

1 AN ACT concerning regulation.

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

4 Article 1.

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

7 (775 ILCS 55/1-10)

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

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

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

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

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

4 "Department" means the Illinois Department of Public
5 Health.

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

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

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

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

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

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

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

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

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

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

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

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

1 (775 ILCS 55/1-20)

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

3 (a) The State shall not:

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

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

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

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

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

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

5 Article 3.

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

8 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

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

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

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

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

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

5 Article 4.

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

8 (215 ILCS 5/356z.3a)

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

11 (a) As used in this Section:

12 "Ancillary services" means:

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

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

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

23 (4) items and services provided by other specialty

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

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

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

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

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

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

26 "Emergency medical screening examination" has the meaning

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

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

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

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

26 "Freestanding Emergency Center" means a facility licensed

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

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

5 (1) a hospital as defined in 42 U.S.C. 1395x(e);

6 (2) a hospital outpatient department;

7 (3) a critical access hospital certified under 42
8 U.S.C. 1395i-4(e);

9 (4) an ambulatory surgical treatment center as defined
10 in the Ambulatory Surgical Treatment Center Act; or

11 (5) any recipient of a license under the Hospital
12 Licensing Act that is not otherwise described in this
13 definition.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (f) (Blank).

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

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

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

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

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

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

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

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

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

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

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

19 Article 5.

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

22 (55 ILCS 5/5-1069.3)

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

1 including a home rule county, is a self-insurer for purposes
2 of providing health insurance coverage for its employees, the
3 coverage shall include coverage for the post-mastectomy care
4 benefits required to be covered by a policy of accident and
5 health insurance under Section 356t and the coverage required
6 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
7 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
8 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
9 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
10 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, and 356z.51, and
11 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
12 the Illinois Insurance Code. The coverage shall comply with
13 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
14 Insurance Code. The Department of Insurance shall enforce the
15 requirements of this Section. The requirement that health
16 benefits be covered as provided in this Section is an
17 exclusive power and function of the State and is a denial and
18 limitation under Article VII, Section 6, subsection (h) of the
19 Illinois Constitution. A home rule county to which this
20 Section applies must comply with every provision of this
21 Section.

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
3 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
4 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
5 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
6 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
7 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
8 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
9 revised 12-13-22.)

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

12 (65 ILCS 5/10-4-2.3)

13 Sec. 10-4-2.3. Required health benefits. If a
14 municipality, including a home rule municipality, is a
15 self-insurer for purposes of providing health insurance
16 coverage for its employees, the coverage shall include
17 coverage for the post-mastectomy care benefits required to be
18 covered by a policy of accident and health insurance under
19 Section 356t and the coverage required under Sections 356g,
20 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
21 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
22 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
23 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
24 356z.45, 356z.46, 356z.47, 356z.48, ~~and~~ 356z.51, ~~and~~ 356z.53.

1 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the
2 Illinois Insurance Code. The coverage shall comply with
3 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
4 Insurance Code. The Department of Insurance shall enforce the
5 requirements of this Section. The requirement that health
6 benefits be covered as provided in this is an exclusive power
7 and function of the State and is a denial and limitation under
8 Article VII, Section 6, subsection (h) of the Illinois
9 Constitution. A home rule municipality to which this Section
10 applies must comply with every provision of this Section.

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

17 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
18 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
19 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
20 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
21 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
22 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
23 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
24 revised 12-13-22.)

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

1 Section 10-22.3f as follows:

2 (105 ILCS 5/10-22.3f)

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

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

24 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.

1 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
2 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
3 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
4 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
5 eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

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

8 (215 ILCS 124/10)

9 Sec. 10. Network adequacy.

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

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

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

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

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

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

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

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

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

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

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

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

1 address all of the following:

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

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

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

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

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

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

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

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

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

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

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

23 (A) Primary Care;

24 (B) Pediatrics;

25 (C) Cardiology;

26 (D) Gastroenterology;

- 1 (E) General Surgery;
- 2 (F) Neurology;
- 3 (G) OB/GYN;
- 4 (H) Oncology/Radiation;
- 5 (I) Ophthalmology;
- 6 (J) Urology;
- 7 (K) Behavioral Health;
- 8 (L) Allergy/Immunology;
- 9 (M) Chiropractic;
- 10 (N) Dermatology;
- 11 (O) Endocrinology;
- 12 (P) Ears, Nose, and Throat (ENT)/Otolaryngology;
- 13 (Q) Infectious Disease;
- 14 (R) Nephrology;
- 15 (S) Neurosurgery;
- 16 (T) Orthopedic Surgery;
- 17 (U) Physiatry/Rehabilitative;
- 18 (V) Plastic Surgery;
- 19 (W) Pulmonary;
- 20 (X) Rheumatology;
- 21 (Y) Anesthesiology;
- 22 (Z) Pain Medicine;
- 23 (AA) Pediatric Specialty Services;
- 24 (BB) Outpatient Dialysis; and
- 25 (CC) HIV.
- 26 (2) The Director shall establish a process for the

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

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

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

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

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

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

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

1 appointment and being seen by the facility or provider of
2 mental, emotional, nervous, or substance use disorders or
3 conditions for outpatient treatment or to wait longer than
4 20 business days between requesting a repeat or follow-up
5 appointment and being seen by the facility or provider of
6 mental, emotional, nervous, or substance use disorders or
7 conditions for outpatient treatment; however, subject to
8 the protections of paragraph (3) of this subsection, a
9 network plan shall not be held responsible if the
10 beneficiary or provider voluntarily chooses to schedule an
11 appointment outside of these required time frames.

12 (B) For beneficiaries residing in Illinois counties
13 other than those counties listed in subparagraph (A) of
14 this paragraph, network adequacy standards for timely and
15 proximate access to treatment for mental, emotional,
16 nervous, or substance use disorders or conditions means a
17 beneficiary shall not have to travel longer than 60
18 minutes or 60 miles from the beneficiary's residence to
19 receive outpatient treatment for mental, emotional,
20 nervous, or substance use disorders or conditions.
21 Beneficiaries shall not be required to wait longer than 10
22 business days between requesting an initial appointment
23 and being seen by the facility or provider of mental,
24 emotional, nervous, or substance use disorders or
25 conditions for outpatient treatment or to wait longer than
26 20 business days between requesting a repeat or follow-up

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

17 Sec. 4003. Illinois Insurance Code provisions. Limited
18 health service organizations shall be subject to the
19 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
20 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
21 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
22 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,
23 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
24 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,

1 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
2 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII
3 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance
4 Code. Nothing in this Section shall require a limited health
5 care plan to cover any service that is not a limited health
6 service. For purposes of the Illinois Insurance Code, except
7 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
8 limited health service organizations in the following
9 categories are deemed to be domestic companies:

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

11 (2) a corporation organized under the laws of another
12 state, 30% or more of the enrollees of which are residents
13 of this State, except a corporation subject to
14 substantially the same requirements in its state of
15 organization as is a domestic company under Article VIII
16 1/2 of the Illinois Insurance Code.

17 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
18 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
19 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
20 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
21 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
22 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

23 Article 6.

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

1 changing Section 3.2 as follows:

2 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

3 Sec. 3.2.

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

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

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

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

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

22 (c) As used in this Section:

23 "Lawful health care" means:

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

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

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

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

16 Article 7.

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

19 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

21 Sec. 22. Disciplinary action.

22 (A) The Department may revoke, suspend, place on
23 probation, reprimand, refuse to issue or renew, or take any

1 other disciplinary or non-disciplinary action as the
2 Department may deem proper with regard to the license or
3 permit of any person issued under this Act, including imposing
4 fines not to exceed \$10,000 for each violation, upon any of the
5 following grounds:

6 (1) (Blank).

7 (2) (Blank).

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

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

15 (5) Engaging in dishonorable, unethical, or
16 unprofessional conduct of a character likely to deceive,
17 defraud, or harm the public.

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

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

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

26 (9) Fraud or misrepresentation in applying for, or

1 procuring, a license under this Act or in connection with
2 applying for renewal of a license under this Act.

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

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

10 (12) Adverse action taken by another state or
11 jurisdiction against a license or other authorization to
12 practice as a medical doctor, doctor of osteopathy, doctor
13 of osteopathic medicine, or doctor of chiropractic, a
14 certified copy of the record of the action taken by the
15 other state or jurisdiction being prima facie evidence
16 thereof. This includes any adverse action taken by a State
17 or federal agency that prohibits a medical doctor, doctor
18 of osteopathy, doctor of osteopathic medicine, or doctor
19 of chiropractic from providing services to the agency's
20 participants.

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

26 (14) Violation of the prohibition against fee

1 splitting in Section 22.2 of this Act.

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

7 (16) Abandonment of a patient.

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

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

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

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

26 (21) Willfully making or filing false records or

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

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

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

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

21 (25) Gross and willful and continued overcharging for
22 professional services, including filing false statements
23 for collection of fees for which services are not
24 rendered, including, but not limited to, filing such false
25 statements for collection of monies for services not
26 rendered from the medical assistance program of the

1 Department of Healthcare and Family Services (formerly
2 Department of Public Aid) under the Illinois Public Aid
3 Code.

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

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

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

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

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

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

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

25 (33) Violating State ~~state~~ or federal laws or
26 regulations relating to controlled substances, legend

1 drugs, or ephedra as defined in the Ephedra Prohibition
2 Act.

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

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

23 (36) Failure to report to the Department any adverse
24 judgment, settlement, or award arising from a liability
25 claim related to acts or conduct similar to acts or
26 conduct which would constitute grounds for action as

1 defined in this Section.

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

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

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

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

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

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

20 (43) Repeated failure to adequately collaborate with a
21 licensed advanced practice registered nurse.

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

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

1 collaborate.

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

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

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

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

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

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

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

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

1 practice only upon the entry of a Departmental order based
2 upon a finding by the Medical Board that the person has been
3 determined to be recovered from mental illness by the court
4 and upon the Medical Board's recommendation that the person be
5 permitted to resume his or her practice.

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

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

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

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

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

26 (d) what constitutes gross negligence in the practice

1 of medicine.

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

5 In enforcing this Section, the Medical Board, upon a
6 showing of a possible violation, may compel any individual who
7 is licensed to practice under this Act or holds a permit to
8 practice under this Act, or any individual who has applied for
9 licensure or a permit pursuant to this Act, to submit to a
10 mental or physical examination and evaluation, or both, which
11 may include a substance abuse or sexual offender evaluation,
12 as required by the Medical Board and at the expense of the
13 Department. The Medical Board shall specifically designate the
14 examining physician licensed to practice medicine in all of
15 its branches or, if applicable, the multidisciplinary team
16 involved in providing the mental or physical examination and
17 evaluation, or both. The multidisciplinary team shall be led
18 by a physician licensed to practice medicine in all of its
19 branches and may consist of one or more or a combination of
20 physicians licensed to practice medicine in all of its
21 branches, licensed chiropractic physicians, licensed clinical
22 psychologists, licensed clinical social workers, licensed
23 clinical professional counselors, and other professional and
24 administrative staff. Any examining physician or member of the
25 multidisciplinary team may require any person ordered to
26 submit to an examination and evaluation pursuant to this

1 Section to submit to any additional supplemental testing
2 deemed necessary to complete any examination or evaluation
3 process, including, but not limited to, blood testing,
4 urinalysis, psychological testing, or neuropsychological
5 testing. The Medical Board or the Department may order the
6 examining physician or any member of the multidisciplinary
7 team to provide to the Department or the Medical Board any and
8 all records, including business records, that relate to the
9 examination and evaluation, including any supplemental testing
10 performed. The Medical Board or the Department may order the
11 examining physician or any member of the multidisciplinary
12 team to present testimony concerning this examination and
13 evaluation of the licensee, permit holder, or applicant,
14 including testimony concerning any supplemental testing or
15 documents relating to the examination and evaluation. No
16 information, report, record, or other documents in any way
17 related to the examination and evaluation shall be excluded by
18 reason of any common law or statutory privilege relating to
19 communication between the licensee, permit holder, or
20 applicant and the examining physician or any member of the
21 multidisciplinary team. No authorization is necessary from the
22 licensee, permit holder, or applicant ordered to undergo an
23 evaluation and examination for the examining physician or any
24 member of the multidisciplinary team to provide information,
25 reports, records, or other documents or to provide any
26 testimony regarding the examination and evaluation. The

1 individual to be examined may have, at his or her own expense,
2 another physician of his or her choice present during all
3 aspects of the examination. Failure of any individual to
4 submit to mental or physical examination and evaluation, or
5 both, when directed, shall result in an automatic suspension,
6 without hearing, until such time as the individual submits to
7 the examination. If the Medical Board finds a physician unable
8 to practice following an examination and evaluation because of
9 the reasons set forth in this Section, the Medical Board shall
10 require such physician to submit to care, counseling, or
11 treatment by physicians, or other health care professionals,
12 approved or designated by the Medical Board, as a condition
13 for issued, continued, reinstated, or renewed licensure to
14 practice. Any physician, whose license was granted pursuant to
15 Section ~~Sections~~ 9, 17, or 19 of this Act, or, continued,
16 reinstated, renewed, disciplined, or supervised, subject to
17 such terms, conditions, or restrictions who shall fail to
18 comply with such terms, conditions, or restrictions, or to
19 complete a required program of care, counseling, or treatment,
20 as determined by the Chief Medical Coordinator or Deputy
21 Medical Coordinators, shall be referred to the Secretary for a
22 determination as to whether the licensee shall have his or her
23 license suspended immediately, pending a hearing by the
24 Medical Board. In instances in which the Secretary immediately
25 suspends a license under this Section, a hearing upon such
26 person's license must be convened by the Medical Board within

1 15 days after such suspension and completed without
2 appreciable delay. The Medical Board shall have the authority
3 to review the subject physician's record of treatment and
4 counseling regarding the impairment, to the extent permitted
5 by applicable federal statutes and regulations safeguarding
6 the confidentiality of medical records.

7 An individual licensed under this Act, affected under this
8 Section, shall be afforded an opportunity to demonstrate to
9 the Medical Board that he or she can resume practice in
10 compliance with acceptable and prevailing standards under the
11 provisions of his or her license.

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

20 All fines imposed under this Section shall be paid within
21 60 days after the effective date of the order imposing the fine
22 or in accordance with the terms set forth in the order imposing
23 the fine.

24 (B) The Department shall revoke the license or permit
25 issued under this Act to practice medicine or a chiropractic
26 physician who has been convicted a second time of committing

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

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

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

18 (2) for experimental treatment for Lyme disease or
19 other tick-borne diseases, including, but not limited to,
20 the prescription of or treatment with long-term
21 antibiotics; ~~or~~

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

1 a resident of this State or another state; or

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

13 (D) (Blank). ~~The Medical Board shall recommend to the~~
14 ~~Department civil penalties and any other appropriate~~
15 ~~discipline in disciplinary cases when the Medical Board finds~~
16 ~~that a physician willfully performed an abortion with actual~~
17 ~~knowledge that the person upon whom the abortion has been~~
18 ~~performed is a minor or an incompetent person without notice~~
19 ~~as required under the Parental Notice of Abortion Act of 1995.~~
20 ~~Upon the Medical Board's recommendation, the Department shall~~
21 ~~impose, for the first violation, a civil penalty of \$1,000 and~~
22 ~~for a second or subsequent violation, a civil penalty of~~
23 ~~\$5,000.~~

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

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

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

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

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

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

1 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)
2 (Section scheduled to be repealed on January 1, 2028)
3 Sec. 65-65. Reports relating to APRN professional conduct
4 and capacity.

5 (a) Entities Required to Report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (f) (Blank).

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

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

1 by this Section.

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

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

6 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

8 Sec. 70-5. Grounds for disciplinary action.

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

17 (b) Grounds for disciplinary action include the following:

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

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

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

1 sentencing of any crime, including, but not limited to,
2 convictions, preceding sentences of supervision,
3 conditional discharge, or first offender probation, under
4 the laws of any jurisdiction of the United States: (i)
5 that is a felony; or (ii) that is a misdemeanor, an
6 essential element of which is dishonesty, or that is
7 directly related to the practice of the profession.

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

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

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

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

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

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

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

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

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

17 (13) Willful omission to file or record, or willfully
18 impeding the filing or recording or inducing another
19 person to omit to file or record medical reports as
20 required by law.

21 (13.5) Willfully failing to report an instance of
22 suspected child abuse or neglect as required by the Abused
23 and Neglected Child Reporting Act.

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

26 (15) Holding oneself out to be practicing nursing

1 under any name other than one's own.

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

11 (17) Failure of a licensee to report to the Department
12 surrender by the licensee of a license or authorization to
13 practice nursing or advanced practice registered nursing
14 in another state or jurisdiction or current surrender by
15 the licensee of membership on any nursing staff or in any
16 nursing or advanced practice registered nursing or
17 professional association or society while under
18 disciplinary investigation by any of those authorities or
19 bodies for acts or conduct similar to acts or conduct that
20 would constitute grounds for action as defined by this
21 Section.

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

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

26 (20) Fraud, deceit, or misrepresentation in applying

1 for or procuring a license under this Act or in connection
2 with applying for renewal of a license under this Act.

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

5 (22) Willfully making or filing false records or
6 reports in the licensee's practice, including, but not
7 limited to, false records to support claims against the
8 medical assistance program of the Department of Healthcare
9 and Family Services (formerly Department of Public Aid)
10 under the Illinois Public Aid Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 (b-5) The Department shall not revoke, suspend, summarily
6 suspend, place on probation, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a registered nurse or an advanced practice
10 registered nurse based solely upon the registered nurse or
11 advanced practice registered nurse providing, authorizing,
12 recommending, aiding, assisting, referring for, or otherwise
13 participating in any health care service, so long as the care
14 was not unlawful under the laws of this State, regardless of
15 whether the patient was a resident of this State or another
16 state.

