. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife. is available through telecommunications for consultation on medical problems, complications, or emergencies or patient referral.

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

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

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

(b-5) An anesthesiologist or physician licensed to practice medicine in all its branches may collaborate with a certified registered nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act for the provision of anesthesia services. With respect to the provision of anesthesia services, the collaborating anesthesiologist or physician shall have training and experience in the delivery of anesthesia services consistent with Department rules. ~~Collaboration Section 15-25 of the Nursing and Advanced Practice Nursing Act. Medical direction for a certified registered nurse anesthetist shall be adequate if:~~

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

(2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and

available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

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

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

(d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician licensed to practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other persons ~~personnel~~.

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

practice nurse to perform acts, unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts or commits willful and wanton misconduct.

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

Section 125. The Nursing and Advanced Practice Nursing Act is amended by changing and renumbering Titles 5, 10, 15, 17, and 20 as follows:

(225 ILCS 65/Art. 50 heading new) (was 225 ILCS 65/Tit. 5 heading)

ARTICLE 50 ~~TITLE 5~~. GENERAL PROVISIONS

(225 ILCS 65/50-1 new) (was 225 ILCS 65/5-1)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-1 ~~5-1~~. This Act ~~Article~~ may be cited as the Nurse Nursing and Advanced Practice Nursing Act, ~~and throughout this Article, references to this Act shall mean this Article.~~

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/50-5 new) (was 225 ILCS 65/5-5)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-5 ~~5-5~~. Legislative purpose. The practice of professional and practical nursing in the State of Illinois is hereby declared to affect the public health, safety, and

welfare and to be subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of nursing, as defined in this Act, merit and receive the confidence of the public and that only qualified persons be authorized to so practice in the State of Illinois. This Act shall be liberally construed to best carry out these subjects and purposes.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/50-10 new) (was 225 ILCS 65/5-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-10 ~~5-10~~. Definitions. Each of the following terms, when used in this Act, shall have the meaning ascribed to it in this Section, except where the context clearly indicates otherwise:

~~(a) "Department" means the Department of Professional Regulation.~~

~~(b) "Director" means the Director of Professional Regulation.~~

~~(c) "Board" means the Board of Nursing appointed by the Director.~~

~~(d) "Academic year" means the customary annual schedule of courses at a college, university, or approved school, customarily regarded as the school year as distinguished from the calendar year.~~

"Advanced practice nurse" or "APN" means a person who has

met the qualifications for a (i) certified nurse midwife (CNM); (ii) certified nurse practitioner (CNP); (iii) certified registered nurse anesthetist (CRNA); or (iv) clinical nurse specialist (CNS) and has been licensed by the Department. All advanced practice nurses licensed and practicing in the State of Illinois shall use the title APN and may use speciality credentials after their name.

~~(e)~~ "Approved program of professional nursing education" and "approved program of practical nursing education" are programs of professional or practical nursing, respectively, approved by the Department under the provisions of this Act.

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

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

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

"Credentialed" means the process of assessing and validating the qualifications of a health care professional.

"Current nursing practice update course" means a planned nursing education curriculum approved by the Department consisting of activities that have educational objectives, instructional methods, content or subject matter, clinical

practice, and evaluation methods, related to basic review and updating content and specifically planned for those nurses previously licensed in the United States or its territories and preparing for reentry into nursing practice.

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

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

"Impaired nurse" means a nurse licensed under this Act who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care.

"License-pending advanced practice nurse" means a registered professional nurse who has completed all requirements for licensure as an advanced practice nurse except the certification examination and has applied to take the next available certification exam and received a temporary license from the Department.

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

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

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

~~(f) "Nursing Act Coordinator" means a registered professional nurse appointed by the Director to carry out the administrative policies of the Department.~~

~~(g) "Assistant Nursing Act Coordinator" means a registered professional nurse appointed by the Director to assist in carrying out the administrative policies of the Department.~~

~~(h) "Registered" is the equivalent of "licensed".~~

~~(i) "Practical nurse" or "licensed practical nurse" means a person who is licensed as a practical nurse under this Act and practices practical nursing as defined in paragraph (j) of this Act Section. Only a practical nurse licensed under this Act is entitled to use the title "licensed practical nurse" and the abbreviation "L.P.N."~~

~~(j) "Practical nursing" means the performance of nursing acts requiring the basic nursing knowledge, judgement, and skill acquired by means of completion of an approved practical nursing education program. Practical nursing includes assisting in the nursing process as delegated by and under the direction of a registered professional nurse or an advanced practice nurse. The practical nurse may work under the direction of a licensed physician, dentist, podiatrist, or other health care professional determined by the Department.~~



"Privileged" means the authorization granted by the governing body of a healthcare facility, agency, or organization to provide specific patient care services within well-defined limits, based on qualifications reviewed in the credentialing process.

~~(k)~~ "Registered Nurse" or "Registered Professional Nurse" means a person who is licensed as a professional nurse under this Act and practices nursing as defined in ~~paragraph (1) of this Act Section~~. Only a registered nurse licensed under this Act is entitled to use the titles "registered nurse" and "registered professional nurse" and the abbreviation, "R.N.".

~~(l)~~ "Registered professional nursing practice" is a scientific process founded on a professional body of knowledge; it is a learned profession based on the understanding of the human condition across the life span and environment and includes all nursing specialities and means the performance of any nursing act based upon professional knowledge, judgment, and skills acquired by means of completion of an approved ~~registered~~ professional nursing education program. A registered professional nurse provides holistic nursing care ~~emphasizing the importance of the whole and the interdependence of its parts~~ through the nursing process to individuals, groups, families, or communities, that includes but is not limited to: (1) the assessment of healthcare needs, nursing diagnosis, planning, implementation, and nursing evaluation; (2) the promotion, maintenance, and restoration of health; (3)

counseling, patient education, health education, and patient advocacy; (4) the administration of medications and treatments as prescribed by a physician licensed to practice medicine in all of its branches, a licensed dentist, a licensed podiatrist, or a licensed optometrist or as prescribed by a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1987 or by an advanced practice nurse in accordance with Article 65 of this ~~a written collaborative agreement required under the Nursing and Advanced Practice Nursing Act~~; (5) the coordination and management of the nursing plan of care; (6) the delegation to and supervision of individuals who assist the registered professional nurse implementing the plan of care; and (7) teaching ~~and supervision of~~ nursing students. The foregoing shall not be deemed to include those acts of medical diagnosis or prescription of therapeutic or corrective measures ~~that are properly performed only by physicians licensed in the State of Illinois.~~

~~(m) "Current nursing practice update course" means a planned nursing education curriculum approved by the Department consisting of activities that have educational objectives, instructional methods, content or subject matter, clinical practice, and evaluation methods, related to basic review and updating content and specifically planned for those nurses previously licensed in the United States or its territories and preparing for reentry into nursing practice.~~

~~(n)~~ "Professional assistance program for nurses" means a professional assistance program that meets criteria established by the Board of Nursing and approved by the Secretary ~~Director~~, which provides a non-disciplinary treatment approach for nurses licensed under this Act whose ability to practice is compromised by alcohol or chemical substance addiction.

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

"Unencumbered license" means a license issued in good standing.

"Written collaborative agreement" means a written agreement between an advanced practice nurse and a collaborating physician, dentist, or podiatrist pursuant to Section 65-35.

(Source: P.A. 90-61, eff. 12-30-97; 90-248, eff. 1-1-98; 90-655, eff. 7-30-98; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-15 new) (was 225 ILCS 65/5-15)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-15 ~~5-15~~. Policy; application of Act.

(a) For the protection of life and the promotion of health, and the prevention of illness and communicable diseases, any person practicing or offering to practice advanced, professional, or ~~and~~ practical nursing in Illinois shall submit evidence that he or she is qualified to practice, and shall be

licensed as provided under this Act. No person shall practice or offer to practice advanced, professional, or practical nursing in Illinois or use any title, sign, card or device to indicate that such a person is practicing professional or practical nursing unless such person has been licensed under the provisions of this Act.

(b) This Act does not prohibit the following:

(1) ~~(a)~~ The practice of nursing in Federal employment in the discharge of the employee's duties by a person who is employed by the United States government or any bureau, division or agency thereof and is a legally qualified and licensed nurse of another state or territory and not in conflict with Sections 50-50, 55-10, 60-10, and 70-5 ~~10-5, 10-30, and 10-45~~ of this Act.

(2) ~~(b)~~ Nursing that is included in the ~~their~~ program of study by students enrolled in programs of nursing or in current nurse practice update courses approved by the Department.

(3) ~~(c)~~ The furnishing of nursing assistance in an emergency.

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

(5) ~~(e)~~ The incidental care of the sick by members of the family, domestic servants or housekeepers, or care of

the sick where treatment is by prayer or spiritual means.

(6) ~~(f)~~ Persons from being employed as unlicensed assistive personnel ~~nursing aides, attendants, orderlies, and other auxiliary workers~~ in private homes, long term care facilities, nurseries, hospitals or other institutions.

~~(g) The practice of practical nursing by one who has applied in writing to the Department in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who has complied with all the provisions under Section 10-30, except the passing of an examination to be eligible to receive such license, until: the decision of the Department that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 3 months. An applicant practicing practical nursing under this Section who passes the examination, however, may continue to practice under this Section until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this paragraph shall practice practical nursing except under the direct supervision of a registered professional nurse licensed~~

~~under this Act or a licensed physician, dentist or podiatrist. In no instance shall any such applicant practice or be employed in any supervisory capacity.~~

(7) ~~(h)~~ The practice of practical nursing by one who is a licensed practical nurse under the laws of another U.S. jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who is qualified to receive such license under this Act ~~Section 10-30~~, until (i) ~~(1)~~ the expiration of 6 months after the filing of such written application, (ii) ~~(2)~~ the withdrawal of such application, or (iii) ~~(3)~~ the denial of such application by the Department.

~~(i) The practice of professional nursing by one who has applied in writing to the Department in form and substance satisfactory to the Department for a license as a registered professional nurse and has complied with all the provisions under Section 10-30 except the passing of an examination to be eligible to receive such license, until the decision of the Department that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 3 months. An applicant practicing professional nursing under this Section who passes the~~

~~examination, however, may continue to practice under this Section until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this paragraph shall practice professional nursing except under the direct supervision of a registered professional nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any supervisory capacity.~~

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

(9) ~~(j)~~ The practice of professional nursing by one who is a registered professional nurse under the laws of another state, territory of the United States or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a registered professional nurse and who is qualified to

receive such license under Section 55-10 ~~10-30~~, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.

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

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

(12) ~~(m)~~ Delegation to authorized direct care staff trained under Section 15.4 of the Mental Health and Developmental Disabilities Administrative Act consistent with the policies of the Department.

(13) Nothing in this Act shall be construed to limit



the delegation of tasks or duties by a physician, dentist, or podiatrist to a licensed practical nurse, a registered professional nurse, or other persons.

~~An applicant for license practicing under the exceptions set forth in subparagraphs (g), (h), (i), and (j) of this Section shall use the title R.N. Lic. Pend. or L.P.N. Lic. Pend. respectively and no other.~~

(Source: P.A. 93-265, eff. 7-22-03.)

(225 ILCS 65/50-20 new) (was 225 ILCS 65/5-20)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-20 ~~5-20~~. Unlicensed practice; violation; civil penalty.

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

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

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil 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.

(Source: P.A. 89-474, eff. 6-18-96; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-25 new) (was 225 ILCS 65/5-21)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-25 ~~5-21~~. No registered nurse or licensed practical nurse may perform refractions and other determinations of visual function or eye health diagnosis. A registered nurse or licensed practical nurse may participate in these activities with the direct on-site supervision of an optometrist licensed under the Illinois Optometric Practice Act of 1987 or a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987.

(Source: P.A. 92-367, eff. 8-15-01.)

(225 ILCS 65/50-30 new) (was 225 ILCS 65/5-22)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-30 ~~5-22~~. Social Security Number on license application. In addition to any other information required to be contained in an the application for licensure under this Act, every application for an original, renewal, or restored license under this Act shall include the applicant's Social Security Number.

(Source: P.A. 90-144, eff. 7-23-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-35 new) (was 225 ILCS 65/5-23)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-35 ~~5-23~~. Criminal history records background check. Each applicant for licensure by examination or restoration shall have his or her fingerprints submitted to the Department of State Police in an electronic format that complies with the form and manner for requesting and furnishing criminal history record information as prescribed by the Department of State Police. These fingerprints shall be checked against the Department of State Police and Federal Bureau of Investigation criminal history record databases now and hereafter filed. The Department of State Police shall charge applicants a fee for conducting the criminal history records check, which shall be deposited into the State Police Services Fund and shall not exceed the actual cost of the records check. The Department of State Police shall furnish, pursuant to positive identification, records of Illinois convictions to the Department. The Department may require applicants to pay a separate fingerprinting fee, either to the Department or to a vendor. The Department, in its discretion, may allow an applicant who does not have reasonable access to a designated vendor to provide his or her fingerprints in an alternative manner. The Department may adopt any rules necessary to implement this Section. After the effective date of this amendatory Act of the 91st General Assembly, the Department

~~shall require an applicant for initial licensure under this Act to submit to a criminal background check by the Illinois State Police and the Federal Bureau of Investigation as part of the qualification for licensure. If an applicant's criminal background check indicates criminal conviction, the applicant must further submit to a fingerprint based criminal background check. The applicant's name, sex, race, date of birth, and social security number shall be forwarded to the Illinois State Police to be searched against the Illinois criminal history records database in the form and manner prescribed by the Illinois State Police. The Illinois State Police shall charge a fee for conducting the search, which shall be deposited in the State Police Services Fund and shall not exceed the cost of the inquiry. If a search of the Illinois criminal history records database indicates that the applicant has a conviction record, a fingerprint based criminal history records check shall be required. Each applicant requiring a fingerprint based search shall submit his or her fingerprints to the Illinois State Police in the form and manner prescribed by the Illinois State Police. These fingerprints shall be checked against the fingerprint records now and hereafter filed in the Illinois State Police and Federal Bureau of Investigation criminal history records databases. The Illinois State Police shall charge a fee for conducting the criminal history records check, which shall be deposited in the State Police Services Fund and shall not exceed the actual cost of the records check. The~~

~~Illinois State Police shall furnish, pursuant to positive identification, records of Illinois convictions to the Department. The Department shall adopt rules to implement this Section.~~

(Source: P.A. 92-744, eff. 7-25-02; 93-418, eff. 1-1-04.)

(225 ILCS 65/50-40 new) (was 225 ILCS 65/5-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-40 ~~5-25~~. Emergency care; civil liability. Exemption from civil liability for emergency care is as provided in the Good Samaritan Act.

(Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-45 new) (was 225 ILCS 65/5-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-45 ~~5-30~~. Services rendered without compensation; civil liability. Exemption from civil liability for services rendered without compensation is as provided in the Good Samaritan Act.

(Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-50 new) (was 225 ILCS 65/10-5)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-50 ~~10-5~~. Prohibited acts.

(a) No person shall:

(1) Practice as an advanced practice nurse without a

valid license as an advanced practice nurse, except as provided in Section 50-15 of this Act;

(2) ~~(a)~~ Practice professional nursing without a valid license as a registered professional nurse except as provided in ~~paragraphs (i) and (j) of Section 50-15~~ 5-15 of this Act;

(3) ~~(b)~~ Practice practical nursing without a valid license as a licensed practical nurse ~~or practice practical nursing, other than under the direction of a licensed physician, licensed dentist, or registered professional nurse;~~ except as provided in ~~paragraphs (g), (h), and (j) of Section 50-15~~ 5-15 of this Act;

(4) ~~(c)~~ Practice nursing under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(5) ~~(d)~~ Practice nursing during the time her or his license is suspended, revoked, expired or on inactive status;

(6) ~~(e)~~ Use any words, abbreviations, figures, letters, title, sign, card, or device tending to imply that she or he is a registered professional nurse, including the titles or initials, "Nurse," "Registered Nurse," "Professional Nurse," "Registered Professional Nurse," "Certified Nurse," "Trained Nurse," "Graduate Nurse," "P.N.," or "R.N.," or "R.P.N." or similar titles or

initials with intention of indicating practice without a valid license as a registered professional nurse;

(7) Use any words, abbreviations, figures, letters, titles, signs, cards, or devices tending to imply that she or he is an advanced practice nurse, including the titles or initials "Advanced Practice Nurse", "A.P.N.", or similar titles or initials, with the intention of indicating practice as an advanced practice nurse without a valid license as an advanced practice nurse under this Act.

