

AN ACT concerning regulation.

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

Section 5. The Illinois Dental Practice Act is amended by changing Sections 4, 11, 16.1, 17, 19, 23, and 50 and by adding Section 50.1 as follows:

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

(Section scheduled to be repealed on January 1, 2026)

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

"Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address and those changes must be made either through the Department's website or by contacting the Department.

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

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

"Board" means the Board of Dentistry.

"Dentist" means a person who has received a general license pursuant to paragraph (a) of Section 11 of this Act and

who may perform any intraoral and extraoral procedure required in the practice of dentistry and to whom is reserved the responsibilities specified in Section 17.

"Dental hygienist" means a person who holds a license under this Act to perform dental services as authorized by Section 18.

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

"Expanded function dental assistant" means a dental assistant who has completed the training required by Section 17.1 of this Act.

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

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

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

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

"Supervision" means supervision of a dental hygienist or a dental assistant requiring that a dentist authorize the procedure, remain in the dental facility while the procedure

is performed, and approve the work performed by the dental hygienist or dental assistant before dismissal of the patient, but does not mean that the dentist must be present at all times in the treatment room.

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

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

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

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

periodontics, prosthodontics, oral and maxillofacial radiology, and dental anesthesiology.

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

"Dental technician" means a person who owns, operates, or is employed by a dental laboratory and engages in making, providing, repairing, or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues.

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

"Nurse" means a registered professional nurse, a certified registered nurse anesthetist licensed as an advanced practice registered nurse, or a licensed practical nurse licensed under the Nurse Practice Act.

"Patient of record" means a patient for whom the patient's most recent dentist has obtained a relevant medical and dental history and on whom the dentist has performed an examination

and evaluated the condition to be treated.

"Dental responder" means a dentist or dental hygienist who is appropriately certified in disaster preparedness, immunizations, and dental humanitarian medical response consistent with the Society of Disaster Medicine and Public Health and training certified by the National Incident Management System or the National Disaster Life Support Foundation.

"Mobile dental van or portable dental unit" means any self-contained or portable dental unit in which dentistry is practiced that can be moved, towed, or transported from one location to another in order to establish a location where dental services can be provided.

"Public health dental hygienist" means a hygienist who holds a valid license to practice in the State, has 2 years of full-time clinical experience or an equivalent of 4,000 hours of clinical experience, and has completed at least 42 clock hours of additional structured courses in dental education in advanced areas specific to public health dentistry.

"Public health setting" means a federally qualified health center; a federal, State, or local public health facility; Head Start; a special supplemental nutrition program for Women, Infants, and Children (WIC) facility; a certified school-based health center or school-based oral health program; a prison; or a long-term care facility.

"Public health supervision" means the supervision of a

public health dental hygienist by a licensed dentist who has a written public health supervision agreement with that public health dental hygienist while working in an approved facility or program that allows the public health dental hygienist to treat patients, without a dentist first examining the patient and being present in the facility during treatment, (1) who are eligible for Medicaid or (2) who are uninsured and whose household income is not greater than 300% ~~200%~~ of the federal poverty level.

"Teledentistry" means the use of telehealth systems and methodologies in dentistry and includes patient care and education delivery using synchronous and asynchronous communications under a dentist's authority as provided under this Act.

(Source: P.A. 101-64, eff. 7-12-19; 101-162, eff. 7-26-19; 102-93, eff. 1-1-22; 102-588, eff. 8-20-21; 102-936, eff. 1-1-23.)

(225 ILCS 25/11) (from Ch. 111, par. 2311)

(Section scheduled to be repealed on January 1, 2026)

Sec. 11. Types of dental licenses. The Department shall have the authority to issue the following types of licenses:

(a) General licenses. The Department shall issue a license authorizing practice as a dentist to any person who qualifies for a license under this Act.

(b) Specialty licenses. The Department shall issue a

license authorizing practice as a specialist in any particular branch of dentistry to any dentist who has complied with the requirements established for that particular branch of dentistry at the time of making application. The Department shall establish additional requirements of any dentist who announces or holds himself or herself out to the public as a specialist or as being specially qualified in any particular branch of dentistry.

No dentist shall announce or hold himself or herself out to the public as a specialist or as being specially qualified in any particular branch of dentistry unless he or she is licensed to practice in that specialty of dentistry.