17 (b-10) The Department shall not revoke, suspend, summarily
18 suspend, place on prohibition, reprimand, refuse to issue or
19 renew, or take any other disciplinary or non-disciplinary
20 action against the license or permit issued under this Act to
21 practice as a registered nurse or an advanced practice
22 registered nurse based upon the registered nurse's or advanced
23 practice registered nurse's license being revoked or
24 suspended, or the registered nurse or advanced practice
25 registered nurse being otherwise disciplined by any other
26 state, if that revocation, suspension, or other form of

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

10 (b-15) The conduct specified in subsections (b-5) and
11 (b-10) shall not trigger reporting requirements under Section
12 65-65 or constitute grounds for suspension under Section
13 70-60.

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

1 this Act.

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

12 (d) The Department may refuse to issue or may suspend or
13 otherwise discipline the license of any person who fails to
14 file a return, or to pay the tax, penalty or interest shown in
15 a filed return, or to pay any final assessment of the tax,
16 penalty, or interest as required by any tax Act administered
17 by the Department of Revenue, until such time as the
18 requirements of any such tax Act are satisfied.

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

1 reason of any common law or statutory privilege relating to
2 communications between the licensee or applicant and the
3 examining physician. The examining physicians shall be
4 specifically designated by the Department. The individual to
5 be examined may have, at his or her own expense, another
6 physician of his or her choice present during all aspects of
7 this examination. Failure of an individual to submit to a
8 mental or physical examination, when directed, shall result in
9 an automatic suspension without hearing.

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

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

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

8 In instances in which the Secretary immediately suspends a
9 person's license under this subsection (e), a hearing on that
10 person's license must be convened by the Department within 15
11 days after the suspension and completed without appreciable
12 delay. The Department and Board shall have the authority to
13 review the subject individual's record of treatment and
14 counseling regarding the impairment to the extent permitted by
15 applicable federal statutes and regulations safeguarding the
16 confidentiality of medical records.

17 An individual licensed under this Act and affected under
18 this subsection (e) shall be afforded an opportunity to
19 demonstrate to the Department that he or she can resume
20 practice in compliance with nursing standards under the
21 provisions of his or her license.

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

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

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

3 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

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

7 (a) The Department may refuse to issue or renew, or may
8 revoke a license, or may suspend, place on probation, fine, or
9 take any disciplinary or non-disciplinary action as the
10 Department may deem proper, including fines not to exceed
11 \$10,000 for each violation, with regard to any licensee for
12 any one or combination of the following causes:

13 1. Material misstatement in furnishing information to
14 the Department.

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

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

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

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

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

25 7. Engaging in unprofessional, dishonorable, or

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

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

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

26 10. A finding by the Department that the licensee,

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

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

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

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

11 14. Conviction by plea of guilty or nolo contendere,
12 finding of guilt, jury verdict, or entry of judgment or
13 sentencing, including, but not limited to, convictions,
14 preceding sentences of supervision, conditional discharge,
15 or first offender probation, under the laws of any
16 jurisdiction of the United States that is (i) a felony or
17 (ii) a misdemeanor, an essential element of which is
18 dishonesty, or that is directly related to the practice of
19 pharmacy~~7~~ or involves controlled substances.

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

24 16. Willfully making or filing false records or
25 reports in the practice of pharmacy, including, but not
26 limited to,l false records to support claims against the

1 medical assistance program of the Department of Healthcare
2 and Family Services (formerly Department of Public Aid)
3 under the Public Aid Code.

4 17. Gross and willful overcharging for professional
5 services including filing false statements for collection
6 of fees for which services are not rendered, including,
7 but not limited to, filing false statements for collection
8 of monies for services not rendered from the medical
9 assistance program of the Department of Healthcare and
10 Family Services (formerly Department of Public Aid) under
11 the Public Aid Code.

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

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

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

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

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

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

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

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

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

25 27. Willfully failing to report an instance of
26 suspected abuse, neglect, financial exploitation, or

1 self-neglect of an eligible adult as defined in and
2 required by the Adult Protective Services Act.

3 28. Being named as an abuser in a verified report by
4 the Department on Aging under the Adult Protective
5 Services Act, and upon proof by clear and convincing
6 evidence that the licensee abused, neglected, or
7 financially exploited an eligible adult as defined in the
8 Adult Protective Services Act.

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

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

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

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

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

26 (A) employ sufficient personnel to prevent

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

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

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

10 (i) drug utilization review;

11 (ii) immunization;

12 (iii) counseling;

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

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

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

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

1 (b) The Department may refuse to issue or may suspend the
2 license of any person who fails to file a return, or to pay the
3 tax, penalty or interest shown in a filed return, or to pay any
4 final assessment of tax, penalty or interest, as required by
5 any tax Act administered by the Illinois Department of
6 Revenue, until such time as the requirements of any such tax
7 Act are satisfied.

8 (c) The Department shall revoke any license issued under
9 the provisions of this Act or any prior Act of this State of
10 any person who has been convicted a second time of committing
11 any felony under the Illinois Controlled Substances Act, or
12 who has been convicted a second time of committing a Class 1
13 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid
14 Code. A person whose license issued under the provisions of
15 this Act or any prior Act of this State is revoked under this
16 subsection (c) shall be prohibited from engaging in the
17 practice of pharmacy in this State.

18 (c-5) The Department shall not revoke, suspend, summarily
19 suspend, place on prohibition, reprimand, refuse to issue or
20 renew, or take any other disciplinary or non-disciplinary
21 action against the license or permit issued under this Act to
22 practice as a pharmacist, registered pharmacy technician, or
23 registered certified pharmacy technician based solely upon the
24 pharmacist, registered pharmacy technician, or registered
25 certified pharmacy technician providing, authorizing,
26 recommending, aiding, assisting, referring for, or otherwise

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

5 (c-10) The Department shall not revoke, suspend, summarily
6 suspend, place on prohibition, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a pharmacist, registered pharmacy technician, or
10 registered certified pharmacy technician based upon the
11 pharmacist's, registered pharmacy technician's, or registered
12 certified pharmacy technician's license being revoked or
13 suspended, or the pharmacist being otherwise disciplined by
14 any other state, if that revocation, suspension, or other form
15 of discipline was based solely on the pharmacist, registered
16 pharmacy technician, or registered certified pharmacy
17 technician violating another state's laws prohibiting the
18 provision of, authorization of, recommendation of, aiding or
19 assisting in, referring for, or participation in any health
20 care service if that health care service as provided would not
21 have been unlawful under the laws of this State and is
22 consistent with the standards of conduct for a pharmacist,
23 registered pharmacy technician, or registered certified
24 pharmacy technician practicing in Illinois.

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

1 Section 35.16.

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

16 (d) Fines may be imposed in conjunction with other forms
17 of disciplinary action, but shall not be the exclusive
18 disposition of any disciplinary action arising out of conduct
19 resulting in death or injury to a patient. Fines shall be paid
20 within 60 days or as otherwise agreed to by the Department. Any
21 funds collected from such fines shall be deposited in the
22 Illinois State Pharmacy Disciplinary Fund.

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

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

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

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

1 communication between the licensee or applicant and the
2 examining physician or any member of the multidisciplinary
3 team. The individual to be examined may have, at his or her own
4 expense, another physician of his or her choice present during
5 all aspects of the examination. Failure of any individual to
6 submit to a mental or physical examination when directed shall
7 result in the automatic suspension of his or her license until
8 such time as the individual submits to the examination. If the
9 Board or Department finds a pharmacist, registered certified
10 pharmacy technician, or registered pharmacy technician unable
11 to practice because of the reasons set forth in this Section,
12 the Board or Department shall require such pharmacist,
13 registered certified pharmacy technician, or registered
14 pharmacy technician to submit to care, counseling, or
15 treatment by physicians or other appropriate health care
16 providers approved or designated by the Department as a
17 condition for continued, restored, or renewed licensure to
18 practice. Any pharmacist, registered certified pharmacy
19 technician, or registered pharmacy technician whose license
20 was granted, continued, restored, renewed, disciplined, or
21 supervised, subject to such terms, conditions, or
22 restrictions, and who fails to comply with such terms,
23 conditions, or restrictions or to complete a required program
24 of care, counseling, or treatment, as determined by the chief
25 pharmacy coordinator, shall be referred to the Secretary for a
26 determination as to whether the licensee shall have his or her

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

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

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

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

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

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

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

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

20 (225 ILCS 85/30.1)

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

22 Sec. 30.1. Reporting.

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

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

1 or for a resident of the state.

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

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

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

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

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

19 (1) members of the Board of Pharmacy;

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

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

25 (4) Department investigators and Department
26 prosecutors; or

1 1987, Section 65-11.5 of the Nurse Practice Act, and Section
2 9.7 of the Physician Assistant Practice Act of 1987, emergency
3 rules implementing the issuance of temporary permits to
4 applicants who are licensed to practice as a physician,
5 advanced practice registered nurse, or physician assistant in
6 another state may be adopted in accordance with Section 5-45
7 by the Department of Financial and Professional Regulation.
8 The adoption of emergency rules authorized by Section 5-45 and
9 this Section is deemed to be necessary for the public
10 interest, safety, and welfare.

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

13 Section 8-5. The Physician Assistant Practice Act of 1987
14 is amended by changing Sections 4, 21, 22.2, 22.3, 22.5, 22.6,
15 22.7, 22.8, 22.9, and 22.10 and by adding Section 9.7 as
16 follows:

17 (225 ILCS 95/4) (from Ch. 111, par. 4604)

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

19 Sec. 4. Definitions. In this Act:

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

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

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

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

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

8 Any person who holds an active license or permit issued
9 pursuant to the Medical Practice Act of 1987 shall have that
10 license automatically placed into inactive status upon
11 issuance of a physician assistant license. Any person who
12 holds an active license as a physician assistant who is issued
13 a license or permit pursuant to the Medical Practice Act of
14 1987 shall have his or her physician assistant license
15 automatically placed into inactive status.

16 3.5. "Physician assistant practice" means the performance
17 of procedures within the specialty of the collaborating
18 physician. Physician assistants shall be capable of performing
19 a variety of tasks within the specialty of medical care of the
20 collaborating physician. Collaboration with the physician
21 assistant shall not be construed to necessarily require the
22 personal presence of the collaborating physician at all times
23 at the place where services are rendered, as long as there is
24 communication available for consultation by radio, telephone,
25 telecommunications, or electronic communications. The
26 collaborating physician may delegate tasks and duties to the

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

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

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

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

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

1 8. (Blank).

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

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

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

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

25 (225 ILCS 95/9.7 new)

1 Sec. 9.7. Temporary permit for health care.

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

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

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

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

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

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

11 (4) The applicant has met the written collaborative
12 agreement requirements under subsection (a) of Section
13 7.5.

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

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

4 (6) Payment of a \$75 fee.

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

9 The Department may adopt rules to carry out this Section.

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

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

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

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

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

5 (f) The Secretary may summarily cancel any temporary
6 permit issued pursuant to this Section, without a hearing, if
7 the Secretary finds that evidence in his or her possession
8 indicates that a permit holder's continuation in practice
9 would constitute an imminent danger to the public or violate
10 any provision of this Act or its rules. If the Secretary
11 summarily cancels a temporary permit issued pursuant to this
12 Section or Act, the permit holder may petition the Department
13 for a hearing in accordance with the provisions of Section
14 22.11 to restore his or her permit, unless the permit holder
15 has exceeded his or her renewal limit.

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

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

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

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

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

18 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

20 Sec. 21. Grounds for disciplinary action.

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

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

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

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

7 (3) Conviction by plea of guilty or nolo contendere,
8 finding of guilt, jury verdict, or entry of judgment or
9 sentencing, including, but not limited to, convictions,
10 preceding sentences of supervision, conditional discharge,
11 or first offender probation, under the laws of any
12 jurisdiction of the United States that is: (i) a felony;
13 or (ii) a misdemeanor, an essential element of which is
14 dishonesty, or that is directly related to the practice of
15 the profession.

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

18 (5) Professional incompetence.

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

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

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

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

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

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

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

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

22 (13) Abandonment of a patient.

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

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

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

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

16 (18) (Blank).

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

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

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

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

1 exploitation related to the licensee's practice.

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

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

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

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

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

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

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

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

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

1 collaborative agreement delegating that authority.

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

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

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

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

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

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

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

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

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

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

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

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

14 (b) The Department may, without a hearing, refuse to issue
15 or renew or may suspend the license of any person who fails to
16 file a return, or to pay the tax, penalty or interest shown in
17 a filed return, or to pay any final assessment of the tax,
18 penalty, or interest as required by any tax Act administered
19 by the Illinois Department of Revenue, until such time as the
20 requirements of any such tax Act are satisfied.

21 (b-5) The Department shall not revoke, suspend, summarily
22 suspend, place on prohibition, reprimand, refuse to issue or
23 renew, or take any other disciplinary or non-disciplinary
24 action against the license or permit issued under this Act to
25 practice as a physician assistant based solely upon the
26 physician assistant providing, authorizing, recommending,

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

5 (b-10) The Department shall not revoke, suspend, summarily
6 suspend, place on prohibition, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a physician assistant based upon the physician
10 assistant's license being revoked or suspended, or the
11 physician assistant being otherwise disciplined by any other
12 state, if that revocation, suspension, or other form of
13 discipline was based solely on the physician assistant
14 violating another state's laws prohibiting the provision of,
15 authorization of, recommendation of, aiding or assisting in,
16 referring for, or participation in any health care service if
17 that health care service as provided would not have been
18 unlawful under the laws of this State and is consistent with
19 the standards of conduct for a physician assistant practicing
20 in Illinois.

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

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

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

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

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

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

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

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

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

1 concerning the mental or physical examination of the licensee
2 or applicant. No information, report, record, or other
3 documents in any way related to the examination shall be
4 excluded by reason of any common law or statutory privilege
5 relating to communications between the licensee or applicant
6 and the examining physician or any member of the
7 multidisciplinary team. No authorization is necessary from the
8 licensee or applicant ordered to undergo an examination for
9 the examining physician or any member of the multidisciplinary
10 team to provide information, reports, records, or other
11 documents or to provide any testimony regarding the
12 examination and evaluation.

13 The individual to be examined may have, at his or her own
14 expense, another physician of his or her choice present during
15 all aspects of this examination. However, that physician shall
16 be present only to observe and may not interfere in any way
17 with the examination.

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

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

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

12 In instances in which the Secretary immediately suspends a
13 person's license under this Section, a hearing on that
14 person's license must be convened by the Department within 30
15 days after the suspension and completed without appreciable
16 delay. The Department shall have the authority to review the
17 subject individual's record of treatment and counseling
18 regarding the impairment to the extent permitted by applicable
19 federal statutes and regulations safeguarding the
20 confidentiality of medical records.

21 An individual licensed under this Act and affected under
22 this Section shall be afforded an opportunity to demonstrate
23 to the Department that he or she can resume practice in
24 compliance with acceptable and prevailing standards under the
25 provisions of his or her license.

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

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

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

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

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

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

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

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

8 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

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

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

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

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

22 (225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

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

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

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

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

8 (225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

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

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

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

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

23 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

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

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

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

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

20 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

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

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

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

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

1 (225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

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

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

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

22 (225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

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

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

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

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

5 (225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

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

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

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

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

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

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

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

19 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

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

1 "Act" means the Medical Practice Act of 1987.

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

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

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

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

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

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

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

3 "Fund" means the Illinois State Medical Disciplinary Fund.

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

11 "Medical Board" means the Illinois State Medical Board.

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

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

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

1 deliver competent patient care.

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

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

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

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

9 (225 ILCS 60/66 new)

10 Sec. 66. Temporary permit for health care.

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

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

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

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

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

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

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

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

11 (5) Payment of a \$75 fee.

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

16 The Department may adopt rules pursuant to this Section.

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

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

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

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

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

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

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

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

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

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

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

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

1 Sections 65-11 and 65-11.5 as follows:

2 (225 ILCS 65/65-11 new)

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

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

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

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

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

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

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

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

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

11 (6) Payment of a \$75 fee.

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

16 The Department may adopt rules to carry out this Section.

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

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

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

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

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

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

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

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

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

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

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

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

1 (225 ILCS 65/65-11.5 new)

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

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

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

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

1 the applicant's license.

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

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

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

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

10 (5) Payment of a \$75 fee.

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

15 The Department may adopt rules to carry out this Section.

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

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

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

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

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

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

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

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

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

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

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

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

22 Article 9.

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

1 (225 ILCS 6/60)

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

3 Sec. 60. Grounds for disciplinary action.

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

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

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

17 (3) conviction of or entry of a plea of guilty or nolo
18 contendere, finding of guilt, jury verdict, or entry of
19 judgment or sentencing, including, but not limited to,
20 convictions, preceding sentences of supervision,
21 conditional discharge, or first offender probation, under
22 the laws of any jurisdiction of the United States that is
23 (i) a felony or (ii) a misdemeanor, an essential element
24 of which is dishonesty, or that is directly related to the
25 practice of behavior analysis;

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

5 (5) professional incompetence;

6 (6) gross negligence in practice under this Act;

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

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

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

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

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

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

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

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

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

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

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

25 (17) being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act;

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

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

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

15 (21) willfully failing to report an instance of
16 suspected abuse, neglect, financial exploitation, or
17 self-neglect of an eligible adult as defined in and
18 required by the Adult Protective Services Act; or

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

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

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

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

18 (c-1) The Department shall not revoke, suspend, place on
19 probation, reprimand, refuse to issue or renew, or take any
20 other disciplinary or non-disciplinary action against the
21 license or permit issued under this Act based solely upon the
22 licensed behavior analyst recommending, aiding, assisting,
23 referring for, or participating in any health care service, so
24 long as the care was not unlawful under the laws of this State,
25 regardless of whether the patient was a resident of this State
26 or another state.

