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- 1 AN ACT in relation to health.
- 2 Be it enacted by the People of the State of Illinois,
- 3 represented in the General Assembly:
- 4 Section 1. Short title. This Act may be cited as the
- 5 Woman's Right to Know Act.
- 6 Section 5. Legislative findings and intent.
- 7 (a) The General Assembly of the State of Illinois finds 8 that:
  - (1) Many women now seek or are encouraged to undergo elective abortions without full knowledge of the medical and psychological risks of abortion, development of the unborn child, or alternatives to abortion. An abortion decision is often made under stressful circumstances.
  - (2) The knowledgeable exercise of a woman's decision to have an elective abortion depends on the extent to which the woman receives sufficient information to make a voluntary and informed choice between 2 alternatives of great consequence: carrying a child to birth or undergoing an abortion.
  - (3) The U.S. Supreme Court has stated: "In attempting to ensure that a woman apprehends the full consequences of her decision, the State furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed." (Planned Parenthood of Southeastern Pennsylvania v. Casey, 112 U.S. 2791, 2823 (1992).
- 29 (4) The decision to abort "is an important, and 30 often a stressful one, and it is desirable and imperative 31 that it be made with full knowledge of its nature and

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consequences." (Planned Parenthood v. Danforth, 428 U.S. 52, 67 (1976).

- (5) It is essential to the psychological and physical well-being of a woman considering an elective abortion that she receive complete and accurate information on all options available to her in dealing with her pregnancy.
- (6) Women who seek elective abortions at abortion clinics do not have prior а patient-physician relationship with the physician who is to perform or induce the abortion, normally do not return to the facility for post-operative care, and normally do not continue a patient-physician relationship with the physician who performed or induced the abortion. In most instances, the woman's only actual contact with the physician occurs simultaneously with the procedure, with little opportunity to receive personal counseling by the physician concerning her decision. Because of this, certain safeguards are necessary to protect a woman's right to know.
  - (7) A reasonable waiting period is critical to ensure that a woman has the fullest opportunity to give her voluntary and informed consent before she elects to undergo an abortion.
- (b) Based on the findings in subsection (a), it is the intent of the legislature in enacting this Act to further the important and compelling State interests in all of the following:
  - (1) Protecting the life and health of the woman subject to an elective abortion and, to the extent constitutionally permissible, the life of her unborn child.
- 33 (2) Fostering the development of standards of 34 professional conduct in the practice of abortion.

- 1 (3) Ensuring that prior to the performance or 2 inducement of an elective abortion, the woman considering 3 an elective abortion receives personal counseling by the 4 physician and is given a full range of information 5 regarding her pregnancy, her unborn child, the abortion, 6 the medical and psychological risks of abortion, and 7 available alternatives to the abortion.
- 8 (4) Reducing the risk that a woman may elect an 9 abortion, only to discover later, with devastating 10 psychological consequences, that her decision was not 11 fully informed. Planned Parenthood v. Casey, 112 S. Ct. 12 2971, 2823 (1992).
- 13 (5) Ensuring that a woman who decides to have an 14 elective abortion gives her voluntary and informed 15 consent to the abortion procedure.
- 16 Section 10. Definitions. As used in this Act:
- "Abortion" means the use of any instrument, medicine,
  drug, or other substance or device to terminate the pregnancy
  of a woman known to be pregnant with an intention other than
  to increase the probability of a live birth, to preserve the
  life or health of a child after birth, or to remove a dead
  fetus.
- "Department" means the Department of Public Health of the State of Illinois.
- 25 "Medical emergency" means any condition that, on the
  26 basis of the physician's good faith clinical judgment, so
  27 complicates the medical condition of a pregnant female as to
  28 necessitate the immediate abortion of her pregnancy to avert
  29 her death or for which a delay will create serious risk of
  30 substantial and irreversible impairment of a major bodily
  31 function.
- "Probable gestational age of the unborn child" means the number of weeks that have elapsed from the probable time of