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

(9) ~~(f-5)~~ Advertise services regulated under this Act without including in every advertisement his or her title as it appears on the license or the initials authorized under this Act;

(10) ~~(g)~~ Obtain or furnish a license by or for money or any other thing of value other than the fees required under this Act ~~by Section 20-35,~~ or by any fraudulent representation or act;

(11) ~~(h)~~ Make any wilfully false oath or affirmation

required by this Act;

(12) ~~(i)~~ Conduct a nursing education program preparing persons for licensure that has not been approved by the Department;

(13) ~~(j)~~ Represent that any school or course is approved or accredited as a school or course for the education of registered professional nurses or licensed practical nurses unless such school or course is approved by the Department under the provisions of this Act;

(14) ~~(k)~~ Attempt or offer to do any of the acts enumerated in this Section, or knowingly aid, abet, assist in the doing of any such acts or in the attempt or offer to do any of such acts;

~~(l) Seek employment as a registered professional nurse under the terms of paragraphs (i) and (j) of Section 5-15 of this Act without possessing a written authorization which has been issued by the Department or designated testing service and which evidences the filing of the written application referred to in paragraphs (i) and (j) of Section 5-15 of this Act;~~

~~(m) Seek employment as a licensed practical nurse under the terms of paragraphs (g) and (h) of Section 5-15 of this Act without possessing a written authorization which has been issued by the Department or designated testing service and which evidences the filing of the written application referred to in paragraphs (g) and (h) of Section 5-15 of this Act;~~

(15) ~~(n)~~ Employ ~~or utilize~~ persons not licensed under



this Act to practice professional nursing or practical nursing; and

(16) ~~(e)~~ Otherwise intentionally violate any provision of this Act.

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

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

(b) Any person, including a firm, association or corporation who violates any provision of this Section shall be guilty of a Class A misdemeanor.

(Source: P.A. 90-742, eff. 8-13-98; 91-310, eff. 1-1-00.)

(225 ILCS 65/50-55 new) (was 225 ILCS 65/10-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-55 ~~10-10~~. Department powers and duties.

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

review by the Board.

(b) The Department shall ~~:(1)~~ prepare and maintain a list of approved programs of professional nursing education and programs of practical nursing education in this State, whose graduates, if they have the other necessary qualifications provided in this Act, shall be eligible to apply for a license to practice nursing in this State. ~~;~~

~~(2) promulgate rules defining what constitutes an approved program of professional nursing education and what constitutes an approved program of practical nursing education; and~~

~~(3) adopt rules for examination of candidates for licenses and for issuance of licenses authorizing candidates upon passing an examination to practice under this Act.~~

(c) The Department may act upon the recommendations of the Center for Nursing Advisory Board.

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/50-60 new) (was 225 ILCS 65/10-15)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-60 ~~10-15~~. Nursing ~~Act~~ Coordinator; Assistant Nursing Coordinator. The Secretary Department shall appoint ~~obtain~~, pursuant to the Personnel Code, a Nursing ~~Act~~ Coordinator and an Assistant Nursing Coordinator ~~assistants~~. The Nursing Coordinator and Assistant Nursing Coordinator

~~assistants shall be registered professional nurses licensed in this State who have ~~and~~ graduated from an approved school ~~schools~~ of nursing and ~~each shall have been actively engaged in nursing education not less than one year prior to appointment.~~ ~~The Nursing Act Coordinator shall~~ hold at least a master's degree in nursing from an accredited ~~approved~~ college or university ~~and shall have at least 5 years experience since graduation in progressively responsible positions in nursing education.~~ Each assistant shall hold at least a master's degree in nursing from an approved college or university and shall have at least 3 years experience since graduation in progressively responsible positions in nursing education. ~~The Nursing Act Coordinator and assistants shall perform such administrative functions as may be delegated to them by the Director.~~~~

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/50-65 new) (was 225 ILCS 65/10-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-65 ~~10-25~~. Board.

(a) The term of each member of the Board of Nursing and the Advanced Practice Nursing Board serving before the effective date of this amendatory Act of the 95th General Assembly shall terminate on the effective date of this amendatory Act of the 95th General Assembly. Beginning on the effective date of this amendatory Act of the 95th General Assembly, the Secretary ~~The~~

~~Director~~ shall solicit recommendations from nursing organizations and appoint the Board of Nursing, which, ~~beginning January 1, 2000,~~ shall consist of 13 members, one of whom shall be a practical nurse; one of whom shall be a practical nurse educator; one of whom shall be a registered professional nurse in practice; one of whom shall be an associate degree nurse educator; one of whom shall be a baccalaureate degree nurse educator; one of whom shall be a nurse who is actively engaged in direct care; one of whom shall be a registered professional nurse actively engaged in direct care; one of whom shall be a nursing administrator; 4 of whom shall be advanced practice nurses representing CNS, CNP, CNM, and CRNA practice; and one of whom shall be a public member who is not employed in and has no material interest in any health care field. The Board shall receive actual and necessary expenses incurred in the performance of their duties.

Members of the Board of Nursing and the Advanced Practice Nursing Board whose terms were terminated by this amendatory Act of the 95th General Assembly shall be considered for membership positions on the Board.

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

Membership terms shall be for 3 years, except that in making initial appointments, the Secretary shall appoint all members for initial terms of 2, 3, and 4 years and these terms shall be staggered as follows: 3 shall be appointed for terms of 2 years; 4 shall be appointed for terms of 3 years; and 6 shall be appointed for terms of 4 years. No member shall be appointed to more than 2 consecutive terms. In the case of a vacated position, an individual may be appointed to serve the unexpired portion of that term; if the term is less than half of a full term, the individual is eligible to serve 2 full terms. ~~be composed of 7 registered professional nurses, 2 licensed practical nurses and one public member who shall also be a voting member and who is not a licensed health care provider. Two registered nurses shall hold at least a master's degree in nursing and be educators in professional nursing programs, one representing baccalaureate nursing education, one representing associate degree nursing education; one registered nurse shall hold at least a bachelor's degree with a major in nursing and be an educator in a licensed practical nursing program; one registered nurse shall hold a master's degree in nursing and shall represent nursing service administration; 2 registered nurses shall represent clinical nursing practice, one of whom shall have at least a master's degree in nursing; and, until January 1, 2000, 2 registered nurses shall represent advanced specialty practice. Each of the nurses shall have had a minimum of 5 years experience in~~

~~nursing, 3 of which shall be in the area they represent on the Board and be actively engaged in the area of nursing they represent at the time of appointment and during their tenure on the Board. Members shall be appointed for a term of 3 years. No member shall be eligible for appointment to more than 2 consecutive terms and any appointment to fill a vacancy shall be for the unexpired portion of the term. In making Board appointments, the Director shall give consideration to recommendations submitted by nursing organizations. Consideration shall be given to equal geographic representation. The Board shall receive actual and necessary expenses incurred in the performance of their duties.~~

~~In making the initial appointments, the Director shall appoint all new members for terms of 2, 3, and 4 years and such terms shall be staggered as follows: 3 shall be appointed for terms of 2 years; 3 shall be appointed for terms of 3 years; and 3 shall be appointed for terms of 4 years.~~

The Secretary ~~Director~~ may remove any member of the Board for misconduct, incapacity, or neglect of duty. The Secretary ~~Director~~ shall reduce to writing any causes for removal.

The Board shall meet annually to elect a chairperson and vice chairperson. The Board shall ~~may~~ hold regularly scheduled ~~such other~~ meetings during the year ~~as may be necessary to~~ ~~conduct its business.~~ A simple majority ~~Six voting members~~ of the Board shall constitute a quorum at any meeting. Any action taken by the Board must be on the affirmative vote of a simple

majority of 6 members. Voting by proxy shall not be permitted. In the case of an emergency where all Board members cannot meet in person, the Board may convene a meeting via an electronic format in accordance with the Open Meetings Act.

~~The Board shall submit an annual report to the Director.~~

~~The members of the Board shall be immune from suit in any action based upon any disciplinary proceedings or other acts performed in good faith as members of the Board.~~

(b) The Board may perform each of the following activities ~~is authorized to:~~

(1) Recommend to the Department ~~recommend~~ the adoption and, ~~from time to time,~~ the revision of ~~such~~ rules ~~that may be necessary~~ for the administration ~~to carry out the provisions~~ of this Act;

~~(2) conduct hearings and disciplinary conferences upon charges calling for discipline of a licensee as provided in Section 10-45;~~

~~(3) report to the Department, upon completion of a hearing, the disciplinary actions recommended to be taken against persons violating this Act;~~

(2) Recommend ~~(4) recommend~~ the approval, denial of approval, withdrawal of approval, or discipline of nursing education programs;

~~(5) participate in a national organization of state boards of nursing; and~~

~~(6) recommend a list of the registered nurses to serve~~

~~as Nursing Act Coordinator and Assistant Nursing Act Coordinator, respectively.~~

(c) The Board shall participate in disciplinary conferences and hearings and make recommendations to the Department regarding disciplinary action taken against a licensee as provided under this Act. Disciplinary conference hearings and proceedings regarding scope of practice issues shall be conducted by a Board member at the same or higher licensure level as the respondent. Participation in an informal conference shall not bar members of the Board from future participation or decisions relating to that matter.

(d) With the exception of emergency rules, any proposed rules, amendments, second notice materials, and adopted rule or amendment materials or policy statements concerning advanced practice nurses shall be presented to the Medical Licensing Board for review and comment. The recommendations of both the Board of Nursing and the Medical Licensing Board shall be presented to the Secretary for consideration in making final decisions. Whenever the Board of Nursing and Medical Licensing Board disagree on a proposed rule or policy, the Secretary shall convene a joint meeting of the officers of each Board to discuss resolution of any disagreements.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)



(Section scheduled to be repealed on January 1, 2008)

Sec. 50-70 ~~40-35~~. Concurrent theory and clinical practice education requirements of this Act. The educational requirements of Sections 55-10 and 60-10 of this Act ~~Section 40-30~~ relating to registered professional nursing and licensed practical nursing shall not be deemed to have been satisfied by the completion of any correspondence course or any program of nursing that does not require coordinated or concurrent theory and clinical practice. The Department may, upon recommendation of the Board, grant an Illinois license to those applicants who have received advanced graduate degrees in nursing from an approved program with concurrent theory and clinical practice or to those applicants who are currently licensed in another state and have been actively practicing clinical nursing for a minimum of 2 years.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-43, eff. 1-1-00.)

(225 ILCS 65/50-75 new)

Sec. 50-75. Nursing delegation.

(a) For the purposes of this Section:

"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

"Nursing activity" means any work requiring the use of knowledge acquired by completion of an approved program for

licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by the Department by rule.

"Task" means work not requiring nursing knowledge, judgment, or decision-making, as defined by the Department by rule.

(b) Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.

(c) A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.

A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation.

heading)

ARTICLE 55 ~~TITLE 10.~~ NURSING LICENSURE-LICENSED PRACTICAL  
NURSES REGISTERED NURSES  
~~AND LICENSED PRACTICAL NURSES~~

(225 ILCS 65/55-5 new)

Sec. 55-5. LPN education program requirements.

(a) All Illinois practical nurse education programs must be reviewed by the Board and approved by the Department before the successful completion of such a program may be applied toward meeting the requirements for practical nurse licensure under this Act. Any program changing the level of educational preparation or the relationship with or to the parent institution or establishing an extension of an existing program must request a review by the Board and approval by the Department. The Board shall review and make a recommendation for the approval or disapproval of a program by the Department based on the following criteria:

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

(2) program curriculum that meets all State requirements;

(3) the administration of the program by a Nurse

Administrator and the involvement of a Nurse Administrator in the development of the program; and

(4) the occurrence of a site visit prior to approval.

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

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

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

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

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

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

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

(1) Notify the Department, in writing, of its intent to

discontinue the program.

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

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

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

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

(225 ILCS 65/55-10 new) (was 225 ILCS 65/10-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 55-10 ~~10-30~~. Qualifications for LPN licensure.

(a) Each applicant who successfully meets the requirements of this Section shall be entitled to licensure as a ~~Registered Nurse or Licensed Practical Nurse, whichever is applicable.~~

(b) An applicant for licensure by examination to practice as a ~~registered nurse or licensed~~ practical nurse must do each of the following shall:

(1) Submit ~~submit~~ a completed written application, on forms provided by the Department and fees as established by the Department. ~~†~~

(2) Have graduated from a practical nursing education program approved by the Department or have been granted a certificate of completion of pre-licensure requirements from another United States jurisdiction.

(3) Successfully complete a licensure examination approved by the Department. ~~for registered nurse licensure, have graduated from a professional nursing education program approved by the Department;~~

~~(2.5) for licensed practical nurse licensure, have graduated from a practical nursing education program approved by the Department;~~

(4) Have ~~(3) have~~ not violated the provisions of Section 10-45 of this Act concerning the grounds for disciplinary action. The Department may take into consideration any felony conviction of the applicant, but such a conviction shall not operate as an absolute bar to licensure.~~;~~

(5) Submit to the criminal history records check required under Section 50-35 of this Act.

~~(4) meet all other requirements as established by rule;~~

(6) Submit ~~(5) pay,~~ either to the Department or its designated testing service, a fee covering the cost of providing the examination. Failure to appear for the examination on the scheduled date at the time and place specified after the applicant's application for examination has been received and acknowledged by the

Department or the designated testing service shall result in the forfeiture of the examination fee.

(7) Meet all other requirements established by rule.

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

(b-5) If an applicant for licensure by examination neglects, fails, or refuses to take an examination or fails to pass an examination for a license under this Act within 3 years after filing the application, the application shall be denied. The ~~However, the~~ applicant must enroll in and complete an approved practical nursing education program prior to submitting an additional ~~may make a new~~ application for the licensure exam ~~accompanied by the required fee and provide evidence of meeting the requirements in force at the time of the new application.~~

An applicant may take and successfully complete a Department-approved examination in another jurisdiction. However, an applicant who has never been licensed previously in any jurisdiction that utilizes a Department-approved examination and who has taken and failed to pass the examination within 3 years after filing the application must submit proof of successful completion of a Department-authorized nursing education program or recompletion of an approved ~~registered nursing program or~~ licensed practical nursing program, ~~as appropriate,~~ prior to re-application.

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

(d) A licensed practical nurse applicant who passes the Department-approved licensure examination and has applied to the Department for licensure may obtain employment as a license-pending practical nurse and practice as delegated by a registered professional nurse or an advanced practice nurse or physician. An individual may be employed as a license-pending practical nurse if all of the following criteria are met:

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

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

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

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

(e) The privilege to practice as a license-pending



practical nurse shall terminate with the occurrence of any of the following:

(1) Three months have passed since the official date of passing the licensure exam as inscribed on the formal written notification indicating passage of the exam. This 3-month period may be extended as determined by rule.

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

(3) Notification from the Department that the application for licensure has been denied.

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

(f) ~~(e)~~ An applicant for licensure by endorsement who is a ~~registered professional nurse or a~~ licensed practical nurse licensed by examination under the laws of another state or territory of the United States or a foreign country, jurisdiction, territory, or province must do each of the following ~~shall~~:

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

(2) ~~Have graduated from a practical nursing education program approved by the Department.~~ ~~for registered nurse licensure, have graduated from a professional nursing~~

~~education program approved by the Department;~~

~~(2.5) for licensed practical nurse licensure, have graduated from a practical nursing education program approved by the Department;~~

(3) Submit ~~submit~~ verification of licensure status directly from the United States jurisdiction of licensure, if applicable, as defined by rule.†

(4) Submit to the criminal history records check required under Section 50-35 of this Act. ~~have passed the examination authorized by the Department;~~

(5) Meet ~~meet~~ all other requirements as established by the Department by rule.