The fact that any dentist shall announce by card, letterhead, or any other form of communication using terms as "Specialist", "Practice Limited To", or "Limited to Specialty of" with the name of the branch of dentistry practiced as a specialty, or shall use equivalent words or phrases to announce the same, shall be prima facie evidence that the dentist is holding himself or herself out to the public as a specialist.

(c) Temporary training licenses. Persons who wish to pursue specialty or other advanced clinical educational programs in an approved dental school or a hospital situated in this State, or persons who wish to pursue programs of specialty training in dental public health in public agencies in this State, may receive without examination, in the

discretion of the Department, a temporary training license. In order to receive a temporary training license under this subsection, an applicant shall furnish satisfactory proof to the Department that:

(1) The applicant is at least 21 years of age and is of good moral character. In determining moral character under this Section, the Department may take into consideration any felony conviction of the applicant, but such a conviction shall not operate as bar to licensure;

(2) The applicant has been accepted or appointed for specialty or residency training by an approved hospital situated in this State, by an approved dental school situated in this State, or by a public health agency in this State the training programs of which are recognized and approved by the Department. The applicant shall indicate the beginning and ending dates of the period for which he or she has been accepted or appointed;

(3) The applicant is a graduate of a dental school or college approved and in good standing in the judgment of the Department. The Department may consider diplomas or certifications of education, or both, accompanied by transcripts of course work and credits awarded to determine if an applicant has graduated from a dental school or college approved and in good standing. The Department may also consider diplomas or certifications of education, or both, accompanied by transcripts of course

work and credits awarded in determining whether a dental school or college is approved and in good standing.

Temporary training licenses issued under this Section shall be valid only for the duration of the period of residency or specialty training and may be extended or renewed as prescribed by rule. The holder of a valid temporary training license shall be entitled thereby to perform acts as may be prescribed by and incidental to his or her program of residency or specialty training; but he or she shall not be entitled to engage in the practice of dentistry in this State.

A temporary training license may be revoked by the Department upon proof that the holder has engaged in the practice of dentistry in this State outside of his or her program of residency or specialty training, or if the holder shall fail to supply the Department, within 10 days of its request, with information as to his or her current status and activities in his or her specialty training program.

(d) Faculty limited licenses. Persons who have received full-time appointments to teach dentistry at an approved dental school or hospital situated in this State may receive without examination, in the discretion of the Department, a faculty limited license. In order to receive a faculty limited license an applicant shall furnish satisfactory proof to the Department that:

(1) The applicant is at least 21 years of age, is of good moral character, and is licensed to practice

dentistry in another state or country; and

(2) The applicant has a full-time appointment to teach dentistry at an approved dental school or hospital situated in this State.

Faculty limited licenses issued under this Section shall be valid for a period of 3 years and may be extended or renewed. The holder of a valid faculty limited license may perform acts as may be required by his or her teaching of dentistry. The ~~In addition, the~~ holder of a faculty limited license may practice general dentistry or in his or her area of specialty, but only in a clinic or office affiliated with the dental school. The holder of a faculty limited license may advertise a specialty degree as part of the licensee's ability to practice in a faculty practice. Any faculty limited license issued to a faculty member under this Section shall terminate immediately and automatically, without any further action by the Department, if the holder ceases to be a faculty member at an approved dental school or hospital in this State.

The Department may revoke a faculty limited license for a violation of this Act or its rules, or if the holder fails to supply the Department, within 10 days of its request, with information as to his or her current status and activities in his or her teaching program.

(e) Inactive status. Any person who holds one of the licenses under subsection (a) or (b) of Section 11 or under Section 12 of this Act may elect, upon payment of the required

fee, to place his or her license on an inactive status and shall, subject to the rules of the Department, be excused from the payment of renewal fees until he or she notifies the Department in writing of his or her desire to resume active status.

Any licensee requesting restoration from inactive status shall be required to pay the current renewal fee and upon payment the Department shall be required to restore his or her license, as provided in Section 16 of this Act.

Any licensee whose license is in an inactive status shall not practice in the State of Illinois.

(f) Certificates of Identification. In addition to the licenses authorized by this Section, the Department shall deliver to each dentist a certificate of identification in a form specified by the Department.

(Source: P.A. 100-976, eff. 1-1-19.)

(225 ILCS 25/16.1) (from Ch. 111, par. 2316.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16.1. Continuing education. The Department shall promulgate rules of continuing education for persons licensed under this Act. In establishing rules, the Department shall require a minimum of 48 hours of study in approved courses for dentists during each 3-year licensing period and a minimum of 36 hours of study in approved courses for dental hygienists during each 3-year licensing period.