- 1 fertilization of a woman's ovum, based on the information
- 2 provided by the woman as to the time of her last menstrual
- 3 period, her medical history, a physical examination performed
- 4 by the physician who is to perform or induce the abortion or
- 5 by any other physician, and any appropriate laboratory tests
- 6 performed on her.
- 7 "Qualified person assisting the physician" means a
- 8 licensed social worker, a registered nurse, or a physician
- 9 assistant to whom a physician who is to perform or induce an
- 10 abortion has delegated the responsibility, as the physician's
- 11 agent, for providing the information required under Section
- 12 15.
- "Referring physician" means a physician, as defined in
- 14 this Act, who is other than the physician who is to perform
- 15 the abortion.
- 16 "Physician" means any person licensed to practice
- 17 medicine in all its branches under the Medical Practice Act
- 18 of 1987.
- 19 "Viability" means the state of fetal development when, in
- 20 the judgment of the physician based on the particular facts
- 21 of the case before him or her and in light of the most
- 22 advanced medical technology and information available to him
- 23 or her, there is a reasonable likelihood of sustained
- 24 survival of the unborn child outside the body of his or her
- 25 mother, with or without artificial support.
- 26 Section 15. Informed consent requirement.
- 27 (a) An abortion shall not be performed or induced unless
- 28 the woman upon whom the abortion is to be performed or
- induced has given her voluntary and informed consent.
- 30 (b) Consent under this Section to an abortion is
- 31 voluntary only if the consent is given freely and without
- 32 coercion by any person.
- 33 (c) Except in the case of a medical emergency, consent to

1	an abortion is voluntary and informed if and only if:
2	(1) At least 24 hours before the abortion is to be
3	performed or induced, the physician who is to perform or
4	induce the abortion or the referring physician has, in
5	person, orally informed the woman of all of the
6	following:
7	(A) The name of the physician who will perform
8	the abortion.
9	(B) Whether, according to the reasonable
10	medical judgment of the physician, the woman is
11	pregnant.
12	(C) The probable gestational age of the unborn
13	child at the time that the information is provided.
14	(D) The particular medical risks, if any,
15	associated with the woman's pregnancy.
16	(E) The probable anatomical and physiological
17	characteristics of the woman's unborn child at the
18	time the information is given.
19	(F) The details of the medical or surgical
20	method that would be used in performing or inducing
21	the abortion.
22	(G) The medical risks associated with the
23	particular abortion procedure that would be used,
24	including but not limited to the medical risks of
25	infection, psychological trauma, hemorrhage,
26	endometritis, perforated uterus, breast cancer,
27	incomplete abortion, failed abortion, danger to
28	subsequent pregnancies, and infertility.
29	(H) The recommended general medical
30	instructions for the woman to follow after an

- instructions for the woman to follow after an abortion to enhance her safe recovery and the name and telephone number of a physician to call if complications arise after the abortion.
- 34 (I) If, in the reasonable medical judgment of

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the physician, the woman's unborn child has reached viability, that the physician who is to perform or induce the abortion or a second physician is required to take all reasonable steps necessary to maintain the life and health of the child.

- (J) Any other information that a reasonable patient would consider material and relevant to a decision of whether to carry a child to birth or to undergo an abortion.
- (K) That the woman may withdraw her consent to have an abortion at any time before the abortion is performed or induced.
- (L) That, except as provided in Section 25, the woman is not required to pay any amount for performance or inducement of the abortion until at least 24 hours have elapsed after the requirements of this Section are met.
- (2) Except as provided in Section 25, at least 24 hours before the abortion is to be performed or induced, the physician who is to perform or induce the abortion, a qualified person assisting the physician, or another physician has, in person, orally informed the woman of all of the following:
  - (A) Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care, and that more detailed information on the availability of such assistance is contained in the printed materials given to her and described in Section 20.
  - (B) That the father of the unborn child is liable for assistance in the support of the woman's child, if born, even if the father has offered to pay for the abortion. In the case of rape or incest, this information may be omitted.

The probable gestational age of the unborn child at the time the abortion is to be performed, and, if the unborn child is viable or has reached the gestational age of 24 weeks, that (i) the unborn child may be able to survive outside the womb; (ii) the woman has the right to request the physician to use the method of abortion that is most likely to preserve the life of the unborn child; and (iii) if the unborn child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child. 