(g) ~~(d)~~ All applicants for practical ~~registered~~ nurse licensure by examination or endorsement pursuant to item (2) of subsection (b) and item (2) of subsection (c) of this Section who are graduates of nursing educational programs in a country other than the United States or its territories shall have their nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test

of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English. The requirements of this subsection (d) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(h) ~~(d-5)~~ An applicant licensed in another state or territory who is applying for licensure and has received her or his education in a country other than the United States or its territories shall have her or his nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL

examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the successful passage of an approved licensing examination given in English. The requirements of this subsection (d-5) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

~~(e) (Blank).~~

(i) A ~~(f) Pending the issuance of a license under subsection (e) of this Section, the Department may grant an applicant a temporary license to practice nursing as a registered nurse or as a licensed practical nurse who if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another United States jurisdiction and who has applied for practical nurse licensure under this Act by endorsement may be issued a temporary license, if satisfactory proof of such licensure in another jurisdiction is presented to the Department. The ~~if the applicant holds more than one current active license, or one or more active temporary licenses from other jurisdictions, the Department shall not issue an applicant a temporary practical nurse license until it is satisfied that the applicant holds an each current active, license held by the applicant is unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current active license or~~~~

one or more active temporary licenses from another jurisdiction, the Department may not issue a temporary license until the Department is satisfied that each current active license held by the applicant is unencumbered. The temporary license, which shall be issued no later than 14 working days following receipt by the Department of an application for the temporary license, shall be granted upon the submission of all of the following to the Department:

(1) A ~~a signed and~~ completed application for licensure ~~under subsection (a) of this Section as a registered nurse or a licensed practical nurse.~~

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

(3) A ~~a~~ signed and completed application for a temporary license.+~~and~~

(4) The ~~the~~ required temporary license fee.

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

(1) the applicant has been convicted of a crime under the laws of a jurisdiction of the United States that is:  
(i) ~~which is~~ a felony; or (ii) ~~which is~~ a misdemeanor directly related to the practice of the profession, within

the last 5 years;

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

(3) the Department ~~it~~ intends to deny licensure by endorsement.

~~For purposes of this Section, an "unencumbered license" means a license against which no disciplinary action has been taken or is pending and for which all fees and charges are paid and current.~~

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

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

(2) That ~~it determines that~~ within the last 5 years the applicant has had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction, and ~~if~~ at least one of

the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act. in Illinois; or

(3) That the Department ~~it determines that it~~ intends to deny licensure by endorsement.

(1) A temporary license shall expire 6 months from the date of issuance. Further renewal may be granted by the Department in hardship cases, as defined by rule and upon approval of the Secretary ~~Director~~. However, a temporary license shall automatically expire upon issuance of a valid ~~the Illinois~~ license under this Act or upon notification that the Department intends to deny licensure, whichever occurs first.

(m) All applicants for practical nurse licensure ~~(i) Applicants~~ have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years from the date of application, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 94-352, eff. 7-28-05; 94-932, eff. 1-1-07.)

(225 ILCS 65/55-15 new)

Sec. 55-15. LPN license expiration; renewal. The expiration date and renewal period for each license to practice practical nursing issued under this Act shall be set by rule.

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

(225 ILCS 65/55-20 new)

Sec. 55-20. Restoration of LPN license; temporary permit.

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

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

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



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

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

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

(d) Any practical nurse licensee who shall engage in the practice of practical nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

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

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

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

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

(4) The required permit fee.

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

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

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

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

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

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

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

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

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

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

(h) A temporary permit or renewed temporary permit shall expire (i) upon issuance of a valid license under this Act or (ii) upon notification that the Department intends to deny restoration of licensure. Except as otherwise provided in this Section, the temporary permit shall expire 6 months after the date of issuance. Further renewal may be granted by the Department in hardship cases that shall automatically expire upon issuance of a valid license under this Act or upon notification that the Department intends to deny licensure, whichever occurs first. No extensions shall be granted beyond the 6-month period, unless approved by the Secretary. Notification by the Department under this Section must be by certified or registered mail.

(225 ILCS 65/55-25 new)

Sec. 55-25. Inactive status of a LPN license. Any licensed practical nurse who notifies the Department in writing on forms prescribed by the Department may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until

notice is given to the Department, in writing, of his or her intent to restore the license.

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

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

(225 ILCS 65/55-30 new)

Sec. 55-30. LPN scope of practice.

(a) Practice as a licensed practical nurse means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice nurse or as directed by a physician assistant, physician, dentist, or podiatrist, and includes, but is not limited to, all of the following:

(1) Collecting data and collaborating in the assessment of the health status of a patient.

(2) Collaborating in the development and modification of the registered professional nurse's or advanced practice nurse's comprehensive nursing plan of care for all types of patients.

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

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

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

(6) Participating in the evaluation of patient responses to interventions.

(7) Communicating and collaborating with other health care professionals as delegated.

(8) Providing input into the development of policies and procedures to support patient safety.

(225 ILCS 65/55-35 new)

Sec. 55-35. Continuing education for LPN licensees. The Department may adopt rules of continuing education for licensed practical nurses that require 20 hours of continuing education per 2-year license renewal cycle. The rules shall address variances in part or in whole for good cause, including without limitation illness or hardship. The continuing education rules must ensure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the

records when requested by the Department.

(225 ILCS 65/Art. 60 heading new)

ARTICLE 60. NURSING LICENSURE-RN

(225 ILCS 65/60-5 new)

Sec. 60-5. RN education program requirements; out-of-State programs.

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

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

(2) program curriculum that meets all State

requirements;

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

(4) the occurrence of a site visit prior to approval.

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

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

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

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

(c) Program site visits to an institution conducting or hosting a professional nursing program may be made at the discretion of the Nursing Coordinator or upon recommendation of the Board. Full routine site visits shall be conducted by the Department for periodic evaluation. The visits shall be used to determine compliance with this Act. Full routine site visits must be announced and may be waived at the discretion of the Department if the program maintains accreditation with the



National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

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

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

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

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

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

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

(e) Out-of-State registered professional nursing education programs planning to offer clinical practice experiences in this State must meet the requirements set forth in this Section and must meet the clinical and faculty requirements for institutions outside of this State, as established by rule. The institution responsible for conducting an out-of-State registered professional nursing education program and the

administrator of the program shall be responsible for ensuring that the individual faculty and preceptors overseeing the clinical experience are academically and professionally competent.

(225 ILCS 65/60-10 new)

Sec. 60-10. Qualifications for RN licensure.

(a) Each applicant who successfully meets the requirements of this Section shall be entitled to licensure as a registered professional nurse.

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

(1) Submit a completed written application, on forms provided by the Department, and fees, as established by the Department.

(2) Have graduated from a professional nursing education program approved by the Department or have been granted a certificate of completion of pre-licensure requirements from another United States jurisdiction.

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

(4) Have not violated the provisions of this Act concerning the grounds for disciplinary action. The Department may take into consideration any felony conviction of the applicant, but such a conviction may not

operate as an absolute bar to licensure.

(5) Submit to the criminal history records check required under Section 50-35 of this Act.

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

(7) Meet all other requirements established by the Department by rule. An applicant for licensure by examination may take the Department-approved examination in another jurisdiction.

(b-5) If an applicant for licensure by examination neglects, fails, or refuses to take an examination or fails to pass an examination for a license within 3 years after filing the application, the application shall be denied. The applicant may make a new application accompanied by the required fee, evidence of meeting the requirements in force at the time of the new application, and proof of the successful completion of at least 2 additional years of professional nursing education.

(c) An applicant for licensure by examination shall have one year after the date of notification of the successful completion of the examination to apply to the Department for a

license. If an applicant fails to apply within one year, the applicant shall be required to retake and pass the examination unless licensed in another jurisdiction of the United States.

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

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

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

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

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

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

the following:

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

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

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

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

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

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

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

(3) Submit verification of licensure status directly from the United States jurisdiction of licensure, if

applicable, as defined by rule.

(4) Submit to the criminal history records check required under Section 50-35 of this Act.

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

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

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

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

(3) A completed application for a temporary license.

(4) The required temporary license fee.

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

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

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

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

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

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

(2) That within the last 5 years, the applicant has had a license or permit related to the practice of nursing

revoked, suspended, or placed on probation by another jurisdiction, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act.

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

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

(k) All applicants for registered professional nurse licensure have 3 years after the date of application to complete the application process. If the process has not been completed within 3 years after the date of application, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(l) All applicants for registered nurse licensure by examination or endorsement who are graduates of practical nursing educational programs in a country other than the United States and its territories shall have their nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be



issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English. The requirements of this subsection (l) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(m) An applicant licensed in another state or territory who is applying for licensure and has received her or his education in a country other than the United States or its territories shall have her or his nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing

educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the successful passage of an approved licensing examination given in English. The requirements of this subsection (m) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(225 ILCS 65/60-15 new) (was 225 ILCS 65/10-37)

(Section scheduled to be repealed on January 1, 2008)

Sec. 60-15 ~~10-37~~. Registered nurse ~~Nurse~~ externship permit.

(a) The Department shall establish a ~~2-year~~ program under which the Department may issue a nurse externship permit to a registered nurse who is licensed under the laws of another state or territory of the United States and who has not taken the National Council Licensure Examination (NCLEX). A nurse who is issued a permit shall be allowed to practice as a nurse extern under the direct, on-site supervision of a registered

professional nurse licensed under this Act. There shall be one supervising registered professional nurse for every one nurse extern.

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

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

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

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

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

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

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

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

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

(9) Has not violated the provisions of Section 70-5~~10-45~~ of this Act. The Department may take into consideration any felony conviction of the applicant, but such a conviction shall not operate as an absolute bar to licensure.

(10) Has met all other requirements established by rule.

(c) A nurse extern shall be issued no more than one permit in a lifetime. The permit shall expire one calendar year after it is issued. Before being issued a license under this Act, the nurse extern must submit proof of the successful completion of the Bilingual Nurse Consortium course or other course approved

by rule and successful passage of the NCLEX. The nurse extern shall not practice autonomous, professional nursing until he or she is licensed under this Act. The nurse extern shall carry out progressive nursing skills under the direct supervision of a registered nurse licensed under this Act and shall not be employed in a supervisory capacity. The nurse extern shall work only in the sponsoring facility. A nurse extern may work for a period not to exceed one calendar year from the date of issuance of the permit or until he or she fails the NCLEX. While working as a nurse extern, the nurse extern is subject to the provisions of this Act and all rules adopted by the Department for the administration of this Act.

(d) The Secretary shall convene a task force ~~within 2 months after the effective date of this amendatory Act of the 94th General Assembly~~ to establish clinical guidelines that allow for the gradual progression of nursing skills in culturally diverse practice settings. The Nursing Act Coordinator or his or her designee shall serve as chairperson of the task force. The task force shall include, but not be limited to, 2 representatives of the Illinois Nurses Association, 2 representatives of the Illinois Hispanic Nurses Association, a nurse engaged in nursing education who possesses a master's degree or higher, one representative from the Humboldt Park Vocational Educational Center, 2 registered nurses from United States territories who each hold a current State nursing license, one representative from the Chicago

Bilingual Nurse Consortium, and one member of the Illinois Hospital Association. The task force shall complete this work no longer than 4 months after convening. After the nurse externship permit program has been in effect for 2 years, the task force shall evaluate the effectiveness of the program and make appropriate recommendations to the Secretary.

(Source: P.A. 94-351, eff. 7-28-05.)

(225 ILCS 65/60-20 new)

Sec. 60-20. Expiration of RN license; renewal. The expiration date and renewal period for each registered professional nurse license issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address.

(225 ILCS 65/60-25 new)

Sec. 60-25. Restoration of RN license; temporary permit.

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

evidence certifying active lawful practice in another jurisdiction.

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

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

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

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

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

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

(d) Any licensee who engages in the practice of professional nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

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



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

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

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

(4) The required permit fee.

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

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

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

Act; or

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

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

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

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

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

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

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

(225 ILCS 65/60-30 new)

Sec. 60-30. Inactive status of a RN license. Any registered professional nurse, who notifies the Department in writing on forms prescribed by the Department, may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until notice is given to the Department, in writing, of his or her intent to restore the license.

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

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

(225 ILCS 65/60-35 new)

Sec. 60-35. RN scope of practice.

(a) Practice as a registered professional nurse means the full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through

nursing standards recognized by the Department, and includes, but is not limited to, all of the following:

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

(2) The development of a plan of nursing care to be integrated within the patient-centered health care plan that establishes nursing diagnoses, and setting goals to meet identified health care needs, determining nursing interventions, and implementation of nursing care through the execution of nursing strategies and regimens ordered or prescribed by authorized healthcare professionals.

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

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

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

(6) Advocating for patients.

(7) The evaluation of responses to interventions and the effectiveness of the plan of care.

(8) Communicating and collaborating with other health care professionals.

(9) The procurement and application of new knowledge and technologies.

(10) The provision of health education and counseling.

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

(225 ILCS 65/60-40 new)

Sec. 60-40. Continuing education for RN licensees. The Department may adopt rules of continuing education for registered professional nurses licensed under this Act that require 20 hours of continuing education per 2-year license renewal cycle. The rules shall address variances in part or in whole for good cause, including without limitation illness or hardship. The continuing education rules must ensure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(225 ILCS 65/Art. 65 heading new) (was 225 ILCS 65/Tit. 15 heading)

ARTICLE 65 ~~TITLE 15~~. ADVANCED PRACTICE NURSES

(225 ILCS 65/65-5 new) (was 225 ILCS 65/15-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~65-5 15-10~~. Qualifications for APN licensure ~~Advanced practice nurse; qualifications; roster.~~

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

(b) An applicant for licensure to practice as an advanced practice nurse must do each of the following: ~~A person shall be qualified for licensure as an advanced practice nurse if that person:~~

(1) Submit a completed application and any fees as established by the Department. ~~has applied in writing in form and substance satisfactory to the Department and has not violated a provision of this Act or the rules adopted under this Act. The Department may take into consideration any felony conviction of the applicant but a conviction shall not operate as an absolute bar to licensure;~~

(2) Hold ~~holds~~ a current license to practice as a registered professional nurse under this Act. ~~in Illinois;~~

(3) Have ~~has~~ successfully completed requirements to practice as, and holds a current, national certification as, a nurse midwife, clinical nurse specialist, nurse practitioner, or certified registered nurse anesthetist from the appropriate national certifying body as determined by rule of the Department. ~~+~~

~~(4) has paid the required fees as set by rule; and~~

(4) Have ~~(5) has~~ obtained a graduate degree appropriate

for national certification in a clinical advanced practice nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice nursing specialty.

(5) Have not violated the provisions of this Act concerning the grounds for disciplinary action. The Department may take into consideration any felony conviction of the applicant, but such a conviction may not operate as an absolute bar to licensure.

(6) Submit to the criminal history records check required under Section 50-35 of this Act.

(c) ~~(b)~~ Those applicants seeking licensure in more than one advanced practice nursing specialty category need not possess multiple graduate degrees. Applicants may be eligible for licenses for multiple advanced practice nurse licensure specialties categories, provided that the applicant (i) has met the requirements for at least one advanced practice nursing specialty under paragraphs (3) and (5) of subsection (a) of this Section, (ii) possesses an additional graduate education that results in a certificate for another clinical advanced practice nurse specialty category and that meets the requirements for the national certification from the appropriate nursing specialty, and (iii) holds a current national certification from the appropriate national certifying body for that additional advanced practice nursing specialty category.

~~(b-5) A registered professional nurse seeking licensure as an advanced practice nurse in the category of certified registered nurse anesthetist who applies on or before December 31, 2006 and does not have a graduate degree as described in subsection (b) shall be qualified for licensure if that person:~~

~~(1) submits evidence of having successfully completed a nurse anesthesia program described in item (5) of subsection (a) of this Section prior to January 1, 1999;~~

~~(2) submits evidence of certification as a registered nurse anesthetist by an appropriate national certifying body, as determined by rule of the Department; and~~

~~(3) has continually maintained active, up-to-date recertification status as a certified registered nurse anesthetist by an appropriate national recertifying body, as determined by rule of the Department.~~

~~(c) The Department shall provide by rule for APN licensure of registered professional nurses who (1) apply for licensure before July 1, 2001 and (2) submit evidence of completion of a program described in item (5) of subsection (a) or in subsection (b) and evidence of practice for at least 10 years as a nurse practitioner.~~

(d) Any person who holds a valid license as an advanced practice nurse issued under this Act as this Act existed before the effective date of this amendatory Act of the 95th General Assembly shall be subject only to the advanced practice nurse license renewal requirements of this Act as this Act exists on



and after the effective date of this amendatory Act of the 95th General Assembly upon the expiration of that license. The Department shall maintain a separate roster of advanced practice nurses licensed under this Title and their licenses shall indicate "Registered Nurse/Advanced Practice Nurse".