1 (c-2) The Department shall not revoke, suspend, place on
2 prohibition, reprimand, refuse to issue or renew, or take any
3 other disciplinary or non-disciplinary action against the
4 license or permit issued under this Act to practice as a
5 licensed behavior analyst based upon the licensed behavior
6 analyst's license being revoked or suspended, or the licensed
7 behavior analyst being otherwise disciplined by any other
8 state, if that revocation, suspension, or other form of
9 discipline was based solely on the licensed behavior analyst
10 violating another state's laws prohibiting the provision of,
11 authorization of, recommendation of, aiding or assisting in,
12 referring for, or participation in any health care service if
13 that health care service as provided would not have been
14 unlawful under the laws of this State and is consistent with
15 the standards of conduct for a licensed behavior analyst
16 practicing in Illinois.

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

19 (c-4) The Department shall not revoke, suspend, summarily
20 suspend, place on prohibition, reprimand, refuse to issue or
21 renew, or take any other disciplinary or non-disciplinary
22 action against the license or permit issued under this Act to
23 practice as a licensed behavior analyst based solely upon the
24 license of a licensed behavior analyst being revoked or the
25 licensed behavior analyst being otherwise disciplined by any
26 other state or territory other than Illinois for the referral

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

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

13 (1) The Department shall specifically designate the
14 examining physician licensed to practice medicine in all
15 of its branches or, if applicable, the multidisciplinary
16 team involved in providing the mental or physical
17 examination or both. The multidisciplinary team shall be
18 led by a physician licensed to practice medicine in all of
19 its branches and may consist of one or more or a
20 combination of physicians licensed to practice medicine in
21 all of its branches, licensed clinical psychologists,
22 licensed clinical professional counselors, and other
23 professional and administrative staff. Any examining
24 physician or member of the multidisciplinary team may
25 require any person ordered to submit to an examination
26 pursuant to this Section to submit to any additional

1 supplemental testing deemed necessary to complete any
2 examination or evaluation process, including, but not
3 limited to, blood testing, urinalysis, psychological
4 testing, or neuropsychological testing.

5 (2) The Department may order the examining physician
6 or any member of the multidisciplinary team to present
7 testimony concerning this mental or physical examination
8 of the licensee or applicant. No information, report,
9 record, or other documents in any way related to the
10 examination shall be excluded by reason of any common law
11 or statutory privilege relating to communications between
12 the licensee or applicant and the examining physician or
13 any member of the multidisciplinary team. No authorization
14 is necessary from the licensee or applicant ordered to
15 undergo an examination for the examining physician or any
16 member of the multidisciplinary team to provide
17 information, reports, records, or other documents or to
18 provide any testimony regarding the examination and
19 evaluation.

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

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

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

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

21 (f) All fines imposed shall be paid within 60 days after
22 the effective date of the order imposing the fine or in
23 accordance with the terms set forth in the order imposing the
24 fine.

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

1 be convened by the Department within 30 days after the
2 suspension and completed without appreciable delay. The
3 Department and Board shall have the authority to review the
4 subject person's record of treatment and counseling regarding
5 the impairment, to the extent permitted by applicable federal
6 statutes and regulations safeguarding the confidentiality of
7 medical records.

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

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

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

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

19 (225 ILCS 15/15) (from Ch. 111, par. 5365)

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

21 Sec. 15. Disciplinary action; grounds.

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

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

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

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

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

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

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

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

26 (7) Unethical, unauthorized or unprofessional conduct

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

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

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

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

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

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

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

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

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

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

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

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

1 Child Reporting Act.

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

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

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

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

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

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

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

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

22 The Department shall refuse to issue or suspend the
23 license of any person who fails to file a return, or to pay the
24 tax, penalty or interest shown in a filed return, or to pay any
25 final assessment of the tax penalty or interest, as required
26 by any tax Act administered by the Illinois Department of

1 Revenue, until such time as the requirements of any such tax
2 Act are satisfied.

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

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

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

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

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

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

4 (b) The Department shall not revoke, suspend, place on
5 probation, reprimand, refuse to issue or renew, or take any
6 other disciplinary or non-disciplinary action against the
7 license or permit issued under this Act based solely upon the
8 licensed clinical psychologist recommending, aiding,
9 assisting, referring for, or participating in any health care
10 service, so long as the care was not unlawful under the laws of
11 this State, regardless of whether the patient was a resident
12 of this State or another state.

13 (c) The Department shall not revoke, suspend, place on
14 prohibition, reprimand, refuse to issue or renew, or take any
15 other disciplinary or non-disciplinary action against the
16 license or permit issued under this Act to practice as a
17 licensed clinical psychologist based upon the licensed
18 clinical psychologist's license being revoked or suspended, or
19 the licensed clinical psychologist being otherwise disciplined
20 by any other state, if that revocation, suspension, or other
21 form of discipline was based solely on the licensed clinical
22 psychologist violating another state's laws prohibiting the
23 provision of, authorization of, recommendation of, aiding or
24 assisting in, referring for, or participation in any health
25 care service if that health care service as provided would not
26 have been unlawful under the laws of this State and is

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

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

5 (e) The Department shall not revoke, suspend, summarily
6 suspend, place on prohibition, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a licensed clinical psychologist based solely upon
10 the license of a licensed clinical psychologist being revoked
11 or the licensed clinical psychologist being otherwise
12 disciplined by any other state or territory other than
13 Illinois for the referral for or having otherwise participated
14 in any health care service, if the revocation or disciplinary
15 action was based solely on a violation of the other state's law
16 prohibiting such health care services in the state, for a
17 resident of the state, or in any other state.

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

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

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

24 (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

2 Sec. 19. Grounds for disciplinary action.

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

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

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

16 (c) conviction of or entry of a plea of guilty or nolo
17 contendere, finding of guilt, jury verdict, or entry of
18 judgment or sentencing, including, but not limited to,
19 convictions, preceding sentences of supervision,
20 conditional discharge, or first offender probation, under
21 the laws of any jurisdiction of the United States that is
22 (i) a felony or (ii) a misdemeanor, an essential element
23 of which is dishonesty, or that is directly related to the
24 practice of the clinical social work or social work
25 professions;

26 (d) fraud or misrepresentation in applying for or

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

4 (e) professional incompetence;

5 (f) gross negligence in practice under this Act;

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

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

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

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

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

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

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

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

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

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

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

24 (q) being named as a perpetrator in an indicated
25 report by the Department of Children and Family Services
26 under the Abused and Neglected Child Reporting Act, and

1 upon proof by clear and convincing evidence that the
2 licensee has caused a child to be an abused child or
3 neglected child as defined in the Abused and Neglected
4 Child Reporting Act;

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

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

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

14 (u) willfully failing to report an instance of
15 suspected abuse, neglect, financial exploitation, or
16 self-neglect of an eligible adult as defined in and
17 required by the Adult Protective Services Act; or

18 (v) being named as an abuser in a verified report by
19 the Department on Aging under the Adult Protective
20 Services Act, and upon proof by clear and convincing
21 evidence that the licensee abused, neglected, or
22 financially exploited an eligible adult as defined in the
23 Adult Protective Services Act.

24 (2) (Blank).

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

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

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

18 (4.5) The Department shall not revoke, suspend, summarily
19 suspend, place on prohibition, reprimand, refuse to issue or
20 renew, or take any other disciplinary or non-disciplinary
21 action against a license or permit issued under this Act based
22 solely upon the licensed clinical social worker authorizing,
23 recommending, aiding, assisting, referring for, or otherwise
24 participating in any health care service, so long as the care
25 was not unlawful under the laws of this State, regardless of
26 whether the patient was a resident of this State or another

1 state.

2 (4.10) The Department shall not revoke, suspend, summarily
3 suspend, place on prohibition, reprimand, refuse to issue or
4 renew, or take any other disciplinary or non-disciplinary
5 action against the license or permit issued under this Act to
6 practice as a licensed clinical social worker based upon the
7 licensed clinical social worker's license being revoked or
8 suspended, or the licensed clinical social worker being
9 otherwise disciplined by any other state, if that revocation,
10 suspension, or other form of discipline was based solely on
11 the licensed clinical social worker violating another state's
12 laws prohibiting the provision of, authorization of,
13 recommendation of, aiding or assisting in, referring for, or
14 participation in any health care service if that health care
15 service as provided would not have been unlawful under the
16 laws of this State and is consistent with the standards of
17 conduct for a licensed clinical social worker practicing in
18 Illinois.

19 (4.15) The conduct specified in subsections (4.5) and
20 (4.10) shall not constitute grounds for suspension under
21 Section 32.

22 (4.20) An applicant seeking licensure, certification, or
23 authorization pursuant to this Act who has been subject to
24 disciplinary action by a duly authorized professional
25 disciplinary agency of another jurisdiction solely on the
26 basis of having authorized, recommended, aided, assisted,

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

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

16 (b) The Department shall specifically designate the
17 examining physician licensed to practice medicine in all of
18 its branches or, if applicable, the multidisciplinary team
19 involved in providing the mental or physical examination or
20 both. The multidisciplinary team shall be led by a physician
21 licensed to practice medicine in all of its branches and may
22 consist of one or more or a combination of physicians licensed
23 to practice medicine in all of its branches, licensed clinical
24 psychologists, licensed clinical social workers, licensed
25 clinical professional counselors, and other professional and
26 administrative staff. Any examining physician or member of the

1 multidisciplinary team may require any person ordered to
2 submit to an examination pursuant to this Section to submit to
3 any additional supplemental testing deemed necessary to
4 complete any examination or evaluation process, including, but
5 not limited to, blood testing, urinalysis, psychological
6 testing, or neuropsychological testing.

7 (c) The Board or the Department may order the examining
8 physician or any member of the multidisciplinary team to
9 present testimony concerning this mental or physical
10 examination of the licensee or applicant. No information,
11 report, record, or other documents in any way related to the
12 examination shall be excluded by reason of any common law or
13 statutory privilege relating to communications between the
14 licensee or applicant and the examining physician or any
15 member of the multidisciplinary team. No authorization is
16 necessary from the licensee or applicant ordered to undergo an
17 examination for the examining physician or any member of the
18 multidisciplinary team to provide information, reports,
19 records, or other documents or to provide any testimony
20 regarding the examination and evaluation.

21 (d) The person to be examined may have, at his or her own
22 expense, another physician of his or her choice present during
23 all aspects of the examination. However, that physician shall
24 be present only to observe and may not interfere in any way
25 with the examination.

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

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

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

21 (g) All fines imposed shall be paid within 60 days after
22 the effective date of the order imposing the fine or in
23 accordance with the terms set forth in the order imposing the
24 fine.

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

1 person's license must be convened by the Department within 30
2 days after the suspension and completed without appreciable
3 delay. The Department and Board shall have the authority to
4 review the subject person's record of treatment and counseling
5 regarding the impairment, to the extent permitted by
6 applicable federal statutes and regulations safeguarding the
7 confidentiality of medical records.

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

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

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

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

19 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

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

21 Sec. 85. Refusal, revocation, or suspension.

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

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

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

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

9 (3) Conviction of or entry of a plea of guilty or nolo
10 contendere, finding of guilt, jury verdict, or entry of
11 judgment or sentencing, including, but not limited to,
12 convictions, preceding sentences of supervision,
13 conditional discharge, or first offender probation, under
14 the laws of any jurisdiction of the United States that is
15 (i) a felony or (ii) a misdemeanor, an essential element
16 of which is dishonesty or that is directly related to the
17 practice of the profession.

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

22 (5) Professional incompetence.

23 (6) Gross negligence in practice under this Act.

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

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

1 response to a written request made by the Department.

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

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

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

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

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

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

8 (14) Abandonment of a patient without cause.

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

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

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

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

1 judgment, skill, or safety.

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

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

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

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

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

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

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

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

1 (b) (Blank).

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

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

20 (d-5) The Department shall not revoke, suspend, summarily
21 suspend, place on prohibition, reprimand, refuse to issue or
22 renew, or take any other disciplinary or non-disciplinary
23 action against the license or permit issued under this Act to
24 practice as a marriage and family therapist or associate
25 licensed marriage and family therapist based solely upon the
26 marriage and family therapist or associate licensed marriage

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

6 (d-10) The Department shall not revoke, suspend, summarily
7 suspend, place on prohibition, reprimand, refuse to issue or
8 renew, or take any other disciplinary or non-disciplinary
9 action against the license or permit issued under this Act to
10 practice as a marriage and family therapist or associate
11 licensed marriage and family therapist based upon the marriage
12 and family therapist's or associate licensed marriage and
13 family therapist's license being revoked or suspended, or the
14 marriage and family therapist or associate licensed marriage
15 and family therapist being otherwise disciplined by any other
16 state, if that revocation, suspension, or other form of
17 discipline was based solely on the marriage and family
18 therapist or associate licensed marriage and family therapist
19 violating another state's laws prohibiting the provision of,
20 authorization of, recommendation of, aiding or assisting in,
21 referring for, or participation in any health care service if
22 that health care service as provided would not have been
23 unlawful under the laws of this State and is consistent with
24 the standards of conduct for a marriage and family therapist
25 or an associate licensed marriage and family therapist
26 practicing in Illinois.

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

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

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

24 The Department shall specifically designate the examining
25 physician licensed to practice medicine in all of its branches
26 or, if applicable, the multidisciplinary team involved in

1 providing the mental or physical examination or both. The
2 multidisciplinary team shall be led by a physician licensed to
3 practice medicine in all of its branches and may consist of one
4 or more or a combination of physicians licensed to practice
5 medicine in all of its branches, licensed clinical
6 psychologists, licensed clinical social workers, licensed
7 clinical professional counselors, licensed marriage and family
8 therapists, and other professional and administrative staff.
9 Any examining physician or member of the multidisciplinary
10 team may require any person ordered to submit to an
11 examination and evaluation pursuant to this Section to submit
12 to any additional supplemental testing deemed necessary to
13 complete any examination or evaluation process, including, but
14 not limited to, blood testing, urinalysis, psychological
15 testing, or neuropsychological testing.

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

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

1 relating to communications between the licensee or applicant
2 and the examining physician or any member of the
3 multidisciplinary team. No authorization is necessary from the
4 licensee or applicant ordered to undergo an examination for
5 the examining physician or any member of the multidisciplinary
6 team to provide information, reports, records, or other
7 documents or to provide any testimony regarding the
8 examination and evaluation.

9 The individual to be examined may have, at his or her own
10 expense, another physician of his or her choice present during
11 all aspects of this examination. However, that physician shall
12 be present only to observe and may not interfere in any way
13 with the examination.

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

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

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

9 In instances in which the Secretary immediately suspends a
10 person's license under this Section, a hearing on that
11 person's license must be convened by the Department within 30
12 days after the suspension and completed without appreciable
13 delay. The Department and Board shall have the authority to
14 review the subject individual's record of treatment and
15 counseling regarding the impairment to the extent permitted by
16 applicable federal statutes and regulations safeguarding the
17 confidentiality of medical records.

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

23 (f) A fine shall be paid within 60 days after the effective
24 date of the order imposing the fine or in accordance with the
25 terms set forth in the order imposing the fine.

26 (g) The Department may adopt rules to implement the

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

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

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

7 (225 ILCS 107/80)

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

9 Sec. 80. Grounds for discipline.

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

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

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

20 (3) Conviction by plea of guilty or nolo contendere,
21 finding of guilt, jury verdict, or entry of judgment or by
22 sentencing of any crime, including, but not limited to,
23 convictions, preceding sentences of supervision,
24 conditional discharge, or first offender probation, under

1 the laws of any jurisdiction of the United States: (i)
2 that is a felony or (ii) that is a misdemeanor, an
3 essential element of which is dishonesty, or that is
4 directly related to the practice of the profession.

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

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

11 (6) Malpractice.

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

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

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

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

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

1 or substantially equivalent to those set forth in this
2 Section.

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

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

21 (14) Abandonment of a client.

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

26 (16) Willfully failing to report an instance of

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

7 (17) Being named as a perpetrator in an indicated
8 report by the Department of Children and Family Services
9 pursuant to the Abused and Neglected Child Reporting Act,
10 and upon proof by clear and convincing evidence that the
11 licensee has caused a child to be an abused child or
12 neglected child as defined in the Abused and Neglected
13 Child Reporting Act.

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

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

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

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

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

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

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

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

9 All fines imposed under this Section shall be paid within
10 60 days after the effective date of the order imposing the
11 fine.

12 (b) (Blank).

13 (b-5) The Department may refuse to issue or may suspend
14 without hearing, as provided for in the Code of Civil
15 Procedure, the license of any person who fails to file a
16 return, pay the tax, penalty, or interest shown in a filed
17 return, or pay any final assessment of the tax, penalty, or
18 interest as required by any tax Act administered by the
19 Illinois Department of Revenue, until such time as the
20 requirements of any such tax Act are satisfied in accordance
21 with subsection (g) of Section 2105-15 of the Department of
22 Professional Regulation Law of the Civil Administrative Code
23 of Illinois.