- (D) That the woman has the right to receive and review the printed materials described in Section 20.
- assisting the physician must (i) physically give the materials to the woman and must, in person, orally inform her that the materials are free of charge, have been provided by the State, and describe the unborn child and list agencies that offer alternatives to abortion and that the physician or other person will provide her with the current updated copies of the printed materials free of charge.
- (3) The information that is required under subdivisions (c)(1) and (c)(2) is provided to the woman in an individual setting that protects her privacy, maintains the confidentiality of her decision, and ensures that the information she receives focuses on her individual circumstances. This paragraph (3) may not be construed to prevent the woman from having a family member or legal guardian, or any other person of her choice, present during her private counseling.

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- (4) Whoever provides the information that is required under subdivision (c)(1) or (c)(2), or both, provides adequate opportunity for the woman to ask questions, including questions concerning the pregnancy, her unborn child, abortion, and adoption, and provides the information that is requested or indicates to the woman where she can obtain the information.
  - (5) The woman certifies in writing on a form that the Department shall provide, prior to performance or inducement of the abortion, that the information that is required under subdivisions (c)(1) and (c)(2) has been provided to her in the manner specified in subdivision that she has been offered the information (c)(3), described in Section 20, and that all of her questions, specified under subdivision (c)(4) have been answered in a satisfactory manner. The physician who is to perform or induce the abortion or the qualified person assisting the physician shall write on the certification form the name of the physician who is to perform or induce the abortion. The woman shall indicate on the certification form who provided the information to her and when it was provided.
  - (6) Prior to the performance or the inducement of the abortion, the physician who is to perform or induce the abortion or the qualified person assisting the physician receives the written certification that is required under subdivision (c)(5). The physician or qualified person assisting the physician shall place the certification in the woman's medical record and shall provide the woman with a copy of the certification.
  - (7) If the woman considering an abortion has been adjudicated incompetent, the requirements to provide information to the woman under Section 15 apply to also require provision of the information to the person

1 appointed as the woman's guardian.

- 2 Section 20. Publication of materials.
- 3 (a) Within 90 days after the effective date of this Act,
- 4 the Department shall cause to be published in English,
- 5 Spanish, and other languages spoken by a significant number
- of State residents, as determined by the Department,
- 7 materials that are in an easily comprehensible format and are
- 8 printed in type of not less than 12-point size. The
- 9 Department shall update on an annual basis the following
- 10 materials:
- (1) Geographically indexed materials 11 that are 12 designed to inform a woman about public and private agencies, including adoption agencies, available 13 assist her through pregnancy, upon childbirth, and while 14 15 the child is dependent. The materials shall include list of the agencies available, a 16 comprehensive 17 description of the services that they offer, description of the manner in which they may be contacted, 18 including telephone numbers and addresses. The materials 19 20 shall include a toll-free, 24-hour telephone number that 21 may be called to obtain an oral listing of available 22 agencies and services in the locality of the caller and a description of the services that the agencies offer and 23 24 the manner in which they may be contacted. The materials 25 shall provide information on the availability of governmentally funded programs that serve pregnant women 26 27 and children. Services identified for the woman shall 28 include temporary assistance for needy families, medical 29 assistance for pregnant women and children, availability of family or medical leave, child care 30 services, child support laws, and programs and the credit 31 expenses for household and dependent care and 32 for services necessary for gainful employment. The materials 33

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shall state that it is unlawful to perform an abortion for which consent has been coerced, that any physician who performs or induces an abortion without obtaining the woman's voluntary and informed consent is liable to her for damages in a civil action and is subject to a civil penalty, that the father of a child is liable for assistance in the support of the child, even in instances which the father has offered to pay for an abortion, and that adoptive parents may pay the costs of prenatal care, childbirth, and neonatal care. The material shall include the following statement: "There are many public and private agencies willing and able to help you to carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or to place her or him for adoption. State of Illinois strongly urges you to contact one or more of these agencies before making a final decision about abortion. The law requires that your physician or his or her agent give you the opportunity to call agencies like these before you undergo an abortion." The materials shall include information, for a woman whose pregnancy is the result of sexual assault or incest, legal protections available to the woman and her child if she wishes to oppose establishment of paternity or to terminate the father's parental rights.