(Source: P.A. 93-296, eff. 7-22-03; 94-348, eff. 7-28-05.)

(225 ILCS 65/65-10 new) (was 225 ILCS 65/15-13)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-10 ~~15-13~~. APN license ~~License~~ pending status.

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

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

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

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

her specialty.

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

~~(5) Proof that he or she has a completed proposed collaborative agreement or practice agreement as required under Section 15-15 or 15-25 of this Act.~~

~~(6) The license application fee as set by rule.~~

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

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

(Source: P.A. 92-744, eff. 7-25-02.)

(225 ILCS 65/65-15 new)

Sec. 65-15. Expiration of APN license; renewal. The expiration date and renewal period for each advanced practice nurse license issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address. Each advanced practice nurse is required to show proof of continued,

current national certification in the specialty.

(225 ILCS 65/65-20 new)

Sec. 65-20. Restoration of APN license; temporary permit.

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

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

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

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

(3) An affidavit attesting to military service as provided in subsection (c) of this Section; however, if

application is made within 2 years after discharge and if all other provisions of subsection (c) of this Section are satisfied, the applicant shall be required to pay the current renewal fee.

(4) Other proof as established by rule.

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

(d) Any licensee who engages in the practice of advanced practice nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of an advanced practice nurse license under this Section, the Department may grant an applicant a temporary permit to practice as an advanced practice nurse if the Department is satisfied that the

applicant holds an active, unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current active license or one or more active temporary licenses from another jurisdiction, the Department shall not issue a temporary permit until it is satisfied that each current active license held by the applicant is unencumbered. The temporary permit, which shall be issued no later than 14 working days after receipt by the Department of an application for the permit, shall be granted upon the submission of all of the following to the Department:

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

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

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

(4) The required permit fee.

(5) Other proof as established by rule.

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

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

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

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

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

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

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

substantially equivalent to grounds in Illinois; or

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

(h) A temporary permit or renewed temporary permit shall expire (i) upon issuance of an Illinois license or (ii) upon notification that the Department intends to deny restoration of licensure. Except as otherwise provided in this Section, a temporary permit shall expire 6 months from the date of issuance. Further renewal may be granted by the Department in hardship cases that shall automatically expire upon issuance of the Illinois license or upon notification that the Department intends to deny licensure, whichever occurs first. No extensions shall be granted beyond the 6-month period unless approved by the Secretary. Notification by the Department under this Section must be by certified or registered mail.

(225 ILCS 65/65-25 new)

Sec. 65-25. Inactive status of a APN license. Any advanced practice nurse who notifies the Department in writing on forms prescribed by the Department may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until notice is given to the Department in writing of his or her intent to restore the license.

Any advanced practice nurse requesting restoration from inactive status shall be required to pay the current renewal

fee and shall be required to restore his or her license, as provided by rule of the Department.

Any advanced practice nurse whose license is on inactive status shall not practice advanced practice nursing, as defined by this Act in the State of Illinois.

(225 ILCS 65/65-30 new)

Sec. 65-30. APN scope of practice.

(a) Advanced practice nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice nurse's nursing education, training, and experience.

(b) Practice as an advanced practice nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.

(c) The scope of practice of an advanced practice nurse includes, but is not limited to, each of the following:

(1) Advanced nursing patient assessment and diagnosis.

(2) Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.

(3) Ordering treatments, ordering or applying



appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status.

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

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

(6) Prescriptive authority as defined in Section 65-40 of this Act.

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

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

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-35 ~~15-15~~. Written collaborative agreements.

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

(a-5) If an advanced practice nurse engages in clinical practice outside of a hospital or ambulatory surgical treatment center in which he or she is authorized to practice, the advanced practice nurse must have a written collaborative agreement. ~~Except as provided in Section 15-25, no person shall engage in the practice of advanced practice nursing except when licensed under this Title and pursuant to a written~~

~~collaborative agreement with a collaborating physician.~~

(b) A written collaborative agreement shall describe the working relationship of the advanced practice nurse with the collaborating physician or podiatrist and shall authorize the categories of care, treatment, or procedures to be performed by the advanced practice nurse. A collaborative agreement with a dentist must be in accordance with subsection (c-10) of this Section. Collaboration does not require an employment relationship between the collaborating physician and advanced practice nurse. Collaboration means the relationship under which an advanced practice nurse works with a collaborating physician or podiatrist in an active clinical practice to deliver health care services in accordance with (i) the advanced practice nurse's training, education, and experience and (ii) collaboration and consultation ~~medical direction~~ as documented in a jointly developed written collaborative agreement.

The agreement shall be defined to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The services to be provided by the advanced practice nurse shall be services that the collaborating physician or podiatrist is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice, except as set forth in subsection (c-5) of this Section. The agreement need not describe the exact steps that an advanced

practice nurse must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the a physician's presence of the collaborating physician or podiatrist as the procedures are being performed. The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician or podiatrist at all times at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician or podiatrist in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.

(c) Collaboration and consultation ~~Physician medical direction~~ under all collaboration agreements ~~an agreement~~ shall be adequate if a collaborating physician or podiatrist does each of the following:

(1) Participates ~~participates~~ in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse APN and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice.†

(2) Meets in person with the advanced practice nurse ~~is on-site~~ at least once a month to provide collaboration ~~medical direction~~ and consultation. In the case of anesthesia services provided by a certified registered

nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. ~~and~~

(3) Is ~~is~~ available through telecommunications for consultation on medical problems, complications, or emergencies or patient referral. In the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

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

(c-5) A certified registered nurse anesthetist, who provides anesthesia services outside of a hospital or ambulatory surgical treatment center shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or

the podiatrist performing the procedure. Outside of a hospital or ambulatory surgical treatment center, the certified registered nurse anesthetist may provide only those services that the collaborating podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules adopted thereunder. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the operating physician or operating podiatrist.

(c-10) A certified registered nurse anesthetist who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and dentist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. In a collaborating dentist's office, the certified registered nurse anesthetist may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted thereunder. For anesthesia services, an anesthesiologist, physician, or

operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.

(d) A copy of the signed, written collaborative agreement must be available to the Department upon request from both the advanced practice nurse and the collaborating physician or podiatrist ~~and shall be annually updated.~~

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

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

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

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

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-40 ~~15-20~~. Prescriptive authority.

(a) A collaborating physician or podiatrist may, but is not required to, delegate ~~limited~~ prescriptive authority to an advanced practice nurse as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and ~~dispensing of legend drugs and legend~~ controlled substances categorized as Schedule III, III-N, IV, or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatrist must have a valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.

(b) To prescribe ~~Schedule III, IV, or V~~ controlled substances under this Section, an advanced practice nurse must obtain a mid-level practitioner controlled substance license. Medication orders shall be reviewed periodically by the collaborating physician or podiatrist.

(c) The collaborating physician or podiatrist shall file with the Department notice of delegation of prescriptive authority and termination of such delegation, in accordance with rules of the Department. Upon receipt of this notice

delegating authority to prescribe Schedule III, III-N, IV, or V controlled substances, the licensed advanced practice nurse shall be eligible to register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

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

(1) No more than 5 Schedule II or II-N controlled substances by oral dosage may be delegated.

(2) Any delegation must be controlled substances that the collaborating physician prescribes.

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

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

(e) ~~(d)~~ Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons ~~personnel~~.

(Source: P.A. 90-742, eff. 8-13-98; 90-818, eff. 3-23-99.)



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

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-45 ~~15-25~~. Advanced practice nursing in hospitals or ambulatory surgical treatment centers ~~Certified registered nurse anesthetists.~~

(a) An advanced practice nurse ~~A licensed certified registered nurse anesthetist~~ may provide ~~anesthesia~~ services pursuant to the order of a licensed physician, licensed dentist, or licensed podiatrist in a licensed hospital ~~or~~ a licensed ambulatory surgical treatment center without prescriptive authority or a written collaborative agreement pursuant to Section 65-35 of this Act, ~~or the office of a licensed physician, the office of a licensed dentist, or the office of a licensed podiatrist.~~ An advanced practice nurse must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of advanced practice nurses granted clinical privileges. Authority may also be granted to individual advanced practice nurses to select, order, and administer medications, including controlled substances, to provide delineated care. The attending physician shall determine an advanced practice nurse's role in providing care for his or her patients, except as otherwise provided in the medical staff

bylaws or consulting committee policies.

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

(b) An advanced practice ~~A certified registered~~ nurse ~~anesthetist~~ who provides ~~anesthesia~~ services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and, in an ambulatory surgical treatment center, in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

~~(c) A certified registered nurse anesthetist who provides~~

~~anesthesia services in a physician office, dental office, or podiatric office shall enter into a written practice agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches, the dentist, or the podiatrist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and anesthesiologist, physician, dentist, or podiatrist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. In a dentist's office, the certified registered nurse anesthetist may only provide those services the dentist is authorized to provide pursuant to the Illinois Dental Practice Act and rules. In a podiatrist's office, the certified registered nurse anesthetist may only provide those services the podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules. For anesthesia services, an anesthesiologist, physician, dentist, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.~~

~~(d) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section 15-15 to provide anesthesia services ordered by a licensed~~

~~physician, dentist, or podiatrist. Certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the physician in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center. In a physician's office, dentist's office, or podiatrist's office, the anesthesiologist, operating physician, operating dentist, or operating podiatrist shall agree with the anesthesia plan, in accordance with the written practice agreement.~~

~~(c) A certified registered nurse anesthetist may be delegated limited prescriptive authority under Section 15-20 in a written collaborative agreement meeting the requirements of Section 15-15.~~

(Source: P.A. 91-414, eff. 8-6-99.)

(225 ILCS 65/65-50 new) (was 225 ILCS 65/15-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-50 ~~15-30~~. APN title ~~Title~~.

(a) No person shall use any words, abbreviations, figures, letters, title, sign, card, or device tending to imply that he or she is an advanced practice nurse, including but not limited to using the titles or initials "Advanced Practice Nurse", "Certified Nurse Midwife", "Certified Nurse Practitioner",

"Certified Registered Nurse Anesthetist", "Clinical Nurse Specialist", "A.P.N.", "C.N.M.", "C.N.P.", "C.R.N.A.", "C.N.S.", or similar titles or initials, with the intention of indicating practice as an advanced practice nurse without meeting the requirements of this Act.

(b) No advanced practice nurse shall indicate to other persons that he or she is qualified to engage in the practice of medicine. ~~No advanced practice nurse shall use the title of doctor or associate with his or her name or any other term to indicate to other persons that he or she is qualified to engage in the general practice of medicine.~~

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

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

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

(225 ILCS 65/65-55 new) (was 225 ILCS 65/15-40)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-55 ~~15-40~~. Advertising as an APN.

(a) A person licensed under this Act as an advanced

practice nurse ~~Title~~ may advertise the availability of professional services in the public media or on the premises where the professional services are rendered. The advertising shall be limited to the following information:

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

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

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

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

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

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

(7) the issuance of business or appointment cards.

(b) It is unlawful for a person licensed under this Act as an advanced practice nurse ~~Title~~ to use testimonials or claims of superior quality of care to entice the public. It shall be unlawful to advertise fee comparisons of available services

with those of other licensed persons.

(c) This Article ~~Title~~ does not authorize the advertising of professional services that the offeror of the services is not licensed or authorized to render. Nor shall the advertiser use statements that contain false, fraudulent, deceptive, or misleading material or guarantees of success, statements that play upon the vanity or fears of the public, or statements that promote or produce unfair competition.

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

(e) ~~(d-5)~~ A licensee shall include in every advertisement for services regulated under this Act his or her title as it appears on the license or the initials authorized under this Act.

(f) ~~(e)~~ As used in this Section, "advertise" means solicitation by the licensee or through another person or entity by means of handbills, posters, circulars, motion pictures, radio, newspapers, or television or any other manner. (Source: P.A. 90-742, eff. 8-13-98; 91-310, eff. 1-1-00.)

(225 ILCS 65/65-60 new) (was 225 ILCS 65/15-45)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-60 ~~15-45~~. Continuing education. The Department shall adopt rules of continuing education for persons licensed under this Article ~~Title~~ that require 50 hours of continuing education per 2-year license renewal cycle. Completion of the 50 hours of continuing education shall be deemed to satisfy the continuing education requirements for renewal of a registered professional nurse license as required by this Act. The rules shall not be inconsistent with requirements of relevant national certifying bodies or State or national professional associations. The rules shall also address variances in part or in whole for good cause, including but not limited to illness or hardship. The continuing education rules shall assure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(Source: P.A. 92-750, eff. 1-1-03.)

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

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-65 ~~15-55~~. Reports relating to APN 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 ~~APN~~ Board when an advanced practice nurse's ~~a licensee'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 be mentally or physically disabled in a manner that may endanger patients under that person's care. The chief administrator or officer shall also report if an advanced practice nurse ~~a licensee~~ 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 be mentally or physically disabled in a manner that may endanger patients under that person's care. The ~~APN~~ Board shall provide by rule for the reporting to it of all instances in which a person licensed under this Article Title, 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 ~~APN~~ Board or authorized staff as provided by rule of the ~~APN~~ Board. 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 ~~APN~~ Board shall have current information upon which to determine the status of that person. Initial and periodic reports of impaired advanced practice nurses shall not be considered records within the meaning of the State Records Act and shall be disposed of, following a determination by the ~~APN~~ Board that such reports are no longer required, in a manner and at an appropriate time as the ~~APN~~ 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.

(2) Professional Associations. The President or chief executive officer of an association or society of persons licensed under this Article ~~Title~~, operating within this State, shall report to the ~~APN~~ Board when the association or society renders a final determination that a person licensed under this Article ~~Title~~ has committed unprofessional conduct related directly to patient care or

that a person may be mentally or physically disabled in a manner 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 Title, or any other entity that seeks to indemnify the professional liability of a person licensed under this Article Title, shall report to the ~~APN~~ 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.

(4) State's Attorneys. The State's Attorney of each county shall report to the ~~APN~~ Board all instances in which a person licensed under this Article Title 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 ~~APN~~ 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 Title has either committed an act or acts that may constitute a violation of this Article Title, that may constitute unprofessional conduct related directly to patient care, or that indicates that a person licensed under this Article Title may be

mentally or physically disabled in a manner that may endanger patients under that person's care.

(b) Mandatory Reporting. All reports required under items (16) and (17) ~~(8) and (9)~~ of subsection (a) of Section 70-5 ~~15-50 and under this Section~~ shall be submitted to the ~~APN~~ 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 ~~Title~~. 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 ~~APN~~ Board, the ~~APN~~ 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 wilful and wanton manner, in complying with this Section ~~Title~~ by providing a report or other information to the ~~APN~~ Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the ~~APN~~ 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 ~~APN~~ Board, the ~~APN~~ Board's attorneys, the investigative staff, advanced practice 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 ~~APN~~ Board, (ii) performed in good faith, and (iii) not wilful 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 wilful 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 wilful 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 ~~APN~~ 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 ~~APN~~ Board. Upon the receipt of a report called for by this Section ~~Title~~, other than those reports of impaired persons licensed under this Article ~~Title~~ required pursuant to the rules of the ~~APN~~ Board, the ~~APN~~ Board shall notify in writing by certified mail the person who is the subject of the report. The notification shall be made within 30 days of receipt by the ~~APN~~ 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 ~~APN~~ Board no more than 30 days after the date on which the person was notified of the existence of the original report. The ~~APN~~ 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 ~~APN~~ Board shall be in a timely manner but in no event shall the ~~APN~~ 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 ~~APN~~ Board. When the ~~APN~~ Board makes its initial review of the materials contained within its disciplinary files, the ~~APN~~ 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 ~~APN~~ 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 ~~APN~~ Board of any final action on their report or complaint.

(f) Summary Reports. The ~~APN~~ Board shall prepare, on a timely basis, but in no event less than one every other month, a summary report of final actions taken upon disciplinary files maintained by the ~~APN~~ 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 Internet website ~~sent by the APN Board to every health care facility licensed by the Department of Public Health, every professional association and society of persons licensed under this Title functioning on a statewide basis in this State, all insurers providing professional liability insurance to persons licensed under this Title in this State, and the Illinois Pharmacists Association.~~

(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 verified 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.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/Art. 70 heading new) (was 225 ILCS 65/Tit. 20 heading)

ARTICLE 70 ~~TITLE 20~~. ADMINISTRATION AND ENFORCEMENT

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

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-5 ~~10-45~~. Grounds for disciplinary action.