The Department shall approve only courses that are relevant to the treatment and care of patients, including, but not limited to, clinical courses in dentistry and dental hygiene and nonclinical courses such as patient management, legal and ethical responsibilities, and stress management. The Department shall allow up to 4 hours of continuing education credit hours per license renewal period for volunteer hours spent providing clinical services at, or sponsored by, a nonprofit community clinic, local or state health department, or a charity event. Courses shall not be approved in such subjects as estate and personal financial planning, personal investments, or personal health. Approved courses may include, but shall not be limited to, courses that are offered or sponsored by approved colleges, universities, and hospitals and by recognized national, State, and local dental and dental hygiene organizations. When offering a continuing education course, whether at no cost or for a fee, the course provider shall explicitly disclose that the course is an approved course for continuing education in the State of Illinois, as provided in this Section or by the rules adopted by the Department.

No license shall be renewed unless the renewal application is accompanied by an affidavit indicating that the applicant has completed the required minimum number of hours of continuing education in approved courses as required by this Section. The affidavit shall not require a listing of courses.

The affidavit shall be a prima facie evidence that the applicant has obtained the minimum number of required continuing education hours in approved courses. The Department shall not be obligated to conduct random audits or otherwise independently verify that an applicant has met the continuing education requirement. The Department, however, may not conduct random audits of more than 10% of the licensed dentists and dental hygienists in any one licensing cycle to verify compliance with continuing education requirements. If the Department, however, receives a complaint that a licensee has not completed the required continuing education or if the Department is investigating another alleged violation of this Act by a licensee, the Department may demand and shall be entitled to receive evidence from any licensee of completion of required continuing education courses for the most recently completed 3-year licensing period. Evidence of continuing education may include, but is not limited to, canceled checks, official verification forms of attendance, and continuing education recording forms, that demonstrate a reasonable record of attendance. The Board shall determine, in accordance with rules adopted by the Department, whether a licensee or applicant has met the continuing education requirements. Any dentist who holds more than one license under this Act shall be required to complete only the minimum number of hours of continuing education required for renewal of a single license. The Department may provide exemptions from continuing

education requirements.

(Source: P.A. 99-492, eff. 12-31-15.)

(225 ILCS 25/17) (from Ch. 111, par. 2317)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17. Acts constituting the practice of dentistry. A person practices dentistry, within the meaning of this Act:

(1) Who represents himself or herself as being able to diagnose or diagnoses, treats, prescribes, or operates for any disease, pain, deformity, deficiency, injury, or physical condition of the human tooth, teeth, alveolar process, gums, or jaw; or

(2) Who is a manager, proprietor, operator, or conductor of a business where dental operations are performed; or

(3) Who performs dental operations of any kind; or

(4) Who uses an X-Ray machine or X-Ray films for dental diagnostic purposes; or

(5) Who extracts a human tooth or teeth, or corrects or attempts to correct malpositions of the human teeth or jaws; or

(6) Who offers or undertakes, by any means or method, to diagnose, treat, or remove stains, calculus, and bonding materials from human teeth or jaws; or

(7) Who uses or administers local or general anesthetics in the treatment of dental or oral diseases or

in any preparation incident to a dental operation of any kind or character; or

(8) Who takes material or digital scans for final impressions of the human tooth, teeth, or jaws or performs any phase of any operation incident to the replacement of a part of a tooth, a tooth, teeth, or associated tissues by means of a filling, crown, a bridge, a denture, or other appliance; or

(9) Who offers to furnish, supply, construct, reproduce, or repair, or who furnishes, supplies, constructs, reproduces, or repairs, prosthetic dentures, bridges, or other substitutes for natural teeth, to the user or prospective user thereof; or

(10) Who instructs students on clinical matters or performs any clinical operation included in the curricula of recognized dental schools and colleges; or

(11) Who takes material or digital scans for final impressions of human teeth or places his or her hands in the mouth of any person for the purpose of applying teeth whitening materials, or who takes impressions of human teeth or places his or her hands in the mouth of any person for the purpose of assisting in the application of teeth whitening materials. A person does not practice dentistry when he or she discloses to the consumer that he or she is not licensed as a dentist under this Act and (i) discusses the use of teeth whitening materials with a consumer

purchasing these materials; (ii) provides instruction on the use of teeth whitening materials with a consumer purchasing these materials; or (iii) provides appropriate equipment on-site to the consumer for the consumer to self-apply teeth whitening materials.

