

AN ACT concerning regulation.

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

Section 5. The Medical Practice Act of 1987 is amended by changing Section 54.5 as follows:

(225 ILCS 60/54.5)

(Section scheduled to be repealed on January 1, 2027)

Sec. 54.5. Physician delegation of authority to physician assistants, advanced practice registered nurses without full practice authority, and prescribing psychologists.

(a) Physicians licensed to practice medicine in all its branches may delegate care and treatment responsibilities to a physician assistant under guidelines in accordance with the requirements of the Physician Assistant Practice Act of 1987. A physician licensed to practice medicine in all its branches may enter into collaborative agreements with no more than 7 full-time equivalent physician assistants, except in a hospital, hospital affiliate, or ambulatory surgical treatment center as set forth by Section 7.7 of the Physician Assistant Practice Act of 1987 and as provided in subsection (a-5).

(a-5) A physician licensed to practice medicine in all its branches may collaborate with more than 7 physician assistants when the services are provided in a federal primary care

health professional shortage area with a Health Professional Shortage Area score greater than or equal to 12, as determined by the United States Department of Health and Human Services.

The collaborating physician must keep appropriate documentation of meeting this exemption and make it available to the Department upon request.

(b) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an advanced practice registered nurse in accordance with the requirements of the Nurse Practice Act. Collaboration is for the purpose of providing medical consultation, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services for which the collaborating physician can provide adequate collaboration ~~in the same area of practice or specialty as the collaborating physician in his or her clinical medical practice.~~ A written collaborative agreement shall be adequate with respect to collaboration with advanced practice registered nurses if all of the following apply:

(1) The agreement is written to promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his or her education and experience.

(2) The advanced practice registered nurse provides

services based upon a written collaborative agreement with the collaborating physician, except as set forth in subsection (b-5) of this Section. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.

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

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

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

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

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

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

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

(d) (Blank).

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

psychologist, physician assistant, or advanced practice registered nurse lacked the competency to perform the act or acts or commits willful and wanton misconduct.

(f) A collaborating physician may, but is not required to, delegate prescriptive authority to an advanced practice registered nurse as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 65-40 of the Nurse Practice Act.

(g) A collaborating physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 7.5 of the Physician Assistant Practice Act of 1987.

(h) (Blank).

(i) A collaborating physician shall delegate prescriptive authority to a prescribing psychologist as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of Section 4.3 of the Clinical Psychologist Licensing Act.

(j) As set forth in Section 22.2 of this Act, a licensee under this Act may not directly or indirectly divide, share, or split any professional fee or other form of compensation for professional services with anyone in exchange for a referral or otherwise, other than as provided in Section 22.2.

(Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.

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