(a) The Department may, ~~upon recommendation of the Board,~~ 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. ~~Fines up to \$2,500 may be imposed in conjunction with other forms of disciplinary action for those violations that result in monetary gain for the licensee. Fines shall not be the~~

~~exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Fines shall not be assessed in disciplinary actions involving mental or physical illness or impairment.~~ 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 ~~Director~~, 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, of any ~~crime~~ under the laws of any jurisdiction of the United States: (i) that ~~which~~ is a felony; or (ii) that ~~which~~ is a misdemeanor, an essential element of which is dishonesty, or that ~~(iii) of any crime which~~ 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 mail.

(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 ~~sale or distribution~~ of any drug, narcotic, or prescription device, ~~or unlawful conversion 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 ~~which results~~ 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 or 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 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 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 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) ~~(16)~~ 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) ~~(17)~~ Allowing another person or organization to use the licensees' license to deceive the public.

(22) ~~(18)~~ 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) ~~(19)~~ Attempting to subvert or cheat on a ~~nurse~~

licensing examination administered under this Act.

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

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

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

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

(28) ~~(24)~~ 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.

~~(25) Failure of a licensee to report to the Department any adverse final action taken against such licensee by another licensing jurisdiction (any other jurisdiction of the United States or any foreign state or country), by any peer review body, by any health care institution, by any professional or nursing society or association, by any governmental agency, by any law enforcement agency, or by 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.~~

~~(26) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice nursing in another state or jurisdiction, or current surrender by the licensee of membership on any nursing staff or in any 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.~~

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

(30) ~~(28)~~ Physical illness, including but not limited to deterioration through the aging process or loss of motor skill, 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 podiatrist 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 nurse, collaborating physician, dentist, or podiatrist and a patient, except as required by law.

(37) A violation of any provision of this Act or any rules promulgated 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~~ Director 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 ~~Illinois~~ Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(e) In enforcing this Act 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, as required by and at the expense of the Department. The Department or Board 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 Board or 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 ~~be grounds for~~ suspension without hearing ~~of his or her license until the~~

~~individual submits to the examination if the Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.~~

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 nurse with specialty certification in addictions may be grounds for an automatic suspension, as defined by rule.

If the Department or Board finds an individual unable to practice or unfit for duty because of the reasons set forth in this Section, the Department or Board may require that individual to submit to a substance abuse evaluation ~~care, counseling,~~ or treatment by individuals or programs ~~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 evaluation ~~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 ~~Director~~ 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 ~~Director~~ 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 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 nursing ~~acceptable and prevailing~~ standards under the provisions of his or her license.

(Source: P.A. 90-742, eff. 8-13-98; revised 12-15-05.)

(225 ILCS 65/70-10 new) (was 225 ILCS 65/10-50)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-10 ~~10-50~~. Intoxication and drug abuse.

~~(a) A professional assistance program for nurses shall be established by January 1, 1999.~~

~~(b) The Director shall appoint a task force to advise in the creation of the assistance program. The task force shall include members of the Department and professional nurses, and~~

~~shall report its findings and recommendations to the Committee on Nursing.~~

(a) ~~(c)~~ Any ~~registered professional~~ nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates ~~to her or him~~ that a registered professional nurse or licensed practical nurse is impaired due to the use of alcohol or mood altering drugs to the extent that such impairment ~~employed by or practicing nursing in such hospital, nursing home, other health care agency or facility, or nurse agency is habitually intoxicated or addicted to the use of habit-forming drugs to the extent that such intoxication or addiction~~ adversely affects such nurse's professional performance, or unlawfully possesses, uses, distributes or converts mood altering habit-forming drugs belonging to the place of employment ~~hospital, nursing home or other health care agency or facility for such nurse's own use~~, shall promptly ~~file a written report~~ the individual thereof to the Department or designee of the Department; provided however, an administrator or officer need not file the report if the nurse participates in a course of remedial professional counseling or medical treatment for substance abuse, as long as such nurse actively pursues such treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the nurse continues to be employed by such

hospital, nursing home, health care agency or facility, or nurse agency. The Department shall review all reports received by it in a timely manner. Its initial review shall be completed no later than 60 days after receipt of the report. Within this 60 day period, the Department shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Any nurse participating in mandatory reporting to the Department under this Section or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action.

Should the Department find insufficient facts to warrant further investigation, or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported.

Should the Department find sufficient facts to warrant further investigation, such investigation shall be completed within 60 days of the date of the determination of sufficient facts to warrant further investigation or action. Final action shall be determined no later than 30 days after the completion of the investigation. If there is a finding which verifies habitual intoxication or drug addiction which adversely affects professional performance or the unlawful possession, use, distribution or conversion of habit-forming drugs by the reported nurse, the Department may refuse to issue or renew or

may suspend or revoke that nurse's license as a registered professional nurse or a licensed practical nurse.

Any of the aforementioned actions or a determination that there are insufficient facts to warrant further investigation or action shall be considered a final action. The nurse administrator or officer who filed the original report or complaint, and the nurse who is the subject of the report, shall be notified in writing by the Department within 15 days of any final action taken by the Department.

(b) Each year on March 1, ~~commencing with the effective date of this Act,~~ the Department shall submit a report to the General Assembly. The report shall include the number of reports made under this Section to the Department during the previous year, the number of reports reviewed and found insufficient to warrant further investigation, the number of reports not completed and the reasons for incompleteness. This report shall be made available also to nurses requesting the report.

(c) Any person making a report under this Section or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action. For the purpose of any legal proceeding, criminal or civil, there shall be a rebuttable presumption that any person making a report under this Section or assisting another person in making such report was acting in good faith. All such reports and any

information disclosed to or collected by the Department pursuant to this Section shall remain confidential records of the Department and shall not be disclosed nor be subject to any law or regulation of this State relating to freedom of information or public disclosure of records.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-15 new)

Sec. 70-15. Disciplinary and non-disciplinary options for the impaired nurse. The Department shall establish by rule a program of care, counseling, and treatment for the impaired nurse. This program shall allow an impaired nurse to self-refer to the program. Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section nor the rules adopted under this Section shall impair or prohibit the Department from taking disciplinary action based upon the grounds set forth in Section 70-5 of this Act.

(225 ILCS 65/70-20 new) (was 225 ILCS 65/20-13)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-20 ~~20-13~~. Suspension of license or registration for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid

restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 46-1 of the Criminal Code of 1961. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 94-577, eff. 1-1-06.)

(225 ILCS 65/70-25 new) (was 225 ILCS 65/20-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-25 ~~20-25~~. Returned checks; fines. Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50. The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or deny the application, without hearing. If, after termination or denial, the person seeks a license, he or she shall apply to the Department for restoration or issuance of the license and pay all fees and



finer due to the Department. The Department may establish a fee for the processing of an application for restoration of a license to pay all expenses of processing this application. The Secretary ~~Director~~ may waive the fines due under this Section in individual cases where the Secretary ~~Director~~ finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 92-146, eff. 1-1-02.)

(225 ILCS 65/70-30 new) (was 225 ILCS 65/20-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-30 ~~20-30~~. Roster. The Department shall maintain a roster of the names and addresses of all licensees and of all persons whose licenses have been suspended or revoked. This roster shall be available upon written request and payment of the required fees.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-35 new) (was 225 ILCS 65/20-31)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-35 ~~20-31~~. Licensure requirements; internet site. The Department shall make available to the public the requirements for licensure in English and Spanish on the internet through the Department's World Wide Web site. This information shall include the requirements for licensure of individuals currently residing in another state or territory of the United States or a foreign country, territory, or province.

The Department shall establish an e-mail link to the Department for information on the requirements for licensure, with replies available in English and Spanish.

(Source: P.A. 93-519, eff. 1-1-04.)

(225 ILCS 65/70-40 new) (was 225 ILCS 65/20-32)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-40 ~~20-32~~. Educational resources; internet link.

The Department shall work with the Board ~~of Nursing, the APN Board,~~ the Board of Higher Education, the Illinois Student Assistance Commission, Statewide organizations, and community-based organizations to develop a list of Department-approved nursing programs and other educational resources related to the Test of English as a Foreign Language and the Commission on Graduates of Foreign Nursing Schools Examination. The Department shall provide a link to a list of these resources, in English and Spanish, on the Department's World Wide Web site.

(Source: P.A. 93-519, eff. 1-1-04.)

(225 ILCS 65/70-45 new) (was 225 ILCS 65/20-35)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-45 ~~20-35~~. Fees.

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

(b) ~~(a-5)~~ Except as provided in subsection (c) of this

Section ~~(b)~~, the fees for the administration and enforcement of this Act, including but not limited to original licensure, renewal, and restoration, shall be set by rule. The fees shall not be refundable.

(c) ~~(b)~~ In addition, applicants for any examination as a Registered Professional Nurse or a Licensed Practical Nurse shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-50 new) (was 225 ILCS 65/20-40)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-50 ~~20-40~~. Fund.

(a) There is hereby created within the State Treasury the Nursing Dedicated and Professional Fund. The monies in the Fund may be used by and at the direction of the Department for the administration and enforcement of this Act, including but not limited to:

(1) ~~(a)~~ Distribution and publication of this Act ~~the Nursing and Advanced Practice Nursing Act~~ and the rules at

~~the time of renewal to all persons licensed by the Department under this Act.~~

(2) ~~(b)~~ Employment of secretarial, nursing, administrative, enforcement, and other staff for the administration of this Act.

~~(c) Conducting a survey, as prescribed by rule of the Department, once every 4 years during the license renewal period.~~

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

(b) ~~(e)~~ Disposition of fees ~~Fees~~:

(1) \$5 of every licensure fee shall be placed in a fund for assistance to nurses enrolled in a diversionary program as approved by the Department.

~~(i) (Blank).~~

(2) ~~(ii)~~ All of the fees, and fines, and penalties collected pursuant to this Act shall be deposited in the Nursing Dedicated and Professional Fund.

(3) Each ~~(iii) For the fiscal year beginning July 1, 1988,~~ the moneys deposited in the Nursing Dedicated and Professional Fund shall be appropriated to the Department for expenses of the Department and the Board in the administration of this Act. All earnings received from investment of moneys in the Nursing Dedicated and

Professional Fund shall be deposited in the Nursing Dedicated and Professional Fund and shall be used for the same purposes as fees deposited in the Fund.

(4) ~~(iv)~~ For the fiscal year beginning July 1, 2004 and for each fiscal year thereafter, \$1,200,000 of the moneys deposited in the Nursing Dedicated and Professional Fund each year shall be set aside and appropriated to the ~~Illinois~~ Department of Public Health for nursing scholarships awarded pursuant to the Nursing Education Scholarship Law. Representatives of the Department and the Nursing Education Scholarship Program Advisory Council shall review this requirement and the scholarship awards every 2 years.

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

(f) Moneys set aside for nursing scholarships awarded pursuant to the Nursing Education Scholarship Law as provided in item (iv) of subsection (e) of this Section may not be transferred under Section 8h of the State Finance Act.

(Source: P.A. 92-46, eff. 7-1-01; 93-806, eff. 7-24-04; 93-1054, eff. 11-18-04; revised 12-1-04.)

(225 ILCS 65/70-55 new) (was 225 ILCS 65/20-50)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-55 ~~20-50~~. Statute of limitations ~~Limitation on action~~. All proceedings to suspend, revoke, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the ~~foregoing~~ grounds under Section 70-5 of this Act may not be commenced later than 5 ~~3~~ years next after the commission of any act which is a ground for discipline or a final conviction order for any of the acts described ~~herein~~. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to the final judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being rounded 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 ~~one year~~ from the date of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under ~~Section 25 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 Board. (Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-60 new) (was 225 ILCS 65/20-55)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-60 ~~20-55~~. Summary suspension; ~~Suspension for~~ imminent danger. The Secretary ~~Director~~ of the Department may,

upon receipt of a written communication from the Secretary of Human Services, the Director of Healthcare and Family Services (formerly Director of Public Aid), or the Director of Public Health that continuation of practice of a person licensed under this Act constitutes an immediate danger to the public, immediately suspend the license of such person without a hearing. In instances in which the Secretary ~~Director~~ immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 30 days after such suspension and completed without appreciable delay, such hearing held to determine whether to recommend to the Secretary ~~Director~~ that the person's license be revoked, suspended, placed on probationary status or reinstated, or such person be subject to other disciplinary action. In such hearing, the written communication and any other evidence submitted therewith may be introduced as evidence against such person; provided, however, the person, or his or her counsel, shall have the opportunity to discredit or impeach and submit evidence rebutting such evidence.

(Source: P.A. 89-507, eff. 7-1-97; 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; revised 12-15-05.)

(225 ILCS 65/70-65 new) (was 225 ILCS 65/20-65)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-65 ~~20-65~~. Liability of State. In the event that the Department's order of revocation, suspension, placing the

licensee on probationary status, or other order of formal disciplinary action is without any reasonable basis, then the State of Illinois shall be liable to the injured party for those special damages suffered as a direct result of such order.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-70 new) (was 225 ILCS 65/20-70)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-70 ~~20-70~~. Right to legal counsel. No action of a disciplinary nature that is predicated on charges alleging unethical or unprofessional conduct of a person who is licensed under this Act ~~a registered professional nurse or a licensed practical nurse~~ and that can be reasonably expected to affect adversely that person's maintenance of her or his present, or her or his securing of future, employment as such a nurse may be taken by the Department, ~~by any association, or by any person~~ unless the person against whom such charges are made is afforded the right to be represented by legal counsel of her or his choosing and to present any witness, whether an attorney or otherwise to testify on matters relevant to such charges.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-75 new) (was 225 ILCS 65/20-75)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-75 ~~20-75~~. Injunctive remedies.



(a) If any person violates the provision of this Act, the Secretary ~~Director~~ may, in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, or the State's Attorney of any county in which the action is brought, petition for an order enjoining such violation or for an order enforcing compliance with this Act. Upon the filing of a verified petition in court, the court may issue a temporary restraining order, without notice or bond, and may preliminarily and 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 Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

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

(b-5) Whoever knowingly practices or offers to practice nursing in this State without a license for that purpose shall be guilty of a Class A misdemeanor and for each subsequent conviction, shall be guilty of a Class 4 felony. All criminal fines, monies, or other property collected or received by the Department under this Section or any other State or federal

statute, including, but not limited to, property forfeited to the Department under Section 505 of the Illinois Controlled Substances Act or Section 85 of the Methamphetamine Control and Community Protection Act, shall be deposited into the Professional Regulation Evidence Fund.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him. 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 forthwith.

(Source: P.A. 94-556, eff. 9-11-05.)

(225 ILCS 65/70-80 new) (was 225 ILCS 65/20-80)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-80 ~~20-80~~. Investigation; notice; hearing. Prior to bringing an action before the Board, 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

accused in writing of any charges made and the time and place for a hearing of the charges before the Board, direct her or him to file a written answer thereto to the Board under oath within 20 days after the service of such notice and inform the licensee that if she or he fails to file such answer default will be taken against the licensee and such license may be suspended, revoked, placed on probationary status, or have other disciplinary action, including limiting the scope, nature or extent of her or his practice, as the Department may deem proper taken with regard thereto. Such written notice may be served by personal delivery or certified or registered mail to the respondent at the address of her or his last notification to the Department. 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 to the charges. The Department may continue a hearing from time to time. In case the accused person, after receiving notice, fails to file an answer, her or his license may in the discretion of the Secretary ~~Director~~, having received first the recommendation of the Board, be suspended, revoked, placed on probationary status, or the Secretary ~~Director~~ may take whatever disciplinary action as he or she may deem proper, including limiting the scope, nature, or extent of said person's practice, without a hearing, if the act or acts

charged constitute sufficient grounds for such action under this Act.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-85 new) (was 225 ILCS 65/20-85)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-85 ~~20-85~~. Stenographer; transcript. The Department, at its expense, shall provide a stenographer to take down the testimony and preserve a record of all proceedings at the hearing of any case wherein any disciplinary action is taken regarding 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 Board and the orders of the Department shall be the record of the proceedings. The Department shall furnish a transcript of the record to any person interested in the hearing upon payment of the fee required under Section 2105-115 of the Department of Professional Regulation Law (20 ILCS 2105/2105-115).