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

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

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

20 (c-1) The Department shall not revoke, suspend, summarily
21 suspend, place on prohibition, reprimand, refuse to issue or
22 renew, or take any other disciplinary or non-disciplinary
23 action against the license or permit issued under this Act to
24 practice as a professional counselor or clinical professional
25 counselor based solely upon the professional counselor or
26 clinical professional counselor authorizing, recommending,

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

5 (c-2) The Department shall not revoke, suspend, summarily
6 suspend, place on prohibition, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a professional counselor or clinical professional
10 counselor based upon the professional counselor's or clinical
11 professional counselor's license being revoked or suspended,
12 or the professional counselor or clinical professional
13 counselor being otherwise disciplined by any other state, if
14 that revocation, suspension, or other form of discipline was
15 based solely on the professional counselor or clinical
16 professional counselor violating another state's laws
17 prohibiting the provision of, authorization of, recommendation
18 of, aiding or assisting in, referring for, or participation in
19 any health care service if that health care service as
20 provided would not have been unlawful under the laws of this
21 State and is consistent with the standards of conduct for a
22 professional counselor or clinical professional counselor
23 practicing in Illinois.

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

26 (c-4) An applicant seeking licensure, certification, or

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

13 (c-5) In enforcing this Act, the Department, upon a
14 showing of a possible violation, may compel an individual
15 licensed to practice under this Act, or who has applied for
16 licensure under this Act, to submit to a mental or physical
17 examination, or both, as required by and at the expense of the
18 Department. The Department may order the examining physician
19 to present testimony concerning the mental or physical
20 examination of the licensee or applicant. No information shall
21 be excluded by reason of any common law or statutory privilege
22 relating to communications between the licensee or applicant
23 and the examining physician. The examining physicians shall be
24 specifically designated by the Department. The individual to
25 be examined may have, at his or her own expense, another
26 physician of his or her choice present during all aspects of

1 this examination. The examination shall be performed by a
2 physician licensed to practice medicine in all its branches.
3 Failure of an individual to submit to a mental or physical
4 examination, when directed, shall result in an automatic
5 suspension without hearing.

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

12 If the Department finds an individual unable to practice
13 or unfit for duty because of the reasons set forth in this
14 subsection (c-5), the Department may require that individual
15 to submit to a substance abuse evaluation or treatment by
16 individuals or programs approved or designated by the
17 Department, as a condition, term, or restriction for
18 continued, restored, or renewed licensure to practice; or, in
19 lieu of evaluation or treatment, the Department may file, or
20 the Board may recommend to the Department to file, a complaint
21 to immediately suspend, revoke, or otherwise discipline the
22 license of the individual. An individual whose license was
23 granted, continued, restored, renewed, disciplined, or
24 supervised subject to such terms, conditions, or restrictions,
25 and who fails to comply with such terms, conditions, or
26 restrictions, shall be referred to the Secretary for a

1 determination as to whether the individual shall have his or
2 her license suspended immediately, pending a hearing by the
3 Department.

4 A person holding a license under this Act or who has
5 applied for a license under this Act who, because of a physical
6 or mental illness or disability, including, but not limited
7 to, deterioration through the aging process or loss of motor
8 skill, is unable to practice the profession with reasonable
9 judgment, skill, or safety, may be required by the Department
10 to submit to care, counseling, or treatment by physicians
11 approved or designated by the Department as a condition, term,
12 or restriction for continued, reinstated, or renewed licensure
13 to practice. Submission to care, counseling, or treatment as
14 required by the Department shall not be considered discipline
15 of a license. If the licensee refuses to enter into a care,
16 counseling, or treatment agreement or fails to abide by the
17 terms of the agreement, the Department may file a complaint to
18 revoke, suspend, or otherwise discipline the license of the
19 individual. The Secretary may order the license suspended
20 immediately, pending a hearing by the Department. Fines shall
21 not be assessed in disciplinary actions involving physical or
22 mental illness or impairment.

23 In instances in which the Secretary immediately suspends a
24 person's license under this Section, a hearing on that
25 person's license must be convened by the Department within 15
26 days after the suspension and completed without appreciable

1 delay. The Department shall have the authority to review the
2 subject individual's record of treatment and counseling
3 regarding the impairment to the extent permitted by applicable
4 federal statutes and regulations safeguarding the
5 confidentiality of medical records.

6 An individual licensed under this Act and affected under
7 this Section shall be afforded an opportunity to demonstrate
8 to the Department that he or she can resume practice in
9 compliance with acceptable and prevailing standards under the
10 provisions of his or her license.

11 (d) (Blank).

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

15 (Source: P.A. 102-878, eff. 1-1-23.)

16 Section 9-30. The Registered Surgical Assistant and
17 Registered Surgical Technologist Title Protection Act is
18 amended by changing Section 75 as follows:

19 (225 ILCS 130/75)

20 (Section scheduled to be repealed on January 1, 2024)

21 Sec. 75. Grounds for disciplinary action.

22 (a) The Department may refuse to issue, renew, or restore
23 a registration, may revoke or suspend a registration, or may
24 place on probation, reprimand, or take other disciplinary or

1 non-disciplinary action with regard to a person registered
2 under this Act, including but not limited to the imposition of
3 fines not to exceed \$10,000 for each violation and the
4 assessment of costs as provided for in Section 90, for any one
5 or combination of the following causes:

6 (1) Making a material misstatement in furnishing
7 information to the Department.

8 (2) Violating a provision of this Act or rules adopted
9 under this Act.

10 (3) Conviction by plea of guilty or nolo contendere,
11 finding of guilt, jury verdict, or entry of judgment or by
12 sentencing of any crime, including, but not limited to,
13 convictions, preceding sentences of supervision,
14 conditional discharge, or first offender probation, under
15 the laws of any jurisdiction of the United States that is
16 (i) a felony or (ii) a misdemeanor, an essential element
17 of which is dishonesty, or that is directly related to the
18 practice of the profession.

19 (4) Fraud or misrepresentation in applying for,
20 renewing, restoring, reinstating, or procuring a
21 registration under this Act.

22 (5) Aiding or assisting another person in violating a
23 provision of this Act or its rules.

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

26 (7) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public, as defined by rule of the
3 Department.

4 (8) Discipline by another United States jurisdiction,
5 governmental agency, unit of government, or foreign
6 nation, if at least one of the grounds for discipline is
7 the same or substantially equivalent to those set forth in
8 this Section.

9 (9) Directly or indirectly giving to or receiving from
10 a person, firm, corporation, partnership, or association a
11 fee, commission, rebate, or other form of compensation for
12 professional services not actually or personally rendered.
13 Nothing in this paragraph (9) affects any bona fide
14 independent contractor or employment arrangements among
15 health care professionals, health facilities, health care
16 providers, or other entities, except as otherwise
17 prohibited by law. Any employment arrangements may include
18 provisions for compensation, health insurance, pension, or
19 other employment benefits for the provision of services
20 within the scope of the registrant's practice under this
21 Act. Nothing in this paragraph (9) shall be construed to
22 require an employment arrangement to receive professional
23 fees for services rendered.

24 (10) A finding by the Department that the registrant,
25 after having his or her registration placed on
26 probationary status, has violated the terms of probation.

1 (11) Willfully making or filing false records or
2 reports in his or her practice, including but not limited
3 to false records or reports filed with State agencies.

4 (12) Willfully making or signing a false statement,
5 certificate, or affidavit to induce payment.

6 (13) Willfully failing to report an instance of
7 suspected child abuse or neglect as required under the
8 Abused and Neglected Child Reporting Act.

9 (14) Being named as a perpetrator in an indicated
10 report by the Department of Children and Family Services
11 under the Abused and Neglected Child Reporting Act and
12 upon proof by clear and convincing evidence that the
13 registrant has caused a child to be an abused child or
14 neglected child as defined in the Abused and Neglected
15 Child Reporting Act.

16 (15) (Blank).

17 (16) Failure to report to the Department (A) any
18 adverse final action taken against the registrant by
19 another registering or licensing jurisdiction, government
20 agency, law enforcement agency, or any court or (B)
21 liability for conduct that would constitute grounds for
22 action as set forth in this Section.

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

1 (18) Physical or mental illness, including but not
2 limited to deterioration through the aging process or loss
3 of motor skills, which results in the inability to
4 practice the profession for which he or she is registered
5 with reasonable judgment, skill, or safety.

6 (19) Gross malpractice.

7 (20) Immoral conduct in the commission of an act
8 related to the registrant's practice, including but not
9 limited to sexual abuse, sexual misconduct, or sexual
10 exploitation.

11 (21) Violation of the Health Care Worker Self-Referral
12 Act.

13 (b) The Department may refuse to issue or may suspend
14 without hearing the registration of a person who fails to file
15 a return, to pay the tax, penalty, or interest shown in a filed
16 return, or to pay a final assessment of the tax, penalty, or
17 interest as required by a tax Act administered by the
18 Department of Revenue, until the requirements of the tax Act
19 are satisfied in accordance with subsection (g) of Section
20 2105-15 of the Department of Regulation Law of the Civil
21 Administrative Code of Illinois.

22 (b-1) The Department shall not revoke, suspend, summarily
23 suspend, place on probation, reprimand, refuse to issue or
24 renew, or take any other disciplinary or non-disciplinary
25 action against the license issued under this Act to practice
26 as a registered surgical assistant or registered surgical

1 technologist based solely upon the registered surgical
2 assistant or registered surgical technologist providing,
3 authorizing, recommending, aiding, assisting, referring for,
4 or otherwise participating in any health care service, so long
5 as the care was not unlawful under the laws of this State,
6 regardless of whether the patient was a resident of this State
7 or another state.

8 (b-2) The Department shall not revoke, suspend, summarily
9 suspend, place on prohibition, reprimand, refuse to issue or
10 renew, or take any other disciplinary or non-disciplinary
11 action against the license issued under this Act to practice
12 as a registered surgical assistant or registered surgical
13 technologist based upon the registered surgical assistant's or
14 registered surgical technologist's license being revoked or
15 suspended, or the registered surgical assistant's or
16 registered surgical technologist's being otherwise disciplined
17 by any other state, if that revocation, suspension, or other
18 form of discipline was based solely on the registered surgical
19 assistant or registered surgical technologist violating
20 another state's laws prohibiting the provision of,
21 authorization of, recommendation of, aiding or assisting in,
22 referring for, or participation in any health care service if
23 that health care service as provided would not have been
24 unlawful under the laws of this State and is consistent with
25 the standards of conduct for the registered surgical assistant
26 or registered surgical technologist practicing in this State.

1 (b-3) The conduct specified in subsection (b-1) or (b-2)
2 shall not constitute grounds for suspension under Section 145.

3 (b-4) An applicant seeking licensure, certification, or
4 authorization pursuant to this Act who has been subject to
5 disciplinary action by a duly authorized professional
6 disciplinary agency of another jurisdiction solely on the
7 basis of having provided, authorized, recommended, aided,
8 assisted, referred for, or otherwise participated in health
9 care shall not be denied such licensure, certification, or
10 authorization, unless the Department determines that such
11 action would have constituted professional misconduct in this
12 State. Nothing in this Section shall be construed as
13 prohibiting the Department from evaluating the conduct of such
14 applicant and making a determination regarding the licensure,
15 certification, or authorization to practice a profession under
16 this Act.

17 (c) The determination by a circuit court that a registrant
18 is subject to involuntary admission or judicial admission as
19 provided in the Mental Health and Developmental Disabilities
20 Code operates as an automatic suspension. The suspension will
21 end only upon (1) a finding by a court that the patient is no
22 longer subject to involuntary admission or judicial admission,
23 (2) issuance of an order so finding and discharging the
24 patient, and (3) filing of a petition for restoration
25 demonstrating fitness to practice.

26 (d) (Blank).

1 (e) In cases where the Department of Healthcare and Family
2 Services has previously determined a registrant or a potential
3 registrant is more than 30 days delinquent in the payment of
4 child support and has subsequently certified the delinquency
5 to the Department, the Department may refuse to issue or renew
6 or may revoke or suspend that person's registration or may
7 take other disciplinary action against that person based
8 solely upon the certification of delinquency made by the
9 Department of Healthcare and Family Services in accordance
10 with paragraph (5) of subsection (a) of Section 2105-15 of the
11 Department of Professional Regulation Law of the Civil
12 Administrative Code of Illinois.

13 (f) In enforcing this Section, the Department, upon a
14 showing of a possible violation, may compel any individual
15 registered under this Act or any individual who has applied
16 for registration to submit to a mental or physical examination
17 and evaluation, or both, that may include a substance abuse or
18 sexual offender evaluation, at the expense of the Department.
19 The Department shall specifically designate the examining
20 physician licensed to practice medicine in all of its branches
21 or, if applicable, the multidisciplinary team involved in
22 providing the mental or physical examination and evaluation,
23 or both. The multidisciplinary team shall be led by a
24 physician licensed to practice medicine in all of its branches
25 and may consist of one or more or a combination of physicians
26 licensed to practice medicine in all of its branches, licensed

1 chiropractic physicians, licensed clinical psychologists,
2 licensed clinical social workers, licensed clinical
3 professional counselors, and other professional and
4 administrative staff. Any examining physician or member of the
5 multidisciplinary team may require any person ordered to
6 submit to an examination and evaluation pursuant to this
7 Section to submit to any additional supplemental testing
8 deemed necessary to complete any examination or evaluation
9 process, including, but not limited to, blood testing,
10 urinalysis, psychological testing, or neuropsychological
11 testing.

12 The Department may order the examining physician or any
13 member of the multidisciplinary team to provide to the
14 Department any and all records, including business records,
15 that relate to the examination and evaluation, including any
16 supplemental testing performed. The Department may order the
17 examining physician or any member of the multidisciplinary
18 team to present testimony concerning this examination and
19 evaluation of the registrant or applicant, including testimony
20 concerning any supplemental testing or documents relating to
21 the examination and evaluation. No information, report,
22 record, or other documents in any way related to the
23 examination and evaluation shall be excluded by reason of any
24 common law or statutory privilege relating to communication
25 between the registrant or applicant and the examining
26 physician or any member of the multidisciplinary team. No

1 authorization is necessary from the registrant or applicant
2 ordered to undergo an evaluation and examination for the
3 examining physician or any member of the multidisciplinary
4 team to provide information, reports, records, or other
5 documents or to provide any testimony regarding the
6 examination and evaluation. The individual to be examined may
7 have, at his or her own expense, another physician of his or
8 her choice present during all aspects of the examination.

9 Failure of any individual to submit to mental or physical
10 examination and evaluation, or both, when directed, shall
11 result in an automatic suspension without a hearing until such
12 time as the individual submits to the examination. If the
13 Department finds a registrant unable to practice because of
14 the reasons set forth in this Section, the Department shall
15 require such registrant to submit to care, counseling, or
16 treatment by physicians approved or designated by the
17 Department as a condition for continued, reinstated, or
18 renewed registration.

19 When the Secretary immediately suspends a registration
20 under this Section, a hearing upon such person's registration
21 must be convened by the Department within 15 days after such
22 suspension and completed without appreciable delay. The
23 Department shall have the authority to review the registrant's
24 record of treatment and counseling regarding the impairment to
25 the extent permitted by applicable federal statutes and
26 regulations safeguarding the confidentiality of medical

1 records.

2 Individuals registered under this Act and affected under
3 this Section shall be afforded an opportunity to demonstrate
4 to the Department that they can resume practice in compliance
5 with acceptable and prevailing standards under the provisions
6 of their registration.

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

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

14 (Source: P.A. 100-872, eff. 8-14-18.)

15 Section 9-35. The Genetic Counselor Licensing Act is
16 amended by changing Section 95 as follows:

17 (225 ILCS 135/95)

18 (Section scheduled to be repealed on January 1, 2025)

19 Sec. 95. Grounds for discipline.

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

1 for any one or more of the following:

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

4 (2) Violations or negligent or intentional disregard
5 of this Act, or any of its rules.

6 (3) Conviction by plea of guilty or nolo contendere,
7 finding of guilt, jury verdict, or entry of judgment or
8 sentencing, including, but not limited to, convictions,
9 preceding sentences of supervision, conditional discharge,
10 or first offender probation, under the laws of any
11 jurisdiction of the United States: (i) that is a felony or
12 (ii) that is a misdemeanor, an essential element of which
13 is dishonesty, or that is directly related to the practice
14 of genetic counseling.

15 (4) Making any misrepresentation for the purpose of
16 obtaining a license, or violating any provision of this
17 Act or its rules.

18 (5) Negligence in the rendering of genetic counseling
19 services.

20 (6) Failure to provide genetic testing results and any
21 requested information to a referring physician licensed to
22 practice medicine in all its branches, advanced practice
23 registered nurse, or physician assistant.

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

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

1 response to a written request made by the Department.

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

6 (10) Failing to maintain the confidentiality of any
7 information received from a client, unless otherwise
8 authorized or required by law.

9 (10.5) Failure to maintain client records of services
10 provided and provide copies to clients upon request.

11 (11) Exploiting a client for personal advantage,
12 profit, or interest.

13 (12) Habitual or excessive use or addiction to
14 alcohol, narcotics, stimulants, or any other chemical
15 agent or drug which results in inability to practice with
16 reasonable skill, judgment, or safety.

17 (13) Discipline by another governmental agency or unit
18 of government, by any jurisdiction of the United States,
19 or by a foreign nation, if at least one of the grounds for
20 the discipline is the same or substantially equivalent to
21 those set forth in this Section.