(2) Materials, including photographs, pictures, or drawings, that are designed to inform the woman of the probable anatomical and physiological characteristics of the unborn child at 2-week gestational increments for the first 16 weeks of her pregnancy and at 4-week gestational increments from the 17th week of the pregnancy to full term, including any relevant information regarding the time at which the unborn child could possibly be viable. The pictures or drawings must contain the dimensions of

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the unborn child and must be realistic and appropriate for the stage of pregnancy depicted. The materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at various gestational ages, including appearance, mobility, brain and heart activity and function, tactile sensitivity, and the presence of internal organs and external members. The materials shall also contain objective, accurate information describing the methods of abortion procedures commonly employed, the medical and psychological risks commonly associated with each such procedure, including the risks of infection, psychological trauma, hemorrhage, endometritis, perforated uterus, breast cancer, incomplete abortion, failed abortion, danger to subsequent pregnancies, and infertility, and the medical risks commonly associated with carrying a child to birth.

- (3) A certification form for use under subdivision
  (c)(5) of Section 15 that lists, in a check-off format,
  all of the information required to be provided under that
  Section.
- (b) A physician who intends to perform or induce an abortion or a referring physician, who reasonably believes that he or she might have a patient for whom the information in subsection (a) is required to be given, shall request a reasonably adequate number of the materials that are described in subsection (a) from the Department.
- Section 25. Medical emergencies. If a medical emergency exists, the physician who is to perform or induce the abortion necessitated by the medical emergency shall inform the woman, prior to the abortion if possible, of the medical indications supporting the physician's reasonable medical judgment that an immediate abortion is necessary to avert her

- death or that a 24-hour delay in performance or inducement of
- 2 an abortion will create a serious risk of substantial and
- 3 irreversible impairment of one or more of the woman's major
- 4 bodily functions. If possible, the physician shall obtain
- 5 the woman's written consent prior to the abortion. The
- 6 physician shall certify these medical indications in writing
- 7 and place the certification in the woman's medical record.
- 8 Section 30. Pregnancy as the result of sexual assault or
- 9 incest. A woman seeking an abortion may waive the 24-hour
- 10 period required under subdivision (c)(1) of Section 15, if
- 11 the woman alleges that the pregnancy is the result of sexual
- 12 assault.
- 13 Section 35. Violation; penalty. A physician's violation
- 14 of this Act is grounds for disciplinary action under the
- 15 Medical Practice Act of 1987.
- 16 Section 40. Civil remedies.
- 17 (a) A person who violates Section 15 is liable to the
- 18 woman on or for whom the abortion was performed or induced
- 19 for damages arising out of the performance or inducement of
- 20 the abortion, including damages for personal injury and
- 21 emotional and psychological distress.
- (b) A person who recovers damages under subsection (a)
- 23 may also recover reasonable attorney fees incurred in
- 24 connection with the action.
- 25 (c) A contract is not a defense to an action under this
- 26 subsection.
- 27 (d) Nothing in this Act limits the common law rights of a
- 28 person that are not in conflict with this Act.
- 29 Section 50. Construction. Nothing in this Act shall be
- 30 construed as creating or recognizing a right to abortion or

- 1 as making lawful an abortion that is otherwise unlawful.
- 2 Section 55. Severability. If any provision, word, phrase,
- 3 or clause of this Act or its application to any person or
- 4 circumstance is held invalid, the invalidity of that
- 5 provision or application does not affect the provisions,
- 6 words, phrases, clauses, or applications of the Act which can
- 7 be given effect without the invalid provision, word, phrase,
- 8 clause, or application, and to this end the provisions,
- 9 words, phrases, and clauses of this Act are declared to be
- 10 severable.
- 11 Section 90. The Medical Practice Act of 1987 is amended
- 12 by changing Section 22 as follows:
- 13 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)
- 14 Sec. 22. Disciplinary action.
- 15 (A) The Department may revoke, suspend, place on
- 16 probationary status, or take any other disciplinary action as
- 17 the Department may deem proper with regard to the license or
- 18 visiting professor permit of any person issued under this Act
- 19 to practice medicine, or to treat human ailments without the
- 20 use of drugs and without operative surgery upon any of the
- 21 following grounds:
- 22 (1) Performance of an elective abortion in any
- place, locale, facility, or institution other than:
- 24 (a) a facility licensed pursuant to the
- 25 Ambulatory Surgical Treatment Center Act;
- (b) an institution licensed under the Hospital
- 27 Licensing Act; or
- 28 (c) an ambulatory surgical treatment center or
- 29 hospitalization or care facility maintained by the
- 30 State or any agency thereof, where such department
- or agency has authority under law to establish and