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

(225 ILCS 65/70-90 new) (was 225 ILCS 65/20-90)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-90 ~~20-90~~. Compelled testimony and production of documents. Any circuit court may, upon application of the

Department or designee or of the applicant or licensee against whom proceedings upon Section 70-80 ~~20-80~~ of this Act are pending, enter an order requiring the attendance of witnesses and their testimony, and the production of documents, papers, files, books and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-95 new) (was 225 ILCS 65/20-95)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-95 ~~20-95~~. Subpoena power; oaths. The Department shall have power to subpoena and bring before it any person in this State 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 ~~Director~~ and any member of the Board designated by the Secretary ~~Director~~ 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. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-100 new) (was 225 ILCS 65/20-100)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-100 ~~20-100~~. Board report. At the conclusion of the hearing the Board shall present to the Secretary ~~Director~~ 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 report shall specify the nature of the violation or failure to comply, and the Board shall make its recommendations to the Secretary ~~Director~~.

The report of findings of fact, conclusions of law, and recommendation of the Board shall be the basis for the Department's order of refusal or for the granting of a license or permit unless the Secretary ~~Director~~ shall determine that the report is contrary to the manifest weight of the evidence, in which case the Secretary ~~Director~~ may issue an order in contravention of the report. The findings are not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and findings are not a bar to a criminal prosecution brought for the violation of this Act.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-105 new) (was 225 ILCS 65/20-105)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-105 ~~20-105~~. Hearing officer. The Secretary

~~Director~~ shall have the authority to appoint an attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any formal action before the Board of Nursing to revoke, suspend, place on probation, reprimand, fine, or take any other disciplinary action against ~~with regard to~~ a license. The hearing officer shall have full authority to conduct the formal hearing. The Board shall have the right to have at least one member present at any hearing conducted by such hearing officer. The Board members shall have equal or greater licensing qualifications than those of the licensee being prosecuted. ~~There may be present at least one RN member of the Board at any such hearing or disciplinary conference. An LPN member or LPN educator may be present for hearings and disciplinary conferences of an LPN.~~ The hearing officer shall report her or his findings and recommendations to the Board within 30 days of the receipt of the record. The Board shall have up to 90 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 ~~Director~~. If the Board fails to present its report within the 90-day period, the Secretary ~~Director~~ may issue an order based on the report of the hearing officer. However, if the Board does present its report within the specified 90 days, the Secretary's ~~Director's~~ order shall be based upon the report of the Board.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-110 new) (was 225 ILCS 65/20-110)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-110 ~~20-110~~. Motion for rehearing. In any case involving refusal to issue, renew, or the discipline of a license, a copy of the 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 for a rehearing. If no motion for rehearing is filed, then upon the expiration of the time then upon such denial the Secretary ~~Director~~ may enter an order in accordance with recommendations of the Board except as provided in Sections 70-100 ~~20-100~~ and 70-105 ~~20-105~~ 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. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-115 new) (was 225 ILCS 65/20-115)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-115 ~~20-115~~. Order for rehearing. Whenever the Secretary ~~Director~~ is satisfied that substantial justice has



not been done in the revocation, suspension, or refusal to issue or renew a license, the Secretary ~~Director~~ may order a hearing by the same or another hearing officer or the Board.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-120 new) (was 225 ILCS 65/20-120)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-120 ~~20-120~~. Order of Secretary ~~Director~~. An order regarding any disciplinary action or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary ~~Director~~, shall be prima facie evidence that:

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

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

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

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-357, eff. 7-29-99.)

(225 ILCS 65/70-125 new) (was 225 ILCS 65/20-125)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-125 ~~20-125~~. Restoration after suspension or revocation. At any time after the suspension or revocation of any license, the Department may restore it to the accused person unless, after an investigation and a hearing, the

Department determines that restoration is not in the public interest.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-130 new) (was 225 ILCS 65/20-130)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-130 ~~20-130~~. Surrender of license. Upon revocation or suspension of any license, the licensee shall forthwith surrender the license to the Department and if the licensee fails to do so, the Department shall have the right to seize the license.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-135 new) (was 225 ILCS 65/20-135)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-135 ~~20-135~~. Temporary suspension. The Secretary ~~Director~~ may temporarily suspend the license of a licensee ~~nurse~~ without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section 70-80 ~~20-80~~ of this Act, if the Secretary ~~Director~~ finds that evidence in his or her possession indicates that continuation in practice would constitute an imminent danger to the public. In the event that the Secretary ~~Director~~ suspends, temporarily, this license without a hearing, a hearing by the Department must be held within 30 days after the suspension has occurred, and be concluded without appreciable delay.

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

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-140 new) (was 225 ILCS 65/20-140)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-140 ~~20-140~~. Administrative Review Law. All final administrative decisions of the Department hereunder shall be subject to judicial review pursuant to the revisions of the Administrative Review Law, and all amendments and modifications thereof, and the rule adopted pursuant thereto. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-145 new) (was 225 ILCS 65/20-145)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-145 ~~20-145~~. Certification of record. The Department shall not be required to certify any record to the Court or file any answer in court or otherwise appear in any court in a judicial review proceeding, unless there is filed in the court, with the complaint, a receipt from the Department acknowledging payment of the costs of furnishing and certifying the record. Failure on the part of the plaintiff to file such

receipt in Court shall be grounds for dismissal of the action.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-150 new) (was 225 ILCS 65/20-150)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-150 ~~20-150~~. Criminal penalties. Any person who is found to have violated any provision of this Act is guilty of a Class A misdemeanor. On conviction of a second or subsequent offense, the violator shall be guilty of a Class 4 felony.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-155 new) (was 225 ILCS 65/20-155)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-155 ~~20-155~~. Pending actions. All disciplinary actions taken or pending pursuant to the Illinois Nursing Act, approved June 14, 1951, as amended, shall, for the actions taken, remain in effect, and for the actions pending, shall be continued, on the effective date of this Act without having separate actions filed by the Department.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-160 new) (was 225 ILCS 65/20-160)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-160 ~~20-160~~. Illinois Administrative Procedure Act. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of

that Act were included in this Act, except that the provision of subsection (d) of Section 10-65 of the Illinois Administrative Procedure Act that provides that at hearings the licensee has the right to show compliance with all lawful requirements for retention, continuation or renewal of the license is specifically excluded. For the purposes of this Act, the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when mailed to the last known address of a party.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-165 new) (was 225 ILCS 65/20-165)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-165 ~~20-165~~. Home rule preemption. It is declared to be the public policy of this State, pursuant to paragraph (h) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.

(Source: P.A. 92-651, eff. 7-11-02.)

(225 ILCS 65/Art. 75 heading new) (was 225 ILCS 65/Tit. 17 heading)

ARTICLE 75 ~~TITLE 17~~. ILLINOIS CENTER FOR NURSING

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-5 new) (was 225 ILCS 65/17-5)

(Section scheduled to be repealed on January 1, 2008)

Sec. 75-5 ~~17-5~~. Definitions. In this Article ~~Title~~:

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

"Center" means the Illinois Center for Nursing.

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-10 new) (was 225 ILCS 65/17-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. 75-10 ~~17-10~~. Illinois Center for Nursing. There is created the Illinois Center for Nursing to address issues of supply and demand in the nursing profession, including issues of recruitment, retention, and utilization of nurse manpower resources. The General Assembly finds that the Center will enhance the delivery of quality health care services by providing an ongoing strategy for the allocation of the State's resources directed towards nursing. Each of the following objectives shall serve as the primary goals for the Center:

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

(2) To convene various groups of representatives of nurses, other health care providers, businesses and

industries, consumers, legislators, and educators to:

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

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

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

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

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

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

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-15 new) (was 225 ILCS 65/17-15)

(Section scheduled to be repealed on January 1, 2008)

Sec. 75-15 ~~17-15~~. Center for Nursing Advisory Board.

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

shall be a voting member of the Advisory Board.

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

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

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

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

(f) Members of the Advisory Board are immune from suit in



any action based upon any activities performed in good faith as members of the Advisory Board.

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

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-20 new) (was 225 ILCS 65/17-20)

(Section scheduled to be repealed on January 1, 2008)

Sec. 75-20 ~~17-20~~. Powers and duties of the Advisory Board.

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

(1) determine operational policy;

(2) administer grants, scholarships, internships, and other programs, as defined by rule, including the administration of programs, as determined by law, that further those goals set forth in Section 75-10 ~~17-10~~ of this Article ~~Title~~, in consultation with other State agencies, as provided by law;

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

(4) recommend the adoption and, from time to time, the revision of those rules that may be adopted and necessary

to carry out the provisions of this Act;

(5) implement the major functions of the Center, as established in the goals set forth in Section 75-10 ~~17-10~~ of this Article ~~Title~~; and

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

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

(Source: P.A. 94-1020, eff. 7-11-06.)

Section 130. The Nursing Home Administrators Licensing and Disciplinary Act is amended by changing Section 4 as follows:

(225 ILCS 70/4) (from Ch. 111, par. 3654)

(Section scheduled to be repealed on January 1, 2008)

Sec. 4. Definitions. For purposes of this Act, the following definitions shall have the following meanings, except where the context requires otherwise:

(1) "Act" means the Nursing Home Administrators Licensing and Disciplinary Act.

(2) "Department" means the Department of Professional Regulation.

(3) "Director" means the Director of Professional Regulation.

(4) "Board" means the Nursing Home Administrators Licensing and Disciplinary Board appointed by the

Governor.

(5) "Nursing home administrator" means the individual licensed under this Act and directly responsible for planning, organizing, directing and supervising the operation of a nursing home, or who in fact performs such functions, whether or not such functions are delegated to one or more other persons.

(6) "Nursing home" or "facility" means any entity that is required to be licensed by the Department of Public Health under the Nursing Home Care Act, as amended, other than a sheltered care home as defined thereunder, and includes private homes, institutions, buildings, residences, or other places, whether operated for profit or not, irrespective of the names attributed to them, county homes for the infirm and chronically ill operated pursuant to the County Nursing Home Act, as amended, and any similar institutions operated by a political subdivision of the State of Illinois that provide, though their ownership or management, maintenance, personal care, and nursing for 3 or more persons, not related to the owner by blood or marriage, or any similar facilities in which maintenance is provided to 3 or more persons who by reason of illness of physical infirmity require personal care and nursing.

(7) "Maintenance" means food, shelter and laundry.

(8) "Personal care" means assistance with meals, dressing, movement, bathing, or other personal needs, or

general supervision of the physical and mental well-being of an individual who because of age, physical, or mental disability, emotion or behavior disorder, or mental retardation is incapable of managing his or her person, whether or not a guardian has been appointed for such individual. For the purposes of this Act, this definition does not include the professional services of a nurse.

(9) "Nursing" means professional nursing or practical nursing, as those terms are defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, for sick or infirm persons who are under the care and supervision of licensed physicians or dentists.

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

(11) "Impaired" means the inability to practice 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 administer a nursing home.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

Section 135. The Pharmacy Practice Act of 1987 is amended by changing Section 4 as follows:

(225 ILCS 85/4) (from Ch. 111, par. 4124)

(Section scheduled to be repealed on January 1, 2008)

Sec. 4. Exemptions. Nothing contained in any Section of this Act shall apply to, or in any manner interfere with:

(a) the lawful practice of any physician licensed to practice medicine in all of its branches, dentist, podiatrist, veterinarian, or therapeutically or diagnostically certified optometrist within the limits of his or her license, or prevent him or her from supplying to his or her bona fide patients such drugs, medicines, or poisons as may seem to him appropriate;

(b) the sale of compressed gases;

(c) the sale of patent or proprietary medicines and household remedies when sold in original and unbroken packages only, if such patent or proprietary medicines and household remedies be properly and adequately labeled as to content and usage and generally considered and accepted as harmless and nonpoisonous when used according to the directions on the label, and also do not contain opium or coca leaves, or any compound, salt or derivative thereof, or any drug which, according to the latest editions of the following authoritative pharmaceutical treatises and standards, namely, The United States Pharmacopoeia/National Formulary (USP/NF), the United States Dispensatory, and the Accepted Dental Remedies of the

Council of Dental Therapeutics of the American Dental Association or any or either of them, in use on the effective date of this Act, or according to the existing provisions of the Federal Food, Drug, and Cosmetic Act and Regulations of the Department of Health and Human Services, Food and Drug Administration, promulgated thereunder now in effect, is designated, described or considered as a narcotic, hypnotic, habit forming, dangerous, or poisonous drug;

(d) the sale of poultry and livestock remedies in original and unbroken packages only, labeled for poultry and livestock medication;

(e) the sale of poisonous substances or mixture of poisonous substances, in unbroken packages, for nonmedicinal use in the arts or industries or for insecticide purposes; provided, they are properly and adequately labeled as to content and such nonmedicinal usage, in conformity with the provisions of all applicable federal, state and local laws and regulations promulgated thereunder now in effect relating thereto and governing the same, and those which are required under such applicable laws and regulations to be labeled with the word "Poison", are also labeled with the word "Poison" printed thereon in prominent type and the name of a readily obtainable antidote with directions for its administration;

(f) the delegation of limited prescriptive authority by a physician licensed to practice medicine in all its branches to a physician assistant under Section 7.5 of the Physician

Assistant Practice Act of 1987. This delegated authority under Section 7.5 of the Physician Assistant Practice Act of 1987 may but is not required to include prescription of ~~Schedule III, IV, or V~~ controlled substances, as defined in Article II of the Illinois Controlled Substances Act, in accordance with written guidelines ~~under Section 7.5 of the Physician Assistant Practice Act of 1987~~; and

(g) The delegation of ~~limited~~ prescriptive authority by a physician licensed to practice medicine in all its branches to an advanced practice nurse in accordance with a written collaborative agreement under Section 65-35 of the Nurse Practice Act ~~Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act~~. This ~~delegated~~ authority, which is delegated under Section 65-40 of the Nurse Practice Act, may but is not required to include the prescription of Schedule III, IV, or V controlled substances as defined in Article II of the Illinois Controlled Substances Act.

(Source: P.A. 90-116, eff. 7-14-97; 90-253, eff. 7-29-97; 90-655, eff. 7-30-98; 90-742, eff. 8-13-98.)

Section 140. The Illinois Physical Therapy Act is amended by changing Section 1 as follows:

(225 ILCS 90/1) (from Ch. 111, par. 4251)

(Section scheduled to be repealed on January 1, 2016)

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

(1) "Physical therapy" means all of the following:

(A) Examining, evaluating, and testing individuals who may have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan of therapeutic intervention, and assessing the on-going effects of the interventions.

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

(C) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness.

(D) Engaging in administration, consultation, education, and research.

Physical therapy includes, but is not limited to: (a)



performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists, advanced practice nurses, physician assistants, and podiatrists, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is prescribed by the patient's physician, licensed to practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, the patient's advanced practice nurse, the patient's physician assistant, or the patient's dentist, and (f) supervision or teaching of physical therapy. Physical therapy does not include radiology, electrosurgery, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy techniques that he or she is educated and licensed to perform. A physical therapist shall refer to a licensed physician, advanced practice nurse, physician assistant, dentist, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist.

(2) "Physical therapist" means a person who practices physical therapy and who has met all requirements as provided in this Act.

(3) "Department" means the Department of Professional Regulation.

(4) "Director" means the Director of Professional Regulation.

(5) "Board" means the Physical Therapy Licensing and Disciplinary Board approved by the Director.

(6) "Referral" means a written or oral authorization for physical therapy services for a patient by a physician, dentist, advanced practice nurse, physician assistant, or podiatrist who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by a physical therapist.

(7) "Documented current and relevant diagnosis" for the purpose of this Act means a diagnosis, substantiated by signature or oral verification of a physician, dentist, advanced practice nurse, physician assistant, or podiatrist, that a patient's condition is such that it may be treated by physical therapy as defined in this Act, which diagnosis shall remain in effect until changed by the physician, dentist, advanced practice nurse, physician assistant, or podiatrist.

(8) "State" includes:

- (a) the states of the United States of America;
- (b) the District of Columbia; and

(c) the Commonwealth of Puerto Rico.

(9) "Physical therapist assistant" means a person licensed to assist a physical therapist and who has met all requirements as provided in this Act and who works under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

(10) "Physical therapy aide" means a person who has received on the job training, specific to the facility in which he is employed, but who has not completed an approved physical therapist assistant program.