The fact that any person engages in or performs, or offers to engage in or perform, any of the practices, acts, or operations set forth in this Section, shall be prima facie evidence that such person is engaged in the practice of dentistry.

The following practices, acts, and operations, however, are exempt from the operation of this Act:

(a) The rendering of dental relief in emergency cases in the practice of his or her profession by a physician or surgeon, licensed as such under the laws of this State, unless he or she undertakes to reproduce or reproduces lost parts of the human teeth in the mouth or to restore or replace lost or missing teeth in the mouth; or

(b) The practice of dentistry in the discharge of their official duties by dentists in any branch of the Armed Services of the United States, the United States Public Health Service, or the United States Veterans Administration; or

(c) The practice of dentistry by students in their course of study in dental schools or colleges approved by the Department, when acting under the direction and

supervision of dentists acting as instructors; or

(d) The practice of dentistry by clinical instructors in the course of their teaching duties in dental schools or colleges approved by the Department:

(i) when acting under the direction and supervision of dentists, provided that such clinical instructors have instructed continuously in this State since January 1, 1986; or

(ii) when holding the rank of full professor at such approved dental school or college and possessing a current valid license or authorization to practice dentistry in another country; or

(e) The practice of dentistry by licensed dentists of other states or countries at meetings of the Illinois State Dental Society or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians; or

(f) The use of X-Ray machines for exposing X-Ray films of dental or oral tissues by dental hygienists or dental assistants; or

(g) The performance of any dental service by a dental assistant, if such service is performed under the supervision and full responsibility of a dentist. In addition, after being authorized by a dentist, a dental assistant may, for the purpose of eliminating pain or discomfort, remove loose, broken, or irritating

orthodontic appliances on a patient of record.

For purposes of this paragraph (g), "dental service" is defined to mean any intraoral procedure or act which shall be prescribed by rule or regulation of the Department. "Dental service", however, shall not include:

(1) Any and all diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structures.

(2) Removal of, ~~or~~ restoration of, or addition to the hard or soft tissues of the oral cavity, except for the placing, carving, and finishing of amalgam restorations and placing, packing, and finishing composite restorations by dental assistants who have had additional formal education and certification.

A dental assistant may place, carve, and finish amalgam restorations, place, pack, and finish composite restorations, and place interim restorations if he or she (A) has successfully completed a structured training program as described in item (2) of subsection (g) provided by an educational institution accredited by the Commission on Dental Accreditation, such as a dental school or dental hygiene or dental assistant program, or (B) has at least 4,000 hours of direct clinical patient care experience and has successfully completed a structured

training program as described in item (2) of subsection (g) provided by a statewide dental association, approved by the Department to provide continuing education, that has developed and conducted training programs for expanded functions for dental assistants or hygienists. The training program must:

- (i) include a minimum of 16 hours of didactic study and 14 hours of clinical manikin instruction; all training programs shall include areas of study in nomenclature, caries classifications, oral anatomy, periodontium, basic occlusion, instrumentations, pulp protection liners and bases, dental materials, matrix and wedge techniques, amalgam placement and carving, rubber dam clamp placement, and rubber dam placement and removal;
- (ii) include an outcome assessment examination that demonstrates competency;
- (iii) require the supervising dentist to observe and approve the completion of 8 amalgam or composite restorations; and
- (iv) issue a certificate of completion of the training program, which must be kept on file at the dental office and be made available to the Department upon request. A dental assistant must have successfully completed an approved coronal polishing and dental sealant course prior to taking the amalgam and composite restoration course.

A dentist utilizing dental assistants shall not

supervise more than 4 dental assistants at any one time for placing, carving, and finishing of amalgam restorations or for placing, packing, and finishing composite restorations.

(3) Any and all correction of malformation of teeth or of the jaws.

(4) Administration of anesthetics, except for monitoring of nitrous oxide, conscious sedation, deep sedation, and general anesthetic as provided in Section 8.1 of this Act, that may be performed only after successful completion of a training program approved by the Department. A dentist utilizing dental assistants shall not supervise more than 4 dental assistants at any one time for the monitoring of nitrous oxide.

(5) Removal of calculus from human teeth.

(6) Taking of material or digital scans for final impressions for the fabrication of prosthetic appliances, crowns, bridges, inlays, onlays, or other restorative or replacement dentistry.