enforce standards for the ambulatory surgical

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2	treatment centers, hospitalization, or care
3	facilities under its management and control; or
4	(d) ambulatory surgical treatment centers,
5	hospitalization or care facilities maintained by the
6	Federal Government; or
7	(e) ambulatory surgical treatment centers,
8	hospitalization or care facilities maintained by any
9	university or college established under the laws of
10	this State and supported principally by public funds
11	raised by taxation.
12	(2) Performance of an abortion procedure in a
13	wilful and wanton manner on a woman who was not pregnant
14	at the time the abortion procedure was performed.
15	(3) The conviction of a felony in this or any other
16	jurisdiction, except as otherwise provided in subsection
17	B of this Section, whether or not related to practice
18	under this Act, or the entry of a guilty or nolo
19	contendere plea to a felony charge.
20	(4) Gross negligence in practice under this Act.
21	(5) Engaging in dishonorable, unethical or
22	unprofessional conduct of a character likely to deceive,
23	defraud or harm the public.
24	(6) Obtaining any fee by fraud, deceit, or
25	misrepresentation.
26	(7) Habitual or excessive use or abuse of drugs
27	defined in law as controlled substances, of alcohol, or
28	of any other substances which results in the inability to
29	practice with reasonable judgment, skill or safety.
30	(8) Practicing under a false or, except as provided
31	by law, an assumed name.
32	(9) Fraud or misrepresentation in applying for, or

procuring, a license under this Act or in connection with

applying for renewal of a license under this Act.

- (10) Making a false or misleading statement regarding their skill or the efficacy or value of the medicine, treatment, or remedy prescribed by them at their direction in the treatment of any disease or other condition of the body or mind.
  - (11) Allowing another person or organization to use their license, procured under this Act, to practice.
  - (12) Disciplinary action of another state or jurisdiction against a license or other authorization to practice as a medical doctor, doctor of osteopathy, doctor of osteopathic medicine or doctor of chiropractic, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof.
  - (13) Violation of any provision of this Act or of the Medical Practice Act prior to the repeal of that Act, or violation of the rules, or a final administrative action of the Director, after consideration of the recommendation of the Disciplinary Board.
  - with whom the licensee practices in a partnership, Professional Association, limited liability company, or Medical or Professional Corporation any fee, commission, rebate or other form of compensation for any professional services not actually and personally rendered. Nothing contained in this subsection prohibits persons holding valid and current licenses under this Act from practicing medicine in partnership under a partnership agreement, including a limited liability partnership, in a limited liability company under the Limited Liability Company Act, in a corporation authorized by the Medical Corporation Act, as an association authorized by the Professional Association Act, or in a corporation under the Professional Corporation Act or from pooling,

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sharing, dividing or apportioning the fees and monies received by them or by the partnership, corporation or association in accordance with the partnership agreement or the policies of the Board of Directors of the corporation or association. Nothing contained in this subsection prohibits 2 or more corporations authorized by the Medical Corporation Act, from forming a partnership or joint venture of such corporations, and providing medical, surgical and scientific research and knowledge by employees of these corporations if such employees are licensed under this Act, or from pooling, sharing, dividing, or apportioning the fees and monies received by the partnership or joint venture in accordance with the partnership or joint venture agreement. Nothing contained in this subsection shall abrogate the right of 2 or more persons, holding valid and current licenses under this Act, to each receive adequate compensation for concurrently rendering professional services to a patient and divide a fee; provided, the patient has full knowledge of the division, and, provided, that the division is made in proportion to the services performed and responsibility assumed by each.

- (15) A finding by the Medical Disciplinary Board that the registrant after having his or her license placed on probationary status or subjected to conditions or restrictions violated the terms of the probation or failed to comply with such terms or conditions.
  - (16) Abandonment of a patient.
- (17) Prescribing, selling, administering, distributing, giving or self-administering any drug classified as a controlled substance (designated product) or narcotic for other than medically accepted therapeutic purposes.
  - (18) Promotion of the sale of drugs, devices,

appliances or goods provided for a patient in such manner as to exploit the patient for financial gain of the physician.