(11) "Advanced practice nurse" means a person licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has a collaborative agreement with a collaborating physician that authorizes referrals to physical therapists.

(12) "Physician assistant" means a person licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to make referrals to physical therapists.

(Source: P.A. 93-1010, eff. 8-24-04; 94-651, eff. 1-1-06.)

Section 143. The Podiatric Medical Practice Act of 1987 is amended by adding Section 20.5 as follows:

(225 ILCS 100/20.5 new)

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

(a) A podiatrist in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act. Collaboration shall be for the purpose of providing podiatric consultation and no employment relationship shall be required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services the collaborating podiatrist generally provides to his or her patients in the normal course of clinical podiatric practice, except as set forth in item (3) of this subsection (a). A written collaborative agreement and podiatric collaboration and consultation shall be adequate with respect to advanced practice nurses if all of the following apply:

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

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

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

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

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

(6) With respect to the provision of anesthesia services by a certified registered nurse anesthetist, an anesthesiologist, physician, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia

services for diagnosis, consultation, and treatment of emergency medical conditions. The anesthesiologist or operating podiatrist must agree with the anesthesia plan prior to the delivery of services.

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

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

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

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

Section 145. The Respiratory Care Practice Act is amended by changing Section 10 as follows:

(225 ILCS 106/10)

(Section scheduled to be repealed on January 1, 2016)

Sec. 10. Definitions. In this Act:

"Advanced practice nurse" means an advanced practice nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

"Board" means the Respiratory Care Board appointed by the Director.

"Basic respiratory care activities" means and includes all of the following activities:

(1) Cleaning, disinfecting, and sterilizing equipment used in the practice of respiratory care as delegated by a licensed health care professional or other authorized licensed personnel.

(2) Assembling equipment used in the practice of respiratory care as delegated by a licensed health care professional or other authorized licensed personnel.

(3) Collecting and reviewing patient data through non-invasive means, provided that the collection and review does not include the individual's interpretation of the clinical significance of the data. Collecting and reviewing patient data includes the performance of pulse oximetry and non-invasive monitoring procedures in order to obtain vital signs and notification to licensed health care professionals and other authorized licensed personnel

in a timely manner.

(4) Maintaining a nasal cannula or face mask for oxygen therapy in the proper position on the patient's face.

(5) Assembling a nasal cannula or face mask for oxygen therapy at patient bedside in preparation for use.

(6) Maintaining a patient's natural airway by physically manipulating the jaw and neck, suctioning the oral cavity, or suctioning the mouth or nose with a bulb syringe.

(7) Performing assisted ventilation during emergency resuscitation using a manual resuscitator.

(8) Using a manual resuscitator at the direction of a licensed health care professional or other authorized licensed personnel who is present and performing routine airway suctioning. These activities do not include care of a patient's artificial airway or the adjustment of mechanical ventilator settings while a patient is connected to the ventilator.

"Basic respiratory care activities" does not mean activities that involve any of the following:

(1) Specialized knowledge that results from a course of education or training in respiratory care.

(2) An unreasonable risk of a negative outcome for the patient.

(3) The assessment or making of a decision concerning patient care.



(4) The administration of aerosol medication or oxygen.

(5) The insertion and maintenance of an artificial airway.

(6) Mechanical ventilatory support.

(7) Patient assessment.

(8) Patient education.

"Department" means the Department of Professional Regulation.

"Director" means the Director of Professional Regulation.

"Licensed" means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act.

"Licensed health care professional" means a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to transmit orders to a respiratory care practitioner, or a physician assistant who has been delegated the authority to transmit orders to a respiratory care practitioner by his or her supervising physician.

"Order" means a written, oral, or telecommunicated authorization for respiratory care services for a patient by (i) a licensed health care professional who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by a respiratory care practitioner or (ii) a certified registered

nurse anesthetist in a licensed hospital or ambulatory surgical treatment center.

"Other authorized licensed personnel" means a licensed respiratory care practitioner, a licensed registered nurse, or a licensed practical nurse whose scope of practice authorizes the professional to supervise an individual who is not licensed, certified, or registered as a health professional.

"Proximate supervision" means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual.

"Respiratory care" and "cardiorespiratory care" mean preventative services, evaluation and assessment services, therapeutic services, and rehabilitative services under the order of a licensed health care professional or a certified registered nurse anesthetist in a licensed hospital for an individual with a disorder, disease, or abnormality of the cardiopulmonary system. These terms include, but are not limited to, measuring, observing, assessing, and monitoring signs and symptoms, reactions, general behavior, and general physical response of individuals to respiratory care services, including the determination of whether those signs, symptoms, reactions, behaviors, or general physical responses exhibit abnormal characteristics; the administration of pharmacological and therapeutic agents related to respiratory care services; the collection of blood specimens and other

bodily fluids and tissues for, and the performance of, cardiopulmonary diagnostic testing procedures, including, but not limited to, blood gas analysis; development, implementation, and modification of respiratory care treatment plans based on assessed abnormalities of the cardiopulmonary system, respiratory care guidelines, referrals, and orders of a licensed health care professional; application, operation, and management of mechanical ventilatory support and other means of life support; and the initiation of emergency procedures under the rules promulgated by the Department. A respiratory care practitioner shall refer to a physician licensed to practice medicine in all its branches any patient whose condition, at the time of evaluation or treatment, is determined to be beyond the scope of practice of the respiratory care practitioner.

"Respiratory care education program" means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and reliable.

"Respiratory care practitioner" means a person who is licensed by the Department of Professional Regulation and meets all of the following criteria:

- (1) The person is engaged in the practice of cardiorespiratory care and has the knowledge and skill

necessary to administer respiratory care.

(2) The person is capable of serving as a resource to the licensed health care professional in relation to the technical aspects of cardiorespiratory care and the safe and effective methods for administering cardiorespiratory care modalities.

(3) The person is able to function in situations of unsupervised patient contact requiring great individual judgment.

(Source: P.A. 94-523, eff. 1-1-06.)

Section 150. The Barber, Cosmetology, Esthetics, and Nail Technology Act of 1985 is amended by changing Section 1-11 as follows:

(225 ILCS 410/1-11) (from Ch. 111, par. 1701-11)

(Section scheduled to be repealed on January 1, 2016)

Sec. 1-11. Exceptions to Act.

(a) Nothing in this Act shall be construed to apply to the educational activities conducted in connection with any monthly, annual or other special educational program of any bona fide association of licensed cosmetologists, estheticians, nail technicians, or barbers, or licensed cosmetology, esthetics, nail technology, or barber schools from which the general public is excluded.

(b) Nothing in this Act shall be construed to apply to the

activities and services of registered nurses or licensed practical nurses, as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, or to personal care or health care services provided by individuals in the performance of their duties as employed or authorized by facilities or programs licensed or certified by State agencies. As used in this subsection (b), "personal care" means assistance with meals, dressing, movement, bathing, or other personal needs or maintenance or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his or her person whether or not a guardian has been appointed for that individual. The definition of "personal care" as used in this subsection (b) shall not otherwise be construed to negate the requirements of this Act or its rules.

(c) Nothing in this Act shall be deemed to require licensure of individuals employed by the motion picture, film, television, stage play or related industry for the purpose of providing cosmetology or esthetics services to actors of that industry while engaged in the practice of cosmetology or esthetics as a part of that person's employment.

(Source: P.A. 90-580, eff. 5-21-98; 90-742, eff. 8-13-98; 91-357, eff. 7-29-99.)

Section 155. The Nurse Agency Licensing Act is amended by

changing Section 3 as follows:

(225 ILCS 510/3) (from Ch. 111, par. 953)

Sec. 3. Definitions. As used in this Act:

(a) "Certified nurse aide" means an individual certified as defined in Section 3-206 of the Nursing Home Care Act, as now or hereafter amended.

(b) "Department" means the Department of Labor.

(c) "Director" means the Director of Labor.

(d) "Health care facility" is defined as in Section 3 of the Illinois Health Facilities Planning Act, as now or hereafter amended.

(e) "Licensee" means any nursing agency which is properly licensed under this Act.

(f) "Nurse" means a registered nurse or a licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(g) "Nurse agency" means any individual, firm, corporation, partnership or other legal entity that employs, assigns or refers nurses or certified nurse aides to a health care facility for a fee. The term "nurse agency" includes nurses registries. The term "nurse agency" does not include services provided by home health agencies licensed and operated under the Home Health, Home Services, and Home Nursing Agency Licensing Act or a licensed or certified individual who provides his or her own services as a regular employee of a

health care facility, nor does it apply to a health care facility's organizing nonsalaried employees to provide services only in that facility.

(Source: P.A. 94-379, eff. 1-1-06.)

Section 160. The Illinois Public Aid Code is amended by changing Section 8A-7.1 as follows:

(305 ILCS 5/8A-7.1) (from Ch. 23, par. 8A-7.1)

Sec. 8A-7.1. The Director, upon making a determination based upon information in the possession of the Illinois Department, that continuation in practice of a licensed health care professional would constitute an immediate danger to the public, shall submit a written communication to the Director of Professional Regulation indicating such determination and additionally providing a complete summary of the information upon which such determination is based, and recommending that the Director of Professional Regulation immediately suspend such person's license. All relevant evidence, or copies thereof, in the Illinois Department's possession may also be submitted in conjunction with the written communication. A copy of such written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submittal to the Director of Professional Regulation be simultaneously mailed to the last known business address of such licensed health care professional by certified

or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, which is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

The Director, upon making a determination based upon information in the possession of the Illinois Department, that a licensed health care professional is willfully committing fraud upon the Illinois Department's medical assistance program, shall submit a written communication to the Director of Professional Regulation indicating such determination and additionally providing a complete summary of the information upon which such determination is based. All relevant evidence, or copies thereof, in the Illinois Department's possession may also be submitted in conjunction with the written communication.

Upon receipt of such written communication, the Director of Professional Regulation shall promptly investigate the allegations contained in such written communication. A copy of such written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submission to the Director of Professional Regulation, be simultaneously mailed to the last known address of such licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, which is submitted



in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

For the purposes of this Section, "licensed health care professional" means any person licensed under the Illinois Dental Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Medical Practice Act of 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical Practice Act of 1987, or the Illinois Optometric Practice Act of 1987.

(Source: P.A. 92-651, eff. 7-11-02.)

Section 165. The Elder Abuse and Neglect Act is amended by changing Section 2 as follows:

(320 ILCS 20/2) (from Ch. 23, par. 6602)

Sec. 2. Definitions. As used in this Act, unless the context requires otherwise:

(a) "Abuse" means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources.

Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse, neglect, or self-neglect for the sole reason that he or she is being furnished with or relies upon treatment by spiritual means through prayer alone, in accordance with the tenets and practices of a recognized

church or religious denomination.

Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse because of health care services provided or not provided by licensed health care professionals.

(a-5) "Abuser" means a person who abuses, neglects, or financially exploits an eligible adult.

(a-7) "Caregiver" means a person who either as a result of a family relationship, voluntarily, or in exchange for compensation has assumed responsibility for all or a portion of the care of an eligible adult who needs assistance with activities of daily living.

(b) "Department" means the Department on Aging of the State of Illinois.

(c) "Director" means the Director of the Department.

(d) "Domestic living situation" means a residence where the eligible adult lives alone or with his or her family or a caregiver, or others, or a board and care home or other community-based unlicensed facility, but is not:

(1) A licensed facility as defined in Section 1-113 of the Nursing Home Care Act;

(2) A "life care facility" as defined in the Life Care Facilities Act;

(3) A home, institution, or other place operated by the federal government or agency thereof or by the State of Illinois;

(4) A hospital, sanitarium, or other institution, the principal activity or business of which is the diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities therefor, which is required to be licensed under the Hospital Licensing Act;

(5) A "community living facility" as defined in the Community Living Facilities Licensing Act;

(6) A "community residential alternative" as defined in the Community Residential Alternatives Licensing Act;

(7) A "community-integrated living arrangement" as defined in the Community-Integrated Living Arrangements Licensure and Certification Act;

(8) An assisted living or shared housing establishment as defined in the Assisted Living and Shared Housing Act;  
or

(9) A supportive living facility as described in Section 5-5.01a of the Illinois Public Aid Code.

(e) "Eligible adult" means a person 60 years of age or older who resides in a domestic living situation and is, or is alleged to be, abused, neglected, or financially exploited by another individual or who neglects himself or herself.

(f) "Emergency" means a situation in which an eligible adult is living in conditions presenting a risk of death or physical, mental or sexual injury and the provider agency has reason to believe the eligible adult is unable to consent to

services which would alleviate that risk.

(f-5) "Mandated reporter" means any of the following persons while engaged in carrying out their professional duties:

(1) a professional or professional's delegate while engaged in: (i) social services, (ii) law enforcement, (iii) education, (iv) the care of an eligible adult or eligible adults, or (v) any of the occupations required to be licensed under the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Licensing Act, the Medical Practice Act of 1987, the Naprapathic Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Nursing Home Administrators Licensing and Disciplinary Act, the Illinois Occupational Therapy Practice Act, the Illinois Optometric Practice Act of 1987, the Pharmacy Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, the Veterinary Medicine and Surgery Practice Act of 2004, and the Illinois Public Accounting Act;

(2) an employee of a vocational rehabilitation facility prescribed or supervised by the Department of Human Services;

(3) an administrator, employee, or person providing services in or through an unlicensed community based facility;

(4) any religious practitioner who provides treatment by prayer or spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination, except as to information received in any confession or sacred communication enjoined by the discipline of the religious denomination to be held confidential;

(5) field personnel of the Department of Healthcare and Family Services, Department of Public Health, and Department of Human Services, and any county or municipal health department;

(6) personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the Department on Aging and its subsidiary Area Agencies on Aging and provider agencies, and the Office of State Long Term Care Ombudsman;

(7) any employee of the State of Illinois not otherwise specified herein who is involved in providing services to eligible adults, including professionals providing medical or rehabilitation services and all other persons having

direct contact with eligible adults;

(8) a person who performs the duties of a coroner or medical examiner; or

(9) a person who performs the duties of a paramedic or an emergency medical technician.

(g) "Neglect" means another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care. This subsection does not create any new affirmative duty to provide support to eligible adults. Nothing in this Act shall be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.

(h) "Provider agency" means any public or nonprofit agency in a planning and service area appointed by the regional administrative agency with prior approval by the Department on Aging to receive and assess reports of alleged or suspected abuse, neglect, or financial exploitation.

(i) "Regional administrative agency" means any public or nonprofit agency in a planning and service area so designated by the Department, provided that the designated Area Agency on Aging shall be designated the regional administrative agency if it so requests. The Department shall assume the functions of the regional administrative agency for any planning and service area where another agency is not so designated.

(i-5) "Self-neglect" means a condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

(j) "Substantiated case" means a reported case of alleged or suspected abuse, neglect, financial exploitation, or self-neglect in which a provider agency, after assessment, determines that there is reason to believe abuse, neglect, or financial exploitation has occurred.

(Source: P.A. 93-281 eff. 12-31-03; 93-300, eff. 1-1-04; 94-1064, eff. 1-1-07.)

Section 170. The Prenatal and Newborn Care Act is amended by changing Section 2 as follows:

(410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

Sec. 2. Definitions. As used in this Act, unless the context otherwise requires:

"Advanced practice nurse" or "APN" means an advanced practice nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has a written collaborative agreement with a collaborating physician that

authorizes the provision of prenatal and newborn care.

"Department" means the Illinois Department of Human Services.

"Early and Periodic Screening, Diagnosis and Treatment (EPSDT)" means the provision of preventative health care under 42 C.F.R. 441.50 et seq., including medical and dental services, needed to assess growth and development and detect and treat health problems.

"Hospital" means a hospital as defined under the Hospital Licensing Act.

"Local health authority" means the full-time official health department or board of health, as recognized by the Illinois Department of Public Health, having jurisdiction over a particular area.

"Nurse" means a nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

"Physician" means a physician licensed to practice medicine in all of its branches.

"Physician assistant" means a physician assistant licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to provide prenatal and newborn care.

"Postnatal visit" means a visit occurring after birth, with reference to the newborn.

"Prenatal visit" means a visit occurring before birth.

"Program" means the Prenatal and Newborn Care Program established pursuant to this Act.



(Source: P.A. 93-962, eff. 8-20-04.)