(7) The operative procedure of dental hygiene consisting of oral prophylactic procedures, except for coronal polishing and pit and fissure sealants, which may be performed by a dental assistant who has successfully completed a training program approved by the Department. Dental assistants may perform coronal

polishing under the following circumstances: (i) the coronal polishing shall be limited to polishing the clinical crown of the tooth and existing restorations, supragingivally; (ii) the dental assistant performing the coronal polishing shall be limited to the use of rotary instruments using a rubber cup or brush polishing method (air polishing is not permitted); and (iii) the supervising dentist shall not supervise more than 4 dental assistants at any one time for the task of coronal polishing or pit and fissure sealants.

In addition to coronal polishing and pit and fissure sealants as described in this item (7), a dental assistant who has at least 2,000 hours of direct clinical patient care experience and who has successfully completed a structured training program provided by (1) an educational institution including, but not limited to, a dental school or dental hygiene or dental assistant program, or (2) a continuing education provider approved by the Department, or (3) a statewide dental or dental hygienist association ~~approved by the Department on or before January 1, 2017 (the effective date of Public Act 99-680)~~, that has developed and conducted a training program for expanded functions for dental assistants or hygienists may perform: (A) coronal scaling above the gum line, supragingivally, on the clinical crown of the tooth

only on patients 17 years of age or younger who have an absence of periodontal disease and who are not medically compromised or individuals with special needs and (B) intracoronal temporization of a tooth. The training program must: (I) include a minimum of 32 hours of instruction in both didactic and clinical manikin or human subject instruction; all training programs shall include areas of study in dental anatomy, public health dentistry, medical history, dental emergencies, and managing the pediatric patient; (II) include an outcome assessment examination that demonstrates competency; (III) require the supervising dentist to observe and approve the completion of 6 full mouth supragingival scaling procedures unless the training was received as part of a Commission on Dental Accreditation approved dental assistant program; and (IV) issue a certificate of completion of the training program, which must be kept on file at the dental office and be made available to the Department upon request. A dental assistant must have successfully completed an approved coronal polishing course prior to taking the coronal scaling course. A dental assistant performing these functions shall be limited to the use of hand instruments only. In addition, coronal scaling as described in this paragraph shall only be utilized on patients who are

eligible for Medicaid, who are uninsured, or whose household income is not greater than 300% of the federal poverty level. A dentist may not supervise more than 2 dental assistants at any one time for the task of coronal scaling. This paragraph is inoperative on and after January 1, 2026.

The limitations on the number of dental assistants a dentist may supervise contained in items (2), (4), and (7) of this paragraph (g) mean a limit of 4 total dental assistants or dental hygienists doing expanded functions covered by these Sections being supervised by one dentist; or

(h) The practice of dentistry by an individual who:

(i) has applied in writing to the Department, in form and substance satisfactory to the Department, for a general dental license and has complied with all provisions of Section 9 of this Act, except for the passage of the examination specified in subsection (e) of Section 9 of this Act; or

(ii) has applied in writing to the Department, in form and substance satisfactory to the Department, for a temporary dental license and has complied with all provisions of subsection (c) of Section 11 of this Act; and

(iii) has been accepted or appointed for specialty or residency training by a hospital situated in this

State; or

(iv) has been accepted or appointed for specialty training in an approved dental program situated in this State; or

(v) has been accepted or appointed for specialty training in a dental public health agency situated in this State.

The applicant shall be permitted to practice dentistry for a period of 3 months from the starting date of the program, unless authorized in writing by the Department to continue such practice for a period specified in writing by the Department.

The applicant shall only be entitled to perform such acts as may be prescribed by and incidental to his or her program of residency or specialty training and shall not otherwise engage in the practice of dentistry in this State.

The authority to practice shall terminate immediately upon:

- (1) the decision of the Department that the applicant has failed the examination; or
- (2) denial of licensure by the Department; or
- (3) withdrawal of the application.

(Source: P.A. 101-162, eff. 7-26-19; 102-558, eff. 8-20-21; 102-936, eff. 1-1-23.)