- (19) Offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment or medicine, or the treating, operating or prescribing for any human condition by a method, means or procedure which the licensee refuses to divulge upon demand of the Department.
- (20) Immoral conduct in the commission of any act including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice.
- (21) Wilfully making or filing false records or reports in his or her practice as a physician, including, but not limited to, false records to support claims against the medical assistance program of the Department of Public Aid under the Illinois Public Aid Code.
- (22) Wilful omission to file or record, or wilfully impeding the filing or recording, or inducing another person to omit to file or record, medical reports as required by law, or wilfully failing to report an instance of suspected abuse or neglect as required by law.
- (23) Being named as a perpetrator in an indicated report by the Department of Children and Family Services under the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.
- (24) Solicitation of professional patronage by any corporation, agents or persons, or profiting from those representing themselves to be agents of the licensee.
  - (25) Gross and wilful and continued overcharging

for professional services, including filing false statements for collection of fees for which services are not rendered, including, but not limited to, filing such false statements for collection of monies for services not rendered from the medical assistance program of the Department of Public Aid under the Illinois Public Aid Code.

- (26) A pattern of practice or other behavior which demonstrates incapacity or incompetence to practice under this Act.
- (27) Mental illness or disability which results in the inability to practice under this Act with reasonable judgment, skill or safety.
- (28) Physical illness, including, but not limited to, deterioration through the aging process, or loss of motor skill which results in a physician's inability to practice under this Act with reasonable judgment, skill or safety.
- (29) Cheating on or attempt to subvert the licensing examinations administered under this Act.
- (30) Wilfully or negligently violating the confidentiality between physician and patient except as required by law.
- (31) The use of any false, fraudulent, or deceptive statement in any document connected with practice under this Act.
- (32) Aiding and abetting an individual not licensed under this Act in the practice of a profession licensed under this Act.
- (33) Violating state or federal laws or regulations relating to controlled substances.
- (34) Failure to report to the Department any adverse final action taken against them by another licensing jurisdiction (any other state or any territory

of the United States or any foreign state or country), by any peer review body, by any health care institution, by any professional society or association related to practice under this Act, by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

- of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while under disciplinary investigation by any of those authorities or bodies, for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.
- (36) Failure to report to the Department any adverse judgment, settlement, or award arising from a liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.
- (37) Failure to transfer copies of medical records as required by law.
- (38) Failure to furnish the Department, its investigators or representatives, relevant information, legally requested by the Department after consultation with the Chief Medical Coordinator or the Deputy Medical Coordinator.
- (39) Violating the Health Care Worker Self-Referral Act.
- (40) Willful failure to provide notice when notice is required under the Parental Notice of Abortion Act of 1995.

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- 1 (41) Failure to establish and maintain records of 2 patient care and treatment as required by this law.
  - (42) Entering into an excessive number of written collaborative agreements with licensed advanced practice nurses resulting in an inability to adequately collaborate and provide medical direction.
    - (43) Repeated failure to adequately collaborate with or provide medical direction to a licensed advanced practice nurse.

## (44) Violating the Woman's Right to Know Act.

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 the foregoing grounds, must be commenced within 3 years next after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described herein. Except for the grounds numbered (8), (9) and (29), no action shall be commenced more than 5 years after the date of the incident or act alleged to have violated this Section. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to final judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being grounded on the allegation that a person licensed under this Act was negligent in providing care, the Department shall have an additional period of one year from the date of notification to the Department under Section 23 of this Act of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under Section 36 of this Act, except as otherwise provided by law. The time during which the holder of the license was outside the State Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

that they be permitted to resume their practice.

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1	The entry of an order or judgment by any circuit court
2	establishing that any person holding a license under this Act
3	is a person in need of mental treatment operates as a
4	suspension of that license. That person may resume their
5	practice only upon the entry of a Departmental order based
6	upon a finding by the Medical Disciplinary Board that they
7	have been determined to be recovered from mental illness by
8	the court and upon the Disciplinary Board's recommendation

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

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

- (a) when a person will be deemed sufficiently rehabilitated to warrant the public trust;
- (b) what constitutes dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public;
  - (c) what constitutes immoral conduct in the commission of any act, including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice; and
- 30 (d) what constitutes gross negligence in the 31 practice of medicine.