Section 175. The Illinois Sexually Transmissible Disease Control Act is amended by changing Section 4 as follows:

(410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

Sec. 4. Reporting required.

(a) A physician licensed under the provisions of the Medical Practice Act of 1987, an advanced practice nurse licensed under the provisions of the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has a written collaborative agreement with a collaborating physician that authorizes the provision of services for a sexually transmissible disease, or a physician assistant licensed under the provisions of the Physician Assistant Practice Act of 1987 who has been delegated authority to provide services for a sexually transmissible disease who makes a diagnosis of or treats a person with a sexually transmissible disease and each laboratory that performs a test for a sexually transmissible disease which concludes with a positive result shall report such facts as may be required by the Department by rule, within such time period as the Department may require by rule, but in no case to exceed 2 weeks.

(b) The Department shall adopt rules specifying the information required in reporting a sexually transmissible disease, the method of reporting and specifying a minimum time

period for reporting. In adopting such rules, the Department shall consider the need for information, protections for the privacy and confidentiality of the patient, and the practical abilities of persons and laboratories to report in a reasonable fashion.

(c) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

(d) Any person who violates the provisions of this Section or the rules adopted hereunder may be fined by the Department up to \$500 for each violation. The Department shall report each violation of this Section to the regulatory agency responsible for licensing a health care professional or a laboratory to which these provisions apply.

(Source: P.A. 93-962, eff. 8-20-04.)

Section 180. The Home Health and Hospice Drug Dispensation and Administration Act is amended by changing Section 10 as follows:

(410 ILCS 642/10)

Sec. 10. Definitions. In this Act:

"Authorized nursing employee" means a registered nurse or advanced practice nurse, as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, who is employed by a

home health agency or hospice licensed in this State.

"Health care professional" means a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes services under this Act, or a physician assistant who has been delegated the authority to perform services under this Act by his or her supervising physician.

"Home health agency" has the meaning ascribed to it in Section 2.04 of the Home Health, Home Services, and Home Nursing Agency Licensing Act.

"Hospice" means a full hospice, as defined in Section 3 of the Hospice Program Licensing Act.

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

(Source: P.A. 94-638, eff. 8-22-05; revised 10-19-06.)

Section 190. The Illinois Abortion Law of 1975 is amended by changing Section 11 as follows:

(720 ILCS 510/11) (from Ch. 38, par. 81-31)

Sec. 11. (1) Any person who intentionally violates any provision of this Law commits a Class A misdemeanor unless a specific penalty is otherwise provided. Any person who intentionally falsifies any writing required by this Law commits a Class A misdemeanor.

Intentional, knowing, reckless, or negligent violations of this Law shall constitute unprofessional conduct which causes public harm under Section 22 of the Medical Practice Act of 1987, as amended; Sections 70-5 of the Nurse Practice Act ~~Sections 10-45 and 15-50 of the Nursing and Advanced Practice Nursing Act~~, and Section 21 of the Physician Assistant Practice Act of 1987, as amended.

Intentional, knowing, reckless or negligent violations of this Law will constitute grounds for refusal, denial, revocation, suspension, or withdrawal of license, certificate, or permit under Section 30 of the Pharmacy Practice Act of 1987, as amended; Section 7 of the Ambulatory Surgical Treatment Center Act, effective July 19, 1973, as amended; and Section 7 of the Hospital Licensing Act.

(2) Any hospital or licensed facility which, or any physician who intentionally, knowingly, or recklessly fails to submit a complete report to the Department in accordance with the provisions of Section 10 of this Law and any person who intentionally, knowingly, recklessly or negligently fails to maintain the confidentiality of any reports required under this Law or reports required by Sections 10.1 or 12 of this Law commits a Class B misdemeanor.

(3) Any person who sells any drug, medicine, instrument or other substance which he knows to be an abortifacient and which is in fact an abortifacient, unless upon prescription of a physician, is guilty of a Class B misdemeanor. Any person who

prescribes or administers any instrument, medicine, drug or other substance or device, which he knows to be an abortifacient, and which is in fact an abortifacient, and intentionally, knowingly or recklessly fails to inform the person for whom it is prescribed or upon whom it is administered that it is an abortifacient commits a Class C misdemeanor.

(4) Any person who intentionally, knowingly or recklessly performs upon a woman what he represents to that woman to be an abortion when he knows or should know that she is not pregnant commits a Class 2 felony and shall be answerable in civil damages equal to 3 times the amount of proved damages.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 195. The Illinois Controlled Substances Act is amended by changing Sections 102, 103, and 303.05 as follows:

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

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

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

(b) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient, research subject, or animal (as defined by the Humane Euthanasia in Animal Shelters Act) by:

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

(2) the patient or research subject at the lawful direction of the practitioner, or

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

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

(c-1) "Anabolic Steroids" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes:

(i) boldenone,

(ii) chlorotestosterone,

(iii) chostebol,

(iv) dehydrochlormethyltestosterone,

(v) dihydrotestosterone,

(vi) drostanolone,

(vii) ethylestrenol,

- (viii) fluoxymesterone,
- (ix) formebulone,
- (x) mesterolone,
- (xi) methandienone,
- (xii) methandranone,
- (xiii) methandriol,
- (xiv) methandrostenolone,
- (xv) methenolone,
- (xvi) methyltestosterone,
- (xvii) mibolerone,
- (xviii) nandrolone,
- (xix) norethandrolone,
- (xx) oxandrolone,
- (xxi) oxymesterone,
- (xxii) oxymetholone,
- (xxiii) stanolone,
- (xxiv) stanozolol,
- (xxv) testolactone,
- (xxvi) testosterone,
- (xxvii) trenbolone, and
- (xxviii) any salt, ester, or isomer of a drug or substance described or listed in this paragraph, if that salt, ester, or isomer promotes muscle growth.

Any person who is otherwise lawfully in possession of an anabolic steroid, or who otherwise lawfully manufactures, distributes, dispenses, delivers, or possesses with intent to

deliver an anabolic steroid, which anabolic steroid is expressly intended for and lawfully allowed to be administered through implants to livestock or other nonhuman species, and which is approved by the Secretary of Health and Human Services for such administration, and which the person intends to administer or have administered through such implants, shall not be considered to be in unauthorized possession or to unlawfully manufacture, distribute, dispense, deliver, or possess with intent to deliver such anabolic steroid for purposes of this Act.

(d) "Administration" means the Drug Enforcement Administration, United States Department of Justice, or its successor agency.

(e) "Control" means to add a drug or other substance, or immediate precursor, to a Schedule under Article II of this Act whether by transfer from another Schedule or otherwise.

(f) "Controlled Substance" means a drug, substance, or immediate precursor in the Schedules of Article II of this Act.

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

(h) "Deliver" or "delivery" means the actual, constructive



or attempted transfer of possession of a controlled substance, with or without consideration, whether or not there is an agency relationship.

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

(j) "Department of State Police" means the Department of State Police of the State of Illinois or its successor agency.

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

(l) "Department of Professional Regulation" means the Department of Professional Regulation of the State of Illinois or its successor agency.

(m) "Depressant" or "stimulant substance" means:

(1) a drug which contains any quantity of (i) barbituric acid or any of the salts of barbituric acid which has been designated as habit forming under section 502 (d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352 (d)); or

(2) a drug which contains any quantity of (i) amphetamine or methamphetamine and any of their optical isomers; (ii) any salt of amphetamine or methamphetamine or any salt of an optical isomer of amphetamine; or (iii) any substance which the Department, after investigation, has found to be, and by rule designated as, habit forming because of its depressant or stimulant effect on the

central nervous system; or

(3) lysergic acid diethylamide; or

(4) any drug which contains any quantity of a substance which the Department, after investigation, has found to have, and by rule designated as having, a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect.

(n) (Blank).

(o) "Director" means the Director of the Department of State Police or the Department of Professional Regulation or his designated agents.

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

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

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

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

(t) "Drug" means (1) substances recognized as drugs in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (2) substances intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (3) substances (other

than food) intended to affect the structure of any function of the body of man or animals and (4) substances intended for use as a component of any article specified in clause (1), (2), or (3) of this subsection. It does not include devices or their components, parts, or accessories.

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

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

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

the following, in making the judgment:

(1) lack of consistency of doctor-patient relationship,

(2) frequency of prescriptions for same drug by one prescriber for large numbers of patients,

(3) quantities beyond those normally prescribed,

(4) unusual dosages,

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

(6) consistent prescribing of habit-forming drugs.

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

(v) "Immediate precursor" means a substance:

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

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

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

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

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

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

(a) statements made by the owner or person in control of the substance concerning its nature, use or effect;

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

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

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

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

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

Nothing in this subsection (y) or in this Act prohibits the manufacture, preparation, propagation, compounding, processing, packaging, advertising or distribution of a drug or drugs by any person registered pursuant to Section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

(y-1) "Mail-order pharmacy" means a pharmacy that is located in a state of the United States, other than Illinois,

that delivers, dispenses or distributes, through the United States Postal Service or other common carrier, to Illinois residents, any substance which requires a prescription.

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

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

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

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

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

(z-1) (Blank).

(aa) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of natural origin, or independently by means of chemical

synthesis, or by a combination of extraction and chemical synthesis:

(1) opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate;

(2) any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1), but not including the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salts, compound, isomer, salt of an isomer, derivative, or preparation of coca leaves including cocaine or ecgonine, and any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine (for the purpose of this paragraph, the term "isomer" includes optical, positional and geometric isomers).

(bb) "Nurse" means a registered nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(cc) (Blank).

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



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

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

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

(hh) "Pharmacist" means any person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987.

(ii) "Pharmacy" means any store, ship or other place in which pharmacy is authorized to be practiced under the Pharmacy Practice Act of 1987.

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

(kk) "Practitioner" means a physician licensed to practice medicine in all its branches, dentist, podiatrist, veterinarian, scientific investigator, pharmacist, physician assistant, advanced practice nurse, licensed practical nurse, registered nurse, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of

professional practice or research.

(ll) "Pre-printed prescription" means a written prescription upon which the designated drug has been indicated prior to the time of issuance.

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, podiatrist or veterinarian who issues a prescription, a physician assistant who issues a prescription for a Schedule III, IV, or V controlled substance in accordance with Section 303.05 and the written guidelines required under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05 and a written collaborative agreement under Section 65-35 of the Nurse Practice Act ~~Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act.~~

(nn) "Prescription" means a lawful written, facsimile, or verbal order of a physician licensed to practice medicine in all its branches, dentist, podiatrist or veterinarian for any controlled substance, of a physician assistant for a Schedule III, IV, or V controlled substance in accordance with Section 303.05 and the written guidelines required under Section 7.5 of the Physician Assistant Practice Act of 1987, or of an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a Schedule III, IV, or V controlled substance

in accordance with Section 303.05 and a written collaborative agreement under Section 65-35 of the Nurse Practice Act ~~Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act.~~

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

(pp) "Registrant" means every person who is required to register under Section 302 of this Act.

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

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

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

(Source: P.A. 93-596, eff. 8-26-03; 93-626, eff. 12-23-03; 94-556, eff. 9-11-05.)

(720 ILCS 570/103) (from Ch. 56 1/2, par. 1103)

Sec. 103. Scope of Act. Nothing in this Act limits the lawful authority granted by the Medical Practice Act of 1987,

the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, or the Pharmacy Practice Act of 1987.

(Source: P.A. 90-742, eff. 8-13-98.)

(720 ILCS 570/303.05)

Sec. 303.05. Mid-level practitioner registration.

(a) The Department of Professional Regulation shall register licensed physician assistants and licensed advanced practice nurses to prescribe and dispense Schedule III, IV, or V controlled substances under Section 303 and euthanasia agencies to purchase, store, or administer euthanasia drugs under the following circumstances:

(1) with respect to physician assistants or advanced practice nurses,

(A) the physician assistant or advanced practice nurse has been delegated prescriptive authority by a physician licensed to practice medicine in all its branches in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987 or Section 65-40 of the Nurse Practice Act ~~Section 15-20 of the Nursing and Advanced Practice Nursing Act~~; and

(B) the physician assistant or advanced practice nurse has completed the appropriate application forms and has paid the required fees as set by rule; or

(2) with respect to euthanasia agencies, the euthanasia agency has obtained a license from the

Department of Professional Regulation and obtained a registration number from the Department.

(b) The mid-level practitioner shall only be licensed to prescribe those schedules of controlled substances for which a licensed physician has delegated prescriptive authority, except that a euthanasia agency does not have any prescriptive authority.

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

(Source: P.A. 93-626, eff. 12-23-03.)

Section 200. The Methamphetamine Control and Community Protection Act is amended by changing Section 110 as follows:

(720 ILCS 646/110)

Sec. 110. Scope of Act. Nothing in this Act limits any authority or activity authorized by the Illinois Controlled Substances Act, the Medical Practice Act of 1987, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Pharmacy Practice Act of 1987, the Illinois Dental Practice Act, the Podiatric Medical Practice Act of 1987, or the Veterinary Medicine and Surgery Practice Act of 2004. Nothing in this Act limits the authority or activity of any law enforcement officer acting within the scope of his or her

employment.

(Source: P.A. 94-556, eff. 9-11-05.)

Section 205. The Methamphetamine Precursor Control Act is amended by changing Section 50 as follows:

(720 ILCS 648/50)

Sec. 50. Scope of Act.

(a) Nothing in this Act limits the scope, terms, or effect of the Methamphetamine Control and Community Protection Act.

(b) Nothing in this Act limits the lawful authority granted by the Medical Practice Act of 1987, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, or the Pharmacy Practice Act of 1987.

(c) Nothing in this Act limits the authority or activity of any law enforcement officer acting within the scope of his or her employment.

(Source: P.A. 94-694, eff. 1-15-06.)

Section 210. The Good Samaritan Act is amended by changing Sections 34 and 40 as follows:

(745 ILCS 49/34)

Sec. 34. Advanced practice nurse; exemption from civil liability for emergency care. A person licensed as an advanced practice nurse under the Nurse Practice Act ~~Nursing and~~

~~Advanced Practice Nursing Act~~ who in good faith provides emergency care without fee to a person shall not be liable for civil damages as a result of his or her acts or omissions, except for willful or wanton misconduct on the part of the person in providing the care.

(Source: P.A. 90-742, eff. 8-13-98.)

(745 ILCS 49/40)

Sec. 40. Nurses; exemption from civil liability for services performed without compensation.

(a) No person licensed as a professional nurse or as a practical nurse under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who, without compensation, renders nursing services shall be liable, and no cause of action may be brought, for damages resulting from an act or omission in rendering such services unless the act or omission involved willful or wanton misconduct.

(b) (Blank).

(c) As used in this Section "entity" means a proprietorship, partnership, association or corporation, whether or not operated for profit.

(d) Nothing in this Section is intended to bar any cause of action against an entity or change the liability of an entity which arises out of an act or omission of any person exempt from liability for negligence under this Section.

(Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

Section 220. The Unemployment Insurance Act is amended by changing Section 230 as follows:

(820 ILCS 405/230) (from Ch. 48, par. 340)

Sec. 230. The term "employment" shall not include service performed after 1971:

(A) In the employ of a hospital, if such service is performed by a patient of the hospital.

(B) As a student nurse in the employ of a hospital or a nurses' training school by an individual who is enrolled and is regularly attending classes in a nurses' training school approved pursuant to the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(C) As an intern in the employ of a hospital by an individual who has completed a 4 years' course in a medical school chartered or approved pursuant to State law.

(Source: P.A. 90-742, eff. 8-13-98.)

(110 ILCS 915/Act rep.)

Section 225. The Baccalaureate Assistance Law for Registered Nurses is repealed.

(225 ILCS 65/5-17 rep.)

(225 ILCS 65/15-5 rep.)

(225 ILCS 65/15-35 rep.)



(225 ILCS 65/15-50 rep.)

(225 ILCS 65/20-2 rep.)

(225 ILCS 65/20-5 rep.)

(225 ILCS 65/20-10 rep.)

(225 ILCS 65/20-15 rep.)

Section 230. The Nursing and Advanced Practice Nursing Act is amended by repealing Sections 5-17, 15-5, 15-35, 15-50, 20-2, 20-5, 20-10, and 20-15.

Section 999. Effective date. This Act takes effect upon becoming law, except that the provisions changing Section 8.1 of the Illinois Dental Practice Act take effect January 1, 2008.