22 (14) Directly or indirectly giving to or receiving
23 from any person, firm, corporation, partnership, or
24 association any fee, commission, rebate, or other form of
25 compensation for any professional service not actually
26 rendered. Nothing in this paragraph (14) affects any bona

1 fide independent contractor or employment arrangements
2 among health care professionals, health facilities, health
3 care providers, or other entities, except as otherwise
4 prohibited by law. Any employment arrangements may include
5 provisions for compensation, health insurance, pension, or
6 other employment benefits for the provision of services
7 within the scope of the licensee's practice under this
8 Act. Nothing in this paragraph (14) shall be construed to
9 require an employment arrangement to receive professional
10 fees for services rendered.

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

14 (16) Failing to refer a client to other health care
15 professionals when the licensee is unable or unwilling to
16 adequately support or serve the client.

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

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

24 (19) Being named as a perpetrator in an indicated
25 report by the Department of Children and Family Services
26 pursuant to the Abused and Neglected Child Reporting Act,

1 and upon proof by clear and convincing evidence that the
2 licensee has caused a child to be an abused child or
3 neglected child as defined in the Abused and Neglected
4 Child Reporting Act.

5 (20) Physical or mental disability, including
6 deterioration through the aging process or loss of
7 abilities and skills which results in the inability to
8 practice the profession with reasonable judgment, skill,
9 or safety.

10 (21) Solicitation of professional services by using
11 false or misleading advertising.

12 (22) Failure to file a return, or to pay the tax,
13 penalty of interest shown in a filed return, or to pay any
14 final assessment of tax, penalty or interest, as required
15 by any tax Act administered by the Illinois Department of
16 Revenue or any successor agency or the Internal Revenue
17 Service or any successor agency.

18 (23) Fraud or making any misrepresentation in applying
19 for or procuring a license under this Act or in connection
20 with applying for renewal of a license under this Act.

21 (24) Practicing or attempting to practice under a name
22 other than the full name as shown on the license or any
23 other legally authorized name.

24 (25) Gross overcharging for professional services,
25 including filing statements for collection of fees or
26 monies for which services are not rendered.

1 (26) (Blank).

2 (27) Charging for professional services not rendered,
3 including filing false statements for the collection of
4 fees for which services are not rendered.

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

7 (b) (Blank).

8 (b-5) The Department shall not revoke, suspend, summarily
9 suspend, place on prohibition, reprimand, refuse to issue or
10 renew, or take any other disciplinary or non-disciplinary
11 action against the license or permit issued under this Act to
12 practice as a genetic counselor based solely upon the genetic
13 counselor authorizing, recommending, aiding, assisting,
14 referring for, or otherwise participating in any health care
15 service, so long as the care was not unlawful under the laws of
16 this State, regardless of whether the patient was a resident
17 of this State or another state.

18 (b-10) The Department shall not revoke, suspend, summarily
19 suspend, place on prohibition, reprimand, refuse to issue or
20 renew, or take any other disciplinary or non-disciplinary
21 action against the license or permit issued under this Act to
22 practice as a genetic counselor based upon the genetic
23 counselor's license being revoked or suspended, or the genetic
24 counselor being otherwise disciplined by any other state, if
25 that revocation, suspension, or other form of discipline was
26 based solely on the genetic counselor violating another

1 state's laws prohibiting the provision of, authorization of,
2 recommendation of, aiding or assisting in, referring for, or
3 participation in any health care service if that health care
4 service as provided would not have been unlawful under the
5 laws of this State and is consistent with the standards of
6 conduct for the genetic counselor if it occurred in Illinois.

7 (b-15) The conduct specified in subsections (b-5) and
8 (b-10) shall not constitute grounds for suspension under
9 Section 160.

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

23 (c) The determination by a court that a licensee is
24 subject to involuntary admission or judicial admission as
25 provided in the Mental Health and Developmental Disabilities
26 Code will result in an automatic suspension of his or her

1 license. The suspension will end upon a finding by a court that
2 the licensee is no longer subject to involuntary admission or
3 judicial admission, the issuance of an order so finding and
4 discharging the patient, and the determination of the
5 Secretary that the licensee be allowed to resume professional
6 practice.

7 (d) The Department may refuse to issue or renew or may
8 suspend without hearing the license of any person who fails to
9 file a return, to pay the tax penalty or interest shown in a
10 filed return, or to pay any final assessment of the tax,
11 penalty, or interest as required by any Act regarding the
12 payment of taxes administered by the Illinois Department of
13 Revenue until the requirements of the Act are satisfied in
14 accordance with subsection (g) of Section 2105-15 of the Civil
15 Administrative Code of Illinois.

16 (e) In cases where the Department of Healthcare and Family
17 Services has previously determined that a licensee or a
18 potential licensee is more than 30 days delinquent in the
19 payment of child support and has subsequently certified the
20 delinquency to the Department, the Department may refuse to
21 issue or renew or may revoke or suspend that person's license
22 or may take other disciplinary action against that person
23 based solely upon the certification of delinquency made by the
24 Department of Healthcare and Family Services in accordance
25 with item (5) of subsection (a) of Section 2105-15 of the
26 Department of Professional Regulation Law of the Civil

1 Administrative Code of Illinois.

2 (f) All fines or costs imposed under this Section shall be
3 paid within 60 days after the effective date of the order
4 imposing the fine or costs or in accordance with the terms set
5 forth in the order imposing the fine.

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

9 (Source: P.A. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17;
10 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff.
11 8-14-18.)

12 Article 11.

13 Section 11-5. The Reproductive Health Act is amended by
14 changing Section 1-25 as follows:

15 (775 ILCS 55/1-25)

16 Sec. 1-25. Reporting of abortions performed by health care
17 professionals.

18 (a) A health care professional may provide abortion care
19 in accordance with the health care professional's professional
20 judgment and training and based on accepted standards of
21 clinical practice consistent with the scope of his or her
22 practice under the Medical Practice Act of 1987, the Nurse
23 Practice Act, or the Physician Assistant Practice Act of 1987.

1 An advanced practice registered nurse or physician assistant
2 as defined in this Act may perform aspiration abortion
3 procedures that do not require general anesthesia, consistent
4 with their training and standards of clinical practice and, if
5 applicable, consistent with any collaborative agreement. If
6 the health care professional determines that there is fetal
7 viability, the health care professional may provide abortion
8 care only if, in the professional judgment of the health care
9 professional, the abortion is necessary to protect the life or
10 health of the patient.

11 (b) A report of each abortion performed by a health care
12 professional shall be made to the Department on forms
13 prescribed by it. Such reports shall be transmitted to the
14 Department on a quarterly basis ~~not later than 10 days~~
15 ~~following the end of the month in which the abortion is~~
16 ~~performed.~~

17 (c) The abortion reporting forms prescribed by the
18 Department shall not request or require information that
19 identifies a patient or health care professional by name or
20 any other identifying information, and the Department shall
21 secure anonymity of all patients and health care
22 professionals.

23 (d) All reports received by the Department pursuant to
24 this Section shall be treated as confidential and exempt from
25 the Freedom of Information Act. Such reports shall not be
26 admissible as evidence or discoverable in any action of any

1 kind, in any court, or before any tribunal, board, agency or
2 person. Access to such reports shall be limited to authorized
3 Department staff who shall use the reports for statistical
4 purposes only. Such reports must be destroyed within 2 years
5 after date of receipt. The Department may make aggregate data
6 derived from the reports publicly available so long as such
7 disclosure does not reveal any identifying information about a
8 patient or health care professional.

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

10 Article 12.

11 Section 12-5. The Telehealth Act is amended by changing
12 Sections 10 and 15 as follows:

13 (225 ILCS 150/10)

14 Sec. 10. Practice authority. A health care professional
15 treating a patient located in this State through telehealth
16 services must be licensed or authorized to practice in
17 Illinois. A health care professional with a temporary permit
18 for full practice advanced practice registered nurse for
19 health care, a temporary permit for advanced practice
20 registered nurse for health care, or a temporary permit for
21 health care may treat a patient located in this State through
22 telehealth services in a manner consistent with the health
23 care professional's scope of practice and agreement with a

1 sponsoring entity.

2 (Source: P.A. 102-104, eff. 7-22-21.)

3 (225 ILCS 150/15)

4 Sec. 15. Use of telehealth services.

5 (a) A health care professional may engage in the practice
6 of telehealth services in Illinois to the extent of his or her
7 scope of practice as established in his or her respective
8 licensing Act consistent with the standards of care for
9 in-person services. This Act shall not be construed to alter
10 the scope of practice of any health care professional or
11 authorize the delivery of health care services in a setting or
12 in a manner not otherwise authorized by the laws of this State.

13 (b) Telehealth services provided pursuant to this Section
14 shall be consistent with all federal and State privacy,
15 security, and confidentiality laws, rules, or regulations.

16 (c) A health care professional with a temporary permit for
17 full practice advanced practice registered nurse for health
18 care, a temporary permit for advanced practice registered
19 nurse for health care, or a temporary permit for health care
20 may treat a patient located in this State through telehealth
21 services in a manner consistent with the health care
22 professional's scope of practice and agreement with a
23 sponsoring entity.

24 (Source: P.A. 102-104, eff. 7-22-21.)

1 Article 14.

2 Section 14-5. The Medical Practice Act of 1987 is amended
3 by changing Section 49.5 as follows:

4 (225 ILCS 60/49.5)

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

6 Sec. 49.5. Telemedicine.

7 (a) The General Assembly finds and declares that because
8 of technological advances and changing practice patterns the
9 practice of medicine is occurring with increasing frequency
10 across state lines and across increasing geographical
11 distances within the State of Illinois and that certain
12 technological advances in the practice of medicine are in the
13 public interest. The General Assembly further finds and
14 declares that the practice of medicine is a privilege and that
15 the licensure by this State of practitioners outside this
16 State engaging in medical practice within this State and the
17 ability to discipline those practitioners is necessary for the
18 protection of the public health, welfare, and safety.

19 (b) A person who engages in the practice of telemedicine
20 without a license or permit issued under this Act shall be
21 subject to penalties provided in Section 59. A person with a
22 temporary permit for health care may treat a patient located
23 in this State through telehealth services in a manner
24 consistent with the person's scope of practice and agreement

1 with a sponsoring entity.

2 (c) For purposes of this Act, "telemedicine" means the
3 performance of any of the activities listed in Section 49,
4 including, but not limited to, rendering written or oral
5 opinions concerning diagnosis or treatment of a patient in
6 Illinois by a person in a different location than the patient
7 as a result of transmission of individual patient data by
8 telephonic, electronic, or other means of communication.
9 "Telemedicine" does not include the following:

10 (1) periodic consultations between a person licensed
11 under this Act and a person outside the State of Illinois;

12 (2) a second opinion provided to a person licensed
13 under this Act;

14 (3) diagnosis or treatment services provided to a
15 patient in Illinois following care or treatment originally
16 provided to the patient in the state in which the provider
17 is licensed to practice medicine; and

18 (4) health care services provided to an existing
19 patient while the person licensed under this Act or
20 patient is traveling.

21 (d) Whenever the Department has reason to believe that a
22 person has violated this Section, the Department may issue a
23 rule to show cause why an order to cease and desist should not
24 be entered against that person. The rule shall clearly set
25 forth the grounds relied upon by the Department and shall
26 provide a period of 7 days from the date of the rule to file an

1 answer to the satisfaction of the Department. Failure to
2 answer to the satisfaction of the Department shall cause an
3 order to cease and desist to be issued immediately.

4 (e) An out-of-state person providing a service listed in
5 Section 49 to a patient residing in Illinois through the
6 practice of telemedicine submits himself or herself to the
7 jurisdiction of the courts of this State.

8 (Source: P.A. 100-317, eff. 1-1-18.)

9 Article 16.

10 Section 16-1. Short title. This Article may be cited as
11 the Abortion Care Clinical Training Program Act. References in
12 this Article to "this Act" mean this Article.

13 Section 16-5. Intent. The Program established under this
14 Act is intended to protect access to abortion care in Illinois
15 by ensuring there are a sufficient number of health care
16 professionals appropriately trained to provide abortion care
17 and other reproductive health care services.

18 Section 16-10. Definitions. As used in this Act:

19 "Abortion" has the meaning given to that term in Section
20 1-10 of the Reproductive Health Act.

21 "Coordinating organization" means a nonprofit entity in
22 good standing in any state or jurisdiction in which the

1 organization is registered or incorporated that has
2 demonstrated experience in coordinating or providing abortion
3 care training programs at community-based and hospital-based
4 provider sites.

5 "Department" means the Department of Public Health.

6 "Fund" means the Abortion Care Clinical Training Program
7 Fund.

8 "Health care professional" has the meaning given to that
9 term in Section 1-10 of the Reproductive Health Act.

10 "Program" means the Abortion Care Clinical Training
11 Program.

12 "Reproductive health care" has the meaning given to that
13 term in Section 1-10 of the Reproductive Health Act.

14 "Transportation hub" means an area easily accessible by
15 interstate or interregional transportation, including
16 roadways, railways, buses, air travel, and public
17 transportation.

18 "Underserved community" means a community that lacks a
19 sufficient number of health care providers or facilities to
20 meet the demand for abortion care without waiting periods more
21 than 3 days.

22 Section 16-15. Program administration and reporting.

23 (a) Subject to appropriation to the Fund, the Department
24 shall contract with at least one coordinating organization to
25 administer the Program. The Department shall use the Fund to

1 contract with the coordinating organization.

2 (b) A coordinating organization contracted by the
3 Department to administer the Program shall:

4 (1) submit an annual report to the Department
5 regarding Program performance, including the number of
6 participants enrolled, the demographics of Program
7 participants, the number of participants who successfully
8 complete the Program, the outcome of successful Program
9 participants, and the level of involvement of the
10 participants in providing abortion and other forms of
11 reproductive health care in Illinois; and

12 (2) meet any other requirements established by the
13 Department that are not inconsistent with this Act.

14 (c) The Department shall release the name of any
15 coordinating organization it coordinates with and any entity
16 receiving funds to assist in the implementation of this
17 Program through the coordinating organization. The Department
18 shall not release the name of any individual person or health
19 care professional administering services through or
20 participating in the Program. The Department shall, by rule,
21 establish procedures to ensure that sensitive Program
22 information, including any personal information and
23 information that, if released, could endanger the life or
24 physical safety of program participants, remains confidential.

25 (d) Any coordinating organization or other entity
26 receiving funds to implement this Program is subject to the

1 requirements of the Grant Accountability and Transparency Act.

2 Section 16-20. Coordinating organization duties. A
3 coordinating organization contracted by the Department to
4 administer the Program shall assume the following duties:

5 (1) Administer grants to develop and sustain abortion care
6 training programs at a minimum of 2 community-based provider
7 sites. When selecting community-based provider sites, the
8 coordinating organization shall prioritize sites near
9 transportation hubs and underserved communities.

10 (2) If funding is available, administer grants to:

11 (A) other community-based sites;

12 (B) hospital-based provider sites; and

13 (C) continuing education programs for reproductive
14 health care, including through professional associations
15 and other clinical education programs.

16 (3) Establish training Program requirements that:

17 (A) are consistent with evidence-based training
18 standards;

19 (B) comply with any applicable State or federal law
20 and regulations; and

21 (C) focus on providing culturally congruent care and
22 include implicit bias training.

23 (4) Support abortion care clinical training to health care
24 professionals or individuals seeking to become health care
25 professionals, consistent with the appropriate scope of

1 clinical practice, intended to:

2 (A) expand the number of health care professionals
3 with abortion care training; and

4 (B) increase diversity among health care professionals
5 with abortion care training.

6 (5) Support the identification, recruitment, screening,
7 and placement of qualified reproductive health care
8 professionals at training sites.

9 Section 16-25. Rules. The Department is authorized to
10 adopt rules pursuant to the Illinois Administrative Procedure
11 Act to implement this Act.

12 Section 16-30. Abortion Care Clinical Training Program
13 Fund. The Abortion Care Clinical Training Program Fund is
14 established as a special fund in the State Treasury. The Fund
15 may accept moneys from any public source in the form of grants,
16 deposits, and transfers, and shall be used for administration
17 and implementation of the Abortion Care Clinical Training
18 Program.

19 Section 16-90. The State Finance Act is amended by adding
20 Section 5.990 as follows:

21 (30 ILCS 105/5.990 new)

22 Sec. 5.990. The Abortion Care Clinical Training Program

1 Fund.

2 Article 21.

3 Section 21-5. The Pharmacy Practice Act is amended by
4 changing Section 43 as follows:

5 (225 ILCS 85/43)

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

7 Sec. 43. Dispensation of hormonal contraceptives.

8 (a) The dispensing of hormonal contraceptives to a patient
9 shall be pursuant to a valid prescription, or pursuant to a
10 standing order by a physician licensed to practice medicine in
11 all its branches, a standing order by ~~or~~ the medical director
12 of a local health department, or a standing order by the
13 Department of Public Health pursuant to the following:

14 (1) a pharmacist may dispense no more than a 12-month
15 supply of hormonal contraceptives to a patient;

16 (2) a pharmacist must complete an educational training
17 program accredited by the Accreditation Council for
18 Pharmacy Education and approved by the Department that is
19 related to the patient self-screening risk assessment,
20 patient assessment contraceptive counseling and education,
21 and dispensation of hormonal contraceptives;

22 (3) a pharmacist shall have the patient complete the
23 self-screening risk assessment tool; the self-screening

1 risk assessment tool is to be based on the most current
2 version of the United States Medical Eligibility Criteria
3 for Contraceptive Use published by the federal Centers for
4 Disease Control and Prevention;

5 (4) based upon the results of the self-screening risk
6 assessment and the patient assessment, the pharmacist
7 shall use his or her professional and clinical judgment as
8 to when a patient should be referred to the patient's
9 physician or another health care provider;

10 (5) a pharmacist shall provide, during the patient
11 assessment and consultation, counseling and education
12 about all methods of contraception, including methods not
13 covered under the standing order, and their proper use and
14 effectiveness;

15 (6) the patient consultation shall take place in a
16 private manner; and

17 (7) a pharmacist and pharmacy must maintain
18 appropriate records.