(225 ILCS 25/19) (from Ch. 111, par. 2319)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19. Licensing applicants from other states. Any person who has been lawfully licensed to practice dentistry, including the practice of a licensed dental specialty, or dental hygiene in another state or territory or as a member of the military service which has and maintains a standard for the practice of dentistry, a dental specialty, or dental hygiene at least equal to that now maintained in this State, or if the requirements for licensure in such state or territory in which the applicant was licensed were, at the date of his or her licensure, substantially equivalent to the requirements then in force in this State, and who has been lawfully engaged in the practice of dentistry or dental hygiene for at least 2 ~~3~~ ~~of the 5~~ years immediately preceding the filing of his or her application to practice in this State and who shall deposit with the Department a duly attested certificate from the Board of the state or territory in which he or she is licensed, certifying to the fact of his or her licensing and of his or her being a person of good moral character may, upon payment of the required fee, be granted a license to practice dentistry, a dental specialty, or dental hygiene in this State, as the case may be.

For the purposes of this Section, "substantially equivalent" means that the applicant has presented evidence of completion and graduation from an American Dental Association

accredited dental college or school in the United States or Canada, presented evidence that the applicant has passed both parts of the National Board Dental Examination, and successfully completed an examination conducted by a regional testing service. ~~In computing 3 of the immediately preceding 5 years of practice in another state or territory, any person who left the practice of dentistry to enter the military service and who practiced dentistry while in the military service may count as a part of such period the time spent by him or her in such service.~~

Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee forfeited and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 97-526, eff. 1-1-12; 97-1013, eff. 8-17-12.)

(225 ILCS 25/23) (from Ch. 111, par. 2323)

(Section scheduled to be repealed on January 1, 2026)

Sec. 23. Refusal, revocation or suspension of dental licenses. The Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand or take other disciplinary or non-disciplinary action as the Department may deem proper, including imposing fines not to exceed \$10,000 per violation, with regard to any license for any one or any combination of the following causes:

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

2. Inability to practice with reasonable judgment, skill, or safety as a result of habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug.

3. Willful or repeated violations of the rules of the Department of Public Health or Department of Nuclear Safety.

4. Acceptance of a fee for service as a witness, without the knowledge of the court, in addition to the fee allowed by the court.

5. Division of fees or agreeing to split or divide the fees received for dental services with any person for bringing or referring a patient, except in regard to referral services as provided for under Section 45, or assisting in the care or treatment of a patient, without the knowledge of the patient or his or her legal representative. Nothing in this item 5 affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services

within the scope of the licensee's practice under this Act. Nothing in this item 5 shall be construed to require an employment arrangement to receive professional fees for services rendered.

6. Employing, procuring, inducing, aiding or abetting a person not licensed or registered as a dentist or dental hygienist to engage in the practice of dentistry or dental hygiene. The person practiced upon is not an accomplice, employer, procurer, inducer, aider, or abetter within the meaning of this Act.

7. Making any misrepresentations or false promises, directly or indirectly, to influence, persuade or induce dental patronage.

8. Professional connection or association with or lending his or her name to another for the illegal practice of dentistry by another, or professional connection or association with any person, firm or corporation holding himself, herself, themselves, or itself out in any manner contrary to this Act.

9. Obtaining or seeking to obtain practice, money, or any other things of value by false or fraudulent representations, but not limited to, engaging in such fraudulent practice to defraud the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

10. Practicing under a false or, except as provided by law, an assumed name.

11. Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public.

12. Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing for any crime, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States that (i) is a felony under the laws of this State or (ii) is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of dentistry.

13. Permitting a dental hygienist, dental assistant or other person under his or her supervision to perform any operation not authorized by this Act.

14. Permitting more than 4 dental hygienists to be employed under his or her supervision at any one time.

15. A violation of any provision of this Act or any rules promulgated under this Act.

16. Taking impressions for or using the services of any person, firm or corporation violating this Act.

17. Violating any provision of Section 45 relating to advertising.

18. Discipline by another U.S. jurisdiction or foreign

nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth within this Act.

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

20. Gross negligence in practice under this Act.

21. The use or prescription for use of narcotics or controlled substances or designated products as listed in the Illinois Controlled Substances Act, in any way other than for therapeutic purposes.

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

23. Professional incompetence as manifested by poor standards of care.

24. Physical or mental illness, including, but not limited to, deterioration through the aging process, or loss of motor skills which results in a dentist's inability to practice dentistry with reasonable judgment, skill or safety. In enforcing this paragraph, the Department may compel a person licensed to practice under this Act to submit to a mental or physical examination

pursuant to the terms and conditions of Section 23b.

25. Gross or repeated irregularities in billing for services rendered to a patient. For purposes of this paragraph 25, "irregularities in billing" shall include:

(a) Reporting excessive charges for the purpose of obtaining a total payment in excess of that usually received by the dentist for the services rendered.