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

1 In enforcing this Section, the Medical Disciplinary 2 Board, upon a showing of a possible violation, may compel any individual licensed to practice under this Act, or who has 3 4 applied for licensure or a permit pursuant to this Act, to 5 submit to a mental or physical examination, or both, 6 required by and at the expense of the Department. The 7 examining physician or physicians shall be those specifically 8 designated by the Disciplinary Board. The 9 Disciplinary Board or the Department may order the examining physician to present testimony concerning this mental or 10 11 physical examination of the licensee or applicant. Nο information shall be excluded by reason of any common law or 12 13 statutory privilege relating to communication between the licensee or applicant and the examining physician. 14 The 15 individual to be examined may have, at his or her 16 expense, another physician of his or her choice present during all aspects of the examination. 17 Failure of 18 individual to submit to mental or physical examination, when 19 directed, shall be grounds for suspension of his or her license until such time as the individual submits to the 20 2.1 examination if the Disciplinary Board finds, after notice and 22 hearing, that the refusal to submit to the examination was 23 without reasonable cause. If the Disciplinary Board finds a physician unable to practice because of the reasons set forth 24 25 in this Section, the Disciplinary Board shall require such physician to submit to care, counseling, or treatment by 26 physicians approved or designated by the Disciplinary Board, 27 condition for continued, reinstated, or renewed 28 29 licensure to practice. Any physician, whose license was 30 granted pursuant to Sections 9, 17, or 19 of this Act, or, continued, reinstated, renewed, disciplined or supervised, 31 32 subject to such terms, conditions or restrictions who shall fail to comply with such terms, conditions or restrictions, 33 34 or to complete a required program of care, counseling, or treatment, as determined by the Chief Medical Coordinator or Deputy Medical Coordinators, shall be referred to the

Director for a determination as to whether the licensee shall

have their license suspended immediately, pending a hearing

by the Disciplinary Board. In instances in which the

6 Director immediately suspends a license under this Section, a

hearing upon such person's license must be convened by the

8 Disciplinary Board within 15 days after such suspension and

completed without appreciable delay. The Disciplinary Board

shall have the authority to review the subject physician's

record of treatment and counseling regarding the impairment,

to the extent permitted by applicable federal statutes and

regulations safeguarding the confidentiality of medical

14 records.

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

The Department may promulgate rules for the imposition of fines in disciplinary cases, not to exceed \$5,000 for each violation of this Act. Fines may be imposed in conjunction with other forms of disciplinary action, but shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Any funds collected from such fines shall be deposited in the Medical Disciplinary Fund.

(B) The Department shall revoke the license or visiting permit of any person issued under this Act to practice medicine or to treat human ailments without the use of drugs and without operative surgery, who has been convicted a second time of committing any felony under the Illinois Controlled Substances Act, or who has been convicted a second time of committing a Class 1 felony under Sections 8A-3 and

- 1 8A-6 of the Illinois Public Aid Code. A person whose license
- 2 or visiting permit is revoked under this subsection B of
- 3 Section 22 of this Act shall be prohibited from practicing
- 4 medicine or treating human ailments without the use of drugs
- 5 and without operative surgery.
- 6 (C) The Medical Disciplinary Board shall recommend to
- 7 the Department civil penalties and any other appropriate
- 8 discipline in disciplinary cases when the Board finds that a
- 9 physician willfully performed an abortion with actual
- 10 knowledge that the person upon whom the abortion has been
- 11 performed is a minor or an incompetent person without notice
- 12 as required under the Parental Notice of Abortion Act of
- 13 1995. Upon the Board's recommendation, the Department shall
- impose, for the first violation, a civil penalty of \$1,000
- 15 and for a second or subsequent violation, a civil penalty of
- 16 \$5,000.
- 17 (Source: P.A. 89-18, eff. 6-1-95; 89-201, eff. 1-1-96;
- 18 89-626, eff. 8-9-96; 89-702, eff. 7-1-97; 90-742, eff.
- 19 8-13-98.)
- 20 Section 99. Effective date. This Act takes effect 90
- 21 days after becoming law.