19 (b) The Department may adopt rules to implement this
20 Section.

21 (c) Nothing in this Section shall be interpreted to
22 require a pharmacist to dispense hormonal contraception under
23 a standing order issued by a physician licensed to practice
24 medicine in all its branches or the medical director of a local
25 health department.

26 (d) Notwithstanding any other provision of the law to the

1 contrary, a pharmacist may dispense hormonal contraceptives in
2 conformance with standing orders issued pursuant to this
3 Section without prior establishment of a relationship between
4 the pharmacist and the person receiving hormonal
5 contraception.

6 (e) No employee of the Department of Public Health issuing
7 a standing order pursuant to this Section shall, as a result of
8 the employee's acts or omissions in issuing the standing order
9 pursuant to this Section, be subject to (i) any disciplinary
10 or other adverse action under the Medical Practice Act of
11 1987, (ii) any civil liability, or (iii) any criminal
12 liability.

13 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

14 Article 22.

15 Section 22-5. The Birth Center Licensing Act is amended by
16 changing Sections 5 and 30 as follows:

17 (210 ILCS 170/5)

18 Sec. 5. Definitions. In this Act:

19 "Birth center" means a designated site, other than a
20 hospital:

21 (1) in which births are planned to occur following a
22 normal, uncomplicated, and low-risk pregnancy;

23 (2) that is not the pregnant person's usual place of

1 residence;

2 (3) that is ~~exclusively~~ dedicated to serving the
3 childbirth-related needs of pregnant persons and their
4 newborns, and has no more than 10 beds;

5 (4) that offers prenatal care and community education
6 services and coordinates these services with other health
7 care services available in the community; and

8 (5) that does not provide general anesthesia or
9 surgery.

10 "Certified nurse midwife" means an advanced practice
11 registered nurse licensed in Illinois under the Nurse Practice
12 Act with full practice authority or who is delegated such
13 authority as part of a written collaborative agreement with a
14 physician who is associated with the birthing center or who
15 has privileges at a nearby birthing hospital.

16 "Department" means the Illinois Department of Public
17 Health.

18 "Hospital" does not include places where pregnant females
19 are received, cared for, or treated during delivery if it is in
20 a licensed birth center, nor include any facility required to
21 be licensed as a birth center.

22 "Licensed certified professional midwife" means a person
23 who has successfully met the requirements under Section 45 of
24 the Licensed Certified Professional Midwife Practice Act and
25 holds an active license to practice as a licensed certified
26 professional midwife in Illinois.

1 "Physician" means a physician licensed to practice
2 medicine in all its branches in Illinois.

3 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

4 (210 ILCS 170/30)

5 Sec. 30. Minimum standards.

6 (a) The Department's rules adopted pursuant to Section 60
7 of this Act shall contain minimum standards to protect the
8 health and safety of a patient of a birth center. In adopting
9 rules for birth centers, the Department shall consider:

10 (1) the Commission for the Accreditation of Birth
11 Centers' Standards for Freestanding Birth Centers;

12 (2) the American Academy of Pediatrics and American
13 College of Obstetricians and Gynecologists Guidelines for
14 Perinatal Care; and

15 (3) the Regionalized Perinatal Health Care Code.

16 (b) Nothing in this Section shall be construed to prohibit
17 a facility licensed as a birth center from offering other
18 reproductive health care subject to any applicable laws,
19 rules, regulations, or licensing requirements for those
20 services. In this subsection, "reproductive health care" has
21 the same meaning as used in Section 1-10 of the Reproductive
22 Health Act.

23 (Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22.)

1 Section 24-5. The Counties Code is amended by changing
2 Section 3-4006 as follows:

3 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

4 Sec. 3-4006. Duties of public defender. The Public
5 Defender, as directed by the court, shall act as attorney,
6 without fee, before any court within any county for all
7 persons who are held in custody or who are charged with the
8 commission of any criminal offense, and who the court finds
9 are unable to employ counsel.

10 The Public Defender shall be the attorney, without fee,
11 when so appointed by the court under ~~Section 1-20 of the~~
12 ~~Juvenile Court Act or~~ Section 1-5 of the Juvenile Court Act of
13 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
14 ~~of Abortion Act of 1983 for any party who the court finds is~~
15 ~~financially unable to employ counsel.~~

16 In cases subject to Section 5-170 of the Juvenile Court
17 Act of 1987 involving a minor who was under 15 years of age at
18 the time of the commission of the offense, that occurs in a
19 county with a full-time public defender office, a public
20 defender, without fee or appointment, may represent and have
21 access to a minor during a custodial interrogation. In cases
22 subject to Section 5-170 of the Juvenile Court Act of 1987
23 involving a minor who was under 15 years of age at the time of
24 the commission of the offense, that occurs in a county without

1 a full-time public defender, the law enforcement agency
2 conducting the custodial interrogation shall ensure that the
3 minor is able to consult with an attorney who is under contract
4 with the county to provide public defender services.
5 Representation by the public defender shall terminate at the
6 first court appearance if the court determines that the minor
7 is not indigent.

8 Every court shall, with the consent of the defendant and
9 where the court finds that the rights of the defendant would be
10 prejudiced by the appointment of the public defender, appoint
11 counsel other than the public defender, except as otherwise
12 provided in Section 113-3 of the "Code of Criminal Procedure
13 of 1963". That counsel shall be compensated as is provided by
14 law. He shall also, in the case of the conviction of any such
15 person, prosecute any proceeding in review which in his
16 judgment the interests of justice require.

17 In counties with a population over 3,000,000, the public
18 defender, without fee or appointment and with the concurrence
19 of the county board, may act as attorney to noncitizens in
20 immigration cases. Representation by the public defender in
21 immigration cases shall be limited to those arising in
22 immigration courts located within the geographical boundaries
23 of the county where the public defender has been appointed to
24 office unless the board authorizes the public defender to
25 provide representation outside the county.

26 (Source: P.A. 102-410, eff. 1-1-22.)

1 Section 24-10. The Consent by Minors to Health Care
2 Services Act is amended by changing Section 1.5 as follows:

3 (410 ILCS 210/1.5)

4 Sec. 1.5. Consent by minor seeking care for limited
5 primary care services.

6 (a) The consent to the performance of primary care
7 services by a physician licensed to practice medicine in all
8 its branches, a licensed advanced practice registered nurse, a
9 licensed physician assistant, a chiropractic physician, or a
10 licensed optometrist executed by a minor seeking care is not
11 voidable because of such minority, and for such purpose, a
12 minor seeking care is deemed to have the same legal capacity to
13 act and has the same powers and obligations as has a person of
14 legal age under the following circumstances:

15 (1) the health care professional reasonably believes
16 that the minor seeking care understands the benefits and
17 risks of any proposed primary care or services; and

18 (2) the minor seeking care is identified in writing as
19 a minor seeking care by:

20 (A) an adult relative;

21 (B) a representative of a homeless service agency
22 that receives federal, State, county, or municipal
23 funding to provide those services or that is otherwise
24 sanctioned by a local continuum of care;

1 (C) an attorney licensed to practice law in this
2 State;

3 (D) a public school homeless liaison or school
4 social worker;

5 (E) a social service agency providing services to
6 at risk, homeless, or runaway youth; or

7 (F) a representative of a religious organization.

8 (b) A health care professional rendering primary care
9 services under this Section shall not incur civil or criminal
10 liability for failure to obtain valid consent or professional
11 discipline for failure to obtain valid consent if he or she
12 relied in good faith on the representations made by the minor
13 or the information provided under paragraph (2) of subsection
14 (a) of this Section. Under such circumstances, good faith
15 shall be presumed.

16 (c) The confidential nature of any communication between a
17 health care professional described in Section 1 of this Act
18 and a minor seeking care is not waived (1) by the presence, at
19 the time of communication, of any additional persons present
20 at the request of the minor seeking care, (2) by the health
21 care professional's disclosure of confidential information to
22 the additional person with the consent of the minor seeking
23 care, when reasonably necessary to accomplish the purpose for
24 which the additional person is consulted, or (3) by the health
25 care professional billing a health benefit insurance or plan
26 under which the minor seeking care is insured, is enrolled, or

1 has coverage for the services provided.

2 (d) Nothing in this Section shall be construed to limit or
3 expand a minor's existing powers and obligations under any
4 federal, State, or local law. ~~Nothing in this Section shall be
5 construed to affect the Parental Notice of Abortion Act of
6 1995.~~ Nothing in this Section affects the right or authority
7 of a parent or legal guardian to verbally, in writing, or
8 otherwise authorize health care services to be provided for a
9 minor in their absence.

10 (e) For the purposes of this Section:

11 "Minor seeking care" means a person at least 14 years of
12 age but less than 18 years of age who is living separate and
13 apart from his or her parents or legal guardian, whether with
14 or without the consent of a parent or legal guardian who is
15 unable or unwilling to return to the residence of a parent, and
16 managing his or her own personal affairs. "Minor seeking care"
17 does not include minors who are under the protective custody,
18 temporary custody, or guardianship of the Department of
19 Children and Family Services.

20 "Primary care services" means health care services that
21 include screening, counseling, immunizations, medication, and
22 treatment of illness and conditions customarily provided by
23 licensed health care professionals in an out-patient setting,
24 eye care services, excluding advanced optometric procedures,
25 provided by optometrists, and services provided by
26 chiropractic physicians according to the scope of practice of

1 chiropractic physicians under the Medical Practice Act of
2 1987. "Primary care services" does not include invasive care,
3 beyond standard injections, laceration care, or non-surgical
4 fracture care.

5 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
6 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

7 Section 24-15. The Medical Practice Act of 1987 is amended
8 by changing Section 23 as follows:

9 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

11 Sec. 23. Reports relating to professional conduct and
12 capacity.

13 (A) Entities required to report.

14 (1) Health care institutions. The chief administrator
15 or executive officer of any health care institution
16 licensed by the Illinois Department of Public Health shall
17 report to the Medical Board when any person's clinical
18 privileges are terminated or are restricted based on a
19 final determination made in accordance with that
20 institution's by-laws or rules and regulations that a
21 person has either committed an act or acts which may
22 directly threaten patient care or that a person may have a
23 mental or physical disability that may endanger patients
24 under that person's care. Such officer also shall report

1 if a person accepts voluntary termination or restriction
2 of clinical privileges in lieu of formal action based upon
3 conduct related directly to patient care or in lieu of
4 formal action seeking to determine whether a person may
5 have a mental or physical disability that may endanger
6 patients under that person's care. The Medical Board
7 shall, by rule, provide for the reporting to it by health
8 care institutions of all instances in which a person,
9 licensed under this Act, who is impaired by reason of age,
10 drug or alcohol abuse or physical or mental impairment, is
11 under supervision and, where appropriate, is in a program
12 of rehabilitation. Such reports shall be strictly
13 confidential and may be reviewed and considered only by
14 the members of the Medical Board, or by authorized staff
15 as provided by rules of the Medical Board. Provisions
16 shall be made for the periodic report of the status of any
17 such person not less than twice annually in order that the
18 Medical Board shall have current information upon which to
19 determine the status of any such person. Such initial and
20 periodic reports of impaired physicians shall not be
21 considered records within the meaning of the State Records
22 Act and shall be disposed of, following a determination by
23 the Medical Board that such reports are no longer
24 required, in a manner and at such time as the Medical Board
25 shall determine by rule. The filing of such reports shall
26 be construed as the filing of a report for purposes of

1 subsection (C) of this Section. Such health care
2 institution shall not take any adverse action, including,
3 but not limited to, restricting or terminating any
4 person's clinical privileges, as a result of an adverse
5 action against a person's license or clinical privileges
6 or other disciplinary action by another state or health
7 care institution that resulted from the person's provision
8 of, authorization of, recommendation of, aiding or
9 assistance with, referral for, or participation in any
10 health care service if the adverse action was based solely
11 on a violation of the other state's law prohibiting the
12 provision of such health care and related services in the
13 state or for a resident of the state if that health care
14 service would not have been unlawful under the laws of
15 this State and is consistent with the standards of conduct
16 for physicians practicing in Illinois.

17 (1.5) Clinical training programs. The program director
18 of any post-graduate clinical training program shall
19 report to the Medical Board if a person engaged in a
20 post-graduate clinical training program at the
21 institution, including, but not limited to, a residency or
22 fellowship, separates from the program for any reason
23 prior to its conclusion. The program director shall
24 provide all documentation relating to the separation if,
25 after review of the report, the Medical Board determines
26 that a review of those documents is necessary to determine

1 whether a violation of this Act occurred.

2 (2) Professional associations. The President or chief
3 executive officer of any association or society, of
4 persons licensed under this Act, operating within this
5 State shall report to the Medical Board when the
6 association or society renders a final determination that
7 a person has committed unprofessional conduct related
8 directly to patient care or that a person may have a mental
9 or physical disability that may endanger patients under
10 that person's care.

11 (3) Professional liability insurers. Every insurance
12 company which offers policies of professional liability
13 insurance to persons licensed under this Act, or any other
14 entity which seeks to indemnify the professional liability
15 of a person licensed under this Act, shall report to the
16 Medical Board the settlement of any claim or cause of
17 action, or final judgment rendered in any cause of action,
18 which alleged negligence in the furnishing of medical care
19 by such licensed person when such settlement or final
20 judgment is in favor of the plaintiff. Such insurance
21 company shall not take any adverse action, including, but
22 not limited to, denial or revocation of coverage, or rate
23 increases, against a person licensed under this Act with
24 respect to coverage for services provided in the State if
25 based solely on the person providing, authorizing,
26 recommending, aiding, assisting, referring for, or

1 otherwise participating in health care services in this
2 State in violation of another state's law, or a revocation
3 or other adverse action against the person's license in
4 another state for violation of such law if that health
5 care service as provided would have been lawful and
6 consistent with the standards of conduct for physicians if
7 it occurred in the State. Notwithstanding this provision,
8 it is against public policy to require coverage for an
9 illegal action.

10 (4) State's Attorneys. The State's Attorney of each
11 county shall report to the Medical Board, within 5 days,
12 any instances in which a person licensed under this Act is
13 convicted of any felony or Class A misdemeanor. ~~The~~
14 ~~State's Attorney of each county may report to the Medical~~
15 ~~Board through a verified complaint any instance in which~~
16 ~~the State's Attorney believes that a physician has~~
17 ~~willfully violated the notice requirements of the Parental~~
18 ~~Notice of Abortion Act of 1995.~~

19 (5) State agencies. All agencies, boards, commissions,
20 departments, or other instrumentalities of the government
21 of the State of Illinois shall report to the Medical Board
22 any instance arising in connection with the operations of
23 such agency, including the administration of any law by
24 such agency, in which a person licensed under this Act has
25 either committed an act or acts which may be a violation of
26 this Act or which may constitute unprofessional conduct

1 related directly to patient care or which indicates that a
2 person licensed under this Act may have a mental or
3 physical disability that may endanger patients under that
4 person's care.

5 (B) Mandatory reporting. All reports required by items
6 (34), (35), and (36) of subsection (A) of Section 22 and by
7 Section 23 shall be submitted to the Medical Board in a timely
8 fashion. Unless otherwise provided in this Section, the
9 reports shall be filed in writing within 60 days after a
10 determination that a report is required under this Act. All
11 reports shall contain the following information:

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

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

16 (3) The name and date of birth of any patient or
17 patients whose treatment is a subject of the report, if
18 available, or other means of identification if such
19 information is not available, identification of the
20 hospital or other healthcare facility where the care at
21 issue in the report was rendered, provided, however, no
22 medical records may be revealed.

23 (4) A brief description of the facts which gave rise
24 to the issuance of the report, including the dates of any
25 occurrences deemed to necessitate the filing of the
26 report.

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

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

7 The Medical Board or Department may also exercise the
8 power under Section 38 of this Act to subpoena copies of
9 hospital or medical records in mandatory report cases alleging
10 death or permanent bodily injury. Appropriate rules shall be
11 adopted by the Department with the approval of the Medical
12 Board.

13 When the Department has received written reports
14 concerning incidents required to be reported in items (34),
15 (35), and (36) of subsection (A) of Section 22, the licensee's
16 failure to report the incident to the Department under those
17 items shall not be the sole grounds for disciplinary action.

18 Nothing contained in this Section shall act to, in any
19 way, waive or modify the confidentiality of medical reports
20 and committee reports to the extent provided by law. Any
21 information reported or disclosed shall be kept for the
22 confidential use of the Medical Board, the Medical
23 Coordinators, the Medical Board's attorneys, the medical
24 investigative staff, and authorized clerical staff, as
25 provided in this Act, and shall be afforded the same status as
26 is provided information concerning medical studies in Part 21

1 of Article VIII of the Code of Civil Procedure, except that the
2 Department may disclose information and documents to a
3 federal, State, or local law enforcement agency pursuant to a
4 subpoena in an ongoing criminal investigation or to a health
5 care licensing body or medical licensing authority of this
6 State or another state or jurisdiction pursuant to an official
7 request made by that licensing body or medical licensing
8 authority. Furthermore, information and documents disclosed to
9 a federal, State, or local law enforcement agency may be used
10 by that agency only for the investigation and prosecution of a
11 criminal offense, or, in the case of disclosure to a health
12 care licensing body or medical licensing authority, only for
13 investigations and disciplinary action proceedings with regard
14 to a license. Information and documents disclosed to the
15 Department of Public Health may be used by that Department
16 only for investigation and disciplinary action regarding the
17 license of a health care institution licensed by the
18 Department of Public Health.