(b) Reporting charges for services not rendered.

(c) Incorrectly reporting services rendered for the purpose of obtaining payment not earned.

26. Continuing the active practice of dentistry while knowingly having any infectious, communicable, or contagious disease proscribed by rule or regulation of the Department.

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

28. Violating the Health Care Worker Self-Referral Act.

29. Abandonment of a patient.

30. Mental incompetency as declared by a court of competent jurisdiction.

31. A finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation.

32. Material misstatement in furnishing information to the Department.

33. Failing, within 60 days, to provide information in response to a written request by the Department in the course of an investigation.

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

35. Cheating on or attempting to subvert the licensing examination administered under this Act.

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

37. Failure to establish and maintain records of patient care and treatment as required under this Act.

38. Failure to provide copies of dental records as required by law.

39. Failure of a licensed dentist who owns or is employed at a dental office to give notice of an office closure to his or her patients at least 30 days prior to the office closure pursuant to Section 50.1.

40. Failure to maintain a sanitary work environment.

All proceedings to suspend, revoke, place on probationary

status, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the foregoing grounds, must be commenced within 5 years after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described herein. Except for fraud in procuring a license, no action shall be commenced more than 7 years after the date of the incident or act alleged to have violated this Section. The time during which the holder of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

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

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

Any dentist who has had his or her license suspended or revoked for more than 5 years must comply with the requirements for restoration set forth in Section 16 prior to

being eligible for reinstatement from the suspension or revocation.

(Source: P.A. 99-492, eff. 12-31-15.)

(225 ILCS 25/50) (from Ch. 111, par. 2350)

(Section scheduled to be repealed on January 1, 2026)

Sec. 50. Patient records. Every dentist shall make a record of all dental work performed for each patient. The record shall be made in a manner and in sufficient detail that it may be used for identification purposes. Dental records are the property of the office in which dentistry is practiced.

Dental records required by this Section shall be maintained for 10 years. Dental records required to be maintained under this Section, or copies of those dental records, shall be made available upon request to the patient or the patient's guardian. A dentist shall be entitled to reasonable reimbursement for the cost of reproducing these records, which shall not exceed the cost allowed under Section 8-2001 of the Code of Civil Procedure. A dentist providing services through a mobile dental van or portable dental unit shall provide to the patient or the patient's parent or guardian, in writing, the dentist's name, license number, address, and information on how the patient or the patient's parent or guardian may obtain the patient's dental records, as provided by law.

(Source: P.A. 99-492, eff. 12-31-15.)

(225 ILCS 25/50.1 new)

Sec. 50.1. Closing a dental office. A dental office that is closing and will not continue to offer dentistry services must provide notice to its patients at least 30 days prior to the closure. The notice to patients shall include an explanation of how copies of the patient's records may be accessed or obtained by the patient. The notice may be given by publication in a newspaper of general circulation in the area in which the dental office is located or in an electronic format accessible by patients.

Section 10. The Illinois Controlled Substances Act is amended by changing Sections 309 and 311.6 as follows:

(720 ILCS 570/309) (from Ch. 56 1/2, par. 1309)

Sec. 309. On or after April 1, 2000, no person shall issue a prescription for a Schedule II controlled substance, which is a narcotic drug listed in Section 206 of this Act; or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers; phenmetrazine and its salts; gluthethimide; and pentazocine, other than on a written prescription; provided that in the case of an emergency, epidemic or a sudden or unforeseen accident or calamity, the prescriber may issue a lawful oral prescription where failure to issue such a prescription might

result in loss of life or intense suffering, but such oral prescription shall include a statement by the prescriber concerning the accident or calamity, or circumstances constituting the emergency, the cause for which an oral prescription was used. Within 7 days after issuing an emergency prescription, the prescriber shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. The prescription shall have written on its face "Authorization for Emergency Dispensing", and the date of the emergency prescription. The written prescription may be delivered to the pharmacist in person, or by mail, but if delivered by mail it must be postmarked within the 7-day period. Upon receipt, the dispensing pharmacist shall attach this prescription to the emergency oral prescription earlier received and reduced to writing. The dispensing pharmacist shall notify the Department of Financial and Professional Regulation if the prescriber fails to deliver the authorization for emergency dispensing on the prescription to him or her. Failure of the dispensing pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written prescription of a prescriber. All prescriptions issued for Schedule II controlled substances shall include the quantity prescribed. All nonelectronic prescriptions issued for Schedule II controlled substances shall include both a written and numerical notation of quantity on the face of the

prescription. No prescription for a Schedule II controlled substance may be refilled. The Department shall provide, at no cost, audit reviews and necessary information to the Department of Financial and Professional Regulation in conjunction with ongoing investigations being conducted in whole or part by the Department of Financial and Professional Regulation.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/311.6)

(This Section may contain text from a Public Act with a delayed effective date)

Sec. 311.6. Opioid prescriptions.

(a) Notwithstanding any other provision of law, a prescription for a substance classified in Schedule II, III, IV, or V must be sent electronically, in accordance with Section 316. Prescriptions sent in accordance with this subsection (a) must be accepted by the dispenser in electronic format.

(b) Beginning on the effective date of this amendatory Act of the 103rd General Assembly until December 31, 2028, notwithstanding ~~Notwithstanding~~ any other provision of this Section or any other provision of law, a prescriber shall not be required to issue prescriptions electronically if he or she certifies to the Department of Financial and Professional Regulation that he or she will not issue more than 150 ~~25~~

prescriptions during a 12-month period. Prescriptions in both oral and written form for controlled substances shall be included in determining whether the prescriber will reach the limit of 150 ~~25~~ prescriptions. Beginning January 1, 2029, notwithstanding any other provision of this Section or any other provision of law, a prescriber shall not be required to issue prescriptions electronically if he or she certifies to the Department of Financial and Professional Regulation that he or she will not issue more than 50 prescriptions during a 12-month period. Prescriptions in both oral and written form for controlled substances shall be included in determining whether the prescriber will reach the limit of 50 prescriptions.

(b-5) Notwithstanding any other provision of this Section or any other provision of law, a prescriber shall not be required to issue prescriptions electronically under the following circumstances:

(1) prior to January 1, 2026, the prescriber demonstrates financial difficulties in buying or managing an electronic prescription option, whether it is an electronic health record or some other electronic prescribing product;

(2) on and after January 1, 2026, the prescriber provides proof of a waiver from the Centers for Medicare and Medicaid Services for the Electronic Prescribing for Controlled Substances Program due to demonstrated economic

hardship for the previous compliance year;

(3) there is a temporary technological or electrical failure that prevents an electronic prescription from being issued;

(4) the prescription is for a drug that the practitioner reasonably determines would be impractical for the patient to obtain in a timely manner if prescribed by an electronic data transmission prescription and the delay would adversely impact the patient's medical condition;

(5) the prescription is for an individual who:

(A) resides in a nursing or assisted living facility;

(B) is receiving hospice or palliative care;

(C) is receiving care at an outpatient renal dialysis facility and the prescription is related to the care provided;

(D) is receiving care through the United States Department of Veterans Affairs; or

(E) is incarcerated in a state, detained, or confined in a correctional facility;

(6) the prescription prescribes a drug under a research protocol;

(7) the prescription is a non-patient specific prescription dispensed under a standing order, approved protocol for drug therapy, collaborative drug management,

or comprehensive medication management, or in response to a public health emergency or other circumstance in which the practitioner may issue a non-patient specific prescription;

(8) the prescription is issued when the prescriber and dispenser are the same entity; or

(9) the prescription is issued for a compound prescription containing 2 or more compounds.

(c) The Department of Financial and Professional Regulation ~~may shall~~ adopt rules for the administration of this Section ~~. These rules shall provide for the implementation of any such exemption~~ to the requirements under this Section that the Department of Financial and Professional Regulation may deem appropriate, ~~including the exemption provided for in subsection (b).~~

(d) Any prescriber who makes a good faith effort to prescribe electronically, but for reasons not within the prescriber's control is unable to prescribe electronically, may be exempt from any disciplinary action.

(e) Any pharmacist who dispenses in good faith based upon a valid prescription that is not prescribed electronically may be exempt from any disciplinary action. A pharmacist is not required to ensure or responsible for ensuring the prescriber's compliance under subsection (b), nor may any other entity or organization require a pharmacist to ensure the prescriber's compliance with that subsection.

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(f) It shall be a violation of this Section for any prescriber or dispenser to adopt a policy contrary to this Section.

(Source: P.A. 102-490, eff. 1-1-24 (See Section 55 of P.A. 102-1109 for effective date of P.A. 102-490).)