19 (C) Immunity from prosecution. Any individual or
20 organization acting in good faith, and not in a wilful and
21 wanton manner, in complying with this Act by providing any
22 report or other information to the Medical Board or a peer
23 review committee, or assisting in the investigation or
24 preparation of such information, or by voluntarily reporting
25 to the Medical Board or a peer review committee information
26 regarding alleged errors or negligence by a person licensed

1 under this Act, or by participating in proceedings of the
2 Medical Board or a peer review committee, or by serving as a
3 member of the Medical Board or a peer review committee, shall
4 not, as a result of such actions, be subject to criminal
5 prosecution or civil damages.

6 (D) Indemnification. Members of the Medical Board, the
7 Medical Coordinators, the Medical Board's attorneys, the
8 medical investigative staff, physicians retained under
9 contract to assist and advise the medical coordinators in the
10 investigation, and authorized clerical staff shall be
11 indemnified by the State for any actions occurring within the
12 scope of services on the Medical Board, done in good faith and
13 not wilful and wanton in nature. The Attorney General shall
14 defend all such actions unless he or she determines either
15 that there would be a conflict of interest in such
16 representation or that the actions complained of were not in
17 good faith or were wilful and wanton.

18 Should the Attorney General decline representation, the
19 member shall have the right to employ counsel of his or her
20 choice, whose fees shall be provided by the State, after
21 approval by the Attorney General, unless there is a
22 determination by a court that the member's actions were not in
23 good faith or were wilful and wanton.

24 The member must notify the Attorney General within 7 days
25 of receipt of notice of the initiation of any action involving
26 services of the Medical Board. Failure to so notify the

1 Attorney General shall constitute an absolute waiver of the
2 right to a defense and indemnification.

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

6 (E) Deliberations of Medical Board. Upon the receipt of
7 any report called for by this Act, other than those reports of
8 impaired persons licensed under this Act required pursuant to
9 the rules of the Medical Board, the Medical Board shall notify
10 in writing, by mail or email, the person who is the subject of
11 the report. Such notification shall be made within 30 days of
12 receipt by the Medical Board of the report.

13 The notification shall include a written notice setting
14 forth the person's right to examine the report. Included in
15 such notification shall be the address at which the file is
16 maintained, the name of the custodian of the reports, and the
17 telephone number at which the custodian may be reached. The
18 person who is the subject of the report shall submit a written
19 statement responding, clarifying, adding to, or proposing the
20 amending of the report previously filed. The person who is the
21 subject of the report shall also submit with the written
22 statement any medical records related to the report. The
23 statement and accompanying medical records shall become a
24 permanent part of the file and must be received by the Medical
25 Board no more than 30 days after the date on which the person
26 was notified by the Medical Board of the existence of the

1 original report.

2 The Medical Board shall review all reports received by it,
3 together with any supporting information and responding
4 statements submitted by persons who are the subject of
5 reports. The review by the Medical Board shall be in a timely
6 manner but in no event, shall the Medical Board's initial
7 review of the material contained in each disciplinary file be
8 less than 61 days nor more than 180 days after the receipt of
9 the initial report by the Medical Board.

10 When the Medical Board makes its initial review of the
11 materials contained within its disciplinary files, the Medical
12 Board shall, in writing, make a determination as to whether
13 there are sufficient facts to warrant further investigation or
14 action. Failure to make such determination within the time
15 provided shall be deemed to be a determination that there are
16 not sufficient facts to warrant further investigation or
17 action.

18 Should the Medical Board find that there are not
19 sufficient facts to warrant further investigation, or action,
20 the report shall be accepted for filing and the matter shall be
21 deemed closed and so reported to the Secretary. The Secretary
22 shall then have 30 days to accept the Medical Board's decision
23 or request further investigation. The Secretary shall inform
24 the Medical Board of the decision to request further
25 investigation, including the specific reasons for the
26 decision. The individual or entity filing the original report

1 or complaint and the person who is the subject of the report or
2 complaint shall be notified in writing by the Secretary of any
3 final action on their report or complaint. The Department
4 shall disclose to the individual or entity who filed the
5 original report or complaint, on request, the status of the
6 Medical Board's review of a specific report or complaint. Such
7 request may be made at any time, including prior to the Medical
8 Board's determination as to whether there are sufficient facts
9 to warrant further investigation or action.

10 (F) Summary reports. The Medical Board shall prepare, on a
11 timely basis, but in no event less than once every other month,
12 a summary report of final disciplinary actions taken upon
13 disciplinary files maintained by the Medical Board. The
14 summary reports shall be made available to the public upon
15 request and payment of the fees set by the Department. This
16 publication may be made available to the public on the
17 Department's website. Information or documentation relating to
18 any disciplinary file that is closed without disciplinary
19 action taken shall not be disclosed and shall be afforded the
20 same status as is provided by Part 21 of Article VIII of the
21 Code of Civil Procedure.

22 (G) Any violation of this Section shall be a Class A
23 misdemeanor.

24 (H) If any such person violates the provisions of this
25 Section an action may be brought in the name of the People of
26 the State of Illinois, through the Attorney General of the

1 State of Illinois, for an order enjoining such violation or
2 for an order enforcing compliance with this Section. Upon
3 filing of a verified petition in such court, the court may
4 issue a temporary restraining order without notice or bond and
5 may preliminarily or permanently enjoin such violation, and if
6 it is established that such person has violated or is
7 violating the injunction, the court may punish the offender
8 for contempt of court. Proceedings under this paragraph shall
9 be in addition to, and not in lieu of, all other remedies and
10 penalties provided for by this Section.

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

14 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

15 Article 26.

16 Section 26-5. The Illinois Parentage Act of 2015 is
17 amended by changing Sections 704 and 709 as follows:

18 (750 ILCS 46/704)

19 Sec. 704. Withdrawal of consent of intended parent or
20 donor. An intended parent or donor may withdraw consent to use
21 his or her gametes in a writing or legal pleading with notice
22 to the other participants. An intended parent who withdraws
23 consent under this Section prior to the insemination or embryo

1 transfer is not a parent of any resulting child. If a donor
2 withdraws consent to his or her donation prior to the
3 insemination or the combination of gametes, the intended
4 parent is not the parent of any resulting child. If the
5 intended parent or parents no longer wish to use any remaining
6 cryopreserved fertilized ovum for medical purposes, the terms
7 of the most recent informed consent of the intended parent or
8 parents executed at the fertility center or a marital
9 settlement agreement under a judgment of dissolution of
10 marriage, judgment of legal separation, or judgment of
11 dissolution of civil union governs the disposition of the
12 fertilized ovum.

13 (Source: P.A. 99-763, eff. 1-1-17.)

14 (750 ILCS 46/709)

15 Sec. 709. Establishment of parentage; requirements of
16 Gestational Surrogacy Act.

17 (a) In the event of gestational surrogacy, in addition to
18 the requirements of the Gestational Surrogacy Act, a
19 parent-child relationship is established between a person and
20 a child if all of the following conditions are met prior to the
21 birth of the child:

22 (1) The gestational surrogate certifies that she did
23 not provide a gamete for the child, and that she is
24 carrying the child for the intended parents.

25 (2) The spouse, if any, of the gestational surrogate

1 certifies that he or she did not provide a gamete for the
2 child.

3 (3) Each intended parent, or the parent's legally
4 authorized designee if an intended parent dies, certifies
5 that the child being carried by the gestational surrogate
6 was conceived using at least one of the intended parents'
7 gametes.

8 (4) A physician licensed in the state in which the
9 fertilized ovum was inseminated or transferred to the
10 gestational surrogate certifies that the child being
11 carried by the gestational surrogate was conceived using
12 the gamete or gametes of at least one of the intended
13 parents, and that neither the gestational surrogate nor
14 the gestational surrogate's spouse, if any, provided
15 gametes for the child being carried by the gestational
16 surrogate.

17 (5) The attorneys for the intended parents and the
18 gestational surrogate each certify that the parties
19 entered into a gestational surrogacy agreement intended to
20 satisfy the requirements of the Gestational Surrogacy Act.

21 (b) All certifications under this Section shall be in
22 writing and witnessed by 2 competent adults who are not the
23 gestational surrogate, gestational surrogate's spouse, if any,
24 or an intended parent. Certifications shall be on forms
25 prescribed by the Illinois Department of Public Health and
26 shall be executed prior to the birth of the child. All

1 certifications shall be provided, prior to the birth of the
2 child, to both the hospital where the gestational surrogate
3 anticipates the delivery will occur and to the Illinois
4 Department of Public Health.

5 (c) Parentage established in accordance with this Section
6 has the full force and effect of a judgment entered under this
7 Act.

8 (d) The Illinois Department of Public Health shall adopt
9 rules to implement this Section.

10 (Source: P.A. 99-763, eff. 1-1-17.)

11 Article 27.

12 Section 27-5. The Illinois Insurance Code is amended by
13 changing Section 356z.4a as follows:

14 (215 ILCS 5/356z.4a)

15 Sec. 356z.4a. Coverage for abortion.

16 (a) Except as otherwise provided in this Section, no
17 individual or group policy of accident and health insurance
18 that provides pregnancy-related benefits may be issued,
19 amended, delivered, or renewed in this State after the
20 effective date of this amendatory Act of the 101st General
21 Assembly unless the policy provides a covered person with
22 coverage for abortion care. Regardless of whether the policy
23 otherwise provides prescription drug benefits, abortion care

1 coverage must include medications that are obtained through a
2 prescription and used to terminate a pregnancy, regardless of
3 whether there is proof of a pregnancy.

4 (b) Coverage for abortion care may not impose any
5 deductible, coinsurance, waiting period, or other cost-sharing
6 limitation that is greater than that required for other
7 pregnancy-related benefits covered by the policy.

8 (c) Except as otherwise authorized under this Section, a
9 policy shall not impose any restrictions or delays on the
10 coverage required under this Section.

11 (d) This Section does not, pursuant to 42 U.S.C.
12 18054(a)(6), apply to a multistate plan that does not provide
13 coverage for abortion.

14 (e) If the Department concludes that enforcement of this
15 Section may adversely affect the allocation of federal funds
16 to this State, the Department may grant an exemption to the
17 requirements, but only to the minimum extent necessary to
18 ensure the continued receipt of federal funds.

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

20 Article 28.

21 Section 28-5. Short title. This Article may be cited as
22 the Lawful Health Care Activity Act. References in this
23 Article to "this Act" mean this Article.

1 Section 28-10. Definitions. As used in this Act:

2 "Lawful health care" means:

3 (1) reproductive health care that is not unlawful
4 under the laws of this State, including on any theory of
5 vicarious, joint, several, or conspiracy liability; or

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

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

19 "Reproductive health care" shall have the same meaning as
20 Section 1-10 of the Reproductive Health Act.

21 Section 28-15. Conflict of law. Notwithstanding any
22 general or special law or common law conflict of law rule to
23 the contrary, the laws of this State shall govern in any case
24 or controversy heard in this State related to lawful health
25 care activity.

1 Section 28-20. Limits on execution of foreign judgments.
2 In any action filed to enforce the judgment of a foreign state,
3 issued in connection with any litigation concerning lawful
4 health care, the court hearing the action shall not give any
5 force or effect to any judgment issued without jurisdiction.

6 Section 28-25. Severability. The provisions of this Act
7 are severable under Section 1.31 of the Statute on Statutes.

8 Section 28-30. The Uniform Interstate Depositions and
9 Discovery Act is amended by changing Section 3 and by adding
10 Section 3.5 as follows:

11 (735 ILCS 35/3)

12 Sec. 3. Issuance of subpoena.

13 (a) To request issuance of a subpoena under this Section,
14 a party must submit a foreign subpoena to a clerk of court in
15 the county in which discovery is sought to be conducted in this
16 State. A request for the issuance of a subpoena under this Act
17 does not constitute an appearance in the courts of this State.

18 (b) When a party submits a foreign subpoena to a clerk of
19 court in this State, the clerk, in accordance with that
20 court's procedure, shall promptly issue a subpoena for service
21 upon the person to which the foreign subpoena is directed
22 unless issuance is prohibited by Section 3.5.

1 (c) A subpoena under subsection (b) must:

2 (A) incorporate the terms used in the foreign
3 subpoena; and

4 (B) contain or be accompanied by the names, addresses,
5 and telephone numbers of all counsel of record in the
6 proceeding to which the subpoena relates and of any party
7 not represented by counsel.

8 (Source: P.A. 99-79, eff. 1-1-16.)

9 (735 ILCS 35/3.5 new)

10 Sec. 3.5. Unenforceable foreign subpoenas.

11 (a) If a request for issuance of a subpoena pursuant to
12 this Act seeks documents or information related to lawful
13 health care activity, as defined in the Lawful Health Care
14 Activity Act, or seeks documents in support of any claim that
15 interferes with rights under the Reproductive Health Act, then
16 the person or entity requesting the subpoena shall include an
17 attestation, signed under penalty of perjury, confirming and
18 identifying that an exemption in subsection (c) applies. Any
19 false attestation submitted under this Section or the failure
20 to submit an attestation required by this Section shall be
21 subject to a statutory penalty of \$10,000 per violation.
22 Submission of such attestation shall subject the attestor to
23 the jurisdiction of the courts of this State for any suit,
24 penalty, or damages arising out of a false attestation under
25 this Section.

1 (b) No clerk of court shall issue a subpoena based on a
2 foreign subpoena that:

3 (1) requests information or documents related to
4 lawful health care activity, as defined in the Lawful
5 Health Care Activity Act; or

6 (2) is related to the enforcement of another state's
7 law that would interfere with an individual's rights under
8 the Reproductive Health Act.

9 (c) A clerk of court may issue the subpoena if the subpoena
10 includes the attestation as described in subsection (a) and
11 the subpoena relates to:

12 (1) an out-of-state action founded in tort, contract,
13 or statute brought by the patient who sought or received
14 the lawful health care or the patient's authorized legal
15 representative, for damages suffered by the patient or
16 damages derived from an individual's loss of consortium of
17 the patient, and for which a similar claim would exist
18 under the laws of this State; or

19 (2) an out-of-state action founded in contract brought
20 or sought to be enforced by a party with a contractual
21 relationship with the individual whose documents or
22 information are the subject of the subpoena and for which
23 a similar claim would exist under the laws of this State.

24 (d) Any person or entity served with a subpoena reasonably
25 believed to be issued in violation of this Section shall not
26 comply with the subpoena.

1 (e) Any person or entity who is the recipient of, or whose
2 lawful health care is the subject of, a subpoena reasonably
3 believed to be issued in violation of this Section may, but is
4 not required to, move to modify or quash the subpoena.

5 (f) No court shall issue an order compelling a person or
6 entity to comply with a subpoena found to be in violation of
7 this Section.

8 (g) As used in this Section, "lawful health care" and
9 "lawful health care activity" have the meanings given to those
10 terms in Section 28-10 of the Lawful Health Care Activity Act.

11 (h) The Supreme Court shall have jurisdiction to adopt
12 rules for the implementation of this Section.

13 Section 28-35. The Uniform Act to Secure the Attendance of
14 Witnesses from Within or Without a State in Criminal
15 Proceedings is amended by changing Section 2 as follows:

16 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

17 Sec. 2. Summoning witness in this state to testify in
18 another state.

19 If a judge of a court of record in any state which by its
20 laws has made provision for commanding persons within that
21 state to attend and testify in this state certifies under the
22 seal of such court that there is a criminal prosecution
23 pending in such court, or that a grand jury investigation has
24 commenced or is about to commence, that a person being within

1 this state is a material witness in such prosecution, or grand
2 jury investigation, and his presence will be required for a
3 specified number of days, upon presentation of such
4 certificate to any judge of a court in the county in which such
5 person is, such judge shall fix a time and place for a hearing,
6 and shall make an order directing the witness to appear at a
7 time and place certain for the hearing.

8 If at a hearing the judge determines that the witness is
9 material and necessary, that it will not cause undue hardship
10 to the witness to be compelled to attend and testify in the
11 prosecution or a grand jury investigation in the other state,
12 and that the laws of the state in which the prosecution is
13 pending, or grand jury investigation has commenced or is about
14 to commence (and of any other state through which the witness
15 may be required to pass by ordinary course of travel), will
16 give to him protection from arrest and the service of civil and
17 criminal process, he shall issue a summons, with a copy of the
18 certificate attached, directing the witness to attend and
19 testify in the court where the prosecution is pending, or
20 where a grand jury investigation has commenced or is about to
21 commence at a time and place specified in the summons. In any
22 such hearing the certificate shall be prima facie evidence of
23 all the facts stated therein.

24 If said certificate recommends that the witness be taken
25 into immediate custody and delivered to an officer of the
26 requesting state to assure his attendance in the requesting

1 state, such judge may, in lieu of notification of the hearing,
2 direct that such witness be forthwith brought before him for
3 said hearing; and the judge at the hearing being satisfied of
4 the desirability of such custody and delivery, for which
5 determination the certificate shall be prima facie proof of
6 such desirability may, in lieu of issuing subpoena or summons,
7 order that said witness be forthwith taken into custody and
8 delivered to an officer of the requesting state.

9 No subpoena, summons, or order shall be issued for a
10 witness to provide information or testimony in relation to any
11 proceeding if the charge is based on conduct that involves
12 lawful health care activity, as defined by the Lawful Health
13 Care Activity Act, that is not unlawful under the laws of this
14 State. This limitation does not apply for the purpose of
15 complying with obligations under Brady v. Maryland (373 U.S.
16 83) or Giglio v. United States (405 U.S. 150).

17 If the witness, who is summoned as above provided, after
18 being paid or tendered by some properly authorized person the
19 sum of 10 cents a mile for each mile by the ordinary travel
20 route to and from the court where the prosecution is pending
21 and five dollars for each day that he is required to travel and
22 attend as a witness, fails without good cause to attend and
23 testify as directed in the summons, he shall be punished in the
24 manner provided for the punishment of any witness who disobeys
25 a summons issued from a court in this state.

26 (Source: Laws 1967, p. 3804.)

1 the Protecting Reproductive Health Care Services Act.
2 References in this Article to "this Act" mean this Article.

3 Section 29-10. Definitions. As used in this Act:

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

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

9 "Person" includes an individual, a partnership, an
10 association, a limited liability company, or a corporation.

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

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

15 "Reproductive health care services" means health care
16 offered, arranged, or furnished for the purpose of preventing
17 pregnancy, terminating a pregnancy, managing pregnancy loss,
18 or improving maternal health and birth outcomes. "Reproductive
19 health care services" includes, but is not limited to:
20 contraception; sterilization; preconception care; maternity
21 care; abortion care; and counseling regarding reproductive
22 health care.

23 Section 29-15. Right of action.

24 (a) When any person has had a judgment entered against

1 such person, in any state, where liability, in whole or in
2 part, is based on the alleged provision, receipt, assistance
3 in receipt or provision, material support for, or any theory
4 of vicarious, joint, several, or conspiracy liability derived
5 therefrom, for reproductive health care services that are
6 permitted under the laws of this State, such person may
7 recover damages from any party that brought the action leading
8 to that judgment or has sought to enforce that judgment.

9 (b) Any person aggrieved by conduct in subsection (a)
10 shall have a right of action in a State circuit court or as a
11 supplemental claim in federal district court against any party
12 that brought the action leading to that judgment or has sought
13 to enforce that judgment. This lawsuit must be brought not
14 later than 2 years after the violation of subsection (a).

15 (c) If the court finds that a violation of subsection (a)
16 has occurred, the court may award to the plaintiff:

17 (1) actual damages created by the action that led to
18 that judgment, including, but not limited to, money
19 damages in the amount of the judgment in that other state
20 and costs, expenses, and reasonable attorney's fees spent
21 in defending the action that resulted in the entry of a
22 judgment in another state; and

23 (2) costs, expenses, and reasonable attorney's fees,
24 including expert witness fees and other litigation
25 expenses, incurred in bringing an action under this Act as
26 may be allowed by the court.

1 (d) The provisions of this Act shall not apply to a
2 judgment entered in another state that is based on:

3 (1) an action founded in tort, contract, or statute,
4 and for which a similar claim would exist under the laws of
5 this State, brought by the patient who received the
6 reproductive health care services upon which the original
7 lawsuit was based or the patient's authorized legal
8 representative, for damages suffered by the patient or
9 damages derived from an individual's loss of consortium of
10 the patient;

11 (2) an action founded in contract, and for which a
12 similar claim would exist under the laws of this State,
13 brought or sought to be enforced by a party with a
14 contractual relationship with the person that is the
15 subject of the judgment entered in another state; or

16 (3) an action where no part of the acts that formed the
17 basis for liability occurred in this State.

18 Article 30.

19 Section 30-5. The Illinois Insurance Code is amended by
20 adding Section 356z.60 as follows:

21 (215 ILCS 5/356z.60 new)

22 Sec. 356z.60. Coverage for abortifacients, hormonal
23 therapy, and human immunodeficiency virus pre-exposure

1 prophylaxis and post-exposure prophylaxis.

2 (a) As used in this Section:

3 "Abortifacients" means any medication administered to
4 terminate a pregnancy by a health care professional.

5 "Health care professional" means a physician licensed to
6 practice medicine in all of its branches, licensed advanced
7 practice registered nurse, or physician assistant.

8 "Hormonal therapy medication" means hormonal treatment
9 administered to treat gender dysphoria.

10 "Therapeutic equivalent version" means drugs, devices, or
11 products that can be expected to have the same clinical effect
12 and safety profile when administered to patients under the
13 conditions specified in the labeling and that satisfy the
14 following general criteria:

15 (1) it is approved as safe and effective;

16 (2) it is a pharmaceutical equivalent in that it:

17 (A) contains identical amounts of the same active
18 drug ingredient in the same dosage form and route of
19 administration; and

20 (B) meets compendial or other applicable standards
21 of strength, quality, purity, and identity;

22 (3) it is bioequivalent in that:

23 (A) it does not present a known or potential
24 bioequivalence problem and it meets an acceptable in
25 vitro standard; or

26 (B) if it does present such a known or potential

1 problem, it is shown to meet an appropriate
2 bioequivalence standard;

3 (4) it is adequately labeled; and

4 (5) it is manufactured in compliance with Current Good
5 Manufacturing Practice regulations adopted by the United
6 States Food and Drug Administration.

7 (b) An individual or group policy of accident and health
8 insurance amended, delivered, issued, or renewed in this State
9 after January 1, 2024 shall provide coverage for all
10 abortifacients, hormonal therapy medication, human
11 immunodeficiency virus pre-exposure prophylaxis and
12 post-exposure prophylaxis drugs approved by the United States
13 Food and Drug Administration, and follow-up services related
14 to that coverage, including, but not limited to, management of
15 side effects, medication self-management or adherence
16 counseling, risk reduction strategies, and mental health
17 counseling.

18 (c) The coverage required under subsection (b) is subject
19 to the following conditions:

20 (1) If the United States Food and Drug Administration
21 has approved one or more therapeutic equivalent versions
22 of an abortifacient drug, a policy is not required to
23 include all such therapeutic equivalent versions in its
24 formulary so long as at least one is included and covered
25 without cost sharing and in accordance with this Section.

26 (2) If an individual's attending provider recommends a

1 particular drug approved by the United States Food and
2 Drug Administration based on a determination of medical
3 necessity with respect to that individual, the plan or
4 issuer must defer to the determination of the attending
5 provider and must cover that service or item without cost
6 sharing.

7 (3) If a drug is not covered, plans and issuers must
8 have an easily accessible, transparent, and sufficiently
9 expedient process that is not unduly burdensome on the
10 individual or a provider or other individual acting as a
11 patient's authorized representative to ensure coverage
12 without cost sharing.

13 (d) Except as otherwise provided in this Section, a policy
14 subject to this Section shall not impose a deductible,
15 coinsurance, copayment, or any other cost-sharing requirement
16 on the coverage provided. The provisions of this subsection do
17 not apply to coverage of procedures to the extent such
18 coverage would disqualify a high-deductible health plan from
19 eligibility for a health savings account pursuant to the
20 federal Internal Revenue Code, 26 U.S.C. 223.

21 (e) Except as otherwise authorized under this Section, a
22 policy shall not impose any restrictions or delays on the
23 coverage required under this Section.

24 (f) The coverage requirements in this Section for
25 abortifacients do not, pursuant to 42 U.S.C. 18054(a)(6),
26 apply to a multistate plan that does not provide coverage for

1 abortion.

2 (g) If the Department concludes that enforcement of any
3 coverage requirement of this Section for abortifacients may
4 adversely affect the allocation of federal funds to this
5 State, the Department may grant an exemption to that
6 requirement, but only to the minimum extent necessary to
7 ensure the continued receipt of federal funds.

8 Section 30-10. The State Employees Group Insurance Act of
9 1971 is amended by changing Section 6.11 as follows:

10 (5 ILCS 375/6.11)

11 (Text of Section before amendment by P.A. 102-768)

12 Sec. 6.11. Required health benefits; Illinois Insurance
13 Code requirements. The program of health benefits shall
14 provide the post-mastectomy care benefits required to be
15 covered by a policy of accident and health insurance under
16 Section 356t of the Illinois Insurance Code. The program of
17 health benefits shall provide the coverage required under
18 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
19 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
20 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
21 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
22 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
23 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
24 356z.60 of the Illinois Insurance Code. The program of health

1 benefits must comply with Sections 155.22a, 155.37, 355b,
2 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
3 Insurance Code. The Department of Insurance shall enforce the
4 requirements of this Section with respect to Sections 370c and
5 370c.1 of the Illinois Insurance Code; all other requirements
6 of this Section shall be enforced by the Department of Central
7 Management Services.

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

14 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
15 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
16 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
17 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
18 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
19 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
20 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
21 revised 12-13-22.)

22 (Text of Section after amendment by P.A. 102-768)

23 Sec. 6.11. Required health benefits; Illinois Insurance
24 Code requirements. The program of health benefits shall
25 provide the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t of the Illinois Insurance Code. The program of
3 health benefits shall provide the coverage required under
4 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
5 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
6 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
7 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
8 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
9 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57,
10 356z.59, and 356z.60 of the Illinois Insurance Code. The
11 program of health benefits must comply with Sections 155.22a,
12 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
13 the Illinois Insurance Code. The Department of Insurance shall
14 enforce the requirements of this Section with respect to
15 Sections 370c and 370c.1 of the Illinois Insurance Code; all
16 other requirements of this Section shall be enforced by the
17 Department of Central Management Services.

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

24 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
26 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,

1 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
2 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
3 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
4 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
5 102-1093, eff. 1-1-23; revised 12-13-22.)

6 Section 30-15. The Health Maintenance Organization Act is
7 amended by changing Section 5-3 as follows:

8 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

9 Sec. 5-3. Insurance Code provisions.

10 (a) Health Maintenance Organizations shall be subject to
11 the provisions of Sections 133, 134, 136, 137, 139, 140,
12 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
13 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
14 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
15 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
16 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
17 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
18 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
19 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
20 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
21 356z.60, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
22 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
23 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
24 subsection (2) of Section 367, and Articles IIA, VIII 1/2,

1 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
2 Illinois Insurance Code.

3 (b) For purposes of the Illinois Insurance Code, except
4 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
5 Health Maintenance Organizations in the following categories
6 are deemed to be "domestic companies":

7 (1) a corporation authorized under the Dental Service
8 Plan Act or the Voluntary Health Services Plans Act;

9 (2) a corporation organized under the laws of this
10 State; or

11 (3) a corporation organized under the laws of another
12 state, 30% or more of the enrollees of which are residents
13 of this State, except a corporation subject to
14 substantially the same requirements in its state of
15 organization as is a "domestic company" under Article VIII
16 1/2 of the Illinois Insurance Code.

17 (c) In considering the merger, consolidation, or other
18 acquisition of control of a Health Maintenance Organization
19 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

20 (1) the Director shall give primary consideration to
21 the continuation of benefits to enrollees and the
22 financial conditions of the acquired Health Maintenance
23 Organization after the merger, consolidation, or other
24 acquisition of control takes effect;

25 (2) (i) the criteria specified in subsection (1) (b) of
26 Section 131.8 of the Illinois Insurance Code shall not

1 apply and (ii) the Director, in making his determination
2 with respect to the merger, consolidation, or other
3 acquisition of control, need not take into account the
4 effect on competition of the merger, consolidation, or
5 other acquisition of control;

6 (3) the Director shall have the power to require the
7 following information:

8 (A) certification by an independent actuary of the
9 adequacy of the reserves of the Health Maintenance
10 Organization sought to be acquired;

11 (B) pro forma financial statements reflecting the
12 combined balance sheets of the acquiring company and
13 the Health Maintenance Organization sought to be
14 acquired as of the end of the preceding year and as of
15 a date 90 days prior to the acquisition, as well as pro
16 forma financial statements reflecting projected
17 combined operation for a period of 2 years;

18 (C) a pro forma business plan detailing an
19 acquiring party's plans with respect to the operation
20 of the Health Maintenance Organization sought to be
21 acquired for a period of not less than 3 years; and

22 (D) such other information as the Director shall
23 require.

24 (d) The provisions of Article VIII 1/2 of the Illinois
25 Insurance Code and this Section 5-3 shall apply to the sale by
26 any health maintenance organization of greater than 10% of its

1 enrollee population (including without limitation the health
2 maintenance organization's right, title, and interest in and
3 to its health care certificates).

4 (e) In considering any management contract or service
5 agreement subject to Section 141.1 of the Illinois Insurance
6 Code, the Director (i) shall, in addition to the criteria
7 specified in Section 141.2 of the Illinois Insurance Code,
8 take into account the effect of the management contract or
9 service agreement on the continuation of benefits to enrollees
10 and the financial condition of the health maintenance
11 organization to be managed or serviced, and (ii) need not take
12 into account the effect of the management contract or service
13 agreement on competition.

14 (f) Except for small employer groups as defined in the
15 Small Employer Rating, Renewability and Portability Health
16 Insurance Act and except for medicare supplement policies as
17 defined in Section 363 of the Illinois Insurance Code, a
18 Health Maintenance Organization may by contract agree with a
19 group or other enrollment unit to effect refunds or charge
20 additional premiums under the following terms and conditions:

21 (i) the amount of, and other terms and conditions with
22 respect to, the refund or additional premium are set forth
23 in the group or enrollment unit contract agreed in advance
24 of the period for which a refund is to be paid or
25 additional premium is to be charged (which period shall
26 not be less than one year); and

1 (ii) the amount of the refund or additional premium
2 shall not exceed 20% of the Health Maintenance
3 Organization's profitable or unprofitable experience with
4 respect to the group or other enrollment unit for the
5 period (and, for purposes of a refund or additional
6 premium, the profitable or unprofitable experience shall
7 be calculated taking into account a pro rata share of the
8 Health Maintenance Organization's administrative and
9 marketing expenses, but shall not include any refund to be
10 made or additional premium to be paid pursuant to this
11 subsection (f)). The Health Maintenance Organization and
12 the group or enrollment unit may agree that the profitable
13 or unprofitable experience may be calculated taking into
14 account the refund period and the immediately preceding 2
15 plan years.

16 The Health Maintenance Organization shall include a
17 statement in the evidence of coverage issued to each enrollee
18 describing the possibility of a refund or additional premium,
19 and upon request of any group or enrollment unit, provide to
20 the group or enrollment unit a description of the method used
21 to calculate (1) the Health Maintenance Organization's
22 profitable experience with respect to the group or enrollment
23 unit and the resulting refund to the group or enrollment unit
24 or (2) the Health Maintenance Organization's unprofitable
25 experience with respect to the group or enrollment unit and
26 the resulting additional premium to be paid by the group or

1 enrollment unit.

2 In no event shall the Illinois Health Maintenance
3 Organization Guaranty Association be liable to pay any
4 contractual obligation of an insolvent organization to pay any
5 refund authorized under this Section.

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

12 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
13 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
14 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
15 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
16 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
17 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
18 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
19 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
20 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
21 eff. 1-1-23; revised 12-13-22.)

22 Section 30-20. The Voluntary Health Services Plans Act is
23 amended by changing Section 10 as follows:

24 (215 ILCS 165/10) (from Ch. 32, par. 604)

1 Sec. 10. Application of Insurance Code provisions. Health
2 services plan corporations and all persons interested therein
3 or dealing therewith shall be subject to the provisions of
4 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
5 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
6 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
7 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
8 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
9 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
10 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
11 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
12 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3, 367.2,
13 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
14 paragraphs (7) and (15) of Section 367 of the Illinois
15 Insurance Code.

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

22 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
23 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
24 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
25 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
26 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.

1 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
2 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
3 revised 12-13-22.)

4 Section 30-25. The Illinois Public Aid Code is amended by
5 changing Section 5-16.8 as follows:

6 (305 ILCS 5/5-16.8)

7 Sec. 5-16.8. Required health benefits. The medical
8 assistance program shall (i) provide the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
12 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
13 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.56, 356z.59, and
14 356z.60 of the Illinois Insurance Code, (ii) be subject to the
15 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
16 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
17 subject to the provisions of subsection (d-5) of Section 10 of
18 the Network Adequacy and Transparency Act.

19 The Department, by rule, shall adopt a model similar to
20 the requirements of Section 356z.39 of the Illinois Insurance
21 Code.

22 On and after July 1, 2012, the Department shall reduce any
23 rate of reimbursement for services or other payments or alter
24 any methodologies authorized by this Code to reduce any rate

1 of reimbursement for services or other payments in accordance
2 with Section 5-5e.

3 To ensure full access to the benefits set forth in this
4 Section, on and after January 1, 2016, the Department shall
5 ensure that provider and hospital reimbursement for
6 post-mastectomy care benefits required under this Section are
7 no lower than the Medicare reimbursement rate.

8 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
9 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
10 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
11 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
12 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
13 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
14 eff. 1-1-23; revised 12-14-22.)

15 Article 99.

16 Section 99-95. No acceleration or delay. Where this Act
17 makes changes in a statute that is represented in this Act by
18 text that is not yet or no longer in effect (for example, a
19 Section represented by multiple versions), the use of that
20 text does not accelerate or delay the taking effect of (i) the
21 changes made by this Act or (ii) provisions derived from any
22 other Public Act.

23 Section 99-97. Severability. The provisions of this Act

1 are severable under Section 1.31 of the Statute on Statutes.

2 Section 99-99. Effective date. This Act takes effect upon
3 becoming law.